

**Trust Board (performance and monitoring)
Tuesday 30 March 2021 at 9.00
Microsoft Teams Meeting**

AGENDA

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
1.	9.00	Welcome, introductions and apologies	Chair	Verbal item	1	To receive
2.	9.01	Declarations of interest	Chair	Paper	2	To receive
3.	9.03	Minutes from previous Trust Board meeting held 26 January 2021	Chair	Paper	2	To approve
4.	9.05	Matters arising from previous Trust Board meeting held 26 January 2021 and board action log	Chair	Paper	5	To approve
5.	9.10	Service User / Staff Member / Carer Story	Director of Operations	Verbal item	10	To receive
6.	9.20	Chair's remarks	Chair	Verbal item	3	To receive
7.	9.23	Chief Executive's report	Chief Executive	Paper	7	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
8.	9.30	Performance reports				
	9.30	8.1 Integrated performance report Month 10 2020/21	Director of Finance & Resources and Director of Nursing & Quality	Paper	60	To receive
	10.30	8.2 Staff survey results and Workforce Race Equality Standards (WRES) report	Director of HR, OD & Estates	Paper	10	To receive
9.	10.40	Business developments				
	10.40	9.1 Integrated Care System developments white paper update	Director of Strategy	Paper	10	To receive
	10.50	9.2 South Yorkshire update including South Yorkshire & Bassetlaw Integrated Care System (SYBICS) <ul style="list-style-type: none"> Barnsley integrated community and primary care agreement SYB Mental Health Learning Disability and Autism Alliance Memorandum of Understanding 	Director of HR, OD & Estates and Director of Strategy	Paper	10	To receive
	11.00	9.3 West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) <ul style="list-style-type: none"> Adult secure lead provider update Refreshed Memorandum of Understanding for WYMHLDA Committees in Common 	Director of Strategy and Director of Provider Development Chair	Paper	10	To receive
	11.10	9.4 Receipt of Partnership Board minutes	Chair	Paper	5	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	11.15	<i>Break</i>			10	
10.	11.25	Strategies and policies				
	11.25	10.1 Green plan and update on sustainability strategy	Director of HR, OD & Estates	Paper	5	To approve
	11.30	10.2 Estates strategy update	Director of HR, OD & Estates	Paper	5	To receive
	11.35	10.3 Digital Strategy	Director of Finance & Resources	Paper	5	To approve
	11.40	10.4 Trust Board declaration and register of fit and proper persons, interests and independence policy	Director of Finance & Resources	Paper	5	To approve
11.	11.45	Governance matters				
	11.45	11.1 Interim Governance Arrangements update	Director of Finance & Resources	Paper	5	To receive
12.	11.50	Assurance and receipt of minutes from Trust Board Committees and Members' Council	Chairs of committees/Members' Council	Paper	10	To receive
		<ul style="list-style-type: none"> - Audit Committee 26 February 2021 - Clinical Governance & Clinical Safety Committee 9 February 2021 - Equality and Inclusion Committee 2 March 2021 - Finance, Investment & Performance Committee 22 March 2021 - Mental Health Act Committee 9 March 2021 				

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
		<ul style="list-style-type: none"> - Workforce & Remuneration Committee 9 February and 16 March 2021 - Members' Council meeting 29 January 2021 				
13.	12.00	Use of Trust Seal	Chair	Paper	5	To receive
14.	12.05	Trust Board work programme for 2021/22	Chair	Paper	3	To receive
15.	12.08	Date of next meeting The next Trust Board meeting held in public will be held on 27 April 2021	Chair	Paper	2	To receive
16.	12.10	Questions from the public	Chair	Verbal	10	To note
17.	12.20	<i>Close</i>	Chair	Verbal		To receive

Trust Board 30 March 2021 Agenda item 2

Title:	Trust Board declaration of interests, including fit and proper persons declaration
Paper prepared by:	Corporate Governance team on behalf of the Chief Executive
Purpose:	To ensure the Trust continues to meet the NHS rules of Corporate Governance, the UK Corporate Governance Code, Monitor's (now NHS England / Improvement's) Code of Governance and the Trust's own Constitution in relation to openness and transparency.
Mission/values:	The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process and the fit and proper person declaration undertaken annually support this.
Any background papers/ previously considered by:	<p>Previous annual declaration of interest papers to the Trust Board.</p> <p>Policy for Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality reviewed and scheduled for Board approval March 2021.</p>
Executive summary:	<p>Declaration of interests</p> <p>The Trust's Constitution and the NHS rules on corporate governance, the UK Corporate Governance Code and NHS England / Improvement require Trust Board to receive and consider the details held for the Chair of the Trust and each Director, whether Non-Executive or Executive, in a Register of Interests. During the year, if any such Declaration should change, the Chair and Directors are required to notify the Head of Corporate Governance (Company Secretary) so that the Register can be amended and such amendments reported to Trust Board.</p> <p>Trust Board receives assurance that there is no conflict of interest in the administration of its business through the annual declaration exercise and the requirement for the Chair and Directors to consider and declare any interests at each meeting. As part of this process, Trust Board considers any potential risk or conflict of interests. If any should arise, they are recorded in the minutes of the meeting.</p> <p>There are no legal implications arising from the paper; however, the requirement for the Chair and Directors of the Trust to declare interests is part of the Trust's Constitution.</p>

Non-Executive Director declaration of independence

Monitor's (now NHS England / Improvement) Code of Governance and guidance issued to Foundation Trusts in respect of annual reports requires the Trust to identify in its annual report all Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. This Trust considers all its Non-Executive Directors to be independent and the Chair and all Non-Executive Directors have signed a declaration to this effect.

Fit and proper person requirement

There is a requirement for members of Boards of providers of NHS services to make a declaration against the fit and proper person requirement for Directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although the requirement is in relation to new Director appointments, Trust Board took the decision to ask existing Directors to make a declaration as part of the annual declaration of interests exercise. All Directors have signed the declaration stating they meet the fit and proper person requirements.

The Head of Corporate Governance (Company Secretary) is responsible for administering the process on behalf of the Chief Executive of the Trust. The declared interests of the Chair and Directors are reported in the annual report and the register of interests is published on the Trust's website.

In February 2017, NHS England released new guidance on Managing Conflicts of Interest in the NHS including a model policy which took effect from 1 June 2017. The Standards of Business Conduct Policy (conflict of interest policy) for staff was updated to align with the model policy and approved by Trust Board in March 2020. The Policy for Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality was reviewed in March 2021 with minor amendments to titles referenced within the policy, and remains compliant with the above.

Risk appetite

The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process and the fit and proper person declaration undertaken annually support this.

Recommendation:	Trust Board is asked to CONSIDER the attached summary, particularly in terms of any risk presented to the Trust as a result of a Director's declaration, and, subject to any comment, amendment or other action, to formally NOTE the details in the minutes of this meeting.
Private session:	Not applicable

Trust Board 30 March 2021

**Register of interests of the directors (Trust Board)
From 1 April 2021 to 31 March 2022**

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

The following declarations of interest have been made by the Trust Board:

Name	Declaration
Chair	
MONAGHAN, Angela Chair	Chair of Corporate Trustee for EyUp! And linked charities Creative Minds, Spirit in Mind and Mental Health Museum. Spouse – Non-Executive Director, National Association for Neighbourhood Management.
Non-Executive Directors	
DYSON, Charlotte Non-Executive Director	Independent Marketing Consultant, Beyondmc (including consultancy for Royal College of Surgeons of Edinburgh). Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Bradford Teaching Hospitals NHS Trust Clinical Excellence Awards Committee (CEA). Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
FORD, Mike Non-Executive Director	No interests declared.
JONES, Chris Deputy Chair / Senior Independent Director	Director, Chris Jones Consultancy Ltd. Consultancy work in the Education and Skills sector.
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group. Non-Executive Director for Omega / Plexus part of Mears Group. Sister – Employed by Mind in Bradford.
QUAIL, Kate Non-Executive Director	Director of The Lunniagh Partnership Ltd, Health and Care Consultancy.

Name	Declaration
Non-Executive Directors	
YOUNG, Sam Non-Executive Director	Owner / Director, ISAY Consulting Limited. Transformation Director, Irwell Valley Homes (none voting).
Chief Executive	
WEBSTER, Rob Chief Executive	Chair, Stakeholder Advisory Board for Rapid Service Evaluation Team, Nuffield Trust. Visiting Professor, Leeds Beckett University. Honorary Fellow, Queen's Nursing Institute. Honorary Fellow, Royal College of General Practitioners. Lead Chief Executive, West Yorkshire and Harrogate Health and Care Partnership (Integrated Care System). Member of the NHS Assembly. Member of the National People Board. Member of the Equality and Diversity Council. Member of the Advisory Board for National Centre for Creative Health. Former CEO of NHS Confederation. Son – Mencap Ambassador. Son – Parkinson UK Ambassador.
Executive Directors	
BREEDON, Tim Director of Nursing and Quality / Deputy Chief Executive	Son – works in the Trust's Occupational Health Service as a Registered Nurse.
BROOKS, Mark Director of Finance and Resources	Trustee for Emmaus (Hull & East Riding) Homelessness Charity
DAVIS, Alan Director Human Resources, Organisational Development and Estates	No interests declared.
THIYAGESH, Dr Subha Medical Director	Spouse – Trustee, Hollybank Trust; Hospital Consultant & Clinical Director CHFT.
Other Directors (non-voting)	
HARRIS, Carol Director of Operations	Spouse – Engineering Consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust. Son – Registered with the Trust Bank.
RAYNER, Sean Director of Provider Development	No interests declared.
YASMEEN, Salma Director of Strategy	No interests declared.

Minutes of Trust Board meeting held on 26 January 2021
Microsoft Teams meeting

Present:	Angela Monaghan (AM)	Chair
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Sam Young (SYo)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
	Tim Breedon (TB)	Director of Nursing and Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance and Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development and Estates
	Dr Subha Thiyagesh (ST)	Medical Director
Apologies:	<u>Members</u>	
	Kate Quail (KQ)	Non-Executive Director
In attendance:	Carol Harris (CH)	Director of Operations
	Sean Rayner (SR)	Director of Provider Development
	Salma Yasmeen (SY)	Director of Strategy
	Andy Lister (AL)	Company Secretary (author)
Observers:	Bill Barkworth	Public governor – Barnsley (Deputy Lead Governor)
	John Laville (until 10am)	Public governor – Kirklees (Lead Governor)
	Tom Sheard	Public governor – Barnsley

TB/21/01 Welcome, introduction and apologies (agenda item 1)

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

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

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

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

TB/21/02 Declarations of interest (agenda item 2)

AM reported Erfana Mahmood (EM) had updated her declarations of interest to reflect the end of her Non-Executive Director position with Chorley and District Building Society and her starting a new Non-Executive role with the Riverside Group, a housing association.

AM declared her spouse is no longer a Director of the Bradford Culture Company.

It was RESOLVED to NOTE the changes to the declarations of interest of the Chair and Non-Executive Director Erfana Mahmood.

TB/21/03 Minutes from previous Trust Board meeting held 1 December 2020 (agenda item 3)

It was RESOLVED to NOTE and APPROVE the minutes of the public session of Trust Board held 1 December 2020 as a true and accurate record.

TB/21/04 Matters arising from previous Trust Board meeting held 1 December 2020 (agenda item 4)

TB/20/91 – AM proposed to nominate Elaine Powell for a British citizen award. Agreed by the Board.

TB/20/97b – Mark Brooks (MB) reported ongoing work to incorporate Integrated Care System (ICS) metrics into the Integrated Performance Report (IPR) is paused due to the pandemic response. The Board agreed to defer for the action for two to three months.

TB/20/69d – Alan Davis (AGD) reported “Project search” is paused due to the pandemic vaccination programme. It will be resumed soon. The Equality and Inclusion Committee will pick up this action. It was agreed to close the Board action.

Action: Equality and Inclusion Committee

Mike Ford (MF) offered to pick up this work with the staff disability network.

Action: Mike Ford

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

TB/21/05 Service User/Staff Member/Carer story (agenda item 5)

Carol Harris (CH) introduced the item. Three perspectives on Covid-19 outbreaks had been obtained in the Forensic Unit from a service user, ward orderly and ward manager:

Service user reflections

- I had a feeling of isolation.
- Staff worked well but some agency/bank staff were not professional around timeliness and communication.
- It was frustrating and boring being stuck in a room.
- The second week was more difficult.
- I had a constant headache, no temperature, but was breathless and had an upset stomach.
- Observations were taken regularly, three to five times a day.
- Food was not always warm, small portions, no real chance for seconds, this improved as time progressed.
- Drinks were limited (hot/cold) as we were waiting on staff to provide them.
- There were problems with the patient call system.

- My volunteer role with the ward orderly team stopped due to isolation. This normally helps me with fitness and boredom.
- There was no leave, no cooking and no sessions.
- I was involved in projects like Captain Tom pictures and artwork to say thank you to the NHS.
- I was proud to be involved with the artwork. Comms were involved to promote this.
- I would like to go further, using my experiences (kitchen work) when I move on, perhaps as a peer support worker to help other people.
- It's been tough but we got through it! It's a learning curve!

Ward Orderly

- Working during a Covid-19 outbreak was not easy, but we have strived to achieve a safe and clean environment.
- Anxiousness was a common feeling in the team, mainly due to the worry of passing Covid-19 onto family members and the initial lack of knowledge around the virus itself. This eased once staff had completed their first shift.
- Disposing of infectious waste at all levels was a concern. There were communication issues and concerns regarding the lack of correct equipment.
- Removing Personal Protective Equipment (PPE) after every room clean in an outbreak area raised concerns regarding resources. This initially left ward orderlies feeling exposed and undervalued with no protection while working in a ward area, but PPE was found to be readily available and made the ward orderlies feel more at ease.
- Working with ward staff (when staffing levels permitted) and other members of the ward orderly team, promoted teamwork and a feeling of safety.
- Updates from Infection Prevention and Control (IPC) and senior members of staff were helpful to disseminate information quickly.
- Home testing kits were well received, and weekly testing continues.
- The team pulled together and continues to provide an impeccable service across the unit despite the challenges.
- Team members classed as higher risk were relieved not to have to enter infectious areas but were vital in keeping the service running.

Ward Manager

- Working on Hepworth ward with Covid-19 was challenging but brought the staff on Hepworth ward together.
- Contact with other colleagues outside of the ward continued through telephone/MS team calls.
- Implementing IPC guidance was challenging with service users due to Hepworth being an acute admission ward.
- We developed new ways of working, such as taking medication and meals to patient bedrooms.
- Service users found staff wearing full PPE challenging as they struggled with communication and not being able to see staff's expressions.
- Staff spent time with service users and explained the use of PPE to alleviate concerns.
- IPC regularly attended the ward, explaining guidance to staff and the service users which had a positive impact.
- Staff found it difficult changing their PPE every time they went into a service user's bedroom. With IPC guidance we changed where PPE was located so it was easier to access.
- We increased staffing vigilance on the ward, and management, all grades came together.
- Staff appreciated senior management coming to the ward to help with cleaning bedrooms and supporting service users to move bedrooms to keep everyone safe.
- It was challenging not being able to have the Multi-Disciplinary Team working, but telephone and MS teams' calls were used instead.

Tim Breedon (TB) highlighted the effect of PPE masks on communication. Staff are trained in relation to non-verbal communications and are aware of the issues wearing a mask creates.

Rob Webster (RW) noted the sense of support and learning. The IPC support is noteworthy. The Board can take assurance from the practical solutions and Trust values being demonstrated.

A discussion followed regarding community patients. CH reported community patients are being monitored. Digital technology allows more regular contact where required, to check the person and their support network. This helps staff maintain contact with people on their caseloads and assess the level of intervention and type of visits required dependant on need.

It was RESOLVED to NOTE the Service User/Staff Member/Carer Story

TB/21/06 Chair's remarks (agenda item 6)

AM highlighted the following:

- Members' Council elections are currently open and we are seeking nominations.
- A new Non-Executive Director is to be recommended for appointment at Members' Council on 29 January 2021.
- This is Charlotte Dyson's (CD) last board meeting as deputy chair. Chris Jones (CJ) takes over on 1 February 2021. AM thanked CD for all her work as deputy chair.

The Private Board session this afternoon will include items that are excluded from the public Board for commercial, privacy or other considerations set out in the constitution:

- Commercially confidential risks on the Organisational Risk Register.
- Consideration of the Chief Executive's dual role.
- Business developments in both ICS areas.
- An update on the West Yorkshire Adult Secure Provider Collaborative.
- Attain (consultancy company) will discuss options for the South Yorkshire and Bassetlaw ICS Mental Health, Learning Disability and Autism Alliance.
- Verbal update on serious incident investigations.
- Updates on finance and planning.
- Maintaining high professional standards.

It was resolved to NOTE the Chair's remarks.

TB/21/07 Chief Executive's report (agenda item 7)

Chief Executive's report

RW highlighted the following points from his report:

- The report highlights major changes since "the Brief" was produced.
- New variants of Covid-19 have been identified which are up to 70% more transmissible.
- From November 2020 – January 2021 prevalence escalated in London, the South East, North East and Cumbria.
- Increased prevalence and pressures changed Christmas arrangements initially outlined by the Government. Gatherings were limited to one day, rather than five.
- This was problematic for Trust staff. To maintain staff cover over Christmas the Trust increased pay rates and £100 was provided to Christmas day workers in recognition of their response to the changes.
- RW thanked CH and the operations team for managing this and maintaining the staff base.
- Prevalence in South and West Yorkshire is currently lower than the rest of country but is still too high.

- National restrictions are creating a fall in prevalence and in time will reduce pressure in the system.
- Local peak hospitalisation rates are expected in the coming days.

RW asked to take the report as read and temporarily left the meeting due to internet connection difficulties.

TB reiterated the response of both operational and support staff to the changes over Christmas was “phenomenal”. TB stated it is a tribute to the value base of the people working throughout this organisation.

AM highlighted the staff wellbeing agenda and queried if the Trust has any areas of concern.

AGD reported significant support is going into staff wellbeing. The staff vaccination programme is a morale boost for staff. A discussion at Workforce and Remuneration Committee noted the long-term impact of Covid-19 and this remains an issue. Staff side and Occupational Health are being consulted about long term planning.

AGD informed the Board that asymptomatic testing is voluntary, as is the vaccination. Uptake for asymptomatic testing is high. AGD noted defining “frontline” staff is not always straightforward, as many staff are working outside of their normal function, e.g. administrative staff marshalling vaccination clinics.

TB reported work to clarify the meaning of asymptomatic testing figures is ongoing. The number of positive tests is very low, less than 0.5%. There is good uptake which is being evidenced through Silver command.

RW rejoined the meeting. MF referenced potential delays regarding ICS legislation. RW reported there is no conclusion around timescales. Work is continuing around the response to the ICS consultation. Further information should be available in three to four weeks’ time.

It was RESOLVED to NOTE the Chief Executive’s report.

TB/21/08 Risk and Assurance (agenda item 8)

TB/21/08a Board Assurance Framework (BAF) strategic risks (agenda item 8.1)

MB reported:

- The Board agreed the strategic risks at the October meeting and the BAF has now been populated to reflect any changes.
- Controls and assurances have been identified against each risk. MB suggested further review of controls and assurances, particularly on the new risks.
- The Board needs to consider if the actions in place are sufficient to mitigate the gaps identified and also whether the gaps highlighted against each risk are comprehensive.
- MB stated The Executive Management Team (EMT) has completed an initial round of scoring each risk. This can be used as a base for discussion and challenge by the full Board.
- In particular MB asked the Board to consider the RAG (Red Amber Green) ratings of the following strategic risks:
 - 1.1 Changes to commissioning arrangements – amber. EMT debated as to whether this is yellow/amber.
 - 1.4 Accessibility to services – amber.
 - 2.3 Demand for services and increased acuity – amber.
 - 3.3 Capacity and Capability Gaps – yellow. We are currently managing the vaccination programme against other pressures.

- 4.3 Staff wellbeing – yellow. We have a good offer but may need to do more given the ongoing impact of the pandemic.

AM stated today's Board discussion should discuss and confirm if the ratings are correct, and address gaps in control and assurance.

CD noted the strong narrative and supported the RAG ratings. CD highlighted that she felt a significant amount of risk remains regarding workforce, despite all the work carried out, and suggested this could be amber. CD stated the capacity and capability gap carries a higher level of risk and could also be amber.

MF noted the yellow and amber definitions on page 3 of the BAF appear to be the wrong way around.

MF compared strategic risk 1.1, noting the controls, assurance, gaps, and amber grading against strategic risk 2.1, graded as yellow. MF suggested some controls and assurances appear to be being judged as more effective than others.

CJ noted strategic risk 2.2 is green and queried if innovation is a well-developed strength. CJ noted in relation to strategic risk 4.1, the Trust continues to struggle to recruit staff, and the long-term impact of Covid-19 may escalate the level of risk. The actions being taken are appropriate, but the operating environment is challenging.

RW noted the Trust has two hundred more staff than last year, which is positive, given the operating environment. RW added that EMT had differences of opinion in relation to strategic risks 1.1 and 2.1. On balance strategic risk 1.1 is graded amber because of the uncertainty regarding likely changes to commissioning.

The paper provided an opportunity to obtain Board perspectives on this new version of the BAF. The Board agreed the structure of the evidence can be reviewed after the discussion.

Sam Young (SYo) felt the amber rated risks were graded correctly and represented where the Trust has less control over external factors. Yellow as an overall grading for strategic risk 4.1 felt questionable given some of the staffing issues in areas such as forensic services.

In response to a query, MB outlined the meaning of the different RAG ratings for Board members.

AM summarised the Board's observations on the BAF and asked if any ratings needed to be changed.

EM queried if the long-term impact of Covid-19 is reflected in the risks.

RW reported the main purpose of the BAF is to help assess the strategic risks and focus the energy of the Board. From today's conversation the Board focus will be the impact of commissioning changes, the inability for different communities to access services and demand for Trust services in recovery. The Board is already focussed on workforce. RW asked the Board to agree these are the key focus points.

CD supported RW's comments noting strategic risk 3.3, capability and capacity, needs to be a focus and one of the workforce risks should be escalated to amber.

AGD stated the availability of workforce is one of the largest limiting factors across the NHS and the focus needs to be in the right areas.

CJ supported one of the workforce risks becoming amber. In reference to strategic risk 1.1, CJ stated the Board needs to be clear about the meaning of this strategic risk as differences in service provision to serve different communities may be encouraged as a result of ICS developments and place-based focus.

Salma Yasmeen (SY) reported that EMT are confident a robust process is in place to ensure capacity is available for Trust priorities. In response to CJ's earlier query about innovation, SY reported innovation and change continues to take place during the pandemic, despite the difficult working environment.

AM summarised Board comments noting one workforce rating needs to move from yellow to amber. AM noted strategic risk 1.1 is amber due to the level of uncertainty and future recruitment and retention is uncertain as is the impact of Covid-19. On this basis strategic risk 4.1 could be changed to amber due to level of uncertainty. The Board is accepting the other risk grading recommendations.

RW agreed workforce strategic risk 4.1 should move to amber, this is no reflection on work being done, but reflects the current environment.

AGD reported the Trust should not accept staff shortages and should put challenge into the system to do everything possible to fill gaps.

MB noted the Board approval of the BAF with the changes identified. The actions to reduce risk gradings can be the focus of the next Business and Risk Board meeting.

AM confirmed strategic risk 4.1 will change to Amber and all other risk ratings will remain the same.

AM recognised and thanked the team for the amount of work done on the BAF given the current pressures.

It was RESOLVED to AGREE the proposed risk ratings for each strategic risk, subject to changing 4.1 to amber,, NOTE the controls and assurances against the Trust's strategic objectives for Quarter 3 2020/2, AGREE to an ongoing target for addressing gaps in control and assurance given the nature of the gaps and risks identified and NOTE the progress against the internal audit recommendations in relation to the Board Assurance Framework.

TB/21/08b Corporate / Organisational Risk Register (ORR) (agenda item 8.2)

MB highlighted the following from the Organisational Risk Register:

- Two 15+ score risks remain for cyber security and demand and acuity.
- The overall risk score is up slightly.
- Two new risks have been added. One for the competing demands of responding to the second wave of the pandemic, and the second, seclusion room availability.
- Risks around the vaccination programmed are in development.

Committee updates:

MF noted from Audit Committee there is positive work ongoing for the cyber security risk and supported the current risk grading.

CJ reported the Finance, Investment and Performance (FIP) Committee met yesterday and current financial risks are appropriately reflected and being controlled. The main future risk is the financial environment for next year.

CD reported Clinical Governance Clinical Safety (CGCS) Committee is focused on Covid-19 risks. The new seclusion risk is going to the next Committee for review on 9 February 2021.

SYo stated Workforce and Remuneration Committee (WRC) is discussing risks in detail on 9 February 2021. This includes the vaccination programme risks.

AM updated the Equality and Inclusion (E&I) Committee focussed on the risk of the disproportionate effect of Covid-19 on service users with protected characteristics. Access to vaccines for people with learning disabilities remains an area of concern.

AM noted in the cover paper the wording is different for risk 1530. MB noted the error and will amend.

Action: Mark Brooks

AM noted a further risk might be "Lack of a clear and consistent strategy for community health services". This is something the Board may wish to focus on.

CJ noted in reference to risk 1531 the Office for National Statistics (ONS) is reporting data in relation to Covid-19 impact. Our risks and responses need to remain agile and reflect scientific evidence as it emerges so the Trust can act upon it.

RW noted in response to AM's comment, there isn't a national strategy around physical health community services. We do have strategic ambitions and objectives to join up services in places. EMT has assessed the Trust role in each of our places, and this should come to the Board for review and what this means for our services, including community services.

Action: Salma Yasmeen

RW continued, in reference to CJ's comment about data, as work through our systems changes, there should be more public health support and insight into the work the Trust does. Dr Andy Snell, consultant in public health in Barnsley, has demonstrated the benefits of having this expertise embedded in a trust, with access to data to effectively manage services.

As we work through the changes in our systems, we need to know how we are going to access the public health intelligence and information needed to plan Trust services effectively.

Action: Salma Yasmeen

RW stated these actions are linked to the future of ICSs, places and provider collaboratives and should help to manage the risks identified by AM and CJ.

CD referenced the potential risk of Covid-19 aftercare and long Covid-19. CD identified these as two different issues and should be identified as two different risks should they become substantive.

It was RESOLVED to NOTE the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance and AGREE that the target risk levels that fall outside of the risk appetite are acceptable.

TB/21/08c Infection Prevention and Control Board Assurance Framework (IPC BAF) (agenda item 8.3)

TB introduced the item and highlighted the following points:

- The framework was brought in last year by NHS England / Improvement (NHSEI).
- It was reviewed by the Board and the Care Quality Commission (CQC) in 2020.
- The tool has been updated, as has the IPC BAF.
- It has been reviewed by IPC specialist advisors to provide appropriate assurance and evidence.
- The CQC are regularly updated as to progress.
- All guidance is being considered and implemented.

- Isolation on admission to inpatient wards is an area of focus.
- The IPC BAF will be reviewed by CGCS Committee on 9 February 2021.

TB confirmed the IPC BAF existed before Covid-19 but an additional framework was introduced in response to the pandemic. The CGCS Committee review the evidence in detail. Updated metrics are being considered to feed into the IPR as routine assurance.

RW reminded the Board that TB is the Director for Infection Prevention and Control with statutory responsibility for the Trust. These frameworks give the Board, and also the centre, assurance during a pandemic. The Trust's approach is based on an IPR that allows EMT to monitor compliance, CGCS Committee have oversight of the detail and the Board receive assurance through a set of indicators and effective escalation of risks.

RW drew the Board's attention to systems and processes in place under "arrangements around antimicrobial stewardship are maintained" and referenced the Electronic Pharmaceutical Medicine Administration (EPMA), the Trust electronic prescribing system. RW confirmed this system has been successfully live in one ward for one week and the rollout will now continue. This was evidence that developments continue despite the pandemic.

Subha Thiyagesh (ST) informed the Board a lot of work had gone into getting the system to a "go live" position. The system will deliver a reduction in risk during Covid-19 and the aspiration is to complete the rollout by July 2021.

AM asked about surveillance of rates of infections/transmission and the criteria around reporting on nosocomial infections.

TB stated nosocomial infections are those acquired when in hospital and after eight days of admission. A report goes into EMT on a regular basis. Regular reports are submitted regionally and centrally. Concerns come through IPC to EMT. The IPC report also goes to CGCS Committee. The figures include staff and patient infections.

RW stated it was useful to triangulate the board story earlier on the impact of IPC with the content of this report.

AM noted the excellent work of the IPC team during the pandemic.

It was RESOLVED to RECEIVE the Infection Prevention and Control Board Assurance Framework as assurance that the appropriate standards are in place and NOTE the report will go to Clinical Governance and Clinical Safety Committee and NOTE the highlighted areas for further work.

TB/21/08d Ockenden Review (agenda item 8.4)

TB asked to take the report as read and highlighted the following points:

- The report is focused on maternity services.
- The three main points following an incident are:
 - Partnership working.
 - Knowledge and understanding.
 - Compassion.
- There is good evidence through recent safeguarding reviews and actions that our Perinatal teams are strong partners in this area.
- The report is going to CGCS Committee in February 2021.

RW reported in West Yorkshire and Harrogate the System Oversight and Assurance Group [SOAG] took a paper on the report and the required response from the Local Maternity System [LMS]. This was based on acute sector organisations with some links into perinatal services.

All providers confirmed they had taken the necessary actions outlined in the report and the LMS was confident of this. The SOAG wanted to ensure trust Boards also understood the position.

TB and AGD reported they are not aware of discussions in South Yorkshire but will request an update.

Action: Tim Breedon/Alan Davis

CJ asked if the report identified any cause for the deterioration in services at the trust in question.

TB reported significant changes in leadership over a short period of time had a big effect on culture and it drew focus to stability in leadership message and values base.

It was RESOLVED to RECEIVE and NOTE comments on the Ockenden review.

TB/21/09 Business developments and collaborative partnership working (agenda item 9)

TB/21/09a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 9.1)

AGD asked to take the paper as read and highlighted:

- Current focus is the Covid-19 response and partnership working.
- Partnership working and the mutual aid response across the system has been very positive.

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

TB/21/09b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 9.2)

SY asked for the paper to be taken as read:

- SY asked for the Board to formally receive the action plan which is the ICS response to the black, Asian and minority ethnic (BAME) and inequalities review. This will be discussed at the next E&I Committee.

Action: Equality & Inclusion Committee

- Sean Rayner (SR) highlighted transformation funding for community mental health services. The submission has been made following the aggregation of place-based plans. This links into the BAF conversation about demand and how we work with partners.

RW fully supports E&I Committee having oversight of the actions of the BAME review. EMT will take the actions forward and assurance can be sought through the Committee.

RW noted the staff suicide awareness campaign and asked the Board to be aware of the actions the Trust is taking by signing up to this. An update should go to the next WRC.

Action: Alan Davis

AM referenced the list of submissions for the response to potential ICS legislation and noted the Trust's submission isn't there.

SY confirmed the Trust has made a response and that our response was not included in the papers. SY will circulate to Board members and put it on the Trust website.

Action: Salma Yasmeen

It was RESOLVED to RECEIVE and NOTE the updates of the West Yorkshire and Harrogate Health and Care Partnership and place-based arrangements, in particular the action plan for the black, Asian and minority ethnic (BAME) review and the submission for transformation funding for mental health community services.

TB/21/09c Receipt of Partnership Board Minutes (agenda item 9.3)

AM asked for the minutes to be received and noted updates from partnership boards.

SR reported the Wakefield Health and Wellbeing Board was due to meet on 21 January 2021. Due to technical reasons the meeting did not go ahead in public. A private meeting took place but items listed in the paper have been deferred and are still to be discussed.

It was RESOLVED to RECEIVE the minutes from partnership boards and NOTE the verbal update regarding Wakefield Health and Wellbeing Board.

TB/21/10 Performance reports (agenda item 10)

TB/21/10a Update on Emergency Preparedness, Resilience and Response (EPRR) arrangements in place for the management of Covid-19, winter planning and EU exit (agenda item 10.1)

AGD highlighted:

- This will be the last report to Board in this format as future updates will be integrated into the IPR.
- As of 26 January, 3,700 staff have been vaccinated. This was acknowledged as an incredible effort by all involved.
- The Trust is now preparing to vaccinate 800-900 social care staff.
- A governance group has been established.
- Questions are arising regarding which staff should be identified as “frontline”.
- The Trust has reviewed the guidance in detail and also sought confirmation of the approach other trusts have taken in order to determine prioritisation for vaccinations.
- We have looked at our risk stratification and Gold command will review this week.
- The EU exit group meets weekly. No issues have been identified of any material significance. The group is likely to be stood down in the next two weeks.
- No significant additional costs have been identified on parcels and fresh food was coming through as normal.

AGD reported Gold command are monitoring a detailed picture of different staff groups’ uptake of the vaccination. Age, ethnicity, location and gender are factors being considered. AGD has met with the BAME health and wellbeing taskforce. Further insight is required into any hesitancy within certain groups and work is ongoing to focus on groups where uptake is relatively low.

AGD stated vaccine supply is dealt with nationally and can be uncertain. The Trust has been efficient in dealing with this. The Trust is using the AstraZeneca vaccine and no issues are anticipated. The Government reports supplies are in place for the second vaccine dose.

ST stated it was a national decision to move from two to 12 weeks between vaccinations. The decision is based on scientific evidence.

EM noted the potential effect of Ramadan on second doses as it fell in April to early May this year. This may need to be picked up through the ICS group overseeing vaccinations.

AGD reported second vaccinations are being scheduled for the end of March but this was worthy of note.

RW supported EM's point and stated this will be picked up through the West Yorkshire and Harrogate ICS team as well as in the Trust.

Action: Rob Webster

RW reported MB's team are doing live reporting on the vaccination programme providing insight into further actions where disproportionate uptake exists. RW provided some unvalidated figures in relation to vaccinations. WRC is reviewing these data. Focussed action is required in some communities and with some staff.

The Board discussed the need for trusted voices and individuals to have the vaccine. In the most recent Covid-19 update, ST was highlighted taking a clear lead across the organisation getting her vaccination.

RW reported that Local Authorities in most of our places will receive funding for "engagement champions" in communities who can help communicate the correct information around vaccinations.

AM thanked all staff involved in delivering the staff vaccination programmes. AM reported detailed actions were being followed up in terms of equality aspects of the vaccine. These actions were being monitored through the WRC.

It was RESOLVED to NOTE the EPRR report and comments raised in discussion.

TB/21/10b Integrated performance report (IPR) month 6 2020/2 (agenda item 10.2)

TB highlighted the following points:

Covid-19

- Many Covid-19 updates had already been covered.
- The IPC team continue to give guidance across the Trust and manage outbreaks as they occur.
- PPE remains within acceptable levels
- Visitor guidance is in place and is in line with national guidance in relation to face-to-face contact.

Quality

- Under-18 admissions to adult wards are down but remain a concern.
- Out of area beds position has improved but is still challenging.
- Staffing pressures continue across the Trust in all areas.
- There has been a decrease in restraint, but this continues to be monitored.
- Self-harm and suicide monitoring continue.
- Focus on the CQC improvement plan continues despite the pandemic.
- Safeguarding remains a critical service and we remain well engaged locally in a period of heightened risk.
- The metrics are holding up well but there are pressures across the system.
- The IPR work has been very helpful in sharpening focus on what quality measures matter.

CD asked for an update on delayed transfer of care figures and pressure ulcers.

TB stated pressure ulcers are monitored through clinical risk panel. There have been changes in reporting thresholds and there are discussions in place with acute partners. No lapses in care have been attributable to the Trust but other contributory factors are to be considered.

CH reported there is focus on delayed transfers of care through the "care closer to home" work. Recent investment from the ICS has enabled support for patients to be safely discharged

from mental health inpatient care. This includes work with housing departments. The Trust is working with partners in West Yorkshire to progress this work.

CJ asked for an update regarding safer staffing in community services.

TB reported a pilot is taking place and work around caseload weighting is to be completed at the end of this month.

EM asked about duty of candour (DOC) in the current environment and if there are any streamlining options available to help reporting.

TB stated DOC is closely monitored by the risk panel on a quarterly basis and it is normal for numbers to fluctuate. There are regular drives through the system on reporting and good evidence that this is taking place. The Datix form has been shortened in response to the pandemic.

MF noted there are a small number of items tracking at red, but those have been red for some time. MF queried when numbers might reduce, referencing section 17 leave, and Care Programme Approach (CPA) care plan figures in particular.

TB reported regular reviews of IPR metrics took place so that items are progressing and not static. TB agreed that Section 17 leave and CPA care plan figures are areas of focus going forward.

MF further noted the steady growth in numbers of restraints.

TB reported increased numbers of restraints is linked to the level of acuity. Prone restraint is a focus due to the associated safety risks.

ST reported the IPR monitors the completion of Section 17 leave forms at the time the Mental Health Act office receives them. At the end of the process 100% of forms are complete in keeping with the code of practice.

CH reported some indicators were red due to the impact of Covid-19. CH, TB and ST should look at the grading of these indicators and when they could be expected to reduce.

RW reported the Trust is in a process of refining the IPR. RW suggested the FIP Committee looks at the overall indicators and review items that remain red and identify whether it is a recording, structural, or performance issue.

Action: Finance, Investment & Performance Committee

NHSI national Indicators

MB reported no further updates in addition to those discussed already.

Locality

CH highlighted the following points:

Barnsley General Community services

- The stroke inpatient unit has received an “A rating” which is the most positive rating from the Sentinel Stroke National Audit Programme.
- Barnsley Community remains at OPEL 3 (operational pressure escalation level).

Barnsley Mental Health and Trustwide CAMHS (child and adolescent mental health services)

- Pressure is evident in the Single Point of Access (SPA) team in Barnsley, referral numbers and acuity continue to increase.

- In CAMHS, Autism Spectrum Disorder (ASD) and Autism Spectrum Condition (ASC) referral numbers in Calderdale and Kirklees continue to increase and work is ongoing with Commissioners.
- Access to Tier 4 CAMHS beds is still problematic across West Yorkshire. A collaborative Board is now in place for the provider collaborative and looking at creating capacity within the bed stock.
- Work continues with Barnsley Commissioners to agree the finances required to fund the new model of care for CAMHS.

Trustwide Inpatient Services

- There have been challenges in relation to staffing and acuity.
- This has been added to by wards having to isolate due to the pandemic.
- There is pressure in all inpatient services across the Trust

Mental Health Community services

- Memory Services in Kirklees have been accredited by the Royal College of Psychiatrists.

Forensics, Learning Disability (LD), Attention Deficit and Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD)

- Staffing levels in forensic services are still under pressure and filling shifts can be a problem. Action is taking place to ensure that this is managed – in line with safer staffing
- Mandatory training and supervision levels are high.

RW reminded the Board a guide has been put together for places on how to access our services during this period. It is called “The Choose Well Guide for Mental Health”. Local MPs have been very positive about this guide and other positive feedback has been received from partners. The Board noted that it will be interesting to see if this changes patterns of access over coming months. This will be reviewed over time.

SYo noted “Learning Disability (LD) clients are not engaging again” and asked for more detail.

CH explained that this was clumsy drafting and that teams are supporting LD service users and families as they are scared to go out, due to the risk of infection. Teams are supporting clients over the phone and engaging in virtual activities to explain how the teams use PPE to maintain clients’ safety.

CD asked for an update on clinical supervision in Barnsley community.

CH reported improvements were being seen. An action plan is in place to record and monitor these improvements.

Priority Programmes, Communications, Involvement and Engagement

SY asked for the paper to be taken as read.

AM noted the positive feedback that is being received on communications during the pandemic.

Finance and IPR development

MB gave the following highlights:

- Strategic objectives and their key metrics have been agreed for the updated version of the IPR
- Much of the development of the IPR is paused while the team supports the vaccination programme, which is resource intensive
- A draft of the metrics for the priority programme points for strategic objectives is now available. MB will circulate this to Board members outside the meeting.

- **Action: Mark Brooks**

Finance

- MB reminded the Board this is not a typical year in relation to spending and income.
- The Trust should exceed its agreed target for the second half of the year.
- The year to date shows a surplus of £1.3 million.
- Savings compared to plan are being made where all staff are not yet engaged for the service expansions associated with the Mental Health Investment Standard.
- Out of Area bed costs have been lower than anticipated.
- Covid-19 response costs have been lower than expected.
- December performance figures include premium payments to staff over Christmas and the staff recognition vouchers. This still gives a surplus of £0.6m.
- Capital expenditure is lower than expected and FIP Committee agreed yesterday a lower forecast submission for the year end.
- Payments in December were made on average in 15 days.

AM reminded Board members they are being asked to support the IPR development by receiving a draft electronically outside the Board meeting and providing feedback, with a view to go live in March 2021.

Workforce

AGD highlighted:

- Data gaps are due to focus and pressure around the vaccination programme.

AM noted the development work on the IPR and a number of actions that would be picked up in committees. AM thanked the team for all work done on the IPR.

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

TB/21/11 Strategies and Policies (agenda item 11)

TB/21/11a Scheme of Delegation (agenda item 11.1)

MB introduced the item and highlighted the following points:

- MB reported the Scheme of Delegation is usually updated annually.
- It was not updated last year due to the possible impact of work with partners.
- The pandemic then delayed further work.
- Work conducted in this version recognised changes in the intervening period.
- FIP Committee has been introduced since the last review.
- A new finance system is in place.
- The Trust needs to recognise the potential impact of partnerships.
- The document recognises the role of the Board in future partnerships.
- The Board may need to review the Scheme of Delegation again later in the year if there are implications from changes in legislation or partnership arrangements.
- The document has been through EMT and Audit Committee.

AM noted the Scheme of Delegation may need to come back to Board and should be added to the work programme.

Action: Andy Lister

MF confirmed the scheme of delegation had been reviewed at the Audit Committee and stated he was happy to support it.

It was **RESOLVED** to **APPROVE** the proposed changes to the scheme of delegation.

TB/21/12 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

AM asked the Non-executive director chair of each Committee to provide an update:

Audit Committee (13 October 2020 minutes received)

MF highlighted the following points:

- New format used for report to Board – Action, Alert/Advise, Assure.
- Timetable for committee effectiveness released.
- Scheme of Delegation reviewed and supported.
- Year-end timetable reviewed.
- Actions in progress for internal audit of patients' money.
- VAT is no longer chargeable on lease cars taken via salary sacrifice. A reclaim is being made for prior VAT charged which will be repaid to staff net of any costs such as employers' national insurance and professional costs.
- Assurance provided around legal risks.
- Positive update in relation to cyber security.
- General update received from the internal auditor.

Finance, Investment and Performance Committee (24 November minutes) December

CJ highlighted:

- Noted current year financial performance and agreed to support a revised forecast to be submitted to the ICS and regulator in due course.
- Considered and agreed proposed financial risk share arrangements for the West Yorkshire and Harrogate ICS for the current year.
- Looked at the need for a similar less formal arrangement with South Yorkshire and Bassetlaw ICS.
- Received and endorsed the revised capital expenditure forecast.
- Considered in the detail the proposals for the adult secure lead provider role in the provider collaborative.
- Still considering meetings being every other month. Next committee will be March 2021.
- Discussed the emerging risk for the capital programme.

West Yorkshire Mental Health Learning Disability and Autism Collaborative Committees in Common (22 October minutes received)

AM updated:

- The meeting was shortened due to Covid-19 response.
- The planned strategic workshop in February has been postponed.
- The Memorandum of Understanding was reviewed – amendments will come to Trust Board in March for approval.
- Detailed performance update received on programmes from Keir Shillaker, Programme Director.
- Detailed update received on work to have a single management structure for reduction of violence and aggression across the collaborative.

Workforce and Remuneration Committee (12 November 2020 minutes received)

SYo highlighted:

- Discussion on the vaccination programme.
- Early Covid-19 vaccination risks discussed.
- Workforce strategy update.

- Another meeting in early February 2021 to cover vaccination programme and risks and maintaining high professional standards.
- Wellbeing guardian role prescribed in the NHS people plan was discussed and proposed that SYo take up this role. The Board supported SYo taking the role.

The Board AGREED that SYo take up the role of Wellbeing Guardian

Equality and Inclusion Committee 8 December (22 September minutes received)

AM highlighted:

- Detailed discussion around “Commitment to carers”, with a forward plan agreed.
- First draft of action plans to deliver the Equality, Involvement, Communications and Membership Strategy, further work to do.
- Verbal feedback on experience from staff equality networks, BDU (business delivery unit) equality forums and service user feedback.

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

TB/21/13 Trust Board work programme (agenda item 13)

AM agreed the workplan would be reviewed through agenda setting to manage deferred items.

RW reported the planning round 2021/22 has been delayed by NHSEI and the updated financial arrangements will not be in place until after the first quarter. To be reviewed by Andy Lister (AL), MB, MF, RW and AM.

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

TB/21/14 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on 30 March 2021.

TB/21/15 Questions from the public (agenda item 15)

Nil

Signed:

Date:

TRUST BOARD 26 JANUARY 2021 – ACTION POINTS ARISING FROM THE MEETING

 = completed actions

Actions from 26 January 2021

Min reference	Action	Lead	Timescale	Progress
TB/21/04	“Project search” is paused due to the pandemic vaccination programme. It will be resumed soon. We are continuing to work with mid Yorks and mirror and adapt their programme. The Equality and Inclusion Committee will pick up this action. (Project search is a training programme looking at how to support young people with learning disabilities into paid employment).	Equality and Inclusion Committee	March 2021	To be picked up in E and I committee in June.
TB/21/04	Mike Ford (MF) offered to pick up the Project Search work with the staff disability network.	Mike Ford	March 2021	MF has communicated the picking up of this action with the staff disability network
TB/21/08b	AM noted in the ORR cover paper the wording is different for risk 1530. MB noted the error and will amend.	Mark Brooks	April 2021	This has been updated.
TB/21/08b	RW noted there isn’t a national strategy around physical health community services. We do have strategic ambitions and objectives to join up services in places. EMT has assessed the Trust role in each of our places, and this should come to the Board for review and what this means for our services, including community services.	Salma Yasmeen	April 2021	Complete - Discussed as part of the strategic board discussions in February.

TB/21/08b	<p>RW noted as work through our systems changes, there should be more public health support and insight into the work the Trust does. Dr Andy Snell, consultant in public health in Barnsley, has demonstrated the benefits of having this expertise embedded in a trust, with access to data to effectively manage services.</p> <p>As we work through the changes in our systems, we need to know how we are going to access the public health intelligence and information needed to plan Trust services effectively.</p>	Salma Yasmeen	April 2021	
TB/21/08d	<p>RW reported in West Yorkshire and Harrogate the System Oversight and Assurance Group [SOAG] took a paper on the Ockenden review and the required response from the Local Maternity System [LMS].</p> <p>All providers confirmed they had taken the necessary actions outlined in the report and the LMS was confident of this.</p> <p>TB and AGD reported they are not aware of discussions in South Yorkshire but will request an update.</p>	Tim Breedon/Alan Davis	March 2021	TB to update verbally at Trust Board
TB/21/09b	<p>SY asked for the Board to formally receive the action plan which is the ICS response to the black, Asian and minority ethnic (BAME) and inequalities review. This will be discussed at the next E&I Committee.</p>	Equality and Inclusion Committee	March 2021	Incorporated in the Equality and Inclusion action plan that went to committee in March.
TB/21/09b	<p>RW referred to the staff suicide awareness campaign and asked the Board to be aware of the actions the Trust is taking by signing up to this. An update should go to the next WRC.</p>	Alan Davis	March 2021	To be included in a Wellbeing Staff Recovery Plan which will go to the May's WRC.

TB/21/09b	<p>AM referenced the list of submissions for the response to potential ICS legislation and noted the Trust's submission isn't there.</p> <p>SY confirmed the Trust has made a response and that our response was not included in the papers. SY will circulate to Board members and put it on the Trust website.</p>	Salma Yasmeen	March 2021	Complete - Response circulated to Trust Board members.
TB/21/10a	<p>EM noted the potential effect of Ramadan on second dose vaccinations as it fell in April to early May this year. This may need to be picked up through the ICS group overseeing vaccinations.</p> <p>AGD reported second vaccinations are being scheduled for the end of March but this was worthy of note.</p> <p>RW supported EM's point and stated this will be picked up through the West Yorkshire and Harrogate ICS team as well as in the Trust.</p>	Rob Webster	March 2021	This has been discussed as part of the vaccine rollout across WY&H. As part of the weekly oversight appropriate arrangements are made in each place.
TB/21/10b	RW reported the Trust is in a process of refining the IPR. RW suggested the FIP Committee looks at the overall indicators and review items that remain red and identify whether it is a recording, structural, or performance issue.	FIP Committee	March 2021	The performance element of the March meeting focussed on benchmarking and identified areas of concern for detailed investigation. The IPR will be considered in more detail at a subsequent meeting
TB/21/11a	AM noted the Scheme of Delegation may need to come back to Board and should be added to the work programme.	Andy Lister	March 2021	Noted in Trust Board workplan

Actions from 1 December 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/97b	AM noted during discussion that some of the reports received from the Integrated Care Systems were quite discursive and we needed to look at how they would be reflected in our performance reports. The IPR sub-group should review this as part of their ongoing work.	Mark Brooks	April 2021	The updated format IPR is provided as part of the March Board papers. Comments and feedback from Board members are welcome.
TB/20/102	RW noted MF's comments about strategic board agenda's and suggested we could identify agenda items for the strategic board meetings and include them in the work programme. RW suggested this could form part of the annual review of governance that Mike and the audit committee conduct. RW would support including the content of strategy board meetings on future agendas.	Andy Lister	April 2021	AM and AL have had initial discussions around the workplan and this is being progressed. Initial coming to March board for comments.

Actions from 27 October 2020

Min reference	Action	Lead	Timescale	Progress
TB/20/85b	Review service visits and look how these can be completed during Covid-19 by digital means.	Clinical Governance & Clinical Safety Committee	March 2021	Quality monitoring visits are now taking place virtually.

Actions from 29 September 2020

Min reference	Action	Lead	Timescale	Progress
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TB/20/66a	<p>MB reported that if we looked at what our requirements were for demand and capacity, planning prior to Covid-19 it would be very different to what it is now.</p> <p>Previously if there was a tender coming up or a specific piece of work required, we would do some basic demand and capacity modelling work. The Trust was going to have to think quite carefully about how it structured some of its functions.</p> <p>AM summarised by saying that FIP would look at these issues in detail and we would make sure these were kept in view of the board as required.</p>	FIP Committee	March 2021	The Committee is keeping the emerging planning arrangements under review, but they are not yet clear for 21/22.
TB/20/74	<p>RW reported the West Yorkshire and Harrogate ICS recorded the public meeting and posted it on their website for a number of days. AL could speak to Karen about their experience of doing that. RW also queried how well we were promoting this meeting on social media before and during the meeting. If AL and AM were to review it would be useful to involve SYa and Dawn Pearson.</p>	Andy Lister	June 2021	<p>15.10.20 meeting held with Karen Coleman from the WY&H ICS. AL to discuss outcome with AM.</p> <p>27.10.20 AL updated a production company are used by the ICS and there is an editing process that takes place before meetings are published online.</p> <p>20.11.20 Further discussion has taken place with Julie Williams and due to concerns around governance further discussion needs to take place.</p> <p>18.01.21. Further guidance has been developed for members of the public and how to join public meetings. This will be circulated with papers each month. Board meetings are now promoted on social media on a monthly basis.</p> <p>19.03.21. The discussion relating to the recording and publishing of Board meetings will continue after the response to Covid-19.</p>

Trust Board 30 March 2021 Agenda item 7

Title:	Chief Executive's Report
Paper prepared by:	Chief Executive
Purpose:	To provide the strategic context for the Trust Board conversation.
Mission / values / objectives:	The paper defines a context that will require us to focus on our mission and lead with due regard to our values.
Any background papers / previously considered by:	This cover paper provides context to several of the papers in the public and private parts of the meeting and also external papers and links.
Executive summary:	<p>We are heading towards the end of the financial year and into the Spring. We have successfully faced a challenging Winter through effective partnership working and strong leadership within the Trust. This is reflected in the latest monthly briefing for all staff attached at [Annex 1] as well as developments included within this report. Effective communication continues to be delivered via the publication of The Brief, The View, the weekly Coronavirus update and a weekly virtual Chief Executive Huddle open to all staff.</p> <p>Since publication of The Brief, we have seen more positive and hopeful developments as well as ongoing challenges:</p> <ul style="list-style-type: none"> • The Government has published its 'roadmap to recovery' based on four tests of progress. These relate to vaccination rates, efficacy, surge capacity and variants of concern. As a result, we have seen the first easing of lockdown restrictions come into force. It has also been confirmed that there will be no return to tiered restrictions at this point. • Yorkshire and the Humber currently has the highest prevalence rates in the country. These figures are falling, but slower than elsewhere. We should note that the rates for over 65s are lower than for the general population. The approach to vaccination means we are trying to break the link between infection, illness, hospitalisation, and death. • We have seen substantial successes in the vaccination programme to cover staff and vulnerable people. Rates are generally higher than expected for vulnerable groups and, following significant concerns being raised, people with a learning disability and their carers were prioritised in cohort 6. We have played a role in this through our hospital hubs and our support for vulnerable people. For example, we ran a successful joint clinic at Calderdale Royal Hospital for people with a learning disability and autism, supported by our community teams.

- **There have been challenges around vaccine confidence.** We have worked with our BAME Network to ensure that we take an appropriate and thoughtful approach to building confidence amongst staff. This has included question and answer sessions, peer support and a culture where we want 'nobody left behind'.
- **It has now been a year since the first lockdown,** and we joined the nation in a minute's silence on 23 March 2021 to reflect on the events of the last 12 months.
- **We are expecting the Planning Guidance to be published imminently.** The focus for next year will be on stabilisation and movement towards recovery. Amongst the priorities we expect to see mental health, learning disabilities and community services, this is most welcomed. A further update will be given to the Board if guidance has been received by the time of the meeting.
- **We also anticipate financial plans and the arrangements for 2021/22 to be published.** Our ICS' have already been notified of their capital allocation including an indicative number for the Trust. The first six months of the year will be managed through systems, similar to the arrangements in 2020/21.
- **All of this in context of White Paper and implementation of integrated services,** there is a paper on the Board agenda which covers this in more detail. The Planning Guidance and the White Paper have a strong focus on staff, we should genuinely welcome the focus on staff wellbeing, and the range of support available to staff will continue.
- Board members should also note the context of the **political debate over pay awards for staff.** We await the outcome of the peer review body recommendations and the Government's response.
- **Our Staff Survey results show we have maintained our position or improved on all headline indicators.** There remain some areas of concern that we will need to focus on through the Trust Workforce Action Plan, in particularly the experiences of our BAME colleagues and variation between services.
- **Operational delivery remains strong** in most areas which is testimony to the staff, services and their resilience.
- **Innovation and improvement continue,** it was very positive to see Barnsley Tissue Viability Service awarded Gold at the Journal of Wound Care World Union of Wound Healing Societies Awards in the 'Cost-effective Wound Management' category. We should also recognise the success of the West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP) at the Health Service Journal (HSJ) Awards for our work on developing more representative leadership and supporting carers.
- **As we enter the last few weeks of 2020/21, we can look back on a year of genuine success in the toughest of times.** We can also look ahead with some hope and optimism towards 2021/22. Our strategy and strong partnership working aligns well with the White Paper. Our service delivery

	<p>remains strong and our people are committed to the work we are doing. We should expect setbacks and changes along the way, but we have proven we can be agile and responsive to issues as they arise.</p> <ul style="list-style-type: none"> • It was a genuine privilege to be awarded the Chief Executive of the Year Award at the HSJ Awards Ceremony. I was particularly pleased that the judges noted our pandemic response, strong commitment to partnership working and engaging with vulnerable communities and people. The award was based on the top 50 Chief Executives list prepared by the HSJ and the fact that partnership working, community engagement and staff wellbeing are being recognised is a real positive, and a change in tone from previous lists. For me, this award is based on the contribution of every member of staff and each of our partners.
Recommendation:	Trust Board is asked to NOTE the Chief Executive's report.
Private session:	Not applicable.

A decorative background featuring a circular arrangement of blue brushstrokes of varying shades, creating a textured, sunburst-like effect around the central text.

The Brief

25 February 2021

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

With **all of us** in mind.

Today's brief

Welcome to the Brief being delivered through Microsoft Teams.

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

Thank you for joining us for our Brief broadcast.

Our mission and values

During challenging times is it important we focus on our values.

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

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

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



Wakefield CAMHS ReACH team pictured with 'Bee You' journals they received from Andy's Man Club to help support local young people's mental health and emotional resilience. The journals have been funded by our EyUp charity.

Coronavirus

Keeping informed, acting responsibly



South West
Yorkshire Partnership
NHS Foundation Trust

Stay focused and keep up to date by reading the guidance on the Trust intranet, the Public Health and NHS England websites.

The Prime Minister announced on 22 February a road map for how current lockdown restrictions will be eased. This will be a phased release so that the impact on infection rates and hospital admissions can be monitored. This will begin with the return of children to schools on 8 March. Further easing will follow over the next few months.

Our **Gold** and **Silver** command meet twice a week. This helps us to react quickly. **Bronze** meetings continue to take place in operational and corporate services, often daily.

We continue to work in each of our local areas as part of weekly Gold, Silver and Bronze meetings and are a part of local decision making.

It is important that we follow the rules and be cautious as the lockdown eases – including after you have had a coronavirus vaccination.

CORONAVIRUS
PROTECT YOURSELF & OTHERS

 GOV.UK



With **all of us** in mind.

Coronavirus

Keeping up to date

It is important to keep informed of what is happening nationally and in our local areas.

The Kent variant of coronavirus is now the dominant variant in our areas and is more infectious. We must continue to do what is necessary to limit the spread of the virus.

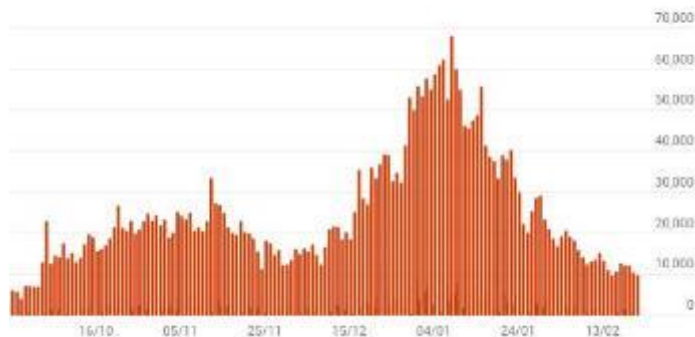
Hospital admissions are reducing across the country but are still too high. Following the rules helps us to reduce infection rates and the impact on our hospitals.

Local Authority figures per 100,000 population (as of 17 Feb):

- Barnsley – 196
- Calderdale - 207
- Kirklees - 188
- Wakefield – 188

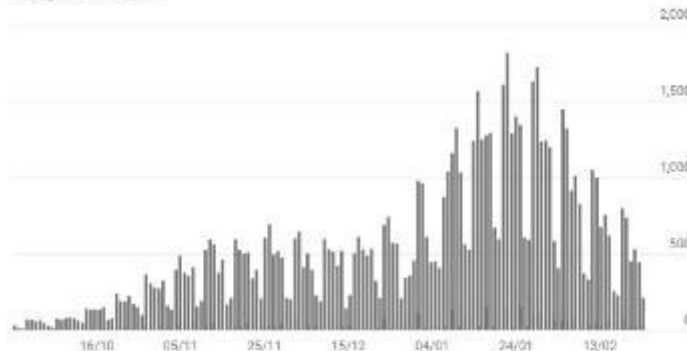
National infection rate

Daily new cases



Daily reported deaths due to coronavirus

Daily new death



With all of us in mind.

Our proposed priority areas 2021/2022



**South West
Yorkshire Partnership**
NHS Foundation Trust



#allofusimprove
and be outstanding

Underpinned by #allofusimprove, using quality improvement to ensure we learn from organisational change.

With **all of us** in mind.

Improving health: Community mental health

Final proposals have been submitted to NHSE for transformation funding

This will support a new, inclusive and generic community-based offer centred on redesigning community mental health services in and around Primary Care Networks.

New care models will improve access and treatment for adults of all ages with a diagnosis of personality disorder, eating disorder, and with community-based rehab needs.

Some new ways of working will be piloted in 2021/22 before rolling out more widely in subsequent years. The programmes will be managed locally by CCGs, partnerships and ICS'.



To support this work, our Trust has recently agreed a new priority:

To deliver improved integrated mental health community services with our partners in each of our places



With **all of us** in mind.

Improving Health: Joining up the response in every place

West Yorkshire and Harrogate
Health and Care Partnership



South Yorkshire and Bassetlaw
Integrated Care System



NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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

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



NHSE/I have announced their proposals on the **future of integrated care**. It included seeking views on proposals to strengthen ICS', including revised recommendations to the government for putting them on a statutory footing. The proposals reflect locally derived feedback so far and learning from the coronavirus pandemic response. It is at an early stage. We are broadly supportive and will be involved in the process at a Trust and ICS level.

There is ongoing work with commissioners across the Trust footprint to look at **mental health investments**, in line with the mental health investment standards for 2021/22.

South Yorkshire and Bassetlaw ICS have signed a contract with Yorkshire Cancer Research for the implementation of the **QUIT programme** in acute and mental health inpatient settings across South Yorkshire. It is envisaged that tobacco treatment advisors will be in place from 1 May 2021.



With **all of us** in mind.

Improving Health: Let's 'Check-in' with each other

The '[Check-in](#)' campaign aims to prevent staff suicide by promoting a positive and supportive culture through normalising and encouraging conversations around suicide. The campaign has been co-produced with people who have direct experience of suicide.

What can you do?

- Find out what support is available to you and your colleagues
- Complete the Zero Suicide Alliance training on ESR
- Dedicate 10 minutes at your team meetings to discuss suicide prevention and the support available
- Support one to one conversations on suicide
- Download and display the campaign posters in all staff facing areas
- Spread the word and show your support by using the campaign Microsoft Teams backgrounds.



The campaign has been initiated by the West Yorkshire and Harrogate ICS but we are rolling it out across all our areas Trustwide.

For more information visit the [intranet](#) or the [campaign website](#).



Improving Health:

Joining up the response in every place



Working with each of our places to evolve partnerships in light of the new white paper on the future of the NHS and integrated care. We are also continuing to work in all of our areas on a joined up response to the coronavirus pandemic.

Barnsley

We are working alongside the Primary Care Networks to support the roll out of community vaccinations, with our general community services supporting PCNS to give vaccinations in people's homes. We are also working on a shared leadership model on joined up community and primary care services. A new partnership agreement is to be discussed between partners and agreed soon.

Creative Minds and EyUp

Creative Minds and EyUp are working together to support the inclusion of 'People's Voices' to sensitively support more inclusion. Creative Minds is also supporting Yorkshire Sport on a regional campaign focussed on the benefits of physical activity on mental health.

Calderdale and Kirklees

We continue to develop cultural approaches, including in arts and health, and with physical activity through our Move More SWYPFTly project in Calderdale. Keep an eye on the Headlines to see ways you can get involved.

Wakefield

We have been actively participating in workshops and discussions for the mental health and learning disabilities collaborative to support better joint working between our 'places' and the 'system'. This includes collective principles and responsibility, and how partners can work together better.

Yorkshire Smokefree

A Barnsley BREATHE bid has been submitted to support local smokefree services.

Improving Care: Safety and quality

In January we had:

- 1017 incidents – 829 rated green (no/low harm)
- 178 rated yellow or amber. It was 208 in November
- 10 rated as red, up from 9 in November
- 18.5% of incidents are recorded as either red, amber or yellow
- There were 2 reported serious incidents this month
1 incident of self harm, 1 apparent suicide.

We continue to monitor all incidents where **coronavirus** is noted in the Datix entry. This is so we can identify any themes and trends that require action and bring about improvements.

There were **12 confidentiality breaches** in January. This included 9 incidents of information disclosed in error, such as multiple letters being placed in 1 envelope or attached to the same email, and personal emails sent to the wrong person. The Trust has a duty that any information we hold is safe. Everyone has a part to play. Make sure you are up to date with the advice provided on the intranet.

Our **Live Well Wakefield** team have been shortlisted in the Social Prescribing Awards 2021.

Since April 2020 the service, delivered in partnership with Nova, has helped over 3,000 people to access food, medication, social activities and financial support.



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Improving care:

Our performance in January



South West
Yorkshire Partnership
NHS Foundation Trust

- **91** inappropriate out of area bed days
- **100%** of people recommend our community services
- **80%** of people recommend our mental health services
- **1.8%** delayed transfers of care
- **63.7%** referral to treatment in CAMHS timescales
- **2** people under 18 admitted onto adult inpatient wards
- **100%** of prone restraint lasted less than 3 minutes
- **166** restraint incidents
- **85.7%** of people dying in a place of their choosing
- **53.1%** of people completing IAPT treatment and moving into recovery

We had 44 falls in January, the same as in December. All falls are reviewed to identify measures required to prevent reoccurrence and more serious falls are subject to investigation.

We had **33** attributable pressure ulcers in January, the same as in December. No lapses in the care provided by the Trust have been identified. We continue to review all incidents to identify any themes that might emerge.

Kirklees memory service

has received national accreditation by the Royal College of Psychiatrists' Memory Services National Accreditation Programme for its high standard of care.

Receiving the accreditation means that local people with memory conditions, and their families, can be assured of the quality of care they will receive from the team.



With **all of us** in mind.

Improving care: Our coronavirus related performance

As of 24 February:

- **There are currently 178 members of staff absent or working from home due to coronavirus.** We reported 215 in the January Brief. **This is 3.4% of our total workforce.**
- **94 members of staff are absent and 84 are working from home.** Of those absent, **63%** are shielding, **17%** are symptomatic, **5%** have household symptoms, and **2%** have been advised to isolate by occupational health.
- **We've processed 3,458 swab test results for staff and household members so far**, with **626** of these testing positive and **2,832** testing negative.

As of 17 February:

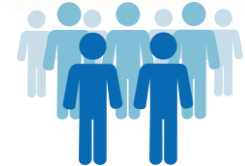
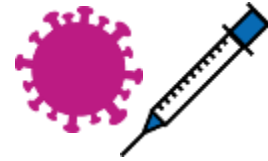
- **278 service users have been tested** on the wards. This is **21** more than reported in January. **115** tested positive and all have since recovered.

Care home support offer
Our general community team in Barnsley is supporting care homes by providing staff and resident testing, vaccination support, direct care, training, and mutual aid for PPE. Mental health and learning disability support has also been provided into care homes across the whole of the Trust footprint to support the residents



With **all of us** in mind.

Coronavirus Vaccinations at the Trust



The COVID-19 vaccination programme started on 12 January at the Trust. **We have so far vaccinated over 4,700 Trust staff with their first dose, and 900 social care staff in our local places.**

All staff at the Trust have been invited to book their first dose of the vaccine. This includes bank staff, students and doctors on rotation at the Trust during the vaccination window.

If you haven't had your vaccine yet you can book your first vaccine appointment by contacting the vaccination programme team on:

- Email: Covid19.VaccinationProgramme@swyt.nhs.uk (monitored Mon to Fri, 9am- 5pm)
- Telephone: 01226 644292 (open Mon to Fri, 9am-4pm)

Staff who've had their first dose of the COVID-19 vaccine at a **Trust vaccination site** will be contacted directly by the Trust and given a pre-booked appointment slot for your second dose of the vaccine.

If you had your first dose of the vaccine outside of the Trust, e.g., at a partner hospital hub or GP practice, you'll be contacted by the organisation within 12 weeks. They will contact you using the details you provided when you went for your first dose of vaccine.

For more information, visit the [COVID-19 vaccine page](#) on the intranet or read our FAQs: www.southwestyorkshire.nhs.uk/covid19-vaccine-faq

With **all of us** in mind.

Coronavirus Vaccinations at the Trust



If you have questions or concerns about the vaccine, you can join our 'safe space' conversations (open to staff who haven't yet had the vaccine) to talk openly about the vaccine in confidence with your peers.

For clinical or health and wellbeing queries around the vaccine, please remember that you can contact the occupational health coronavirus support helpline on 01924 316036 (Monday-Friday, 8am - 4pm).

Having the vaccine prevents you from becoming seriously ill from COVID-19. Even after having the vaccine, we must continue to follow guidance on hand hygiene, use of personal protective equipment (PPE) and social distancing.



Read our [guidance for staff experiencing side effects](#) after the AstraZeneca (Oxford) vaccine.

You may have already had their vaccine outside of the Trust. If you've had your vaccine elsewhere please let us know by emailing:

BusinessIntelligence@swyt.nhs.uk.

With **all of us** in mind.

Improving resources

Our finances in 2020/21

Performance Indicator		Year to date	Forecast 2020/21
1	Surplus / Deficit	£2.2m	(£0.5m)
2	Agency Cap	£5.7m	£7.1m
3	Cash	£70.1m	£46.4m
5	Capital	£2.1m	£5m
6	Better Payment Practice Code	95%	

In January we had a surplus of £0.8m which is favourable to plan. The key variances include lower than forecast use of out of area bed placements and Covid-19 response costs.

Spend on agency in January remains consistent with previous months at £0.6m.

Cash in the bank continues to be above planned levels. The main reason is the timing of block income payments, but this benefit will unwind in March 2021.

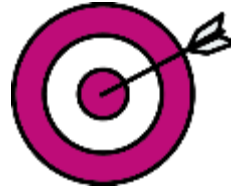
Capital expenditure is much lower than our plan. There is increased spend forecast in February and March given the orders placed and work in progress.

We have paid 95% within the 30 day target. On average invoices were paid within 14 days in January.

Our financial year-end is approaching. Please regularly orders and invoices on the Oracle system and approve when appropriate

A great place to work

Priority updates



This month general staff sickness is **4%**. Remember there's support for [#allofus](#)

If you haven't done so already make sure you book your **appraisal** as soon as possible. This year's appraisal window was extended to the end of Feb due to coronavirus and winter pressures. Guidance for conducting e-appraisals is available on the intranet. We will shortly be carrying out a review of the first year of the WorkPAL e-appraisal system to help us make changes and improvements.

Over the next few weeks we will be carrying out engagement events on our **sustainability and green plan**. Our aim is to become a net zero contributor to the environment. Keep an eye out on the Headlines and the i-hub to find out more about how you can get involved and share your views.

We'll shortly be retiring **Skype** as more of us switch to Microsoft Teams. Find out more on the [intranet](#).

We celebrated **LGBT+ history month** by asking our staff to share their personal stories and journeys. Donna Somers, Chair of the LGBT+ network, and marketing and comms manager Lauren Summers shared their thoughts; and our director of operations Carol Harris gave her perspective as a mother. You can read them all on the Trust [website](#).



With **all of us** in mind.

A great place to work

Support when you need it



Remember that we have support available for all of us.

Our **occupational health** team have a phone line for general advice around coronavirus - **01924 316036** (Mon-Fri, 8am - 4pm) and a **coronavirus psychological support line**. You can call it on **07774 335800** (Mon to Fri 8am - 4pm)

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

West Yorkshire & Harrogate is expanding its **mental health and wellbeing hub** and we **are linking to it**. There are a full range of health and wellbeing resources available for all on its website. [West Yorkshire and Harrogate Partnership :: Workforce health and wellbeing \(wyhpartnership.co.uk\)](https://wyhpartnership.co.uk)

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

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



With **all of us** in mind.

Coronavirus

What you can do to help



Please ensure you wear a mask when you need to, and follow the PPE rules for wherever you are. These may be different depending where you are so please check.



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



If you, or someone you are close to develops **symptoms** book a test. You can find details of how to get a test on the intranet.



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

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

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

Support your own health and wellbeing by taking **annual leave** and **socially distanced breaks** whenever you can.

And remember that the coronavirus vaccine is available to all of you. It will help to keep us all safe.



With **all of us** in mind.

Take home messages

Covid-19 pressures are real and still with us. We cannot be complacent.

Safety comes first, always. We are now at OPEL 2.

Always follow the rules for wherever you are, including wearing appropriate PPE.

Look out for second dose appointments, there is still time for a first jab, talk to others if you need to about how you feel about it.

Have open conversations on suicide prevention, and make sure you and your colleagues know of the support available.

Appraisals and supervision remain essential. Make sure you have yours.

Get involved and help us to shape our sustainability and green plan.

Your health and wellbeing is our priority – use the support when you need it.



South West
Yorkshire Partnership
NHS Foundation Trust

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

Keep doing the right thing.

With **all of us** in mind.

Cascading the Brief

Thank you for joining us for the Brief broadcast.

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

Thankyou!

Trust Board March 2021 Agenda item 8.1

Title:	Integrated Performance Report
Paper prepared by:	Director of Finance & Resources and Director of Quality & Nursing
Purpose:	To provide the Finance, Investment & Performance Committee with the Integrated Performance Report (IPR) for February 2021.
Mission/values/objectives	All Trust objectives
Any background papers/ previously considered by:	<ul style="list-style-type: none"> • IPR is reviewed at Trust Board each month • IPR is reviewed regularly at the Finance Investment & Performance Committee (FIP) • IPR is reviewed at Executive Management Team (EMT) meeting on a monthly basis
Executive summary:	<p>The IPR for February is in line with developments agreed by Trust Board, including a new section on monitoring progress against our strategic objectives. Trust Board members are asked to consider the updated IPR, its contents, and comment on the format and whether the information provided is in line with expectations and enables them to better understand Trust performance.</p> <p>This month's report contains a brief summary of headlines from recent national benchmarking exercises</p> <p>Quality</p> <ul style="list-style-type: none"> • Majority of quality reporting metrics continue to be maintained during pandemic • The number of restraint incidents increased from 166 to 185 month on month. • There were 44 falls recorded in inpatient wards, which is consistent with the previous month • 3 avoidable pressure ulcers were recorded in February, which were graded as low to medium harm • One ward, Enfield Down, fell below the 90% overall fill rate in February, partly due to a reduction in the number of service users • We await the final report from the Royal College of Psychiatrists serious incident accreditation review. <p>NHSI Indicators</p> <ul style="list-style-type: none"> • One young person under the age of eighteen was admitted to an adult ward in February for a total of six days • Inappropriate out of area bed usage reduced to 50 days in February, which is the lowest number of days recorded this year

	<ul style="list-style-type: none"> • Performance against nationally reported targets remains largely positive <p>Locality</p> <ul style="list-style-type: none"> • Barnsley community health services working closely with Barnsley hospital to reduce long length of stay patients by identifying if any can discharge earlier with community support • Demand increasing significantly for older people's dietetics • There has been an unexpected death of a service user in Newhaven, which is being investigated • Learning disability services are supporting the Covid-19 vaccination programme, working with primary care • Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients • The action plan and training regarding care programme approach (CPA) reviews is continuing • Community mental health transformation plans in Barnsley are agreed in principle • Trend in waiting numbers from referral to treatment in CAMHS remains positive <p>Priority Programmes</p> <ul style="list-style-type: none"> • Forensic lead provider collaborative go-live has been deferred to July 1st • Care closer to home formal patient flow 7-day service is planned to be in place by the end of March • The Trust is working with partners in each place to further develop integrated care partnership arrangements in line with the potential implications arising from the recent NHS white paper • Resources have been re-prioritised to focus on the high priority areas of pandemic management and response including the vaccination programme • Staff survey results have recently been received and are being assessed <p>Finance</p> <ul style="list-style-type: none"> • On a like for like basis a £0.5m surplus was recorded in the month which is £0.8m favourable to plan • On the same basis cumulatively, there is now a surplus of £2.7m compared to a planned deficit of £1.7m • The reported surplus is £1.5m in the month and £3.7m cumulatively. The difference relates to £1m additional income provided nationally to cover the loss of non-NHS income as a result of the Covid-19 pandemic. Guidance has been followed regarding the treatment of this additional funding and full confirmation of accounting treatment for the year-end is expected before the end of March
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- Recognition has been made in the year-to-date costs for the likely impact of an increase in the holiday accrual and for the Flowers adjudication
- Agency staffing costs remained consistent at £0.6m in the month.
- £0.2m of costs were identified as being reasonably incurred as part of the Covid-19 response. These include costs relating to the vaccination programme
- Out of area bed costs were £119k, which remains lower than plan. There continues to be high spend on locked rehab placements in Barnsley
- Pay costs of £16.2m were incurred in the month, which are more than £2m higher than the average monthly pay costs in 2019/20
- The year-end position will be favourable to plan. On the same basis as the plan was prepared a £3.1m improvement is currently projected, meaning a likely surplus of £1m. Additional funding for non-NHS income cover and any other items will improve the position further.
- Capital expenditure is now £2.4m, with a year-end forecast of £4.9m, which looks very challenging, although there has been a substantial increase in orders during the final quarter of the year
- The cash balance increased to £75.5m. The advances of income will unwind by the end of the financial year leaving a likely year-end cash balance in excess of £50m

Workforce

- As at March 24th there were 89 staff off work and not working Covid-19 related. This is similar in number to January
- Non Covid-19 sickness remained at 4.0% in February
- 610 staff have tested positive for Covid-19, 12 of which tested positive in the last month, which is the lowest number since July last year
- Staff turnover remained at 10.0% in January, which remains lower than last year
- 4,376 staff members (including bank staff) have received their first Covid-19 vaccination as at March 24th (86%)

Covid-19 response

In addition to the points identified in the sections above:

- Sufficient PPE remains in place
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- An update is provided in the IPR of the actions the Trust has taken in to meet the identified eight urgent actions to address inequalities
- Lateral flow testing for staff has been rolled out and continues to be used

	<ul style="list-style-type: none"> • Significant support to care homes is provided by our community teams in Barnsley • The Trust Opel level at the end of February has reduced to 2 • National guidance continues to be monitored, reviewed, and adopted • A range of staff and wellbeing support offers continue to be available and used
	Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.
Private session:	Not applicable

Integrated Performance Report Strategic Overview



February 2021

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2021. Following recent discussions at Trust Board and work conducted by a sub-group this IPR begins to represent the recommended updates to the structure and contents of the report. In particular the section monitoring progress against the Trust's agreed strategic objectives has been re-designed. There is also an additional section covering Emergency Preparedness, Resilience and Response (EPRR), and a number of sections previously covered in the Covid-19 response part of the report have been incorporated in the other relevant sections of the report such as quality or workforce. This development of the IPR will continue to evolve in the coming months.

It continues to be the case that given the focus of all staff on responding to Covid-19 and the vaccination programme, coupled with the level of staff absence, not all the normal information is necessarily readily available for the report. The quality section remains largely unaltered given the need to ensure the Trust retains focus on the provision of its core services. The report on national metrics is again unaltered as national reporting requirements remain unchanged. Other sections remain in place sometimes with reduced content. It should be emphasised that the majority of services have continued to be provided during the pandemic, although in some cases in a different manner such as less face to face contact and in some services referrals have been lower than historical averages.

A number of metrics identified to monitor performance against our strategic objectives have been populated, whilst others are in development with indicative timescales provided. Reporting against some metrics may take a little longer to develop and where appropriate, alternatives may be considered in the short term

The section on the Mental Health Act will now be covered by the Mental Health Act Committee. Similarly the detailed section regarding priority programmes does not feature in this updated IPR, and is replaced by the inclusion of headline milestones and comments in the summary of performance against strategic objectives and priorities

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

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress. These are:

- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Executive summary
- Covid-19 response
- Emergency Preparedness, Resilience and Response (EPRR)
- Quality
- National metrics
- Priority programmes
- Finance & contracting
- Workforce

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

This month's report also includes a summary of actions taken by the Trust as part of the response to the 8 urgent actions identified to address inequalities, and some headlines from recent national benchmarking exercises.

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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The following four pages highlight the performance against the Trust's strategic objectives.
EMT has now agreed to include community mental health transformation as an additional priority. An initial programme group meeting has been held and milestones will be agreed in the March meeting and updated in future reports on a monthly basis.

Improving health								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Play a full role in our integrated care systems and associated places to contribute to outcomes in their 5 year plans	1.Number of suicides for patients with an open referral to SWYPFT services		3	1	3			
	2.Smoking Quit rates for patients seen by SWYFT Stop Smoking services (4 weeks) *		1461*	Due April 2021				Quarter 3 data is provisional and will be refreshed in March 2021. Quarter 4 data will be available in April 2021
	3.Proportion of people from BAME communities accessing IAPT		Reporting Commenced Feb 21		14.5%			BAME population 13.0%
Improve outcomes through our wellbeing services, physical health and services for people with mental health illnesses and learning disabilities	1. Cardio metabolic assessment & treatment		Data currently unavailable					Work has been taking place in relation to reviewing the reporting for cardio metabolic assessments. A small task and finish group has been established to review. The detail behind the indicator is being worked up and there are some issues identified that may impact on the reporting outcome. A numerator and denominator are to be identified and this will ensure that reporting against this metric relates to service users on CPA who have a diagnosis of psychosis. It is anticipated that the initial focus for reporting will be on inpatients and early intervention services. Further update to be provided next month.
	2. IAPT - proportion of people completing treatment who move to recovery	50%	56.7%	53.1%	51.8%			February data is provisional and will be refreshed in April 2021
	3. % service users on CPA followed up within 7 days of discharge	95%	101/101 =100%	89/90 =98.9%	90/90 =100%			
	4. % of service users on CPA with a 12 month follow up recorded	95%	95.7%	94.5%	94.8%			Upward trend overall since April 20, targeted work continues to be undertaken with learning shared across teams
	5. % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 week	90%	94.0%	88.5%	88.1%			January and February data is provisional and will be refreshed in April 2021
Enhance creative, cultural and digital offers through Creative Minds and our recovery colleges	Full understanding of baseline of performance against the Creative Minds performance framework by March 2021 to enable targets to be set for 21/22 * 1. Number of people accessing creative cultural learning activities	TBC	Direct 6,990* Indirect 11,780*	Due April 2021				Direct contact = with the Covid response projects only. Indirect contact = takes into consideration online 'traffic' and postage of packs

Notes:

* - quarterly data.

Below we have set out key milestones for priority areas of focus in the current and next quarter. This only covers those priority areas that are being supported and managed as a programme of work. It does not reflect the breadth of improvement/change work happening on all priority areas or those that are being supported at a more local level in line with our integrated change framework

Improve health (Salma Yasmeen and Sean Rayner)

Key Milestones		Comments:
1. First suite of projects to support targeted interventions to support Creativity and Health within Calderdale scoped and agreed by 30.12.20.	Complete	<ul style="list-style-type: none"> Working with each place to review and further develop integrated care partnership arrangements in line with the potential implications of NHS E/I proposals Focus of work in integrated care systems is on providing ongoing Covid support and a joined up Covid response. Working with each place to establish local recovery plans.
2. Creativity & Health: Commence an initial series of 'big conversation' initiatives including podcasts to bring together the Arts and Health organisations in February and on track for first round of conversation to be held by April 2021.	On track	
3. Active Calderdale - integrating physical activity into systems and processes: Conduct design thinking improvement workshops with three services in Calderdale commencing February 2021 and on track for completion in April 2021.	On track	
4. Forensic lead provider collaborative: Given the current lack of clarity on income available for next year and following discussions within WY Collaborative Partnership Board and NHSE, a revised 'go live' date is now 1 July 2021. This is subject to reaching agreement with NHSE and individual partner governing bodies.	Amber	


Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Improve Care								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Continually improve patient safety	1. Incidents involving moderate or severe harm or death	Trend monitor	44	31	28			
	2. Number of c-diff avoidable cases	0	0	0	0			
	3. Number of pressure ulcers	Trend monitor	33	33	29			
	4. Safer staffing fill rates (%)	90%	115.6%	114.3%	116.2%			
	5. Number of children & young people in adult wards	0	2	2	1			Total of 6 days in February
	6. Staff absence due to Covid-19		43	22	13			No of staff still absent from work who were Covid-19 positive
	7. Number of nosocomial incidences of Covid-19 in our inpatient units		94	115	134			Cumulative
Provide care as close to home as possible	1.Out of area bed placements (days)	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	122	79	50			Continued pressure and demand with the number of placements minimised
Deliver improvements particularly in CAMHS and forensic services	1.Numbers waiting over 4 weeks for assessment (CAMHS)		Commenced Jan21	192	173			
	2.Numbers waiting over 18 weeks for treatment (CAMHS)		116	121	132			
	3a. Friends & Family test - CAMHS	80%	46.7%	75.9%	74.6%			71 responses in February
	3b. Friends & Family test - Forensic	80%	100%	N/A	50.0%			Only 2 responses in February so not representative
	4. Forensics staff sickness	<=5.4%	6.1%	6.0%	4.5%			
	5. Forensics staff turnover		Currently unavailable due to covid-19 response					
Safely deliver and restore inclusive services locking in innovation	6. Race related incidents in forensics		Reporting commenced	9	4			
	1a. Waiting lists - Referral to assessment within 2 weeks (external referrals)	75%	93.0%	90.5%	92.2%			
	1b. Waiting lists - Assessment to treatment within 6 weeks (external referrals)	70%	95.2%	95.5%	95.3%			
	1c. Waiting lists - Referral to assessment within 4 hours (external referrals)	90%	87.1%	95.0%	91.5%			
	2a. Average contacts per day - Core MH		234	259	266			
	2b. Average contacts per day - IHBTT		112	116	109			
	2c. Average contacts per day - Learning disability community		150	144	146			
	2d. Average contacts per day - District nursing, end of life and community matrons		580	551	602			
	3. Access representative of community population		Data currently unavailable					New referrals compared to population health data to be reported in April 21.

Improve care (Carol Harris)

Key Milestones		Comments:
1. Recovery plan development and restoration of services - stabilisation phase March - June 2021	Recommendation	<ul style="list-style-type: none"> Operational services are stabilising and moving into recovery phase. Focus on maintaining core critical services and prioritise/address emerging and immediate impact (service and workforce) and commence/refresh insight and learning to inform recovery planning. Reprioritisation of resources agreed to focus on the high priority areas of pandemic management and response including vaccination programme Recovery of services continues in line with service level business continuity plans Awaiting feedback from both Calderdale and Kirklees commissioners on CAMHS proposals. Additional resource is key to meet escalating access challenges and there needs to be focus on recruitment to psychology posts.
2. Care closer to home: Formal patient flow 7-day service in place by 31.03.21	On track	
3. Care closer to home: Criteria Led Discharge on SystmOne by 31.12.20	Complete	
4. Care closer to home: Gatekeeping analysis commence by 30.04.21 and complete in May.	On track	
5. CAMHS improvement: Agreement with Calderdale & Kirklees commissioners for trajectory for CAMHS waiting list reduction by 31.03.21	Amber	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Improve resources								
Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Spend money wisely and reduce waste	1. Surplus/(deficit) vs target	In line with Plan	£577k	£824k	£533k		£1.0m	Positive performance year to date
	2. Underlying surplus/(deficit)							Not currently calculated due to interim financial arrangements
	3. Cash		£69.5m	£70.1m	£75.5m		£52.8m	Advance payments unwind in March
	4. Performance against efficiency targets							Not currently calculated due to interim financial arrangements
Integrate digital approaches to the way we work	1. Number of 'did not attends'		4.4%	4.2%	3.9%			
	2a. Percentage of video consultations		3.3%	4.2%	3.8%			Slightly lower than national averages
	2b. Percentage of telephone consultations		44.0%	47.9%	41.1%			
	2c. Percentage of face to face consultations		52.7%	47.9%	55.1%			
	3. Prescribing errors (EPMA) (development required)		Currently unavailable due to covid-19 response					Requires further development. Team focussed on vaccination programme, further update in April 21.

Improve resources (Mark Brooks)

Key Milestones		Comments:
1. Digital: Agreement of new Digital Strategy by 31.03.21	On track	<ul style="list-style-type: none"> Spend money wisely and reduce waste: Current focus is on the delivery of our financial duties during the pandemic. Draft digital strategy contains more milestones which will be shared once agreed. Financial arrangements and planning guidance expected late March.
2. Digital: EPMA live in 2 clinical areas by 31.01.21	Complete	
3. Financial Plan – development of financial plan for 21/22 by 30.04.21	On track	

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/Contracts	Workforce
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Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Dec-20	Jan-21	Feb-21	Trend	Year end forecast	Notes
Support the provision of a healthy, resilient & safe workforce	1. Sickness absence	4.5%	4.0%	4.0%	4.0%			Non Covid-19 sickness lower than previous years
	2. Staff turnover	10%	9.9%	10.0%	10.0%			Staff turnover has reduced in 2020/21
	3a. Clinical supervision	>=80%	80.1%	Due April 2021				Improved performance reported locally this quarter
	3b. Appraisal	>=95%	Data currently unavailable					Suspended due to Covid-19
	4. Incidents of violence and aggression against staff	Trend monitor	89	75	69			
	5. Staff survey results	Data currently unavailable						Recent survey results received and currently being assessed
	6. Cases of bullying & harassment		Currently unavailable due to covid-19 response					
	7. Absence due to stress & anxiety and MSK							
	8. Relative likelihood of appointment to roles band 5 and above for people from BAME backgrounds							
	9. Access to training for staff members from BAME backgrounds							
Refresh and deliver our sustainability strategy and action plan	Dependent on what is identified in the updated sustainability plan							Requires further development

Make this a great place to work (Alan Davis)

Key Milestones		Comments:
1. Healthy, resilient and safe workforce: Establish and operationalise covid vaccine hubs	Complete	• Current focus on delivering our HR duties and legal obligations, and providing staff health and wellbeing, workforce, and HR support during Covid19 pandemic.
2. Healthy, resilient and safe workforce: Develop stratification model for delivering covid vaccine	Complete	
3. Healthy, resilient and safe workforce: Deliver vaccine to workforce in line with stratification and supply	Ongoing	
4. Healthy, resilient and safe workforce: source staff to work on the vaccination programme including the staffing of covid-19 vaccination clinics	Ongoing	

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- Headlines from recent benchmarking reports are provided this month.
- More detail is included in the relevant section of the Integrated Performance Report.

Quality

- Majority of quality reporting metrics continue to be maintained during pandemic
- The number of restraint incidents increased from 166 to 185 month on month.
- There were 44 falls recorded in inpatient wards, which is consistent with the previous month
- 3 avoidable pressure ulcers were recorded in February, which were graded as low to medium harm
- One ward, Enfield Down, fell below the 90% overall fill rate in February, partly due to a reduction in the number of service users
- We await the final report from the Royal College of Psychiatrists serious incident accreditation review.

NHSI Indicators

- One young person under the age of eighteen was admitted to an adult ward in February for a total of six days
- Inappropriate out of area bed usage reduced to 50 days in February, which is the lowest number of days recorded this year
- Performance against nationally reported targets remains largely positive

Locality

- Barnsley community health services working closely with Barnsley hospital to reduce long length of stay patients by identifying if any can discharge earlier with community support
- Demand increasing significantly for older people's dietetics
- There has been an unexpected death of a service user in Newhaven, which is being investigated
- Learning disability services are supporting the Covid-19 vaccination programme, working with primary care
- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients
- The action plan and training regarding care programme approach (CPA) reviews is continuing
- Community mental health transformation plans in Barnsley are agreed in principle
- Trend in waiting numbers from referral to treatment in CAMHS remains positive

Priority Programmes

- Forensic lead provider collaborative go-live has been deferred to July 1st
- Care closer to home formal patient flow 7-day service is planned to be in place by the end of March
- The Trust is working with partners in each place to further develop integrated care partnership arrangements in line with the potential implications arising from the recent NHS white paper
- Resources have been re-prioritised to focus on the high priority areas of pandemic management and response including the vaccination programme
- Staff survey results have recently been received and are being assessed

Finance

- On a like for like basis a £0.5m surplus was recorded in the month which is £0.8m favourable to plan
- On the same basis cumulatively, there is now a surplus of £2.7m compared to a planned deficit of £1.7m
- The reported surplus is £1.5m in the month and £3.7m cumulatively. The difference relates to £1m additional income provided nationally to cover the loss of non-NHS income as a result of the Covid-19 pandemic. Guidance has been followed regarding the treatment of this additional funding and full confirmation of accounting treatment for the year-end is expected before the end of March
- Recognition has been made in the year-to-date costs for the likely impact of an increase in the holiday accrual and also for the Flowers adjudication
- Agency staffing costs remained consistent at £0.6m in the month.
- £0.2m of costs were identified as being reasonably incurred as part of the Covid-19 response. These include costs relating to the vaccination programme
- Out of area bed costs were £119k, which remains lower than plan. There continues to be high spend on locked rehab placements in Barnsley
- Pay costs of £16.2m were incurred in the month, which are more than £2m higher than the average monthly pay costs in 2019/20
- The year-end position will be favourable to plan. On the same basis as the plan was prepared a £3.1m improvement is currently projected, meaning a likely surplus of £1m. Additional funding for non-NHS income cover and any other items will improve the position further.
- Capital expenditure is now £2.4m, with a year-end forecast of £4.9m, which looks very challenging, although there has been a substantial increase in orders during the final quarter of the year

Workforce

- As at March 24th there were 89 staff off work and not working Covid-19 related. This is similar in number to January
- Non Covid-19 sickness remained at 4.0% in February
- 610 staff have tested positive for Covid-19, 12 of which tested positive in the last month, which is the lowest number since July last year
- Staff turnover remained at 10.0% in January, which remains lower than last year
- 4,376 staff members (including bank staff) have received their first Covid-19 vaccination as at March 24th (86%)

Covid-19

- Sufficient PPE remains in place
- The Trust continues to fully engage with the Covid-19 response in all the places and systems it provides services in
- An update is provided in the IPR of the actions the Trust has taken in to meet the identified eight urgent actions to address inequalities
- Lateral flow testing for staff has been rolled out and continues to be used
- Significant support to care homes is provided by our community teams in Barnsley
- The Trust Opex level at the end of February has reduced to 2
- National guidance continues to be monitored, reviewed and adopted
- A range of staff and wellbeing support offers continue to be available and used

Benchmarking

The Trust regularly participates in a number of benchmarking exercises. Recent focus has been on the annual national mental health benchmarking report for 2019/20 and the regular benchmarking of mental health and learning disability activity during the course of the Covid-19 pandemic. Analysis of recent community health services and learning disability benchmarking is currently taking place and will be reported in a future IPR. These reports are reviewed in depth at the Operational Management Group (OMG) and Executive Management Team (EMT). There is also oversight at the Finance, Investment and Performance Committee. A sub-group of OMG has been established to review benchmarking information in more detail and determine where further understanding is required and what actions need be taken. As the process develops this information will be triangulated with the Model Hospital and SWIFT dashboard.

Key highlights from the 2019/20 national mental health benchmarking survey of areas worthy of consideration include:

- Adult acute prone restraint per 10,000 bed days is higher than the national averages
- Adult acute cost per bed is higher than the national averages
- Older adult bed occupancy is lower than national averages
- Medium secure length of stay is higher than national averages
- Older adult team caseloads per 100,000 population lower than national averages, whilst community contacts are higher than national averages
- Referrals and activity in early intervention are higher than national averages
- Use of restraint in older adult acute and PICU higher than national averages

The most notable points from the most recent Covid-19 monthly tracker for mental health, learning disability and autism benchmarking are:

- The Trust use of video consultations is lower than national averages
- Referrals into community mental health services are lower than national averages
- Referrals into learning disability services are higher than national averages
- The percentage of learning disability services users on caseload with a clinical contact in January is much higher than national averages

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Covid-19 response

This section of the report focuses on a number of components of the Trust's response to Covid-19 including testing, support to the system and PPE.

Managing the clinical response

PPE position

- Stock levels remain good, ensuring sufficient supply to meet staff needs
- Additional demand anticipated late March and into April to meet the requirements of the vaccination programme

PPE Levels	days stock as at 22-Dec	days stock as at 12-Jan	days stock as at 09-Feb	days stock as at 16-Mar
Surgical masks	45	43	26	31
Respirator masks	90	142	102	93
Aprons	32	30	24	25
Gowns	159	66	63	59
Gloves	35	35	24	21
Visors	43	132	32	26

Testing

KPI	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 17th February 2021	As at 23rd March 2021	Notes
No of service users tested (ward)	174	225	257	278	297	Symptomatic
No of service users tested positive (ward)	60	83	94	115	134	Cumulative
No of service users recovered	60	83	94	115	119	

Patient testing & pathway/Outbreak response & management

Symptomatic patient testing is being undertaken and revised regime under review.
Outbreaks continue to be managed by the infection prevention and control team.

Testing approach

Current position

Patients:

- Swabbing for symptomatic testing through Pillar 1 inpatient and through Pillar 2 if required for community setting.
- Inpatient asymptomatic COVID19 testing is undertaken through Pillar 1, taking place on admission, day 3 and day 5 and testing prior to discharge to adult care facility. Patient are also re-tested on their return if they leave the ward or unit over a 24 hour period. Also testing takes place for some patient on treatment pathways e.g.- planned operation/ treatment/ procedures.
- Outbreak and hotspot testing is provided through an internal testing route, with adequate capacity from local labs.
- Testing of some mental health and general health community patients is undertaken if they require admission to adult care home, or admission to hospital.
- Swabbing for outbreaks in care homes - SOP produced, this is regularly reviewed

Staff

- Symptomatic testing - access via pillar 2 or through internal testing route. Testing staff per and post-operative and procedures
- Outbreak and hotspot testing is managed and provided through internal testing route, with adequate capacity from local labs.
- Trust committed to the national SIREN study, which will include fortnightly swabbing and antibody testing.
- Barnsley BDU staff that visit over 65s carehomes are subject to weekly antigen (PCR) testing.

Lateral flow testing has been implemented, 100% test kits have been distributed and a system established to confirm usage. Current information suggests that low levels (below 1%) are showing as positive, this is being monitored. In addition all generally community staff who have previously not taken part in the Trust testing system are now undertaking a lateral flow test 3 x a week to be able to evidence a negative result when going into care homes.

Supporting the system

Care home support offer

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

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Covid-19 response

Trust response to 'Urgent actions to address inequalities in NHS provision and outcomes'

As part of the phase 3 response to the Covid-19 pandemic eight urgent actions were identified for systems to address health inequalities. The Trust's response to these actions is summarised as follows:

1. Protect the most vulnerable from Covid-19, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

Our response:

- Trust wide Covid-19 equality impact assessment (EIA) and research toolkit
- Quick decision EIA to support response to Covid-19
- Equality, involvement, communication, and membership strategy with supporting action plans, which set out our approach, co-designed principles and specific actions to address inequalities
- Service recovery from Covid-19 informed by using insight from Healthwatch and place-based engagement
- Trust wide patient engagement and experience toolkit with mandatory equality monitoring to capture feedback
- Process now in place for working with communities and insight is captured from the process. The tools developed so far are;
 - o Guidance document
 - o Data capture template including equality monitoring form
 - o Stakeholder mapping
- Co-action study in service settings with individual action plans to ensure service improvement
- Community reporter programme including specific funding for a BAME lead to support community engagement in North Kirklees

2. Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October.

Our response:

- Recovery toolkit with a requirement to update EIAs and a 'checklist' to ensure patient experience and involvement are part of a planned recovery approach if changes to services, redesign or developments are part of recovery
- Joint Needs Assessment (JNA) use to support EIA which are in place for every service, including an action plan to mitigate impacts, address inequalities and ensure culturally sensitive and appropriate care
- Patient experience and Friends and Family equality monitoring and reporting
- Development of analytics and business intelligence to generate monthly reporting and performance dashboard, including service access by ethnicity, age and gender

3. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.

Our response:

- Digital strategy informed by engagement, insight and intelligence
- Insight captured on digital care and learning used to support recovery of services
- Co-designed 'choose well for mental health' including national and local digital offers
- Virtual visitor in all service areas to support communication with friends, family and loved ones
- Working with partners on a digital inclusion programme to address and mitigate impacts of digital exclusion
- Recovery college website and digital offer

4. Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations, better targeting of long-term condition prevention and management programmes such as obesity reduction programmes, health checks for people with learning disabilities, and increasing the continuity of maternity carers.

Our response:

- Working in each ICS and place with partners to support and implement preventative programmes with a current focus on physical health checks for people with learning disabilities

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5. Particularly support those who suffer mental ill health, as society and the NHS recover from Covid-19, underpinned by more robust data collection and monitoring by 31 December.

Our response:

- Developing analysis and effective use of inpatient and community mental health benchmarking information
- 'SystmOne' data collection and equality monitoring review
- Performance dashboard created to support data for each service and broken down by all protected groups in line with census data
- Vaccination programme roll out informed by EIA. Dashboard developed and broken down by ethnicity, age, gender and role to ensure communications and approaches are insight led

6. Strengthen leadership and accountability, with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation, alongside action to increase the diversity of senior leaders.

Our response:

- Director of nursing & quality is the executive lead
- Equality and Inclusion Committee with Board level membership
- BAME workforce task force
- Appointment of a workforce race equality standard (WRES) organisational development (OD) Lead
- Reciprocal mentoring programme applications open for 2021 Appraisals and career conversations
- Identify leadership opportunities, reflected in our Leader & Manager Pathway and BLFI programmes
- Support BAME fellowship programme across the ICS

7. Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later than 31 December, with general practice prioritising those groups at significant risk of COVID-19 from 1 September.

Our response:

- 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.
- All services have an EIA in place, completion and updates are monitored and reported to the E&I Committee to provide assurance.
- The Trust have created a Trust wide COVID EIA and an evidence and research toolkit to support staff to update and completed existing EIAs
- Campaign to improve equality monitoring aimed at staff and people who use services in development to be launched in May.

8. Collaborate locally in planning and delivering action to address health inequalities, including incorporating in plans for restoring critical services by 21 September; better listening to communities and strengthening local accountability; deepening partnerships with local authorities and the voluntary and community sector; and maintaining a continual focus on implementation of these actions, resources and impact, including a full report by 31 March.

Our response:

- Health Intelligence and Insight Group in place - sharing the learning from Barnsley, Calderdale, Kirklees and Wakefield partners
- Arts for health in partnership with Calderdale
- Active health initiatives across the Trust
- Creative minds in partnership with voluntary and community sector and partners
- Recovery college and courses co-designed with communities
- Further use of JPEP translations in all information, easy read and translation and interpreter services to be analysed and actions taken to improve access
- Voluntary and community sector support and grant fund for Barnsley, Calderdale, Kirklees and Wakefield to support capacity building, identification of partnerships and ensure greater voice and influence.

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Emergency Preparedness

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

Supporting the system

ICS stress test and outbreak support

- We continue to work closely with partners in outbreak support response in each of our four places
- Strong leadership from the Infection Prevention & Control (IPC) team continues so we ensure appropriate IPC measures are in place
- We provide input and support in to the communication and engagement cells in each of our places to support the covid management and outbreak response.

Covid-19 Vaccinations

- The COVID vaccination programme is continuing into its second phase with staff being invited for the second vaccines, commencing late March 2021
- The patient vaccination programme continues to be delivered within the wards
- We are working with those staff and staff groups who have not yet taken the vaccination to ensure they have all the support and information available to make an informed decision
- A total of 4,376 staff have received their first vaccination (86.6%)

Standing up services

Emergency preparedness, resilience and response (EPRR) update inc Opel levels

- The Trust OPEL Level has reduced to 2 from 3, however Mental Health Inpatients across the Trust remains at OPEL 3. This is being managed by way of business continuity plans and also partnership working.
- Silver and Gold command meetings have reduced to 2 per week in light of reduced workings required, however if the need arises to stand up an urgent meeting this can be immediately achieved.

Summary		Covid-19		Emergency Preparedness		Quality		National Metrics		Locality		Finance/Contracts			Workforce		
Quality Headlines																	
Section	KPI	Objective	CQC Domain	Owner	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Year End Forecast
Quality Complaints	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks ¹	Improving Health	Responsive	CH	TBC	42.3%	46.6%	48.6%	47.9%	47.3%	55.7%	65.4%	70.6%	67.0%	64.1%	64.1%	N/A
	% of feedback with staff attitude as an issue	Improving Health	Caring	AD	< 20%	10.0%	0%	17%	12%	30%	19%	4%	22%	8%	15%	7%	1
	Number of compliments received	Improving Health	Caring	TB	N/A	13	13	41	34	18	19	21	28	45	24	8	N/A
	Number of Duty of Candour applicable incidents ⁴	Improving Health	Caring	TB	trend monitor	27	33	31	28	23	17	15	33	37	34		
	Duty of Candour - Number of Stage One exceptions ⁴	Improving Health	Caring	TB	trend monitor	7	2	10	1	4	2	2	1	2	3		
	Duty of Candour - Number of Stage One breaches ⁴	Improving Health	Caring	TB	0	0	0	0	0	0	0	0	1	0	0		1
	% Service users on CPA offered a copy of their care plan	Improving Care	Caring	CH	80%	40.3%	40.2%	40.4%	39.6%	39.3%	39.5%	39.2%	38.6%	39.0%	41.3%	41.1%	2
	Number of Information Governance breaches ³	Improving Health	Effective	MB	<=9	15	20	14	25	17	19	12	17	12	12	13	2
	Delayed Transfers of Care ¹⁰	Improving Care	Effective	CH	3.5%	2.0%	1.7%	1.4%	1.3%	1.1%	1.5%	1.6%	2.9%	2.2%	1.8%	1.6%	1
	Number of records with up to date risk assessment - Inpatient ¹¹	Improving Care	Effective	CH	95%	90.4%	91.5%	89.4%	84.3%	93.4%	81.0%	Reporting currently under development, due April 2021					N/A
Number of records with up to date risk assessment - Community ¹¹	Improving Care	Effective	CH	95%	71.2%	83.3%	79.1%	70.0%	74.6%	77.4%						N/A	
Quality	Total number of reported incidents	Improving Care	Safety Domain	TB	trend monitor	968	945	1047	1253	1113	981	1169	1149	1040	1046	947	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	32	27	30	21	19	18	11	22	29	21	19	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	1	3	3	4	3	1	2	2	7	2	2	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) ⁸	Improving Care	Safety Domain	TB	trend monitor	1	5	8	6	6	2	2	9	8	8	7	
	Safer staff fill rates	Improving Care	Safety Domain	TB	90%	115.1%	119.4%	123.3%	120.5%	118.0%	114.4%	114.0%	114.0%	115.6%	114.3%	116.2%	1
	Safer Staffing % Fill Rate Registered Nurses	Improving Care	Safety Domain	TB	80%	95.7%	94.3%	93.9%	90.9%	88.6%	85.6%	90.1%	92.2%	90.9%	88.9%	92.7%	
	Number of pressure ulcers (attributable) ¹	Improving Care	Safety Domain	TB	trend monitor	45	44	36	29	34	38	35	42	33	33	29	
	Number of pressure ulcers (avoidable) ²	Improving Care	Safety Domain	TB	0	3			0	0	0	0	1	0	0	3	1
	Eliminating Mixed Sex Accommodation Breaches	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less ⁸	Improving Care	Safety Domain	CH	90%	93.0%	91.5%	90.0%	80.0%	94.5%	94.0%	87.5%	100%	90.2%	100%	90.0%	1
	Number of Falls (inpatients)	Improving Care	Safety Domain	TB	trend monitor	38	44	46	34	46	44	57	47	49	47	44	
	Number of restraint incidents	Improving Care	Safety Domain	TB	trend monitor	121	111	137	188	138	125	165	202	189	166	185	
	% people dying in a place of their choosing	Improving Care	Caring	CH	80%	95.3%	91.5%	90.2%	87.8%	84.4%	94.1%	92.7%	86.8%	85.7%	82.8%	96.0%	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Improving Care	Safety Domain	TB	6	0	0	0	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	Improving Care	Safety Domain	TB	0	0	0	0	0	0	0	0	0	0	0	0	1
Improving Resource	Single Oversight Framework metric	Improving Resource			2	2	2	2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Improving Resource			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

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

1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage

3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches

4 - These incidents are those where Duty of Candour is applicable. A review has been undertaken of the data and some issues identified with completeness and timeliness. To mitigate this, the data will now be reported a month in arrears. Target only applicable to breaches.

5 - CAMHS Referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Data quality (DQ) issues are impacting on the reported data from March 19. Some improvement in dq has seen in recent months and this is expected to continue. Excludes ASD waits and neurodevelopmental teams.

8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.

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

9 - Patient safety incidents resulting in death (subject to change as more information comes available).

10 - In the 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017. The Trust's contracts have not been varied to reflect this, however the Trust now monitors performance against 3.5%.

11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - Older people and working age adult Inpatients, we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - Older people and working age adult Inpatients, we are counting how many staying safe care plans were completed within 24 hours and for community services for service users on care programme approach we are counting from first contact then 7 working days from this point.

14 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return and is monitored under the NHS oversight framework.

Quality Headlines

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

- Number of restraint incidents - the number of restraint incidents during February increased from 166 to 185. Further detail can be seen in the managing violence and aggression section of this report.
- NHS Safety Thermometer - medicine omissions. It has been decided by NHS Improvement that the safety thermometers are to cease being used and they are currently working on a replacement. Therefore staff no longer need to collect monthly data or input onto the national site. Alternative patient safety measures are being explored.
- Number of falls (inpatients) - Total number of falls was 44 in February which is in line with the previous month. All falls are reviewed to identify measures required to prevent recurrence and more serious falls are subject to investigation.
- Staffing fill rates are provided for the last 2 months where new planned staffing in acute mental health wards is included and fill rates measured against these.
- Patient safety incidents involving moderate or severe harm or death fluctuated over recent months (see section below). Increases mainly due to increased number of unavoidable pressure ulcers and slips, trips and falls. Increase in number of deaths although important to note that deaths are often re-graded upon receipt of cause of death/clarification of circumstances.
- Duty of candour - no breaches in February
- % Service users on CPA offered a copy of their care plan - Reporting has now been developed to enable us to monitor performance against this metric. To meet the standard all care plans for an individual have to have been identified as offered to the service user. For example, if an individual has 5 care plans, all of these must be marked as offered to the service user for this to achieve the standard. Work is ongoing to improve data quality.
- Number of pressure ulcers (avoidable) - there were 3 incidences of avoidable pressure ulcers to report during February. The 3 pressure ulcers are graded as green, low to minimal harm. They relate to 2 District Nursing Teams and on review, the specialist tissue viability nurse has identified some issues around water low assessments. Refresher training has been prioritised for April 2021.

NHS Improvement - the development of new programmes introduced in the NHS patient safety strategy are either continuing with amended timescales to be confirmed, or paused. Our Patient safety specialists (Dr Kiran Rele, Associate Medical Director and Helen Roberts, Patient Safety Manager) have been joining national and regional patient safety discussions/information sessions and sharing information into the Trust. Work is underway to develop internal mechanisms to align with this.

Serious Incident Review Accreditation Network (SIRAN) - the Patient safety support team is working towards having our serious incident investigation process accredited by the Royal College of Psychiatrists. We have responded to the draft report with comments and additional evidence. We now await the final report and decision.

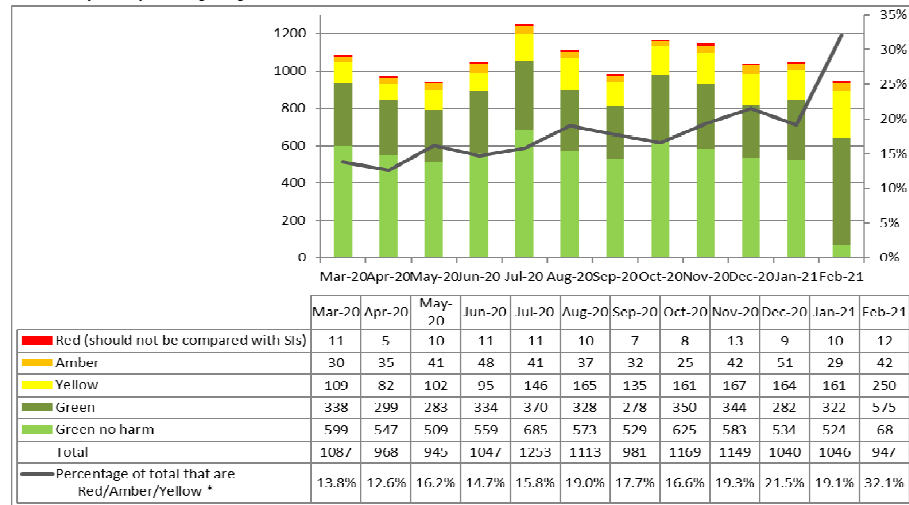
360 Assurance audit of Patient safety - focus on incidents - The Trust received Significant Assurance. Evidence of completion of actions has been provided. Outstanding evidence is the Approved policies as below.

Policy review - The Incident Reporting and Management policy and Investigating and analysing incidents policy have both been reviewed and are due for approval 24/3/21 at Extended EMT, having been through their consultation period. They have both been updated to reflect feedback from the SIRAN accreditation process and 360 Assurance audit.

Safety First

Summary of Incidents March 2020 - February 2021

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



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

Degree of harm analysis:

Degree of harm will be updated when more information emerges. The patient safety support team add a provisional degree of harm at the point of an incident being reported based on information recorded at that point, and what the harm could potentially be. This is checked and revised when an incident is finally approved, after the manager has reviewed and added the outcome. This can be delayed due to length of time to review incidents, and volumes. This is a constantly changing position and the data was accurate at the time of extraction (08/03/21).

Deaths: of the 7 deaths that were recorded for February 2021, there are 4 deaths awaiting confirmation for cause of death. These were recorded 1 each across, Assessment and Intensive Home-Based Treatment Team / Crisis Team (Calderdale), Enhanced Team South 2 (Kirklees) Intensive Home-Based Treatment Team (Kirklees) and Newhaven Forensic Learning Disabilities Unit. There were also 1 death from natural cause recorded at Poplars Unit, Wakefield and 2 Suicide (incl apparent) - community team care - current episode incidents recorded at 1 x Core Team East - Wakefield and 1 x Early Intervention Service (Insight) - Kirklees

Severe: of the 2 severe harm incidents recorded for the month of February 2021, these were 1 Safeguarding Adults - Sexual abuse incident recorded at Enhanced Team West - Kendray, Barnsley and 1 Pressure Ulcer - Category 4 recorded for the Neighbourhood team in Barnsley.

Moderate: of the 19 moderate harm incidents reported in February 2021, 9 were pressure ulcer category 3 incidents recorded across the neighbourhood team in Barnsley. There were also 4 self-harm incidents recorded 1 each across Enhanced Team North 2 (Kirklees), Newhaven Forensic Learning Disabilities Unit, Ward 18, Priestley Unit and Enhanced Team South 1 (Kirklees). 3 slip trip and fall incidents were recorded one each at Ashdale Ward (based at The Dales, Kirklees BDU), Beechdale Ward, The Dales Unit and Intensive Support Team - Calderdale (OPS). 1 Formal patient absent without leave incident recorded at Ward 18, Priestley Unit, 1 Safeguarding Adults - Neglect concerns incident recorded at Calderdale Community Learning Disability Team and 1 Safeguarding Adults - Physical abuse incident recorded at Priestley Ward, Newton Lodge.

Safety First cont...

Summary of Serious Incidents (SI) by category

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4 (Jan/ Feb)	Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21
Administration/supply of medication from a clinical area	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Damage (deliberate - e.g Vandalism)	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	1	2	1	0	0	0	0	0	1	0	0	0	2	0	1
Death - confirmed related to substance misuse (drug and/or alcohol)	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Security - Other	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Self harm (actual harm)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Self harm (actual harm) with suicidal intent	0	2	0	0	0	0	0	0	1	0	1	0	0	0	0	0
Suicide (incl apparent) - community team care - current episode	3	2	4	0	2	0	2	1	0	2	0	2	2	0	0	0
Suicide (incl apparent) - community team care - discharged	1	0	1	2	0	0	0	1	0	0	0	0	1	0	1	1
Suicide (incl apparent) - inpatient care - current episode	0	1	1	0	0	0	0	0	1	0	0	0	0	1	0	0
Unintended/Accidental injury	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Physical violence (contact made) against other by patient	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Pressure Ulcer - Category 3	2	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0
Total	8	11	8	4	2	0	4	4	3	6	2	2	3	3	2	2

Please Note: initial reporting is upwardly biased, and staff are encouraged to report. Once reviewed and information gathered, this can change, hence the figures may differ in each report

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

There was a decrease in the number of incidents in February 21

- This is what we would usually expect for February (compared to February 2020 data, average of 34 incidents reported per day which is the same).
 - Feb 2020 there were 991 incidents reported (leap year so there were 29 days in this month - average 34 incidents per day reported)
 - Feb 2021 there were 953 incidents reported (28 days average 34 incidents per day reported)
- Note February is a shorter month so will have lower numbers compared to say January.
- The majority of BDU's (9 out of 11) all reported lower than average incidents in February.
- 2 BDU's had reported the lowest number of incidents across the 12 month period in February which were Forensics and Wakefield Community MH Services. Although Wakefield Community MH is in line with usual reporting.
- Forensic service was lower than average and lowest recorded incidents in February compared to all other months. All service lines in Forensic reported lower incidents in February. Medium secure recorded lowest number of incidents in the 12 month period in February. There were lower incidents recorded across a number of wards in medium secure in February.

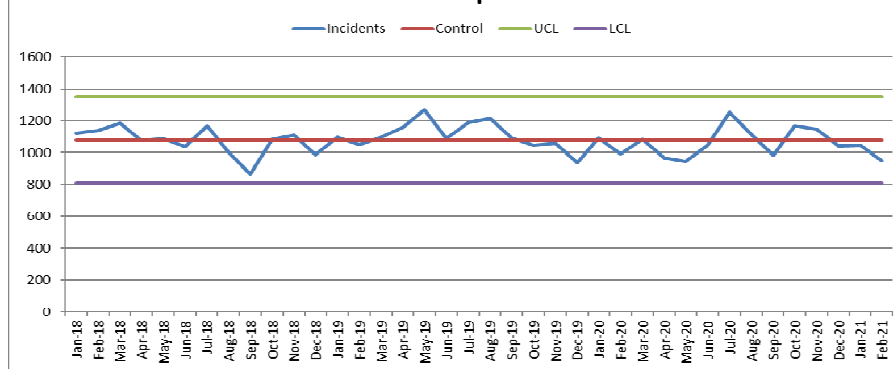
Mortality

Learning: Thematic learning work is underway. Clinical mortality review group has been postponed during to Covid 19 pressures on services, although learning continues to be shared through the production of SBAR's which are shared via the learning library.

Regional work: Regional meeting held 11/3/21 however this was purely discussion focussed on acute settings. Some early themes from work on analysing deaths of those with learning disabilities in acute settings identified. No Northern Alliance meetings at present.

Structured judgement reviews: all cases have been allocated. None outstanding at 12/3/21

Total Number of Reported Incidents



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

Safer Staffing Inpatients

February 2021 has continued to present a challenging landscape for the Safer Staffing picture across our services. Despite fewer staff having to self-isolate there continues to be a sustained high level of acuity across the inpatient services with high bed numbers, levels of observation and professional judgement indicative of a sustained level of pressure on the system.

Escalation plans within operations are being adhered to and hotspot areas continue to be supported. SafeCare has been rolled out within the Unity Centre as early implementors and has been in place for 6 weeks. Early indications are that a more reflective picture of acuity and staffing resources/needs is available. We are looking to improve elements of the system to ease usage. Training for the forensic service roll out is being planned for early April following the Easter break.

Recruitment of both band 2 and band 5 continues at pace. We continue to lead on the collaborative international recruitment project as well as supporting the collaborative bank initiative. Both will increase our resources going forward.

Enfield Down has fallen below the 90% overall fill rate threshold in February, which is an increase of one ward, however; this in part due to a reduction of service users admitted to the ward and the transitional phase it is going through. Excess staff to clinical needs was deployed to other areas throughout the trust. Of the 31 inpatient areas, 18 (57.6%), an increase of one ward on the previous month, achieved 100% or more. Indeed, of those 18 wards, 14 (an increase of three wards) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation and external escorts.

Registered on Days - Trust Total 87.9% (an increase of 4.5%).

Three wards (9.6%), consistent with the previous month, fell below the 80% fill rate in the month of December. Two were within the Forensic BDU (a reduction of two), two in Barnsley, one in Wakefield and three in Calderdale and Kirklees (Enfield Down as above). Although our overall fill rates remain high, all inpatient areas remain under pressure from a registered staffing perspective. This continues to be compensated by increasing the number of HCAs per shift. Contributory factors included high levels of acuity, high sickness/absence and existing vacancies. We are running bespoke adverts for several areas as well as attending virtual University Career fairs. We continue sourcing block bookings for the areas from both bank and agency.

Registered on Nights- Trust Total 94.5% (an increase of 2.9%).

Three wards (9.6%), consistent with the previous month, fell below the 80% fill rate in the month of December. Two were within the forensic BDU and one in C&K (Enfield Down). This was due to several reasons reflective as above. The number of wards which are achieving 100% and above fill rate on nights increased by two to 17 (54.4%). Two wards within the Forensic and one within C&K BDUs utilised more than 120%.

Overall fill rate for registered staff increased by 3.75% to 92.65%.

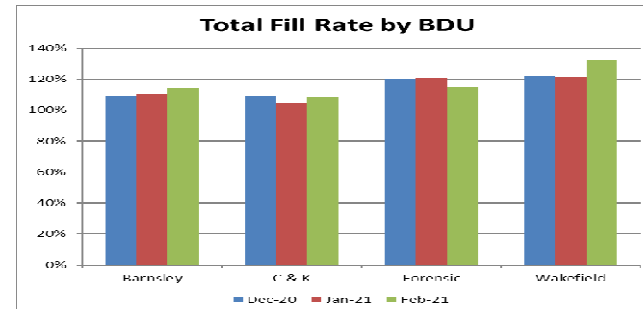
Overall fill rate for all staff within inpatient areas increased by 1.9% to 116.2%.

Ward Name	Dec-20 Average Fill Rate - All Staff (%)	Jan-21 Average Fill Rate - All Staff (%)	Feb-21 Average Fill Rate - All Staff (%)
Beamshaw	109.1%	96.9%	131.2%
Clark	96.1%	98.7%	93.2%
Melton Suite PICU	136.6%	147.6%	134.7%
Neuro Rehab Unit	135.2%	139.5%	135.7%
Stroke Rehab Unit	93.0%	91.8%	93.5%
Willow Ward	84.0%	87.8%	102.7%
Ashdale	103.1%	96.9%	99.4%
Beechdale	156.5%	160.5%	164.1%
Elmdale	114.4%	110.7%	97.5%
Enfield Down	95.2%	89.3%	85.2%
Lyndhurst	99.6%	100.2%	96.3%
Ward 18	120.9%	104.2%	136.7%
Ward 19 - Female	90.1%	86.8%	94.9%
Ward 19 - Male	96.8%	98.0%	94.6%
Appleton	97.9%	97.0%	92.3%
Bronte	117.1%	122.5%	113.9%
Chippendale	80.6%	90.4%	97.0%
Hepworth	117.3%	114.8%	102.5%
Gaskell	158.9%	185.7%	164.7%
Newhaven	96.9%	99.0%	98.7%
Priestley	142.8%	91.0%	93.1%
Ryburn	100.3%	97.1%	101.1%
Sandal	141.8%	149.4%	145.3%
Thornhill	95.4%	95.6%	92.7%
Waterton	117.6%	123.9%	126.7%
Crofton	111.8%	110.6%	159.0%
Horizon	142.6%	133.0%	121.2%
Nostell	125.8%	115.6%	137.3%
Poplars	147.1%	134.8%	123.0%
Stanley	113.2%	123.6%	121.2%
Walton PICU	117.1%	122.3%	126.0%
All Wards	115.6%	114.3%	116.2%

Fill Rate Key for All Staff:

Less than 90% fill rate

Greater than or equal to 120% fill rate



Forensic and LD BDU decreased by 5.0% to 115%, Barnsley increased by 5.0% to 115%, Calderdale and Kirklees BDU increased by 3.0% to 108%. Wakefield BDU decreased by 11.0% to 132%.

Throughout February the main wards where staffing was a raised concern were Ward 18, Barnsley, and Newton Lodge. Shifts were picked up quickly and the fill rate of requested flexible staffing shifts remained high as can be seen in the figures below. These figures do not include OT shifts.

Without the overtime fill rate the requested sum of additional shifts, indicative or acuity including sickness absence, was 4,185 (924 RN and 3,265 HCA) shifts. Unfilled Shifts

Categories	No. Of Shifts	Total Hours	Unfill Percentage
Registered	264 (-95)	2,893	29.0% (-5.78%)
Unregistered	349 (-139)	3,878	13.7% (-3.34%)
Grand Total	613 (-234)	6,772	18.4% (-4.05%)

We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need.

Covid-19 response

The response to the Covid-19 pandemic continues to be led by operations assisted by the support services. Safer staffing has supported the staff bank with focusing temporary staffing resources to the areas of need, offering block bookings, and engaging with other external stakeholders to increase the staffing resource available.

An internal staff bank cleanse has allowed us to target support to the staff who have been active or are shielding to ensure their wellbeing needs are being supported keeping them at work. This has also allowed us to go out to advert again to increase the active number of staff within the temporary staffing resource. Currently there are adverts out to band 5 and 2 substantive staff as well as band 2 and band 5 bank staff.

The flexible workforce has also been integral in supporting the vaccination programme and we have increased the number of vaccinators and admin for the clinics available on bank going forward. We have also managed to support our acute colleagues in small measure when staff have made themselves available.

The uptake in bank staff of a vaccine has improved after we embarked on a programme of personal contact as well as discussions within the trust bank forum which Alan Davis, Kate Dewhirst and others supported.

Information Governance

13 data breaches were reported in February, which is one more than the previous month. From December 2020 to February 2021 the average number of incidents reported each month is 12, which is considerably lower than the number reported during the first 9 months of this current year.

12 incidents of information being disclosed in error were reported, which continues to be the most reported category. Breaches of this type included the wrong data being attached to emails or letters, overtyping letters and failing to fully remove original personal data, letters being sent to the wrong address, wrong patient attending a conference call and passwords being shared via NHS Team chat.

The action plan to raise awareness of the consequences of incidents continues to progress. Communications demonstrating the impact of breaches on individuals' lives are included in The Brief; change improvement workshops have been run across the Trust and the Integrated Change Team is undertaking further work using Quality Improvement project methodology.

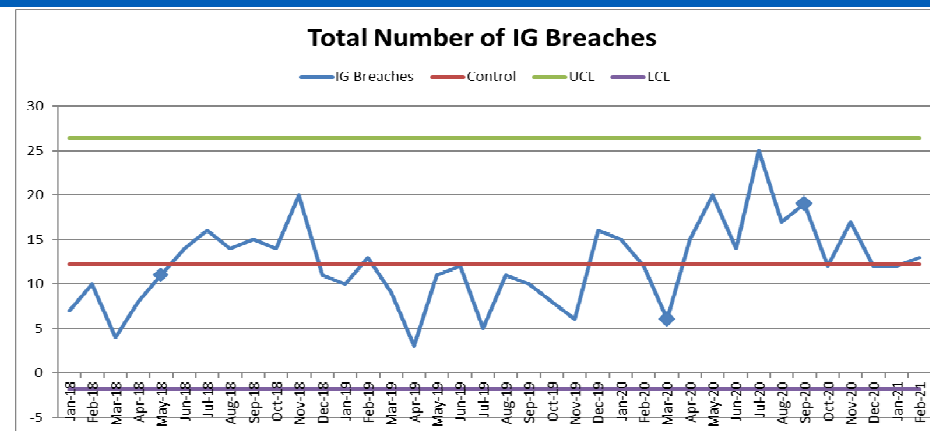
The Trust did not report any incidents to the Information Commissioner's Office (ICO) during February; however, a service user made a complaint to the ICO that his health record had continued to be accessed after his discharge. An investigation has been undertaken and a response has been provided to the ICO.

SPC Chart

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

The data point in September 2020 has been highlighted given the start of the refreshed awareness and communication plan.

The data point in March 2020 highlights the start of the Covid-19 pandemic, which resulted in changes to some working practices.



Commissioning for Quality and Innovation (CQUIN)

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

Patient Experience

Friends and family test shows

- 82% (567) of respondents felt that their experience of services had been very good or good across Trust services.
- 95% (n=43) of respondents felt that their experience had been very good or good across community services.
- 80% (n=524) of respondents felt that their experience had been very good or good across mental health services.
 - Barnsley 75%/ n=106
 - Calderdale and Kirklees 84%/ n=203
 - ADHD 73%/ n=15
 - CAMHS 75%/ n=71
 - LD 100%/ n=8
 - Wakefield 83%/ n=119
 - Forensics 50%/ n=2

After reviewing the comments received (n=56), No trends were identified or themes for those that stated that the service was poor.

- The text messaging service provided 84% of responses for February.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Safeguarding

Safeguarding remains a critical service, all statutory duties have been maintained, data flow (internally and externally) has continued in a timely manner and the team have continued to provide supervision. Level 3 Safeguarding adults and children training continues to be delivered virtually via MS Teams. This has been positively received although further work to support interaction is being undertaken. Levels 1 and 2 have been accessed via e-learning with all mandatory courses (including PREVENT) reported above the 80% mandatory training target. The Domestic Abuse presentation (West Yorkshire Quality Mark) continues to be well received. The Parental Mental Illness and the impact on Children has been launched, this was in response to a Child Safeguarding Practice Review, the uptake has been positive, and the evaluations indicate that it is well received.

The team continue to review Datix and clinical records as part of internal quality monitoring and in preparation for external CQC and Ofsted inspections. A Joint Targeted Area Inspection (JTAI) brief has been produced and disseminated to prepare Team managers and practitioners for the potential JTAI scheduled for Autumn 2021.

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

All members of the team have attended virtual webinars and or training sessions to ensure that their practice, the training material, and advice provided is up to date and relevant.

Infection Prevention Control (IPC)

IPC headlines for noting

Ongoing work for Covid-19 pandemic

Surveillance: For February there have been zero cases of C difficile, MRSA bacteraemia and MSSA bacteraemia.

Mandatory training figures are healthy:

Infection control and hand hygiene- Trust wide total –94.7%

Policies and procedures are up to date.

Complaints

There were 30 new formal complaints in February 2021. Of these 6 have a timescales start date, 6 have been closed as no consent/contact and 18 are awaiting consent/questions

7% of new formal complaints (n=2) had staff attitude as a primary subject

8 compliments were received

3 formal complaints were closed in February 2021. Of these, 0% of complaints were closed within 40 working days. Of the 3 complaints that exceeded 40 working days, the average working days to close was 79 days. The reasons why complaints exceeded the 40 day target included delays in receiving the completed investigation from clinical services and issues with the quality of information received in the completed investigation alongside delays in receiving the required approval during sign off.

1 reopened complaints was closed in February 2021 and this exceed the 40 working day target (n=96 days).

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

Reducing Restrictive Physical Intervention (RRPI)

There were 185 reported incidents of Reducing Restrictive Physical Interventions used in February 2021 this is an increase of 19 (10.2%) incidents since January 2021 which stood at 166 incidents.

Of the different restraint positions used in the 185 incidents, standing position was used most often 117 (45%) followed by seated at 60 (23%).

Prone restraint was reported nine (3%) times in February 2021, this is a decrease of two (18%) from last month.

Incidents where prone descent immediately turned into a supine position were recorded at five (2%) this is a separate entity to prone restraint.

Wakefield BDU recorded four prone Restraints, Forensic had one, Barnsley one, Calderdale had two and Kirklees reported one.

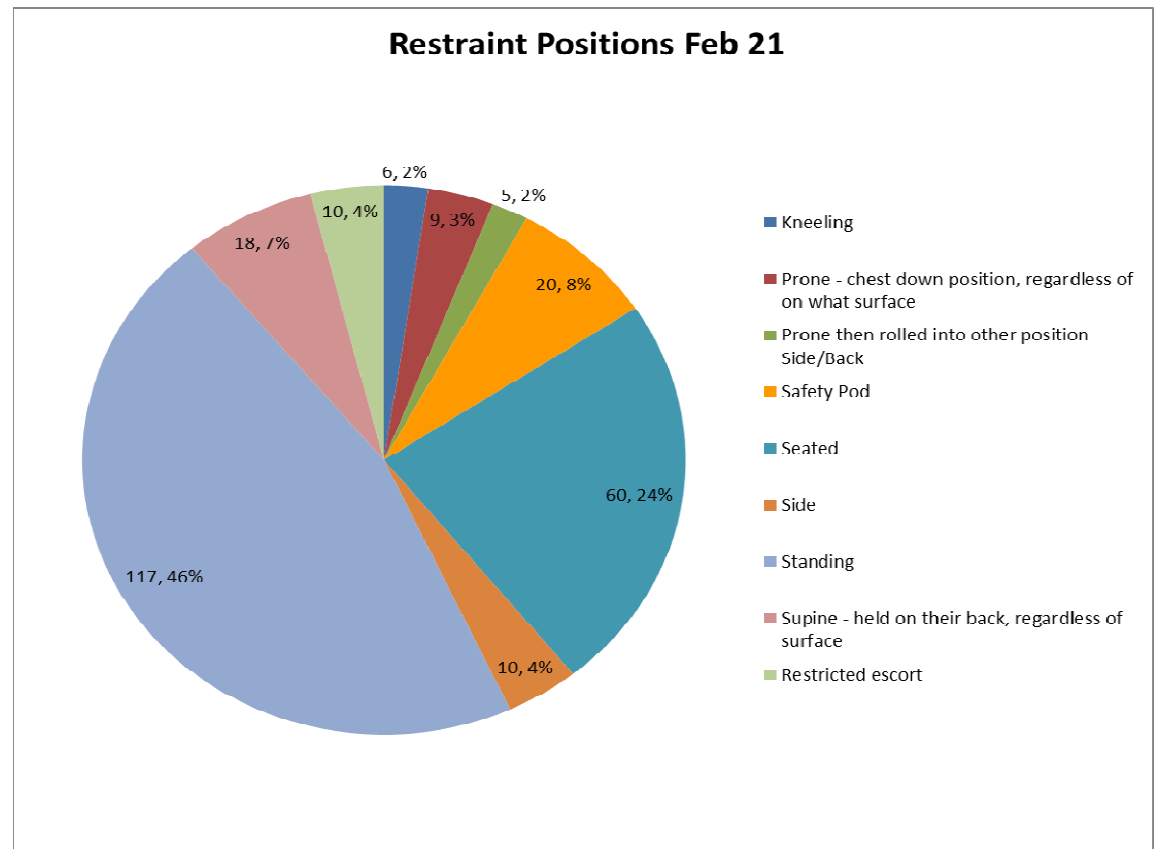
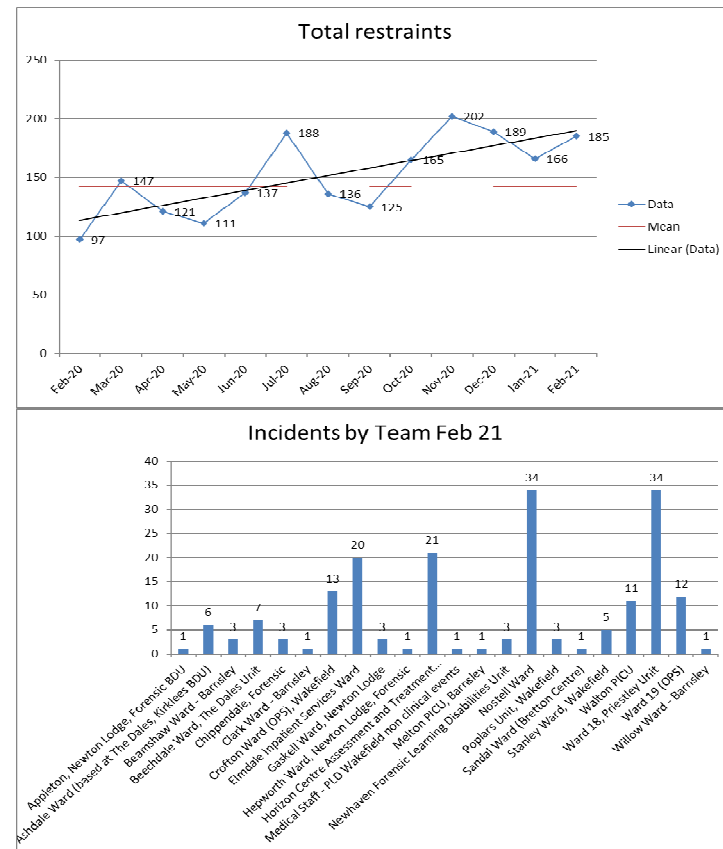
The Trust target of 90% of prone restraints lasting under three minutes and the importance of striving to maintain this is strongly emphasised. In February the percentage of prone restraints lasting under three minutes was 90%.

The use of seclusion continues to show a reduction, from 54 to 39 from the previous month. Three incidents of seclusion have been attributed to Covid19 themes in February.

The RRPI team continue to provide face to face training inline with current IPC guidance. Although Covid19 restrictions have impacted on our delivery we have maintained a compliance of over 80% in all courses (figures sourced from the Mandatory training OMG report).

The refresher courses will be re-introduced in April this year with update periods extended by 12 months from March 2020. Supplementary to this we will provide a trial of workplace competency assessments.

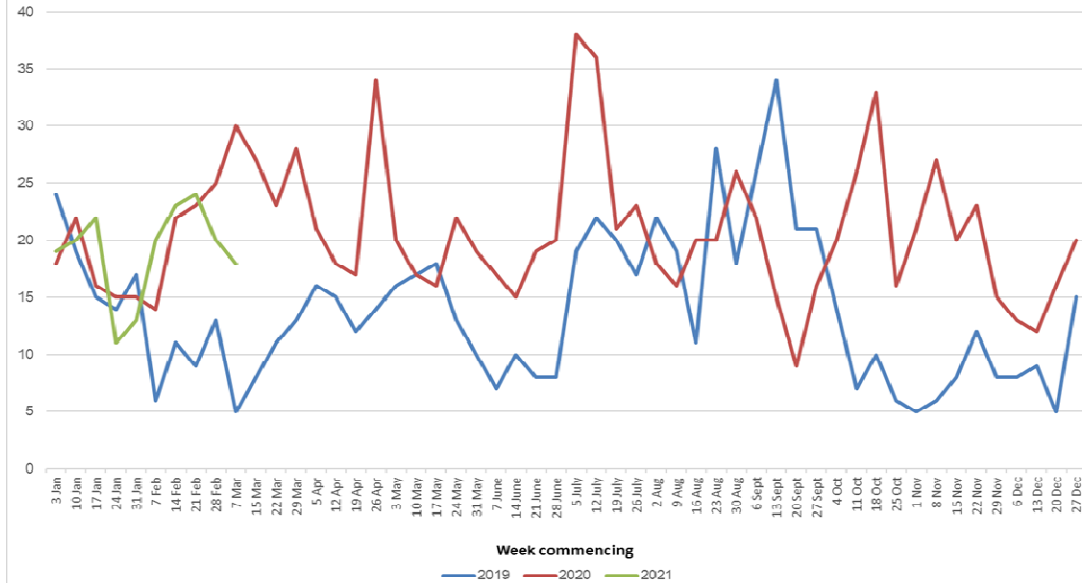
Other courses such as personal safety and de-escalation and breakaway courses have been adapted to workbooks and e-learning packages, the practical face to face elements will be delivered as one -hour sessions over a day in each location from April 2021.



Self Harm

Actual self-harm incidents reported on Datix occurring between 03/01/2021 and 13/03/2021 at 15/03/2021, compared with incidents occurring in the same period in 2019 and 2020

All actual self harm incidents reported Trustwide which occurred during 2021 (by incident date 03/01/2021 - 13/03/2021) compared with the same weeks in 2019 and 2020 (at 15/03/2021)



Actual Self Harm comparison

Week Commencing	2019	2020	2021
03-Jan	24	18	19
10-Jan	19	22	20
17-Jan	15	16	22
24-Jan	14	15	11
31-Jan	17	15	13
07-Feb	6	14	20
14-Feb	11	22	23
21-Feb	9	23	24
28-Feb	13	25	20
07-Mar	5	30	18
15-Mar	8	27	
22-Mar	11	23	
29-Mar	13	28	
05-Apr	16	21	
12-Apr	15	18	
19-Apr	12	17	
26-Apr	14	34	
03-May	16	20	
10-May	17	17	
17-May	18	16	
24-May	13	22	
31-May	10	19	
07-Jun	7	17	
14-Jun	10	15	
21-Jun	8	19	
28-Jun	8	20	
05-Jul	19	38	
12-Jul	22	36	
19-Jul	20	21	
26-Jul	17	23	
02-Aug	22	18	
09-Aug	19	16	
16-Aug	11	20	
23-Aug	28	20	
30-Aug	18	26	
06-Sep	26	22	
13-Sep	34	15	
20-Sep	21	9	
27-Sep	21	16	
04-Oct	14	20	
11-Oct	7	26	
18-Oct	10	33	
25-Oct	6	16	
01-Nov	5	21	
08-Nov	6	27	
15-Nov	8	20	
22-Nov	12	23	
29-Nov	8	15	
06-Dec	8	13	
13-Dec	9	12	
20-Dec	5	16	
27-Dec	15	20	
Total	720	1075	190

Please note:

To ensure this data is accurate as possible, it includes all actual self harm incidents even where the incident has not yet been approved by managers (23 in total pending review). Figures may change as incidents are reviewed and approved.

Analysis of trends

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

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

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

October 2020 - The peak in incidents in October 2020 was explored further. Analysis showed that this was primarily due to an increase in incidents on Clark Ward, for one individual patient using self strangulation methods.

Within the data overall, there were 3 incidents reported as moderate or severe harm in this reporting period (October 2020), which occurred in 3 different teams - CAMHS ReACH Team (Crisis Team) Wakefield, Single Point of Access (Wakefield) and Wakefield CAMHS West Team involving prescription medication - self poisoning, jumping from height and headbanging. Self-strangulation, cutting, hanging and scratching/biting are the highest reported self harm incidents in October 2020.

March 2021 - Analysis of the data from 2021 shows that two subcategories of self harm remain higher than other methods. These are self strangulation and by cutting, these subcategories have 38 incidents each reported.

Analysis of the cutting incidents showed that the incidents took place over 12 wards/teams with the majority of incidents occurring on Elmdale ward.

Analysis of the self strangulation incidents showed that the incidents took place over 6 wards with the majority of incidents occurring on Clark ward.

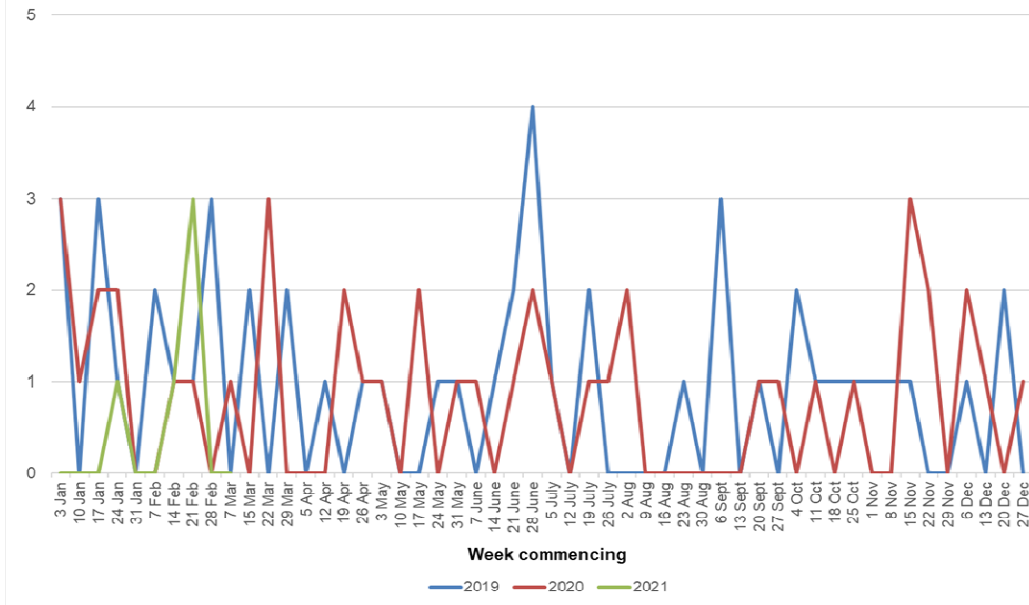
Analysis of incidents shows that a small number of individual service users account for this higher number of incidents.

The next highest subcategory is headbanging (26 incidents). Again analysis of incidents shows that a small number of individual service users.

Apparent Suicide

Apparent suicides reported on Datix occurring between 03/01/2021 and 13/03/2021 at 15/03/2021, compared with incidents occurring in the same periods in 2019 and 2020

All apparent suicides reported Trustwide which occurred during 2021 (by incident date 03/01/2021 - 13/03/2021) compared with same weeks in 2019 and 2020



Apparent suicide comparison

Week Commencing	2019	2020	2021
03-Jan	3	3	0
10-Jan	0	1	0
17-Jan	3	2	0
24-Jan	1	2	1
31-Jan	0	0	0
07-Feb	2	0	0
14-Feb	1	1	1
21-Feb	1	1	3
28-Feb	3	0	0
07-Mar	0	1	0
15-Mar	2	0	
22-Mar	0	3	
29-Mar	2	0	
05-Apr	0	0	
12-Apr	1	0	
19-Apr	0	2	
26-Apr	1	1	
03-May	1	1	
10-May	0	0	
17-May	0	2	
24-May	1	0	
31-May	1	1	
07-Jun	0	1	
14-Jun	1	0	
21-Jun	2	1	
28-Jun	4	2	
05-Jul	1	1	
12-Jul	0	0	
19-Jul	2	1	
26-Jul	0	1	
02-Aug	0	2	
09-Aug	0	0	
16-Aug	0	0	
23-Aug	1	0	
30-Aug	0	0	
06-Sep	3	0	
13-Sep	0	0	
20-Sep	1	1	
27-Sep	0	1	
04-Oct	2	0	
11-Oct	1	1	
18-Oct	1	0	
25-Oct	1	1	
01-Nov	1	0	
08-Nov	1	0	
15-Nov	1	3	
22-Nov	0	2	
29-Nov	0	0	
06-Dec	1	2	
13-Dec	0	1	
20-Dec	2	0	
27-Dec	0	1	
Total	49	43	5

Please note:

Data refreshed and verified on 15 March 2021 from Datix for 2019, 2020 and 2021 data.

When this report was originally requested, data included any apparent suicide that was reported within the Trust. This included apparent suicides that were not within the Trust's mortality scope, such as deaths of patients discharged more than 6 months prior to death, death of someone who had touched the police liaison practitioner but had no mental health concerns, etc. (A list can be provided if required).

The report content has been revised to ensure it mirrors the same data as other apparent suicide reports in circulation in the Trust to avoid differences in data because of different criteria being used.

This report is now based on apparent suicides that are in the Trust's scope for mortality review. All data has been refreshed for past years.

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Covid-19 related incident reporting

436 incidents reported between 1/3/20-08/03/21 where 'Covid' or 'Corona' was used in the description or action taken fields. These incidents have been themed as below. One incident may have more than one theme.

436 Incidents	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Coronavirus or Covid 19 used in threat against patient	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Coronavirus or Covid 19 used in threat against staff	3	2	1	0	0	0	1	1	0	1	1	1	0	11
Death of community patient from suspected Covid 19 - no underlying health conditions	0	0	1	0	0	0	0	0	0	2	1	0	0	4
Death of community patient from suspected Covid 19 - underlying health conditions	2	16	3	1	0	0	0	0	2	4	5	7	0	40
Death of community patient from suspected Covid 19 related death - pending further info	0	7	5	3	1	0	0	1	5	4	2	3	0	31
Impact of coronavirus/Covid 19 on patient and staff safety	4	5	9	3	0	2	12	10	8	13	19	9	1	95
Impact of Covid 19 on community patient, changes to care delivery	2	2	2	1	2	3	0	0	0	1	0	2	0	15
Impact of Covid 19 on patients mental health	2	2	1	0	2	0	1	0	1	1	1	2	0	13
Issues relating to PPE equipment	1	1	1	0	0	2	0	1	0	1	0	1	0	8
Noncompliance with social distancing - inpatient area	1	7	4	8	3	3	3	4	7	4	13	4	2	63
Patient being nursed in isolation	5	4	3	4	2	4	3	3	3	6	7	6	2	52
Patient in contact with symptomatic person	0	0	2	0	0	0	2	0	1	0	0	0	0	5
Staff in contact with colleague displaying Covid-19 symptoms	0	0	0	0	1	0	3	1	1	0	3	0	0	9
Staff in contact with other person displaying Covid-19 symptoms	1	0	2	0	0	0	2	1	1	1	0	0	0	8
Staff in contact with patient displaying Covid-19 symptoms	2	8	5	3	2	2	3	1	2	3	2	1	0	34
Staff member on swabbing team exposed to Covid 19	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Staff presenting with Covid 19 symptoms	1	1	1	0	2	0	7	2	2	2	2	0	0	20
Suspected side effects from Covid 19 vaccine - staff member	0	0	0	0	0	0	0	0	0	0	95	6	0	101
Not direct clinical impact of Covid 19	0	0	0	0	0	0	0	0	0	1	1	2	0	4
Total	25	57	40	23	15	16	37	25	33	44	152	44	5	516

This section of the report outlines the Trust's performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. One element of the framework relates to operational performance and this is be measured using a range of existing nationally collected and evaluated datasets, where possible. The table below lists the metrics that are monitored and identifies baseline data where available and identifies performance against threshold.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the mental health taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Oversight Framework Metrics - Operational Performance																					
KPI	Objective	CQC Domain	Owner	Target	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Data quality rating ^s	Trend
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	92%	97.8%	90.0%	98.7%	99.2%	97.0%	95.6%	90.0%	94.9%	96.8%	98.7%	98.5%	98.9%	99.2%	98.2%	99.6%		
Maximum 6-week wait for diagnostic procedures	Improving Care	Responsive	CH	99%	100.0%	28.5%	43.6%	56.8%	55.2%	31.4%	28.5%	26.2%	33.9%	43.8%	42.9%	49.5%	56.8%	43.7%	74.3%		
% Admissions Gate kept by CRS Teams	Improving Care	Responsive	CH	95%	97.9%	100%	96.1%	98.7%	99.0%	99.2%	100%	96.8%	96.4%	95.2%	100%	100%	98.0%	100%	99.1%		
% SU on CPA Followed up Within 7 Days of Discharge	Improving Care	Safe	CH	95%	269/279 =96.4%	297/299 =99.3%	300/302 =99.3%	301/302 =99.7%	90/92 =97.8%	102/102 = 100%	105/105 = 100%	110/110 = 100%	84/85 =98.8%	106/107 =99.1%	97/98 =98.9%	103/103 =100%	101/101 =100%	89/90 =98.9%	90/90 =100%		
Data Quality Maturity Index ⁴	Improving Health	Responsive	CH	95%	#DIV/0!	98.5%	98.7%	98.9%	98.5%	98.5%	98.6%	98.7%	98.7%	98.8%	98.9%	98.9%	98.9%	99.0%	99.0%		
Out of area bed days ⁵	Improving Care	Responsive	CH	20/21 - Q1 247, Q2 165, Q3 82, Q4 0	958	415	737	316	167	108	140	336	224	177	106	88	122	79	50		
IAPT - proportion of people completing treatment who move to recovery ¹	Improving Health	Responsive	CH	50%	54.3%	46.6%	52.7%	55.9%	51.4%	49.1%	42.8%	50.1%	54.3%	54.1%	55.6%	57.3%	56.7%	53.1%	51.8%		
IAPT - Treatment within 6 Weeks of referral ¹	Improving Health	Responsive	CH	75%	85.3%	88.3%	92.8%	96.5%	86.3%	88.1%	89.7%	91.1%	92.8%	94.5%	95.2%	96.9%	97.6%	98.4%	99.0%		
IAPT - Treatment within 18 weeks of referral ¹	Improving Health	Responsive	CH	95%	98.9%	98.9%	99.1%	99.9%	99.3%	98.5%	98.9%	98.5%	99.2%	99.6%	99.8%	100%	100%	100%	100%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	60%	85.6%	84.6%	87.0%	94.4%	70.7%	95.8%	92.3%	87.8%	79.5%	94.3%	97.0%	91.3%	95.6%	92.0%	90.6%		
% clients in settled accommodation	Improving Health	Responsive	CH	60%	91.3%	91.3%	91.1%	91.7%	91.3%	91.2%	91.2%	91.1%	91.1%	91.1%	91.3%	91.9%	91.9%	92.0%	92.1%		
% clients in employment ⁶	Improving Health	Responsive	CH	10%	12.1%	12.5%	12.6%	12.5%	12.3%	12.3%	12.7%	12.6%	12.6%	12.6%	12.6%	12.5%	12.4%	12.4%	12.4%		
Mental Health Five Year Forward View																					
Objective	CQC Domain	Owner	Target	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Data quality rating ^s	Trend	
Total bed days of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	0	10	34	48	2	5	3	0	8	26	10	34	4	11	6		
Total number of Children and Younger People under 18 in adult inpatient wards	Improving Care	Safe	CH	TBC	0	4	6	8	1	2	1	0	3	3	2	4	2	2	1		
Number of detentions under the Mental Health Act	Improving Care	Safe	CH	Trend Monitor	180	258	205	210	258			205			210		Due April 2021				
Proportion of people detained under the MHA who are BAME ²	Improving Care	Safe	CH	Trend Monitor	10.0%	14.7%	13.7%	18.1%	14.7%			13.7%			18.1%		Due April 2021				
NHS Standard Contract																					
Objective	CQC Domain	Owner	Target	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Data quality rating ^s	Trend	
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance ¹	Improving Health	Responsive	CH	90%	99.3%	99.1%	99.8%	99.5%	99.5%	98.7%	99.0%	99.3%	100%	100%	100%	99.3%	99.8%	99.8%	99.6%		
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUIIS, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	99%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	100%	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%		
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Improving Health	Responsive	CH	90%	98.8%	98.7%	98.4%	98.0%	98.8%	98.7%	98.6%	97.8%	97.9%	98.2%	98.3%	98.0%	98.0%	98.0%	98.0%		

* See key included in glossary.

Figures in italics are provisional and may be subject to change.

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

2 - Black, Asian & Minority Ethnic (BAME) includes mixed, Asian/Asian British, black, black British, other

3 - This indicator was originally introduced from November 2017 as part of the revised NHSI Oversight Framework operational metrics and changed from April 19 to extend the number of valid and complete data items from the MHSDS (now includes 36 data items).

4 - Out of area bed days - The reported figures are in line with the national indicator and therefore only shows the number of bed days for those clients whose out of area placement was inappropriate and they are from one of our commissioning CCGs. Progress in line with agreed trajectory for elimination of inappropriate adult acute out of area placements no later than 2021. Sustainability and transformation partnership (STP) mental health leads, supported by regional teams, are working with their clinical commissioning groups and mental health providers during this period to develop both STP and provider level baselines and trajectories.

5 - Clients in Employment - this shows of the clients aged 18-69 at the reporting period and who are on CPA how many have had an Employment and Accommodation form completed where the selected option for employment is '01 - Employed'

6 - Data quality rating - added for reporting from August 19. This indicates where data quality issues may be affecting the reporting indicators. A warning triangle identifies any issues and detailed response provided below in the data quality rating section.

Headlines:

- The Trust continues to perform well against most NHS Improvement metrics
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 99.6%
- The percentage of service users seen for a diagnostic appointment within 6 weeks improved but remains well below target at 74.3% . This is a direct consequence of the impact of Covid-19.
- Inappropriate out of area bed placements amounted to 50 days in February. This is a decrease from 79 in January, and is reflective of the intense effort within our operations teams.
- During February 2021, there was 1 service user aged under 18 years placed in an adult inpatient ward for a total of 6 days. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews. Admissions are due to the national unavailability of a bed for young people to meet their specific needs. We routinely notify the Care Quality Commission (CQC) of these admissions and discuss the detail in our liaison meetings, actioning any points that the CQC request. This issue does have an impact on total Trust bed availability and therefore the use of out of area bed placements. In addition, the Trust's operational management group have recently signed off a new standard operating procedure for admitting young people to adult wards which has now been put into operation.
- % clients in employment- the Trust is involved in a West Yorkshire and Harrogate Health & Care Partnership wave 1 three-year funding initiative, led by Bradford District Care, to promote, establish and implement an Individual Placement Support (IPS) scheme. IPS is evidence based vocational scheme to support people with mental health problems to gain and keep paid employment. Work is currently ongoing in Calderdale to expand the opportunities we can offer people under this scheme. A South Yorkshire & Bassetlaw partnership bid for individual placement support wave 2 funding has been successful which will see the creation of additional employment workers to support secondary care mental health services in Barnsley. There are some data completeness issues that may be impacting on the reported position of this indicator.
- The scope of the data quality maturity index changed in July 2019 as part of a national CQUIN, though the target has remained the same. The Trust has been consistently achieving this target.
- IAPT treatment within 6 weeks of referral has achieved the 75% target.
- The proportion of people detained under the Mental Health Act who are from a BAME background increased from 13.7% to 18.1% quarter on quarter.

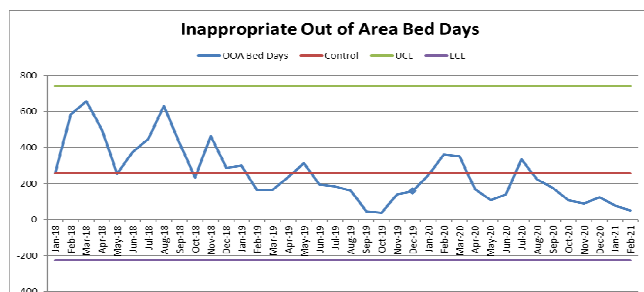
Data quality:

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

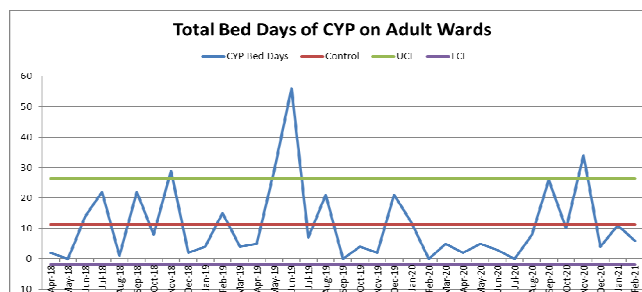
For the month of February the following data quality issues have been identified in the reporting:

- The reporting for employment and accommodation for February shows 13.1% of records have an unknown or missing employment and/or accommodation status, this is a decrease compared to January which showed 13.4% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work takes place within business delivery units to review this data and improve completeness.

SPC Charts



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



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

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

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

Mental Health:

Strengths

- Mental health transformation Investment plans agreed in principle. Further discussion with PCN/GP Federation required to develop a detailed delivery plan.
- Business continuity plans have to date been effective. Community contacts remain above target with majority provided via telephone/video-link. Face to face contact offered where clinically required.

Areas of focus

- Contract review of South Yorkshire liaison and diversion service being undertaken – to inform possible contract extension.
- Improving urgent access (assessment within 4 hours) performance with further work required on both data quality and root cause analysis
- Improving percentage of service users on care programme approach (CPA) with a formal review within 12 months
- Developing pressure on single point of access,(SPA), intensive home based treatment (IHBT) and core teams - referral number and caseload pressures.

CAMHS

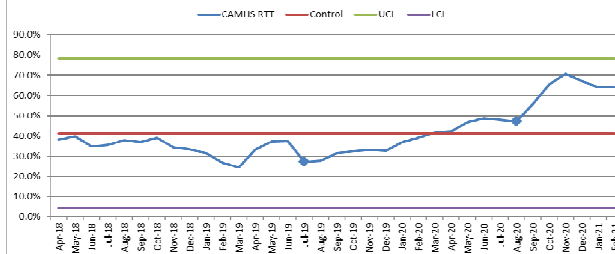
Strengths

- Business continuity plans have to date been effective.
- Trend in waiting numbers from referral to treatment in Barnsley remains positive
- SWYPFT has recently agreed to take on lead provider responsibility for the Kirklees mental health support team trailblazer initiative.

Areas of focus

- Waiting numbers for ASC/ADHD (neuro-developmental) diagnostic assessment in Calderdale and Kirklees have significantly increased – with escalating demand outstripping commissioned capacity. Business cases for further resources under consideration by the CCGs in Calderdale and Kirklees.
- Referral numbers in Wakefield placing pressure on waiting times
- Access to tier 4 beds is problematic in general CAMHS and in relation to Wetherby young offenders institute (YOI). This can create additional risk for children/young people and increase pressure on community service capacity. Work being progressed with NHSE and within local systems to address but with limited potential for early resolution.
- Continuing to work with Barnsley CCG in responding to the new service specification. Additional investment confirmed but with priority developments still to be agreed.
- Wetherby YOI staff recruitment and retention remains a key focus
- Embedding outcome measures within service interventions will be prioritised in 2021. Also reviewing approach to collection of Friends and Family test data within a broader engagement strategy.

CAMHS Referral to Treatment Waiting Times



The data point in July 2019 has been highlighted as the neurodevelopmental teams have been excluded from this point onwards.
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in August 2020 has been highlighted for this reason.

Barnsley general community services

Key Issues

- Health Integration Team (HIT) in Urban House (UH) - awaiting confirmation of additional funding from commissioner for work in Cedar Court.
- Yorkshire Smoke Free Wakefield (YSFW) – TUPE information sent to the commissioner. No further update as yet re the tender process for the service contract which expires in December 2021
- Health Integration Team (HIT) nurse prescriber – unable to recruit to date, creating operational risks - on BDU risk register
- CCG scoping review of neuro rehab services taking place

Strengths

- Working with Barnsley hospital to reduce their long length of stay patients by identifying if any can discharge earlier with community support
- Yorkshire Smoke Free Calderdale (YSFC) contract likely to be extended

Challenges

- Dietetics older people's caseload – ever increasing referral numbers continuing the trend of recent years - demand is out-stripping capacity and efficiencies that have been employed.
- Covid-19 and related issues e.g. supporting practices with housebound vaccinations and hub sites, supporting staff vaccination programme, managing levels of sickness and absence due to Covid-19/track and trace etc., challenges regarding lateral flow testing process

Areas of Focus

- Re-design of falls service offer in light of retirement of falls co-ordinator.
- Care closer to home developments now coming back on stream via the care closer to home programme board

Summary	Covid-19	Emergency Preparedness	Quality	National Metrics	Locality	Finance/ Contracts	Workforce
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This section of the report is populated with key performance issues or highlights as reported by each business delivery unit (BDU).

Forensic business delivery unit and Learning Disability services:

Forensics

- OPEL Level remains at level 2.
- Sudden unexpected death of a service user in Newhaven. Cause of death not yet known.
- Staffing levels remain under constant review and are being managed through robust arrangements and business continuity planning processes within the service
- Covid-19 and non -related Covid-19 absence remains an area of key focus.
- Mobilisation of the pilot community team continues, and the second cohort of service users are currently being assessed.
- Supervision levels are 94.8% in medium secure, 90.7% in low secure and 85.7% in Newhaven, so on track to reach the target by the end of Q4.
- Staff well-being remains a focus, the service is utilising the recent NHS survey results to modify the plan.
- Focus on Recruitment and Retention continues.

Learning Disability services

- Work on the assessment and treatment unit reconfiguration across West Yorkshire continues.
- Services supporting learning disability vaccination programme working with Primary Care.
- Supervision remains a focus and is improving gradually, currently 80.5%.
- Community teams continue to support the wider partnership in terms of care homes and supported living
- Demand and need for face to face contact continues to rise
- Whilst waiting cases continue to be prioritised and managed well, there still appears to be a pressure in Wakefield for occupational therapy and psychology provision. All other locality waiting lists have now been eliminated.

ASD/ADHD

- Service operations have met commissioned activity despite the pandemic and performance remains on target
- Business development opportunities being explored across the Trust and ICS footprint.
- New roles e.g. physicians associate and advanced nurse practitioner now embedded.
- Supervision currently at 93.3%.

Inpatient, Wakefield, Kirklees & Calderdale business delivery unit:

Inpatient:

- Maintaining patient flow and facilitating sufficient ward capacity has been challenging, although the use of acute beds out of area has been kept to a minimum, and use of PICU (psychiatric intensive care unit) out of area beds has remained stable and mainly attributable to gender specific and safeguarding clinical reasons rather than shortage of beds. High demand for inpatient beds continues. Concerted work on optimising patient flow is continuing and the service is now fully recruited to and providing weekend cover, with formal consultation due to finish this month to move to a full 7 day a week service.
- The wards have continued to deal with outbreaks of Covid-19 and the routine requirements for admission and episodic testing, routine or infection related isolation, and quarantining arrangements. Outbreaks have affected more than one ward at a time, leading to a range of pressures. Cohorting standard operating procedures to support the separation of people with symptoms or a positive Covid-19 diagnosis are in place for acute and older people's services together with an inpatient clinical pathway for Covid-19 positive patients. This is proving a robust framework within the parameters of demand and limitations of estate.
- Acute wards continue to see high levels of acuity and service user distress, with further challenges in managing isolated and cohorted patients. The difficulties have been compounded at times by the need for staff isolation and staff absence leading to staffing shortages. Senior leadership is available to the wards 7 days a week from matrons on site. Staffing levels have been maintained with bank and agency usage and by utilising a trust-wide approach to staffing where possible. Weekly meetings continue to take place with mental health partners across the integrated care system, which have enabled the strengthening of collaborative approaches, shared learning and innovative practice developments.
- Whilst acute out of area placements have been low, bed occupancy levels have remained consistently high, even when moderated by the need for isolation areas, extra care zones and cohorting.

Community:

- Work continues in front line services to adopt collaborative approaches to care planning, to build community resilience, and to explore all possible alternatives to hospital admission for people who need acute care. This has included continued developments in the trauma informed personality disorder (TIPD) pathway. Work continues in the intensive home based treatment teams (IHBT) to look at building up early discharge, alternatives to admission, and to ensure robust gatekeeping.
- Community services are providing assessment, care management and interventions with service users utilising a range of innovative means of communication and ensure face to face contacts are made wherever these are clinically indicated. We are optimising our use of space across Trust sites so that group work and more face to face therapies can be delivered.
- The action plan and training around care programme approach (CPA) reviews is continuing, closely monitored and supported at trio level, and building on the positive impact building up to Q4. Action and improvement plans are at specific team and at practitioner level where needed.
- Demand into single point of access is increasing leading to some pressure in the service and necessitating the use of additional staff and sessions for assessment slots.

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

Communications, Engagement and Involvement

Communications, Engagement and Involvement

- Bronze command meeting taking place internally for communication and engagement. Participation in Trustwide Silver and other Bronze meetings.
- Coronavirus update sent out to all staff and governors
- Coronavirus sections on the intranet and website maintained and updated.
- Existing communication channels maintained.
- Sharing of staff and service user good news stories, internally, externally and through social media channels
- Coronavirus vaccination comms, general focused and targeted.
- Continued promotion of 'Choose Well for Mental Health' guide.
- Staff wellbeing initiatives promoted
- Design and print of materials continuing for services and corporate functions
- Awareness days and weeks supported on social media and in internal communication channels.
- Media enquiries managed.
- Partner Bronze command meetings continue to taking place in all areas
- Support provided to EyUp Charity (e.g. case studies), Creative Minds (e.g. PR, website) and Spirit in Mind (e.g. event support)
- New intranet development project supported – migration of information.
- IAPT services promoted in Kirklees and Barnsley.
- Promotion of West Yorkshire and Harrogate and South Yorkshire and Bassetlaw ICS' initiatives and campaigns.

Engagement, Equality and volunteering update

- Equality, Engagement, Communication and Membership (EECM) trust-wide strategy signed off at Trust Board and published on the intranet
- Action plans for equality and engagement (including carers and peer support) have been developed in draft and shared for comment with Equality & Inclusion (E&I) Committee and wider Trust services. A date to sign the action plans off at E&I Committee in March is on target ensuring plans accurately reflect a Trust wide approach.
- Trust wide EECM strategy short film and image, easy read and summary all being progressed as part of a full website content refresh
- Work to support recovery planning continues, using insight and intelligence to inform decision making
- Covid-19 Equality Impact Assessment (EIA) now at version 3 and research tool updated this quarter with emerging intelligence
- EIA for the roll out of the Covid-19 vaccination programme developed and revisions made periodically
- Engagement report of findings to support the development of the digital strategy now complete
- Engagement plan to support involvement in a 'smoke free' site in place – awaiting progress update
- Process to support SEQUIN submission for secure services continues with monthly updates forming part of core work
- 'Passport for Carers' has now led to the development of the passport which is published on the internet and intranet following an event in December to launch. A successful charitable funds application has resulted in funding to recruit a dedicated post to support the work of carers.
- Payment for involvement policy now being looked at and a draft will be circulated for comment by EMT in the next month
- Community reported post which were part of a successful bid to charities commission focussed on BAME staff and BAME communities has had its first report and presented at a national conference.
- Draft strategy for volunteering developed and a framework to support volunteers is in place, further work to develop the strategy in ongoing.
- Boundary training, co-designed with HR and safeguarding, to support both volunteer and staff roles is now complete and ready to roll out
- Work ongoing to address diversity in volunteering
- Currently we have 176 volunteers, 7 are active and a further 47 are waiting to be processed or have been placed on hold

Overall Financial Performance 2020/21

Executive Summary / Key Performance Indicators

Performance Indicator		Year to date	Forecast 2020/21	Narrative
1	Surplus / Deficit	£3.7m	£2.2m	In February a surplus of £0.5m has been reported on a like for like basis which is favourable to plan. The key variances include lower than forecast use of out of area bed placements and Covid-19 response costs. There is a further £1m of income now recorded to cover shortfalls in non-NHS income as a result of the pandemic. This improves the year to date actual and forecast outturn position.
2	Agency Cap	£5.7m	£7m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in February remains consistent with previous months at £0.6m.
3	Cash	£75.5m	£52.8m	Cash in the bank continues to be above planned levels. The main reason is the timing of block income payments (which are a month in advance) but this benefit will unwind in March 2021.
5	Capital	£2.4m	£4.9m	The capital forecast continues to be reviewed to take account of current capital priorities and the impact of covid-19 on accessibility and costs. There is increased spend forecast in March given the orders placed and work in progress.
6	Better Payment Practice Code	95%		The Trust endeavours to pay all valid invoices as quickly as possible. The Better Payment Practice Code target is 30 days and for the year to date we have paid 95% within this target. On average invoices were paid within 13 days in February.

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

Summary

Covid-19

Emergency Preparedness

Quality

National Metrics

Locality

Finance/Contracts

Workforce

Workforce - Performance Wall

Trust Performance Wall

Month	Objective	CQC Domain	Owner	Threshold	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Improving Resources	Well Led	AD	<=4.5%	4.0%	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	4.0%	4.0%	4.0%	4.0%
Sickness (Monthly)	Improving Resources	Well Led	AD	<=4.4%	3.9%	3.9%	4.0%	3.8%	3.8%	3.8%	3.9%	4.0%	4.0%	4.0%	4.0%
Staff Turnover	Improving Resources	Well Led	AD	10%	8.5%	7.9%	9.8%	8.4%	9.1%	8.9%	9.3%	9.3%	9.9%	10.0%	10.0%
Actual level of vacancies	Improving Resources	Well Led	AD	-	8.7%	6.9%	6.0%	6.8%	7.4%	8.4%	8.0%	7.3%	6.9%	Due April 2021	
Aggression Management	Improving Care	Well Led	AD	>=80%	85.5%	85.5%	85.5%	85.5%	86.5%	86.0%	86.3%	85.4%	85.1%	84.1%	84.1%
Cardiopulmonary Resuscitation	Improving Care	Well Led	AD	>=80%	89.4%	89.4%	89.4%	89.4%	90.3%	89.4%	88.7%	88.2%	86.2%	85.2%	84.5%
Clinical Risk	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.8%	93.6%	93.3%	93.2%	94.1%	93.3%	93.1%
Equality and Diversity	Improving Health	Well Led	AD	>=80%	95.2%	95.2%	95.2%	95.2%	95.7%	95.7%	96.0%	95.7%	95.7%	95.5%	95.6%
Fire Safety	Improving Care	Well Led	AD	>=80%	93.7%	93.7%	93.7%	93.7%	93.9%	93.4%	92.8%	91.8%	87.9%	86.9%	87.6%
Food Safety	Improving Care	Well Led	AD	>=80%	76.9%	76.9%	76.9%	76.9%	78.3%	76.7%	76.8%	76.5%	75.8%	74.8%	75.9%
Infection Control and Hand Hygiene	Improving Care	Well Led	AD	>=80%	95.8%	95.8%	95.8%	95.8%	96.2%	96.0%	96.1%	96.0%	95.6%	95.0%	94.7%
Information Governance	Improving Care	Well Led	AD	>=95%	98.2%	98.2%	98.2%	98.2%	98.8%	98.8%	98.9%	98.8%	98.5%	97.5%	97.8%
Moving and Handling	Improving Resources	Well Led	AD	>=80%	95.0%	95.0%	95.0%	95.0%	95.5%	95.6%	95.5%	95.1%	95.0%	95.0%	95.1%
Mental Capacity Act/DOLS	Improving Care	Well Led	AD	>=80%	93.3%	93.3%	93.3%	93.3%	94.6%	94.3%	94.8%	94.9%	95.0%	94.6%	93.9%
Mental Health Act	Improving Care	Well Led	AD	>=80%	89.5%	89.5%	89.5%	89.5%	91.2%	90.8%	91.4%	91.9%	92.1%	91.3%	90.5%
No of staff receiving supervision within policy guidance	Quality & Experience	Well Led	AD	>=80%	74.5%			79.1%			80.1%			Due April 2021	
Prevent	Improving Care	Well Led	AD	>=80%	93.2%	93.2%	93.2%	93.2%	94.6%	94.6%	94.4%	95.3%	95.7%	95.6%	95.6%
Safeguarding Adults	Improving Care	Well Led	AD	>=80%	96.2%	96.2%	96.2%	96.2%	92.8%	92.8%	93.0%	92.8%	93.9%	94.0%	94.2%
Safeguarding Children	Improving Care	Well Led	AD	>=80%	92.4%	92.4%	92.4%	92.4%	93.6%	93.6%	93.3%	92.8%	93.2%	93.1%	93.6%
Sainsbury's clinical risk assessment tool	Improving Care	Well Led	AD	>=80%	96.9%	96.9%	96.9%	96.9%	96.8%	96.8%	No longer used				
Bank Cost	Improving Resources	Well Led	AD	-	£727k	£866k	£721k	£687k	£778k	£907k	£915k	£889k	£944k	£946k	£682k
Agency Cost	Improving Resources	Effective	AD	-	£469k	£507k	£518k	£558k	£606k	£588k	£604k	£573k	£686k	£587k	£562k
Overtime Costs	Improving Resources	Effective	AD	-	£196k	£382k	£342k	£257k	£276k	£213k	Data unavailable at the time of producing this report				
Additional Hours Costs	Improving Resources	Effective	AD	-	£58k	£61k	£66k	£71k	£59k	£53k					
Sickness Cost (Monthly)	Improving Resources	Effective	AD	-	£374k	£388k	£399k	£408k	£411k	£387k					
Vacancies (Non-Medical) (WTE)	Improving Resources	Well Led	AD	-	222.1	222.1	192.3	208.9	205.9	234.0					
Business Miles	Improving Resources	Effective	AD	-	193k	149k	138k	164k	166k	147k					
Health & Safety															
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AD	-	7			3			14			Due April 2021	

Covid-19

KPI	Target	As at 23rd April 2020	As at 19th May 2020	As at 17th June 2020	As at 22nd July 2020	As at 24th August 2020	As at 22nd September 2020	As at 20th October 2020	As at 24th November 2020	As at 22nd December 2020	As at 19th January 2021	As at 18th February 2021	As at 24th March 2021	Notes
Additional Metrics to Highlight Response to and Impact of Covid-19														
No of staff off sick - Covid-19 not working ⁷	N/A	154	204	112	48	26	82	108	161	81	159	91	89	
Shielding		54	59	52	37	0	0	0	29	0	48	42	50	
Symptomatic		69	118	46	5	14	31	57	51	45	64	29	19	
House hold symptoms		26	24	13	4	7	29	31	25	10	19	4	10	
OH Advised Isolation		5	1	0	0	1	1	2	2	0	0	1	1	
Test & Trace Isolation		0	0	0	0	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	2	1	2	4	21	18	54	25	28	15	9	
No of staff working from home - Covid-19 related ⁸		125	136	107	90	7	53	79	147	35	84	78	88	
Shielding		76	78	72	71	0	0	0	77	0	49	54	74	
Symptomatic		13	28	13	5	1	14	29	16	8	9	4	3	
House hold symptoms		29	23	13	1	0	26	21	33	14	6	10	4	
OH Advised Isolation		7	6	7	3	0	1	5	1	1	4	2	2	
Test & Trace Isolation		0	0	0	7	0	0	0	0	0	0	0	0	
Other Covid-19 related		0	1	1	3	6	12	24	20	12	16	8	5	
Number of staff tested ⁹		89	783	1798	2038	2162	2294	2498	2917	3098	3241	3353	3386	Cumulative
No of staff tested positive for Covid-19 ¹⁰		23	103	128	130	133	149	217	398	462	545	598	610	Cumulative
No of staff returned to work (including those who were working from home)		683/962 = 71%	921/1246 = 73.9%	1183/1393 = 84.9%	1310/1448 = 90.5%	1498/1531 = 97.8%	1547/1681 = 92.0%	1771/1954 = 90.6%	2027/2321 = 87.3%	2339/2455 = 95.3%	2381/2608 = 91.3%	2588/2758 = 93.8%	2605/2780 = 93.7%	
No of staff returned to work (not working only) ¹³		445/599 = 74%	609/807 = 75%	800/908 = 88.1%	872/928 = 94.0%	952/979 = 97.2%	992/1079 = 91.9%	1122/1239 = 90.6%	1295/1480 = 87.5%	1492/1580 = 94.4%	1533/1695 = 90.4%	1723/1834 = 93.9%	1726/1846 = 93.5%	
No of staff still absent from work who were Covid-19 positive ¹²		Data Unavailable	27	11	2	1	5	29	32	28	43	22	13	
Additional number of staff enabled to work from home		900	900	937	1003	1024	1043	1069	1095	1168	1175	1306	1369	Cumulative
Calls to occupational health helpline		178	576	921	1230	1450	1536	1780	1967	2109	2274	2451	2565	Cumulative

Staffing Issues

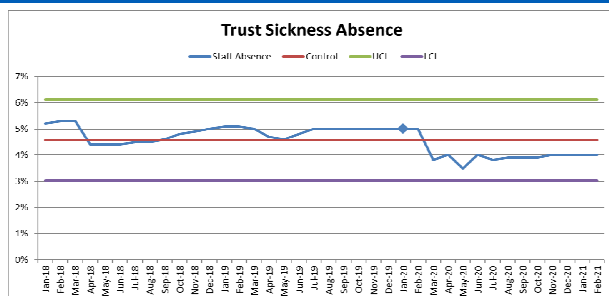
Our current response to Covid-19 infections, local restrictive measures and increased pressures on service areas

- Review message and guidance about protecting the most vulnerable staff
 - Updating vulnerable and BAME staff risk assessments
 - Review business continuity plans (BCPs) including staff escalation plans
 - Review staff bank capacity in light of recent increase in recruitment
 - The increase in prevalence of Covid-19 over winter and resource requirements for the vaccination programme have resulted in a reassessment of current priorities with work on some other priorities currently paused or slowed
- Review the most recent shielding guidance

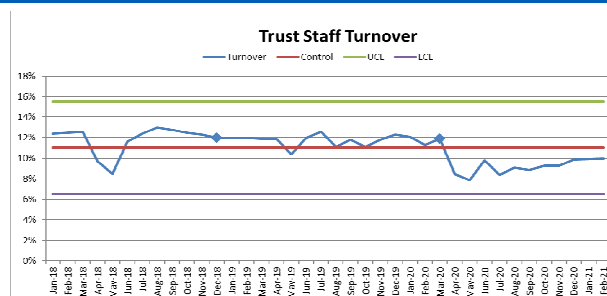
Staff Health & Well Being

- To ensure the health, safety and wellbeing of our workforce a comprehensive risk assessment has been completed for all BAME colleagues, pregnant staff, staff who have been shielding and over 70s. Managers have been asked to keep these under constant review. All Trust employees and bank only colleagues have been offered a risk assessment. A self-assessment questionnaire has been circulated to all staff which indicates their personal risk level, those in medium/high risk levels are offered a full risk assessment. Over 4000 colleagues have completed either a full risk assessment or a self assessment. In addition, we have maintained contact with all shielded staff via Trust managers and an Occupational Health well-being check. We also have a working from home/MSK risk assessment process.
- To accelerate preventative programmes for our workforce who are at greatest risk of poor health outcomes we have established a BAME health and wellbeing taskforce and have invested in our Occupational Health service by appointing a Health and Wellbeing practitioner for the BAME workforce. We also offer our colleagues support to maintain a healthy weight and offer smoking cessation support. There is a robust plan for this year's flu vaccination in place and the Trust has met its targets for vaccinations in previous years. The Trust has conducted our wellbeing at work survey with Robertson Cooper to inform our planning and results of this are now being analysed and formulated into action plans. We have a number of staff networks which support the Trust to address health inequalities and improve staff experience.
- To support our colleagues who experience mental ill health we have an in house occupational team including advisors, mental health nurse and an occupational therapist. We also provide an in house staff counselling service providing a range of therapies.
- As at 24th March, 89 staff off work Covid-19 related, not working which compares to 91 one month earlier. A further 88 were working from home.
- 3386 staff tested for Covid-19 as at 24th March.
- 610 staff have tested positive for Covid-19, 12 of which tested positive within the last month.
- Staff turnover remained at 10.0% in February.
- Non-Covid sickness absence was 4.0% in February and stands at the same percentage cumulatively. This compares favourably to previous years.

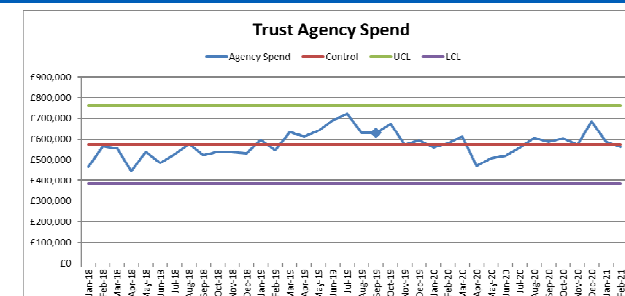
SPC Charts



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



SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. Turnover has been lower since the onset of the Covid-19 pandemic.



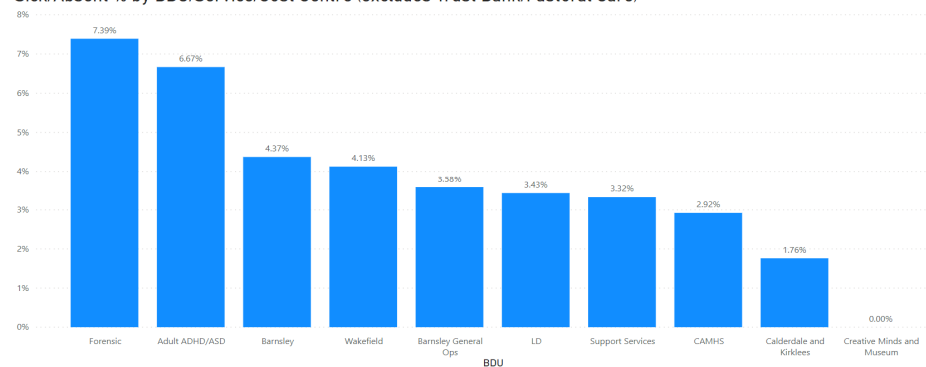
SPC guidance indicates that a period of 7 or more data points consistently either above or below the control line indicates that special cause variation exists in the system that should be investigated further. The data point in September 2019 has been highlighted for this reason.

Sickness reporting

As at 24th March, the Trust has 177 staff absent or working from home due to Covid-19. This makes up 3.4% of the workforce. Of those absent, 12.4% are symptomatic and 7.9% have household symptoms. The business delivery unit (BDU) with the biggest impact is Forensic with 7.4% of staff impacted (30/406). This is obviously having a significant impact on operational services and resources are being deployed accordingly to ensure patient and staff safety during this challenging period.

- Bank and agency availability is continually reviewed to assist with resource availability.
- Critical functions for corporate support services are typically working from home to adhere to the government's social distancing guidelines.
- Communications team is ensuring guidance is distributed and keeping staff up to date.
- Average length of absence (days) for those not working due to Covid-19 symptoms (based on absence start date) is currently 6.5 days.

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



Absence by BDU and Reason for absence



Publication Summary

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

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

[NHS vacancy statistics, England: April 2015 to December 2020, experimental statistics](#)

[NHS workforce statistics: November 2020 \(including selected provisional statistics for December 2020\)](#)

[Diagnostic imaging data: October 2020](#)

[Seasonal flu vaccine uptake in health care workers 2020 to 2021: provisional monthly data for 1 September 2020 to 31 January 2021](#)

[Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data: April 2020 to January 2021](#)

[Mental health services monthly statistics: performance December 2020, provisional January 2021](#)

[Psychological therapies: reports on the use of IAPT services, England – December 2020, final including a report on the IAPT Employment Advisers pilot and Q3 2020–21 data](#)

[Out of area placements in mental health services: December 2020](#)

[Community services statistics: November 2020](#)

NHS England

Involving and supporting partners and other family members in specialist perinatal mental health services: good practice guide

This best practice guidance describes women and their families with a positive experience of care, with services joined up around them and earlier diagnosis and intervention, and support to recover, ensuring fewer women, their infants and partners suffer avoidable harm.

[Click here for guidance](#)



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

**Month 11
(2020 / 21)**



www.southwestyorkshire.nhs.uk



With **all of us** in mind.

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1.0 Executive Summary / Key Performance Indicators

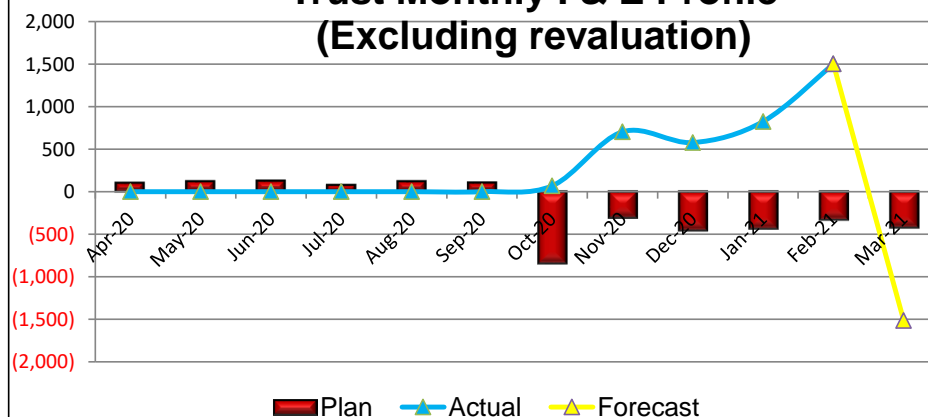
Performance Indicator		Year to Date	Forecast 2020 / 21	Narrative
1	Surplus / (Deficit) Excluding revaluation	£3.7m	£2.2m	In February a surplus of £0.5m has been reported on a like for like basis which is favourable to plan. The key variances include lower than forecast use of out of area bed placements and Covid-19 response costs. There is a further £1m of income now recorded to cover shortfalls in non-NHS income as a result of the pandemic. This improves the year to date actual and forecast outturn position.
2	Agency Spend	£5.7m	£7m	Whilst there is currently no NHS Improvement agency cap set for 2020/21 the Trust continues to monitor agency spend and action plans remain to ensure agency staffing usage and costs are appropriate. Spend in February remains consistent with previous months at £0.6m.
3	Cash	£75.5m	£52.8m	Cash in the bank continues to be above planned levels. The main reason is the timing of block income payments (which are a month in advance) but this benefit will unwind in March 2021.
4	Capital	£2.4m	£4.9m	The capital forecast continues to be reviewed to take account of current capital priorities and the impact of covid-19 on accessibility and costs. There is increased spend forecast in March given the orders placed and work in progress.
5	Better Payment Practice Code	95%		The Trust endeavours to pay all valid invoices as quickly as possible. The Better Payment Practice Code target is 30 days and for the year to date we have paid 95% within this target. On average invoices were paid within 13 days in February.

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

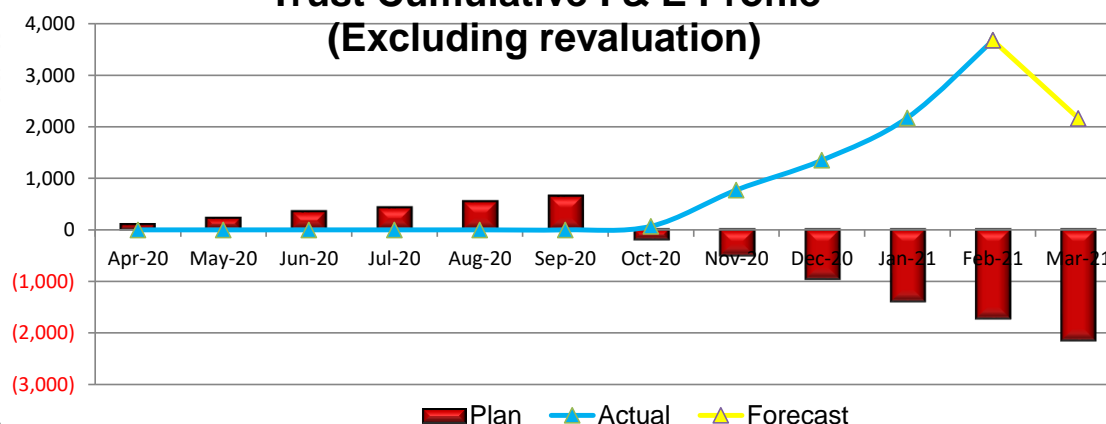
Budget Staff	Actual worked	Variance	Month Budget	Month Actual	Month Variance	Description	Year to Date Draft Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE %	£k	£k	£k		£k	£k	£k	£k	£k	£k
			20,540	21,184	644	Clinical Revenue	212,876	213,512	637	233,416	234,852	1,436
			20,540	21,184	644	Total Clinical Revenue	212,876	213,512	637	233,416	234,852	1,436
			1,143	795	(348)	Other Operating Revenue	16,111	16,469	358	17,711	17,867	156
			21,683	21,979	296	Total Revenue	228,987	229,982	995	251,127	252,719	1,592
4,348	4,407	59 1.4%	(16,470)	(16,245)	225	Pay Costs	(176,640)	(175,487)	1,153	(193,532)	(192,219)	1,314
			(3,922)	(3,628)	293	Non Pay Costs	(41,787)	(40,654)	1,134	(45,849)	(45,065)	783
			(870)	38	908	Provisions	(3,923)	(2,494)	1,429	(4,782)	(4,904)	(122)
			0	0	0	Gain / (loss) on disposal	0	72	72	0	72	72
4,348	4,407	59 -1.4%	(21,261)	(19,835)	1,426	Total Operating Expenses	(222,351)	(218,563)	3,787	(244,163)	(242,117)	2,046
4,348	4,407	59 -1.4%	422	2,145	1,722	EBITDA	6,636	11,418	4,782	6,964	10,603	3,638
			(507)	(522)	(15)	Depreciation	(5,661)	(5,712)	(51)	(6,168)	(6,234)	(66)
			(245)	(120)	125	PDC Paid	(2,700)	(2,029)	671	(2,945)	(2,205)	740
			0	0	0	Interest Received	0	0	0	0	0	0
4,348	4,407	59 -1.4%	(330)	1,503	1,833	Surplus / (Deficit)	(1,724)	3,678	5,402	(2,148)	2,164	4,312
			0	0	0	Revaluation of Assets	0	(1,389)	(1,389)	0	(1,389)	(1,389)
4,348	4,407	59 -1.4%	(330)	1,503	1,833	Surplus / (Deficit)	(1,724)	2,288	4,012	(2,148)	775	2,923

The Trust budgets have been updated in October 2020 to reflect the new operational plan. This updated budget reflects a breakeven position for months 1 - 6 and a monthly deficit for months 7 - 12.

**Trust Monthly I & E Profile
(Excluding revaluation)**



**Trust Cumulative I & E Profile
(Excluding revaluation)**



Income & Expenditure Position 2019 / 20

**The Trust reported a breakeven position for April to September 2020 enabled by national funding.
For October 2020 to March 2021 we have an operational plan for a £2.1m deficit.**

From October 2020 to March 2021 the Trust has a deficit plan of £2.1m. This is based on expenditure run rates in the first half of the year and updated funding available. The reported position for February is a surplus of £1.5m. This position has been boosted by the provision of an additional £1m to support the loss of non-NHS income during the pandemic. This was not assumed in our plan originally. Once final accounting treatment is confirmed this will likely represent an upside compared to plan.

The like for like forecast is now for a year-end surplus of £1m, some £3.1m better than plan. The forecast is shown as £2.2m given the additional income being provided.

Income

The income position has continued to be updated to reflect additional Mental Health Investment Standard (MHIS) being agreed with commissioners. The majority are recurrent and will feed into the 2021/22 planning round and some are non-recurrent. There is often a time lag between receipt of income and full recruitment, which provides a short-term financial benefit.

Pay

Pay spend in February was £16.2m which is in line with the average for the last 5 months. Appropriate and safe staffing levels continue to be a focus particularly for inpatient wards. Recruitment also continues for the wide range of mental health investment. Some services have been able to fully recruit quickly, such as perinatal mental health, whilst others continue to make incremental increases.

Non Pay

Non Pay spend continues to experience both cost pressures and savings within the overall position. Healthcare subcontracts (out of area placements and the purchase of locked rehab beds) continue to be volatile and out of area placements are considered in more detail at page 11.

Covid-19 Financial Impact

Covid-19 is a key contributor to the financial position and the table below highlights the areas where the Trust has incurred incremental costs as part of its response. These costs have been identified as additional and reasonable in line with national guidance and there are further costs which have been absorbed within the standard expenditure profiles.

Costs identified for April to September 2020 (H1) have been reimbursed via national funding. Costs incurred in the second half of the year must be contained within the Trust financial plan, which includes a funding allocation for Covid-19 response costs. No additional top-ups will be made.

Costs from January 2021 include additional costs incurred in relation to the various vaccination programmes. This includes staff, inpatient service users, and our mutual aid support with partner organisations.

Heading	Description	H1 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
Staffing	Backfill of shifts due to covid (sickness, isolation, shielding). This includes premium payments to support safer staffing levels.	780	211	292	252	179	61		1,775
Staffing Vaccination	Additional shifts to support vaccination - clinical and non clinical staff	0	0	0	0	47	32		79
Staffing – community	Community additional shifts	249	0	0	0	0	0		249
Staffing – cohort	Dedicated ward within Forensics required due to positive covid cases	77	0	0	0	0	0		77
Staffing - students	Costs of student nurses and medics over and above previous	480	0	0	0	0	0		480
Staffing – out of area	Costs of out of area placement providers to provide additional staff due to potential covid cases	53	0	37	0	0	26		116
Total – Pay		1,639	211	329	252	226	119	0	2,776
IM & T	Equipment to support new ways of working, from home, video conferencing, increased telecommunications	441	161	0	4	167	53		826
Laundry	In house laundry service including scrubs	331	4	74	14	12	1		436
Infection Control	Central store of additional infection control supplies (wipes, cleaning products)	249	1	6	3	0	0		259
Catering	Staff meals - those working on inpatient wards and in the community. Supply of refreshments	69	0	0	0	0	0		69
Discharge Equipment	Purchase of additional equipment to support hospital discharges	71	0	0	0	0	0		71
Communications	Consent to share letter	40	0	0	0	0	0		40
Lateral Flow Testing	Distribution of kits to staff	0	0	0	50	(15)	0		35
Misc / other	Other general non pay not captured in the headings above	158	5	0	250	8	70		491
Total – Non Pay		1,359	171	80	321	172	124	0	2,227
Total cost recovery		2,998	382	409	573	398	243	0	5,003

2.1

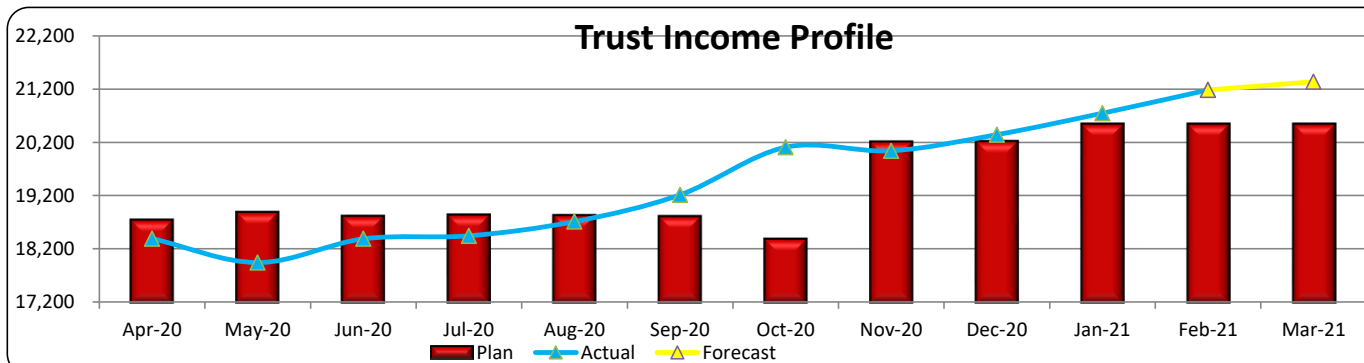
Income Information

As part of the operating plan for the second half of the year, contracting arrangements have also been updated. The nationally calculated block income (based on 2019/20 plus 2.8% uplift) remains and has been supplemented by additional funding for the Mental Health Investment Standard (MHIS) agreed with commissioners.

In addition to main commissioner income further funding has flowed through the Integrated Care System (ICS) on an allocations basis. This included funding to cover all covid related additional expenditure and this now shows as CCG income as it flows through a lead local CCG.

These block payments cover all income from NHS commissioners. This includes payment for services, staff recharges, recharge for projects etc.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total	Total 19/20
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
CCG	14,530	13,924	14,321	14,361	14,000	14,278	16,696	16,501	16,421	17,512	17,181	17,435	187,159	171,720
Specialist Commissioner	2,322	2,322	2,322	2,322	2,322	2,322	2,322	2,453	2,505	2,280	2,433	2,611	28,538	27,895
Local Authority Partnerships	335	473	409	439	419	417	430	408	437	385	374	417	4,942	7,755
Top Up	619	637	597	628	639	625	625	625	625	631	203	631	7,086	7,673
Other	550	550	702	658	1,254	1,537	0	0	309	(102)	0	0	5,458	0
Total	35	35	35	35	76	35	35	55	48	41	994	246	1,669	418
Total	18,391	17,940	18,386	18,443	18,711	19,214	20,108	20,041	20,344	20,748	21,184	21,340	234,852	215,461
19/20	17,509	17,502	17,373	17,646	17,765	17,628	17,906	17,572	18,061	19,031	18,334	19,134	215,461	



Following additional guidance from NHS England an additional £970k (£1,164k forecast) income has been recognised in February 2021. This relates to a national assessment of income reductions during the year. This has flowed directly into the surplus position.

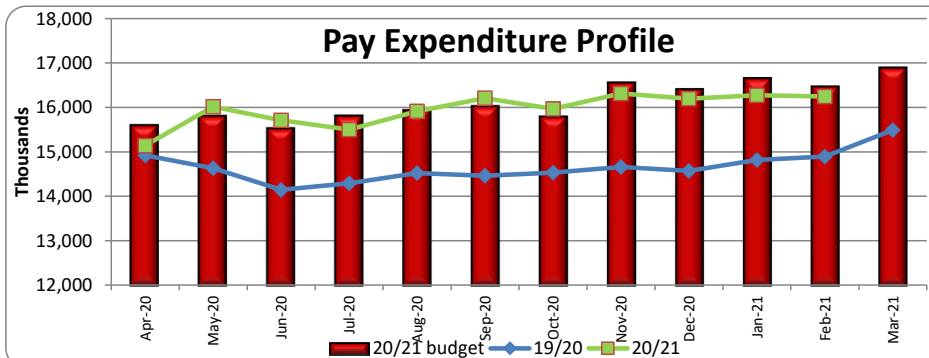
Final income values for 2020/21 are being agreed with commissioners ahead of year end. Additional income continues to be received and is being utilised in the current year as far as possible. As a result expenditure is forecast to increase as well.

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

Current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
Substantive	13,947	14,646	14,470	14,256	14,462	14,647	14,450	14,851	14,569	14,740	15,001		160,037
Bank & Locum	727	866	721	687	844	971	915	889	944	946	682		9,192
Agency	469	507	518	558	606	588	604	573	686	587	562		6,258
Total	15,142	16,019	15,709	15,501	15,912	16,205	15,969	16,313	16,199	16,273	16,245	0	175,487
19/20	14,923	14,629	14,145	14,288	14,522	14,463	14,531	14,656	14,568	14,815	14,896	15,490	168,476
Bank as %	4.8%	5.4%	4.6%	4.4%	5.3%	6.0%	5.7%	5.5%	5.8%	5.8%	4.2%		5.2%
Agency as %	3.1%	3.2%	3.3%	3.6%	3.8%	3.6%	3.8%	3.5%	4.2%	3.6%	3.5%		3.6%

	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Current
Substantive	3,900	4,004	4,026	4,026	4,006	3,965	4,263	4,293	4,255	4,048	4,085		4,026
Bank & Locum	203	253	193	197	244	225	277	240	303	257	240		193
Agency	68	75	83	90	108	93	121	100	120	119	82		83
Total	4,171	4,332	4,302	4,312	4,357	4,283	4,661	4,634	4,678	4,424	4,407	0	4,302
19/20	3,989	4,013	4,002	4,002	4,057	4,069	4,119	4,191	4,138	4,152	4,160	4,285	4,098



As shown in the table and graph, pay costs have increased from 2019/20 (average run rate £14.7m per month). Of this annual pay awards and increments are estimated at £500k per month.

For April 2020 to October 2020 pay costs had been running marginally ahead of budget. This was due to additional staffing and the response to covid. From November 2020 this has been lower than budget with confirmed mental health investment and ongoing recruitment.

Bank, locum and agency expenditure reduced in February which is a normal trend experienced in previous years. This will be monitored for March which is normally higher due to increased annual leave.

Agency spend is £562k in February.

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

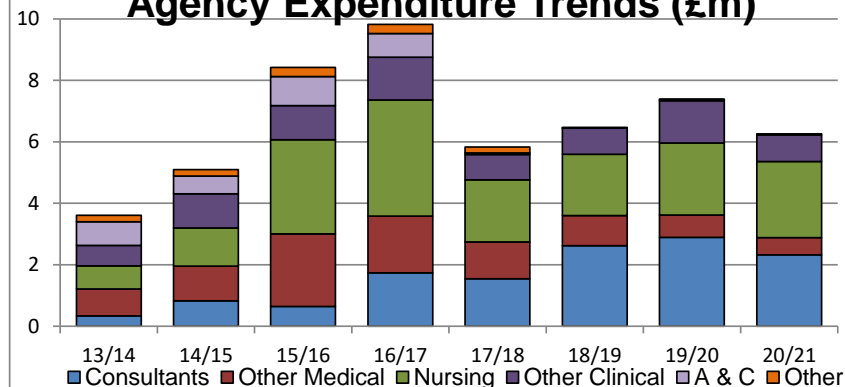
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

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

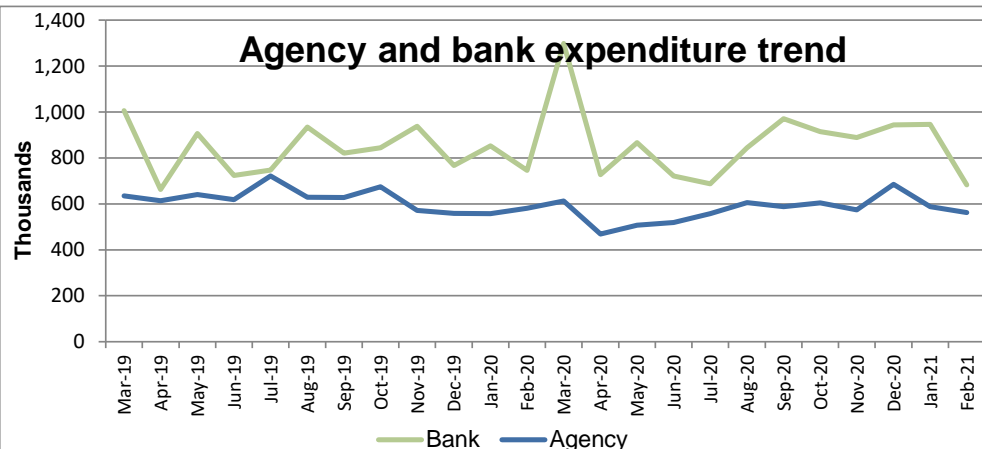
February 2021 spend is £562k which is £26k lower than January. The year to date spend is £6.3m, of which £2.9m relates to medical staffing primarily covering vacancies / gaps and £1.9m for unregistered nursing to support safer staffing.

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

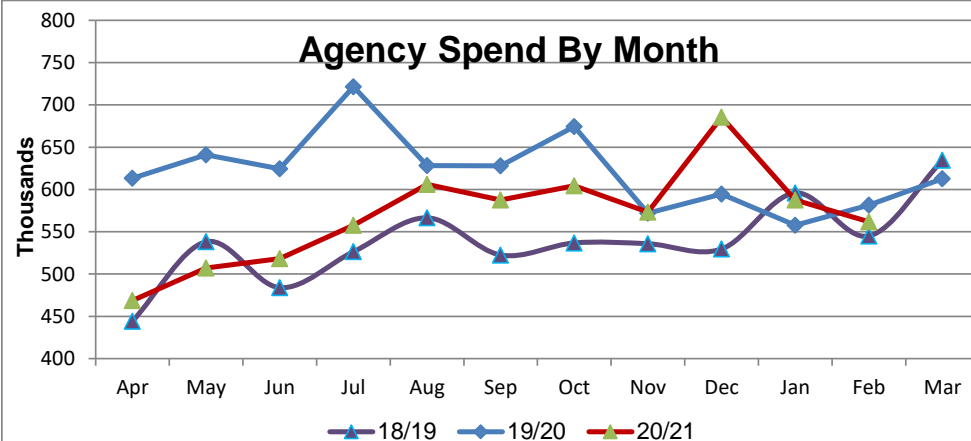
Agency Expenditure Trends (£m)



Agency and bank expenditure trend



Agency Spend By Month



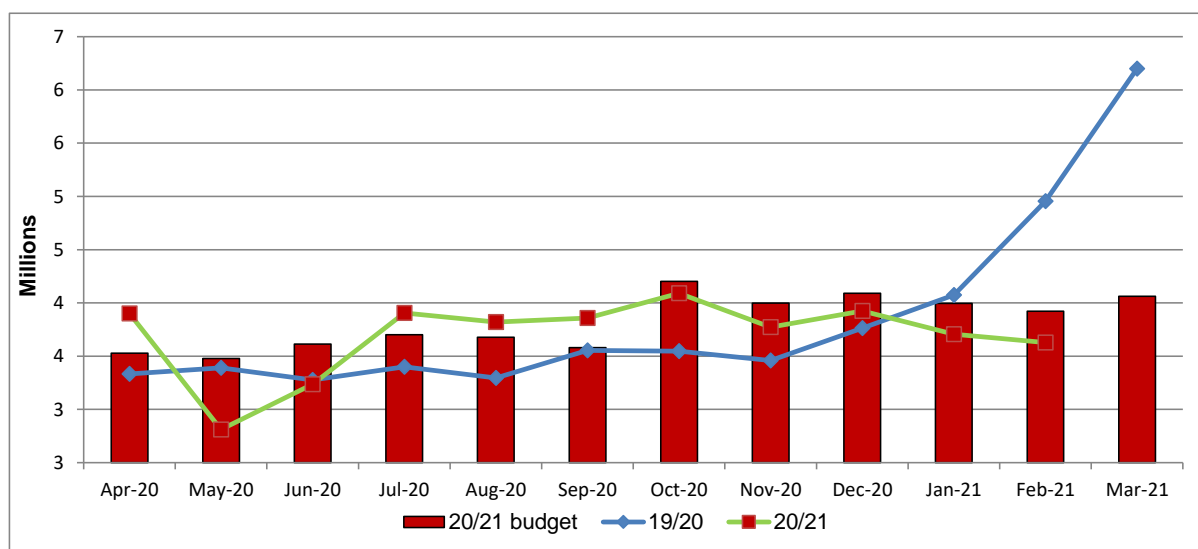
2.3

Non Pay Expenditure

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

	Apr-20 £k	May-20 £k	Jun-20 £k	Jul-20 £k	Aug-20 £k	Sep-20 £k	Oct-20 £k	Nov-20 £k	Dec-20 £k	Jan-21 £k	Feb-21 £k	Mar-21 £k	Total £k
2020/21	3,900	2,811	3,236	3,906	3,821	3,857	4,090	3,772	3,925	3,707	3,628		40,654
2019/20	3,333	3,391	3,276	3,400	3,295	3,554	3,547	3,458	3,762	4,073	4,954	6,200	46,244

	Budget	Actual	Variance
	Year to date	Year to date	
Non Pay Category	£k	£k	£k
Clinical Supplies	2,681	3,239	(558)
Drugs	3,190	3,054	136
Healthcare subcontracting	6,457	5,991	466
Hotel Services	1,979	2,186	(207)
Office Supplies	5,520	6,516	(996)
Other Costs	4,705	4,965	(260)
Property Costs	6,041	9,870	(3,830)
Service Level Agreements	5,794	0	5,794
Training & Education	988	371	617
Travel & Subsistence	2,197	2,235	(38)
Utilities	1,235	1,254	(18)
Vehicle Costs	1,001	973	28
Total	41,787	40,654	1,133
Total Excl OOA and Drugs	32,141	31,610	531



Key Messages

Due to the update in Trust finance and procurement system the chart of accounts used to categorise non- pay spend has changed. The mapping and alignment of this continues to ensure that we have the level of breakdown previously provided. The main example of this is service level agreements which have been split depending on what the agreement covered and is therefore included in other headings (primarily property and other costs).

Non Pay spend over the last 8 months has remained relatively steady including Trust spend on covid-19. It must be remember that additional PPE and cleaning materials have been provided at nil cost to the Trust from the national supply of key product lines. Local purchases however have been required to supplement this supply.

2.3

Out of Area Beds Expenditure Focus

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

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

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

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

Out of Area Expenditure Trend (£)

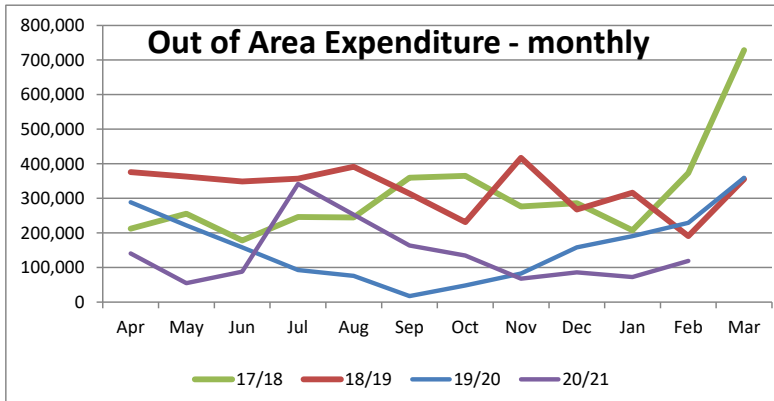
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
17/18	212	255	178	246	245	359	365	277	286	208	373	729	3,733
18/19	376	363	349	357	392	314	232	417	268	317	191	355	3,929
19/20	289	222	158	93	76	17	48	82	158	191	230	359	1,924
20/21	141	55	88	342	253	164	135	68	86	73	119		1,523

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
17/18	282	367	253	351	373	427	479	434	414	276	626	762	5,044
18/19	607	374	412	501	680	473	245	508	329	358	197	220	4,904
19/20	282	354	238	206	156	28	53	129	166	216	305	275	2,408
20/21	110	54	120	305	147	76	108	102	141	124	100		1,387

Bed Day Information 2020 / 2021 (by category)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
PICU	92	45	34	113	102	53	106	102	141	116	100		1,004
Acute	18	9	86	192	45	23	2	0	0	8	0		383
Total	110	54	120	305	147	76	108	102	141	124	100	0	1,387



The overall delivery of activity remains a challenge for the Trust and, to date performance has been exceptional in ensuring that as many people as possible are supported within the Trust bed base especially considering the impact that covid has had. This includes reduced internal bed capacity for cohorting purposes, pressures on staff numbers and the changes in acuity experienced over the past 10 months.

Costs have increased in February, although bed days have come down, due to additional staffing requirements. Placements due to covid continue to be charged to that cost centre.

At the end of February there were 3 PICU placements; all are male and are placed for gender specific reasons (which the Trust does not provide).

	2019 / 2020 Actual (YTD)		Note
	£k	£k	
Non-Current (Fixed) Assets	108,146	101,974	1
Current Assets			
Inventories & Work in Progress	238	238	
NHS Trade Receivables (Debtors)	6,048	723	2
Non NHS Trade Receivables (Debtors)	953	388	3
Prepayments, Bad Debt, VAT	2,219	2,821	
Accrued Income	1,904	1,747	4
Cash and Cash Equivalents	36,417	75,454	5
Total Current Assets	47,778	81,371	
Current Liabilities			
Trade Payables (Creditors)	(4,102)	(5,487)	6
Capital Payables (Creditors)	(272)	(343)	
Tax, NI, Pension Payables, PDC	(6,311)	(3,979)	
Accruals	(10,869)	(15,191)	7
Deferred Income	(1,462)	(24,752)	
Total Current Liabilities	(23,016)	(49,753)	
Net Current Assets/Liabilities	24,763	31,618	
Total Assets less Current Liabilities	132,909	133,592	
Provisions for Liabilities	(8,724)	(8,462)	
Total Net Assets/(Liabilities)	124,185	125,131	
Taxpayers' Equity			
Public Dividend Capital	44,971	44,971	
Revaluation Reserve	12,763	10,710	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	61,231	64,229	8
Total Taxpayers' Equity	124,185	125,131	

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

1. Capital expenditure is detailed on page 13. The asset value is reducing due to depreciation charges and limited capital spend year-to-date. The annual revaluation exercise was completed in January which reduced the value by a further £2.6m
2. A large historical £1.6 NHS debtor was paid in February 2021 as agreed.
3. Non NHS debtors remain low but continue to be proactively reviewed.
4. Accrued income has increased in month due to additional income expected from NHS E / I. This equates to £959k.
5. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 15.
6. The impact of the system change on the Better Payment Practice Code (page 17) continues to be assessed.
7. Accruals are higher than year end as the Trust awaits invoices for goods and services received. A further detailed review of these is being conducted with invoices being chased.
8. This reserve represents year to date surplus plus reserves brought forward.

3.1 Capital Programme 2020 / 2021

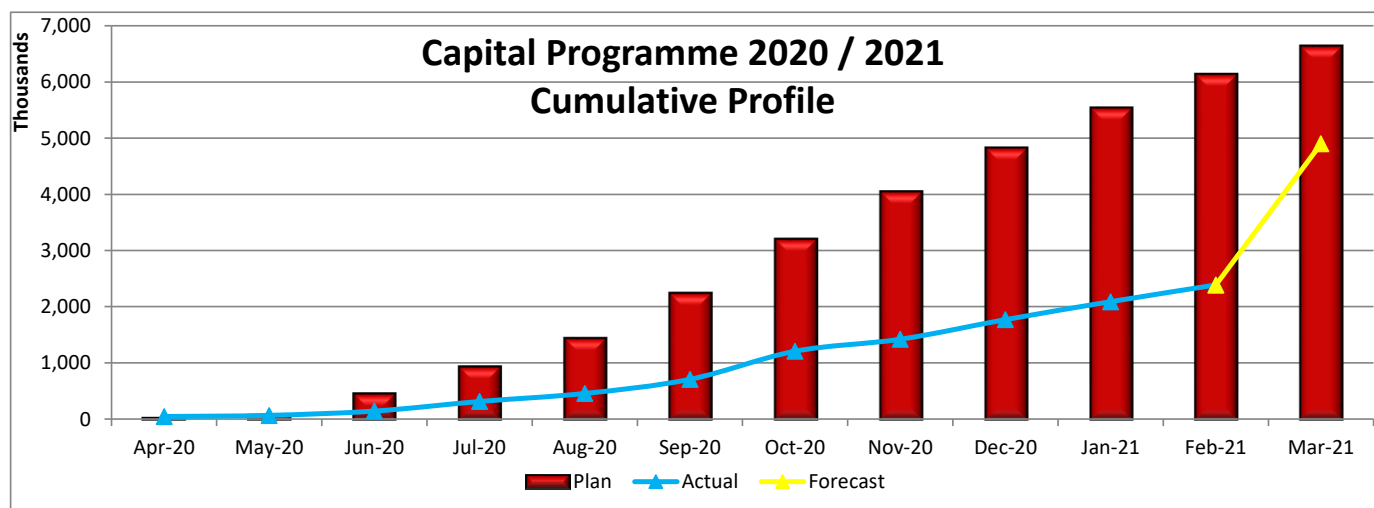
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	3,479	3,223	1,230	(1,993)	2,660	(819)	
Equipment Replacement	100	75	135	60	355	255	
IM&T	2,455	2,431	1,022	(1,409)	1,884	(571)	
Major Capital Schemes							
Hub Development	600	400	0	(400)	0	(600)	
						0	
						0	
VAT Refunds			0			0	
TOTALS	6,634	6,129	2,387	(3,742)	4,899	(1,735)	

Spend in February is £0.3m.

Capital Expenditure 2020 / 21

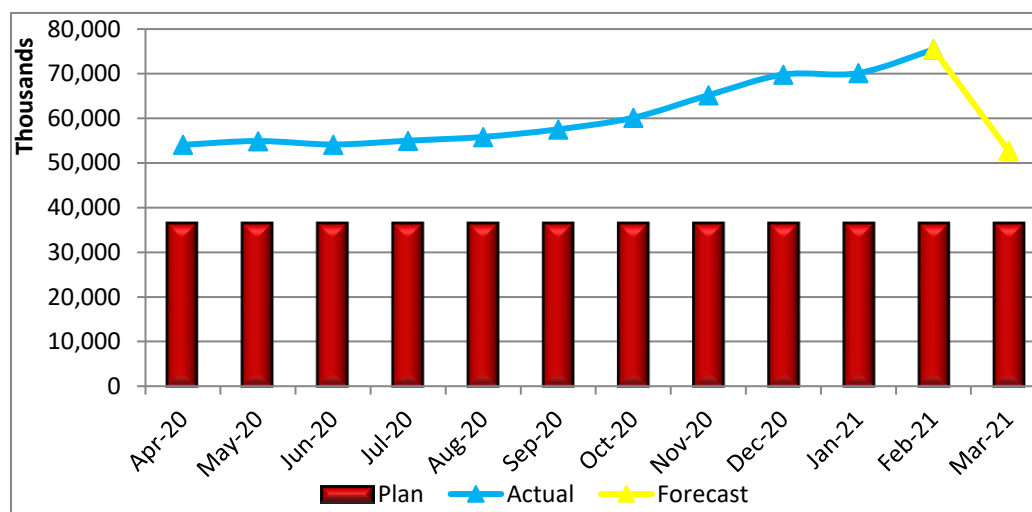
The Trust submitted a revised capital plan in May 2020 of £6.6m. This represents a 15% reduction from the original £7.8m.

Every scheme continues to be assessed for progress, to ensure that we are reflecting the value of work complete to date, and the future spend profile. Based on this assessment there remains significant expenditure forecast to be delivered in March 2021.

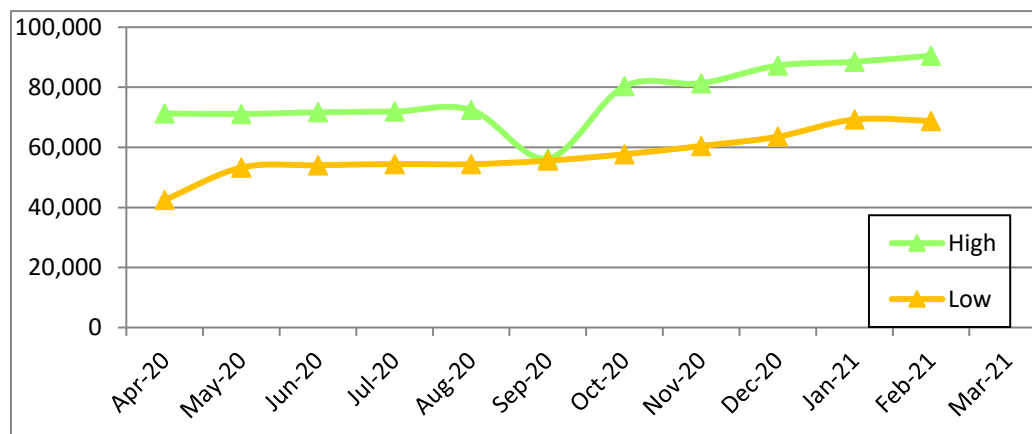


3.2

Cash Flow & Cash Flow Forecast 2020 / 2021



	Plan £k	Actual £k	Variance £k
Opening Balance	22,617	36,417	
Closing Balance	36,417	75,454	39,037



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

The cash position continues to increase due to the improving in year financial position. The timing benefit from the block NHS payments will stop in March 2021 hence the large forecast reduction.

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

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

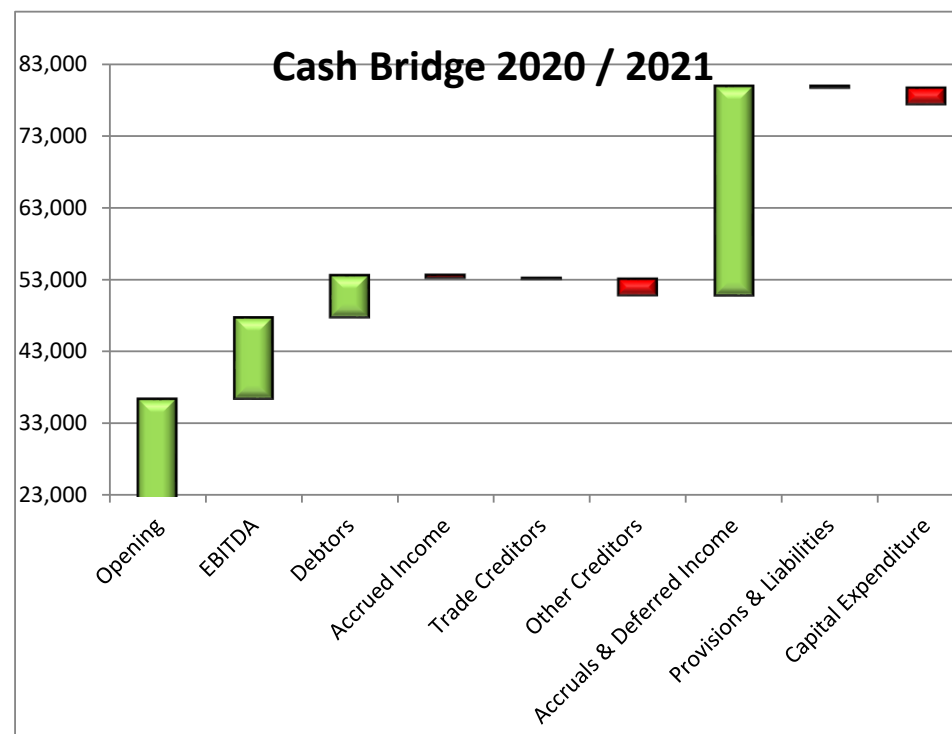
The highest balance is: £90.5m
 The lowest balance is: £68.7m

This reflects cash balances built up from historical surpluses. The dip in September was linked to the timing change of the finance system.

3.3

Reconciliation of Cashflow to Cashflow Plan

	Actual £k	Note
Opening Balances	36,417	
Surplus / Deficit (Exc. non-cash items & revaluation)	11,347	
<i>Movement in working capital:</i>		
Inventories & Work in Progress	0	
Receivables (Debtors)	5,890	
Accrued Income / Prepayments	(445)	
Trade Payables (Creditors)	(88)	
Other Payables (Creditors)	(2,332)	
Accruals & Deferred income	29,175	
Provisions & Liabilities	(262)	
<i>Movement in LT Receivables:</i>		
Capital expenditure & capital creditors	(2,315)	
Cash receipts from asset sales	187	
PDC Dividends paid	(2,119)	
PDC Dividends received		
Interest (paid)/ received		
Closing Balances	75,454	



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

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

This highlights the largest positive cash impact is within accruals and deferred income. Of this £20.6m relates to the receipt of March 2021 block invoices during February in line with national guidance.

4.0

Better Payment Practice Code

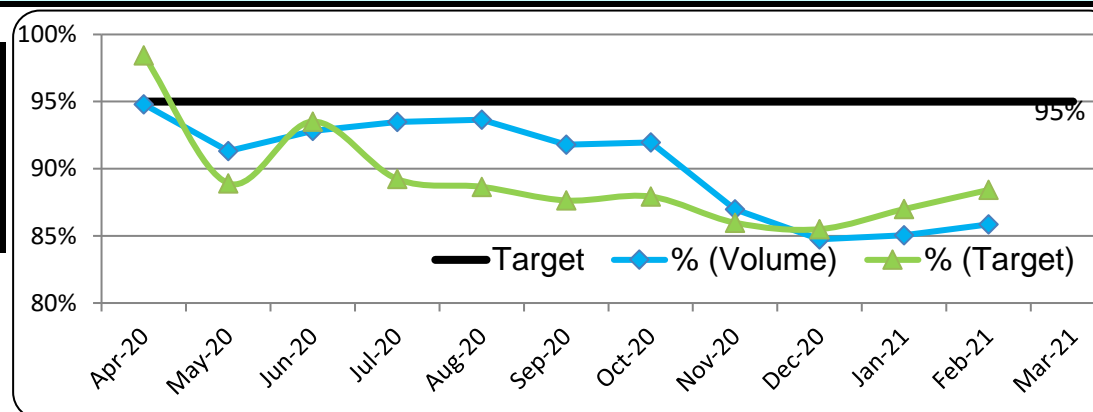
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. A further focus has been provided following the implimentation of the new finance and procurement ledger system.

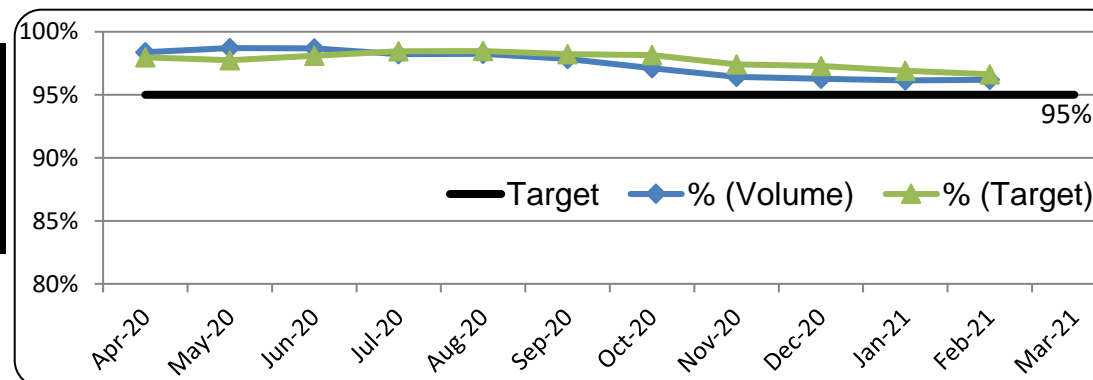
As part of the national response to the impact of COVID-19 all NHS Trusts were asked to pay suppliers within 7 days. Processes were reviewed to ensure that this could be supported and monitoring commenced immediately (20th April 2020).

This request was not extended past January 2020 and whilst the Trust continue to endeavour to pay all suppliers as fast as possible this has been removed as a key performance indicators. As a metric the team continues to monitor the average time taken to pay a non NHS invoice. This was 15 days in December 2020, 14 in January and 13 in February 2021.

NHS		
	Number	Value
30 days	%	%
Year to January 2021	85%	87%
Year to February 2021	86%	88%



Non NHS		
	Number	Value
30 days	%	%
Year to January 2021	96%	97%
Year to February 2021	96%	97%



4.1

Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
16-Feb-21	Property Rental	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710170783	364,058
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015564	182,622
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015572	182,622
01-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600015719	182,622
26-Feb-21	Property Rental	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600016223	182,622
12-Feb-21	Drugs	Trustwide	Bradford Hospitals NHS Trust	318361	113,970
02-Feb-21	IT Services	Trustwide	Daisy Corporate Services	31465024	90,250
05-Feb-21	IT Services	Trustwide	Daisy Corporate Services	31466462	90,250
03-Feb-21	Property Rental	Wakefield	Assura Ltd	LINV36737	90,000
25-Feb-21	Property Rental	Wakefield	Assura Ltd	LINV35438	90,000
03-Feb-21	Computer Software	Trustwide	Insight Direct Ltd	5160665	65,476
02-Feb-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	95718	63,431
11-Feb-21	Drugs	Trustwide	Lloyds Pharmacy Ltd	95013	63,232
11-Feb-21	Staff Recharge	Trustwide	Bradford Metropolitan District Council	73901533339	55,745
05-Feb-21	Staff Recharge	Trustwide	Leeds & Yorks Partnership NHS Foundation Trust	994904	55,602
20-Feb-21	Drugs	Trustwide	NHS Business Services Authority	1000067928	43,704
12-Feb-21	Pension	Wakefield	NHS Pensions Agency	2000004168	41,610
24-Feb-21	Staff Recharge	Trustwide	Sheffield Childrens NHS Foundation Trust	2100213619	38,042
03-Feb-21	Drugs	Trustwide	NHS Business Services Authority	1000067587	37,591
09-Feb-21	Property Rental	Barnsley	Community Health Partnerships Ltd	0060185917	33,936
03-Feb-21	Purchase of Healthcare	Trustwide	Elysium Healthcare Ltd	TOW01472	33,417
12-Feb-21	Consumables	Trustwide	Becton Dickinson UK Ltd	181253	32,598
09-Feb-21	Consultancy	Trustwide	Avison Young Ltd	5029020	32,214
25-Feb-21	Telecoms	Trustwide	Vodafone Ltd	97204545	30,373
23-Feb-21	Utilities	Trustwide	EDF Energy	000009157724	30,300
24-Feb-21	Utilities	Trustwide	EDF Energy	000009138209	28,003
03-Feb-21	Purchase of Healthcare	Trustwide	Cheadle Royal Hospital	2900017944	27,863
09-Feb-21	Purchase of Healthcare	Barnsley	Barnsley Hospital NHS Foundation Trust	6023779	26,921
09-Feb-21	Property Rental	Barnsley	Community Health Partnerships Ltd	0060185916	26,295

- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Surplus - Trust income is greater than costs
- * Deficit - Trust costs are greater than income
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus / Deficit - This is the surplus or deficit we expect to make for the financial year
- * Target Surplus / Deficit - This is the surplus or deficit the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	4.0%	4.1%	4.7%	4.4%	4.3%	4.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.8%	4.8%	4.9%	4.8%	4.0%	3.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	86.8%	86.2%	86.7%	85.5%	83.7%	84.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	91.7%	91.0%	91.2%	89.4%	89.2%	86.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	92.1%	92.9%	93.3%	94.4%	94.8%	96.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	98.0%	98.2%	97.7%	98.0%	97.9%	97.7%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.9%	93.3%	91.6%	89.8%	88.4%	89.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.5%	79.0%	78.2%	78.0%	76.1%	77.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	98.2%	98.4%	98.0%	97.4%	96.4%	95.9%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	99.1%	99.0%	98.8%	97.2%	97.3%
Moving and Handling	Resources	Well Led	AD	>=80%	91.8%	91.3%	90.4%	89.4%	89.8%	90.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.4%	94.6%	94.7%	94.6%	94.6%	94.0%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	91.8%	93.0%	94.0%	95.2%	95.5%	95.6%
Prevent	Improving Care	Well Led	AD	>=80%	95.3%	95.7%	96.2%	96.1%	96.1%	96.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	92.9%	93.2%	93.4%	94.5%	94.6%	94.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	95.5%	95.1%	94.8%	95.2%	95.3%	95.2%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.4%	No longer used				
Bank Cost	Resources	Well Led	AD		£87k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£60k					
Overtime Costs	Resources	Effective	AD		£18k					
Additional Hours Costs	Resources	Effective	AD		£18k					
Sickness Cost (Monthly)	Resources	Effective	AD		£89k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		-1.37					
Business Miles	Resources	Effective	AD		74k					

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	3.1%	3.1%	3.1%	3.2%	3.1%	3.2%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.0%	3.6%	3.1%	3.1%	2.8%	3.3%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	85.6%	83.1%	83.0%	82.6%	83.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	89.0%	87.9%	86.3%	83.6%	83.6%	83.5%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	94.9%	94.6%	93.3%	93.9%	93.4%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.7%	97.2%	96.6%	96.8%	96.6%	97.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	95.0%	95.2%	93.0%	88.3%	87.6%	89.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.2%	76.9%	76.2%	77.9%	77.2%	78.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led		>=80%	95.6%	96.5%	96.5%	95.9%	95.6%	95.6%
Information Governance	Resources	Well Led	AD	>=95%	99.3%	99.4%	99.1%	99.0%	98.6%	99.0%
Moving and Handling	Resources	Well Led	AD	>=80%	95.4%	95.3%	94.7%	94.4%	94.1%	94.5%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.8%	95.8%	95.6%	96.0%	95.7%	94.9%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.6%	94.4%	93.9%	94.0%	93.3%	92.7%
Prevent	Improving Care	Well Led	AD	>=80%	95.2%	95.5%	95.3%	96.1%	96.0%	96.1%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	89.7%	91.0%	90.9%	93.2%	93.5%	93.8%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	94.2%	94.1%	93.1%	94.2%	94.0%	94.4%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	96.9%	No longer used				
Bank Cost	Resources	Well Led	AD		£141k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£50k					
Overtime Costs	Resources	Effective	AD		£26k					
Additional Hours Costs	Resources	Effective	AD		£1k					
Sickness Cost (Monthly)	Resources	Effective	AD		£75k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		39.69					
Business Miles	Resources	Effective	AD		26k					

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

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=5.4%	5.4%	5.3%	5.6%	5.6%	5.6%	5.6%
Sickness (Monthly)	Resources	Well Led	AD	<=5.4%	5.8%	5.2%	5.9%	6.1%	6.0%	4.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	87.4%	86.8%	84.2%	83.8%	83.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	90.9%	91.6%	90.5%	88.6%	86.3%	87.4%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	93.8%	95.1%	94.8%	95.2%	93.7%	93.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.5%	95.0%	94.9%	94.6%	94.6%	94.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.0%	93.7%	93.1%	89.8%	88.2%	88.3%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.4%	69.7%	68.4%	66.7%	65.9%	65.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.6%	95.8%	95.5%	95.2%	94.6%	93.9%
Information Governance	Resources	Well Led	AD	>=95%	98.2%	98.4%	98.3%	97.5%	97.2%	97.2%
Moving and Handling	Resources	Well Led	AD	>=80%	96.4%	96.9%	96.8%	97.0%	97.3%	97.3%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	92.1%	92.6%	93.1%	93.5%	91.4%	90.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.0%	87.5%	89.0%	89.2%	87.1%	86.1%
Prevent	Improving Care	Well Led	AD	>=80%	92.5%	92.5%	92.6%	93.0%	93.1%	92.9%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.9%	91.6%	91.2%	92.0%	92.2%	92.4%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	89.0%	88.2%	87.9%	89.2%	89.2%	89.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.6%	No longer used				
Bank Cost	Resources	Well Led	AD		£291k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£207k					
Overtime Costs	Resources	Effective	AD		£79k					
Additional Hours Costs	Resources	Effective	AD		£5k					
Sickness Cost (Monthly)	Resources	Effective	AD		£78k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		106.84					
Business Miles	Resources	Effective	AD		11k					

CAMHS										
Month	Objective	CQC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	2.6%	2.8%	3.2%	2.8%	2.7%	2.6%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	3.5%	3.9%	3.0%	2.3%	1.9%	2.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	76.6%	75.5%	76.6%	76.6%	75.4%	77.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	81.1%	79.9%	80.6%	76.9%	75.2%	74.9%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	92.7%	94.3%	95.9%	96.5%	95.5%	94.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.7%	94.2%	93.9%	93.1%	92.5%	93.8%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	91.3%	91.1%	91.1%	87.8%	86.6%	88.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	0.0%	0.0%	0.0%	28.6%	33.3%	28.6%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	93.4%	93.5%	92.8%	92.7%	92.5%	92.5%
Information Governance	Resources	Well Led	AD	>=95%	96.9%	96.9%	97.6%	96.7%	95.7%	96.7%
Moving and Handling	Resources	Well Led	AD	>=80%	97.6%	97.3%	97.3%	97.4%	97.1%	97.7%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	91.9%	92.4%	93.5%	92.7%	92.8%	92.1%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	88.9%	89.0%	90.2%	89.4%	88.3%	88.7%
Prevent	Improving Care	Well Led	AD	>=80%	93.3%	92.4%	93.1%	93.6%	92.0%	92.3%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	90.6%	90.1%	90.1%	90.1%	90.5%	90.2%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.0%	92.1%	90.1%	90.4%	90.5%	90.9%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£16k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£144k					
Overtime Costs	Resources	Effective	AD		£26k					
Additional Hours Costs	Resources	Effective	AD		£5k					
Sickness Cost (Monthly)	Resources	Effective	AD		£30k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		2923.0%					
Business Miles	Resources	Effective	AD		5k					

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

Support Services										
Month	Objective	QCQ Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.0%	3.3%	3.3%	3.5%	3.3%	3.3%	3.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.0%	3.8%	3.5%	3.5%	3.3%	3.5%	3.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	92.3%	93.9%	92.7%	95.0%	92.5%	90.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.1%	87.5%	87.1%	87.1%	90.0%	90.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.0%	80.0%	80.0%	66.7%	80.0%	80.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	92.0%	91.8%	91.4%	91.8%	91.1%	90.5%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.8%	90.8%	90.3%	81.2%	81.1%	80.9%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	97.8%	97.1%	97.8%	97.8%	97.8%	97.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	94.8%	94.2%	93.8%	93.6%	92.3%	92.3%
Information Governance	Resources	Well Led	AD	>=95%	99.0%	99.3%	99.5%	99.4%	97.6%	97.6%
Moving and Handling	Resources	Well Led	AD	>=80%	98.6%	98.6%	98.6%	99.0%	98.9%	99.0%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	98.8%	98.8%	98.9%	98.7%	98.7%	98.6%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	81.8%	86.4%	90.5%	90.9%	90.5%	86.4%
Prevent	Improving Care	Well Led	AD	>=80%	97.9%	98.2%	98.2%	98.5%	98.3%	98.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	98.5%	98.4%	97.7%	97.8%	97.6%	97.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	98.2%	98.1%	97.7%	97.6%	97.4%	97.5%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£47k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£12k					
Overtime Costs	Resources	Effective	AD		£9k					
Additional Hours Costs	Resources	Effective	AD		£19k					
Sickness Cost (Monthly)	Resources	Effective	AD		£55k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		11.15					
Business Miles	Resources	Effective	AD		8k					

Wakefield District										
Month	Objective	QCQ Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.6%	2.8%	2.9%	4.1%	3.1%	3.3%	3.4%
Sickness (Monthly)	Resources	Well Led	AD	<=4.6%	2.9%	3.4%	4.1%	3.6%	4.4%	4.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.0%	87.9%	87.2%	87.2%	87.6%	85.5%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	88.8%	88.1%	87.9%	85.2%	84.3%	83.1%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	91.4%	91.5%	90.7%	91.5%	91.1%	90.4%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.1%	96.1%	96.6%	95.9%	96.1%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	93.5%	90.0%	90.4%	88.9%	87.6%	88.2%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.2%	76.5%	78.1%	73.8%	71.3%	76.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.5%	95.3%	95.6%	95.1%	95.1%	94.3%
Information Governance	Resources	Well Led	AD	>=95%	99.2%	99.0%	98.4%	98.5%	98.2%	98.7%
Moving and Handling	Resources	Well Led	AD	>=80%	96.6%	96.9%	96.9%	96.9%	96.4%	95.9%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	94.8%	94.8%	94.0%	93.3%	92.8%	92.5%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	93.5%	94.1%	93.0%	92.1%	92.4%	91.2%
Prevent	Improving Care	Well Led	AD	>=80%	91.6%	93.2%	94.0%	95.3%	95.6%	95.8%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	91.6%	93.1%	92.7%	93.8%	94.3%	94.3%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	92.1%	92.7%	92.5%	91.5%	91.2%	93.1%
Sainsbury's clinical risk assessment	Quality & Experience	Well Led	AD	>=80%	95.0%	No longer used				
Bank Cost	Resources	Well Led	AD		£57k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£45k					
Overtime Costs	Resources	Effective	AD		£21k					
Additional Hours Costs	Resources	Effective	AD		£2k					
Sickness Cost (Monthly)	Resources	Effective	AD		£22k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		0.59					
Business Miles	Resources	Effective	AD		25k					

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

Inpatient Service										
Month	Objective	QCC Domain	Owner	Threshold	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Sickness (YTD)	Resources	Well Led	AD	<=4.5%	5.4%	5.4%	4.6%	5.1%	5.0%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.5%	4.5%	5.1%	4.7%	4.2%	4.4%	5.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	87.1%	86.4%	86.3%	87.7%	85.7%	85.8%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	87.8%	87.1%	86.7%	86.9%	84.2%	84.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	95.3%	88.0%	91.1%	94.2%	90.3%	87.7%
Equality and Diversity	Resources	Well Led	AD	>=80%	96.5%	97.7%	97.8%	97.8%	97.3%	96.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	92.1%	91.7%	92.6%	89.8%	89.4%	89.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	73.3%	73.9%	75.0%	74.5%	73.5%	77.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	95.9%	95.7%	96.7%	97.0%	97.3%	97.2%
Information Governance	Resources	Well Led	AD	>=95%	98.8%	98.6%	98.6%	98.1%	97.3%	97.5%
Moving and Handling	Resources	Well Led	AD	>=80%	97.7%	97.2%	97.6%	98.1%	98.1%	98.1%
Mental Capacity Act/DOLS	Health & Wellbeing	Well Led	AD	>=80%	89.2%	90.0%	91.0%	92.3%	92.6%	90.8%
Mental Health Act	Health & Wellbeing	Well Led	AD	>=80%	87.3%	88.1%	90.1%	91.5%	90.6%	88.7%
Prevent				>=80%	92.2%	92.6%	94.3%	95.3%	94.8%	94.2%
Safeguarding Adults	Quality & Experience	Well Led	AD	>=80%	93.3%	91.2%	90.7%	92.9%	92.0%	92.5%
Safeguarding Children	Quality & Experience	Well Led	AD	>=80%	87.5%	86.6%	86.9%	86.9%	86.8%	88.6%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.6%	No longer used				
Bank Cost	Resources	Well Led	AD		£268k	Data unavailable at the time of producing this report				
Agency Cost	Resources	Effective	AD		£69k					
Overtime Costs	Resources	Effective	AD		£32k					
Additional Hours Costs	Resources	Effective	AD		£3k					
Sickness Cost (Monthly)	Resources	Effective	AD		£37k					
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		47.83					
Business Miles	Resources	Effective	AD		0k					

Glossary

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

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

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

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

Trust Board 30 March 2021 Agenda item 8.2

Title:	NHS Staff Survey results 2020: Highlight Report
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	The purpose of this paper is to provide the Trust Board with a summary of the 2020 NHS Staff Survey results for the Trust and actions proposed in response to staff feedback.
Mission/values:	The NHS Staff Survey provides direct measures of staff views on whether the organisation lives its values and is meeting its mission.
Any background papers/ previously considered by:	The Workforce and Remuneration Committee received a report in March 2021 on the 2020 NHS Staff Survey results and the actions proposed to support the Trust's commitment to making South West Yorkshire Partnership NHS Foundation Trust a Great Place to Work. The results of the NHS Staff Survey have been circulated to members of the Trust Board
Executive summary:	<p>The NHS Staff Survey is one of two major staff surveys undertaken by the Trust to gain an insight from staff on what is good about working in the Trust and where we can improve. To ensure the Trust is a Great Place to Work it is important to understand what is working well to build on and where the organisation needs to get better as an employer. The Trust's Workforce Strategy is currently being updated and has been developed through an extensive engagement and listening exercise which includes the NHS Staff Survey.</p> <p>Trust staff were asked to complete the survey during October and November 2020 and 1864 surveys were returned which is a response rate of 43%.</p> <p>The NHS Staff Survey results are summarised under 10 key themes:</p> <ul style="list-style-type: none"> • Equality, diversity and inclusion • Health and wellbeing • Immediate managers • Morale • Quality of Care • Safe environment- Bullying and Harassment • Safe environment- Violence • Safety culture • Staff engagement • Team working <p>All of the actual scores in these 10 themes have either improved or stayed the same. The Trust statistically improved from 2019 in five of the key themes:</p> <ul style="list-style-type: none"> • Equality, diversity and inclusion • Health and wellbeing

- Morale
- Safety culture
- Staff engagement

The Trust has statistically improved in Staff Engagement in two consecutive years.

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	9.2	9.1	8.2	9.5
Health and Well-being	6.4	6.4	5.9	7.0
Immediate managers	7.2	7.3	7.0	7.6
Morale	6.5	6.4	6.1	6.9
Quality of Care	7.4	7.5	6.8	7.9
Safe environment-Bullying	8.3	8.3	7.6	8.8
Safe environment-Violence	9.4	9.5	9.1	9.8
Safety Culture	6.9	6.9	6.1	7.5
Staff Engagement	7.1	7.2	6.6	7.5
Team Working	6.9	7.0	6.6	7.4

Statistically the Trust comes out as average across the 10 key themes.

WRES indicators in the NHS Staff Survey

40% of BAME colleagues had experienced bullying, harassment and abuse from service users/members of the public in the last 12 months, this is down from 42% in 2019 although is 8% above the average. 26% of BAME colleagues had experienced bullying, harassment and abuse from colleagues in the last 12 months, this is up from 24% in 2019 and is 1% above the national average.

11% of colleagues had experienced discrimination at work which is very similar to the 2019 rate and compares to a national average of 15%.

76% of BAME colleagues feel the Trust provides equal opportunities for promotion and career progression which is very similar to 2019 and compares to a national average of 73%.

WDES indicators in the NHS Staff Survey

There are a number of improvements in the WDES indicators from 2019 e.g. 81% of colleagues with a long term condition/illness report that the Trust has made adequate reasonable adjustments to enable them to carry out their role, this has increased from 72% in 2019. A working draft of a staff disability and reasonable adjustments policy has been developed with a stakeholder group comprising of HR representatives, staff side representatives and staff network representatives. There has been subsequent engagement with a wider stakeholder group and initial comments are being collated/reviewed to enable a final draft to be produced and formally consulted upon.

	<p>However, bullying and harassment by service users, relatives and the public remains an area of concern and is above the national average.</p> <p>Next Steps</p> <p>March 2021</p> <ul style="list-style-type: none"> ➤ Business Development Units (BDUs) to review their local results and start to develop action plans ➤ Staff Partnership Forum to review results ➤ Staff survey used in the development of the updated Workforce Strategy <p>Quarter 1 2021/2022</p> <ul style="list-style-type: none"> ➤ Trust Board to agree updated Workforce Strategy and this will includes the key themes from the Staff Survey. ➤ BDUs actions plans agreed. ➤ Commence roll out of Great Place to Work leadership forum. ➤ Race Forward action plan agreed and further roll out of Equity Guardians. ➤ Programme of Staff recovery linked to enhanced Wellbeing Offer. <p>Attached is a presentation on the NHS Staff Survey including a further breakdown of the results, actions taken in 20/21 and actions planned for 21/22.</p> <p>Risk Appetite</p> <p>The NHS Staff Survey is one source of feedback from staff on what we do well as an employer and where we can get better. The Workforce and Remuneration Committee will monitor overall workforce risks in line with the Trust's Risk Appetite statement.</p>
Recommendation:	Trust Board is asked to NOTE the report and the high level actions and next steps.
Private session:	Not applicable.



**South West
Yorkshire Partnership**
NHS Foundation Trust

A large decorative graphic in the center of the page. It features a white circular area in the middle, surrounded by a ring of blue brushstrokes. The brushstrokes are arranged in a circular pattern, creating a sense of movement and depth. The colors range from a deep blue to a lighter, almost white blue.

NHS Staff Survey 2020 results

With **all of us** in mind.

2020 results summary

Survey ran early October to 30th November 2020. The survey now includes 10 key themes from 11 in 2019 (Quality of Appraisal has been dropped this year).

5 key theme scores have been improved (to a level which is statistically significant) these are Equality Diversity and Inclusion, Health and Wellbeing, Morale, Staff Engagement and Safety Culture. 5 key themes scores were unchanged from 2019. No scores have got worse.

The themes 'Equality, Diversity and Inclusion and Morale' appear to be statistically above average. All other themes appear to be average. Staff Engagement has improved for 2 consecutive years.

2020 and 2019 results

Theme results	Trust score 2020	Statistically significant change from 2019	Trust score 2019	Statistically significant Change from 2018
Equality, diversity and inclusion	9.2	Yes	9.1	No
Health and Well-being	6.4	Yes	6.2	No
Immediate managers	7.2	No	7.2	No
Morale	6.5	Yes	6.3	No
Quality of Appraisals	Not included		5.7	Yes
Quality of Care	7.4	No	7.4	Yes
Safe environment-Bullying	8.3	No	8.2	No
Safe environment-Violence	9.4	No	9.4	No
Safety Culture	6.9	Yes	6.7	No
Staff Engagement	7.1	Yes	7.0	Yes
Team Working	6.9	No	6.8	No

Breakdown of Key theme results: Equality, Diversity and Inclusion

- All 4 question areas have improved.
- Significant improvement in staff feeling the Trust provides equal opportunities for career progression/promotion.
- Significant improvement in staff saying the Trust has made adequate reasonable adjustments for their role.

Actions in 2020/21 include:

- Further development of the Staff networks.
- Development and appointment of a WRES OD lead role.
- Formal Risk assessments with advice from Occupational health on reasonable adjustments and provision of equipment.
- WRES and WDES Action Plans

Action planned for 21/22

- BAME Talent Pool
- Review of Recruitment and Selection
- Talent Management Strategy

Health and wellbeing

- 3 of 5 question areas have improved.
- Significant improvement in % of staff feeling the Trust takes positive action on wellbeing
- Reduction in staff coming to work when not well enough.
- Staff stress levels remained unchanged whilst the national trend has seen increase.

Actions in 2020/21 include:

- Increased access to Occupational Health advice lines.
- Development of BDU wellbeing groups and champions.
- BAME HWB Practitioner post established.
- Ongoing communications on wellbeing support offer.
- Guidance/support for staff shielding.
- Staff vaccination

Actions in 2021/22

- Increased OT and RMN support
- Pilot Dietitian post established
- Development of Staff Recovery Plan

Immediate Managers

- All 5 questions are below average.
- 4 of 5 questions have improved
- Immediate managers given clear feedback is significantly below average

Actions in 2020/21

- Converted leadership and management support to online
- Targeted support in Forensic Services
- Information, advice & guidance, along with support and learning resources to our leaders and managers, including mentoring and both 1:1 & team coaching.

Actions planned for 21/21

- Great Place to Work Leadership Forum paused due to Covid but will be restarted with a focus on support for immediate managers, healthy teams, team engagement.

Morale

- All 9 questions have improved.
- 5% reduction in colleagues saying relationships at work are strained.
- 5% reduction in staff saying they regularly think about leaving the Trust.

Work undertaken in 2020/21 includes:

- Engagement in change process
- Significant work in BDUs to support colleagues through the pandemic.
- Increased recognition including vouchers and additional leave day.

Quality of Care

- 2 of the 3 questions are below average
- 3% increases in colleagues reporting they can deliver the care they aspire to.

Violence

- Violence from service users and members of the public has reduced but is 1.3% above average.

Safety Culture

- All 6 question scores have improved.

Bullying and Harassment

- Improvement in all 3 questions
- Bullying from managers and colleagues has reduced and is below average.
- Bullying from service users has reduced and is average.

Actions undertaken in 2020/21 includes:

- Appointment of Bullying Harassment Advisers
- Appointment of full time Freedom to Speak Up Guardian
- Appointment of WRES OD Lead

Actions planned in 2021/2022

- Development of Civility and Respect Champions
- Relaunch of the Race Forward network with clinical leadership.
- Equity Guardian Model being embedded in clinical areas with OD approach and engagement with clinical staff.
- Review of Bullying and Harassment Policy to focus on resolution model

Staff Engagement

- 7 of the 9 question scores have improved.
- Staff recommending the organisation as a place to work or receive treatment has significantly improved in all questions.
- The questions relating to staff's ability to contribute to improvements at work have improved but are below average.
- 7% increase in staff recommending the Trust as a place to work.
- 7% increase in staff saying care of service users is the Trust's top priority.

Actions undertaken in 20/21:

- Significant increase in communications to colleagues during the pandemic.
- Increase in wellbeing support.
- Question and answer sessions, advice lines etc.
- Development of Social Partnership

Actions planned for 21/22:

- Strong link to Great Place to Work development programme

Directorate Feedback:

- Significant improvement in results for the Forensic BDU across all 10 key themes. Active work to improve communications and investment in the wellbeing group and local champions. Range of wellbeing initiatives including work on hydration at work, safety, support for colleagues shielding, support following incidents etc. Targeted OD support including programmes for both senior leaders (Trios) & ward managers and for clinical/medical leaders, including team workshops & executive coaching/mentoring.
- Also significant improvements in wellbeing theme score in CAMHS and Calderdale/Kirklees. Barnsley results remain positive despite significant service pressures. Support Services remain positive overall. Wakefield has the highest Morale Score.
- Adult MH Inpatients services have the lowest staff satisfaction scores. Wellbeing group established. Further need for targeted support.

WRES:

40% of BAME colleagues reported bullying, harassment and abuse from service users/public in the last 12 months, down from 42% in 2019, 8% above the average. 26% of BAME colleagues had experienced bullying from colleagues in the last 12 months, this is up from 24% in 2019 and is 1% above the national average. 11% of BAME colleagues had experienced discrimination at work which is very similar to the 2019 rate and is lower than the national average of 15%. 76% of BAME colleagues feel the Trust provides equal opportunities for promotion and career progression, similar to 2019 and is better than the average of 73%.

Actions taken:

- Race Forward network relaunched with clinical leadership.
- Equity Guardian Model being embedded in clinical areas with OD approach and engagement with clinical staff.
- Reciprocal Mentoring scheme introduced.
- Review taking place of the recruitment and disciplinary processes.
- Allyship work with staff networks.

WDES:

A number of improvements in WDES indicators. Bullying is down and is below average although this remains an area of concern. 9% increase in % of staff saying Trust has made adequate reasonable adjustments. Increase in colleagues reporting the Trust provides equal opportunities and is above average. Engagement score has improved although is 0.1 below average.

Actions taken:

- Significant investment in advice/support for colleagues with long term conditions during the Covid pandemic.
- Roll out of formal risk assessment process/advice and support from Occupational health.
- Support for staff disability network, this is being relaunched, Board session in March 21.
- Estates audits.
- Annual WDES report and action plan will be developed.

Initial next steps:

March

- BDUs to review results for development of local action plans.
- Review results in Staff Side Partnerships forum.
- Results will be used in the development of the refreshed Workforce Strategy.

Quarter 1 21/22

- Annual workforce strategy action plan to address key themes from the NHS Staff Survey.
- BDU action plans agreed.
- Commence roll out of the Great Place to Work Leadership Forum.
- Agreed action plan Race Forward.
- Programme of staff recovery agreed linked to the Nursing Strategy regarding Quality of Care, Safety Culture and Violence.

Trust Board 30 March 2021

Agenda item 9.1

Title:	Briefing paper and update on Government's white paper - Response to the NHSE/I Consultation on Integrated Care Systems
Paper prepared by:	Director of Strategy
Purpose:	The briefing paper attached summarises the Government's white paper that was published on 11 February 2021, titled Integration and Innovation: working together to improve health and social care for all. The paper was developed by the West Yorkshire and Harrogate ICS and shared at the March Partnership Board and provides the context and update on next steps. The letter sent out by the WYH ICS CEO lead is also attached as part of this update.
Mission/values:	<p>The Trust is a committed partner in two established Integrated Care Systems and in four place-based Integrated Care Partnerships that are at differing levels of maturity. Delivering joined up care, improving health and outcomes for people in each of our places continue to be key priorities for the Trust in delivering its vision and mission.</p> <p>The development of integrated care and system working is in line with our value to be relevant today and ready for tomorrow and has been an integral part of the Trust's strategic and operational approach over the last few years.</p>
Any background papers previously considered by:	Updates on integrated care developments and the national policy context are discussed regularly at Strategic Board and Trust Board meetings. The NHSE/I Consultation document on the next steps for integrated care was discussed in depth at the December Strategy Board including key considerations and implications for the Trust. The Government's response in the form of the white paper was further discussed in detail at the February Strategy Board.
Executive summary:	<p>Background/Context</p> <p>The move towards system and partnership working has been in progress since the Five-Year Forward View (October 2014) and consolidated in the NHS Long Term Plan (January 2019). The national policy context recognises the role of Integrated Care Systems as a key driver in improving health outcomes, reducing health inequalities and supporting sustainability through collaboration rather than competition.</p> <p>In November 2020, NHSE/I set out proposals to develop Integrated Care Systems. The proposals draw on learning from the advanced systems, from system leaders and also identified key lessons learned during the pandemic, which are reflected in the approach going forward, including the importance of:</p> <ul style="list-style-type: none"> • Provider collaboration

- Place-based partnerships
- Consolidating the commissioning landscape
- Formal governance arrangements for ICS - move to a statutory footing
- Clinical and operational leadership
- Digital and data

The Government's white paper Integration and Innovation: working together to improve health and social care for all - February 2021

The Government's response to the consultation document has been set out in this [white paper](#) that sets out proposed reforms to health and care. Many of the measures introduced under the Health and Social Care Act 2012 are set to be abolished with a broad move away from competition towards integration and collaboration.

ICS are to be established on a statutory footing through both an NHS ICS Board and an ICS Health and Care Partnership. The ICS NHS body will be responsible for the day to day running of the ICS, NHS planning including capital planning, performance, commissioning for whole populations (CCGs will be reformed to become part of ICS) and allocated decisions.

NHS provider organisations will remain separate statutory bodies and retain their current structures and governance. They will be expected to work in close partnership with other providers and with commissioners or budget holders to improve outcomes and value as we do already in each of the places that we provide services.

A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems.

Considerable freedom and flexibilities will be provided to ICS and place-based partnerships, allowances for joint committees with delegated responsibilities at place level to support the development and delivery of joined up care that meets the needs for local populations is also emphasised.

Work is also underway through each of the ICS that we are partners in (SYB ICS developments and update are included in the SYB ICS agenda item) to develop the operating models and clarify decision making and accountability at different levels place, provider collaboratives and system as well as the financial framework, clinical leadership arrangements and workforce change framework.

The Trust is part of two advanced ICS and is also part of place-based partnerships and provider collaboratives. Key elements

	<p>set out in the white paper have been considered in detail at the December and February Strategy Board.</p> <p>There is strong alignment of the proposed NHS reforms set out in the white paper to key aspects of the Trust's strategy and strategic direction that the Trust has been working towards over the past few years. There are opportunities to accelerate some of the key developments in places and across the ICS, however, there are also key elements that will require further clarification and pose potential risks that may emerge in the context of emergent policy guidance and regulatory changes.</p> <p>We continue to work within the current place-based partnership arrangements and provider collaboratives as well as ICS to ensure that the Trust's position going forward is fully considered as part of the new operating models.</p>
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> Note the contents of the white paper and proposed changes to integrated care and update on progress through ICS.
Private session:	Not applicable.



WY&H Health and Care Partnership Board

2 March 2021

Summary report	
Item No:	08/21
Item:	Government White Paper: “<i>Integration and Innovation: Working together to improve integration and innovation for all</i>” - Implications for our partnership
Report author:	Ian Holmes, Director WY&H Health and Care Partnership
Presenter:	Ian Holmes, Director WY&H Health and Care Partnership
Executive summary	
<p>The government produced its NHS White Paper <u>“<i>Integration and Innovation: Working together to improve integration and innovation for all</i>”</u> on 11 February 2021. The White Paper sets out a range of proposals for health legislation, including how Integrated Care Systems (ICSs) will be established in statute.</p> <p>This paper provides a summary of the key proposals for Integrated Care Systems set out in the White Paper and the implications for our partnership. We recognise that much of what is being proposed through the White Paper is already a reality in West Yorkshire and Harrogate, however there will be a number of specific implications for our partnership, including the abolition of Clinical Commissioning Groups (CCGs).</p> <p>The paper then sets out the work that we are undertaking in response to the White Paper to ensure that our working arrangements remain as effective as possible beyond April 2022.</p>	
Recommendations and next steps	
<p>The WY&H Partnership Board is asked to:</p> <ul style="list-style-type: none"> • note the changes to Integrated Care Systems set out in the government White Paper; and • consider the next steps set out and confirm support for this approach. 	

Government White Paper:
“Integration and Innovation: Working together to improve integration and innovation for all” - Implications for our partnership

Purpose

1. Over recent months NHS England / NHS Improvement (NHSE/I) and the Department of Health and Social Care have published documents which set out the future direction of travel and legislative proposals for Integrated Care Systems (ICSs).
2. The purpose of this paper is to:
 - set out the key aspects of these proposed changes for ICSs, and their likely implications for our system; and
 - describe the work we are doing in response to these proposals.

Background and context

NHSE/I publication and consultation

3. NHSE/I published ‘Integrating Care: next steps to building strong and effective Integrated Care Systems’ in late November 2020. This document sets out the future direction of travel for ICSs and options for legislative changes to put ICSs on a statutory footing.
4. The direction of travel described is one that is familiar to our ways of working. There is much greater emphasis on collaboration at neighbourhood, place and system; there is a clearer role for provider collaboration in place and across systems; and there is a strong emphasis on closer partnership working between the NHS, local government and the voluntary and community sector.
5. In addition to this, the document sets out options for establishing a statutory footing for ICSs to provide greater clarity and accountability.
6. Our partnership produced a series of responses to the consultation including an overall ICS response plus responses from Joint Committee of CCGs, the acute collaborative, the mental health, learning disability and autism collaborative and the Clinical Forum. These are available on our website [here](#). Places and some individual organisations have also responded.
7. Collectively these responses clearly articulate what is important to us. Some of the unifying themes are as follows:
 - The importance of place as the primary unit of planning and collaboration. Future arrangements need to support this place focus, irrespective of organisational structure.
 - That ICSs are much broader than the NHS, and to realise their potential there needs to be effective partnership with local government, the voluntary and community sector and communities.
 - That ICSs are uniquely placed to focus collective effort on health inequalities,

- through a population health focus and integrated working at neighbourhood level. The COVID-19 pandemic has brought these inequalities into sharp focus.
- Throughout the document there is a welcome emphasis on creating flexibility and permissiveness within the arrangements to allow systems to develop arrangements that make sense locally. It will be essential that this approach survives the legislative process when there may be a greater appetite for specificity.
 - There is significant concern about the impact on staff affected by these changes, particularly during the pandemic response. Providing clarity and certainty for these staff as soon as possible should be a priority.

Integration and Innovation White Paper

8. Following this engagement and consultation exercise, government published 'Integration and Innovation: Working together to improve integration and innovation for all' on 11 February 2021. This White Paper confirmed this direction of travel and set out the intention to legislate to create statutory arrangements for ICS. Some of the important aspects of this are as follows:
9. **A statutory ICS** will be formed made up of a statutory ICS NHS body and a separate statutory ICS Health and Care Partnership, bringing together the NHS, Local Government and partners. The ICS NHS body will take on the commissioning functions of the CCGs and some of those of NHS England within its boundaries. Each ICS NHS body will have a board, which will be responsible for:
 - developing a plan to meet the health needs of the population within their defined geography;
 - developing a capital plan for the NHS providers within their health geography;
 - securing the provision of health services to meet the needs of the system population
10. ICSs will be able to **delegate significantly to place level and to provider collaboratives**. The ICS Board will, as a minimum, include a chair, the CEO, and representatives from NHS trusts, general practice and local authorities, and others determined locally including non-executives. The Board will be directly accountable for NHS spend and performance within the system, with its Chief Executive becoming the Accounting Officer for the NHS money allocated to the NHS ICS Body.
11. To support the ambition for ICSs to also address broader health outcomes (including improving population health and tackling inequalities) an **ICS Health and Care Partnership** will be made up of a wider group of organisations than the ICS NHS Body. This Partnership will develop a plan to address the health, social care and public health needs of their system. Each ICS NHS Board and Local Authority will have to have regard to this plan. Members can be drawn from a number of sources including Health and Wellbeing Boards, partner organisations with an interest in health and care (e.g. Healthwatch, voluntary and independent sector partners and social care providers), and organisations with a wider interest in local priorities. The membership and detailed functions for the ICS Health and Care Partnership will be up to local areas to decide.

12. **Place-based arrangements** between local authorities, the NHS and providers of health and care will be left to local organisations to arrange. The statutory ICS will work to support places to integrate services and improve outcomes. **Health and Wellbeing Boards** will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.
13. ICSs will be able to decide how they can align their allocation functions with place, for example through joint committees. While NHS provider organisations will remain separate statutory bodies and retain their current structures and governance, they will be expected to work in close partnership with other providers and with commissioners or budget holders to improve outcomes and value. NHS England will have an explicit power to set a financial allocation or other financial objectives at a system level. There will be a duty placed on the ICS NHS Board to meet the system financial objectives which require financial balance to be delivered. NHS providers within the ICS will retain their current organisational financial statutory duties, but this will also be supplemented by a new duty to compel them to have regard to the system financial objectives.
14. **Duty to collaborate:** A new duty will be introduced to promote collaboration across the healthcare, public health and social care system. This proposal will place a reciprocal duty to collaborate on NHS organisations and local authorities. A shared duty will require ICSs, NHS England and NHS providers of care to have regard to the ‘**Triple Aim**’ of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources.
15. **Joint Committees:** It will be made easier for organisations to work closely together through joint committees. Provisions will set out the governance of these joint committees and the decisions that could be delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, LAs or the voluntary sector.
16. **Competition and procurement:** The powers of the Competition and Markets Authority (CMA) to review mergers involving Foundation Trusts (FT) will be removed. NHS England will have a new role to ensure that decisions are always made in the best interests of patients. NHS Improvement’s specific competition functions and its general duty to prevent anti-competitive behaviour will be removed. Commissioners will be given more discretion over when to use procurement processes to arrange healthcare services. A new provider selection regime will provide a framework for NHS bodies and local authorities to follow when deciding who should provide healthcare services.
17. **Reconfigurations intervention power:** Most service changes happen locally by consent - planned reconfigurations are developed at local or regional levels by commissioners. The current system for reconfigurations works well for most service changes, and will remain in place for the majority of day-to-day transactions. New proposals broaden the scope for potential ministerial intervention in reconfigurations by allowing the Secretary of State to intervene at any point of the reconfiguration process. The Secretary of State will be required to seek appropriate advice in advance of their decision, including in relation to value for money.

18. **Social care:** Guidance will be published on how ICS Health and Care Partnerships can be used to align operating practices and culture with the legislative framework to ensure ICSs deliver for the Adult Social Care (ASC) sector. There will be a more clearly defined role for Social Care within the structure of an Integrated Care System NHS Board, which will give ASC a greater voice in NHS planning and allocation.
19. **Public health:** Measures will make it easier for the Secretary of State to direct NHS England to take on specific public health functions (complementing the enhanced general power to direct NHS England on its functions); help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for Ministers to alter certain food labelling requirements. The process for the fluoridation of water in England will be streamlined by moving responsibilities for doing so from local authorities to central government.

Implications for WY&H

20. The proposals reflect much that is already in place in WY&H. They include the primacy of place and the key role of Health and Well Being Boards and provider collaboratives. It is helpful that the White Paper places greater emphasis on the role of HWBs than the NHSE/I document did. It recognises the need for inclusive partnerships that reach beyond health and social care and focus on population health and reducing health inequalities.
21. Importantly, the proposals emphasise the importance of ICSs having the flexibility to develop their own arrangements: 'we are giving ICS NHS boards and ICS Health and Care Partnerships the flexibility to develop processes and structures which work most effectively for them'. The proposals allow systems to decide how much or how little to do at the different levels and will also allow them to vary these arrangements over time as the system matures and adapts.
22. Notwithstanding the emphasis on local flexibility, the document is almost silent on some of the key issues raised in our response to the NHSE/I consultation, including the impact of the abolition of CCGs on accountability, clinical leadership and public and patient engagement at place level. The document also says little about the disruptive impacts of the changes and the need to support our staff.
23. Our working arrangements are well developed and provide a good platform for the future. Clearly there is further development work to be undertaken in line with this direction, as well as specific work to implement organisational changes that will result – particularly if ICSs are established as statutory bodies. What is critical in this is that our values, inclusivity, relationships and positive behaviour towards one another will be essential to our future success, and we must maintain and further build on this ethos.
24. These changes represent further evolution of our partnership, rather than a change in direction. This evolution will necessarily be an iterative process over the next 12 months, as the legislative process runs its course and policy is further developed. Significant work which addresses the key issues is already underway:
 - The ICS operating model review work will look at the structure and operation of the ICS and the interaction between sectors, programmes and places –in doing so it will align with the national direction of travel.

- As the foundations of the ICS operating model, the Integrated Care Partnership (ICP) development framework will describe the essential features and working arrangements of place level ‘integrated care partnerships’ building on best practice across WY&H, designed to support place based partnership arrangements in their ongoing development. Again this work was started prior to publication of the national document – we now propose that we broaden its scope to describe in more detail the potential governance and operating models for ICPs.
 - The Finance Forum is developing proposals for a new financial framework. This will cover the flow and distribution of NHS funding, how financial accountability will work and the payments and incentives regime that can be used to support integration and improved outcomes.
 - The Clinical Forum is developing proposals for system clinical leadership arrangements at place and ICS level.
 - On workforce, the national Interim People Plan described ICSs taking on a greater leadership role on workforce planning and strategy and we understand there will be a new workforce duty in the Bill. Our People Board is leading work to set out how these arrangements will work in the future. In parallel, CCG human resources leads have been working together to develop a common human resources framework to support the organisational change process.
 - On commissioning, the commissioning futures work connects the ICS operating model, ICP development and workforce workstreams, setting the framework for future working at ICS, place and neighbourhood level. We are also beginning conversations with the NHSE/I team about future arrangements for these services, building on the work to date on specialist mental health services and the Leeds Teaching Hospitals arrangements.
25. These workstreams are six parts of the same whole which together will describe how our partnership will function from April 2022. In taking this forward there are some specific governance questions which will be addressed, such as:
- Establishing the clear governance relationship between the NHS ICS Board and the wider ICS Partnership so that accountability for NHS matters is clear, but there is no perception of a ‘two-tier’ partnership.
 - Determining how delegation and accountability will work between the places, provider collaboratives and the statutory ICS body.
 - Building an arrangement to maintain clear leadership and accountability at place level. In governance terms this is likely to be a joint committee, but agreeing arrangements for employment of staff working at place level is key.

Conclusion

26. The WY&H Partnership Board is asked to:
- note the changes to ICSs set out in the government White Paper; and
 - consider the next steps set out and confirm support for this approach.

Ian Holmes
Director, WY&H Health and Care Partnership



11 February 2021

To: Members of West Yorkshire and Harrogate Health and Care Partnership Board

Dear Colleague,

‘Integration and Innovation: working together to improve health and social care for all’ White Paper: Implications for our system

I hope you are all keeping well.

Following publication of the ‘Integration and Innovation: working together to improve health and social care for all’ White Paper (enclosed), I am writing to share with you some further information about that this means for West Yorkshire and Harrogate Health and Care Partnership and our next steps. The White Paper covers a range of issues which will affect all of our work, however for this update I am focusing on the specific implications for our governance arrangements and ways of working as an Integrated Care System (ICS). This letter follows on from those sent in late November 2020 and January 2021. As ever, please do share this update with your teams.

You will recall that NHS England / Improvement published a document for consultation in late November 2020, setting out the direction of travel for ICSs and the legislative options for putting them on a statutory footing.

Our collective responses to the consultation clearly articulated what is important to us, including the role of place as the primary unit of planning and collaboration; the power of ICSs as an equal partnership that is much broader than just the NHS; the role of providers, collaborating together to join up care and the role that ICSs will play in focusing collective effort to tackle health inequalities. All of this is built on an understanding that our staff are our biggest asset and must be supported; that citizens play a role in both their own health and the healthcare system; and that clinical leadership is crucial to future change.

The White Paper now provides further information on the preferred legislative option for ICSs, and how these arrangements will function. These proposals are of course subject to parliamentary approval. The key points I want to draw out are as follows:

- The intention is that ICSs will be established as a statutory body. This will mean that CCGs will be abolished and the majority of their functions now delivered through these new statutory bodies. The statutory ICS will also take on some of the functions currently undertaken by NHS England.
- In governance terms, the ICS will include a Health and Care Partnership Board, which will set the overall plan for the system, and an ICS NHS Board, which will take on the



commissioning functions currently carried out by CCGs and NHS England. The expectation is that the ICS will delegate many of these functions to place and/or provider collaboratives.

- Place level partnerships will continue to be central. Helpfully there will be no legislative provisions for the way that these place arrangements function. This will be for local determination. Health and wellbeing boards will continue to play role in bringing system partners together at place level.
- It will be made easier for organisations to work closely together through joint committees. Provisions will set out the governance of these joint committees and the decisions that could be delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, LAs or the voluntary sector.

In terms of what this means for us, I firstly want to acknowledge that uncertainty and anxiety that this will continue to cause for our colleagues in CCGs. Even though this change was anticipated by some I do not underestimate the impact that its confirmation will have had. CCG colleagues have made a huge contribution both before and during the COVID pandemic across our region to improve care and services. It is disappointing that there was not a clearer recognition of this in the White Paper. We have heard from NHSE/I that there will be provisions for safeguarding the employment of CCG colleagues and that there will not be a reduction in the running cost envelope – this is not a cost cutting exercise.

Now that we have had confirmation of this change I am working with the CCG Accountable Officers and wider ICS leadership to quickly move to a position where we can give CCG and other staff affected by change certainty on their future employment arrangements as soon as possible. I am absolutely clear that strong place-based arrangements will continue to be the cornerstone of our ICS, and CCG staff will have a central role within this.

More widely, the proposals set out in the white paper reflect much that is already in place in WY&H. They include the primacy of place and, in line with our feedback, the key role of both Health and Well Being Boards and provider collaboratives. There is clear recognition for the need for inclusive partnerships that reach beyond health and social care and focus on population health and reducing health inequalities.

The proposals also emphasise the importance of ICSs having the flexibility to develop their own arrangements. The proposals allow systems to decide how much or how little to do at the different levels and will also allow them to vary these arrangements over time as the system matures and adapts.

As I described in my last letter, there is significant work already underway through the ICS operating model review, the Integrated Care Partnership (ICP) development framework, work on the financial framework, system clinical leadership, workforce and how commissioning functions are discharged at the right level. The continuation of this work will ensure that we maintain the right focus for the next steps. I believe we have got much of what we asked for in this White Paper around the intended permissive and flexible legislation designed to support system working on the



issues that matter. I also believe we have the opportunity to deliver the future that works for us here in WY&H.

Finally, thank you once again for your patience and commitment at this time. I know how hard you are all working for the people we serve and I am genuinely proud of the work we are doing.

If you would like further information on any of this please do not hesitate to get in touch.

With best wishes

A handwritten signature in black ink, appearing to read 'R. Webster'.

Rob Webster CBE

CEO Lead, West Yorkshire and Harrogate Health and Care Partnership

Chief Executive of South West Yorkshire Partnership NHS Foundation Trust



Trust Board 30 March 2021 Agenda item 9.2a

Title:	Barnsley Integrated Community and Primary Care Agreement
Paper prepared by:	Director of Strategy
Purpose:	<p>The purpose of this paper is:</p> <ol style="list-style-type: none"> 1) To provide an update on the draft Integrated Community and Primary Care Agreement and 2) For the Board to receive this document to approve formally.
Mission/values/objectives:	<p>The development of joined up care through place-based plans are central to the Trust's strategy. As such, it is supportive of our mission, particularly to help people to live well in their communities. The development of operational and strategic partnerships can support the achievement of the Trust's strategic objectives – to improve health and wellbeing through an enhanced focus on prevention and early intervention; improve quality and experience through more integrated ways of working and improve the use of resources across the whole system.</p> <p>The way in which the Trust approaches strategic developments and service change must be in accordance with our values. The approach is in line with our values - being relevant today and ready for tomorrow.</p>
Any background papers/ previously considered by:	Regular updates received at Private Trust Board with respect to the development of Integrated Care and key developments in Barnsley, including the draft agreement at October 2020 Private Board.
Executive summary:	<p>The paper provides an update on the key developments in Barnsley.</p> <p>The Integrated Care Partnership continues to work together to support a joined-up response to Covid-19 and oversee system plans for recovery as well as strengthening the place-based arrangements as part of South Yorkshire and Bassetlaw ICS development. A verbal update will be provided on the most recent meeting.</p> <p>Draft Integrated Community and Primary Care Agreement</p> <p>The agreement is a framework to support the development of a shared operational leadership model as part of delivering our commitments set out in the Integrated Care community specification.</p>

	<p>The agreement supports better joined-up work between our community teams and primary care/PCN, including the delivery of primary care at scale and PCNs in neighbourhoods. This agreement sets out the approach to governance to enable the teams to come together to make decisions and a more formalised way of the teams working together.</p> <p>This has been developed in the spirit of partnership and in line with the vision set out by ICPG to develop more joined-up physical, mental and social care in neighbourhoods using all our assets. This is a building block and not the end stage. The next steps, once this is established and working, is to engage with social care partners and other partners to work through how they are engaged in the delivery model and shared leadership in line with our vision.</p> <p>Trust Board considered the draft Integrated Community and Primary Care Agreement at the October Board meeting in private. Following this, the agreement was shared with and supported by the following;</p> <ul style="list-style-type: none"> • Barnsley CCG. • Barnsley Healthcare Federation Board and members have discussed this and fully support the agreement. • The Barnsley Integrated Care Delivery Group and the Integrated Care Partnership formally support this as key building block to more joined-up care as part of the broader vision of integration in place. <p>This approach is fully aligned to the national and regional direction of travel. The agreement is not legally binding and does not replace any formal legal responsibilities that are held by SWYPFT or the Barnsley Health Care Federation.</p> <p>Risk Appetite</p> <p>Supporting the development of strategic partnerships and place-based plans that facilitate integrated joined-up care and ensure sustainability of existing services are within the Trust's risk appetite. There are risks to the Trust's services in Barnsley and there are identified controls in place. The risks and mitigations will need to be regularly reviewed and managed as the integrated partnerships and services develop to ensure that the impact upon services, clinical and financial flows are managed.</p>
Recommendation:	<p>Considering the updated information provided in this paper, the Trust Board is asked to;</p> <ul style="list-style-type: none"> • Note the update and formally receive and support the agreement. • Support the approach to continue to work with partners in developing the integrated care model.
Private session:	Not applicable.

Barnsley Integrated Care Community Partnership Agreement

DRAFT TERMS OF REFERENCE

This agreement provides a framework to strengthen, through shared leadership and governance, joint working between community services and primary care in Barnsley as a primary building block to enhancing a 'home first' approach. This work will contribute to the wider Barnsley vision for joined up, seamless care and support that includes physical and mental health and social care that is delivered in neighbourhoods drawing on and strengthening community capacity and assets. This partnership approach is a key step in supporting a 'left shift' as agreed through the Integrated Care Partnership in Barnsley.

1. Parties to the agreement

This agreement sets out the Terms of Reference for the Barnsley Integrated Care Community Services Partnership (ICCP or Partnership) that will be responsible for the delivery of integrated primary and community care in Barnsley. The key partners in this agreement include the Barnsley Community Services that are provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and the Barnsley Health Care Federation (BHF) that provide primary care services at scale and host the Barnsley Primary Care Network. Others may be members of the Partnership and not 'Party' to the agreement.

2. Scope

- 2.1. The Barnsley Integrated Care Community Services Partnership (ICCP) will be responsible for leading the development and implementation of joint work streams that enable the operational delivery of integrated primary and community care in Barnsley in line with the vision and principles set out in the Integrated Care Specification and the Primary Care Network; namely to enable greater provision of proactive, personalised, coordinated and more integrated care.
- 2.2. The scope includes phasing of service development and integration in line with the Integrated Care Specification and the development of primary care services at scale and the Primary Care Network.
- 2.3. The Barnsley ICCP will be responsible for the performance and outcomes set out in the Integrated Care Specification and the PCN integrated service requirements and BHF Integrated services, set out in Appendix 2.
- 2.4. The ICCP will jointly be responsible for ensuring that the total financial resources are managed efficiently and effectively to deliver the agreed care pathways, integrated services and agreed outcomes for the residents of Barnsley in line with the responsibilities set out in the members' organisational scheme of delegation.
- 2.5. The South West Yorkshire Partnership NHS Foundation Trust and Barnsley Healthcare Federation Standing Financial Instructions (SFIs) and Schemes of Delegation (SoD) will set out the initial governance and financial management framework and required changes will be agreed with all parties.
- 2.6. The partnership will be jointly responsible for supporting the collective workforce to deliver an integrated primary and community offer to the residents of Barnsley that makes best use of the Barnsley pound and supports workforce transformation.

3. Standing

3.1. Members shall only exercise functions and powers of a Party to the extent that they are actually permitted to ordinarily exercise such functions and powers under that Party's internal governance and as set out in the terms of reference.

4. General Responsibilities of the Barnsley Integrated Care Community Services Partnership

4.1. The general responsibilities of the Partnership are:

- (a) Providing overall operational oversight and direction to the development and delivery of the Integrated Care Specification and identified work streams and services to deliver joined up primary and community care in the six neighbourhoods and the Primary Care Network DES integrated service requirements and agreed BHF Integrated Services that are set out in Appendix 2.
- (b) Ensuring alignment of all members of the partnership to the vision and strategy that will be agreed with commissioners and the Integrated Care Partnership Board.
- (c) Reviewing the key deliverables and ensuring adherence with the required timescales.
- (d) Receiving assurance that work streams have been subject to robust quality and equality impact assessments.
- (e) Reviewing the risks associated with the performance and delivery of any of the services in scope and as set out in the Integrated Care Specification and PCN Contract in terms of the impact to wider services and pathways - recommending remedial and mitigating actions.
- (f) Receiving assurance that risks are being identified, managed and mitigated.
- (g) Promoting and encouraging commitment to the Key Principles as set out in Appendix 1.
- (h) Formulating, agreeing and implementing strategies for delivery of integrated care services in collaboration and discussion with commissioners and as agreed through partner governance arrangements.
- (i) Developing shared operational leadership teams and management structure that includes strong clinical and professional leadership which demonstrates robust clinical and corporate governance arrangements.
- (j) Enabling workforce transformation and development. Actively engaging with the Barnsley Integrated Workforce Development Group to ensure a system approach to workforce transformation and development.
- (k) Ensuring evidence-based Quality Improvement approach is used to drive improvements in service and care pathways.
- (l) Ensure that all changes are underpinned by an engagement and involvement approach that ensures the voice of service users, carers and communities continues to inform and shape improvement plans.

- (m) Agreeing the budget and financial contribution and use of resources in accordance with agreed limits and sphere of responsibility as outlined in the Standing Financial Instructions (SFIs), Scheme of Delegation and in line with agreed contractual commitments.
- (n) Developing joint proposals to improve care pathways and service redesign to improve performance and outcomes working in partnership and collaboration with others.

5. **Members of the Barnsley Integrated Care Community Services Partnership Group**

Deputy Director Community Services SWYPFT – Co-Chair reporting to Director of Operations SWYPFT

Chief Executive Officer BHF – Co-Chair reporting to Accountable Clinical Director

Director of Operations SWYPFT - Member

Accountable Clinical Director Primary Care Network - Member

Community Services Manager SWYPFT - Member

Neighbourhood Team Quality Manager SWYPFT - Member

Finance Manager SWYPFT and BHF - Member

BHF Head of Nursing - Member

Mental Health Clinical Lead SWYPFT

Neighbourhood PCN Clinical Directors – Member (appointed)

PCN Manager (in attendance)

CCG Business Delivery Manager (in attendance)

6. **Proceedings of Barnsley Integrated Care Community Services Partnership Group**

6.1. The Partnership Group will meet formally monthly.

6.2. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless 50% of all members are present with at least two members representing each organisation and one of the two Co Chairs as a minimum.

6.3. Members of all Parties will be required to declare any interests at the beginning of each meeting and a register of conflicts of interest will be maintained.

6.4. Each Partnership Member will have an equal say in discussions and will look to agree recommendations in line with the Principles set out in the Integrated Care Specification and in Appendix 1.

6.5. The group will report through their own respective organisations' as well as through the Integrated Care Delivery Group to the Integrated Care Partnership Board.

6.6. The Partnership arrangements will be supported and reviewed quarterly by the Executive Partnership Group including the following: Chief Executive Officer SWYPFT, Director of Strategy SWYPFT, Director of Finances and Resources SWYPFT, Chair and Clinical Lead Barnsley CCG and or nominated representative, Accountable Officer Barnsley CCG, Accountable Clinical Director PCN and Nominated Director Barnsley Health Care Federation.

7. **Decision making and conflict management within the Barnsley Integrated Care Community Services Partnership Group**

- 7.1. Each party will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.
- 7.2. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, ICCP Members shall seek to pay due regard to the best interests of the wider population in redesigning care pathways and services with due respect of potential impact on the wider system.
- 7.3. In respect of matters which require decisions where all Parties are affected, the Parties will seek to make such decisions on the basis of the Partnership Members reaching an agreed consensus decision in common in accordance with the Key Principles.
- 7.4. It is recognised that from time to time disagreements may occur. If such disagreements arise, it is expected the ICCP Members will work through them to determine a mutually agreeable outcome. If there is an instance where a decision cannot be agreed, this will need to be referred initially to the Director of Operations SWYPFT and Accountable Clinical Director PCN.
- 7.5. If the matter remains unresolved, then this should be escalated to the Executive Partnership Group that includes Chief Executive Officer SWYPFT, Director of Strategy SWYPFT, Director of Finances and Resources SWYPFT, Chair and Clinical Lead Barnsley CCG and or nominated representative, Accountable Clinical Director PCN and Nominated Director Barnsley Health Care Federation.

8. Attendance of third parties at Barnsley Integrated Care Community Services Partnership meetings

- 8.1. The Partnership shall be entitled to invite any person to attend but not take part in making decisions at meetings of the Barnsley ICCSP. The joint Chairs should agree this in advance of the meeting.

9. Administration for the Barnsley ICCSP Group

- 9.1. Meeting administration for the Partnership will be provided by the Barnsley community services administration team, maintaining the register of interests and the minutes of the meetings of the Partnership.
- 9.2. The agenda for the meeting will be agreed by the Barnsley ICCP Chair and Co-Chair. Papers for each meeting will be sent from the administrative office to Barnsley Partnership Members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting.
- 9.3. The minutes from the ICCP meetings will be shared with the SWYPFT Executive Management Team and the Barnsley Healthcare Federation Executive Management Team. A report will also be provided to the Barnsley Integrated Care Delivery Group and Integrated Care Partnership Board.

10. Review

- 10.1. The Barnsley Integrated Care Community Services Partnership Executive group will review these Terms of Reference at least twice yearly for approval by the Parties.

Appendix 1 Partnership Principles

Mutuality, underpinned by shared leadership, including recognising the importance of clinical leadership across the health system

Population health focused approach

Shared values and governance

Care closer to home accompanied by a shift to the left

Making the best use of the Barnsley £

Coproduction with the residents of Barnsley

Sustainability, such that no essential part of the system is de-stabilised

Appendix 2

Primary care at scale service

Integrated PCN services

- Enhance Health in Care Homes service as outlined in the PCN DES specification 20/21
- The PCN First Contact Physiotherapy Service
- PCN Personalised Care

Glossary of terms

Barnsley Integrated Care Community Partnership

ICCP	Integrated Care Community Partnership
PCN	Primary Care Network
ICDG	Integrated Care Delivery Group
ICPG	Integrated Care Partnership Group
BHF	Barnsley Health Care Federation
SFIs	Standing Financial Instructions
SoD	Schemes of Delegation

Trust Board 30 March 2021

Agenda item 9.2b

Title:	South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Update including Mental Health, Learning Disability and Autism Provider Alliance (MHLDA)
Paper prepared by:	Director of human resources, organisational development and estates and Director of strategy
Purpose:	<p>The purpose of this paper is:</p> <ul style="list-style-type: none"> To update the Trust Board on the development of the SYB ICS MHLDA Alliance. For Trust Board members to review and approve the final draft MoU.
Mission/values/objectives:	The Trust's mission to enable people to reach their potential and live well in their communities will require strong partnerships working across the different health economies. It is therefore important that the Trust plays an active role in the SYB ICS.
Any background papers/ previously considered by:	The Trust Board have received regular updates on the progress and developments in the SYB ICS including the development of the Alliance and there was a detailed discussion about the Alliance and draft MoU in January Private Board.
Executive summary:	<p><u>SYB ICS Update</u></p> <p>COVID -19 Response:</p> <p>The overall trends across all the key areas are positive although there has been slight increase in cases with the return of Schools. Barnsley is seeing a higher number which is likely due to a higher rate of testing than increased prevalence above other parts of the country.</p> <p>Planning 21/22:</p> <p>A planning event was held with the military in March and there were a number of key points of learning the ICS is looking to build into the next planning round.</p>

The ICS overall is expecting to have a surplus across the system at the end of 20/21 and the approach to 21/22 planning includes:

- Preference – Financial Settlement & associated planning asks for the first half of 21/22.
- Full year Allocations provided for system Capital expenditure, Mental Health Investment Standard, some transformation to support full year implementation.
- 7 Priorities for 21/22:
 1. Recovery of core activity
 2. Acceleration of transformation and learning from pandemic
 3. Short term transformation priorities e.g community diagnostic hubs
 4. Workforce resilience
 5. Delivery of LTP ambitions
 6. Tackling health inequalities
 7. Delivery through system

Attached is the ICS Chief Executive Report from the last Health Executive Group on the 9 March 2021.

MHLDA

The MoU is the culmination of work undertaken by the 5 providers of MH services across SYB that supports the development of a MHLDA Alliance. The work commenced prior to the NHSE/I engagement paper on Integrating Care Services published in November 2020 and prior to the Government's white paper published in February 2021. The MoU is therefore representative of the ambitions of its members at a point in time and that alignment with emerging thoughts both from the SYB ICS and from expected national guidance on the establishment of the statutory ICS boards, health and care partnerships and indeed provider collaboratives will be required.

The MoU sets out: the purpose of the MoU, our ambitions, our proposed governance arrangements and our alliance journey (including the next step issues that require addressing through our development phase).

Risk Appetite

This update supports the risk appetite identified in the Trust's organisational risk register and will need to be kept in view as the Alliance develops, new risks may emerge.

Recommendation:	Trust Board is asked to: <ul style="list-style-type: none"> • Note the SYB ICS update. • Agree to the establishment of a MHLDA Alliance of the five providers that will operate under the attached MoU. • Review and note that the MoU is not legally binding and does not replace any of the statutory duties that Boards currently hold. • Support the three phases of the development as set out in the MoU Annex 1, noting the phases need to align with the white paper timelines. • Support the establishment of a Board, made up of the provider organisations, to in the first instance provide oversight of the three Provider Collaborative enterprises. • Agree to be a formal signatory to the MoU.
Private session:	Not applicable.



Chief Executive Report

Health Executive Group

9 March 2021

Author(s)	Andrew Cash		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the ICS Five Year Plan (please tick)			
Developing a population health system <input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management <input checked="" type="checkbox"/> Getting the best start in life <input checked="" type="checkbox"/> Better care for major health conditions <input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources		Strengthening our foundations <input checked="" type="checkbox"/> Working with patients and the public <input checked="" type="checkbox"/> Empowering our workforce <input checked="" type="checkbox"/> Digitally enabling our system <input checked="" type="checkbox"/> Innovation and improvement	
Building a sustainable health and care system <input checked="" type="checkbox"/> Delivering a new service model <input checked="" type="checkbox"/> Transforming care <input checked="" type="checkbox"/> Making the best use of resources		Broadening and strengthening our partnerships to increase our opportunity <input checked="" type="checkbox"/> Partnership with the Sheffield City Region <input checked="" type="checkbox"/> Anchor institutions and wider contributions <input checked="" type="checkbox"/> Partnership with the voluntary sector <input checked="" type="checkbox"/> Commitment to work together	
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care			

System provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of February 2021.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Chief Executive Report
SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM

Health Executive Group

9th March 2021

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of February 2021.

2. Summary update for activity during February

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

South Yorkshire and Bassetlaw (SYB) continues to experience a downward trend in COVID-19 infections across the five places in common with the wider North East and Yorkshire region where the rolling seven-day rate of positive cases is 150 per 100,000 population.

Sheffield currently has a reduction in positive COVID-19 cases (now below 100 per 100,000 population) compared with the rest of SYB, with Barnsley and Doncaster experiencing a similar steady decrease also. Whilst there are slightly higher rates in Bassetlaw and Rotherham, the overall picture is one that is showing a gradual decline in community infections, and an overall feeling of optimism that SYB has passed the peak of the third wave.

The number of hospital admissions is falling faster than the number of new cases, with the fall in hospitalisations also faster among the age groups already vaccinated (compared with those in younger age groups yet to get a jab). This steady decline in admissions, particular among the COVID-19 vaccination priority groups (1-4), has the added positive effect on reducing hospital bed occupancy rates - much improved since early October 2020.

Data from the Office for National Statistics shows that Covid-related deaths across Yorkshire and the Humber are around 320 per week (as per the latest report) with the trend steadily decreasing.

Whilst there are small increases in the infection rate among individuals of a working age (16 – 64), and particularly within younger age groups, we are not seeing any stacking (incidental passing of the virus to older generations in their family or household who are more likely to develop serious illness).

Similarly, as a result of the good weather at the end of February, mobility data shows that more people were leaving the house for walking which saw a steady increase in park use and workplace visitations. Data and reports also suggest that people are still very much abiding by the rules.

In summary, the news is encouraging and means that we are starting to see the parallel impact of SYB's vaccination programme and lockdown restrictions curtailing the spread of COVID-19.

2.1.1 SYB Vaccination Programme

We are now more than 12 weeks into the vaccination programme with over 20 million people in the UK having now received their first dose of a COVID-19 vaccine. In SYB, over 415,000 have now received their vaccination as of 2nd March.

To support the national target, SYB Vaccination Programme Steering Group met last week to discuss modelling and supply lines and we remain on-track to meet our 18 April target to vaccinate JCVI priority groups 5-9.

2.1.2 Additional funding to tackle vaccine inequalities

An additional 100k funding been awarded to SYB to support the improved vaccine uptake among Black Asian and Minority Ethnic (BAME) groups. It is part of the national pot of £4.2 million pounds being made available to deliver the COVID-19 vaccine deployment programme. This NHS funding complements the £1.4m awarded to councils and voluntary organisations in the five SYB places in February to support those most at risk from COVID-19 and boost vaccine take up.

The funding will help to deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don't already exist and will also support areas to tackle misinformation and encourage vaccination take-up.

These developments to help reduce vaccine inequality were further boosted by the addition of individuals on the GP learning disability register now being fast-tracked for a COVID-19 vaccination in England (as part of Group 6), equating to an additional 150,000 people, supporting some of our most vulnerable groups across SYB.

2.1.3 National Vaccination Programme

To further support the national roll-out, NHS England and NHS Improvement (NHS E/I) issued a letter setting out the key priorities and actions for immediate review.

The letter pays particular focus in the areas of ensuring maximum reach/uptake across Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts, including second dose planning and delivery preparations for vaccination when supplies increase. There are also new recommendations around how to boost vaccination uptake from within social care staff groups.

At this point, two million more invites will sent to people aged 60 to 63 years-old with Primary Care Networks continuing to invite their patients (of all ages) who are particularly at risk due to a health condition/or living with a learning disability.

This follows the news of sixteen frontline charities (including The British Heart Foundation, Macmillan Cancer Support and Mencap) joining up to form a new partnership to encourage those with long-term health conditions and their carers to get the COVID-19 vaccine.

2.2 Regional update

The North East and Humber Regional ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss the ongoing COVID-19 incident, planning that is taking place to manage the pandemic and where support should be focused. Discussions during February focused on recovery and military supported planning, ICS development, the COVID-19 response and vaccination programme.

2.3 National update

On February 11th 2021, the same day the Department for Health and Social Care published its White Paper Integration and Innovation: working together to improve health and social care for all,

NHS England and NHS Improvement (NHS E/I) set out its response to its earlier engagement on Integrating Care: Next Steps and its recommendations to government.

The document, [Legislating for Integrated Care Systems: five recommendations to Government and Parliament](#), makes recommendations to Government on the question of how to legislate to place Integrated Care Systems (ICSs) on a statutory footing, having gathered the views of the NHS, local government and wider stakeholders. The recommendations built on the successful integration, collaboration and partnership efforts of ICSs to date. The recommendations are:

- **Legislative recommendation 1:** The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.
- **Legislative recommendation 2:** ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place based arrangements.
- **Legislative recommendation 3:** ICSs should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency.
- **Legislative recommendation 4:** There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well.

The composition of the board of the NHS ICS body must be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance.

Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I should approve all ICS constitutions in line with national statutory guidance.

- **Legislative recommendation 5:** Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer of delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.

2.4 Department for Health and Social Care white paper Integration and Innovation: working together to improve health and social care for all

On February 11th 2021, the Department for Health and Social Care published its White Paper [Integration and Innovation: working together to improve health and social care for all](#).

As anticipated, the White Paper proposals follow the journey of integrating care in neighbourhoods, places and across the system that we have been on across SYB for many years and is designed to support us by removing many of the obstacles that stand in our way on a daily basis. It builds on the ambitions of the Long-Term Plan to tackle health inequalities through a whole population health approach, to plan for improvements in health and health care at system level and to work in partnerships at place and in provider collaboratives. This will allow us to join up care and to ensure that no matter where people live, they have the same opportunity to access services and the opportunity to level up health outcomes across the system.

ICSs will be established, to include an NHS body and a Health and Care Partnership

The NHS body will be:

- Responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body
- As a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions
- Responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population.

The Health and Care Partnership will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions.

SYB health and care partners have agreed a framework for taking forward the proposals and this is set around the four key building blocks of an ICS:

- Place Partnerships
- Provider collaboratives
- Future commissioning and how the nature of commissioning will change
- ICS operating model

In addition, there are two enabling work streams:

- HR and people transition
- ICS Financial framework

An ICS Development Steering Group, made up of partners from across the ICS, has been formed to oversee all workstreams and it is working on a Compact for the Health and Care Partnership to support the direction of travel in the 2021/22 transition years and until the Bill is enacted. The Compact is based around the SYB quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers, reduction in health inequalities. The HCP roles, responsibilities and terms of reference are also being developed as part of the work.

In the coming weeks, we expect to conclude the governance arrangements for the transition year and capture the outputs from the wider workstreams. This will include a review of the existing meeting arrangements to streamline them where possible.

At the same time, we are embarking on a collective approach to the transition with staff working in CCGs, the ICS PMO and NHS E/I. All four ICSs in the North are taking a consistent approach with agreed HR principles that build on the FAQs that came out with the white paper. These are minimum disruption, smooth transition, reducing anxiety, employment commitment and “one workforce”, while recognising the importance of place and place teams.

National HR principles to guide the transition and further guidance after the second reading of the Bill are expected in due course. In the meantime, the HR transition is being supported by Christine Joy, ICS Change and HR/OD Programme Lead from the national HR and OD team. Christine is working closely with the ICS to develop an inclusive engagement approach with staff to minimise uncertainty and enable us to work together to co-create the new SYB ICS NHS Body.

2.5 Government roadmap for England

The release of the Government's four-step roadmap on February 22nd outlined the plan for the coming months. [The plan](#) will be punctuated by five-week intervals to assess the impact at every phase, with 'data not dates' being used to guide and steer the decision-making process on future relaxations. It will be assessed against the data performance in four key areas:

1. Vaccine deployment - the programme continuing successfully.
2. Variants of Concern - the assessment of the risks is not fundamentally changed by new strains.
3. Hospitalisations and deaths in those vaccinated - evidence showing vaccines are sufficiently effective in reducing both numbers.
4. Surge in hospitalisations causing high concern - infection rates do not translate into unmanageable spikes in new cases that would put unsustainable pressure on the NHS.

Benchmarking against these measures will be vital and will take place over four-week intervals, allowing public health teams to safely evaluate effectiveness of each new phase. If the data at these check-points show a worsening position or public health concern, the dates and timelines may be altered accordingly. If each of the criteria is met, this will trigger a seven-day notice to proceed with the next step of relaxations.

2.6 What Matters to You

World Cancer Day took place on Thursday 4 February and as part of the commitment to providing high quality, personalised care for patients who experience cancer, the South Yorkshire and Bassetlaw Cancer Alliance has launched an important new initiative to help shift the focus of health and care professionals from, "What is the matter with you" to "What matters to you?"

Every person is different. As is their journey and experience of cancer. In partnership with Voluntary Action Rotherham (VAR) the What Matters To You initiative provides an online learning platform for any health and care professional in contact with people with a cancer diagnosis to become a Certified Care Professional.

Launching primarily within the voluntary and community sector, we hope that the What Matters To You certification becomes synonymous with quality personalised care which can be recognised by both professionals and patients throughout South Yorkshire and Bassetlaw.

2.7 QUIT Programme

The funding agreement with Yorkshire Cancer Research has now been signed which will secure £1.8m to support the delivery of the QUIT Programme. This will fund the appointment of 45 whole time equivalent specialist Tobacco Treatment Advisors (TTAs) who will help deliver QUIT across SYB NHS Trusts in the Programme.

The first Trusts (Barnsley Hospital NHS Foundation Trust and the Rotherham, Doncaster and South Humber NHS Foundation Trust) are now recruiting and the first TTAs will be in post by May 1, 2021. They will be supported by the Trust Healthy Hospital Programme Managers and Health Improvement Managers.

The QUIT Programme recognises that smoking is an addiction, a preventable illness that can and should be treated - NOT a lifestyle choice. It will ensure that treatment for tobacco dependency is built into the routine care offered to every patient attending any hospital in South Yorkshire and Bassetlaw. Support and treatment will also be available for Trust staff who wish to quit and for parents of paediatric patients.

A wide range of training and treatment resources have been put together and will be accessible through a dedicated QUIT website that will go live at the beginning of April.

Nearly 200,000 people smoke in South Yorkshire and Bassetlaw. More than half of those people will die prematurely from smoking-related illness, losing on average 10 years of life. Decreasing the prevalence of smoking is a key Long Term Plan ambition for South Yorkshire and Bassetlaw Integrated Care System and a major strand to our developing health inequalities plan.

The QUIT Programme is based on evidence from Ottawa, Canada, and if it proves as successful in South Yorkshire and Bassetlaw, we have the potential to save 2,000 lives and up to 4,000 hospital readmissions in a year.

2.8 Voluntary, Community and Social Enterprise SRO Update

In recent months, the ICS strengthened and embedded partnership working with the VCSE within the SYB system with the formation of the South Yorkshire and Bassetlaw Voluntary Community and Social Enterprise (VCSE) Leaders Group and the appointment of Catherine Burn as ICS VCSE Senior Responsible Officer (SRO).

Catherine, who is both Director at Bassetlaw Community and Voluntary Services (BCVS) and Chair of the Bassetlaw Place Partnership, is stepping down from her role at BCVS at the end of March 2021 to take up a new appointment in Cumbria. Catherine has been on the integrated care journey with SYB from the very beginning when we started life as a Sustainability and Transformation Partnership in 2016, through to becoming an Integrated Care System in October 2018. Throughout the last five years she has provided VCSE leadership and been instrumental in establishing strategic partnerships with the voluntary sector. We have been extremely fortunate to have such an experienced and talented VCSE leader in our system and we wish Catherine all the very best in her new role.

The VCSE Leaders Group will now discuss and agree which of its members will take on the VCSE SRO role and put forward their recommendation to the HEG in due course.

2.9 SYB Reporting Radiographer Academy

Twelve new trainee radiographers started their training at the SYB Reporting Radiographer Academy in January 2021. There have been many challenges to getting the Academy started this year and it is credit to the team that the trainees are now well underway with the programme. When fully trained, the radiographers will go on to provide crucial extra support for image reporting across South Yorkshire and Bassetlaw.

3. Finance update

The financial position at Month 10 forecasts a surplus of £42.7m which is £6.6m better than the Month 9 forecast and £46.6m better than the planned deficit of £3.9m. Forecast capital slippage against plan is £21m. This will allow the system to meet its two key financial targets for the year.

The planning round for 21/22 has been deferred and the financial framework that has been in place for months 7/12 20/21 will be rolled forward to Q1 and possibly to Q2. No decision has yet been taken on the financial framework for the remainder of the financial year. System capital envelopes are due out shortly with an indicative timetable of mid-April for submission of system capital plans.

Andrew Cash

System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 4 March 2021

South Yorkshire & Bassetlaw Mental Health, Learning Disabilities and Autism Alliance

Memorandum of Understanding


Nottinghamshire Healthcare
NHS Foundation Trust


**Rotherham Doncaster
and South Humber**
NHS Foundation Trust


Sheffield Children's
NHS Foundation Trust


**Sheffield Health and
Social Care**
NHS Foundation Trust


**South West
Yorkshire Partnership**
NHS Foundation Trust

1. Nottinghamshire Healthcare NHS Foundation Trust
2. Rotherham, Doncaster and South Humber NHS Foundation Trust
3. Sheffield Children's Hospital NHS Foundation Trust
4. Sheffield Health and Social Care NHS Foundation Trust
5. South West Yorkshire Partnership NHS Foundation Trust

February 2021

DOCUMENT CONTROL

Title	Memorandum of Understanding for South Yorkshire and Bassetlaw Mental Health, Learning Disabilities and Autism Alliance		
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1. THE MEMORANDUM OF UNDERSTANDING (MoU)

1.1 Introduction

In January 2020, the Chief Executives of the Mental Health Providers serving the South Yorkshire and Bassetlaw (SYB) population, met and agreed to develop a formal Provider Alliance. This work was delayed, due to the response required for Covid-19, however, the experience locally enabled further partnership working and strengthened the case for a Mental Health, Learning Disabilities and Autism (MHLDA) Provider Alliance.

This partnership approach is in line with the NHSE paper, 'Integrating Care' published November 2020, which recognises co-ordination between providers at scale can support,

- higher quality and more sustainable services;
- reduction of unwarranted variation in clinical practice and outcomes;
- reduction of health inequalities, with fair and equal access across sites;
- better workforce planning; and
- more effective use of resources, including clinical support and corporate services

The SYB MHLDA Providers would now like to further develop their partnership working arrangements in line with national policy and formalise this with the formation of a SYB MHLDA Provider Alliance (referred to as Provider Collaboratives in the NHSE/I paper Integrating Care). This MoU pertains to the initial phase of the development of the MHLDA Provider Alliance.

1.2 The purpose of the MoU

All parties to this document (the SYB MHLDA Alliance partners) have agreed to work together for the benefit of the residents of SYB; to deliver the best experience of mental health, learning disabilities and autism services and outcomes possible, within the available resources. Through this document, partners have made a commitment to working as an Alliance. The aim is for the Parties to organise themselves around the needs of the population rather than planning at an individual organisational level so as to deliver more integrated, high quality, cost effective care for service users and the people of SYB.

The purpose of this Memorandum is to formalise and build on the good working relationships and partnership arrangement in place. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure there is collective ownership of delivery. It also

provides the basis for a refreshed relationship with the SYB Integrated Care System (ICS) national oversight bodies.

The Memorandum is not a legal contract. It is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it.

The MOU does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

This MoU serves as a record of the basis on which all Parties will collaborate to form an Alliance. Some change in arrangements will be warranted in future phases (which may be related to principles set out by national legislation) and this will likely necessitate the creation of a new or updated MoU to reflect these arrangements.

This document sets out:

- The Partners' commitment to collectively develop the Alliance's strategy, priorities and objectives
- Shared principles and expectations on how to collaborate
- A development journey for the next two years
- Expectations and commitment to the next steps in the development process

This MoU covers the development phase and will be reviewed and revised as needed at the end of this phase.

1.3 The parties to the MoU

The parties (Partners) to the agreement are:

- Nottinghamshire Healthcare NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust

Additional delivery partners at Place and System level may become party to this MoU in the future. For the purposes of this MoU, the Alliance only pertains to the above five organisations.

1.4 The partnership approach

This MoU focuses on our shared commitment to achieving common goals, through the joint design and transformation of services. The arrangements described in this Memorandum describe how we organise ourselves, to provide the best mental health, learning disabilities and autism services, ensuring that decisions are always taken in the interest of the service users and populations we serve.

Where possible, all parties agree to act in good faith to support the aims, priorities and objectives of this MoU for the benefit of all SYB service users and citizens, subject to their specific legal/ statutory obligations and constraints.

The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of the service users to do so.

The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard.

All parties agree that the present MoU is not legally binding.

The approach to collaboration includes:

- The Partners will work on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future
- Reduce variation in quality by building on best practice and developing standard operating procedures and pathways to achieve better outcomes for people in SYB
- Take a collaborative approach to the delivery of mental health services via clinical pathways and networked services (rather than individual place/provider led developments)
- Delivering economies of scale in mental health service support functions
- Build constructive relationships with communities, groups, organisations and the third sector to ensure there are lines of communication and ways of engaging on issues which have an impact on people's health and wellbeing
- Ensure there is appropriate engagement with the public and non-executive bodies on those matters which need to be communicated more widely

1.5 Term

This Memorandum shall commence on the date of signature of the partners.

In light of the NHSE consultation paper, 'Integrating Care' (released 24 November 2020) this MOU will be subject to a review in 6 months or by Autumn 2021 by the Alliance Board to ensure it remains consistent with the evolving requirements as set out by legislation and national policy, and for the SYB Integrated Care System.

A Party (Partner) to this MoU can choose to leave the Alliance and terminate the agreement which would come into effect after providing the other Partners 6 months written notice.

2 OUR AMBITION AND HOW WE WORK TOGETHER

2.1 Our Shared Challenges

Across the SYB MHLDA Providers there is a recognition there are significant challenges. These include:

- Health inequalities
- Unwarranted clinical variation in clinical practice and outcomes
- Long waiting lists and access to care, in particular for services for children and young people
- Scope for improved quality of care
- Scope to scale and improve specialised services
- Growing demand for Mental Health, Learning Disabilities and Autism services
- Workforce resilience
- Advancing the MHLDA agenda at a system level

All partners have agreed collectively that there is merit in a unified approach to tackle these challenges. The starting point is a shared vision, objectives and priorities and a set of principles that shape the way we work together based on the principle of subsidiarity and primacy of place.

2.2 Our Shared Vision

The proposed vision statement articulates the ambitions of the SYB MHLDA Alliance.

"A partnership driven by the commitment to improve the health and care outcomes and experience of care for the population and service users, families and carers of mental health, learning disabilities and autism services in South Yorkshire and Bassetlaw."

The above vision will be developed further as the partners progress the development of the Alliance and the related communication strategy.

2.3 Our Shared Mission

The proposed mission conveys the Alliance's statement of intent.

"Improving People's Mental Health and Wellbeing"

The above mission will be reviewed as the partners progress the development of the Alliance and the related communication strategy.

2.4 Our Shared Principles

These principles will guide our behaviours, ethos and Alliance culture.

- We will collectively use our resources and expertise to improve experience and outcomes for all
- We will co-produce with people
- We will always demonstrate mutual respect, trust, open transparent communication, and will act with integrity
- We will share responsibility, accountability, risk and reward
- We will be clinically driven and ensure services are locally owned
- We will reduce health inequalities and deliver inclusive care and support
- We will collectively support and develop our people

The principles will be reviewed and refreshed based on the evolving needs of the Alliance.

2.5 Our Shared Objectives

Our common challenges and commitment to serve the people of SYB translates into a number of objectives which will inform our strategic plans. These key goals are described below.

- Collaborate with members to deliver sustainable services and improved care for service users, carers and families
- Ensure that all member Trusts are driven to make decisions which lead to tangible benefit for the service users, families and carers
- Secure investment to deliver improved and innovative services for the population of SYB
- Take a population health management approach to target and improve outcomes
- Deploy resources and make decisions to reduce health inequalities, and unwarranted variation

- Commit to promoting inclusivity and creating services which improve access and quality of care to all members of our community
- Build a sustainable workforce by advancing opportunities to share and strengthen capabilities and capacity
- Apply a data driven approach to decision making and to identify high value and need based opportunities and priorities
- Provide a strong, unified and representative voice to champion and advance health and care outcomes for MHLDA and all ages within the SYB local (ICP) and system (ICS)
- Develop a clinical strategy to collectively improve the experience of care and tangible impact of MHLDA services in SYB

The objectives will be used to guide strategic direction, Alliance priorities and operational plans. As the Alliance matures, these will be reviewed and updated.

2.6 Leadership in the Alliance

• Alliance working: Commitments

Through the arrangements in this MoU, all Partners collectively signal their ambition and commitment to work collectively to achieve the objectives of the Alliance.

• Alliance working: Practical Implications

The commitment summarised above has practical implications on how the Alliance will develop an Alliance Board and subsequent Alliance delivery and operational groups and how these will function and interact with Partner organisations. These include:

- All members of the Alliance governance structure are expected to champion the vision, aims, principles and objectives of the Alliance
- All members are expected to be representatives of their organisation to the Alliance and representatives of the Alliance to their organisation in equal measure. This will require ongoing engagement with members, service users, carers and the general public
- All members are expected to be completely transparent in communications, irrespective of organisational type or focus. Full transparency is expected between all partners
- All members are expected to work collaboratively to find solutions which best support the delivery of the Alliance's vision

The mechanism of how the leadership of the SYB Provider Alliance will operate is described further in the governance and related Terms of References.

3 THE ALLIANCE JOURNEY

Developing a fully functioning Alliance will be multi-stage process.

This MoU signals the Partner's commitment to initiate the Development Phase of the SYB MHLDA Provider Alliance.

Each stage will see progressively closer working between partner organisations. This will be supported by appropriate governance arrangements and programme/project management processes.

Development Phase/Current State: This initial stage will focus on creating the infrastructure to support the further development of the Alliance and identifying and delivering the immediate priorities for the SYB system.

Shadow Phase: As the development proceeds, the focus will gradually shift to delivering in scope services collectively under shadow arrangements and within the existing organisational frameworks.

Operational Phase: Finally, the Alliance will become collectively accountable for population health and wellbeing outcomes for the in-scope services specified, with commissioning and provider responsibilities fully functioning as part of the Alliance framework.

The development of the Shadow and Operational Phase will be supported by legislative changes expected to be announced in 20/21.

The arrangements outlined in the current document cover the SYB MHLDA Alliance for the **Development Phase**. Partners have made a commitment to reviewing the terms of this document:

- Subject to requests from any partners at any time
- Between phases (Development, Shadow, Operational) as part of a gateway process
- Within six months or Autumn 2021 based on national policy changes

This phased approach with the key work-streams and functions are described in **Annex 1**.

4 GOVERNANCE

The Alliance does not replace or override the authority of the Trust Boards and related governing bodies. Each of them remains sovereign. The Alliance will remain accountable to the individual Trust Boards.

The SYB MHLDA Alliance provides a mechanism for collaborative action and common decision-making for issues which are best tackled on a wider scale and will tangibly benefit the service users, families and carers of SYB.

A schematic of our governance and accountability relationships is provided in **Annex 2**. A summary of the purpose of the Alliance Board, the Alliance Delivery Group, the Alliance Advisory Network and the Alliance Provider Hub, are below. The related Terms of References will be detailed in supplementary documents.

4.1 Alliance Board (Committee in Common)

Consisting of the five Trust Chief Executive Officers and Chairs, this Board provides the Alliance's formal leadership, strategic direction, oversight of business and serves as a forum to make decisions together in line with the shared vision, mission and principles.

In this first phase (**The Development Phase**) of the Alliance, the Alliance Board will function as a collaborative forum.

In the second phase (**The Shadow Phase**) the scope of shared accountability will be defined and transitioned to the Board and it will function as a Shadow Committee in Common.

In the final phase (**The Operational Phase**) the Alliance Board has delegated authority and is accountable for delivery of population health and wellbeing outcomes for the services in scope and will be functioning as a Committee in Common.

4.2 Alliance Delivery Group

A group which brings together clinical, operational & programme management expertise from the different Partners to develop and enable delivery of the Alliance's priorities, strategy and plan.

4.3 Alliance Advisory Network

A network to advance sharing of best practice, learning and innovation, and partnership culture across the Alliance to influence the planning and delivery of services across SYB. This can include leveraging current clinical advisory forums and harnessing placed based and patient forums including Healthwatch.

4.4 Alliance Provider Hub

A shared/Alliance hosted set of resources & capabilities to enable delivery which can include expertise on commissioning, case management, contracting, business intelligence, finance, quality and safety assurance, communication, and project

management. These resources will be flexed across the system based on priorities and needs. Developing this hub and the arrangements of hosting these shared resources will be a key part of the remit of the Alliance Board within the Development Phase of the Alliance.

For the purpose of this MoU it is agreed that <<TBC>> will be the host organisation for the Alliance.

5 FINANCIAL FRAMEWORK

The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability. Establishing the financial governance, risk sharing, oversight and leadership will be undertaken as a core part of the **Development Phase** of forming the Alliance once the Partners have agreed to this MoU and the commitment to move forward as a SYB MHLDA Alliance.

6 DECISION-MAKING AND RESOLVING DISAGREEMENTS

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

6.1 Collective Decisions

Decisions made by the Alliance will impact Place and System level services and outcomes in SYB. Accordingly, there will be three levels of decision making:

- Decisions made by individual organisations - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- Decisions delegated to collaborative forums - some partners have delegated specific decisions to a collaborative forum, for example other Alliances, Collaboratives and Partnerships. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Committees and not this Memorandum.
- Whole Alliance decisions - the Partners will make decisions on a range of matters in the Alliance which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum. Collaborative decisions on Alliance matters will be considered by the Alliance Board. The Alliance Board has no formal powers delegated by any Partner. However, it will increasingly take on more

responsibility for co-ordinating decisions related to the aims and plans as set out by the Alliance.

As part of the Development Phase, the Partners will evolve the model of collective decision making ensuring there is a streamlined and coordinated process for decision making and accountability between the Alliance Board and the individual Partner Trust Boards.

6.2 Dispute Resolution

Partners will attempt to resolve in good faith any dispute between them in respect of Alliance Board (or other Partnership-related) decisions, in line with the Principles, Values and Objectives set out in this Memorandum.

As decisions made by the Alliance do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Objectives and come to a mutual agreement.

The dispute resolution process will evolve based on the governance and accountability framework put in place by the Alliance during the Development Phase. For the basis of this Memorandum, the key stages of the dispute resolution process are,

- i. The Alliance Board will seek to resolve the dispute to the mutual satisfaction of each of the affected parties and by applying the Principles and Values of this Memorandum, taking account of the Objectives of the Alliance
- ii. If the parties do not accept the Alliance Board decision, or the Board cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by the Board. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum
- iii. In the unlikely event that the independent facilitator cannot help resolve the dispute, the Alliance Board will propose the majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision. During the Development Phase each partner can choose to agree with the Alliance Board decision

As the Alliance matures and has responsibilities and accountability for services devolved to the Alliance Board, the dispute resolution process will be reviewed and updated.

7 VARIATIONS

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

8 ADDITIONAL PARTNERS

If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Alliance. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

9 CHARGES AND LIABILITIES

Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

By separate agreement, the Partners may agree to share specific costs and expenses (or equivalent) arising in respect of the Alliance between them in accordance with a "Contributions Schedule" to be developed by the Alliance and approved by the Alliance Board.

Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

10 INFORMATION SHARING

The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions based on what is in the best interest for the service users in SYB.

11 CONFIDENTIAL INFORMATION

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

Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose.

No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Alliance or to inform any competitive bid without the express written permission of the disclosing Partner.

To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

The Partners agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

12 SIGNATURES

This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

The expression "counterpart" shall include any executed copy of this Memorandum scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.

<i>(Name)</i>	<i>(Title)</i>	<i>(Organisation)</i>	<i>(Signature & date)</i>

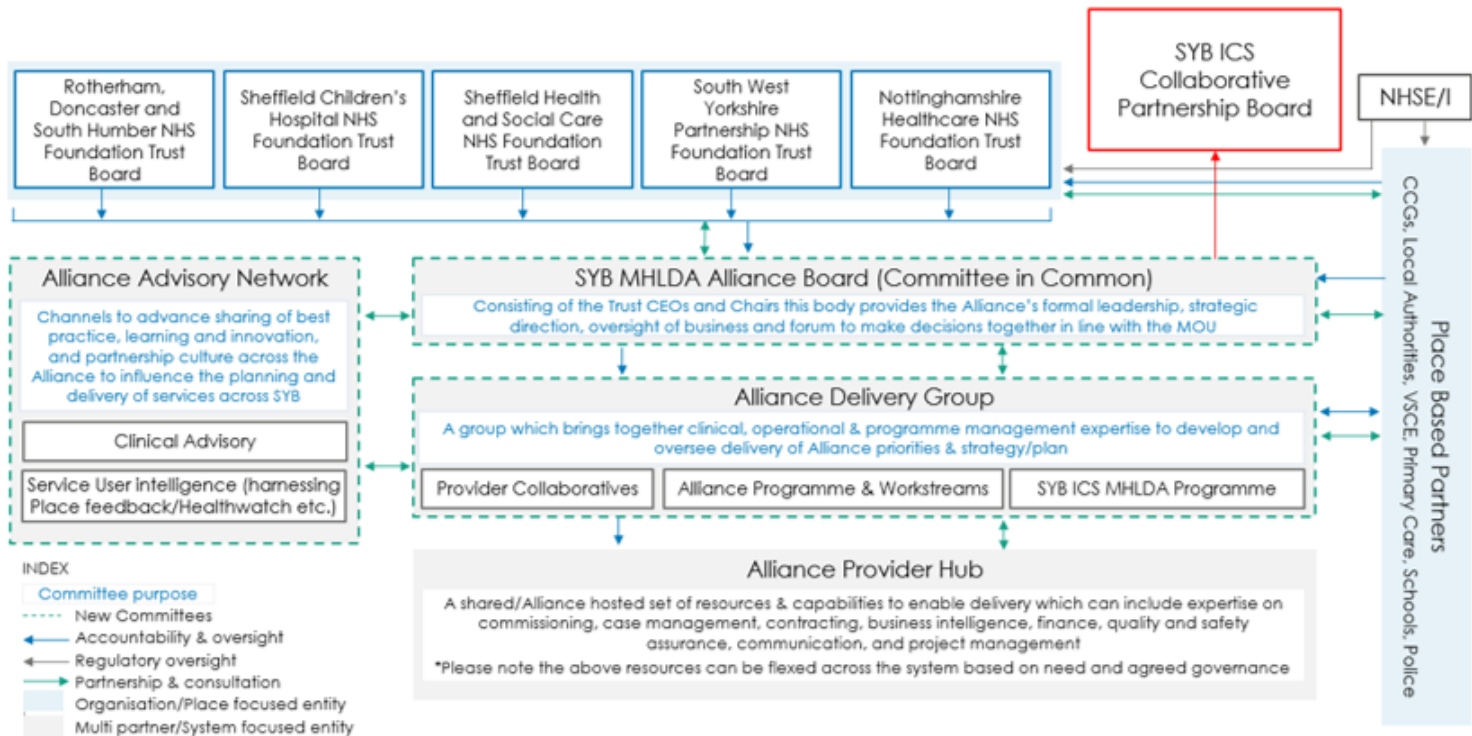
ANNEX 1

The plan below outlines the phases of forming an Alliance and the related key functions. This MOU pertains to the development phase of the SYB MHLDA Alliance. Included is a suggested timeline based on national policy recommendations.

	Phase I 'Development / Storming'	Phase II 'Shadow / Forming'	Phase III 'Fully Operational / Norming'
	Jan- March 2021	2021-22	April 2022 and beyond
Key Workstreams	<i>Building trust and cementing effective partnership working in the Alliance</i>	<i>Working together to deliver agreed priorities within existing organisational frameworks</i>	<i>Fully functional Alliance with a foundation to refine the commissioning and provider arms as the model matures & legislation changes</i>
Governance	Establishment of Alliance Board MoU and principles agreed	Delegated authority for the development and transition to new arrangements Review all governance arrangements & prepare transition plan in readiness for April 2022	Alliance Board becomes fully accountable for delivery of population health and wellbeing outcomes
Transformation of Services	Agree scope of Alliance Analysis and opportunity assessment Agree and align system priorities	Design, development, and initial implementation of new & improved service delivery models	Full implementation of new models of care within Alliance
Transferring Commissioning Responsibilities	Define the commissioning capabilities, functions and resources based on agreed priorities and Alliance plan	Work with the ICS to establish strategic commissioner Define approach to specialised commissioning	Transfer of commissioning responsibilities to the Alliance
Population Outcomes and Management	Define Alliance population and segments Agree high level health and wellbeing outcomes	Development of detailed outcomes framework Baseline and measure	Delivery of outcomes linked to incentives Innovate to improve outcomes and reduce per capita £
Commercial Considerations	Financial transparency Baseline budget for in scope services	Develop shadow budget Agree risk, reward (& re-investment) mechanisms Identify need for investment cases	New contractual agreement Delivery funded via 'block' budget
Enablers	Communication & Engagement Strategy, Alliance PMO & Resource, Workforce, Digital, Finance, Leadership Capacity		

ANNEX 2

The schematic below describes the proposed governance arrangements for the Alliance to begin the Development Phase and evolve as required.



Trust Board 30 March 2021 Agenda item 9.3

Title:	West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships Update
Paper prepared by:	Director of Strategy & Director of Provider Development
Purpose:	<p>The purpose of this paper is to provide the Trust Board with:</p> <ol style="list-style-type: none"> 1. An update on key developments within West Yorkshire and Harrogate Health and Care Partnership (WYH HCP), including response to Covid-19 and transformation priorities. 2. Local Integrated Care Partnership developments in Calderdale, Wakefield and Kirklees.
Mission/values:	<p>The development of joined-up care and response to Covid-19 through place-based arrangements is central to the Trust's delivery of responsive services and support in places at this time. As such, it is supportive of our mission, particularly to help people to live well in their communities.</p> <p>The way in which the Trust approaches strategic and operational developments must be in accordance with our values. The approach is in line with our values - being relevant today and ready for tomorrow.</p>
Any background papers/ previously considered by:	Strategic discussions and updates on place-based plans and developments have taken place regularly at Trust Board, including an update to January Trust Board.
Executive summary:	<p>The Trust's strategy outlines the importance of the Trust's role in each place it provides services, including the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP). The Trust has continued to work as a member of the partnership.</p> <p>WYH Covid-19 response and Vaccination programme</p> <p>The partnership has continued to deliver a joined-up response to Covid-19 and the delivery of the vaccination programme across the region and in each of the places that make up the partnership. The partnership is also supporting the development of recovery and reset priorities in each sector and across places.</p> <p>Integrated Care Systems – Next Steps</p> <p>The NHSE/I proposal for Integrated Care Systems and the Government's white paper were considered and discussed in detail at the Trust Strategy Board in December 2020 and February 2021. Details of the white paper and briefing paper from the West Yorkshire</p>

	<p>and Harrogate Integrated Care System is provided as an update for board members. An update on developments in both Integrated Care Systems that we are partners in will also be provided at the meeting.</p> <p>WYH Independent Review Impact of Covid-19 on BAME communities and workforce – Anti-racism campaign</p> <p>The partnership has continued to develop actions in response to the recommendations from the Independent Review chaired by Professor Dame Donna Kinnair. The Anti-racism campaign is being co-produced with staff and communities and the Trust is a key partner in this work.</p> <p>Mental Health, Learning Disabilities and Autism Collaborative</p> <p>An overview of key work streams and developments being progressed collaboratively are included in the paper, including transformation funding to support the development of community and crisis services.</p> <p>Place-based developments</p> <p>We continue to work with partners to develop and deliver joined-up Covid-19 response and the vaccination programme in each of the places that we provide services. We also continue to contribute to place-based recovery and reset planning.</p> <p>Risk Appetite</p> <p>The development of the partnership's response to Covid-19 and the development and delivery of place-based arrangements and response is in line with the Trust's risk appetite.</p>
Recommendation:	<p>Trust Board is asked to RECEIVE and NOTE the updates on the development of the West Yorkshire and Harrogate Health and Care Partnership and place-based developments in Calderdale, Wakefield and Kirklees.</p>
Private session:	<p>Not applicable.</p>

West Yorkshire & Harrogate Health and Care Partnership and Local Integrated Care Partnerships - Update Trust Board 30 March 2021

1. Introduction

The purpose of this paper is to provide an update to the Trust Board on the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP), focusing on developments that are of importance or relevance to the Trust. The paper will also include a brief update on key developments in local places that the Trust provides services.

2. Background

Led by the Trust's Chief Executive, Rob Webster, West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs). It brings together all health and care organisations in six places: Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

The West Yorkshire and Harrogate Health and Care Partnership emphasises the importance of place-based plans where the majority of the work happens in each of the six places (Bradford, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These build on existing partnerships, relationships and health and wellbeing strategies.

Collaboration is emphasised at West Yorkshire and Harrogate (WY&H) level when it is better to provide services over a larger footprint; there is benefit in doing the work once and where 'wicked' problems can be solved collaboratively.

3. WYH Covid-19 response and Operational Priorities

We have seen West Yorkshire's position see reducing Covid-19 infection rates and number of people requiring hospital care. The Strategic Health Group has continued meeting to ensure that there is a co-ordinated approach and response to managing Covid-19, winter pressures and demands. The weekly system briefing meetings have continued and provide up to date information on partnership priorities and Covid-19 response plans. WYH has delivered a co-ordinated Vaccination programme across the region and the focus on recovery and reset planning has commenced.

4. Integrated Care Systems and operating model

The Government's white paper that was published on 11 February 2021, titled Integration and Innovation: working together to improve health and social care for all set out the future of the ICS. The proposals strongly reflect many elements that already define the approach that has evolved in the West Yorkshire and Harrogate Partnership. There is a strong emphasis on provider collaboration, the role of partnership working at place level (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield) and close partnership with local councils. There also appears to be permissiveness and flexibility in the approach outlined which can be tailored to local systems' needs – which are welcomed.

The Partnership had commenced a review of the operating model prior to the white paper being published. A series of workshops that concluded in January were carried out with over 100 participants that contributed - the workshops were supplemented by a survey. A Chairs and Leaders Reference Group to act as a sounding board for the Future Design and Transition Group has been established and will be chaired by the ICS CEO lead, Rob Webster. It is anticipated that the outcomes of the review and the transition plans will be shared in the coming weeks.

There is a separate paper on the national white paper as part of the Board agenda. The implications for the Trust were considered in detail at the February Strategy Board.

5. WY&H Partnership response: Learning disability deaths and COVID-19

One of the ten ambitions that the partnership is committed to achieve is a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population, however, the recent Public Health England (PHE) report into learning disability deaths during the Covid-19 pandemic laid bare the inequality in mortality rates at a national level. A proposal that was supported by the System Leadership Executive set out a whole system approach to be developed through each place-based partnership to address the needs of people with learning disabilities. **The Trust has been working with partners in each of its places to support the development of action plans and approaches to address the inequalities experienced by people with learning disabilities - this includes increasing annual health checks, improving access to universal services and engagement in physical, creative and cultural, employment opportunities.**

6. The System Ambition to increase Leadership and Diversity and tackling Inequalities within BAME communities action plan – Anti-racism Campaign

The findings from the Independent Review chaired by Professor Dame Donna Kinnair have informed the development of a partnership response that sets out key actions that the partnership will take forward. The Partnership's Action Plan that addresses the recommendations from the review was received and approved by the Partnership Board on 1 December 2020. The response details actions related to the four themes of the review; workforce, leadership, population planning and reducing inequalities in mental health outcomes. Significant progress is being made against all the actions - some of the actions include the launch of a BAME Fellowship programme and Anti-racism campaign as well as an insight driven approach to responding to Covid within BAME Communities.

The co-production of an Anti-racism campaign, which recognises and appreciates that BAME people are not one homogenous population, has commenced. The main aims of this work includes sharing good practice, developing a multi-sector campaign to raise awareness and inspire individuals to take action against racism and reduce experiences of racism in the workplace and in wider communities.

The Trust is a key partner in this programme of work. The Trust Equality, Involvement, Communications and Membership Strategy has been approved and the annual action plans support the delivery of the Partnership ambitions and action plan. The Trust have signed up to the campaign and have contributed to supporting conversations and podcasts.

7. West Yorkshire Mental Health, Learning Disability and Autism Services Collaborative Update

The Trust Board was appraised at the January meeting on the work that the Mental Health, Learning Disabilities and Autism (MHLDA) programme board and the Specialised MHLDA programme board are progressing. The programme boards meet monthly. Issues to highlight to the Trust Board from the February and March MHLDA programme board meetings include:

Transformation Funding - Community Mental Health; Crisis Alternatives:

The Board has been previously appraised of the background and process undertaken that led to a final WY ICS submission on 20 January 2021 to support:

- A new, inclusive, generic community-based offer based on redesigning community mental health services in and around Primary Care Networks.

- New models will also improve access and treatment for adults & older adults with a diagnosis of 'personality disorder', eating disorders and people with mental health community-based rehabilitation needs.

Initial confirmation has been received from NHSE to proceed on the basis of the submission and each district will now lead its own implementation arrangements.

West Yorkshire Adult Secure Lead Provider Collaborative:

The Board received an update report at its January meeting, which summarised further steps to be completed working with NHSE, particularly in respect of a number of actions to be completed by 31 January on the financial plan and associated assumptions in the plan. This was done and further discussions have taken place with NHSE to clarify a number of points. At the time of writing this report, the NHSE regional team does not have final budgets for next year and has been unable to confirm what the income into the Collaborative will be and therefore what the response to our 'asks' will be.

In this context, the national Provider Collaboratives Oversight Group has agreed to extend the deadline for implementation to **1 July 2021** for those Collaboratives not able to go live by 1 April, therefore, subject to completion of financial due diligence and Board approval, this is now the revised target 'go live' date.

WY Mental Health, Learning Disabilities and Autism (MHLDA) Programme: A governance review of the MHLDA programme arrangements is being undertaken. This has involved engagement workshops during February and a draft 'MHLDA Future Mechanics' proposal has been received for comments by 14 April 2021.

8. Local Integrated Care Partnerships - Key developments

We continue to work with partners to develop and deliver joined up Covid-19 response and stabilisation and recovery approach in each of the places that we provide services.

Calderdale

SWYPFT is a strong partner in delivering the Calderdale Vision 2024 and Calderdale Cares. We have resumed partnership work that includes commissioners and providers collaborating to achieve integrated care provision driven by the needs of the local Calderdale population and involving local people to develop solutions. As part of this work, the evolving Alliance has agreed a partnership agreement that sets out the principles, approach and ways of working - this partnership will form part of the new place-based arrangements being developed in response to the NHSE/I proposals and white paper.

The Trust is also a key partner in the Calderdale system Arts and Health programme - to ensure that arts, creativity and culture is used across Calderdale to support people's health and wellbeing. The first suite of projects/interventions to support people within Calderdale have commenced including a Couch to Creativity app, The Lullaby Project in partnership with Carnegie Hall and our perinatal mental health services and Art Boxes for families. A big conversation bringing together the world of Arts and Health organisations is being co-produced on several agreed themes with an initial series of podcasts scheduled to start during January/February 2021. A Thriving Communities bid was successful and will support the ambitions of creative approaches in Calderdale.

We continue to be a partner in the Active Calderdale programme and have secured two years funding. Three services have been selected to pilot integrating physical activity into their systems and processes including Learning Disability, EIP and Perinatal Services. Design thinking improvement workshops commenced in February 2021 with these services in partnership with Active Calderdale. A 'Moving More SWYFTly' Trust wide campaign has been launched to encourage staff to be more physically active and support their health and wellbeing

alongside a survey to capture baseline data. 30 members of staff have undertaken the Moving Medicine online training package which supports increasing staff confidence in undertaking conversations about physical activity.

Wakefield

The Trust continues to be a partner in the Wakefield Integrated Care Partnership (ICP) and associated work, leading in specific areas, for example, the Wakefield Mental Health Alliance, the emotional health and mental wellbeing strand in the Children and Young Peoples Partnership Board.

There have been meetings of the ICP in February and March, plus the first of a number of scheduled organisational development sessions took place on 17 February. The agendas for these ICP discussions have been wide ranging, but specifically included:

- A focused discussion on support for people with learning disabilities, involving a presentation from a team that included Fiona Sharp from the Trust's Community Learning Disability Services in Wakefield, and Catherine Horbury, co-lead for the Y&H Operational Delivery Network (which the Trust hosts) and Chair of the Wakefield Patient Experience Group.
- A presentation on the work programme 2021/22 for the Wakefield Mental Health Alliance. This programme, incorporating the plan for the 2021/22 Mental Health Investment Standard, was subsequently approved by the Wakefield CCG Governing Body at its meeting on 9 March.

Kirklees

The Kirklees Integrated Health and Care Leadership Board continues to meet monthly. A wide range of agenda items were covered at its February and March meetings. There has also been a development session involving all partners that took place on 24 March to develop the future scope and arrangements for general community health services in Kirklees.

Recommendations

- **Trust Board is asked to receive and note the update on the development of Integrated Care Systems and collaborations:**
 - **West Yorkshire and Harrogate Health and Care Partnership**
 - **Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees**
- **Receive the minutes of relevant partnership boards.**

Appendix - Links to relevant partnership meetings and papers

1. West Yorkshire & Harrogate Health & Care Partnership Board - <https://www.wyhppartnership.co.uk/meetings/partnershipboard>
2. West Yorkshire & Harrogate Health & Care Partnership System Leadership Executive - <https://www.wyhppartnership.co.uk/blog>
3. West Yorkshire & Harrogate Health & Care Partnership System Oversight and Assurance Group - <https://www.wyhppartnership.co.uk/blog>
4. Calderdale Health and Wellbeing Board - <https://www.calderdale.gov.uk/council/councillors/councilmeetings/index.jsp>
5. Kirklees Health and Wellbeing Board - <https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0>
6. Wakefield Health and Wellbeing Board - <http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board>

Paper title:	Review of Memorandum of Understanding (MoU) (and associated actions)	Agenda item x
Presented by:	WYMHLDA&AC Chairs	
Prepared by:	Paul Hogg, Director of Corporate Affairs (on behalf of the Company Secretaries)	

Purpose of the report		
To present the refreshed MoU to the four Trust Boards for approval, following discussions at the Committees-in-Common (CinC) meeting of Chairs and Chief Executives held on 21 January 2021.	For approval	X
	For discussion	
	For information	
Executive summary		
<p>The Chairs of the four members of the WYMHLDA&AC tasked the Company Secretaries to consider a number of governance issues relating to the work of the CinC meetings and advise on some housekeeping changes to the MoU, which was due for review. At the meeting of the CinC held on 21 January 2021 a number of minor changes to the MoU were supported (attached at Appendix 1, tracked changes and clean copy) for submission to Trust Boards.</p> <p>The CinC also endorsed the adoption of a 'Triple A' assurance report (attached at Appendix 2) that would be produced for inclusion on the public agenda of Trust Board meetings (and where applicable the public agenda of Council of Governors' meetings). Public and private minutes of CinC meetings would continue to be presented at Board meetings. Finally, the CinC supported the suggestion that Non-Executive Directors would be offered the option of observing a CinC meeting as part of their orientation and induction, with attendance arranged through the WYMHLDA&AC Secretariat.</p> <p>These changes further strengthen the governance arrangements for the CinC meetings. It was agreed that any substantial revisions to the MoU should be undertaken once there was clarity on the future direction for ICSs and how the CinC can maintain its strategic decision-making roles set against future legislation.</p>		
Recommendations		
<p>That Trust Board:</p> <ul style="list-style-type: none"> • approve the refreshed MoU at Appendix 1; • note the use of the 'Triple A' assurance report that will be used to summarise CinC meetings to Trust Boards; and • note that a more substantial review of the MoU will be commissioned by the CinC when appropriate. 		

Appendix 2: Escalation and Assurance Report Template

Report from: WYMHSC Committees-in-Common

Date the meeting:

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert/Action:
<ul style="list-style-type: none">• to escalate an issue that requires further discussion or action by individual Boards•••
Advise:
<ul style="list-style-type: none">• to highlight an issue that may require further monitoring (by the Committee-in-Common) over a period of time•••
Assure:
<ul style="list-style-type: none">• to provide positive news on performance, best practice, improvements or learning•••
<u>Risks discussed:</u>
<ul style="list-style-type: none">• High level overview
<u>New risks identified:</u>
<ul style="list-style-type: none">• High level overview

Report completed by: WHMHL D&AC Programme Director

Date:

**WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES
& AUTISM SERVICES COLLABORATIVE**

DATE

30 April 2018~~30 April 2018~~

1. BRADFORD DISTRICT CARE NHS FOUNDATION TRUST
2. LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST
3. LEEDS COMMUNITY HEALTHCARE NHS TRUST
4. SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST

**MEMORANDUM OF UNDERSTANDING
FOR ~~WEST YORKSHIRE MENTAL HEALTH SERVICE COLLABORATIVE~~
WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM
COLLABORATIVE (WYMHSCWYMHLD&AC)**

No	Date	Version Number	Author
1	15/11/17	01 -	Trust Company Secretaries / Governance leads
2	29/11/17	0.2	Trust Company Secretaries / Governance leads
3	4/12/17	0.3	Trust Company Secretaries / Governance leads
4	15/01/18	0.4	Trust Company Secretaries / Governance leads
5	7/03/18	0.5	Trust Company Secretaries/Governance lead
6	15/03/18	0.6 Incorporating comments from audit committee chairs	Trust Company Secretaries/Governance lead
7	25/04/18	0.7 Incorporating comments from Boards	Trust Company Secretaries/Governance lead
<u>8</u>	<u>11/02/21</u>	<u>0.8 incorporating approvals from Committee-in-Common meeting held</u>	<u>Trust Company Secretaries/Governance lead</u>

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Date: TBC

This Memorandum of Understanding (**MoU**) is made between:

- (1) **BRADFORD DISTRICT CARE NHS FOUNDATION TRUST** of New Mill, Victoria Road, Saltaire, Bradford, West Yorkshire, BD18 3LD;
- (2) **LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST** of 2150 Century Way, Thorpe Park, Leeds, West Yorkshire, LS15 8ZB
- (3) **LEEDS COMMUNITY HEALTHCARE NHS TRUST** of First Floor, Stockdale House, Headingley Office Park, Victoria Road, Leeds, West Yorkshire, LS6 1PF
- (4) **SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST** of Fieldhead Hospital, Ouchthorpe Lane, Wakefield, West Yorkshire, WF1 3SP

(each a "**Party**" and together the "**Parties**").

RECITALS

- (A) In entering into and performing their obligations under this MoU, the parties are working towards a collaborative programme including ownership and commitment to collaboration as set out in the West Yorkshire and Harrogate Health and Care Partnership (STP) ("**WYHHCP**").
- (B) The Parties together form the West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative Services Collaborative ("**WYMHLD&ASC**") and have agreed to collaborate in delivering region-wide efficient and sustainable acute and specialist mental health services for patients. The Parties have formed Committees in Common ("**WYMHSGWYMHLD&AC C-In-C**") which have the specific remit of overseeing a comprehensive system wide collaborative programme to deliver the objective of a more collaborative model of care for acute and specialist mental health services in West Yorkshire (WY). The intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients (the "**WYMHLD&AS Collaborative Programme**").
- (C) This MoU is focused on the Parties' agreement to develop the detail in relation to the function and scope of the WYMHSGWYMHLD&AC C-In-C; developing the principles that will underpin collaborative working and the timetable for implementation in order to tackle a number of significant operational, clinical and financial —challenges for services in the WYMHSGWYMHLD&AC service area.
- (D) The Parties recognise the different levels of provision of acute and specialist mental health services in portfolios of services and this will be reflected in any agreements the collaborative makes and managed through the Gateway Decision Making Process.

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OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1. In this MoU, capitalised words and expressions shall have the meanings given to them in this MoU.
- 1.2. In this MoU, unless the context requires otherwise, the following rules of construction shall apply.
- 1.3. a reference to a "**Party**" is a reference to the organisations party to this MoU and includes its personal representatives, successors or permitted assigns and a reference to "**Parties**" is a reference to all parties to this MoU;

2. PURPOSE AND EFFECT OF MOU

- 2.1. The Parties have agreed to work together on behalf of patients and the population to deliver the best possible care, experience and outcomes within the available resources for acute and specialist mental health services in WY. The aim is for the Parties to organise themselves around the needs of the population rather than planning at an individual organisational level so as to deliver more integrated, high quality cost effective care for patients as detailed in Schedule 1. The Parties wish to record the basis on which they will collaborate with each other through the WYMHSCWYMHLD&AC in this MoU.
- 2.2. This MoU sets out:
 - 2.2.1. the key objectives for the development of the WYMHSCWYMHLD&AC;
 - 2.2.2. the principles of collaboration;
 - 2.2.3. the governance structures the Parties will put in place; and
 - 2.2.4. the respective roles and responsibilities the Parties will have during the development and delivery of the collaboration model.
- 2.3. In addition to the MoU, the Parties will seek to agree additional documents to manage the relationships for confidentiality, conflicts of interest and sharing of information between themselves in more detail.

3. KEY PRINCIPLES

- 3.1. The Parties shall undertake the development and delivery of the WYMHLD&AS Collaborative Programme in line with the Key Principles as set out in Schedule 1 (the "**Key Principles**").

- 3.2. The Parties acknowledge the current position with regard to the WYMHSGWYMHLD&AC and the contributions, financial and otherwise, already made by the Parties.

4. PRINCIPLES OF COLLABORATION

- 4.1. The Parties agree to adopt the following principles including shared values and behaviours when carrying out the development and delivery of the WYMHLD&AS Collaborative Programme (the "**Principles of Collaboration**"):
- 4.1.1. address the vision - in developing WYMHSGWYMHLD&AC the Parties seek to establish a model of collaborative care, to provide high quality, sustainable acute and specialist mental health services for the population, enabled by integrated solutions and delivering best value for the taxpayer and operating a financially sustainable system;
 - 4.1.2. collaborate and co-operate - establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required to deliver change collectively and in partnership with each other and the wider NHS;
 - 4.1.3. hold each other mutually accountable for delivery and challenge constructively - take on, manage and account to each other, the wider WYHHCP and the WYMHSGWYMHLD&AC service area population for performance of the respective roles and responsibilities set out in this MoU;
 - 4.1.4. be open and transparent and act with honesty and integrity - communicate openly with each other about major concerns, issues or opportunities relating to WYMHSGWYMHLD&AC and comply with the seven Principles of Public Life established by the Nolan Committee (the Nolan Principles) and where appropriate the NHS Foundation Trust Code of Governance (as issued by Monitor and updated in July 2014) including implementing a transparent and explicit approach to the declaration and handling of relevant and material conflicts of interests arising;
 - 4.1.5. adhere to statutory requirements and best practice - comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation;
 - 4.1.6. act in a timely manner - recognise the time-critical nature of the WYMHLD&AS Collaborative Programme development and delivery and respond accordingly to requests for support;
 - 4.1.7. manage stakeholders effectively - ensure communication and engagement both internally and externally is clear, coherent, consistent and credible and in line with the Parties' statutory duties, values and objectives.
 - 4.1.8. deploy appropriate resources - ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and
 - 4.1.9. act in good faith - to support achievement of the Key Principles and in compliance with these Principles of Collaboration.

5. GOVERNANCE

- 5.1. The governance structure (summarised below in Schedule 2) of this MoU provides a

| structure for the development and delivery of the WYMH LD&AS Collaborative Programme.

5.2. The governance arrangements will be:

- 5.2.1. based on the principle that decisions will be taken by the relevant organisations at the most appropriate level in accordance with each organisation's internal governance arrangements, particularly in respect of delegated authority;
- 5.2.2. shaped by the Parties in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of the WYMHLD&AS Collaborative Programme. The Parties intend that there should be as far as permissible a single governance structure to help oversee and deliver the WYMHLD&AS Collaborative Programme in accordance with the Key Principles; and
- 5.2.3. underpinned by the following principles:
 - (a) the Parties will remain subject to the NHS Constitution, their provider licence and their own constitutional documents and retain their statutory functions and their existing accountabilities for current services, resources and funding flows; and
 - (b) clear agreements will be in place between the providers to underpin the governance arrangements.

6. ACCOUNTABILITY AND REPORTING LINES

Accountability and reporting should be undertaken at the following levels within WYMHSCWYMHLD&AC:

WYMHSCWYMHLD&AC Committees in Common ("WYMHSCWYMHLD&AC C-In-C")

6.1. The WYMHSCWYMHLD&AC C-In-C will receive reports at each meeting from the Programme Executive highlighting but not limited to:

- 6.1.1. progress throughout the period;
- 6.1.2. decisions required by the WYMHSCWYMHLD&AC C-In-C;
- 6.1.3. issues and risk being managed;
- 6.1.4. issues requiring escalation to the WYMHSCWYMHLD&AC C-In-C; and
- 6.1.5. progress planned for the next period.

Under a standing agenda item, WYMHSCWYMHLD&AC C-In-C will agree the key communications arising from its meetings that should be relayed to the Parties' respective organisations. The minutes, ~~and a summary report~~ from the Programme Director will be circulated promptly to all WYMHSCWYMHLD&AC C-In-C Members as soon as reasonably practical for inclusion on the public and private agendas of each Parties' Board meeting. A summary assurance report from the Programme Director will also be provided for inclusion on the public agenda of each Parties' Board meeting (and where applicable the public agenda of the Council of Governors' meeting) ~~The Programme Director will provide a summary for sharing in the public domain.~~

WYMHSCWYMHLD&AC Programme Executive

6.2. The WYMHSCWYMHLD&AC C-In-C will hold each of the Parties' Chief Executives to

account for the delivery of their sponsored workstreams within the WYMH~~LD&AS~~
Collaborative Programme via the ~~WYMHSG~~WYMHLD&AC Programme Executive.

7. ROLES AND RESPONSIBILITIES

The Parties shall undertake the roles and responsibilities set out in this MoU to help develop the WYMHLD&AS Collaborative Programme in line with the Key Principles:

WYMHSGWYMHL D&AC Committees in Common

- 7.1. The WYMHSGWYMHL D&AC C-In-C comprises senior members of the Parties and provides overall strategic oversight and direction to the development of the WYMHLD&AS Collaborative Programme. It is chaired by existing Chairs of the Parties, on a rotational basis, as underpinned by principles of continuity and equity collectively agreed by members, for a minimum duration of 12 months.
- 7.2. The WYMHSGWYMHL D&AC C-In-C shall be managed in accordance with the governance arrangements in section 5 and the Terms of Reference in Schedule 5.

WYMHSGWYMHL D&AC Executive Group

- 7.3. The WYMHSGWYMHL D&AC Executive Group will provide assurance to the WYMHSGWYMHL D&AC C-In-C that the key deliverables are being met and that the development of the WYMHLD&AS Collaborative Programme is within the boundaries set by the WYMHSGWYMHL D&AC C-In-C. It will provide management at programme and workstream level.

8. DECISION MAKING

- 8.1. The Parties intend that WYMHSGWYMHL D&AC C-In-C individual Members will each operate under a model scheme of delegation whereby each WYMHSGWYMHL D&AC C-In-C individual Members shall have delegated authority to make decisions on behalf of their organisation relating to:
 - matters falling under the scope of the WYMHSGWYMHL D&AC C-In-C and agreed collaborative programme underpinned by a 'case for change' set out in Schedule 2;
 - the devolving of the Key Principles set out in Schedule 1; and,
 - in accordance with the WYMHSGWYMHL D&AC Gateway Decision Making Framework set out in Schedule 4 on behalf of their respective organisations.

Each party will reflect in its individual Scheme of Delegation the authority delegated to its representatives on the WYMHSGWYMHL D&AC C-In-C.

- 8.2. The Parties intend that WYMHSGWYMHL D&AC C-In-C Members shall report to and consult with their own respective organisations at Board level, providing governance assurance that is compliant with their regulatory and audit requirements, for organisational decisions relating to, and in support of the WYMHSGWYMHL D&AC Key Principles and facilitating these functions in a timely manner.

9. ESCALATION

- 9.1. If any Party has any issues, concerns or complaints regarding the WYMHLD&AS Collaborative Programme, or any matter in this MoU, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 9.2. Subject as otherwise specifically provided for in this MoU, any dispute arising between the Parties out of or in connection with this MoU will be resolved in accordance with Schedule 3 (Dispute Resolution Procedure).
- 9.3. If any Party receives any formal or media enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the development of the WYMHSGWYMHLD&AC, the matter shall be promptly referred to the WYMHSGWYMHLD&AC Programme Director in the interests of consistency, however recognising the request remains the responsibility of the receiving organisation.

10. CONFLICTS OF INTEREST

- 10.1. The Parties agree that they will:
 - 10.1.1. disclose to each other the full particulars of any relevant or material conflict of interest which arises or may arise in connection with this MoU, the development of the collaboration model or the performance of activities under the WYMHLD&AS Collaborative Programme, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Parties or any person employed or retained by the Parties for or in connection with the development and delivery of the WYMHLD&AS Collaborative Programme; and
 - 10.1.2. not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoU (without the prior consent of the other Parties) before participating in any action in respect of that matter.
 - 10.1.3. Comply with the terms of any agreed conflict of interest protocol as set out in paragraph 2.5 above.

11. FUTURE INVOLVEMENT AND ADDITION OF PARTIES

The Parties are the initial participating organisations in the development of the WYMHLD&AS Collaborative Programme but it is intended that other providers to the WYMHSGWYMHLD&AC service area population may also come to be partners (including for example independent sector and third sector providers). Partner organisations may where appropriate be invited to meetings of the WYMHSGWYMHLD&AC C-In-C as observers or for a specific agenda item/workstream or through an additional stakeholders forum. If appropriate to achieve the key deliverables, the Parties may also agree to include additional party or parties to this MoU. If they agree on such a course the Parties will cooperate to enter into the necessary documentation, including reference to the relevant organisation's Scheme of Delegation and Standing Order procedures of joining Parties.

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12. COMPETITION AND PROCUREMENT COMPLIANCE

The Parties recognise that it is currently the duty of the commissioners, rather than the Parties as providers, to decide what services to procure and how best to secure them in the interests of patients. In addition, the Parties are aware of their competition compliance obligations, both under competition law and, in particular under the NHS Improvement/Monitor Provider Licence for providers, and shall take all necessary steps to ensure that they do not breach any of their current or future obligations in this regard. Further, the Parties understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and NHS Improvement/Monitor and will keep this position under review accordingly.

The parties agree not to disclose or use any confidential information which is to be disclosed under the arrangements in a way which would constitute a breach of competition law.

13. REVIEW

13.1. A formal review meeting of the ~~WYMHSG~~WYMHLD&AC C-In-C shall take place 12 months after the date of implementation of this MoU (1st April 2018) or sooner if deemed as required by the Parties.

13.2. The ~~WYMHSG~~WYMHLD&AC C-In-C shall discuss and agree as a minimum:

13.2.1. the principles of collaboration;

13.2.2. the governance arrangements as set out in Section 5;

13.2.3. the scope of the ~~WYMH~~LD&AS Collaborative Programme and individual workstreams;

13.2.4. the progress against the key deliverables; and

13.2.5. key decisions required in support of Schedule 4.

14. TERM AND TERMINATION

14.1. This MoU shall commence on 1st April 2018 (having been executed by all the Parties)

14.2. This MoU may be terminated in whole by:

14.2.1. mutual agreement in writing by all of the parties

14.2.2. in accordance with paragraph 15.2; or

14.2.3. in accordance with paragraph 1.5 of Schedule 3.

14.3. Any Party may withdraw from this MoU giving at least six calendar months' notice in writing to the other Parties, or the length of the remainder of any existing contract, whichever is longer. The MoU will remain in force between the remaining parties (unless otherwise agreed in writing between all the remaining parties) and the remaining Parties will agree such amendments required to the MoU in accordance with section 16.

14.4. In the event a Party is put into administration, special measures and/or is otherwise not able to perform its role under the WYMHLD&AS Collaborative Programme and this MoU, the remaining Parties shall be entitled to consider and enforce, on a case by case basis, a resolution of the WYMHSGWYMHLD&AC C-In-C for the removal of the relevant Party from the MoU on a majority basis provided that:

14.4.1. reasonable notice shall have been given of the proposed resolution; and

14.4.2. the affected Party is first given the opportunity to address the WYMHSGWYMHLD&AC C-In-C meeting at which the resolution is proposed if it wishes to do so.

14.5. This MoU shall be terminated in accordance with the provision at paragraph 14.2.

15. CHANGE OF LAW

15.1. The Parties shall take all steps necessary to ensure that their obligations under this MoU are delivered in accordance with applicable law. If, as a result of change in applicable law, the Parties are prevented from performing their obligations under this MoU but would be able to proceed if a variation were made to the MoU, then the Parties shall consider this in accordance with the variation provision at section 16.

15.2. In the event that that the Parties are prevented from performing their obligations under this MoU as a result of a change in applicable law and this cannot be remedied by a variation or a variation is not agreed by all Parties, then the Parties shall agree to terminate this MoU on immediate effect of the change in applicable law.

16. VARIATION

This MoU may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

17. CHARGES AND LIABILITIES

17.1. Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU, including in respect of any losses or liabilities incurred due to their own or their employee's actions.

17.2. No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoU.

18. NO PARTNERSHIP

Nothing in this MoU is intended to, or shall be deemed to, establish any formal or legal partnership or joint venture between the Parties, constitute any Party as the agent of another Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

19. COUNTERPARTS

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

|

We have signed this Memorandum of Understanding on the date written at the head of this memorandum.

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

BRADFORD DISTRICT CARE)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

LEEDS & YORK PARTNERSHIP)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

LEEDS COMMUNITY HEALTHCARE)
NHS TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

SOUTH WEST YORKSHIRE)
PARTNERSHIP NHS FOUNDATION) DATE: 30 April 2018
TRUST

SCHEDULE 1

THE KEY PRINCIPLES

1. The continued challenge of ensuring the quality and financial sustainability of mental health services requires a more collaborative approach between providers ensuring that the best possible care can be delivered to people in WY making best use of the collective resources.
2. Through the WYMH~~LD&AS~~ Collaborative Programme, the Parties Key Principles are to achieve sustainable, safe, high quality and cost effective acute and specialist mental health services across WY, based on clear integrated and standardised operating models, networks and alternative service delivery models where risk and benefits will be collectively managed. This will be achieved through addressing the following:
 - 2.1. Achieving the clinical and financial stability across the ~~WYMHSC~~WYMHLD&AC service areas.
 - 2.2. Enhancing partnership working through collaboration between providers, leading to interdependency, care delivered by stream or pathway rather than by individual organisations and by collective provider responsibility.
 - 2.3. The approach to collaboration:
 - The Parties will work on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future.
 - Reduce variation in quality by building on best practice and developing standard operating procedures and pathways to achieve better outcomes for people in WY.
 - Take a collaborative approach to the delivery of acute/specialist mental health services via clinical pathways and networked services (rather than individual place/provider led developments).
 - Developing 'centres of excellence' for the more specialist mental health services e.g. forensic services, Child and Adolescent Mental Health Services (CAMHs) Tier 4, adult eating disorders~~57~~.
 - Delivering economies of scale in mental health service support functions~~5~~.
 - Build constructive relationships with communities, groups, organisations and the third sector to ensure there are lines of communication and ways of engaging on issues which have an impact on people's health and wellbeing~~5~~.
 - Ensure there is appropriate public engagement on those matters which need to be communicated more widely.

SCHEDULE 2

WYMH~~LD&AS~~ COLLABORATIVE PROGRAMME APPROACH AND KEY STAGES

1. Purpose of the Collaborative Programme

The purpose of the collaborative programme is to reduce variation and deliver sustainable acute and specialist mental health services to a standardised model which is efficient and of high quality. In developing this programme the Parties will be designing services over a wider NHS footprint (the ~~WYMHSCWYMHLD&AC~~ service area), thinking of different models of care and making collective efficiencies where the potential exists.

2. The WYMH~~LD&AS~~ Collaborative Programme Approach

The Key Principles and five key steps to developing the WYMHS Collaborative Programme approach are set out in Schedule 1.

3. WYMH~~LD&AS~~ Collaborative Programme Priorities

The WYMH~~LD&AS~~ Collaborative Programme priorities are expected to be generated as a result of the following internal and external drivers;

- ~~WYMHSC clinical and operational sustainability priorities.~~
- ~~WYMHSC analysis of variation.~~
- ~~West Yorkshire & Harrogate Health and Care Partnership (formerly STP).~~
- ~~Regulatory requirements.~~

~~The structure of the programme will reflect these priorities as shown in the workstreams below (as at 1st April 2018):~~

Urgent & Emergency Care and Liaison: <ul style="list-style-type: none"> • Mental health liaison • 24/7 crisis services 	<ul style="list-style-type: none"> • 40% reduction in unnecessary A&E attendance • 50% reduction of Section 136 Place of Safety • 24/7 crisis services
Suicide Prevention	<ul style="list-style-type: none"> • A zero suicide approach to prevention (10% overall reduction in suicides by 2020/21 and 75% reduction in targeted services by 2022)
Care Closer to Home (Out of Area Placements): <ul style="list-style-type: none"> • Adult acute • Psychiatric Intensive Care Unit (PICU) • Locked rehab and learning disabilities 	<ul style="list-style-type: none"> • Elimination of out of area placements for non specialist acute care within 12 months • Shared bed management function
Specialist Services: <ul style="list-style-type: none"> • Child and Adolescent Mental Health services (CAMHS) tier 4 • Low / medium secure forensic - Adult eating disorders 	<ul style="list-style-type: none"> • Elimination of out of area placement for children and young people • Development of new care models
Autism Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD)	<ul style="list-style-type: none"> • Reduction in waiting times for autism assessment

- WYMHLDA clinical and operational sustainability priorities.
- WYMHLDA analysis of variation.
- West Yorkshire & Harrogate Health and Care Partnership.
- Regulatory requirements and expectations within NHSE/I Planning Guidance.

The structure of the programme will reflect these priorities as shown in the workstreams below (as at 1st January 2020). Those in yellow are priorities for the CinC, those in blue are priorities for the wider partnership MHLDA programme which the CinC does not focus on, but receives updates on because the work is linked.

<u>Origin</u>	<u>Workstreams</u>	<u>Strands</u>
<u>Delivering pre-COVID priority workstreams</u>	<u>Specialised services</u>	<u>Adult Eating Disorders</u>
		<u>Tier 4 CAMHS</u>
		<u>Forensics</u>
		<u>'Next Wave' (ie Perinatal MH)</u>
	<u>Secondary Care Pathways</u>	<u>Psychiatric Intensive Care</u>
		<u>Community Transformation</u>
	<u>Complex Rehabilitation</u>	<u>Community teams</u>
		<u>Inpatient provision</u>
	<u>Learning Disability</u>	<u>Assessment & Treatment Units</u>
		<u>Transforming Care Programme</u>
		<u>Reasonable Adjustments</u>
	<u>Autism</u>	<u>Diagnosis</u>
		<u>Understanding barriers</u>
		<u>Pre/post diagnostic support</u>
	<u>Children & Young People</u>	<u>Whole Pathway Commissioning</u>
	<u>Improving Determinants</u>	<u>Suicide Prevention</u>

	<u>of Health</u>	<u>Perinatal Mental Health</u>
		<u>BAME access & treatment</u>
		<u>Healthy Hospitals and physical health</u>
<u>Delivering ongoing support and response during COVID</u>	<u>Mutual aid</u>	<u>Crisis Pathways</u>
		<u>Cohorting/inpatient capacity</u>
		<u>Sharing of practice, learning and fortnightly communication</u>
	<u>Population support schemes</u>	<u>Keeping connected</u>
		<u>Grief and Loss helpline</u>
<u>Delivering new priorities as a result of COVID</u>	<u>Improving collaboration</u>	<u>Prevention & Management of Violence & Aggression</u>
		<u>Collaborative staff bank</u>
	<u>Staff health and wellbeing</u>	<u>West Yorkshire Mental Wellbeing Hub</u>

4. Key Workstream Stages

4.1 Workstream priorities will be developed in line with key stages based on a robust case for change (risk and benefit evaluation of workstream potential based on current service models) and best practice business case approaches for designing future operating models, developing and evaluating options. Long term workstream priorities will be developed based on a robust case for change (risk and benefit evaluation of workstream potential based on current service models) or through agreement by collaborative partners of a need to respond more quickly to emerging concerns.

4.14.2 The table below illustrates the sequence of stages of the workstream development process, this will be a scalable process and proportionate to the workstream:

Stage	Outputs	Key Requirements
1. Case for change (Proposal)	Detailed description of current services Gap/challenges relating to safety, resilience, quality, sustainability (Data analysis) Scope for improvement Evaluation framework Risk sharing approach	Clinical leadership and involvement External Experts and Clinical Senate involvement
2. Design the Future Operating Model	Standardise operating procedures Workforce models Capacity modelling Best Practice benchmarks for future performance	

Stage	Outputs	Key Requirements
	Scale of improvement which can be achieved	
3. Develop Options	New Models of Care Organisational change Operational networks Alternative provider arrangements and service delivery models Commissioner requirements and consultation	
4. Evaluation & selection of the preferred option	Clinical (Quality) Financial/Legal/Regulatory Workforce Performance Quality impact assessments Equality impact assessments	
5. Implementation planning	Timescales Resources Evaluation and review delivery of benefits Management of risks and issues	

4.24.3 The [WYMHSCWYMHLD&AC](#) Executive will be responsible for the execution and delivery of the programme governance and ensuring that a common approach is applied to all applicable workstreams (some workstreams may not require this approach) and that the workstream pipeline is managed within defined timescales.

4.34.4 Each workstream will have a [WYMHSCWYMHLD&AC](#) Director (identified by the WYMHLD&AS Collaborative Executive) and Senior Lead Clinical sponsor. The inputs at each stage will include:

- Clear articulated case for change i.e. use of data, standards etc.
- Identification and use of organisational change/service improvement models
- Targeted clinical/staff engagement and empowerment in order to lead the design and change e.g. facilitated workshops
- Transparent options appraisal process
- Quality impact assessments
- Equality impact assessments
- Use of external scrutiny
- Appropriate commissioner engagement
- Appropriate public/patient engagement
- Governor engagement

4.44.5 The [WYMHSCWYMHLD&AC](#) Executive and [WYMHSCWYMHLD&AC](#) C-In-C will make decisions on the prioritisation and progressing of workstreams to the next stage as shown in the Decision Making Schedule and gateways (as set out in Schedule 4).

5. Risk and Gain Sharing Principles

5.1. Some [WYMHSCWYMHLD&AC](#) projects developed under the workstreams will have the potential to disproportionately benefit participating [WYMHSCWYMHLD&AC](#) organisations at the expense of others. The potential impact of the implementation of a project through a workstream will be established and set out within the 'Case for Change' stage (Gateway 1) and the 'risk gain share' model between the respective [WYMHSCWYMHLD&AC](#) members affected by the project developed in preparation for selection of the preferred option at Gateway 3. The model will be tailored to each project and will be designed on the following principles reflecting that organisations are working for the delivery of better care and a more sustainable system for patients in the [WYMHSCWYMHLD&AC](#) service area:

5.1.1. The costs of delivering the project will be met by all Parties in the proportions agreed and submitted within the submission for Gateway 3 so that the [WYMHSCWYMHLD&AC](#) C-In-C can be clear when selecting the preferred

option where the costs will be met from and how any losses may be reimbursed;

5.1.2. The allocation of net benefits from a project will be agreed based on one or a combination of these methods, the detail of which will be developed and agreed at Gateway 3 of decision making process :

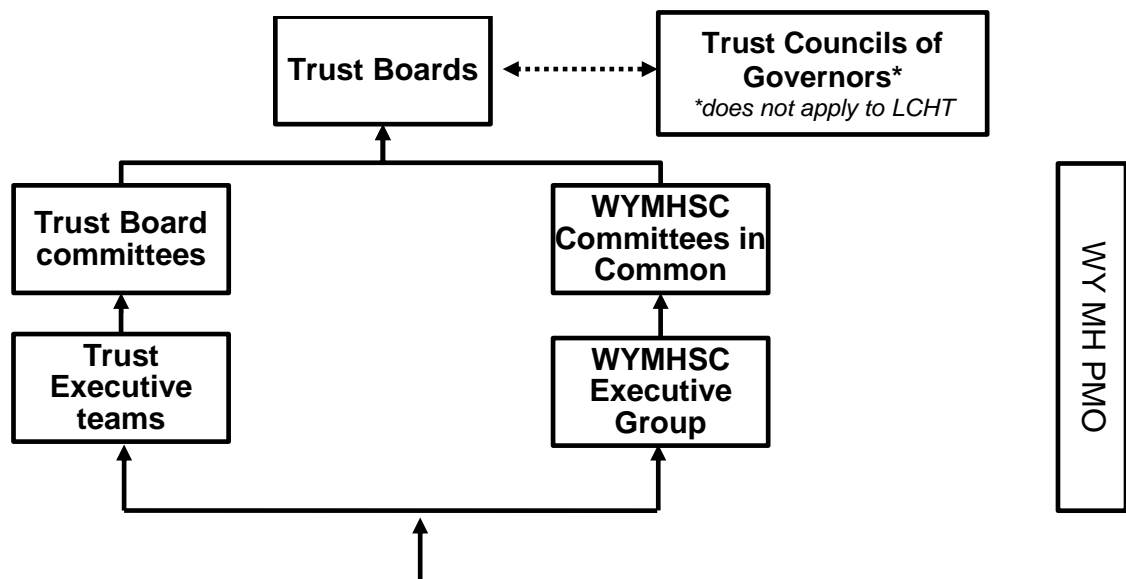
- equal gain share;
- proportional gain share; and/or
- successful contribution to the initiative.

5.1.3. The allocation of net benefits will be agreed between the relevant Parties based on the benefit and risk profile using these methods; and

5.1.4. The same principles will apply to the sharing of risks and costs in the event that a project does not deliver the anticipated net benefit.

6. High Level Programme Structure

The high level programme structure, linked to the West Yorkshire and Harrogate Health and Care Partnership (previously STP), is shown below:



**MH Programme
Steering Group**



Mental Health Programmes

- Urgent & Emergency Care and Liaison
- Suicide Prevention
- Care Closer to Home (Out of Area Placements)
- Specialist Services
- Autism Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD)



Enabling Workstreams

(e.g. Communications & Engagement, Digital)

SCHEDULE 3

DISPUTE RESOLUTION PROCEDURE

1. Avoiding and Solving Disputes

- 1.1 The Parties commit to working co-operatively to identify and resolve issues to their mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this MoU.
- 1.2 The Parties believe that:
 - 1.2.1 by focusing on the agreed Key Principles underpinned by the five step approach as set out in the MoU and in Schedule 1;
 - 1.2.2 being collectively responsible for all risks; and
 - 1.2.3 fairly sharing risk and rewards in relation to the services in scope in the WYMHLD&AS Collaborative Programme.

they reinforce their commitment to avoiding disputes and conflicts arising out of or in connection with this MoU.

- 1.3 A Party shall promptly notify the other Parties of any dispute or claim or any potential dispute or claim in relation to this MoU or its operation (each a "Dispute") when it arises.
- 1.4 In the first instance the WYMHSCWYMHLD&AC Programme Executive shall seek to resolve any Dispute to the mutual satisfaction of each of the Parties. If the Dispute cannot be resolved by the WYMHSCWYMHLD&AC Programme Executive within 10 Business Days (a **Business Day** being a day other than a Saturday, Sunday or public holiday in England when banks in London are open for business) of the Dispute being referred to it, the Dispute shall be referred to the WYMHSCWYMHLD&AC C-In-C for resolution.
- 1.5 The WYMHSCWYMHLD&AC C-In-C shall deal proactively with any Dispute on a "Best for Meeting the Key Principles" basis in accordance with this MoU so as to seek to reach a majority decision. If the WYMHSCWYMHLD&AC C-In-C reaches a decision that resolves, or otherwise concludes a Dispute, it will advise the Parties of its decision by written notice. The Parties recognise that any dispute or operation of this procedure will be without prejudice to and will not affect the statutory duties of each Party. This MoU is not intended to be legally binding save as provided in paragraph 2.4 of the MoU and, given the status of this MoU (as set out in Section 2), if a Party disagrees with a decision of the WYMHSCWYMHLD&AC C-In-C or the independent facilitator, they may withdraw from the MoU at any point in accordance with section 14 of the MoU.

- 1.6 If a Party does not agree with the decision of the WYMHSCWYMHL D&AC C-In-C reached in accordance with the above, it shall inform the WYMHSCWYMHL D&AC C-In-C within 10 Business Days and request that the WYMHSCWYMHL D&AC C-In-C refer the Dispute to an independent facilitator in agreement with all Parties and in accordance with paragraph 1.7 of this Schedule.
- 1.7 The Parties agree that the WYMHSCWYMHL D&AC C-In-C, on a “Best for Meeting the Key Principles” basis, may determine whatever action it believes is necessary including the following:
- 1.7.1 If the WYMHSCWYMHL D&AC C-In-C cannot resolve a Dispute, it may request that an independent facilitator assist with resolving the Dispute; and
- 1.7.2 If the independent facilitator cannot facilitate the resolution of the Dispute, the Dispute must be considered afresh in accordance with this Schedule and in the event that after such further consideration again fails to resolve the Dispute, the WYMHSCWYMHL D&AC C-In-C may decide to:
- (i) terminate the MoU; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 4

WYMHSCWYMHLD&AC CIC DECISION MAKING

1. The Memorandum of Understanding (MoU) and Terms of Reference (TOR) for the WYMHSCWYMHLD&AC Committee in Common (WYMHSCWYMHLD&AC C-In-C) takes into consideration existing accountability arrangements of participating Trusts and decisions (where these apply to the services in scope in the collaborative) being made under a scheme of delegation.
2. Whilst it is recognised that some decisions taken at the WYMHSCWYMHLD&AC C-In-C may not be of obvious benefit to all Parties, it is anticipated that the WYMHSCWYMHLD&AC C-In-C will look to act on the basis of the best interests of the wider population investing in a sustainable system of healthcare across the WYMHSCWYMHLD&AC service area in accordance with the Key Principles when making decisions at WYMHSCWYMHLD&AC C-In-C meetings.
3. There are expected to be two categories of decision making:
 - **All parties will need to participate in the initiative** for reasons of interdependency, safety or financial viability. These decisions will be made on the basis of all the affected organisations reaching an agreed decision in common.
 - **Organisations will need to confirm their own commitment and involvement at key stages (Gateways)** in order to ensure the Business Case assumptions (benefits) and risks are robust, only trusts directly affected by the Case for Change (eligible constituency under paragraph 5 of this Schedule) will be able to make decisions (the Gateways) and once an organisation has committed to participate at a specific Gateway they cannot withdraw.
4. The WYMHSCWYMHLD&AC 'Gateway' decision making mechanism should be used (where appropriate) to achieve agreements that will be binding across relevant members. The mechanism will follow a staged approach and unless new material comes to light, once progression has been made through the respective stages, progress will remain at the relevant stage that has been reached and will not 'fall back'. On agreement of progression through stages, members will commit to the next steps in developing the proposal.
5. All proposals brought before the WYMHSCWYMHLD&AC C-In-C will require a detailed case for change. At this stage the WYMHSCWYMHLD&AC C-In-C will determine if the proposal warrants further development and consideration and is appropriate to pass to the next stage of development. This stage will also consider which Parties would be directly or indirectly affected and eligible/required to vote (to be known as the eligible constituency).

6. The table below illustrates the 'Gateway Decision Making' Process:

Stage	Gateway	Outcome
Case for change (Proposal)	Gateway 1 Requires support of a simple majority	No fall back unless material new information All organisations participate in design phase
Develop Options	Gateway 2 Seek unanimous support by all parties eligible to make decisions	Options and Evaluation Framework agreed
Evaluation and selection of the preferred option	Gateway 3 Seek unanimous support by all parties eligible to make decisions	Application of agreed framework Identification of agreed option
Recommendation to Committee in Common	Gateway 4 Seek unanimous support by all parties eligible to make decisions	Proceed with formal agreements/contracts as required and implement plan

7. If a Party does not support a proposal then it will not be bound to act in accordance with that proposal as the Parties remain independent statutory bodies under the WYMHLD&AS Collaborative Programme.

8. Bilateral and Tripartite Agreements between Individual Trusts

- 8.1. The WYMHSGWYMHLD&AC Gateway Decision Making Framework does not preclude any Party from developing bilateral or tripartite agreements with other trusts in WYMHLD&AS services outside the Collaborative Programme. It is expected that there will be transparency in developing such agreements and the option for other WYMHLD&AS trusts to join an initiative and that the associated benefits and risks are appropriately considered in terms of the impact on other providers and the WYMH Collaborative Programme.
- 8.2. Recognising that being part of the WYMHSGWYMHLD&AC C-In-C does not preclude Parties alliances or existing relationships with other organisations.

- 8.3. Parties may wish to invite other organisations to be party to initiatives agreed by the WYMHSCWYMHLD&AC C-In-C.

9. Forum for engaging with the wider system

- 9.1. The WYMHSCWYMHLD&AC C-In-C could also be used as a forum to provide responses to queries and recommendations from the commissioners or the wider system (for example following a request from the WYHHCP) on specific issues.

SCHEDULE 5

WYMHSCWYMHLD&AC Committees in Common -TERMS OF REFERENCE

THESE TERMS OF REFERENCE FORM PART OF THE **WYMHSCWYMHLD&AC** MEMORANDUM OF UNDERSTANDING DEFINITIONS AND TERMINOLOGY ALIGN TO THE MEMORANDUM OF UNDERSTANDING

1. Scope

- a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.
- b. The Collaborative is one part of the wider West Yorkshire and Harrogate Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:
 - i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)
 - ii. Reduce suicide by 10% by 2020/21 and achieve a 75% reduction in targeted areas by 2022
- c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. This responsibility is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Programme Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.
- d. The Committees in Common for the Collaborative reports into the Board of each individual provider within the Partnership (BDCFT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Partnership.
- e. This Terms of Reference is approved through each individual provider Board.
- f. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

- a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

- a. Ensuring alignment of all parties to the WY&H Mental Health, Learning Disability and Autism strategy, confirming the role of the Collaborative in delivery;
- b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism;
- c. To emphasise the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:
 - i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY&H first' viewpoint, rather than an individual organisational viewpoint.
 - ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.
 - iii. The CinC will consider and agree adoption of joint policies and procedures across all organisations that will benefit the work of the collaborative.
- d. Formally recommending the roles and responsibilities within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales;
- e. Receiving assurance that identified workstreams have been subject to robust engagement and impact assessments;
- f. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;
- g. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;
- h. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;
- i. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU;
- j. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;
- k. Reviewing the Terms of Reference for the Committees in Common;
- l. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Partnership Transformation Funding and CCG baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

- a. Each Party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.
- b. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.
- c. Each Party will be considered as one entity within the Collaborative.
- d. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

- a. The Committees in Common will meet quarterly, or more frequently as required. In addition an annual strategic meeting will be held to review overall progress and set the direction and objectives for the year ahead.
- b. The Chair may call additional meetings as required. Other members may request the Chair to call additional meetings by making individual representation, although the Chair will make the final decision on whether to proceed.
- c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.
- d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of twelve months. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.
- e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.
- f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).
- g. Members of all Parties will be required to declare any interests at the beginning of each meeting.
- h. A meeting of the Committees in Common may consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.

- i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.
- j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.
- k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. Decision making within the Collaborative

- a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.
- b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.
- c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.
- d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

- a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meetings of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

- a. Meeting administration for the Committees in Common will be provided by the WYMHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.
- b. The Chair will be responsible for finalising agendas and minutes, based on the agreed workplan and in collaboration with the WYMHLDA Programme Team.
- c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.
- d. Papers for each meeting will be sent by the WYMHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled

before the meeting.

- e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.
- f. Following the annual Partnership 'check and confirm' session for the WYMHLDA programme a report will be made available by the Programme Director for the Committees in Common to review. Each Party should reflect the work detailed in this report within their annual Quality Accounts.

9. Review

- a. The Committees in Common will review these Terms of Reference at least annually.

1. Scope

- 1.1. ~~The WYMHSC C-In-C will be responsible for leading the development of the WYMHS Collaborative Programme and the workstreams in accordance with the Key Principles, setting overall strategic direction in order to deliver the WYMHS Collaborative Programme.~~

2. Standing

- 2.1. ~~Members shall only exercise functions and powers of a Party to the extent that they are actually permitted to ordinarily exercise such functions and powers under that Party's internal governance.~~

3. General Responsibilities of the WYMHSC C-In-C

- 3.1. ~~The general responsibilities of the WYMHSC C-In-C are:~~

- ~~(a) providing overall strategic oversight and direction to the development of the WYMHS Collaborative Programme;~~
- ~~(b) ensuring alignment of all Parties to the vision and strategy;~~
- ~~(c) formally recommending the final form of the collaborative programme, including determining roles and responsibilities within the workstreams;~~
- ~~(d) reviewing the key deliverables and ensuring adherence with the required timescales;~~
- ~~(e) receiving assurance that workstreams have been subject to robust quality impact assessments~~
- ~~(f) reviewing the risks associated with the performance of any of the Parties in terms of the impact to the WYMHS Collaborative Programme recommending remedial and mitigating actions across the system;~~
- ~~(g) receiving assurance that risks associated with the WYMHS Collaborative Programme are being identified, managed and mitigated;~~

- ~~(h) promoting and encouraging commitment to the Key Principles;~~
 - ~~(i) formulating, agreeing and implementing strategies for delivery of the WYMHS Collaborative Programme;~~
 - ~~(j) seeking to determine or resolve any matter referred to it by the WYMHSC Programme Executive or any individual Party and any dispute in accordance with the MoU;~~
-

~~approving the appointment, removal or replacement of key programme personnel;~~

~~(k) reviewing and approving the Terms of Reference of the WYMHSC Programme Executive;~~

~~(l) agreeing the Programme Budget and financial contribution and use of resources in accordance with the Risk and Gain Sharing Principles;~~

~~4. Members of the WYMHSC C-In-C~~

~~4.1. Each Party will appoint their Chair and Chief Executive as WYMHSC C-In-C Members and the Parties will at all times maintain a WYMHSC C-In-C Member on the WYMHSC C-In-C.~~

~~4.2. Each WYMHSC C-In-C member will nominate a deputy to attend on their behalf. The Nominated Deputy will be a voting board member of the respective Party. The Nominated Deputy will be entitled to attend and be counted in the quorum at which the WYMHSC C-In-C Member is not personally present and do all the things which the appointing WYMHSC C-In-C Member is entitled to do.~~

~~4.3. Each Party will be considered to be one entity within the collaborative.~~

~~4.4. The Parties will all ensure that, except for urgent or unavoidable reasons, their respective WYMHSC C-In-C Member (or their Nominated Deputy) attend and fully participate in the meetings of the WYMHSC C-In-C.~~

~~5. Proceedings of WYMHSC C-In-C~~

~~5.1. The WYMHSC C-In-C will meet quarterly, or more frequently as required.~~

~~5.2. The WYMHSC C-In-C shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the WYMHSC members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the WYMHSC C-In-C into the Parties' Trust Boards.~~

~~5.3. The Parties will select one of the Parties' Chairs to act as the Chair of the WYMHSC C-In-C meetings on a rotational basis for a period of twelve months. There shall also be a Deputy Chair nominated. The Deputy Chair will be the succeeding chair of the C-In-C at the end of the incumbent Chair's term.~~

~~5.4. The WYMHSC CIC may regulate its proceedings as they see fit save as set out in these Terms of Reference.~~

~~5.5. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one WYMHSC C-In-C Member present.~~

~~5.6. Members of all Parties will be required to declare any interests at the beginning of each meeting.~~

~~5.7. A meeting of the WYMHSC C-In-C may consist of a conference between the WYMHSC C-In-C Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.~~

~~5.8. Each WYMHSC C-In-C Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the WYMHSC Collaborative Programme.~~

~~5.9. The WYMHSC C-In-C will review the meeting effectiveness at the end of each meeting.~~

6. Decision making within the WYMHSC C-In-C

~~6.1. Each WYMHSC C-In-C Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.~~

~~6.2. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, WYMHSC C-In-C Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the WYMHSC service area in accordance with the Key Principles when making decisions at WYMHSC C-In-C meetings.~~

~~6.3. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all WYMHSC C-In-C Members reaching an agreed consensus decision in common in accordance with the Key Principles.~~

~~6.4. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the WYMHSC Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.~~

7. Attendance of third parties at WYMHSC C-In-C meetings

~~7.1. The WYMHSC C-In-C shall be entitled to invite any person to attend but not take part in making decisions at meetings of the WYMHSC C-In-C.~~

8. Administration for the WYMHSC C-In-C

~~8.1. Meeting administration for the WYMHSC C-In-C will be provided by the WYMHSC Programme Office, maintaining the register of interests and the minutes of the meetings of the WYMHSC C-In-C.~~

~~8.2. The Company Secretary/Governance lead of the incumbent Chair will have responsibility for providing governance advice and finalising agendas and minutes with the Chair.~~

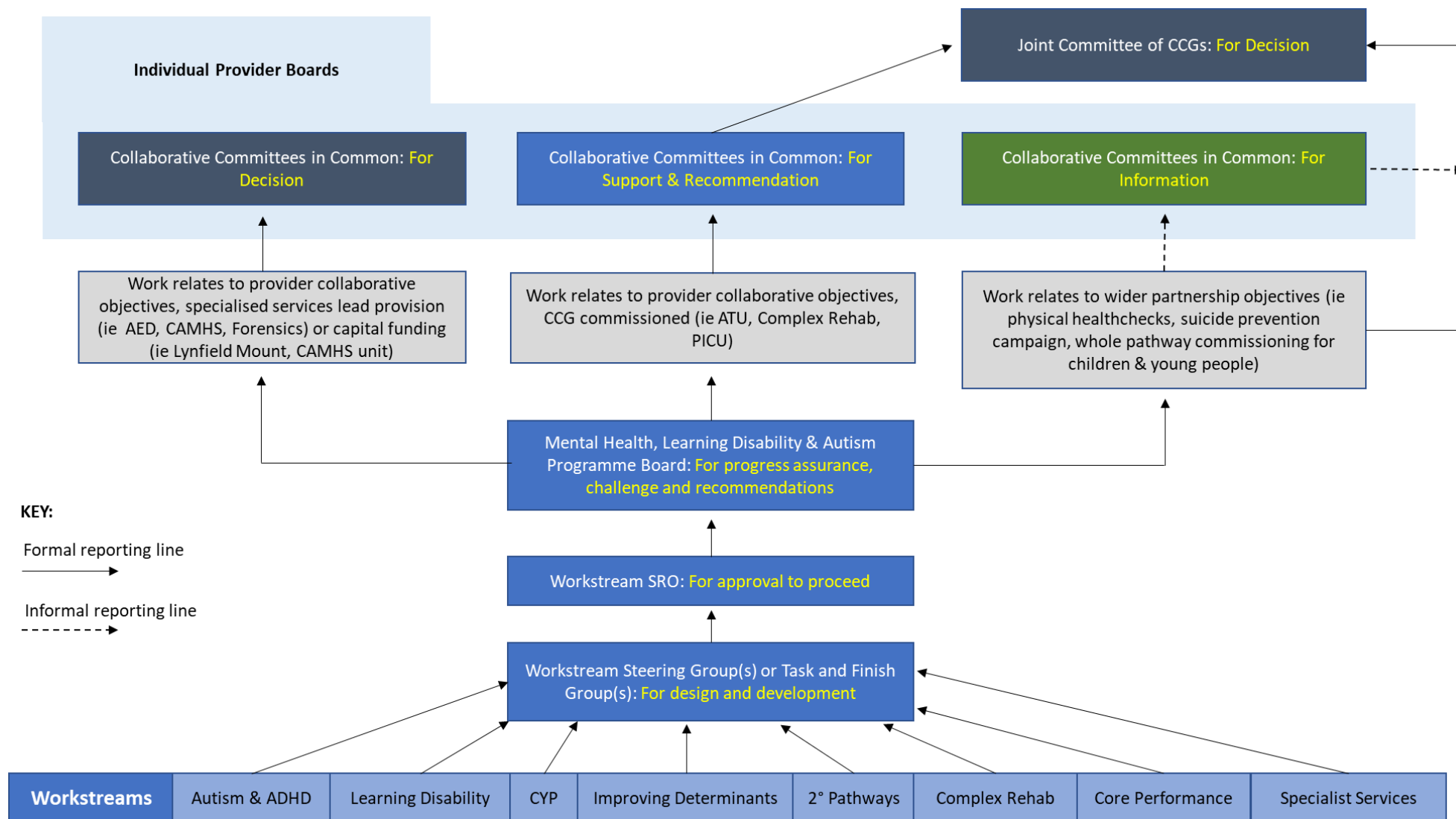
~~8.3. The agenda for the meeting will be agreed by the WYMHSC C-In-C Chair. Papers for each meeting will be sent from the Programme Office to WYMHSC C-In-C Members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting.~~

~~8.4. The minutes, and a summary report from the Programme Director will be circulated promptly to all WYMHSC C-In-C Members as soon as reasonably practical for inclusion on the private agenda of each Parties' Board meeting. The Chair of the meeting will be responsible for approval of the first draft set of minutes for circulation to members. The Programme Director will provide a summary for sharing in the public domain.~~

~~9. Review~~

~~9.1. The WYMHSC C-In-C will review these Terms of Reference at least annually for approval by the Parties.~~

Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership



WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES & AUTISM COLLABORATIVE

DATE

30 April 2018

- 1. BRADFORD DISTRICT CARE NHS FOUNDATION TRUST**
- 2. LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST**
- 3. LEEDS COMMUNITY HEALTHCARE NHS TRUST**
- 4. SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST**

**MEMORANDUM OF UNDERSTANDING
FOR WEST YORKSHIRE MENTAL HEALTH, LEARNING DISABILITIES AND AUTISM
COLLABORATIVE (WYMHL&AC)**

No	Date	Version Number	Author
1	15/11/17	01 -	Trust Company Secretaries / Governance leads
2	29/11/17	0.2	Trust Company Secretaries / Governance leads
3	4/12/17	0.3	Trust Company Secretaries / Governance leads
4	15/01/18	0.4	Trust Company Secretaries / Governance leads
5	7/03/18	0.5	Trust Company Secretaries/Governance lead
6	15/03/18	0.6 Incorporating comments from audit committee chairs	Trust Company Secretaries/Governance lead
7	25/04/18	0.7 Incorporating comments from Boards	Trust Company Secretaries/Governance lead
8	11/02/21	0.8 incorporating approvals from Committee-in-Common meeting held	Trust Company Secretaries/Governance lead

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Date: TBC

This Memorandum of Understanding (**MoU**) is made between:

- (1) **BRADFORD DISTRICT CARE NHS FOUNDATION TRUST** of New Mill, Victoria Road, Saltaire, Bradford, West Yorkshire, BD18 3LD;
- (2) **LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST** of 2150 Century Way, Thorpe Park, Leeds, West Yorkshire, LS15 8ZB
- (3) **LEEDS COMMUNITY HEALTHCARE NHS TRUST** of First Floor, Stockdale House, Headingley Office Park, Victoria Road, Leeds, West Yorkshire, LS6 1PF
- (4) **SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST** of Fieldhead Hospital, Ouchthorpe Lane, Wakefield, West Yorkshire, WF1 3SP

(each a "**Party**" and together the "**Parties**").

RECITALS

- (A) In entering into and performing their obligations under this MoU, the parties are working towards a collaborative programme including ownership and commitment to collaboration as set out in the West Yorkshire and Harrogate Health and Care Partnership (STP) ("**WYHHCP**").
- (B) The Parties together form the West Yorkshire Mental Health, Learning Disabilities and Autism Collaborative ("**WYMHLDA&C**") and have agreed to collaborate in delivering region-wide efficient and sustainable acute and specialist mental health services for patients. The Parties have formed Committees in Common ("**WYMHLDA&C C-In-C**") which have the specific remit of overseeing a comprehensive system wide collaborative programme to deliver the objective of a more collaborative model of care for acute and specialist mental health services in West Yorkshire (WY). The intention being to deliver a system model, operating as a network, that is coherent, integrated, consistent (reducing unwanted variation) and focused on quality and value for the population and patients (the "**WYMHLDA Collaborative Programme**").
- (C) This MoU is focused on the Parties' agreement to develop the detail in relation to the function and scope of the WYMHLDA&C C-In-C; developing the principles that will underpin collaborative working and the timetable for implementation in order to tackle a number of significant operational, clinical and financial challenges for services in the WYMHLDA&C service area.
- (D) The Parties recognise the different levels of provision of acute and specialist mental health services in portfolios of services and this will be reflected in any agreements the collaborative makes and managed through the Gateway Decision Making Process.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1. In this MoU, capitalised words and expressions shall have the meanings given to them in this MoU.
- 1.2. In this MoU, unless the context requires otherwise, the following rules of construction shall apply.
- 1.3. a reference to a "**Party**" is a reference to the organisations party to this MoU and includes its personal representatives, successors or permitted assigns and a reference to "**Parties**" is a reference to all parties to this MoU;

2. PURPOSE AND EFFECT OF MOU

- 2.1. The Parties have agreed to work together on behalf of patients and the population to deliver the best possible care, experience and outcomes within the available resources for acute and specialist mental health services in WY. The aim is for the Parties to organise themselves around the needs of the population rather than planning at an individual organisational level so as to deliver more integrated, high quality cost effective care for patients as detailed in Schedule 1. The Parties wish to record the basis on which they will collaborate with each other through the WYMHLD&AC in this MoU.
- 2.2. This MoU sets out:
 - 2.2.1. the key objectives for the development of the WYMHLD&AC;
 - 2.2.2. the principles of collaboration;
 - 2.2.3. the governance structures the Parties will put in place; and
 - 2.2.4. the respective roles and responsibilities the Parties will have during the development and delivery of the collaboration model.
- 2.3. In addition to the MoU, the Parties will seek to agree additional documents to manage the relationships for confidentiality, conflicts of interest and sharing of information between themselves in more detail.

3. KEY PRINCIPLES

- 3.1. The Parties shall undertake the development and delivery of the WYMHLD&A Collaborative Programme in line with the Key Principles as set out in Schedule 1 (the "**Key Principles**").

- 3.2. The Parties acknowledge the current position with regard to the WYMHLDA&AC and the contributions, financial and otherwise, already made by the Parties.

4. PRINCIPLES OF COLLABORATION

- 4.1. The Parties agree to adopt the following principles including shared values and behaviours when carrying out the development and delivery of the WYMHLDA Collaborative Programme (the "**Principles of Collaboration**"):
- 4.1.1. address the vision - in developing WYMHLDA&AC the Parties seek to establish a model of collaborative care, to provide high quality, sustainable acute and specialist mental health services for the population, enabled by integrated solutions and delivering best value for the taxpayer and operating a financially sustainable system;
 - 4.1.2. collaborate and co-operate - establish and adhere to the governance structure set out in this MoU to ensure that activities are delivered and actions taken as required to deliver change collectively and in partnership with each other and the wider NHS;
 - 4.1.3. hold each other mutually accountable for delivery and challenge constructively - take on, manage and account to each other, the wider WYHHCP and the WYMHLDA&AC service area population for performance of the respective roles and responsibilities set out in this MoU;
 - 4.1.4. be open and transparent and act with honesty and integrity - communicate openly with each other about major concerns, issues or opportunities relating to WYMHLDA&AC and comply with the seven Principles of Public Life established by the Nolan Committee (the Nolan Principles) and where appropriate the NHS Foundation Trust Code of Governance (as issued by Monitor and updated in July 2014) including implementing a transparent and explicit approach to the declaration and handling of relevant and material conflicts of interests arising;
 - 4.1.5. adhere to statutory requirements and best practice - comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation;
 - 4.1.6. act in a timely manner - recognise the time-critical nature of the WYMHLDA Collaborative Programme development and delivery and respond accordingly to requests for support;
 - 4.1.7. manage stakeholders effectively - ensure communication and engagement both internally and externally is clear, coherent, consistent and credible and in line with the Parties' statutory duties, values and objectives.
 - 4.1.8. deploy appropriate resources - ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoU; and
 - 4.1.9. act in good faith - to support achievement of the Key Principles and in compliance with these Principles of Collaboration.

5. GOVERNANCE

- 5.1. The governance structure (summarised below in Schedule 2) of this MoU provides a structure for the development and delivery of the WYMHLDA Collaborative

Programme.

- 5.2. The governance arrangements will be:
 - 5.2.1. based on the principle that decisions will be taken by the relevant organisations at the most appropriate level in accordance with each organisation's internal governance arrangements, particularly in respect of delegated authority;
 - 5.2.2. shaped by the Parties in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of the WYMHLDA Collaborative Programme. The Parties intend that there should be as far as permissible a single governance structure to help oversee and deliver the WYMHLDA Collaborative Programme in accordance with the Key Principles; and
 - 5.2.3. underpinned by the following principles:
 - (a) the Parties will remain subject to the NHS Constitution, their provider licence and their own constitutional documents and retain their statutory functions and their existing accountabilities for current services, resources and funding flows; and
 - (b) clear agreements will be in place between the providers to underpin the governance arrangements.

6. ACCOUNTABILITY AND REPORTING LINES

Accountability and reporting should be undertaken at the following levels within WYMHLDA&AC:

WYMHLDA&AC Committees in Common ("WYMHLDA&AC C-In-C")

- 6.1. The WYMHLDA&AC C-In-C will receive reports at each meeting from the Programme Executive highlighting but not limited to:
 - 6.1.1. progress throughout the period;
 - 6.1.2. decisions required by the WYMHLDA&AC C-In-C;
 - 6.1.3. issues and risk being managed;
 - 6.1.4. issues requiring escalation to the WYMHLDA&AC C-In-C; and
 - 6.1.5. progress planned for the next period.

Under a standing agenda item, WYMHLDA&AC C-In-C will agree the key communications arising from its meetings that should be relayed to the Parties' respective organisations. The minutes from the Programme Director will be circulated promptly to all WYMHLDA&AC C-In-C Members as soon as reasonably practical for inclusion on the public and private agendas of each Parties' Board meeting. A summary assurance report from the Programme Director will also be provided for inclusion on the public agenda of each Parties' Board meeting (and where applicable the public agenda of the Council of Governors' meeting).

WYMHLDA&AC Programme Executive

- 6.2. The WYMHLDA&AC C-In-C will hold each of the Parties' Chief Executives to account for the delivery of their sponsored workstreams within the WYMHLDA Collaborative Programme via the WYMHLDA&AC Programme Executive.

7. ROLES AND RESPONSIBILITIES

The Parties shall undertake the roles and responsibilities set out in this MoU to help develop the WYMHLDA Collaborative Programme in line with the Key Principles:

WYMHLDA Committees in Common

- 7.1. The WYMHLDA C-In-C comprises senior members of the Parties and provides overall strategic oversight and direction to the development of the WYMHLDA Collaborative Programme. It is chaired by existing Chairs of the Parties, on a rotational basis, as underpinned by principles of continuity and equity collectively agreed by members, for a minimum duration of 12 months.
- 7.2. The WYMHLDA C-In-C shall be managed in accordance with the governance arrangements in section 5 and the Terms of Reference in Schedule 5.

WYMHLDA Executive Group

- 7.3. The WYMHLDA Executive Group will provide assurance to the WYMHLDA C-In-C that the key deliverables are being met and that the development of the WYMHLDA Collaborative Programme is within the boundaries set by the WYMHLDA C-In-C. It will provide management at programme and workstream level.

8. DECISION MAKING

- 8.1. The Parties intend that WYMHLDA C-In-C individual Members will each operate under a model scheme of delegation whereby each WYMHLDA C-In-C individual Members shall have delegated authority to make decisions on behalf of their organisation relating to:
 - matters falling under the scope of the WYMHLDA C-In-C and agreed collaborative programme underpinned by a 'case for change' set out in Schedule 2;
 - the devolving of the Key Principles set out in Schedule 1; and,
 - in accordance with the WYMHLDA Gateway Decision Making Framework set out in Schedule 4 on behalf of their respective organisations.

Each party will reflect in its individual Scheme of Delegation the authority delegated to its representatives on the WYMHLDA C-In-C.

- 8.2. The Parties intend that WYMHLDA C-In-C Members shall report to and consult with their own respective organisations at Board level, providing governance assurance that is compliant with their regulatory and audit requirements, for organisational decisions relating to, and in support of the WYMHLDA Key Principles and facilitating these functions in a timely manner.

9. ESCALATION

- 9.1. If any Party has any issues, concerns or complaints regarding the WYMHLDA Collaborative Programme, or any matter in this MoU, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 9.2. Subject as otherwise specifically provided for in this MoU, any dispute arising between the Parties out of or in connection with this MoU will be resolved in accordance with Schedule 3 (Dispute Resolution Procedure).
- 9.3. If any Party receives any formal or media enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the development of the WYMHLDAAC, the matter shall be promptly referred to the WYMHLDAAC Programme Director in the interests of consistency, however recognising the request remains the responsibility of the receiving organisation.

10. CONFLICTS OF INTEREST

- 10.1. The Parties agree that they will:
 - 10.1.1. disclose to each other the full particulars of any relevant or material conflict of interest which arises or may arise in connection with this MoU, the development of the collaboration model or the performance of activities under the WYMHLDA Collaborative Programme, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Parties or any person employed or retained by the Parties for or in connection with the development and delivery of the WYMHLDA Collaborative Programme; and
 - 10.1.2. not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoU (without the prior consent of the other Parties) before participating in any action in respect of that matter.
 - 10.1.3. Comply with the terms of any agreed conflict of interest protocol as set out in paragraph 2.5 above.

11. FUTURE INVOLVEMENT AND ADDITION OF PARTIES

The Parties are the initial participating organisations in the development of the WYMHLDA Collaborative Programme but it is intended that other providers to the WYMHLDAAC service area population may also come to be partners (including for example independent sector and third sector providers). Partner organisations may where appropriate be invited to meetings of the WYMHLDAAC C-In-C as observers or for a specific agenda item/workstream or through an additional stakeholders forum. If appropriate to achieve the key deliverables, the Parties may also agree to include additional party or parties to this MoU. If they agree on such a course the Parties will cooperate to enter into the necessary documentation, including reference to the relevant organisation's Scheme of Delegation and Standing Order procedures of joining Parties.

12. COMPETITION AND PROCUREMENT COMPLIANCE

The Parties recognise that it is currently the duty of the commissioners, rather than the Parties as providers, to decide what services to procure and how best to secure them in the interests of patients. In addition, the Parties are aware of their competition compliance obligations, both under competition law and, in particular under the NHS Improvement/Monitor Provider Licence for providers, and shall take all necessary steps to ensure that they do not breach any of their current or future obligations in this regard. Further, the Parties understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and NHS Improvement/Monitor and will keep this position under review accordingly.

The parties agree not to disclose or use any confidential information which is to be disclosed under the arrangements in a way which would constitute a breach of competition law.

13. REVIEW

13.1. A formal review meeting of the WYMHLDA&AC C-In-C shall take place 12 months after the date of implementation of this MoU (1st April 2018) or sooner if deemed as required by the Parties.

13.2. The WYMHLDA&AC C-In-C shall discuss and agree as a minimum:

13.2.1. the principles of collaboration;

13.2.2. the governance arrangements as set out in Section 5;

13.2.3. the scope of the WYMHLDA Collaborative Programme and individual workstreams;

13.2.4. the progress against the key deliverables; and

13.2.5. key decisions required in support of Schedule 4.

14. TERM AND TERMINATION

14.1. This MoU shall commence on 1st April 2018 (having been executed by all the Parties)

14.2. This MoU may be terminated in whole by:

14.2.1. mutual agreement in writing by all of the parties

14.2.2. in accordance with paragraph 15.2; or

14.2.3. in accordance with paragraph 1.5 of Schedule 3.

14.3. Any Party may withdraw from this MoU giving at least six calendar months' notice in writing to the other Parties, or the length of the remainder of any existing contract, whichever is longer. The MoU will remain in force between the remaining parties (unless otherwise agreed in writing between all the remaining parties) and the remaining Parties will agree such amendments required to the MoU in accordance with section 16.

14.4. In the event a Party is put into administration, special measures and/or is otherwise not able to perform its role under the WYMHLDA Collaborative Programme and this MoU, the remaining Parties shall be entitled to consider and enforce, on a case by case basis, a resolution of the WYMHLDA C-In-C for the removal of the relevant Party from the MoU on a majority basis provided that:

14.4.1. reasonable notice shall have been given of the proposed resolution; and

14.4.2. the affected Party is first given the opportunity to address the WYMHLDA C-In-C meeting at which the resolution is proposed if it wishes to do so.

14.5. This MoU shall be terminated in accordance with the provision at paragraph 14.2.

15. CHANGE OF LAW

15.1. The Parties shall take all steps necessary to ensure that their obligations under this MoU are delivered in accordance with applicable law. If, as a result of change in applicable law, the Parties are prevented from performing their obligations under this MoU but would be able to proceed if a variation were made to the MoU, then the Parties shall consider this in accordance with the variation provision at section 16.

15.2. In the event that that the Parties are prevented from performing their obligations under this MoU as a result of a change in applicable law and this cannot be remedied by a variation or a variation is not agreed by all Parties, then the Parties shall agree to terminate this MoU on immediate effect of the change in applicable law.

16. VARIATION

This MoU may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

17. CHARGES AND LIABILITIES

17.1. Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoU, including in respect of any losses or liabilities incurred due to their own or their employee's actions.

17.2. No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoU.

18. NO PARTNERSHIP

Nothing in this MoU is intended to, or shall be deemed to, establish any formal or legal partnership or joint venture between the Parties, constitute any Party as the agent of another Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

19. COUNTERPARTS

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

We have signed this Memorandum of Understanding on the date written at the head of this memorandum.

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

BRADFORD DISTRICT CARE)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

LEEDS & YORK PARTNERSHIP)
NHS FOUNDATION TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

LEEDS COMMUNITY HEALTHCARE)
NHS TRUST) DATE: 30 April 2018

SIGNED by)

Duly authorised to sign for and on) Authorised Signatory

behalf of) Title:

SOUTH WEST YORKSHIRE)
PARTNERSHIP NHS FOUNDATION) DATE: 30 April 2018
TRUST

SCHEDULE 1

THE KEY PRINCIPLES

1. The continued challenge of ensuring the quality and financial sustainability of mental health services requires a more collaborative approach between providers ensuring that the best possible care can be delivered to people in WY making best use of the collective resources.
2. Through the WYMHLDA Collaborative Programme, the Parties Key Principles are to achieve sustainable, safe, high quality and cost effective acute and specialist mental health services across WY, based on clear integrated and standardised operating models, networks and alternative service delivery models where risk and benefits will be collectively managed. This will be achieved through addressing the following:
 - 2.1. Achieving the clinical and financial stability across the WYMHLDA service areas.
 - 2.2. Enhancing partnership working through collaboration between providers, leading to interdependency, care delivered by stream or pathway rather than by individual organisations and by collective provider responsibility.
 - 2.3. The approach to collaboration:
 - The Parties will work on the greatest challenges together to ensure high quality, sustainable mental health services now and in the future.
 - Reduce variation in quality by building on best practice and developing standard operating procedures and pathways to achieve better outcomes for people in WY.
 - Take a collaborative approach to the delivery of acute/specialist mental health services via clinical pathways and networked services (rather than individual place/provider led developments).
 - Developing 'centres of excellence' for the more specialist mental health services e.g. forensic services, Child and Adolescent Mental Health Services (CAMHS) Tier 4, adult eating disorders.
 - Delivering economies of scale in mental health service support functions.
 - Build constructive relationships with communities, groups, organisations and the third sector to ensure there are lines of communication and ways of engaging on issues which have an impact on people's health and wellbeing.
 - Ensure there is appropriate public engagement on those matters which need to be communicated more widely.

SCHEDULE 2

WYMHLDA COLLABORATIVE PROGRAMME APPROACH AND KEY STAGES

1. Purpose of the Collaborative Programme

The purpose of the collaborative programme is to reduce variation and deliver sustainable acute and specialist mental health services to a standardised model which is efficient and of high quality. In developing this programme the Parties will be designing services over a wider NHS footprint (the WYMHLDA service area), thinking of different models of care and making collective efficiencies where the potential exists.

2. The WYMHLDA Collaborative Programme Approach

The Key Principles and five key steps to developing the WYMHS Collaborative Programme approach are set out in Schedule 1.

3. WYMHLDA Collaborative Programme Priorities

The WYMHLDA Collaborative Programme priorities are expected to be generated as a result of the following internal and external drivers;

- WYMHLDA clinical and operational sustainability priorities.
- WYMHLDA analysis of variation.
- West Yorkshire & Harrogate Health and Care Partnership.
- Regulatory requirements and expectations within NHSE/I Planning Guidance.

The structure of the programme will reflect these priorities as shown in the workstreams below (as at 1st January 2020). Those in yellow are priorities for the CinC, those in blue are priorities for the wider partnership MHLDA programme which the CinC does not focus on, but receives updates on because the work is linked.

Origin	Workstreams	Strands
Delivering pre-COVID priority workstreams	Specialised services	Adult Eating Disorders
		Tier 4 CAMHS
		Forensics
		'Next Wave' (ie Perinatal MH)
	Secondary Care Pathways	Psychiatric Intensive Care
		Community Transformation
	Complex Rehabilitation	Community teams
		Inpatient provision
	Learning Disability	Assessment & Treatment Units
		Transforming Care Programme
		Reasonable Adjustments
	Autism	Diagnosis

		Understanding barriers
		Pre/post diagnostic support
	Children & Young People	Whole Pathway Commissioning
	Improving Determinants of Health	Suicide Prevention
		Perinatal Mental Health
		BAME access & treatment
Delivering ongoing support and response during COVID	Mutual aid	Healthy Hospitals and physical health
		Crisis Pathways
		Cohorting/inpatient capacity
	Population support schemes	Sharing of practice, learning and fortnightly communication
		Keeping connected
Delivering new priorities as a result of COVID	Improving collaboration	Grief and Loss helpline
		Prevention & Management of Violence & Aggression
	Staff health and wellbeing	Collaborative staff bank
		West Yorkshire Mental Wellbeing Hub

4. Key Workstream Stages

4.1 Long term workstream priorities will be developed based on a robust case for change (risk and benefit evaluation of workstream potential based on current service models) or through agreement by collaborative partners of a need to respond more quickly to emerging concerns.

4.2 The table below illustrates the sequence of stages of the workstream development process, this will be a scalable process and proportionate to the workstream:

Stage	Outputs	Key Requirements
1. Case for change (Proposal)	Detailed description of current services Gap/challenges relating to safety, resilience, quality, sustainability (Data analysis) Scope for improvement Evaluation framework Risk sharing approach	Clinical leadership and involvement External Experts and Clinical Senate involvement
2. Design the Future Operating Model	Standardise operating procedures Workforce models Capacity modelling	

Stage	Outputs	Key Requirements
	Best Practice benchmarks for future performance Scale of improvement which can be achieved	
3. Develop Options	New Models of Care Organisational change Operational networks Alternative provider arrangements and service delivery models Commissioner requirements and consultation	
4. Evaluation & selection of the preferred option	Clinical (Quality) Financial/Legal/Regulatory Workforce Performance Quality impact assessments Equality impact assessments	
5. Implementation planning	Timescales Resources Evaluation and review delivery of benefits Management of risks and issues	

4.3 The WYMHL D&AC Executive will be responsible for the execution and delivery of the programme governance and ensuring that a common approach is applied to all applicable workstreams (some workstreams may not require this approach) and that the workstream pipeline is managed within defined timescales.

4.4 Each workstream will have a WYMHL D&AC Director (identified by the WYMHL D&A Collaborative Executive) and Senior Lead Clinical sponsor. The inputs at each stage will include:

- Clear articulated case for change i.e. use of data, standards etc.
- Identification and use of organisational change/service improvement models
- Targeted clinical/staff engagement and empowerment in order to lead the design and change e.g. facilitated workshops
- Transparent options appraisal process
- Quality impact assessments
- Equality impact assessments

- Use of external scrutiny
- Appropriate commissioner engagement
- Appropriate public/patient engagement
- Governor engagement

4.5 The WYMHL D&AC Executive and WYMHL D&AC C-In-C will make decisions on the prioritisation and progressing of workstreams to the next stage as shown in the Decision Making Schedule and gateways (as set out in Schedule 4).

5. Risk and Gain Sharing Principles

5.1. Some WYMHL D&AC projects developed under the workstreams will have the potential to disproportionately benefit participating WYMHL D&AC organisations at the expense of others. The potential impact of the implementation of a project through a workstream will be established and set out within the 'Case for Change' stage (Gateway 1) and the 'risk gain share' model between the respective WYMHL D&AC members affected by the project developed in preparation for selection of the preferred option at Gateway 3. The model will be tailored to each project and will be designed on the following principles reflecting that organisations are working for the delivery of better care and a more sustainable system for patients in the WYMHL D&AC service area:

5.1.1. The costs of delivering the project will be met by all Parties in the proportions agreed and submitted within the submission for Gateway 3 so that the WYMHL D&AC C-In-C can be clear when selecting the preferred option where the costs will be met from and how any losses may be reimbursed;

5.1.2. The allocation of net benefits from a project will be agreed based on one or a combination of these methods, the detail of which will be developed and agreed at Gateway 3 of decision making process :

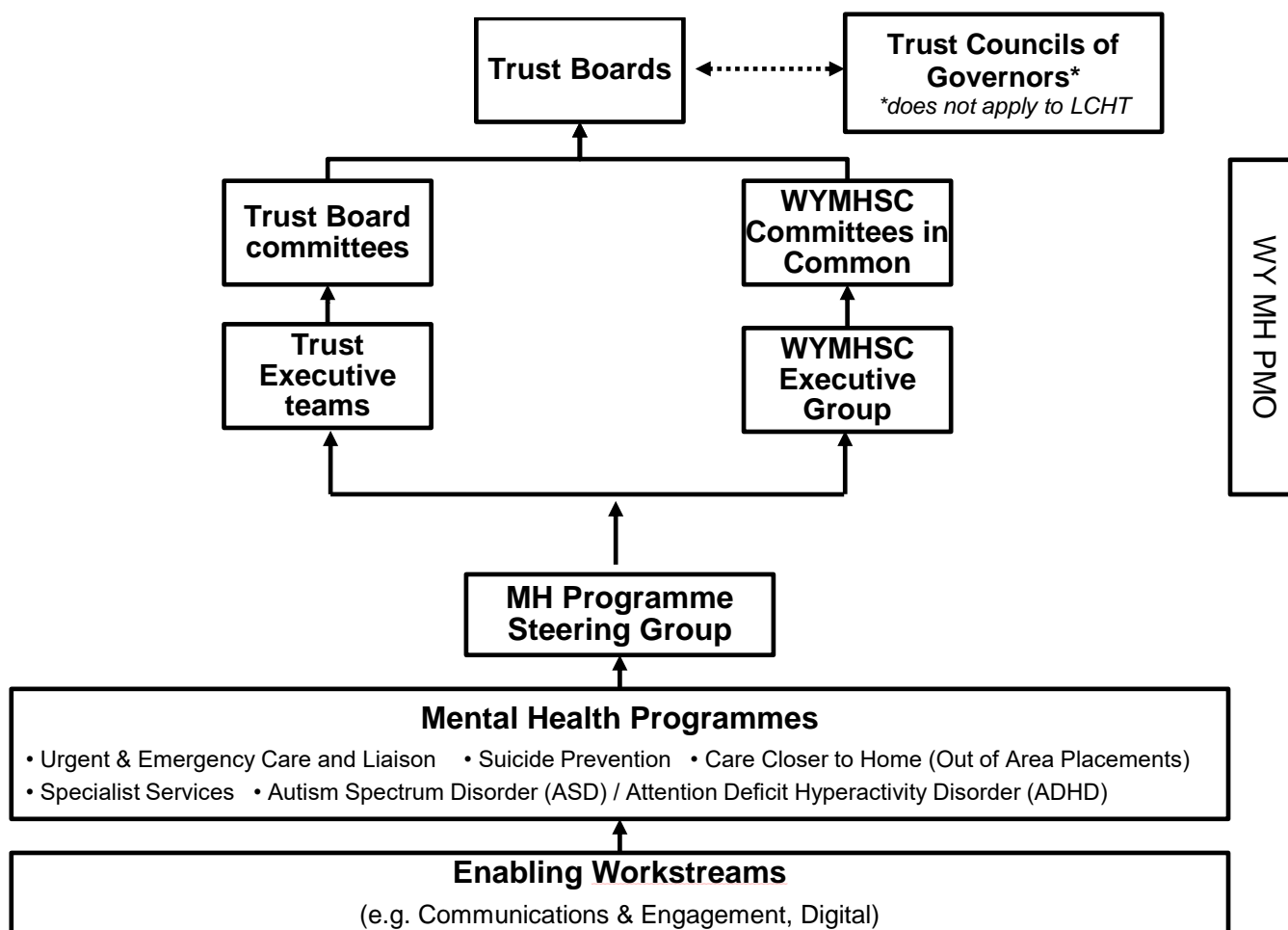
- equal gain share;
- proportional gain share; and/or
- successful contribution to the initiative.

5.1.3. The allocation of net benefits will be agreed between the relevant Parties based on the benefit and risk profile using these methods; and

5.1.4. The same principles will apply to the sharing of risks and costs in the event that a project does not deliver the anticipated net benefit.

6. High Level Programme Structure

The high level programme structure, linked to the West Yorkshire and Harrogate Health and Care Partnership (previously STP), is shown below:



SCHEDULE 3

DISPUTE RESOLUTION PROCEDURE

1. Avoiding and Solving Disputes

- 1.1 The Parties commit to working co-operatively to identify and resolve issues to their mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this MoU.
- 1.2 The Parties believe that:
 - 1.2.1 by focusing on the agreed Key Principles underpinned by the five step approach as set out in the MoU and in Schedule 1;
 - 1.2.2 being collectively responsible for all risks; and
 - 1.2.3 fairly sharing risk and rewards in relation to the services in scope in the WYMHLDA Collaborative Programme.

they reinforce their commitment to avoiding disputes and conflicts arising out of or in connection with this MoU.

- 1.3 A Party shall promptly notify the other Parties of any dispute or claim or any potential dispute or claim in relation to this MoU or its operation (each a "**Dispute**") when it arises.
- 1.4 In the first instance the WYMHLDA Programme Executive shall seek to resolve any Dispute to the mutual satisfaction of each of the Parties. If the Dispute cannot be resolved by the WYMHLDA Programme Executive within 10 Business Days (a **Business Day** being a day other than a Saturday, Sunday or public holiday in England when banks in London are open for business) of the Dispute being referred to it, the Dispute shall be referred to the WYMHLDA C-In-C for resolution.
- 1.5 The WYMHLDA C-In-C shall deal proactively with any Dispute on a "Best for Meeting the Key Principles" basis in accordance with this MoU so as to seek to reach a majority decision. If the WYMHLDA C-In-C reaches a decision that resolves, or otherwise concludes a Dispute, it will advise the Parties of its decision by written notice. The Parties recognise that any dispute or operation of this procedure will be without prejudice to and will not affect the statutory duties of each Party. This MoU is not intended to be legally binding save as provided in paragraph 2.4 of the MoU and, given the status of this MoU (as set out in Section 2), if a Party disagrees with a decision of the WYMHLDA C-In-C or the independent facilitator, they may withdraw from the MoU at any point in accordance with section 14 of the MoU.

- 1.6 If a Party does not agree with the decision of the WYMHL D&AC C-In-C reached in accordance with the above, it shall inform the WYMHL D&AC C-In-C within 10 Business Days and request that the WYMHL D&AC C-In-C refer the Dispute to an independent facilitator in agreement with all Parties and in accordance with paragraph 1.7 of this Schedule.
- 1.7 The Parties agree that the WYMHL D&AC C-In-C, on a “Best for Meeting the Key Principles” basis, may determine whatever action it believes is necessary including the following:
- 1.7.1 If the WYMHL D&AC C-In-C cannot resolve a Dispute, it may request that an independent facilitator assist with resolving the Dispute; and
- 1.7.2 If the independent facilitator cannot facilitate the resolution of the Dispute, the Dispute must be considered afresh in accordance with this Schedule and in the event that after such further consideration again fails to resolve the Dispute, the WYMHL D&AC C-In-C may decide to:
- (i) terminate the MoU; or
 - (ii) agree that the Dispute need not be resolved.

SCHEDULE 4

WYMHL D&AC CIC DECISION MAKING

1. The Memorandum of Understanding (MoU) and Terms of Reference (TOR) for the WYMHL D&AC Committee in Common (WYMHL D&AC C-In-C) takes into consideration existing accountability arrangements of participating Trusts and decisions (where these apply to the services in scope in the collaborative) being made under a scheme of delegation.
2. Whilst it is recognised that some decisions taken at the WYMHL D&AC C-In-C may not be of obvious benefit to all Parties, it is anticipated that the WYMHL D&AC C-In-C will look to act on the basis of the best interests of the wider population investing in a sustainable system of healthcare across the WYMHL D&AC service area in accordance with the Key Principles when making decisions at WYMHL D&AC C-In-C meetings.
3. There are expected to be two categories of decision making:
 - **All parties will need to participate in the initiative** for reasons of interdependency, safety or financial viability. These decisions will be made on the basis of all the affected organisations reaching an agreed decision in common.
 - **Organisations will need to confirm their own commitment and involvement at key stages (Gateways)** in order to ensure the Business Case assumptions (benefits) and risks are robust, only trusts directly affected by the Case for Change (eligible constituency under paragraph 5 of this Schedule) will be able to make decisions (the Gateways) and once an organisation has committed to participate at a specific Gateway they cannot withdraw.
4. The WYMHL D&AC 'Gateway' decision making mechanism should be used (where appropriate) to achieve agreements that will be binding across relevant members. The mechanism will follow a staged approach and unless new material comes to light, once progression has been made through the respective stages, progress will remain at the relevant stage that has been reached and will not 'fall back'. On agreement of progression through stages, members will commit to the next steps in developing the proposal.
5. All proposals brought before the WYMHL D&AC C-In-C will require a detailed case for change. At this stage the WYMHL D&AC C-In-C will determine if the proposal warrants further development and consideration and is appropriate to pass to the next stage of development. This stage will also consider which Parties would be directly or indirectly affected and eligible/required to vote (to be known as the eligible constituency).

6. The table below illustrates the 'Gateway Decision Making' Process:

Stage	Gateway	Outcome
Case for change (Proposal)	Gateway 1 Requires support of a simple majority	No fall back unless material new information All organisations participate in design phase
Develop Options	Gateway 2 Seek unanimous support by all parties eligible to make decisions	Options and Evaluation Framework agreed
Evaluation and selection of the preferred option	Gateway 3 Seek unanimous support by all parties eligible to make decisions	Application of agreed framework Identification of agreed option
Recommendation to Committee in Common	Gateway 4 Seek unanimous support by all parties eligible to make decisions	Proceed with formal agreements/contracts as required and implement plan

7. If a Party does not support a proposal then it will not be bound to act in accordance with that proposal as the Parties remain independent statutory bodies under the WYMHLDA Collaborative Programme.

8. **Bilateral and Tripartite Agreements between Individual Trusts**

- 8.1. The WYMHLDAAC Gateway Decision Making Framework does not preclude any Party from developing bilateral or tripartite agreements with other trusts in WYMHLDA services outside the Collaborative Programme. It is expected that there will be transparency in developing such agreements and the option for other WYMHLDA trusts to join an initiative and that the associated benefits and risks are appropriately considered in terms of the impact on other providers and the WYMHS Collaborative Programme.
- 8.2. Recognising that being part of the WYMHLDAAC C-In-C does not preclude Parties alliances or existing relationships with other organisations.

- 8.3. Parties may wish to invite other organisations to be party to initiatives agreed by the WYMHL D&AC C-In-C.

9. Forum for engaging with the wider system

- 9.1. The WYMHL D&AC C-In-C could also be used as a forum to provide responses to queries and recommendations from the commissioners or the wider system (for example following a request from the WYHHCP) on specific issues.

SCHEDULE 5

WYMHL&AC Committees in Common -TERMS OF REFERENCE

THESE TERMS OF REFERENCE FORM PART OF THE WYMHL&AC MEMORANDUM OF UNDERSTANDING DEFINITIONS AND TERMINOLOGY ALIGN TO THE MEMORANDUM OF UNDERSTANDING

1. Scope

- a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.
- b. The Collaborative is one part of the wider West Yorkshire and Harrogate Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:
 - i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)
 - ii. Reduce suicide by 10% by 2020/21 and achieve a 75% reduction in targeted areas by 2022
- c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. This responsibility is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Programme Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.
- d. **The Committees in Common for the Collaborative reports into the Board of each individual provider within the Partnership (BDCFT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Partnership.**
- e. This Terms of Reference is approved through each individual provider Board.
- f. Appendix 1 to the Terms of Reference describes this relationship in a diagram

2. Standing

- a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

3. General Responsibilities of the Collaborative Committees in Common

- a. Ensuring alignment of all parties to the WY&H Mental Health, Learning Disability and Autism strategy, confirming the role of the Collaborative in delivery;
- b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism;
- c. To emphasise the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:
 - i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY&H first' viewpoint, rather than an individual organisational viewpoint.
 - ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.
 - iii. The CinC will consider and agree adoption of joint policies and procedures across all organisations that will benefit the work of the collaborative.
- d. Formally recommending the roles and responsibilities within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales;
- e. Receiving assurance that identified workstreams have been subject to robust engagement and impact assessments;
- f. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;
- g. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;
- h. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;
- i. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU;
- j. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;
- k. Reviewing the Terms of Reference for the Committees in Common;
- l. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Partnership Transformation Funding and CCG baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

4. Members of the Collaborative Committees in Common

- a. Each Party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.
- b. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.
- c. Each Party will be considered as one entity within the Collaborative.
- d. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

5. Proceedings of the Collaborative Committees in Common

- a. The Committees in Common will meet quarterly, or more frequently as required. In addition an annual strategic meeting will be held to review overall progress and set the direction and objectives for the year ahead.
- b. The Chair may call additional meetings as required. Other members may request the Chair to call additional meetings by making individual representation, although the Chair will make the final decision on whether to proceed.
- c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.
- d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of twelve months. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.
- e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.
- f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).
- g. Members of all Parties will be required to declare any interests at the beginning of each meeting.
- h. A meeting of the Committees in Common may consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously.

- i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.
- j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.
- k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

6. Decision making within the Collaborative

- a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.
- b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.
- c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.
- d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.

7. Attendance of third parties at the Committees in Common

- a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meetings of the Committees in Common. The Chair will agree final attendance lists for each meeting.

8. Administration for the Committees in Common

- a. Meeting administration for the Committees in Common will be provided by the WYMHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.
- b. The Chair will be responsible for finalising agendas and minutes, based on the agreed workplan and in collaboration with the WYMHLDA Programme Team.
- c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.
- d. Papers for each meeting will be sent by the WYMHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled

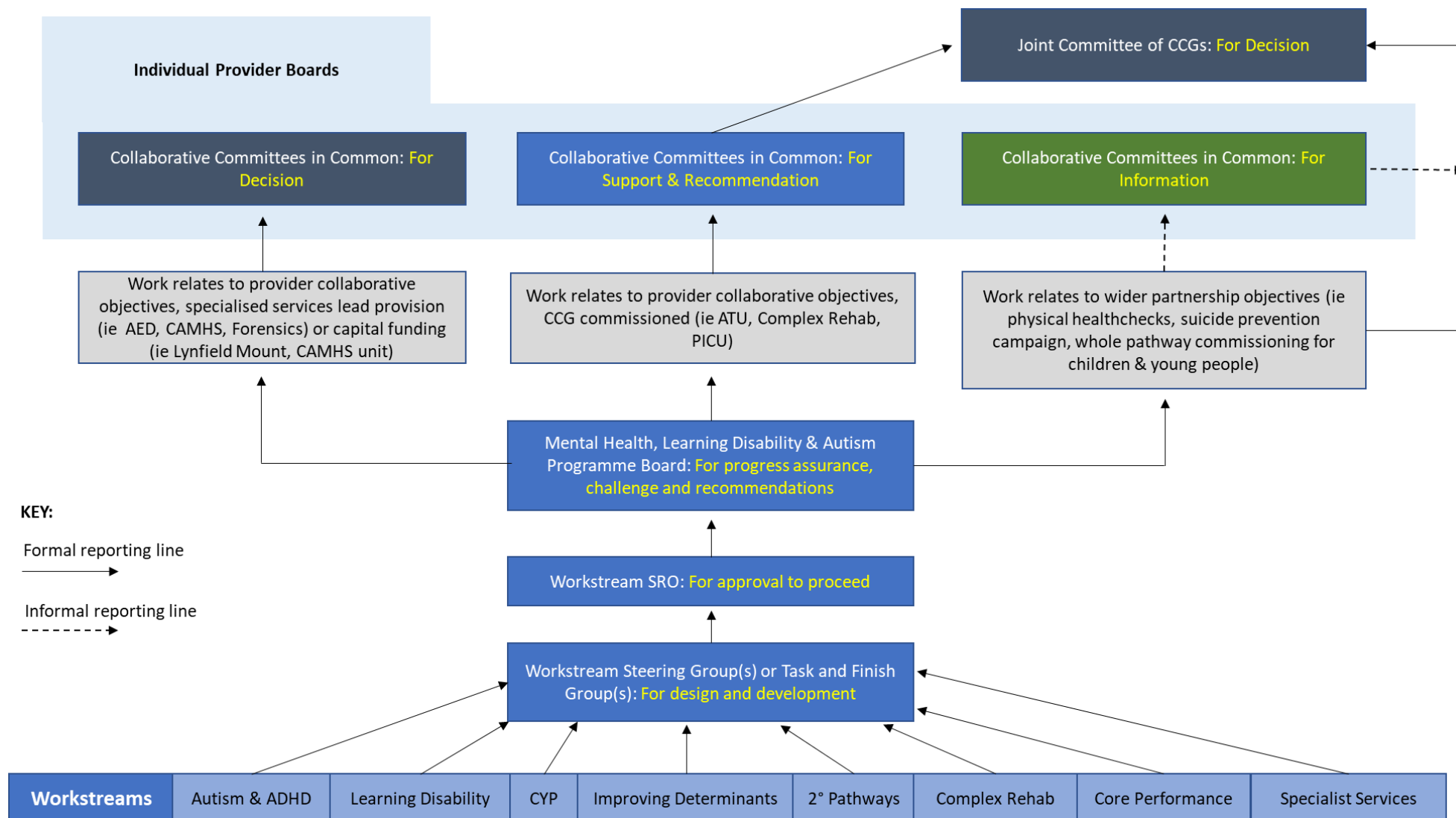
before the meeting.

- e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.
- f. Following the annual Partnership 'check and confirm' session for the WYMHLDA programme a report will be made available by the Programme Director for the Committees in Common to review. Each Party should reflect the work detailed in this report within their annual Quality Accounts.

9. Review

- a. The Committees in Common will review these Terms of Reference at least annually.

Appendix 1 – Decision making relationship between the Committees in Common and the wider Partnership



Trust Board 30 March 2021

Agenda item 9.4 – Receipt of public minutes of partnership boards

Barnsley Health and Wellbeing Board

Date	4 February 2021 Next meeting scheduled for 1 April 2021 (development session)
Member	Chief Executive / Director of Strategy
Items discussed	<ul style="list-style-type: none"> • Covid-19 intelligence update. • Report from Health and Wellbeing Board development session. • Tackling excess winter deaths and cold related illnesses. • Better Care Fund. • Mental health partnership.
Minutes	Papers and draft minutes (when available): https://barnsleymbc.moderngov.co.uk/ieListMeetings.aspx?Committeed=143

Calderdale Health and Wellbeing Board

Date	28 January 2021 and 4 March 2021 Next meeting scheduled for TBC
Non-Voting Member	Medical Director / Director of Nursing & Quality
Items discussed	<p>28 January 2021</p> <ul style="list-style-type: none"> • Covid-19 updates: <ul style="list-style-type: none"> ○ Covid-19 vaccination update. ○ Covid-19 impact update. ○ Healthwatch report on Covid-19. ○ Scrutiny rapid review – Covid-19. ○ Wider impacts of Covid-19. • HWB staying well report. • Forward plan. <p>4 March 2021</p> <ul style="list-style-type: none"> • Covid-19 impact update. • Health and Wellbeing Strategy – dental decay age 5. • Addressing the climate emergency action plan. • Tackling health inequalities for black, Asian and minority ethnic communities and colleagues review. • Forward plan.
Minutes	Papers and draft minutes are available at: https://www.calderdale.gov.uk/council/councillors/councilmeetings/results.jsp?committee=190&start=15%2F10%2F2020&p_SQ_ID=5102139&phrase=N&type=agenda&offset=0&id=211221434

Kirklees Health and Wellbeing Board

Date	Meeting for 28 January 2021 cancelled 25 March 2021
Invited Observer	Chief Executive / Director of Nursing & Quality
Items discussed	<ul style="list-style-type: none"> • Covid-19 update. • Kirklees Joint Strategic Assessment Overview 2020/21 and Director of Public Health Annual Report 2021. • Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy. • Proposed revisions to the terms of reference for the Health and Wellbeing Board. • Kirklees Safeguarding Adults Board Annual Report 2019/20. • The Kirklees Safeguarding Children Partnership Assurance Report.
Minutes	Papers and draft minutes (when available): https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0

Wakefield Health and Wellbeing Board

Date	25 March 2021 Next meeting provisionally scheduled for 15 July 2021
Member	Chief Executive / Director of Provider Development
Items discussed	<ul style="list-style-type: none"> • Focussed Discussion – Reducing Health Inequalities in the Wakefield Health and Care System under the Health and Wellbeing Plan Priorities.
Minutes	Papers and draft minutes are available at: http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

South Yorkshire & Bassetlaw Integrated Care System Collaborative Partnership Board

Date	12 March 2021 Next meeting scheduled for 14 May 2021
Member	Director of Human Resources, Organisational Development and Estates / Director of Strategy
Items discussed	<ul style="list-style-type: none"> • ICS System Leader update. • Future ICS – Health and Care Partnership Development. • Developing a population health led ICS and addressing health inequalities 2021/22.
Minutes	Approved Minutes of previous meetings are available at: https://www.healthandcaretogethersyb.co.uk/about-us/minutes-and-meetings

West Yorkshire & Harrogate Health & Care Partnership Board

Date	2 March 2021 Next meeting scheduled for 1 June 2021
Member	Chief Executive
Items discussed	<ul style="list-style-type: none">• Update from the West Yorkshire & Harrogate Partnership CEO Lead.• Accessing health and care services during Covid-19.• Tackling health inequalities for black, Asian and minority ethnic communities and colleagues.• Government White Paper: "Integration and Innovation: working together to improve integration and innovation for all" – implications for our partnership.• West Yorkshire devolution• Planning priorities for 2021/22.
Further information:	Further information about the work of the Partnership Board is available at: https://www.wyhppartnership.co.uk/meetings/partnershipboard

Trust Board 30 March 2021 Agenda item 10.1

Title:	Green Plan 2021-2026
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	The Trust's Green Plan sets out clearly the organisations commitment to being an active partner in a sustainable future for our communities, service users, carers, staff and their families. The Green Plan will be supported and built upon with the development through an extensive engagement programme of a broader Sustainability Strategy.
Mission/values:	The Trust's mission is to enable people to reach their potential and live well in their community. The Trust will not achieve this unless it ensures it is operating sustainably in the use of resources and how it works with local communities. Sustainability in the organisation is defined in its broadest terms as being a good corporate citizen.
Any background papers/ previously considered by:	Previous Sustainability Strategy 2015-2020. The Trust Board have held two development sessions as apart of the development of the Green Plan.
Executive summary:	<p>The Green Plan is the first stage of the Trust's delivering its commitment to sustainable development and is part of the Long Term Plan of environmental sustainability in the NHS. The past 12 months in particular has seen that sustainability has a number of different but interrelated components and can only be delivered through collective effort and collaboration. In recognition of this the Green Plan will be supported and complimented by a Sustainability Strategy, which is currently being developed, to ensure that all aspects to a sustainable future for our communities, service users, carers, staff and their families are covered.</p> <p>The key focus of the Green Plan derived from national policies and guidance are:</p> <ul style="list-style-type: none"> • Reduce carbon, waste and water • Improve air quality • Reduce the use of avoidable single-use plastics

	<p>The format of the Green Plan is:</p> <ul style="list-style-type: none"> • Drivers and targets • Trust carbon footprint • Progress to date in reducing carbon emissions • Pathway to Net-Zero carbon footprint • Sustainable action plan • Communications, engagement and equality • Reporting progress <p>The Green Plan will have agreed annual action plans to ensure the objectives are achieved and progress monitored.</p> <p>Risk Appetite</p> <p>The Green Plan provides a strong organisational framework for the delivery of the Trust's strategic objectives and is consistent with the Trust's risk appetite.</p>
Recommendation:	Trust Board is asked to consider and APPROVE the five-year Green Plan.
Private session:	Not applicable

GREEN PLAN

2021-2026

March 2021

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1.0 INTRODUCTION

1.1 Our Commitment to Sustainability

South West Yorkshire Partnership NHS Foundation Trust recognises the scale of the challenge that climate change presents in our region and the impact it will have on our service users, staff, and our local community. The Trust is committed to ensuring that sustainability is embedded throughout all aspects of our organisation so that we can minimise our carbon emissions, air pollution and waste. We are dedicated to adopting sustainable practices to ensure our operations and estate are as sustainable, efficient, and resilient enough to enable us to continue to deliver excellent physical, mental and social care in the future.

This Green Plan will serve as an organisation-wide framework to enable the Trust to meet our strategic objectives and become a more sustainable organisation.

The Green Plan will build upon our successes to date and outline our targets and ambitions for the future. The Green Plan will stand as the central document to guide the Trust's sustainable development over the next five years. The Green Plan will guide help Trust in reducing our environmental impact, reducing our costs through energy reduction, and adding social value into our community.

The Green Plan is one part of the Trust's commitment to being an active partner in a sustainable future for the communities we serve and our staff and their families. A broader Sustainability Strategy will be developed through an extensive engagement process to compliment and drive forward the Trust's commitment to a sustainable future by September 2021.

1.2 About South West Yorkshire Partnership NHS Foundation Trust

The Trust provides mental health, community and learning disability services across Barnsley, Calderdale, Kirklees, and Wakefield. In addition to this the Trust also provide medium secure (forensic) services to the whole of Yorkshire and the Humber and other specialist services including Stop Smoking and Liaison and Diversion across South Yorkshire.

The majority of the care ~~we~~ provided is in the local community, working with people in their own homes or in community-based locations. Our community-based services are supported by in-patient facilities for people who need care or assessment in a hospital setting. In a typical month we make approximately 45,000 mental health and learning disability contacts and 36,000 community health service contacts. In order to deliver this level of care we employ more than 4,200 staff in both clinical and non-clinical roles.

Our partnerships are an integral part of our Trust. We are an active member of the West Yorkshire and Harrogate Health and Care Partnership and South Yorkshire and Bassetlaw Integrated Care Partnership and use these partnerships to help drive sustainable development in the health and care sector in our community.



Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We are a values based organisation. This means our values are followed by all of our staff and underpin everything we do:

- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

1.3 Our Vision, Mission & Values

We recognise that sustainable development is key to being able to deliver outstanding care and we therefore seek to embed our values in our Green Plan. To deliver our vision we must reduce our environmental impact, reduce costs, and increase our social value. To do so we will:

- **Put our service users, carers, families, friends, staff, volunteers, communities and other stakeholders at the centre of our sustainability plans.**
- **Ensure sustainability is a core element in everything we do and is reflected in our policies and strategies.**
- **Work with, develop partnerships with, and use best practice from the NHS and non-NHS organisations.**
- **Have a robust process for planning, measuring, reporting, and progressing our sustainability ambitions that focus on real outcomes; and,**
- **Be open and transparent around our ambitions, celebrate when we have achieved them but equally hold ourselves accountable if we do not achieve them and investigate why.**

1.4 What is Sustainability?

Sustainability has been defined by the United Nations Brundtland Report (1987) as:

“...development that meets the needs of the present without compromising the ability of future generations to meet their own needs...”

Sustainability is predicated upon the consideration of three distinct, yet interdependent issues: the environment, the economy and social considerations. These three issues are often referred to as the ‘three pillars of sustainability’. To achieve a sustainable future, all three of these ‘pillars’ must be addressed. An intervention which focusses on the environment but negates economic and social aspects cannot be considered sustainable. Therefore, a sustainability strategy, such as this Green Plan, must fully consider all three pillars.

A sustainable health and care system can be achieved by delivering high quality care and improved public health without excessively depleting natural resources, costing too much or negatively impacting the health and wellbeing of staff and patients (see Image 1).



Image 1- Model of sustainability for the health and care sector

1.5 Strategic Objectives

The Green Plan has been developed to enable the Trust to improve our sustainability performance. As such, we will adopt the following 10 strategic objectives:

Climate Change

- 1. The Trust will reduce its direct CO₂e emissions by 80% from its 2013 baseline by 2028 and become net zero by 2040.**
- 2. The Trust will reduce energy consumption across its estate through changing behaviours, proactive management and investment in more efficient technology.**
- 3. The Trust will adapt to climate change to ensure it is a resilient organisation maintaining accessibility for service users, families, carers and staff.**
- 4. The Trust will maximise the quality and benefits from our green spaces and reduce biodiversity loss by protecting and enhancing natural assets.**
- 5. The Trust will reduce business miles travelled by staff and promote more sustainable methods of transport which will include travel by service users, families, carers and friends.**

A Sustainable Organisation

- 6. The Trust Board will embed sustainability within the organisation.**
- 7. The Trust will be a key partner in developing and progressing the sustainability agenda with partner organisations including local authorities and NHS Trusts.**
- 8. The Trust will provide opportunities for staff to boost their own health and wellbeing.**
- 9. The Trust will measure the sustainability impact of its care delivery and identify quantifiable improvements.**
- 10. The Trust will sustainably procure, use and dispose of its resources with the target of reducing cost and environmental impact and increasing social value.**

The 10 strategic objectives have been adopted to address the 17 UN Sustainable Development Goals (Image 2). Adopting strategic objectives aligned to the UN SDGs ensures that the Trust will work towards building a more sustainable organisation.



Image 2- UN Sustainable Development Goals

1.6 Format of the Green Plan

The key areas of focus for this plan were derived from the national policies and guidance that drive the Green Plan. These policies are detailed in section 2.0 Drivers and Targets.

Section 3.0 *Our Carbon Footprint* explains how we have developed our carbon baseline and the reduction that has been in our total carbon emissions since 2013.

Section 4.0 *The Pathway to Net-Zero* then details the factors at the Trust and at a national level that may contribute to helping the Trust to reduce our residual emissions and reach net-zero carbon emissions by 2040.

Our *Sustainable Action Plan* will be set out in section 5.0, this section will provide an overview of the specific actions that the Trust will implement over the next 5 years to achieve our sustainability objectives.

As a partnership Trust it is vital that what we do and how we do it is fully collaborative with our stakeholders and section 6.0 *Communication, Engagement and Equality* outlines how we will achieve this.

Finally, section 7.0 *Reporting Progress* outlines how we will measure our journey to becoming a sustainable organisation.

2.0 DRIVERS AND TARGETS

This section describes the key UK legislation and health sector specific policy that shapes sustainable development across the NHS. This section also outlines the Trust's commitment to helping reach national and NHS targets.

2.1 National Drivers

In order to meet the 1.5°C global warming target in the Paris Agreement the UK needs to reduce carbon emissions to net-zero. This means that the UK will need to eliminate all emissions from activities where possible and offset the residual emissions.

The UK Government has committed to reducing carbon emissions in the UK to net zero by 2050. This is a legal commitment, established through the Climate Change Act 2008. The Climate Change Act 2008 is the primary legislative driver for reducing carbon emissions in the UK and has established a mandate for UK organisations to manage and reduce their emissions. The Act works as a framework which is used to guide carbon reduction in the UK to enable the net zero carbon emissions by 2050 target to be achieved.

The NHS, as the UK's largest employer, recognises the important role they play in helping to achieve this national target. The NHS contributes approximately 4-5% of carbon emissions in the UK. Although significant progress has been made in the NHS to reduce emissions and improve sustainability, the NHS has acknowledged that to achieve net zero will require huge changes. The NHS have therefore committed to achieving net zero carbon emissions by 2040, ten years ahead of the legally binding national target.

To achieve this the *For a Greener NHS* campaign was launched in January 2020. This campaign was developed by an expert panel to address the NHS's impact of climate change, air pollution and waste and will require the full support of NHS Trusts, staff, and partners to ensure its success and achieve net zero by 2040.

2.2 Local Drivers

Authorities in the South West Yorkshire region have responded to the growing pressure for action on climate change by outlining the action they will take to reduce emissions. In 2020 the West Yorkshire Combined Authority (WYCA) and Sheffield City Region Authority (SCRA) both formally declared a climate emergency.

All four local authorities in the region which the Trust operates have declared a climate emergency and have set a target to achieve net zero their commitments are outlined below:

Wakefield Council:

- Have committed to net zero by 2030.
- Will explore how they can support the wider district to become carbon neutral in the same timescale.

Calderdale Council:

- Have committed to net zero by 2038 in line with the Leeds City Region target.
- Will set up a working party to agree their targets and meet their ambitions.

Kirklees Council:

- Have committed to net zero by 2038.
- Will establish a climate commission and green charter to help achieve this.

Barnsley Metropolitan Borough Council:

- Aim to become carbon net-zero by 2040 at the latest.
- Will work to ensure that the whole borough, including residents, communities and businesses is carbon net-zero by 2045.

Achieving the targets set out within these local authority areas will require a sustained effort from all sectors. However, there is a clear commitment to reducing carbon emissions to net-zero throughout the region. The Trust will take a collaborative approach to reducing emissions and will continue to work with local organisations to help achieve net zero by 2040.

2.3 NHS Sustainability Drivers

There are four key NHS specific documents that act as sustainability drivers for the Trust:

- NHS Long Term Plan
- NHS Standard Service Contract 2020/21
- NHS Operational Planning and Contracting Guidance
- Delivering a Net Zero National Health Service

The *NHS Long Term Plan* outlines the ways in which the NHS will improve and transform until 2030 and considers aspects of sustainability. The *NHS Standard Service Contract* establishes targets and objectives pertaining to sustainability, meeting these targets is an integral requirement for NHS Trusts. In the short term, the *NHS Operational Planning and Contracting Guidance* provides guidance on the action required in 2021 to achieve environmental targets and sustain the future of the NHS. This document provides details on the actions required including operational requirements, workforce transformation requirements, financial requirements as well as the processes and timescales associated with these requirements.

The *Delivering a Net Zero National Healthcare Service* report outlines the immediate actions the NHS will take to reduce emissions and improve sustainability. The report details the modelling and analysis that has been undertaken to establish the NHS carbon baseline and future projections and outlines the actions the NHS must take to achieve carbon net zero by 2040.

The documents above establish the following targets:

- For carbon emissions controlled directly by the NHS (the NHS Carbon Footprint), achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For carbon emissions the NHS can influence (the NHS Carbon Footprint Plus), achieve net zero by 2045, with an ambition to reach 80% reduction by 2036 to 2039.
- Purchase 100% renewable electricity at all NHS organisations by April 2021.
- Transition to zero-emissions vehicles by 2032.
- Adopt the single use plastics pledge.

2.4 Our Targets

The Trust will adopt the following targets. These targets have been adopted to ensure that the Trust is compliant with national and local drivers and that we can work towards achieving our strategic objectives.

2.4.1 Sustainability

- **We will embed sustainability across our Trust and introduce a Sustainable Impact Assessment to be completed for all business cases, policies, and strategies.**
- **We will be a leading partner organisation across all the areas which we deliver services and develop joint sustainable initiatives around energy, waste, travel, and care.**
- **We will ensure that prevention and wellbeing are the focus of all healthcare activities**
- **We will prepare and respond to climate change, including weather events and support vulnerable people by developing a Climate Change Adaptation Plan informed by a Climate Change Risk Assessment.**
- **We will protect and enhance our greenspaces and promote their use. New developments and refurbishments of existing buildings will seek to incorporate greenspace into their design.**
- **We will appoint a board-level lead within the organisation for the sustainability agenda. We will establish a board-level committee for the management of sustainability at the Trust.**
- **We will cooperate and collaborate with our staff and with peer organisations to deliver sustainability with an inclusive, partnership approach. We will work with local councils, NHS organisations, our workforce service users and carers to jointly deliver sustainability.**
- **We will adopt a Sustainable Procurement policy to minimise our supply chain emissions, support local businesses and encourage sustainability within our suppliers.**

2.4.2 Carbon Reduction

- We will achieve a 100% reduction of direct carbon dioxide equivalent (CO₂e) emissions by 2040 with an 80% reduction achieved by 2032.
- We will achieve a 100% reduction of indirect CO₂e emissions by 2045 with an 80% reduction achieved by 2039.
- We will target the reduction of electricity, gas and water consumption and business miles travelled year on year through green initiatives and effective management.

2.4.3 Air Pollution

- We will cut air pollution emissions from business mileage and fleet by 20% by March 2024.
- We will develop a Travel Plan to encourage and promote alternative greener transport decisions and eliminate unnecessary journeys.
- We will educate patients and staff about the issues of air pollution and the impacts on human health to encourage fewer polluting behaviours.

2.4.4 Waste

- We will stop selling avoidable single use plastics across our catering service and identify sustainable alternatives across all other operational areas including clinical areas.
- We will reduce the amount of waste produced by the Trust, increase the amount recycled and identify alternatives to incineration to minimise carbon emissions and reduce environmental damage.

3.0 OUR CARBON FOOTPRINT

Since 2010 the Trust has been monitoring and working to reduce CO₂e emissions. To enable us to monitor the reduction in our carbon emissions it was important that we established a carbon baseline against which we could compare our annual CO₂e emissions. This section outlines how we calculated our carbon baseline, along with the annual reductions in CO₂e that we have observed to date. This section also explains the annual carbon emissions from each key contributing aspect at the Trust and details the main actions that have been implemented to reduce these emissions.

3.1 How our Carbon Baseline was Developed

To estimate our carbon emissions and produce a baseline we have monitored our consumption of electricity, gas, and water as well as our waste and travel over the last 10 years. Although the Trust has been monitoring carbon emissions since 2010, NHS Sustainable Development Unit (SDU) guidance specifies that carbon baselines must start in either 1990 or 2013. Therefore, 2013 has been selected as our baseline year and will be the year against which all subsequent years will be compared.

Our carbon emissions are calculated by multiplying the consumption data (e.g., kWh for electricity) by a carbon conversion factor. These carbon conversion factors are sourced from the Department for Business, Energy, and Industrial Strategy (BEIS) greenhouse gas reporting figures. Our carbon baseline is then measured by recording the annual emissions of carbon dioxide equivalent (CO₂e) emissions.

3.1.1 Scope of the Carbon Baseline

Our Carbon Baseline includes the key aspects of the Trust's operations which contribute towards our carbon emissions, these aspects are:

- Electricity consumption
- Gas consumption
- Water consumption
- Waste arisings and disposal
- Business Travel

3.2 Our Carbon Baseline

In the baseline year our carbon emissions totalled 10,333 tonnes of CO₂e (tCO₂e) (Table 1). During this year electricity and gas consumption were the largest contributors to emissions, producing 43% and 44% of emissions, respectively. Business travel was responsible for 10% of emissions and both water and waste were responsible for less than 1% of emissions.

Year	Electricity	Gas	Water	Waste Arisings and Disposal	Business Travel	Total
2013-14	4,416	4,549	77	17	1,274	10,333

Table 1 - Carbon Baseline for SWYT (all data in tCO₂e)

3.3 Our Progress Against the Baseline

As displayed in Figure 1, the Trust has achieved a significant reduction in total annual carbon emissions from the baseline year. A 44% reduction in total annual emissions was observed between 2013-14 and 2019-20 with emissions falling from 10,333 tCO₂e annually to 5,832 tCO₂e.

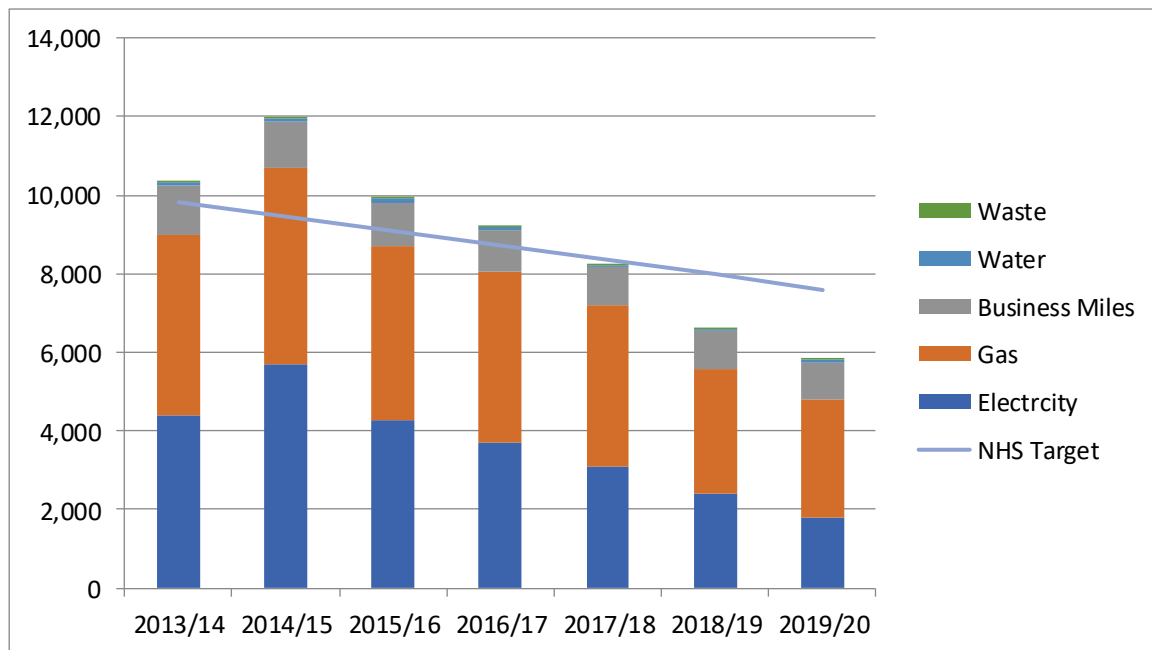


Figure 1- Total annual tCO₂e emissions at the Trust

This reduction has exceeded the 2020 interim target set by the Climate Change Act (2008) which required a 28% reduction in emissions from the 2013 baseline. To achieve net-zero by 2040 we must remove or offset the remaining 5,832 tCO₂e that we emit annually. Since passing the 2020 interim target, we have worked to further to reduce our emissions and will continue to do so to reach the carbon net-zero 2040 target. The actions we will take to reduce our emissions over the next 5 years are outlined in *Section 5.0 The Road to Carbon Net Zero*.

Emissions have reduced continually since 2014-15 where there was a slight increase in emissions from the baseline. Reductions were achieved in every aspect of the Trust's carbon baseline (Table 2.**Error! Reference source not found.**). Most notably a 2,607 tCO₂e reduction was achieved in emissions from electricity consumption. Emissions from gas were reduced considerably by 1,566 tCO₂e. A 25% reduction in emissions from business travel was achieved by 2019-20. An overview of how these reductions were achieved for each aspect is given below.

Year	Electricity	Gas	Water	Waste Arisings and Disposal	Business Travel	Total
Baseline	4,416	4,549	77	17	1,274	10,333

2019/20	1,809	2,983	70	14	956	5,832
Reduction	2,607	1,566	7	3	318	4,501

Table 2 - Comparison between emissions from the baseline year and the most recent year with a complete data set (tCO₂e)

3.4 Key Aspects

3.4.1 Electricity

Annual emissions from electricity consumption at the Trust have been reduced by 59% since the baseline year. This reduction was achieved through improvements in efficiency across the estate such as fitting LED lighting in 40% of the Trust owned buildings. The Trust also invested in a staff resource to monitor energy consumption, allowing energy to be managed more proactively and hotspots for targeted actions to be identified easily.

In addition to the 18% reduction in consumption since 2013 there has been a significant reduction in the carbon intensity of imported electricity since the baseline year. The National Grid generates electricity using a variety of sources such as gas, nuclear, coal and renewables. Each year the percentage of the UK's energy mix generated through renewable sources increases which in turn reduces the carbon intensity of the electricity produced which has resulted in a reduction in emissions that is greater than the reduction in consumption (Figure 2).

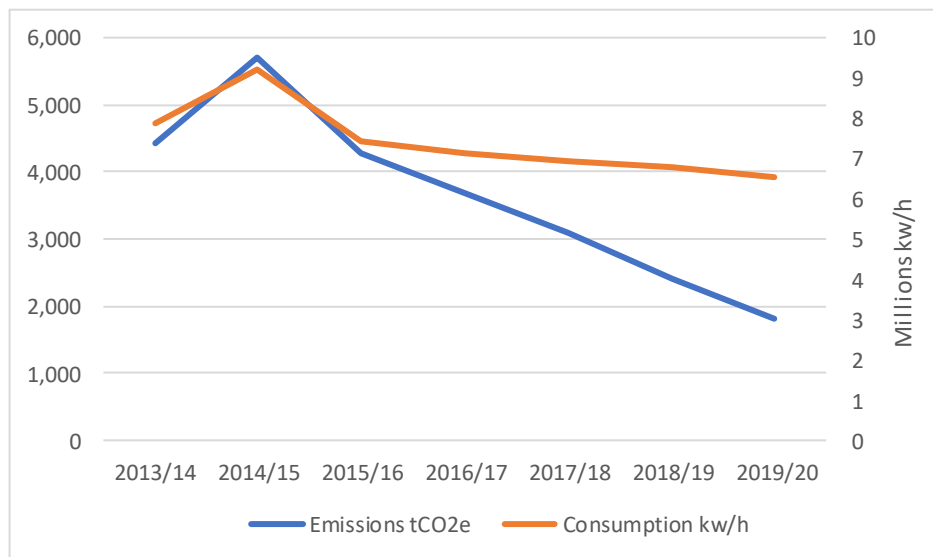


Figure 2 - Comparison between the consumption in electricity at the Trust and the associated emisisions

The Trust recognises that further work needs to be done within our estates and through behaviour change to lead to a reduction in energy demand. A reduction in energy demand is crucial if we are to achieve our carbon reduction targets.

3.4.2 Gas

The Trust has achieved a reduction in gas emissions of 34% since the baseline year. This equates to a 1,566 tCO₂e reduction over 6 years.

This has been achieved through improvements in efficiency and renewable technologies including solar panels and ground and air source heat pumps. These technologies have reduced our reliance on gas as a heating source and in turn reduced our emissions.

However, planned estate rationalisation has been a major factor in reducing emissions. Since 2015 we have removed 20 non-core properties from our estate which has resulted in a reduction in gas consumption and subsequently carbon emissions. Therefore, the challenge ahead is to reduce consumption from a stable estate.

3.4.3 Water

Emissions from water at the Trust have decreased from 77 tCO₂e per year in 2013 to 70 tCO₂e in 2019/20, a reduction of 9%.

These have a relatively minor impact on our total carbon footprint, producing only 1.2% of emissions. Despite this, reducing our water consumption is still critical as a responsible organisation especially as recent years have seen an increase.

3.4.5 Waste

Emissions from waste arisings and disposal at the Trust have fluctuated significantly since the baseline year which can be linked to increased activities such as closing and clearance of buildings etc. However overall emissions have been reduced by 18%, a reduction of 3 tCO₂e.

Many actions have been implemented at the Trust, including the adoption of a Sustainable Procurement Strategy to reduce waste at the Trust in line with the waste hierarchy which prioritises the prevention of waste in the first instance and, when waste creation is unavoidable, gives priority to reusing waste, then recycling, then recovery and finally disposal.

To reduce waste arising we have introduced a pilot Materials Management System. The system aims to ensure that we are working at optimum stock levels which reduces over ordering and minimises the risk of products going out of date and being wasted.

As established in the introduction, the Trust have signed up to the *NHS Single Use Plastics Pledge* which has committed the Trust to cutting the use of avoidable plastics starting with straws, stirrers, cutlery, plates, and cups. This has reduced the amount of plastic waste generated at the Trust. To reduce paper waste, we have begun to digitalise our clinical system. This involves using a Scanning Bureau to transfer traditional paper file to digital files. This reduces the amount of paper we consume and reduces the need for transportation of files to costly offsite storage facilities.

We aim to reuse waste as far as possible and have so far reused over 30 tonnes of furniture and diverted it from the waste stream. We also manage waste electricals (WEEE waste) using ReTech to ensure that components of IT products are salvaged, including precious metals.

We now need to ensure that waste which cannot be prevented, reused, or recycled, is disposed of as sustainably as possible.

3.4.6 Business Travel

The Trust has achieved a gradual reduction in emissions from business travel since the baseline year. In 2019/20 the annual emissions from business travel were 318 tCO_{2e} lower than in the baseline year, a reduction of 25%.

Due to the layout of the Trust's estate, which is comprised of buildings spread out across the South and West Yorkshire regions, staff can be required to travel long distances. In 2019/20 staff mileage expenses totalled over 3.3 million miles equivalent to every member of staff travelling from Lands End to John O' Groats.

In 2020 due to the COVID-19 pandemic, the Trust started providing clinical services remotely using secure clinical conferencing software as well as Microsoft Teams. The Trust carried out approximately 700 Teams clinical consultations and 400 Accurix consultations per week. The travel avoided by using these remote services reduces the carbon footprint by approximately 6 tCO_{2e} per week, based on the assumption of a 20-mile trip avoided per person.

The Trust plans to continue the provision of remote clinical services to reduce staff and patient travel. As well as reducing our carbon footprint it will also free up valuable time normally spent travelling and reduce costs. It is estimated that by providing 1,100 remote contacts a week the Trust could reduce Scope 3 emissions by up to 407 tCO_{2e} per year.

To facilitate remote working the Trust enabled staff to use Microsoft Teams in 2020. This system helped enable effective home working with approximately 3,500 staff members working remotely at least part of the week. Although carbon emissions from commuting are not quantified within our carbon baseline, this will have led to a reduction in CO_{2e} emissions from commuting and reduced our contribution to air pollution in 2020. Following the

pandemic, the Trust plans to allow working from home where appropriate to reduce the number of staff commuting to work and the associated environmental impacts.

The Trust recognises that employees working from home will still have a carbon impact upon the environment, even though this may not be reported within our emissions. Therefore, we will seek to educate our staff about how to maximise energy efficiency at home to minimise carbon emissions.

4.0 THE ROAD TO CARBON NET ZERO

This section will set out the trajectory that the Trust will follow to reach carbon net-zero by 2040 and will outline some of the national and Trust specific measures that will aid the reduction in emissions.

The NHS has set a target to achieve net-zero carbon emissions by 2040. This is ten years sooner than the mandatory national target of 2050. The NHS has also set an interim target to reach an 80% reduction in emissions between 2028 and 2032.

The targets set by the NHS are outlined in Table 3. These targets are not legally binding; however, they are a national commitment for NHS England. We will work to reduce our emissions in line with these targets and will report our carbon emissions annually.

Year	Baseline	2020	2032	2040
Target Emission Reduction (%)	n/a	28	80	100
Target Emissions (tCO ₂ e)	10,333	7,439	2,066	0

Table 3 – NHS carbon emissions targets in percentage terms and tCO₂e

Figure 3 below shows the Trust's carbon footprint against the carbon reduction targets set by the NHS. The Trust is ahead of the targeted trajectory towards carbon net-zero and has achieved this through the actions outlined in section 4. The Trust has achieved a 44% reduction in emissions from the baseline year, which has exceeded the 2020 interim target of a 28% reduction.

In the year 2019-20 the Trust's annual carbon emissions have been reduced to 5,832 tCO₂e. Reducing the remaining emissions will require a continuous effort to improve efficiency and adapt.

To achieve carbon net-zero by 2040 we will implement our Sustainable Action Plan which is outlined in *Section 6.0 Sustainable Action Plan*. This plan will act as a framework to guide the implementation of actions over the next 5 years and will help us to reduce carbon emissions, air pollution and waste. We will also utilise available national and local schemes and initiatives to help reduce our carbon emissions in the long-term.

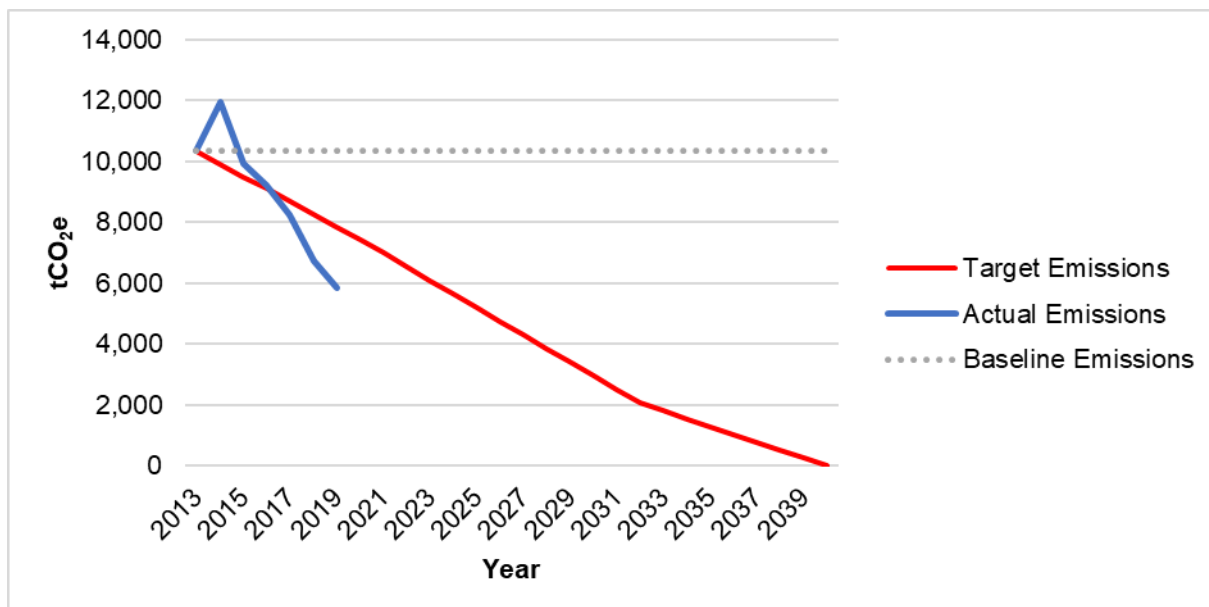


Figure 3 - Trust emissions against long term NHS CO₂e emissions targets

4.1 Green Tariffs

Gas and electricity account for 82% of the Trust's total annual carbon emissions. Reducing the impact of these is therefore the main priority in our effort to reach net zero.

The Trust will switch to a green electricity tariff from April 2021 to address the 1,808 tonnes of CO₂e emitted due to imported electricity. Switching to a green tariff will enable the Trust to deliver a reduction in emissions without the significant capital investment that would be required to generate renewable electricity onsite.

Just as important however we will also work to reduce consumption of electricity through active management of the estate and the identification of carbon hotspots. Investment will be made to improve the efficiency of our buildings through a programme of replacing the existing lighting with LED alternatives and boilers with more efficient models. We will also expand our capacity to generate on site electricity through the installation of PV solar panels where infrastructure permits.

4.2 Staff Travel

As an organisation that provides community services across a wide geographic area our staff are required to travel. Carbon emissions from staff travel account for 14% of our carbon footprint and contributes towards air pollution. To reduce the impact, we need to focus on limiting non-essential staff travel and promote the use of greener travel options. We will publish a Travel Plan which will review the key aspects of our travel and set objectives and actions going forwards.

The reduction in staff travel has been accelerated by the COVID-19 pandemic which resulted in staff having to use teleconferencing software for clinical and non-clinical purposes. Whilst face to face activity and interaction will return, we intend to capitalise on the benefits that the technology has provided to reduce non-essential travel for both staff and service users. We will review mileage claims to identify high mileage staff and provide them with support and advice on how they can reduce their travel.

We are investing in electric vehicle (EV) charging points with 12 to be delivered in 2021 across Fieldhead and Kendray Hospitals with a further rollout across the estate going

forward. This will promote and encourage the use of EV's and assist in the transition of our fleet and Trust car scheme to green alternatives over the coming years.

4.3 Decarbonising the Estate

We currently use natural gas to heat most of our estate, which contributes 51% of our total annual carbon emissions, it is therefore essential that we decarbonise our heating and electricity if we are to meet the NHS net zero targets.

Gas and electricity consumption across Fieldhead and Kendray Hospitals accounted for 43% of the Trust's total annual emissions in 2019/20 with 2,900 tCO₂e. To achieve the NHS net-zero targets the emissions from these two sites alone must be reduced to 580 tCO₂e by 2032 and 0 tCO₂e by 2040.

To achieve this reduction the Trust cannot continue business as usual rather it must decarbonise the heating systems and reduce electrical demand. Options already identified include the installation of solar photovoltaics (PV) coupled with battery storage, upgrading to LED lighting, increasing submetering and monitoring and upgrading the Building Management System (BMS). These will enable the Trust to significantly reduce its annual consumption of gas and electricity and reduce its CO₂e emissions.

Understanding our consumption through submetering and effective BMS will provide us with much greater insight into key areas for intervention. Once these measures have been installed and data collected, we can then effectively size and scope further decarbonisation options.

The UK Government considers achieving carbon net-zero by 2050 a top priority and have set out their Ten Point Plan which will act as a framework for their Green Industrial Revolution. The plan endeavours to create 250,000 new jobs in the renewable energy sector by 2030 and will support this with over £5 billion in funding.

Whilst these measures are outside of the Trust's control, we will ensure we are ready to take advantage of government, NHS specific and local initiatives which provide grant funding, partnership working and advice to achieving the ambitious net zero targets.

5.0 OUR SUSTAINABLE ACTION PLAN

Following the development of this strategic Green Plan, we will embark on a process of colleague engagement across the Trust in order to develop a Sustainable Action Plan (SAP). The SAP will be developed via a process of consultation with our staff to identify and agree relevant actions that the Trust can take to achieve our strategic objectives. This colleague engagement will be conducted in an inclusive and collaborative manner. As a partnership Trust, it is vital that we engage fully with our colleagues on these issues and this is detailed in section 7.0.

The SAP will act as the framework by which the Trust can move towards our strategic objectives. Individual actions will be identified and agreed, assigned to a relevant person or group for responsibility and given a timescale for implementation.

The Sustainable Action Plan will be divided into 10 different modules, as listed below:

- Corporate Approach
- Asset Management and Utilities
- Travel and Logistics
- Adaptation
- Capital Projects
- Greenspace and Biodiversity
- Sustainable Care Models
- Our People
- Sustainable Use of Resources
- Carbon and Greenhouse Gases

These modules have been developed in order to apply the issues of sustainability included in the UN Sustainable Development Goals (SDGs) to the operations of NHS Trusts (Image 3). Therefore, by identifying, agreeing, and implementing actions with this modular approach, the Trust will ensure that we address the full scope of the sustainability agenda.



Image 3 - The UN Sustainable Development Goals (SDG)

The following subsection provide an overview of the intended focus and aims of each module within the SAP.

5.1 Corporate Approach

The Trust requires senior level staff engagement to embed sustainability within the operation of the Trust. Our aim is to ensure that sustainability is embedded within our organisational strategy and processes. To implement the Green Plan throughout the organisation it is crucial that there is top-down awareness of the importance of sustainability and that it becomes a consideration in Trust policies. We will deliver, monitor and report on our progress, supported by our nominated board level lead.

5.2 Asset Management and Utilities

Gas and electricity consumption are the most significant contributors to carbon emissions at the Trust, improving the efficiency of our utilities is therefore essential if we wish to meet our emissions targets. It is crucial that we accurately measure and reduce consumption to enable us to minimise our costs and environmental impact. These actions focus on improving efficiency throughout the Trust by improving utilities management and reducing consumption through staff behaviour changes.

5.3 Travel and Logistics

Our estate is comprised of over 50 buildings across West and South Yorkshire. The Trust delivers services within these sites and within homes and community settings which means that travel is an unavoidable part of our operation. To reduce the impact of our travel we will adopt a variety of strategies, including facilitating teleconferencing and developing a Travel Plan. Travel has significant impacts on our carbon emissions, air pollution and the health and wellbeing of our staff and patients. By optimising how we travel and enabling staff and patients to avoid unnecessary travel we can work towards improving our sustainability.

5.4 Adaptation

The Trust recognises that in addition to minimising our contribution to climate change we also need to adapt to ensure that our Trust is resilient to the potential impacts of climate change. Climate change is one of the greatest threats to public health in the 21st century. It is expected to cause an increase in the frequency and severity of extreme weather events which could directly impact the health of our communities and effect our services.

Public Health England and the NHS Sustainable Development Unit have set two objectives to help the NHS adapt to climate change, to reduce mortality and morbidity associated with severe weather events and climate change and to promote resilience and service continuity to ensure sound service delivery. The actions set out in this module will seek to ensure that disruptions to our services due to climate change are minimised.

However, the COVID-19 pandemic has illustrated that climate change is not the only challenge to test the adaptability and resilience of the Trust and the lessons learnt over the past 12 months will undoubtedly provide strong foundations for this work.

5.5 Capital Projects

The Trust is dedicated to reducing the environmental impacts associated with our buildings, critical infrastructure and equipment. Modernising our estate ensures that it meets the needs of its users and improves efficiency which reduces our carbon emissions, air pollution and waste. Designing new builds and refurbishments in a sustainable manner will improve the environmental performance of our estate and deliver a better place to work for our staff and a superior healthcare environment for our patients.

5.6 Greenspace and Biodiversity

Improving greenspaces not only positively impacts the environment and biodiversity by improving air quality and capturing carbon but, has also been proven to benefit our physical and mental wellbeing. The actions in this section will build on the great work done at the Trust to provide greenspaces for users, staff and the local community and protect the local environment.

5.7 Sustainable Care Models

To improve our overall sustainability performance, we must adopt more sustainable models of care. The Trust recognises the importance of considering the social, financial and environmental impact of all our services to ensure that they are sustainable in the long term and allow us to deliver our objectives. It is also vital to the Trust that our sustainable care models improve patient and staff experience.

5.8 Our People

At the Trust we are committed to educating our workforce and increasing their awareness of sustainability. To achieve our strategic objectives and deliver sustainable healthcare we will require staff at all levels of the Trust to engage with the Green Plan and help deliver our actions. We will equip our staff with the appropriate knowledge to allow them to create sustainable changes both at home and at work. We will also continue to support staff through our Wellbeing at Work programme and ensure that we provide a positive working environment for all our staff.

5.9 Sustainable Use of Resources

The Trust spends over £60m on non-pay spend to deliver its services. The demand on resources is not something we can eliminate as it is aligned to service user contacts and the organisational support systems in place around this delivery. However, what we need to ensure is that we are choosing the most efficient way to deliver services with a sustainable approach to the procurement, use and disposal of the resources.

Through a sustainable approach to managing resources the Trust can reduce waste, air pollution and emissions.

5.10 Carbon and Greenhouse Gases

Every aspect of our Trust generates carbon emissions. We therefore require a Trust-wide approach to emissions reduction in to meet our target of net-zero by 2040.

Our actions will focus on improving the monitoring and management of our consumption to reduce our emissions. We will utilise a partnership approach to addressing this issue by collaborating with local councils, peer organisations and our staff and patients to arrive at actions which both reduce our carbon emission and provide a boost to the health and wellbeing of our stakeholders.

6.0 COMMUNICATION, ENGAGEMENT AND EQUALITY

If our ambition to be a sustainable organisation is to be successful we will need to communicate what we are doing both within and outside of the organisation, engaging with staff and stakeholders, highlighting key priorities and positioning ourselves as an exemplar organisation for sustainable healthcare.

There is 'no one size fits all' approach to communicating sustainability, and we have a large geographically spread and diverse body of staff and stakeholders to engage. As such the challenge for the organisation is to develop and maintain high quality and regular communications across a variety of channels, and to continually review and learn from what we do.

Our communications aim and outputs will be the same as the overall strategy. We will measure our success in the ability to 'nudge' staff, service users, volunteers and visitors towards making the behaviour changes we need to achieve our goals.

To affect behaviour change amongst our staff, service users, volunteers and visitors we will develop an insight-driven campaign along social marketing principles. We will do this by engaging with key stakeholders, including Staff Side, to shape the look, feel and messages of the campaign. We will also ensure that this work dovetails with other on-going work such as *our finance matters* and *#allofusimprove* campaigns.

A comprehensive communications strategy and campaign plan for all of the requirements that fall under this strategy will be produced.

6.1 Involving People

The Trust will be inclusive in its approach to involve people in delivering the objectives set out in the strategy. The objectives have been developed from the insight the Trust already hold.

The Trust will continue to commit to build on this insight and continue to involve people in identifying actions to support the delivery of the strategy. The approach will be:

- To identify champions in the workplace who are willing to support the delivery of communications within their own workplace setting. This will include cascading messages and involving and motivating others.
- To look at involving volunteers through the Trust volunteer service. The volunteer's role is to enhance and add value to the work of the Trust and there will be activities which will be suitable for a volunteer led approach. This will compliment and support staff.
- To talk to communities and identify solutions together by involving representatives from those communities in discussions or to enable people to raise issues and concerns.
- To map existing networks in the local community who are already working on sustainable solutions so the Trust can develop partnerships and work together

7.0 REPORTING PROGRESS

We will be measuring the progress of this strategy using both qualitative and quantitative methods. The main way in which we'll measure the qualitative progress is by carrying out an annual assessment using the NHS Assessment Tool. We will set a goal of achieving year on year progress within the five-year lifetime of this plan as we develop and implement our actions.

In addition to the NHS Assessment Tool we will complete the Sustainable Development Unit's Sustainability Reporting Portal which calculates our carbon emissions amongst other areas. We report our operational estate utilisation and costs annually through the mandatory NHS Estates Return Information Collection (ERIC). Finally, we will produce an annual Sustainability Report updating on progress against this plan.

GLOSSARY OF TERMS

Air Pollution - the presence and introduction into the air of a substance which is harmful to human health

Carbon Intensity - a means of calculating the amount of carbon generated for a specific energy source (e.g. electricity)

Carbon Net-Zero - a state in which an organisation emits no carbon emissions from its activities. Or a state in which all carbon emissions are offset

CO₂e (Carbon dioxide equivalent) - a unit used to express total greenhouse gas emissions. There are multiple GHGs, each with a different impact on climate change. CO₂e equates all GHGs to the impact of carbon dioxide. CO₂e is used to report all GHG emissions

Greenhouse Gas (GHG) - a gas that contributes to the greenhouse effect, leading to climate change (e.g. CO₂)

kWh - a unit of measurement for energy usage (e.g. gas and electricity)

Direct emissions - CO₂e emissions from sources which are owned or controlled by the Trust

Indirect emissions - CO₂e emissions from sources which are not owned or controlled by the Trust, but are generated due to the Trust's activities (e.g. purchase of electricity, procurement, waste disposal)

Scope 1 emissions - direct emissions from owned or controlled sources (e.g. on-site fuel combustion, company vehicles, anaesthetic gases)

Scope 2 emissions - indirect emissions from the generation of purchased electricity, steam, heating, and cooling

Scope 3 emissions - all other indirect emissions that occur in an organisation's supply chain (e.g. purchased goods, employee commuting, waste disposal)

Trust Board 30 March 2021 Agenda item 10.2

Title:	Estates Strategy update
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	This paper is designed to provide the Board with an update on the implementation of the Estates Strategy and developments across the Trust.
Mission/values:	The Trust's Estates Strategy was developed through an extensive engagement process including Service Users and Carers, Clinicians, Service Managers and Specialist Advisers and aims to ensure that we have the right environments to enable people to reach their potential and live well in their communities.
Any background papers/ previously considered by:	The Capital Programme is part of the Trust Board Integrated Performance Report (IPR). An Estates Strategy update was provided in December 2020.
Executive summary:	<p>The Trust Board approved a 10-year Estates Strategy in 2012 with three key aims:</p> <ul style="list-style-type: none"> • Modernising inpatient environments • Developing the Trust's community infrastructure • Disposing of buildings and land surplus to requirements <p>A revised longer-term Estates Strategy is under development and will come back to the Trust Board in the second quarter of 2021/2022. In the meantime, a 21/22 strategic estates plan will be presented to the Trust Board in May/June 2021.</p> <p>It has been recognised that the recovery plan needs to be supported by an aligned estates plan and there has been significant developments, since the previous report, undertaken in the management and utilisation of the estate.</p> <p>The attached update report provides the Board with a high level summary of current and future developments in the Trust's estate.</p> <p>Risk Appetite</p> <p>The management of risk associated with the estate including the management of fire safety and health and safety are in line with the agreed risk tolerance.</p>
Recommendation:	The Trust Board is asked to NOTE the update on the Estates Strategy and estate related safety arrangements in the Trust.
Private session:	Not applicable.

Trust Board: 30 March 2021

Strategic Estate Plan 2021-2022 Update

INTRODUCTION

This paper is a further update to Board on the estates plan as part of the Covid recovery plan. This paper builds on the previous paper in December 2020.

The Trust's recovery plans are still developing therefore the strategic estates plan remains developmental and will continue to evolve with an anticipated date for a completed document of May 2021, based on the current progress being made.

Since the last update the current minor capital programme nears completion and the 2021/2022 plan is being finalised. The minor capital programme has been a part of the covid recovery and will remain a key feature moving forward.

PLANNING ASSUMPTIONS

A key priority has been the delivery of the capital programme and a revised 20/21 outturn plan has been submitted to the West Yorkshire and Harrogate Integrated Care System. The Trust has been developing the 21/22 capital programme and the initial indication is that the Trust will have a capital spend of around £9.5 million. The 21/22 capital programme will include a major capital scheme of providing en-suite accommodation in Bretton which is a key safety finding from the pandemic.

The key guiding principles of the capital programme are:

- Our estate must be configured so that occupation is as safe as reasonably possible.
- The estate plan must support the learning from the pandemic moving forward.
- The estates plan needs to be flexible and aligned to service provision which may include repurposing areas previously designated for non-clinical use for clinical activity. This will impact on ways of working.
- Effective management of the estate through managed control plans to meet the objectives of safe and secure space. Again, new ways of working will mean demands on space, access to this space will need to be managed more effectively.
- Flexible/agile working will need to continue to be built into planning.
- The inpatient estate needs to continue to be modernised including en-suite wherever possible, where this is not practical the risks around this lack of provision need to be understood and reported as appropriate.

This paper updates on these key areas.

The delivery of a safe estate – Activity around this continues and the risk assessments initially conducted midway through last year are all being revisited with physical inspections. Data on estate utilisation continues to change as plans are made for recovering activity, these drivers are increasingly coming from commissioning bodies and are presenting challenges which need to be resolved on a system basis as many organisations involved in healthcare are seeking additional space.

Tight controls – Control of estate utilisation continues to be managed through the recovery and operational stabilisation meetings. Site control plans continue to be developed with the plan for Kendray in place and the Fieldhead plan being close to completion. The main challenge for Fieldhead will be the request for clinical activity aligned with Learning Disability Services to be undertaken on the Hospital due to capacity issues at the hub at Drury Lane.

There will need to be additional controls on space down to further room and possibly desk booking dependent on what the clinical needs are.

Flexible/agile working – Staff continue to work in different ways with many support staff continuing to work from home. Given the extended periods that this has been done it is anticipated that flexible working will continue, the site control plans will adapt to provide flexible working space but will need to comply with Infection and Prevention Control guidance.

In patient estate to include en-suite provision – As previously mentioned the capital programme in 21/22 allows for the provision of en-suite accommodation in Bretton. The sites at Lyndhurst and Enfield Down do not lend themselves to this provision therefore management plans to manage this will be needed in the short term. The longer-term future of these sites remains under review and will need to be addressed in the new estates strategy which is being developed

Emerging Priorities

Whilst the response to the pandemic is driving much activity there are still operational issues which are being addressed including:

- Older People Services Transformation, this is still being developed and is reaching a crucial phase in terms of obtaining wider agreement on plans which will then drive the estate response.
- In Kirklees and Calderdale Children Adolescent Mental Health Services capacity is being increased in response to a commissioner led initiative. The services require additional space to deliver this additional activity safely. Available estate is limited and the need to provide a short-term solution brings estates challenges. The main concern would be if additional estate cannot be found in line with the short-term requirement. Activity on this is ongoing
- The Trust has completed its review of seclusion standards and surveys are underway to test existing provision against these standards. This will likely generate the need for significant work. The current minor capital programme includes some funding for this.
- As lockdown restrictions within the country reduce there will be a move to staff returning to workplaces, This return will not necessarily be to the same accommodation and the need to manage this return will need a consultation exercise.
- Linked to the above a control methodology for managing space will be increasingly important. The existing room booking system can be expanded to manage this in addition consideration is being given to managing the allocation of desks for flexible workers to ensure there is a level of supply management to ensure there is no overcrowding during times of peak demand.

Recommendations

Trust Board are recommended to:

- Note the contents of this report
- Note that an Estate Strategy will be developed during the life of this short-term plan

Nick Phillips
Head of Estates and Facilities

Trust Board 30 March 2021 Agenda item 10.3

Title:	Digital Strategy Revision 2021-24
Paper prepared by:	Assistant Director of IT Services & Systems Director of Finance & Resources
Purpose:	This document sets out the proposed Digital Strategy for South West Yorkshire Partnership NHS Foundation Trust over the next three years. It builds on the previous Digital Strategy in place since January 2018 and the progress made against it
Mission/values:	The Digital Strategy is an enabler that underpins the delivery of the Trust's vision, mission and key priorities as well as supporting our Trust values
Any background papers/ previously considered by:	<ul style="list-style-type: none"> • Previous Digital Strategy approved by the Trust Board in January 2018 • Twice yearly updates of progress made against the strategy provided to the Trust Board.
Executive summary:	<p>This strategy sets out our aspirations, intent, and commitment in continuing to make a positive difference to improve the health and wellbeing of the people we care for, enabled by digital technology. This revision outlines the importance of digital and summarises what we mean by being digital, demonstrating that digital is not only about the technology, also about our mindset, culture, organisational values, and guiding principles.</p> <p>It is three years since this previous Digital Strategy was approved and this revision is timely given the heightened focus on digital solutions, during the response to the Covid-19 pandemic</p> <p>Everyone has a role to play in shaping and influencing how the organisation and our constituent services become 'digital by default'. Digital innovation is not only about the technology. It is also its application coupled with digitised processes as well as the mindset and adoption by staff, service users and carers alike.</p> <p>The views and experiences of our staff together with those of our service users and carers are critical in driving forward the digital agenda as their in-depth knowledge from their day-to-day experiences are paramount to designing fit for purpose and robust digital solutions.</p> <p>An engagement plan for the Digital Strategy consultation was produced with the timeline and plan for involving people in the development of the</p>

strategy delivered during November/December 2020. The findings from engagement resulted in the Trust gathering views from staff, service users and carers, specifically: -

- Insightful service user digital feedback from their experiences of accessing Trust services and their specific needs has been obtained from the Involving People Strategy: Engagement and Equality report of findings (September 2020).
- Learning and feedback from Covid-19 response in respect to digital solutions/services.
- Separate surveys to staff and service users/carers specifically relating to the digital strategy were conducted throughout December 2020, including paper versions for those not actively online.
- Staff engagement in respect of both current and future digital requirements has been collated from various Trust meetings and forums as part of its general business operations.
- Service user/carer/member views - gathered from attendance at forums and in-directly through service change engagements and through equality processes.
- Staff side – engaged and consulted as part of the strategy development
- Executive Director leads and nominated Non-Executive Directors
- 360 Assurance – Trust internal auditor

The findings from the staff and service user/carer surveys on the digital strategy, highlighted

By staff (170 responses including over 40 responses from staff that do not routinely access Trust digital services and communications)

Key advantages:

- Working from home / anywhere
- More access to meetings with less travel
- Service user accessibility
- Saves time
- Increased access to information
- Appointment reminders via text

Key concerns:

- Simplify login process
- Use other platforms which are more familiar to service users/other services
- Newer equipment particularly areas that have desktops only
- Data security/confidentiality
- One secure email account not both emails
- Up to date intranet

- 'How to guides'
- Staff training
- Digital dictation equipment

By service users & carers (20 responses)

- Mistrust of technology for privacy and security
- Training on the use of software including video calls
- Ensure compatibilities of software
- Face to face will always be preferable to some individuals
- Use other platforms
- Ensure website is easy to navigate

The feedback obtained has informed the final draft of the Digital Strategy and will help to also derive the formulation of the action plans necessary to address key issues highlighted.

Our approach will ensure that there is equal opportunity to participate in decision making and service planning with access to services being equal for all and non-discriminatory. Our approach will also involve close collaboration at all levels internally and externally with our partners to realise our aims and objectives as both nationally and locally there are increasing demands on finite resources, especially as the needs of the general population we serve evolves.

A successful NHS organisation recognises the need to make best use of digital solutions to enable delivery of its clinical services and support operational staff and management. This strategy seeks to achieve this by using digital to support the Trust in delivering quality service improvements and in transforming outcomes for service users, carers, and the communities we serve over the next three years.

The strategy aims to articulate how our digital ambitions and goals will lead to actual changes on the ground, and the benefits that these changes will bring to our service users, carers, their families, our staff and our wider communities. We are committed to working with our communities and partners to improve health outcomes for everyone, with high quality health care in the right place, at the right time, delivered by the right people.

This revision of the Trust's Digital Strategy provides a summary of our progress to date and showcases our achievements in advancing the organisation's overall digital maturity. Whilst the preceding digital strategy had more of a focus on the technical dimensions of digital, this revision places a greater emphasis on digital enhancement and innovation with clear attention on the following key objectives: -

- Improving the digital skills and competencies of our staff

	<ul style="list-style-type: none"> • Improving the digital capabilities of our service users and carers • Addressing barriers to digital inclusion and digital inequalities through working with partners <p>To support the delivery of the digital strategy, we have identified the following outcomes: -</p> <ul style="list-style-type: none"> • Championing digital inclusion, digital equality, and thus ensuring that no-one is left behind. • Keeping our staff, service users and carers information safe. • Digital being integral throughout the organisational culture. • Adopting and learning from digital best-practices. • Developing a digital capable workforce that embraces flexible and adaptable work-life balance. • Designing services that are fit for today and ready for tomorrow whilst being in a state of readiness for the future. • Reduce duplication and waste in processes to optimise care delivery, ways of working and improve service user, carer, and staff experience <p>The realisation of these outcomes and associated benefits will be underpinned by a digital roadmap that plots our path towards further digital maturity, underwritten by digital milestone delivery plans which consider the required resources necessary and available to implement this strategy.</p>
Recommendation:	Trust Board is asked to APPROVE the updated Digital Strategy spanning 2021-24.
Private session:	Not applicable.

Digital Strategy

2021-2024

March 2021 Final Draft

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Foreword (CEO)

Easier access to information, including through digital technology, is reshaping the way we live our lives, and the way we access and interact with services. It holds promise for many, and a risk for those who are excluded from the digital world.

This became clear as 2020 propelled us into a digital future at speed. Microsoft Teams meetings with colleagues and Zoom catch ups with our families and friends became part of our everyday lives and showed us how digital technology can keep us updated, connected, and informed. Clinical services adapted the way they work, with consultations and multi-disciplinary team working delivered safely at scale.

The launching of this digital strategy forms the start of our next stage of digital evolution and aids the Trust's overall digital maturity by nurturing and developing a culture that embeds digital options and digital efficiencies in everything that we do.

One of our values is to be 'relevant today, ready for tomorrow'. This means providing the best services today while at the same time remaining agile in the way we work and being prepared for the next steps and whatever the world throws at us.

The views of our staff, service users and carers from their day-to-day experiences of the Trust's services are critical in driving forward the Trust's digital agenda and in designing fit for purpose, secure and robust digital solutions. No one can be left behind in this set of changes.

This strategy sets out how digital technology will enable us to:

- Provide better experiences for our staff, service users, carers, and communities
- Address digital exclusion and inequalities
- Ensure inclusive developments that reduce inequity
- Strive to be the best we can be digitally
- Improve our digital maturity
- Work in collaboration and partnership to drive forward our digital agenda
- Improve the delivery of joined up seamless care through shared information and systems
- Ensure continuous engagement, consultation, and feedback
- Learn from the Covid-19 digital response
- Improve digital skills and competency
- Enables our workforce to work in more agile and flexible way that supports well-being
- Improves productivity and efficiency of services
- Makes best use information to support decision-making

We hope our digital ambition will improve services for staff, service users, their families and carers, and our health and care partners.

1. Executive Summary

This revision of the Trust's digital strategy provides a summary of our progress to date and showcases our achievements in advancing the organisation's overall digital maturity. This strategy states our aspirations, intent, and commitment in continuing to make a positive difference to improve the health and wellbeing of the people we care for, enabled by digital.

This revision outlines the importance of digital and summarises what we mean by being digital, demonstrating that digital is not just about the technology but about our mindset, culture, organisational values, and guiding principles. We all have a role to play in shaping and influencing how the organisation and our constituent services become 'digital by choice'. Digital innovation is less about the technology but more about its application coupled with digitised processes and adoption by staff, service users and carers alike.

The views and experiences of our staff together with those of our service users and carers are critical in driving forward the digital agenda as their in-depth knowledge from their day-to-day experiences are paramount to designing fit for purpose and robust digital solutions. This will also require close collaboration at all levels internally and externally with our partners to realise our aims and objectives as both nationally and locally there are increasing demands on finite resources, especially as the needs of the general population evolve.

To support the delivery of the digital strategy, we have identified the following outcomes: -

- Championing digital inclusion, digital equality, and thus ensuring that no-one is left behind.
- Keeping our staff, service users and carers information safe.
- Digital being integral throughout the organisational culture.
- Adopting and learning from digital best-practices.
- Developing a digital capable workforce that embraces flexible and adaptable work-life balance.
- Designing services that are fit for today and ready for tomorrow whilst being in a state of readiness for the future.
- Reduce duplication and waste in processes to optimise care delivery, ways of working and improve service user, carer, and staff experience.

These outcomes will be supported through a digital roadmap that plots our path towards further digital maturity, underwritten by digital milestone delivery plans which consider the required resources necessary and available to implement this strategy. The digital milestone delivery plans will contain the prioritised programmes/projects that have been endorsed by the Executive Management Team and approved by the Trust Board, aligning to national and regional strategies whilst also influencing plans at place, care setting and integrated care system levels.

2. Purpose of this strategy

This document sets out the Digital Strategy for South West Yorkshire Partnership NHS Foundation Trust (“The Trust”) over the next three years. This is a revision which supersedes the Trust’s Digital Strategy that was approved in January 2018 and aims to build upon the achievements and successes to date. It is almost three years since this preceding strategy was produced and approved, which is a long time in digital terms and this revision is timely given the heightened focus on digital largely due to the coronavirus pandemic (Covid-19).

Digital technologies and solutions are increasingly becoming more prevalent in our everyday lives. Therefore, we must ensure that digital is aligned with other strategies across the Trust, as digital is a key enabler in how we move forward and improve services to all, whilst also having a clear line of sight to regional and national strategies.

Within this strategy, we explore why digital is vital, relevant both today and in the future in the services that the Trust provides, but more importantly how digital can assist with improving the experiences for our staff, service users, carers and the wider communities we serve.

To drive forward our digital agenda, we need to have an appreciation of our digital journey to date including the role that digital has played in our response to the Covid-19 pandemic. From this, we can continue our digital evolution and maturity, setting out our digital vision and key themes for 2021 and beyond.

Whilst the preceding digital strategy had more of a focus on the technical dimensions of digital, this revision places a greater emphasis on digital enhancement and innovation with clear attention on the following key objectives: -

- ❖ **Improving the digital skills and competencies of our staff**
- ❖ **Improving the digital capabilities of our service users and carers**
- ❖ **Addressing barriers to digital inclusion and digital inequalities through working with partners**

To support the delivery of the digital strategy and achievement of these key objectives, which are for the benefit of the person, people, and communities at the centre, we have set out to achieve the following outcomes: -

- Championing digital inclusion, digital equality, and thus ensuring that no-one is left behind.
- Keeping our staff, service users and carers information safe.
- Digital being integral throughout the organisational culture.
- Adopting and learning from digital best-practices.
- Developing a digital capable workforce that embraces flexible and adaptable work-life balance.

- Designing services that are fit for today and ready for tomorrow whilst being in a state of readiness for the future.
- Reduce duplication and waste in processes to optimise care delivery, ways of working and improve service user, carer, and staff experience.

The realisation of these outcomes and associated benefits will be underpinned by a digital roadmap that plots our path towards further digital maturity, underwritten by digital milestone delivery plans which consider the required resources necessary and available to implement this strategy.

The remainder of the document through sections 9-14 concentrates focus on delivering the strategy, setting out the digital implementation domains and our approach, built around a robust leadership and governance framework that drives the digital agenda.

The final section, outlines what the future will look like for the all our stakeholders.

3. About the Trust

South West Yorkshire Partnership Foundation Trust are a specialist NHS Foundation Trust with an income of approximately £230m that provides community, mental health, and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. We also provide some medium secure (forensic) services to the whole of Yorkshire and the Humber. All our services are focused on principles of recovery and co-production, working with the strengths of each person and those of their carers and wider community.

The Trust also provides services that promote health-producing communities and prevention through supported self-care, recovery focused approaches, peer support and community involvement, volunteering to supported employment. The Trust's recovery colleges, linked charities Creative Minds, Spirit in Mind, Mental Health Museum, and significant volunteering services, as well as Altogether Better (a national organisation that is hosted by the Trust) further contribute to this.

Our daily mission is to help people reach their potential and live well in their communities. We employ over 4,500 staff, in both clinical and non-clinical support services. Our staff work hard day in day out to make a difference to the lives of service users, families and carers. How we work is as important to us as what we do. Our values and how we behave really matter to us. Set out below are our vision, mission, and values.

Our vision:

To provide outstanding physical, mental, and social care in a modern health and care system.

Our mission:

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

Our values:

We are a values-based organisation. This means our values are followed by all our staff and underpin everything we do:

- We put the person first and in the centre
- We know that families and carers matter
- We are respectful, honest, open, and transparent
- We improve and aim to be outstanding
- We are relevant today and ready for tomorrow

Our strategic objectives are:

- ✓ Improve health
- ✓ Improve care
- ✓ Improving resources
- ✓ Make this a great place to work

3.1 Who we serve

We primarily serve 1.22m people who live across South and West Yorkshire in the local authorities of Barnsley (239,300), Calderdale (209,800), Kirklees (440,000) and Wakefield (332,000) as shown in Figure 1 below.



Figure 1 – SWYPFT Geography

Most of the care we provide is delivered in local communities. This means we work in all the villages, towns, and cities from Todmorden and Hebden Bridge in the west, to Castleford and Pontefract in the east and to Hoyland and the Dearne Valley to the south of Barnsley – and all points in between. Our population lives in a mix of rural and urban areas.

From a digital perspective, the Trust’s preceding Digital Strategy placed digital as an integral part of our service delivery that supports our ability to develop our service models and enabling workforce agility.

Over recent years, we have focused on improving the underlying technical IT infrastructure, consolidating systems and telecommunication platforms, replacing/upgrading network connections and associated network hardware, whilst improving performance and resilience significantly. Some of the notable digital achievements are summarised on page 18, together with an insight into our digital technology footprint.

Whilst this work to date has been very much behind the scenes, it has provided the Trust with the necessary sturdy foundations from which to develop its digital footprint further. This has never been more evident than in recent times and has successfully enabled the Trust to respond rapidly and flexibly to the Covid-19 pandemic through its effective digital capabilities.

Delivery of this digital strategy is based on the Trust's priorities as shown in Figure 2 below, which are closely linked to national initiatives, regulatory findings, and assessment of local care needs through close collaboration with Integrated Care System (ICS) representatives, service users, carers and families, staff, governors, and partners.

Our strategic objectives are:



Figure 2 – Trust priorities

Our digital vision, themes and ambitions discussed later within this document are also in line with national requirements relating to improving quality and access to care with inclusion at the core. Our digital aims and objectives set out to enable the Trust to address the challenges presented by an ageing population with changing health needs, including those linked with long-term conditions and those triggered by lifestyle choices. This digital strategy also takes account of wider Trust strategies as outlined in Section 6 on page 17 recognising that digital is a key-enabler that support wider delivery aspirations.

These challenges mean that the health and social care systems we operate in must constantly adapt to become ones which are based on more proactive, predictive models that identify potential problems at an early stage and works closely with service users and partners to tackle them via integrated service pathways supported by digital solutions and information.

It is extremely important to take into account national, regional and place-based context and digital strategies in our approach, as outlined in the section below. However, it is equally worthy of mentioning that strategy alignment is a two-way process, in how we actively engage in helping shape and contribute to supporting ICS objectives and in delivering the LTP ambitions. Integrated care proposals cement the role of places and provider collaboratives, further emphasising the importance of partnerships and integrated approaches across services, systems, and places.

4. National & regional digital context

4.1 National digital context

National policy emphasises the continuous focus and striving for digital across the health & care system. As such this helps to nurture our thinking around how digital can shape and influence strategic direction. There are some key drivers for change as summarised in Figure 3 below.

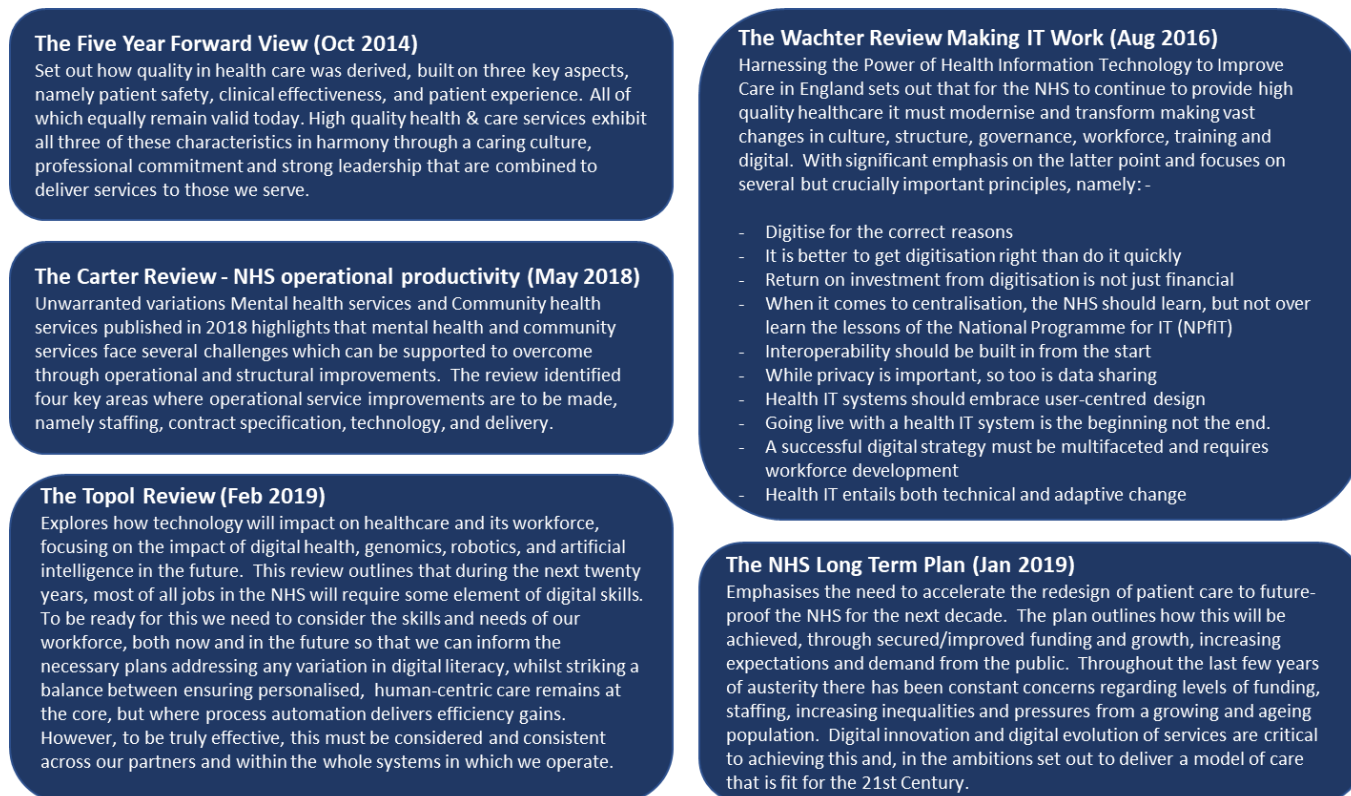


Figure 3

4.2 Integrated Care System (ICS) and Place-based digital context

The Trust has a proven track record of working with our partners and has established good working relationships across the systems we form part of. The Trust has active participation across the West Yorkshire & Harrogate (ICS) as well as place-based working within Calderdale, Kirklees, and Wakefield. In addition to this, the Trust also works across the South Yorkshire & Bassetlaw (ICS) and Barnsley place. It is recognised that we need to strike a balance between ICS, place, and organisational priorities.

The Trust's Digital Strategy takes account of these multi-layered networks, strategies to complement our organisational digital priorities with those at place and ICS levels, all of which have their own diverse needs and priorities. This includes key themes such as moving towards paperless working, interoperability that enables and promotes the wider data sharing, shared care record capabilities offering access to electronic care information to inform care delivery and population health management which supports future planning of services based on the needs of the populations we serve.

Through close alignment with ICS digital strategies and place-based digital plans, this provides clear line of sight from which we actively engage, collaborate, shape, and influence moving forward both our own and the wider collective digital agendas with support of our partners across health and social care.

The developing Yorkshire & Humber Care Record is the cornerstone to enabling and achieving this and is underpinned by the [Digital Health and Wellbeing Charter for Yorkshire and Humber](#) which sets out the strategic commitments of the constituent ICSs across the region. The charter outlines the principles and standards that seek to develop and mature our collaborative working to ensure partners maximise the benefit from our collective digital delivery for the benefit of our service users, carers, workforce and the wider health & care systems.

5. The importance of a digital strategy

5.1 Why Digital?

This document sets out the Digital Strategy for South West Yorkshire Partnership NHS Foundation Trust over the next three years. This is a revision which supersedes the Trust's Digital Strategy 2018-21 that was approved in January 2018 and builds upon the achievements and successes to date. It is almost three years since this preceding strategy was produced and approved, which is a long time in digital terms and this revision is timely given the heightened focus on digital largely due to the coronavirus pandemic (Covid-19).

All things digital are fast becoming part of our everyday lives both in the workplace and our personal home environments. The application of digital technologies, solutions and processes when coupled together provide the opportunity and ability to change the way in which we engage and deliver services.

In order to do this, both effectively and efficiently, we must work collaboratively with our partners across the health & social care spectrum including the voluntary sector, whilst also actively consulting, engaging and involving our service users, carers and the wider populations we serve in framing and redesigning services. Ensuring the needs of the individual is placed at the heart of all we do. This approach will help to enhance the services we provide and experiences of those receiving care, improving outcomes for all.

The potential that digital can provide to support service improvements is huge, especially when coupled with the growing expectations of the general populous which are born out of how they engage and interact with services in other parts of their everyday lives. With access to services required being based on individual needs, digital is fast becoming the norm. The advent of Covid-19 has accelerated and highlighted this need further.

[The Five Year Forward View \(October 2014\)](#) set out how quality in health care was derived, built on three key aspects, namely patient safety, clinical effectiveness, and patient experience. Which equally remain valid today. High quality health & care services exhibit all three of these characteristics in harmony through a caring culture, professional commitment and strong leadership that are combined to provide and deliver services to the populations in which we serve.

The Trust's mission and values are built upon the quality aspects outlined in the Five Year Forward View.

The [NHS Long Term Plan](#) launched in January 2019 emphasises the need to accelerate the redesign of patient care so as to future-proof the NHS for the next decade and outlines how this will be achieved, through secured/improved funding and growth; increasing expectations and demand from the general public, and again building on the foundations and principles established by the Five Year Forward View and evident progress made

Digital is at the heart of the redesign and future proofing of the NHS and through sustained investment, this will deliver an NHS where digital access to services is widespread and where service users and their carers are empowered to better self-manage their health and conditions.

“Digital technology has the potential to shift the balance of power between clinicians providing care to patients receiving care” Prof. Darzi, 2018

However, the emphasis placed on digital as part of the Covid-19 pandemic response has further heightened the necessity to consider the needs of the person in our approach, an example of this is stated below.

“The COVID-19 pandemic has meant that, like many providers, we have had to accelerate our remote and digital intervention capacity to continue to be able to offer vital support to people at this challenging time. Our experience is that our digital approach must be informed by what people find useful and driven by the ability and willingness of people to adopt them. Within our community and wellbeing services we are now supporting approximately 2,000 of the most complex and vulnerable people remotely, using predominantly telephony and supported access to various online self-help resources. A particular priority has been on digital inclusion and ensuring that no individuals are left behind due to a lack of access to devices or a lack of skills to use this type of service.” **Brendan Hill, Chair, Association of Mental Health Providers’ COVID-19 Digital Reference Group; CEO, Mental Health Concern. Digital Inclusion in Mental Health (December 2020)**

This Digital Strategy calibrates our key priorities in achieving the Trust’s digital ambitions, setting out what we are going to focus on over the coming years and our approach to delivering against the organisation and system objectives.

We are privileged to have solid digital foundations and more critically a rapidly evolving workforce empowered and eager to embrace digital technologies/solutions that are focused on improving the health and well-being outcomes for all, staff, service users, carers and the communities we serve.

A key value that is integral within this strategy is how we can all contribute and benefit from choice and use of digital, through design, delivery, monitoring, review and improving the quality of care we provide. Effective communication will allow for better engagement, collaboration and empowerment of those within our care or receiving services, and by promoting and having access to their own electronic care records enabled by digital they will be more in control of their own health needs and wishes.

5.2 To benefit our service users, carers, and our staff

Below are some of the benefits that our digital journey will deliver to our service users, carers, and staff.

Benefits for our service users & carers

- Ensure our service users and carers experience seamless care regardless of their digital capability or interest, whilst supporting a reduction in inequalities and access to digital technologies.
- Ensure our service users or their carers do not have to repeat their details every time they have an intervention with a new care professional.

- Ensure patient safety throughout our services enabled by digital technologies that enhance informed care delivery and clinical interventions.
- Service users and carers are assured that digital information recorded and held by the Trust remains safe, secure, and accessible only by those involved in delivering care.
- Empower service users and their carers so that they have control over their care needs and requirements.
- Enable service users and carers to support self-management of their conditions and overall health & wellbeing, through effective close collaboration where the needs of the individual are placed at the centre and understood.
- Provide service users and carers with additional timely means of accessing services and their interactions with care professionals involved in the delivery of their care, more in keeping with how we interact digitally with other services in our everyday lives.
- Empower and support a service user's wider support network (carers, friends, family, and neighbours).
- Access to a range of digital offers including creative and cultural activities that promote connections, peer support and harness individual strengths.

Benefits for our Staff

- Enabling more time to be devoted to service user care by reducing the time required to be spent on administrative duties through more streamlined digital capabilities.
- Providing timely and appropriate access to digital care information when required regardless of location, supported by agile working.
- Improved opportunities for collaborative working across the health and care systems coupled with better support.
- Improved work-life balance, job satisfaction, and within the Trust being a great place to work.
- Improved use of information to enable better understanding of best practice, productivity, and efficiency.

It is not only service users, carers, and our staff in focus but also the wider communities and volunteers who are fundamental for making connections within care providers, service user family & friends and their support networks. We must also be mindful of changes in digital preferences in our thinking and when considering service redesign. This is evident in Figure 4 below which highlights some of the key findings of the [Ofcom Communications & Market Report \(2019\)](#).

- **Internet take-up and smartphone ownership are both unchanged in 2019.**
Household internet take-up remains at 87%, and 79% of UK adults personally use a smartphone.

- **Consumers are upgrading to faster broadband.**
The number of fibre-to-the-cabinet connections overtook standard broadband copper connections for the first time this year, and the number of superfast broadband lines increased by 17% as people upgraded from standard broadband services.
- **And people are using more data.**
The volume of data used on fixed and mobile connections both grew by around a quarter, with 240GB being used on average each month per fixed broadband connection and 2.9GB in an average month being used on each mobile data connection.
- **Much of the growth in data use is driven by online video.**
Fifty-eight per cent of people watched on-demand video services, up from 53%. This is driven by increased use of subscription video-on-demand services such as Netflix and Amazon Prime Video. There was no change in the proportion of people watching the PSB broadcasters' free catch-up services (BBC iPlayer, ITV Hub, All4 and My5), and for some age groups, this declined.
- **The total volume of voice calls has fallen, but people are using their mobiles more for calling – and using their landlines less.**
The volume of minutes originating from fixed-line connections fell again in 2019 (by 17%), while the volume of minutes originating from mobiles went up by 5%. Losses in revenues from fixed voice services contributed to a 4% real-term decline in fixed telecoms revenues year-on-year.
- **And the volume of traditional text messages continues to fall.**
More than 5 billion fewer traditional SMS and MMS messages were sent in 2018, as people switched to messaging services such as WhatsApp. This will also have contributed to the increased data volumes on mobile connections.

Source: Ofcom Communications Marketing Report (2019)

Figure 4

Evidently, the recent issues brought about by the Covid-19 pandemic at the start of 2020 have placed significant strain on services and digital has been at the forefront of our collective response. This only serves to place additional emphasis on the importance of digital, heightening the need further.

However, whilst digital is a common enabler we must ensure that we leave no one behind in our thinking and approach, being mindful that there remains a proportion of our service users, carers and the wider communities serve that are not digitally enabled for a variety of reasons. Therefore, digital will not necessarily replace face-to-face services but will need to complement and enhance choice whilst delivering services tailored to individual needs.

The detail that is set out in this strategy is extremely ambitious and will require skills, engagement, active participation, drive, and determination from all. It will also require appropriate resources to be made available. We are on this digital journey together and we all have a role to play in shaping and influencing the services we provide and receive. This digital strategy is an ambition that is reinforced and propelled by the Trust Board, Executive Management, and our senior leaders and needs to be owned and delivered by us all, actively working together. Therefore, we need to ensure that we have an entrenched digital culture and ethos.

5.3 Developing a digital culture

The term digital gets mentioned a lot in our everyday lives whilst at work and at home. It is also important to consider why organisations strive to be digital. From a Trust perspective it is about being relevant and viable today, tomorrow and in the future. Becoming digital is predicated by also developing a culture where you understand and meet the needs of our staff, service users, carers, and communities we serve digitally. To this end, developing a digital culture requires a step change in achieving digital maturity by: -

- Ensuring digital services that are accessible anywhere to all who need to use them, which can operate 24/7 and be available on demand, with automated computer processing to remove or minimise the need for manual intervention.
- Developing high quality digital services which are designed so that they are beneficial to all receiving care and where care is centred around the individual's need.
- Ensuring that our service users receive timely responses and feedback and where they do not have to wait hours, days, or weeks and in a manner that is preferable to them.
- Providing digital opportunities for service users to influence and co-produce care and services
- Digital services should be easy to use, intuitive and should be designed from an end user perspective.
- Creating intelligence through electronic systems being able to process the data and information from various sources and consolidate, extrapolate, manipulate, and convert it with minimal user intervention. This will inform improved decision-making capabilities in delivering care to anticipate individual care requirements, as well as predicting future service demands that support design and planning.
- Digital should be a driver at the heart of change, whereby a truly digitally enabled service defines the business and clinical processes, rather than simply regurgitating existing manual/paper processes albeit that have transferred to digital means.
- Digital platforms and environments should be subject to regular improvements with minimal adverse impact on those accessing digital services. End users want enhancements that improve their digital experiences with little or no disruption to service access and availability.

It is important that we all appreciate and understand our role in becoming digital by choice. Digital does not sit solely with corporate support services such as the IT function, it spans the entire workforce and extends out to our partners, suppliers, and key stakeholders alike. This approach enables the opportunities for digital innovation, revising how we re-design our services, how we conduct our business to add value, create benefits, improve quality, address inequalities, improve health outcomes and make the most effective use of available resources. Digital as an enabler also cuts across all aspects of Trust business. Therefore, the Digital Strategy needs to take account of numerous other Trust strategies which together work towards achieving the organisation's strategic goals and objectives, as shown in Figure 5 below.

6. How our digital strategy aligns to other Trust Strategies

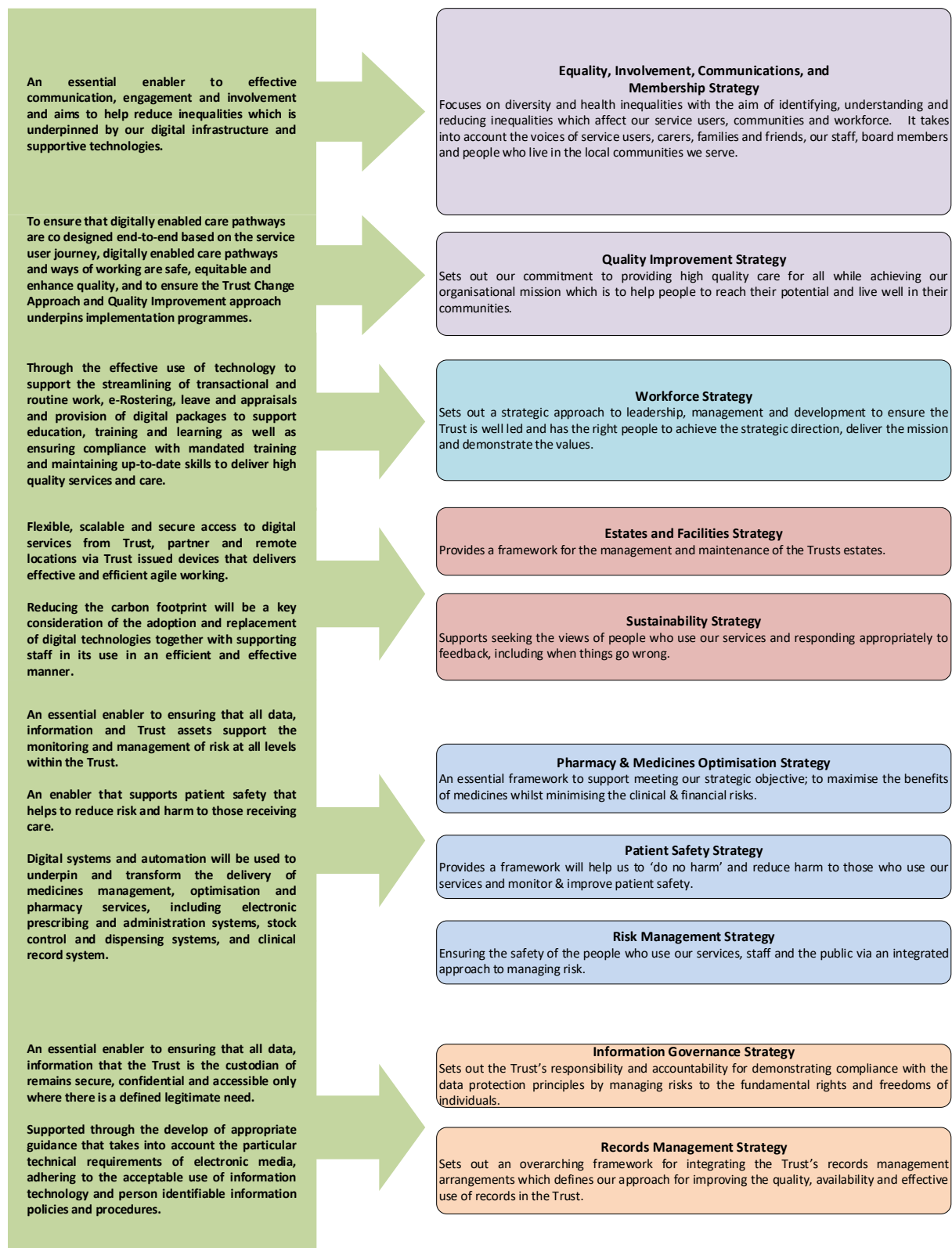


Figure 5 – Strategy Alignment

7. Our digital journey so far...

The Trust recognised that delivery of the 2018-21 Digital Strategy was dependent on a robust future proof digital technology approach and delivery plan. Our digital journey since 2018 has so far delivered the following notable successes: -

- ✓ Completion of the planned strategic 3-year programme that commenced in 2017/18 that has modernised the Trust's core IT infrastructure. This incorporated significant network enhancements that improved resilience, removal of single point of failures, cyber security safeguards, improved business continuity & disaster recovery capabilities and increased application availability.
- ✓ Replacement of N3 network connections with new Health & Social Care Network (HSCN) connectivity across Trust main hub sites as well as significantly improving network performance and increasing the bandwidth.
- ✓ Attained significant assurance rating for cyber security governance following audit.
- ✓ Continuous attainment of satisfactory compliance against the Data Security & Protection Toolkit (formerly the Information Governance Toolkit).
- ✓ Implementation of SystmOne across the Trust as its primary electronic care record system spanning both Mental Health Services and Physical Health Community Services.
- ✓ Established Business Intelligence capabilities and solution that provides deep data dive comparative analysis via dashboards launched to support understanding of performance, productivity, and service variation and is readily available to all staff.
- ✓ The Trust achieved full compliance for General Data Protection Regulations (GDPR) as at 31 October 2018.
- ✓ A BS10008 accredited scanning bureau and document scanning solution in place.
- ✓ Established a Trust Digital Strategy Group which oversees and co-ordinates initiatives which explore new and emerging digital opportunities to bring about further digital evolution across the organisation.
- ✓ Launched a Trust staff App (MY SWYPFT)
- ✓ Implementation of the Orcha app in clinical pathways for children and young people
- ✓ Deployed Microsoft Windows 10 and Microsoft Office365 across the entire Trust end user computer estate.
- ✓ Rapid deployment of video conferencing & consultation solutions such as Microsoft Teams and AccuRX that have been successfully adopted within the Trust and in response to the Covid-19 pandemic, together with innovations such as virtual visitor capabilities that have enabled service users under our care to remain in contact with family and friends, albeit remotely.

Whilst digital technologies are the supportive enablers in driving forward digital maturity, truly becoming a 'digital by choice' organisation can only be realised if digital technologies are harnessed together with associated business processes that complement and work in harmony with our major key asset, our workforce. As part of the Trust's overall digital infrastructure our staff have been digitally enabled and equipped as follows: -



2,000 desktop computers all of which use supported Microsoft operating systems.



3500 laptop computers all of which use supported Microsoft operating systems, enabling staff to work in an agile and flexible manner.



5700 user accounts (including staff from partners who work within integrated teams and students placed with the Trust).



5800 Microsoft Office365 software licences covering the entire Trust's end user computer estate.



Over **1,000** smartphones



1,900 voice-only mobile phones



2,000 digital desk phones rationalised from 4,000



Over **3,100** Trust staff with remote access to the corporate network to enable agile working using encrypted virtual private network (VPN) solution and/or 4G mobile network connectivity.



Services operating across **100+** sites and all have secure Wi-Fi connections for seamless staff access to the Trust corporate network.



SWYT Corporate Wi-Fi is available across all Trust sites. **Patient/public Wi-Fi** (NHS Wi-Fi) across designated Trust sites to improve access for our service users. **Govroam Wi-Fi** across the Trust to provide access for our partners when on-site. **Eduroam Wi-Fi** across the Trust to provide access for our students on placement with the organisation.



Over **50,000** paper records (**8.3m** pages) have been scanned and made digitally available as at 31 August 2020 since this was initiated in April 2017.

This has assisted the Trust in maintaining services and supported its staff in remaining operationally effective throughout these uncertain and challenging times. This also provides a stable and resilient infrastructure and environment from which to continue our digital evolution over the next 3 years or so.

8. Our Digital Vision and key themes for 2021, and beyond....

8.1 Striving to be the best we can be digitally

Digital is a key enabler and component of change, both in terms of the more efficient transactional operational service delivery and in evaluating emerging innovative technologies that offer potential to drive forward improvement.

This strategy emphasises the need to ensure that technology when coupled with transformation is the cornerstone from which to deliver and realise digital excellence. However, it must be stated that this is not about embedding technology within existing traditional business processes but through transformational change, it is about developing new business processes adapted to align with digital technology and its application. This is a fundamental approach in ensuring that digital plays a strategic role in helping the organisation live its values, realise its strategic goals through delivering world-class effective, safe, quality, individual-centric care.

8.2 Improving our digital maturity

Since the last digital maturity index self-assessment was submitted by the Trust in 2017, significant progress has been made in several areas, most notably: -

- Development of a business and clinical intelligence solution which has enabled the Trust to improve its decision-making capabilities and performance monitoring.
- Improvements to enabling IT infrastructure
- Adherence and compliance to standards
- Ongoing work initiated during 20/21 to introduce electronic prescribing and medicines administration (EPMA)

This digital maturity self-assessment identified that areas of informatics such as Information Governance, Leadership and Strategic Alignment all appear to be relatively “mature”, whereas the more complex or newer initiatives such as Remote & Assistive Care or Digital Transfers of Care require further focus.

Across the wider system, in August 2020, The West Yorkshire & Harrogate ICS 5-year digital strategy has digital maturity as one of its 10 priority areas. In support of this, PA Consulting were commissioned to undertake a piece of work to understand from a digital perspective “where are we now” and “where do we want to be” across the ICS and within each of the 6 constituent places. This would help to determine what actions need to be taken to support the effective delivery of the ICS digital strategy. Covid-19 also led to rapid deployment of technology and a step-change in the level of collaborative working. Initiatives that had been planned for significant periods of time were delivered in weeks and there has been pragmatism in decision-making and collaboration between organisations on an unprecedented level.

Building on this, the Healthcare Information and Management Systems Society (HIMSS) assessment framework provides an industry recognised benchmarking resource from which to gauge the Trust’s level of digital maturity hospitals, identifying strengths and areas for development focus. Therefore, the Trust’s overall digital maturity ambition is that we reach HIMSS stage 7 or comparable rating.

The digital maturity assessment findings and recommendations will inform both place-based and ICS-wide plans which will provide alignment of intentions with the ICS digital strategy.

8.3 Working in collaboration enabling the delivery of joined up care and support

To drive forward our digital agenda, it is important to recognise and understand that we cannot do this in isolation, be it internally within the organisation or externally across the wider systems and environments in which we operate.

Digital may predominantly be the traditional domain of the Information Management & Technology (IM&T) function. However, to truly realise the potential that digital has to offer, this can only be delivered by collaboration and working in partnership, blending digital technologies with robust clinical/operational practices through inclusive transformation.

Therefore, regardless of the proposed digital solution and/or its application in practice, responsibility rests with us all. This requires creating and nurturing an environment that promotes honesty, openness and transparency, balancing innovation with pragmatism to ensure solutions and outcomes are fit for purpose and meet with the needs of those who they are intended to benefit, be they care professionals, service users, carers or the wider communities we serve.

8.4 Better experiences for our staff, service users, carers & communities

Digital technology coupled with fully considered and adapted business and clinical processes help to transform how we provide services for those within our care. It is critically important to ensure that everyone has a voice as we strive to provide the best care and experience for all, and in complying with the wishes, aspirations and needs of the individual.

To design digital enabled care, it is essential that the approach is totally inclusive and all that we do has the person at the centre. To achieve this, we must ensure that no one is left behind and that we find ways to address any perceived barriers or bridge gaps in the digital divide.

A common theme is that we cannot achieve this alone. Service users, carers and our wider communities have needs beyond the remit of the Trust's services, therefore we need to work in harmony with our partners to truly deliver positive experiences, by reducing duplication and waste and improved outcomes for all.

8.5 Insight driven change through continuous engagement, co-production, and feedback

It is important to understand the existing challenges that our staff, service users, carers and their families experience when using digital services, as this provides the baseline from which to consider and evaluate digital enhancements and further innovation opportunities.

Taking learning from previous successful digital initiatives undertaken by the Trust, it is our aim to build an extensive engagement approach by establishing a continuous programme of active and inclusive co-production for all digital developments focused on service re-design and service improvement, at all levels, as appropriate. This is invaluable in helping to influence, shape, and bring to life this strategy and the inherent collaborative programmes of work that serve to deliver the strategic objectives, realise clinically/operationally 'fit for purpose' digital solutions and which also bring about positive changes to our service users and carers.

Our service users, carers, and staff have conveyed their requirements of how they want the Trust to support them digitally, as summarised below.

Our service users and carers have told us

- Electronic surveys provide a good and easy way of providing feedback which identifies good practice and areas for service improvement.
- Good at communication with one another but need to not become reliant on technology, still use the written word and face-to-face contact.
- Reduce the dependency on technology at the expense of more time to maintain contact and face-to-face communication.
- Not everyone is IT literate or has access to equipment. Use more than technology to reach people.
- Provide a choice between a physical appointment attendance or virtual consultation.
- An easy to navigate website with a better search capability.
- People like the use of technology and text messages were cited as a good way to reach service users.
- Ask how people want to receive information and communications as a standard question including formats and language preferences.
- Having text reminders for appointments is helpful but it doesn't seem to be for every appointment?
- Think of different ways to communicate such as TV screens.

Source: Involving People Strategy: Engagement and Equality Report of findings (September 2020)

Our staff told us

- Work-life balance and digital solutions that are simple to use that aid my overall well-being
- To enable me to stay connected with my colleagues when working remotely in the community or at home, maintaining peer and manager support.
- To improve access to partners across the system which supports effective partnership working
- Reduce the administrative burden which frees up time for service user focused care delivery.
- Telephone/video consultation with service users may be more convenient and beneficial to both the service user and care professional, where clinically appropriate.
- May help to reduce waiting times for service users accessing appointments
- May help in reducing social isolation by connecting more regularly with service users and access to online materials where there is a preference

Learning from the Covid-19 digital response

In addition to the feedback above, an outcome of the Covid-19 pandemic and the Trust's digital response is that we have been able to obtain further feedback from staff, service user, and carer experiences, and the benefits to them that we can consider and plan to take forward. This is summarised in Figure 6 below.



Figure 6 – Learning from Digital

The speed in which staff have embraced and adopted digital solutions and technologies such as Microsoft Teams and video consultations in support of the Covid-19 response has been tremendous. However, as services are reset and restored, the continuation of digital solutions adopted may require adapting to make more sustainable. This exposure has also emphasised the need to ensure that the digital skills, capabilities and competencies of our staff and stakeholders need to be comprehensively considered in our approach.

8.6 Improving digital skills & competency

Improving the digital skills & competency of our staff

The Trust's workforce is our greatest asset and to be truly digitally excellent, our staff need to have access to the necessary IT equipment and information systems, as well as being armed with the requisite digital skills, to be fully conversant, competent, capable and confident in their use of digital solutions. This will in turn promote high-quality care provision and help to meet the expectations of our service users and carers. However, exhibiting good digital knowledge, skills and capabilities is not about developing technical proficiency but in recognising that when coupled with an assured outlook, it is how digital solutions can be applied during effective care delivery. Therefore, improving care and helping to create positive health outcomes.

Our clinical and operational leaders will continue to inspire and spearhead the shift towards digital solutions, where it is appropriate to do so, by embracing change and supporting individual staff as their jobs and associated working practices transform. It is also important that the use of digital technology is not seen as a lesser service offer for care but is seen as an integral enhancement that extends choice for our service users and carers, bringing about improvements to care outcomes and personal experiences.

[The Topol Review](#) as referenced earlier, predicts that within 20 years, 90% of all jobs in the NHS will require some element of digital skills, meaning that all staff will require digital literacy. To enable this, it is understood that opportunities to develop digital skills must be easily accessible to staff and allow the individual to self-assess their own training needs based on their own perceived levels of digital capabilities. The Trust is committed to empowering staff through nurturing and developing digital capabilities for all, as it is inevitable that digital will play an ever-increasing role in all aspects of job functions.

We will work closely with the Learning & Development team, management, staff, and our partners in exploring ways in which we can determine self-assessment and identify learning requirements as part of personal development planning cycles. This will in turn inform our training and development programmes, influence methods of learning to improve digital literacy. Our approach to digital training and skills development will be innovative and cognisant of individual learning styles, especially given the diverse and complex needs of our staff. To support this, we will adopt the principles outlined in the Health Education England's [A Health and Care Digital Capabilities Framework \(2018\)](#) as outlined in Figure 7 below.

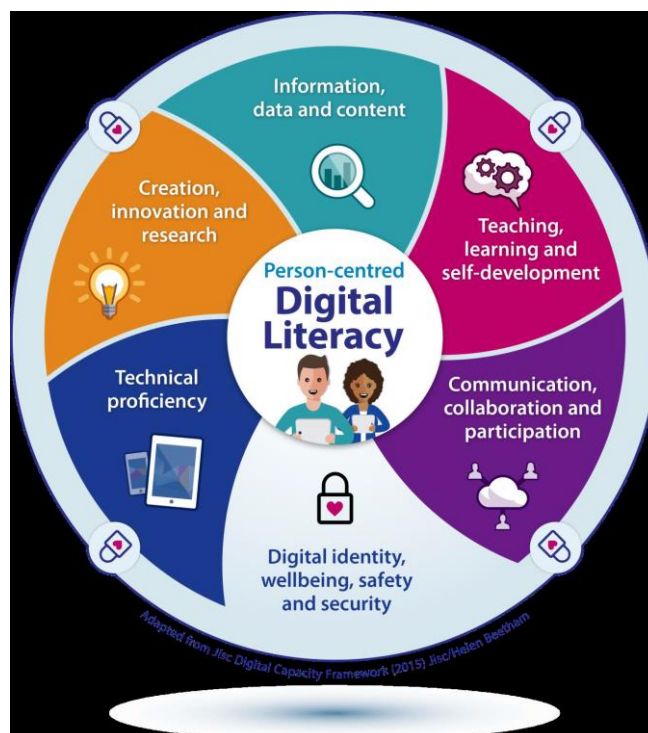


Figure 7 - Six domains of digital literacy (Source: A Health and Care Digital Capabilities Framework 2018)

Further details regarding these six domains are provided in Appendix A.

Improving the digital skills & competency of our service users and carers

Whilst a proportion of our service users and carers will be digitally switched-on in their personal lives using social media and adept at engaging digitally with consumer services such as online shopping, banking etc., we must also be mindful that not all our service users and carers will be digitally enabled, digitally literate or digitally interested.

Therefore, we need to ensure that the desires of all are fully catered for both in the design and delivery of our services now and in the future. We also need to work closely with our partners, including 3rd sector organisations in exploring how we can overcome negative perceptions of digital capabilities, address digital inertia, peaking interest to ensure that no-one is left behind. However, we must recognise that digital is not a substitute for direct face-to-face contact and interactions.

Digital preferences

To do this, we need to have an awareness of the needs of those who are utilising our services and understand how personal preferences are changing for accessing digital services in everyday lives. Figure 8 below provides a brief insight into the changing digital consumer landscape.

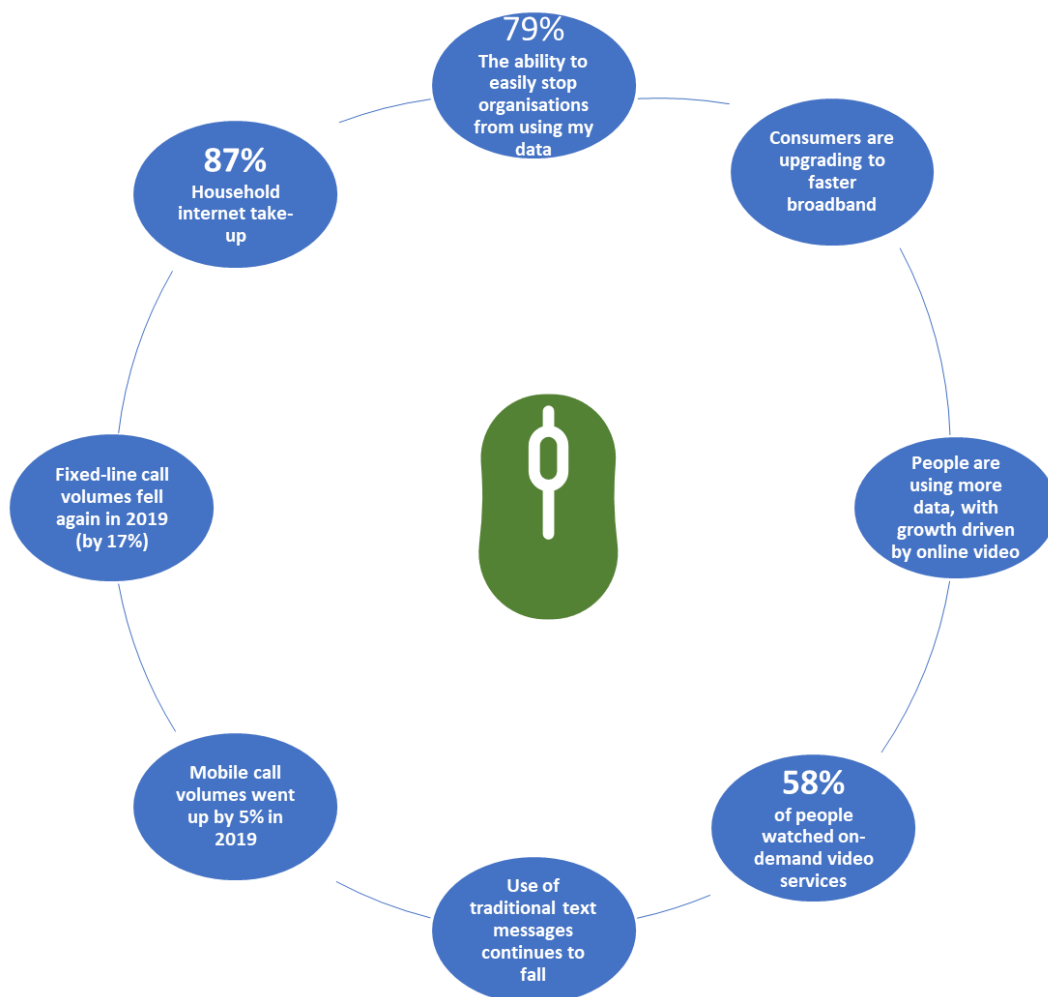


Figure 8 – Changes in digital preferences (Source: Ofcom Communications Marketing Report 2019)

Adults

In recent years, there has been a rapid rise in personal preferences for the use of mobile devices to access the Internet, with Smartphones being the most popular device for accessing the Internet, as shown in Figure 9 below.

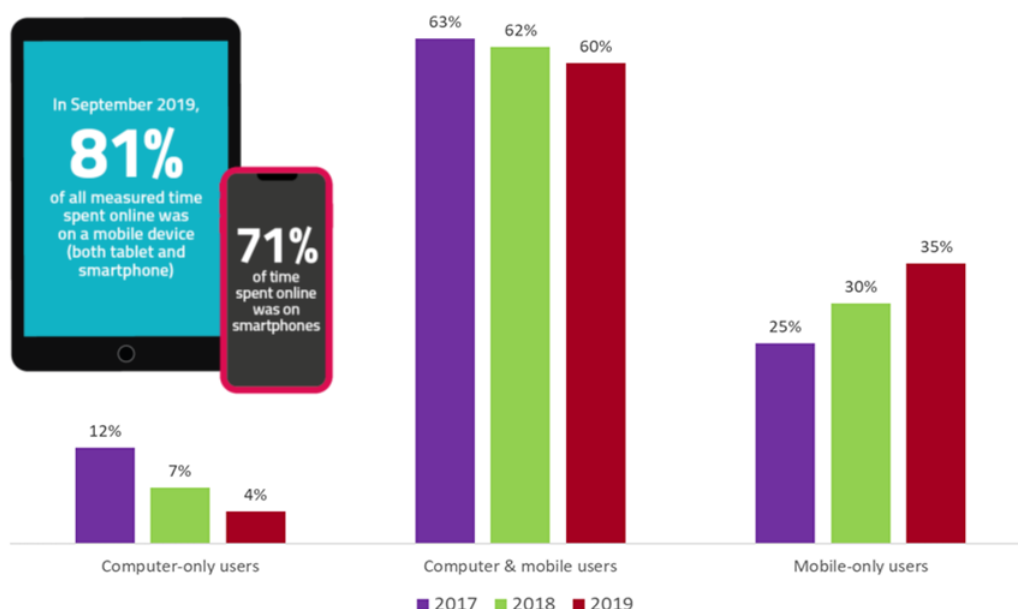


Figure 9 – Devices used for accessing the Internet (Source: Ofcom Online Nation Report 2020)

Children

Children are becoming ever more digitally enabled with increased usage and ownership of mobile devices such as tablets and smartphones as shown in Figure 10 below.

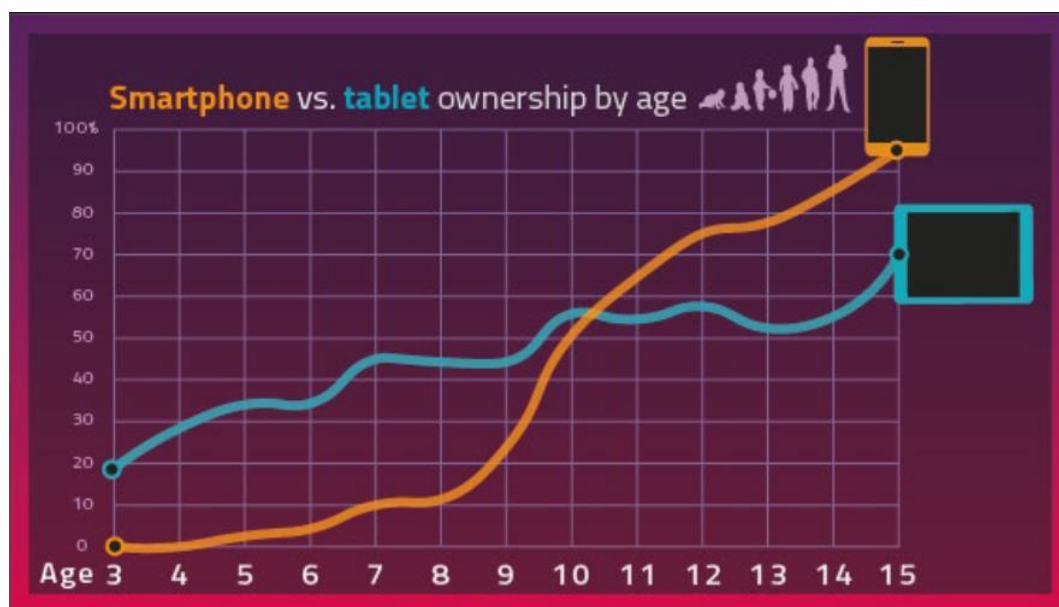


Figure 10 – Digital device use by children (Source: Ofcom, Children, and parents: Media use and attitudes report 2019)

Taken from the Ofcom 2019 report into [use and attitude towards digital media by children and parents](#), Figure 11 provides further insight and context into what the devices are being used for by children for when accessing online services.

Children

As they prepare for secondary school.

- Use of smart speakers among children aged 5-15 has doubled over the last year. This means that, for the first time, they're more widely used than radios.
- More children watch video-on-demand (VoD) than watch live broadcast TV. Viewing of VoD has doubled over the last five years. One in four children do not watch live broadcast TV at all.

Popular platforms and online activities

- YouTube remains a firm favourite among children. 5- to 15-year-olds are more likely to pick YouTube as their platform of choice over on-demand services such as Netflix, or TV channels including the BBC and ITV.
- Children's social media use is diversifying. WhatsApp in particular, has gained popularity over the past year, joining Facebook, Snapchat, and Instagram as one of the top social media platforms used by children.
- Newer platforms such as TikTok and Twitch are gaining popularity. TikTok is used by 13% of 12- to 15-year olds – up from 8% in 2018 – while Twitch is used by 5%.
- Girl gamers are on the increase. Almost half of girls aged 5-15 now play games online – up from 39% in 2018.

Online engagement and participation

- Rise of the 'vlogger next door'. While high-profile YouTube stars remain popular, children are now increasingly drawn to influencers who are often local to their area, or who have a particular shared interest – known as 'micro' or 'nano' influencers.
- Elements of children's critical understanding have increased. Awareness of vlogger endorsement and how the BBC is funded have both increased; while understanding of how search engines (such as Google) work and the ability to recognise advertising on these sites are both unchanged since 2018.
- The 'Greta effect' and online social activism. 2019 saw an increase in older children using social media to support causes or organisations, while one in ten signed an online petition of some sort.

Staying safe online

- Children are seeing more hateful online content than they used to, and several children in our Media Lives research reported seeing violent and other disturbing content online. Half of 12-15s say they have seen something hateful about a particular group of people in the last year – up from a third in 2016. Four in ten took some form of action, but the majority ignored it.
- Parents are also increasingly concerned about their child seeing self-harm related content online and some elements of online gaming. Almost half of parents of 5-15s are concerned about their child seeing which might encourage them to harm themselves, up from 39% in 2018. There have also been increases in the proportion of parents of 12-15s worried about in-game spending (from 40% to 47%) and game-related bullying (32% vs 39%).
- Fewer parents feel that the benefits of their child being online outweigh the risks compared to five years ago. Just over half of parents of 5-15s feel this (55%), compared to two-thirds (65%) in 2015. However, there are indications that more parents are talking to their child about online safety (85% of parents of 5 compared to 2018 (81%).

Source: Ofcom: Children and parents: Media use and attitudes report 2019

Figure 11

The information outlined above regarding the ever-evolving preferences for digital devices and means for accessing to online services by both adults and children, provides a valuable insight into how we need to consider such changes and trends, especially when designing and provisioning services, accounting for the various modes that our service user and carers choose when engaging with the Trust digitally.

8.7 Digital exclusion & inequalities

As the internet is increasingly being used within areas of life, digital provides a range of opportunities and benefits for us all. However, those who are currently digitally excluded for whatever reason or have no interest in digital at all are missing out. It is safe to say that we are in an ever-increasing digital age and those who are not actively engaging in the digital space, whether that be due to circumstance or personal preference, will remain at risk of being digitally excluded.

The introduction and wide-scale adoption of technological means that the dependency on having digital skills are increasingly important for connecting with others, accessing information and services, both in the workplace and home life. Some of the potential digital exclusion factors impacting staff, service users and carers are shown in Figure 12 below.

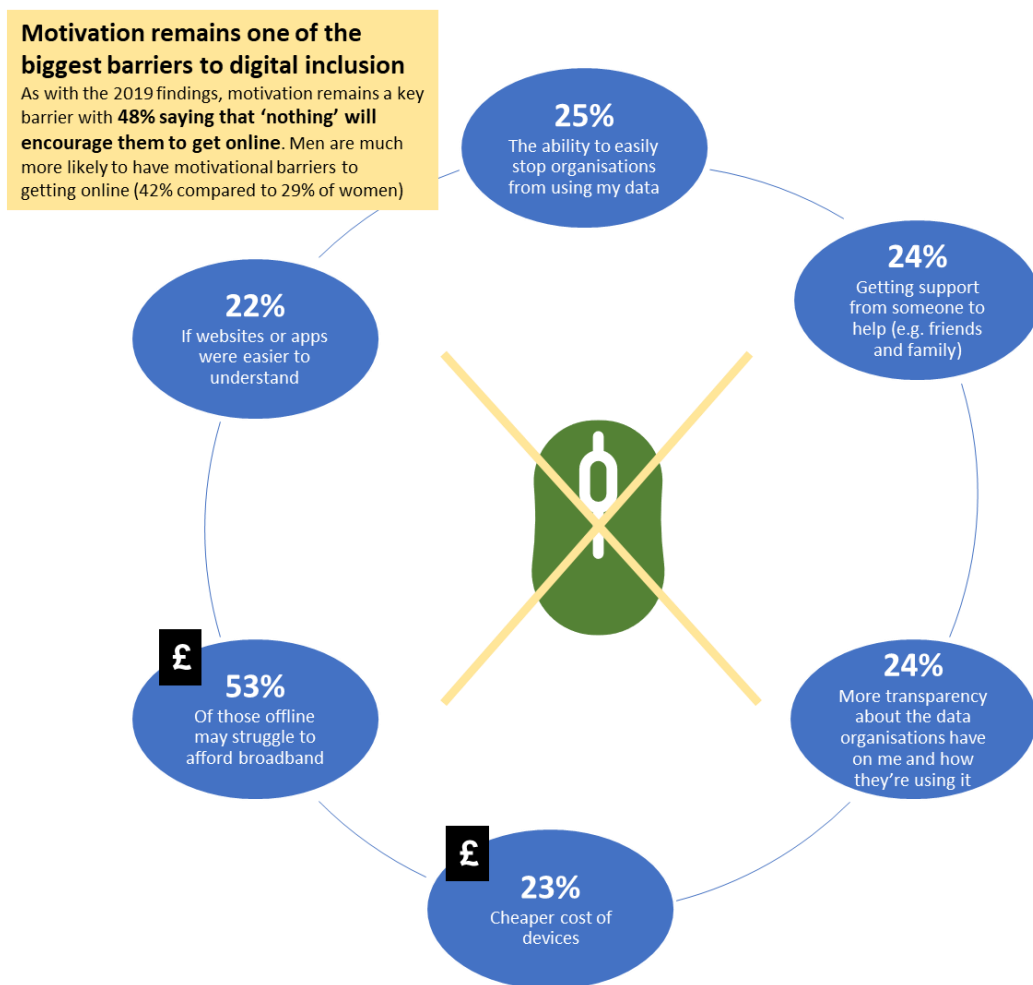


Figure 12 – Barriers to digital engagement (Source: Lloyds Bank UK Consumer Digital Index 2020)

The [Lloyds Bank Consumer Digital Index](#) 2020 report found that in the UK: -

- An estimated 9 million (16%) are unable to use the Internet and their device by themselves (reduced by 1.2 million in the last year).

- Age remains the biggest indicator of whether an individual is online with motivation/interest being cited as the key barriers.
- Digital skills can be a lifeline for people and are even more likely to be at this moment in time.
- Digital capability can also unlock people's potential in their professional lives, 71% of highly digital citizens say the Internet has helped them improve their future work prospects.
- The UK workforce is still digitally underpowered – support with confidence and capability could unlock productivity for UK Industry. An estimated 17.1 million (52%) people in the workforce lack digital skills in the workplace.
- Employers could do more, and may need more support, to effectively motivate and upskill their employees, 23% of the population have received digital skills training and support from their employer.

How we will aim to tackle digital exclusion & digital inequality

We need to be cognisant of this in our thinking and approach, as there is a real danger that if not taken into account, we could only serve to further widen the existing digital divide, leading to increased inequalities in accessibility, experiences and outcomes for those accessing our services. The recent learning from the Trust's Covid-19 digital response and subsequent feedback has served to emphasise this further.

We will adopt the four common principles for digitally inclusive services as stated within [Digital Inclusion in Mental Health \(December 2020\)](#), namely: -

1. Understand the needs of people who use your services
2. Prioritise flexibility and adaptability
3. Ensure ongoing communication and feedback
4. Provide a personalised approach

Whilst this guide has a focus on mental health, these principles are relevant to all our services.

We will proactively continue to explore all avenues to mitigate this as far as possible. Through effective service planning, design, equality, and quality impact assessment processes, we will listen to our service users and carers, to further understand both individual and collective potential barriers to enabling digital inclusivity. There may be other factors to consider such as lack of private space in a person's home from which to remotely interact digitally.

We will take this learning and will work collaboratively with all stakeholders to explore how we can address digital exclusion factors, ensuring equity for all in terms of service access and personal experiences, by developing digital enabled care pathways which increase inclusion opportunities. We will establish baseline mechanisms to measure improvement in levels of digital inclusion within our services and across the organisation, to evaluate our approach.

We will serve to influence as well as incorporating learning from across the system into our thinking and approach, for example taking outputs from work across both West Yorkshire & Harrogate and South Yorkshire & Bassetlaw ICSs, positively championing digital inclusion in all that we do.

Within the Trust, in addition to continued face-to-face physical appointments by default, we will look to further develop digital access appointments via video and telephone consultations where appropriate, as an enhancement rather than this being perceived as being a lesser service offer, centred around individual service user preferences. However, we must recognise that digital interventions may not be appropriate for particular specialist services, for use in certain clinical activities, and for some service users and their carers.

We will continue to assess the learning from areas where digital interventions are working extremely well, such as in Perinatal Mental Health Services, and will adopt/adapt for wider service application, where relevant, where clinically appropriate and supports the wishes of our service users and carers.

We will also continue to consider our operating environment in terms of our physical estate, access, and safe usage, when providing a blended approach between physical face-to-face appointments and digital interventions.

Our approach will also account for national, regional, place/commissioner requirements, expectations and assumptions for future digital service delivery which is balanced against service quality and efficiency, clinical safety and risk, and service user preference and experience.

Benefits of digital inclusion

There is clear evidence that being digitally active, is beneficial to those who have access to online services. The [Office for National Statistics report: Exploring the UK's digital divide \(2019\)](#) identified five areas in which individuals who acquire basic digital skills are able to benefit, as outlined below in Figure 13.

- **Earnings benefits:** these relate to increased earnings of between 3% and 10% through acquiring digital skills.
- **Employability benefits:** this reflects the improved chances of finding work for someone who is unemployed and an increased likelihood that someone who is inactive will look for work.
- **Retail transaction benefits:** shopping online has been found to be 13% cheaper on average than shopping in-store.
- **Communication benefits:** basic digital skills can enable people to connect and communicate with family, friends, and the community 14% more frequently.
- **Time savings:** these relate to the time saved by accessing government services and banking online rather than in person, estimated to be about 30 minutes per transaction.

Source: Office for National Statistics: Exploring the UK's digital divide (2019)

Figure 13 – Benefits of being digitally enabled

Digital skills can be a lifeline for people, and this has never been truer than at this present moment in time.

For people with high digital engagement, there are significant lifestyle and well-being benefits, as outlined in the Lloyds Bank UK Consumer Digital Index 2020 report, which states: -

- 87% say it helps them to connect better with friends and family
- 84% say it helps them to organise their life
- 55% say it makes them feel more part of a community
- 44% say it helps them to manage physical and mental well-being.

All these factors and points to consider will inform how we will serve to deliver the aims and objectives set out in this strategy.

The section that follows describes how the strategy will be implemented and delivered.

9. Delivering the digital strategy

Taking account of the main considerations and topics articulated earlier within this strategy, this section states how we will support implementation of the strategy with regards to the areas of focus identified to date, whilst also recognising there will be numerous new and emerging themes to be amalgamated further during the life of this strategy, as well as key risks and challenges posed.

Our approach will be built around a robust leadership and governance framework that drives the digital agenda, also setting out our guiding principles, our digital offer to you and our digital ask of you in supporting each other in our digital journey over the next three years.

Over recent years, the Trust has recognised the importance of digital and has supported this through continuous investment programmes that have addressed gaps strengthening the overall levels of digital maturity. Building on the many achievements borne out of the preceding Digital Strategy, this revision of the Digital Strategy has highlighted several areas within the next five-years that are necessary in driving forward the Trust's digital agenda, and which deliver real digital benefits for our staff, service users, carers and wider communities.

The digital strategy is fully in tune with our mission, vision, strategic objectives and ambitions as outlined earlier, with delivery and implementation based around the development of a milestone delivery plan, which includes seven cross-cutting domains that serve to achieve the three key digital objectives and deliver the seven digital outcomes stated in Section 2, as summarised below.

Launching the Digital Strategy

The launch of this Digital Strategy forms the start of our next stage of digital evolution. However, to deliver the strategy we must establish the necessary implementation plans to achieve this. Digital also spans a myriad of themes this must be co-ordinated and underpinned by robust governance, as in other areas of Trust business, the constant will be competing pressures, demands and requirements and the need to balance off against available resources, capacity and capabilities. Thus, requiring careful and considered management, necessitating prioritisation supported by effective engagement, consultation, and communication.

Digital Infrastructure

Ensuring that the Trust has a strategically aligned, resilient and robust digital infrastructure (network/end user computing hardware and software) that guarantees end user accessibility, with enhanced business continuity, disaster recovery measures and safeguards against potential cyber security threats, aiding organisational assurance. This domain provides the foundations from which all other digital domains are built upon.

Digital Care Records

Digital care record information systems are the cornerstone of the Trust's digital capabilities which support clinical and operational front-line services in providing high quality care and service provision. Digital care records provide the basis from which to support business intelligence and data analytics, interoperability in the exchange of information and electronic messaging capabilities. This domain focuses on the creation of a comprehensive digital care record and the eradication of paper records where possible.

Digital Information Sharing

There are numerous information systems both within the Trust and wider within our partner organisations across the geographic footprint that we serve, many of which function in isolation and where staff from different organisations cannot access, where there is a clear need to support direct care. This leads to staff having to adopt time-consuming activities to overcome these obstacles and has the potential to lead to clinical risk and patient safety concerns. This domain will focus on improving the ability to share and access information digitally, where is it clinically appropriate to do so and where there is a legitimate need.

Digital Intelligence

The use of business intelligence tools helps to deliver information in a more standardised and user-friendly way e.g. via dashboards. Such developments increase the use of forecasting, benchmarking, and statistical techniques to deliver information rather than data, whilst also supporting the delivery of care, improving data quality and accuracy. This domain arms the Trust with the capabilities from which to inform future service planning based on the ever-changing needs of the populations we serve, enabling continuous service improvements ensuring that we remain relevant for today and tomorrow.





Digitally Enabled Workforce

Equipping Trust staff with the requisite digital skills is critical in the full utilisation of digital technologies, systems, and information. By improving such capabilities, all staff are provided with the appropriate digital skills to use current and future digital solutions in line with the changing demands of the organisation and the services we provide. This domain focusses on the Trust's workforce becoming digitally excellent, to be fully conversant, competent, capable, and confident in their use of digital solutions.

Digitally Enabling Service Users & Carers

To provide our service users and carers with access to services and care that has digital embedded within the service offer that is more in keeping with how they prefer to engage with other services digitally in everyday life. This domain will also be concerned with championing digital inclusion and in addressing digital inequalities in terms of access and capability for our service users, carers, their families, and the wider communities that we serve.

To support the implementation and delivery of the Digital Strategy, the seven digital domains have been mapped against the Trust's priorities as shown in the matrix below.

Digital Domains	 Improve health	 Improve care	 Improve resources	 Make this a great place to work
Launching the Digital Strategy			◆	◆
Digital Infrastructure			◆	◆
Digital Care Records		◆	◆	◆
Digital Information Sharing		◆	◆	◆
Digital Intelligence	◆	◆	◆	◆
Digitally Enabled Workforce		◆	◆	◆
Digitally Enabling Services Users & Carers	◆	◆		

This will be underpinned by a dynamic digital milestone delivery plan, detailing the constituent scheme, projects and timescales that aid the delivery of the Digital Strategy. A summary of these digital work programmes is included in Appendix B, which provides a high-level summary of the key initiatives within the respective digital programmes of work that support delivery of the Digital Strategy and achievement of the Trust's digital objectives.

9.1 Launching the Digital Strategy

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>The launching of this Digital Strategy forms the start of our next stage of digital evolution and aids the Trust's overall digital maturity by nurturing and developing a culture that embeds digital by choice in everything that we do.</p>	<ul style="list-style-type: none"> Established the necessary plans from which to conduct an effective engagement, communication, and consultation campaign to raise awareness and stakeholder support for the revised Digital Strategy. Have in place robust governance and prioritisation mechanisms that support the effective delivery of the Digital Strategy. Established the foundations from which to further develop a culture of digital innovation across the organisation. Signed up to the Digital Health and Wellbeing Charter for Yorkshire and Humber. 	<ul style="list-style-type: none"> Completion of the engagement, communication, and consultation campaign, with feedback from all stakeholders considered and incorporated as appropriate in the final draft of the revised Digital Strategy. A well-established communications plan ensuring awareness of digital updates with feedback channels throughout the strategy's progression, confirming alignment with stakeholder needs. Effective digital collaboration and integrated approach to multi-disciplinary team working in support of digital solution introduction and adoption, which is clinically led and supported by digital corporate services. An ethos of benefits realisation that demonstrates tangible return on investment (quantitative benefits) together with evidential service improvements and positive service user outcomes (qualitative benefits). 	<ul style="list-style-type: none"> An approved revised Digital Strategy which effectively enables and supports wider Trust strategies. Clear alignment between the Trust's digital priorities and with place, ICS, and National digital agendas and adoption of digital design principles and technical standards. A Digital Strategy that is owned throughout the Trust.

9.2 Digital Infrastructure

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>To ensure that the Trust has a strategically aligned, resilient and robust digital infrastructure incorporating enhanced business continuity & disaster recovery capabilities, effective cyber security safeguards, controls, and measures, given the increasing organisational dependency and reliance on the digital environment.</p>	<ul style="list-style-type: none"> ▪ Robust, resilient, flexible, and scalable IT infrastructure with a blended environment between on-premise (Trust data-centre hosted) and off-premise (private cloud hosted) digital solutions with effective capability, capacity, and performance. ▪ Proactive replacement programmes and approaches to network and compute estate ▪ Centralised management and control of network and compute assets across the Trust IT estate. ▪ Robust and accessible corporate Wi-Fi connectivity across all sites where the Trust provides services from. ▪ Established public/patient Wi-Fi accessibility across designated service-user facing areas across the Trust. ▪ Established Trust-wide unified communications and separate desk and mobile telephony capabilities. ▪ Effective cyber security controls and measures that safeguards the Trust, our staff and service user's data & information. ▪ Fully deployed Microsoft Windows 10 and Advanced Threat Protection across its end user compute estate, providing a further layer of protection and assurance against the constant threat of a cyber-attack. ▪ Established print-on-demand solution across the Trust estate. 	<ul style="list-style-type: none"> ▪ Adoption of cloud-first in line with national direction and strategy, where appropriate ▪ A network (core & edge) and end user computer estate that is appropriately and timely patched and maintained with vendor support. ▪ Expand the availability of appropriate centrally managed end user compute devices that are fit for purpose and aligned to roles. ▪ An end user compute environment that is easy to use and which is consistent in terms of access to services and general operating performance. ▪ Enhance and expand the Wi-Fi capabilities across the Trust for corporate use and service user/public access. ▪ A consolidated and rationalised unified communications and telephony platform across both desk and mobile telephony. ▪ Achievement of cyber essentials plus and nationally mandated cyber standards. ▪ A rationalised print-on-demand estate where printing is only conducted when necessary. ▪ Proactive contract management ensuring optimum performance, whilst continuously demonstrating value for money. 	<ul style="list-style-type: none"> ▪ Provision of a state-of-the-art sustainable, responsive, flexible, and scalable digital environment with seamless connectivity and guaranteed performance. ▪ Cyber essentials plus accreditation achieved and continued compliance maintained, keeping the organisation, its staff, service users and carers safe and their data secure. ▪ An infrastructure that is easy for end users to access and use ▪ A responsible IT/Digital service whereby performance remains within agreed/acceptable tolerance levels and in keeping with end user expectations. ▪ Excellent end user feedback from their experiences of accessing and utilising the Trust's digital infrastructure.⁴

9.3 Digital Care Records

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>The Trust's electronic care record systems coupled with the digitisation of existing paper records provide the foundations from which to truly develop a Trust digital care record.</p> <p>The needs of our front-line clinical and operational services are constantly changing in line with national, regional, and local commissioning requirements. Therefore, we must ensure that the electronic care record systems continue to evolve in-step with the business and support service improvement.</p> <p>Digital care records provide the basis from which to support business intelligence and data analytics, whilst enabling interoperability in the exchange of information and electronic messaging capabilities.</p>	<ul style="list-style-type: none"> ▪ SystmOne has been successfully deployed across Mental Health, Learning Disability and Physical Health services. ▪ Major service re-design is progressing well to integrate Neighbourhood Teams within SystmOne across Barnsley. ▪ A Trust-wide programme of SystmOne optimisation is progressing with the Mental Health care plan fully implemented, and FIRM risk assessment and task management currently being implemented. ▪ PC-MIS has been comprehensively deployed across the Trust's Improving Access to Psychological Therapies (IAPT) services ▪ A well-established and BS10008 accredited scanning bureau in place. ▪ A paperlight accreditation process is in place with several services have successfully achieved accreditation, supported by the paper digitisation team. ▪ Electronic Prescribing and Medicines Administration (EPMA) is a key development currently being implemented with initial focus on Inpatient Services. 	<ul style="list-style-type: none"> ▪ SystmOne has been comprehensively deployed across Mental Health, Learning Disability and Physical Health Community Services and respective programmes of work completed. ▪ All archived and active paper records have been comprehensively digitised, and all services have completed the paperlight accreditation. ▪ EPMA has been implemented in Inpatient Services and within Community Services. 	<ul style="list-style-type: none"> ▪ The Trust is a beacon site for its use of SystmOne. ▪ All paper records have been destroyed with the Trust having a comprehensive digital care record. ▪ Reliance upon paper prescriptions has been replaced with digital capabilities and reduced risks associated with medicines administration. ▪ Clinical systems that enable clinical processes, improve safety, and reduce errors. ▪ Optimised clinical record system that releases time to care.

9.4 Digital Information Sharing

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>This is fundamental to enabling the Trust to improve information sharing capabilities with partners and stakeholders through interoperability and integration opportunities, flexibly at an organisational, place or regional level.</p>	<ul style="list-style-type: none"> ▪ The Trust has an established integration solution that provides the capability from which to transfer and receive electronic information securely. ▪ Linked to the above, the Trust also has a clinical portal in place which provides a holistic, virtual summary care record view. ▪ eReferral Service (formerly Choose & Book) has been in operation for several years in Physical Health Community Services, where applicable. ▪ SystmOne data-sharing has been enabled that supports the sharing of the SystmOne Mental Health record with the wider SystmOne community (primary care, child health, acute partners), where legitimate clinical relationships exist. This also extends to EMIS GP practices through GP connect linking the SystmOne record with the EMIS record. ▪ Exploration of wider integration avenues that support information sharing via Yorkshire & Humber Care Record and place-based shared care record opportunities. 	<ul style="list-style-type: none"> ▪ Existing Trust integration capabilities are exploited further to enable the wider sharing of information with our partners locally, at place-level and regionally where appropriate ▪ eReferral Service (ERS - formerly Choose & Book) is established and in live operation within Mental Health Services, where appropriate and clinically safe and incorporating provision of specialist remote advice & guidance with partners. ▪ Improved information sharing and interoperability through the integration and adoption of the Yorkshire & Humber Care Record (Y&HCR) and place-based shared care record (SCR) capabilities. ▪ Wider adoption of eCorrespondence to replace traditional paper-based communications, with the latter only being used as a last resort. ▪ Delivery of seamless care and inter-connectivity between organisations which support care pathways and information flows. 	<ul style="list-style-type: none"> ▪ Trust staff can access partner information electronically in a timely manner that reduces risk and overheads for enquiring/chasing required information to support care. ▪ Improved digital care pathways and electronic workflow across the system that delivers demonstrable positive service user experiences and outcomes. ▪ Electronic communications, messaging and correspondence is widespread and is the default/dominant channel.

9.5 Digital Intelligence

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>Developing an effective and mature digital intelligence capability is necessary for collecting, recording, and utilising high-quality data to: -</p> <p>Firstly, support operational service delivery and performance monitoring decision making.</p> <p>Secondly, to inform future service planning based on the ever-changing needs of the populations we serve, enabling continuous service improvements ensuring that we remain relevant for today and tomorrow.</p> <p>Underpinning digital intelligence is the need for ensuring high quality data to inform care. In addition, our service users demand that their data in which we hold for them is recorded and maintained accurately.</p>	<ul style="list-style-type: none"> ▪ We have well-established business intelligence expertise and business intelligence solutions within the Performance & Information function that support the organisations operational service line reporting requirements through locally tailored dashboards and reporting provision. ▪ Commenced benchmarking through model hospitals to ascertain notable strengths and areas for further development in comparison with our peers. ▪ Active participation in place and regional level business intelligence forums that support specific needs/purposes, albeit of a more reactive nature. ▪ We have appropriate policies, procedures, and processes (Data Protection & Security/Information Governance, records management) in place that relate to the accurate and consistent collection, recording storing and disposal of data and information. However, we need to ensure continued operational due diligence and cyber vigilance across the Trust at all levels. 	<ul style="list-style-type: none"> ▪ Continue to develop adaptive and flexible business intelligence capabilities that meet the needs of the organisation, local commissioning at place requirements and regional/national statutory obligations. ▪ Provide easy access to operational information that provides high-level summaries as well as offering drill down to analyse data at varying levels. ▪ Strive to make information and data available in as timelier manner as possible whilst continuing to report on data quality. ▪ Better understand the linkage between service performance, service user experiences and health outcomes to inform service improvements ▪ Support the establishment of business intelligence competencies at all levels across the system that further support predictive analysis, modelling, and population health management capabilities across the care systems, and which inform future pathway developments. ▪ Enhance our policies, procedures, and processes to enhance our duty of care in respect to the confidential information we control, including staff awareness and training at all levels from Board to Ward. ▪ Improved productivity and efficiency. ▪ Effectively address variation in receiving care. 	<ul style="list-style-type: none"> ▪ Proactively designed contract management compositions building on business intelligence and performance information through strong-collaborative working relationships with commissioners that focus less on activity and more on efficient patient pathways, positive care outcomes and reduced inequalities. ▪ Effective system-wide, integrated population health management and business intelligence capabilities. ▪ Effective and mature business intelligence analyst networks are in place to support information, knowledge and skills exchange benefitting organisations, place and wider systems including research capabilities and liaison with academia and industry. ▪ Our service users, carers, and the wider communities we serve have confidence in the Trust's management and control of their personal, sensitive, and confidential data. ▪ Real time data is being used as insight to drive quality improvements across the organisation.

9.6 Digital Enabled Workforce

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>Our workforce is our greatest asset and to be truly digitally excellent, our staff need to be fully conversant, competent, capable, and confident in their use of digital solutions which promote high quality care provision.</p> <p>Exhibiting good digital knowledge, skills and capabilities is not about developing technical proficiency but in recognising that when coupled with an assured outlook, it is how digital solutions can be applied during effective care delivery which improves care and creates positive health outcomes.</p> <p>To achieve this, we need to plan for new and innovative ways of working now and in the future, supported by effective learning, education and training which is tailored to the individual and available through different channels.</p>	<ul style="list-style-type: none"> ▪ We have an agile and IT enabled workforce which is flexible, scalable, and adapted to the needs of services and specific staff roles, with staff issued with laptops, VPN and 4G based on need. ▪ The Trust has issued over 1000 Android smartphones and has approximately 1900 voice-only mobiles in operation. ▪ Widespread use of unified communications and collaborative digital solutions such as Skype for Business and more recently Microsoft Teams for remote conference calls, meetings, and instant messaging. ▪ Established Trust-wide available corporate digital solutions such as Electronic Staff Records (ESR), eLearning, eRostering, eExpenses and more recently eAppraisal capabilities, with electronic process flows and forms. ▪ Launched a Trust Staff App ▪ Trust Intranet offering electronic access to Trust documents, policies, procedures, guidance and information materials and communications. ▪ Digital networking such as iHub. ▪ Inconsistent use of variable digital dictation systems for historic reasons which have led to service/staff inequalities. 	<ul style="list-style-type: none"> ▪ Make enhancements to agile working in terms of technical advancements, policy/procedural changes that further support ease of use and flexible working arrangements. ▪ Further develop our collective use of available functionality within Microsoft Teams ▪ Replace the current SharePoint platform which the Intranet and corporate electronic process flows/forms are dependent upon and improve collaboration capabilities further. ▪ Expand the portfolio of corporate digital solutions e.g. introduce eTraining capabilities for mandatory and specialised training needs, where applicable. ▪ Introduce robotic process automation (RPA) to replace manual administrative processes which support digitalised workflow. ▪ Adopt Artificial Intelligence (AI) technologies to support staff with undertaking tasks that can be algorithm-based which deliver effectiveness and efficiencies and reduced associated overhead. ▪ Continue to develop digital networking capabilities and Staff App functionality ▪ Introduce a Trust-wide digital dictation solution. ▪ Improve access to digital technology, equipment, solutions, information, and devices across the workforce, as appropriate. 	<ul style="list-style-type: none"> ▪ Deliver a digital infrastructure that continues to provide accessibility, application availability and which enables staff agility to work from anywhere securely. ▪ Staff can communicate and collaborate digitally more readily in a reliable and secure manner. more quickly, reliably. ▪ A digitally trained and enabled workforce that has access to innovative virtual training and education opportunities. ▪ The Trust has a reputation for supporting a digitally enabled and capable workforce that efficiently balanced service needs with individual aspirations, and that also compliments the Trust's values and behaviours. This will enable us all to develop and build on our respective digital capabilities which will serve to drive forward cultural change

9.7 Digital Enabling Service Users and Carers

Why?	Where are we now?	Where do we need to be?	What does success look like?
<p>To provide our service users and carers with access to services and care that has digital embedded within the service offer that is more in keeping with how they engage with other services digitally in everyday life. Leading to personalised services that offer greater choice, tailored options in line with their wishes and needs, placing the individual in better control of their own care, education, and self-management interventions.</p> <p>We also need to recognise and address digital inequalities in terms of access and capability for our service users, carers, their families, and the wider communities that we serve.</p>	<ul style="list-style-type: none"> ▪ Provision of patient/public Wi-Fi (NHS Wi-Fi). ▪ Mix of paper and electronic service user correspondence, the default being paper currently. ▪ SMS services for appointment reminders across Trust services. ▪ Telephone and video consultation capabilities providing an alternative option to physical appointment attendance, where preferred by the individual and where clinically appropriate. ▪ Provision of virtual visitor solution that allows service users under our care in Inpatient services to maintain contact with family and friends remotely, where physical attendance may be limited. ▪ Electronic surveys to provide feedback ▪ Several services are actively using ORCHA and promoting apps through their services. 	<ul style="list-style-type: none"> ▪ Enabling service users to have access to their own electronic care records and care plans, and to access service digitally making appointments. ▪ Support a shift change from paper correspondence to digital correspondence, where possible with paper forms being used as a last resort. ▪ Improving communications between service users, carers, and care professionals through various digital means e.g. telephone/video consultation, email, digital correspondence, text (SMS) and instant messaging akin to service user preferences. ▪ Introduce innovative digital solutions that support quality care and self-management through assistive, artificial, and wearable technologies. ▪ Improve the overall experience from approaching the Trust's 'front door' through to reaching the 'exit', access to information via the Trust website, virtual self-arrival, navigation around the Trust sites. ▪ Work with partners across the system and with our service users, carers, and wider communities to identify factors that contribute to digital inequalities and collectively devise plans to address these. ▪ Improve patient safety throughout digitally enabled services. 	<ul style="list-style-type: none"> ▪ Service users and carers have access to their own digital care records and can converse with care professionals electronically via confidential and secure means. ▪ Easy to access services that lead to preventative care management, positive experiences and health outcomes for our service users, carers, and their families. ▪ Digital capabilities within services are a more viable, favourable, and convenient quality proposition to service users and carers rather than a lesser service offer. ▪ Clear and articulated alignment with the regional digital health & wellbeing charter. ▪ Reduction in digital inequalities and the wider digital divide.

10. Guiding principles for digital

To support our thinking, approach and delivery of the Digital Strategy and the inherent digital domains as summarised above, we have set out several guiding principles, which our digital intentions will be based upon. These guiding principles presented below in Figure 14 are consistent with the Trust's mission, values, and behaviours, and take account of our experiences and work to date, and feedback received in support of the digital agenda. Our guiding principles for digital are:

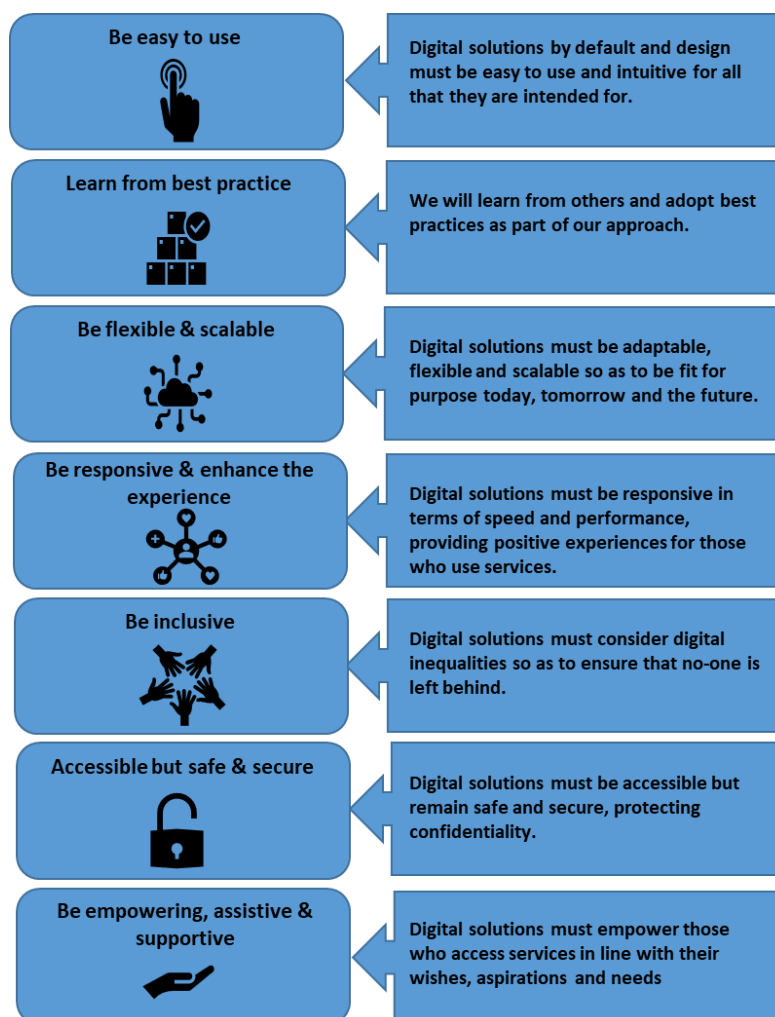


Figure 14 – Digital guiding principles

Now and in the future, the Trust must remain flexible and open to exploring new and innovative digital opportunities. It is recognised that technology is always evolving, and new imaginative digital solutions offer potential for service transformation. These guiding principles will be at the heart of our programmes of work which support the implementation and delivery of the Digital Strategy.

To ensure that digital innovation opportunities continue to make an effective and positive difference, we all need to work together and collectively take responsible for shaping, influencing, and driving digital changes that have the potential to deliver improvements within the environments, services, teams in which we work. Therefore, digital is not the sole remit of the IM&T functions.

11. Our digital offer

The IM&T function has a good standing within the organisation and a proven track record of providing high quality IM&T services and support, but we want to build on these solid foundations and develop a wider reputation for digital excellence and innovation. This will need a collective effort from other support services and front-line clinical services alike, so that together we can bring about significant digital transformation. To support this approach, we will: -

- Provide the technical expertise, robust technical-enabled change programme and project management skills and will look to develop new digital capability and capacity across the entire team.
- Ensure that we can provide the most effective and efficient services. It is imperative that we are actively engaged and involved in all aspects of need, so that we can understand the ask, assess potential solutions and opportunities, explore prospective funding sources, support business case development from a technical/digital perspective and finally support implementation and transition to business as usual.
- Help to develop fit for purpose digital solutions that are best derived from working together across corporate support services and front-line clinical services together. Collaboration between all stakeholders including service users and carers is critical to this. This approach will aim to deliver digital solutions that comprehensively meet the needs of the organisation and those receiving care.
- Work together to capture learning, experiences, and outcomes where we have introduced digital changes so that we can understand and bring to life stories from a variety of views. This will help to raise awareness of the potential benefits and value that can be derived.
- Work together with other corporate support functions and in active consultation, we will develop digital training programmes that are tailored to the individual, recognising different learning styles, timing and how/where training is to be conducted. This is be a blended approach with a balance between traditional physical classroom style training and digital remote e-learning opportunities.
- Recognise the need to improve on consultation and communications, building on effective engagement already established across the Trust through our forums and networks with staff, service users, carers, and the public. This approach will be imperative in ensuring that digital solutions are all-inclusive.

12. Our digital ask of you (Staff)

We want to develop our interactions and relationship with staff at all levels across the Trust as we look to work together in harmony to drive forward our collective digital aspirations.

For more traditional IM&T-led digital initiatives, we will seek to consult and engage throughout the life cycle at every stage from initial conceptualisation, planning, mobilisation, design, development, implementation, and operationalisation. This approach will help to ensure that the requirements of our front-line services and care professionals, together with the needs/wishes of our service users and carers are fully considered, understood, and accounted for.

However, it must be stated that not all digital opportunities will be led by IM&T. In such instances, the IM&T teams will play an active support role in digital change schemes so that we can ensure any solutions can operate effectively within the Trust's digital infrastructure and comply with information governance, data security and protection requirements keeping our staff, service users and carers safe, along with their personal and sensitive data.

It is critically important that our staff become experienced, knowledgeable, and perceptive when introducing digital opportunities and in adapting traditional processes and procedures to fit with new ways of working. This will enable our clinicians and operational services to effectively drive change that delivers care-centric service improvements, with facilitation and support by digital corporate services that incorporate IM&T. Therefore, we ask that you: -

- Actively engage and work with us so that we can capture and understand your working experiences and aspirations for improvement which digital opportunities may support.
- Provide feedback (positive and negative) in terms of your experiences of using digital technologies in your roles and when trialling new digital prospective solutions. This will help to inform wider Trust plans and influence how we adopt and use new digital opportunities, or not in some instances where there are no perceived benefits.
- Help us understand your needs in terms of developing digital skills and competencies which will help to determine how we can shape our service offers for education, training and development that provide digital capability.

13. Digital leadership, governance, prioritisation and financial oversight

13.1 Digital leadership

Figure 15 presents the eight elements of good digital leadership as compiled by Health Education England/NHS X: [A new era of digital leadership](#): -

- *The board understands the changes being brought about by the use of data, information, knowledge and technology in health and care. The board understands the opportunities and risks of these changes and the changing expectations of staff, stakeholders, patients, service users and the public.*
- *The board and wider organisation has a culture of open discussion, experimentation and sharing, led by visible leaders.*
- *Everyone within the organisation understands users' needs, as well as organisational performance, and are empowered to act to improve them.*
- *The organisation has a suitably skilled and empowered workforce.*
- *The organisation is supportive of cross-functional, non-hierarchical structures as well as traditional hierarchies. Trust leaders consider where power to affect change should be, inside and outside of the organisation.*
- *The processes that the organisation uses to underpin its functions are fast, integrated, light and meet patient, service user and staff needs.*
- *The risks associated with use or adoption of digital are understood, weighted appropriately against benefits and appropriate assurance is available.*
- *The organisation is supported by technology that is scalable, interoperable, flexible, fixable, resilient and fit-for-purpose and the board understands how to assure itself of this.*

Source: A new era of digital leadership, NHS Providers, July 2020

Figure 15

This strategy revision serves to adhere to the obligations of these eight elements of good digital leadership and our digital achievements to date, coupled with the many points considered within this document as supporting information. The Trust is fully aware of the need for ensuring effective digital leadership and executive management support from the top down, which the Trust Board proactively sanctions and observes through its well-defined key digital leadership roles as summarised below.

Director of Finance and Senior Risk Information Officer (SIRO)

The Director of Finance has overall responsibility for the strategic direction of digital services and works with the executive leadership team to foster a culture across the Trust reinforcing the use of the digital solutions as a requirement for all staff and to ensure best use of available resources. The Trust Board is the vehicle to deliver the Digital Strategy across our Trust.

The Director of Finance is also the Senior Information Risk Owner responsible for leading and fostering a culture that values, protects and uses information for the success of the organisation and benefits of its service users. The role provides a focal point for managing information risk, incidents and is concerned with the management of information assets and compliance.

Director of Strategy

The Director of Strategy is responsible for supporting the Trust Board to set the Trust strategy and strategic direction including agreeing the annual priorities. The Director of Strategy is also the Trust Executive Lead for digital which embraces digital inclusion, and who plays a key role in shaping and enabling change to the way we deliver care in line with the Trust Strategic direction. This includes the leadership of numerous boards that drives and oversees the delivery of major change programmes across the Trust and wider systems.

Director of Nursing and Quality (Caldicott Guardian)

The Director of Nursing and Quality has overarching responsibility for ensuring that our Digital Strategy meets the needs of our clinicians, service users and carers. This includes full oversight of all digital enabled change programmes. Ensuring that they always meet the required safety and quality standards, whilst enhancing the delivery of care and the lives of service users, carers, and the public.

The Director of Nursing and Quality also has Caldicott Guardian responsibility acting as a champion for data confidentiality and ensuring such requirements are reflected in organisational strategies, policies and working procedures for staff. Overseeing all arrangements, protocols, and procedures where confidential information may be shared with external bodies including disclosures to other public sector agencies and other outside interests.

Digital Lead

The Assistant Director of IT Services & Systems Development assumes the role of Digital Lead for the Trust providing leadership on digital health and care, technology, information and setting standards and priorities for the Trust. This role also plays a prominent and active role on behalf of the Trust locally at place, regionally at ICS and at national levels.

Chief Clinical Information Officer (CCIO)

The CCIO role provides clinical leadership and a vital voice for clinical/nursing strategy in overseeing how digital solutions are being implemented and used across the Trust. The CCIO works closely with the digital leaders and across clinical networks, taking responsibility for the development of clinical standards and policy that support delivery against the strategic digital agenda and excellence in service user care. The CCIO role will be pivotal in bringing about a clinical informatics and digital culture within the Trust.

13.2 Governance

Our digital governance and management arrangements are robustly reinforced by the Trust Board and Executive Management Team, supported by skilled medical, clinical, and non-clinical staff.

We pride ourselves on being an open and transparent organisation which constantly strives to improve engagement with and listen to our service users, carers, their families and the communities in which we service, our partners and staff to ensure a positive and fully inclusive environment and experience for all.

Figure 16 below describes how digital is reported through the organisational governance structures to provide assurance on the delivery of the Digital Strategy.

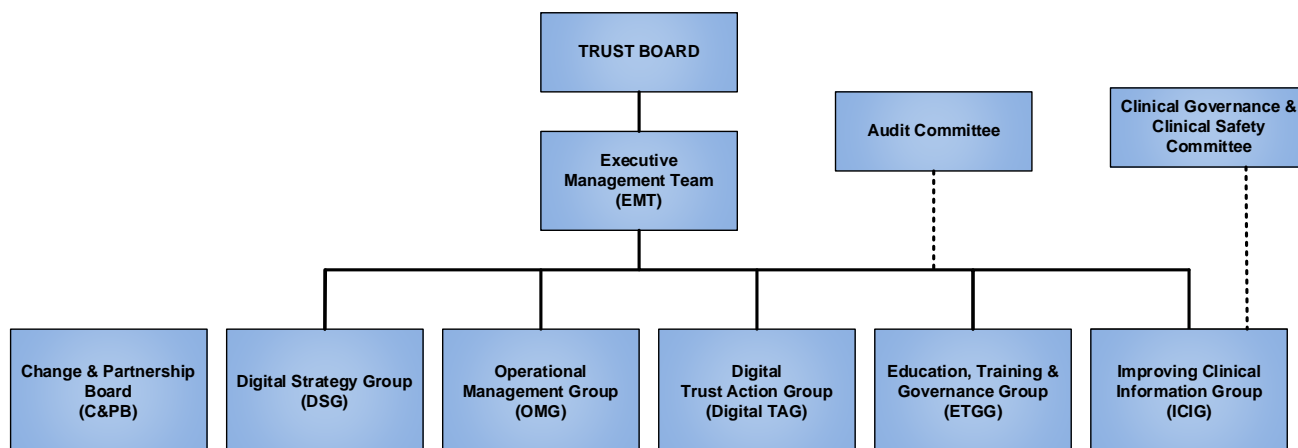


Figure 16 – Trust Digital Governance

Trust Board

The Trust Board is our governing body and is responsible for setting the strategic direction of our organisation. It is made up of executive and non-executive directors, who are responsible for the day-to-day running of the Trust, implementing the Trust's long-term plans and in meeting local/national standards and performance targets.

Executive Management Team (EMT)

EMT puts into action the strategic direction and priorities set by the Trust Board. EMT is 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. EMT is held to account by the Trust Board. EMT has oversight of the Digital Strategy Milestone Delivery Plan, monitoring progress of agreed programmes of work, potential exploration/assess digital opportunities, as well as considering proposals for the introduction of new and emerging digital solutions at pace.

Audit Committee

The Audit Committee maintains oversight of the systems and processes that provide controls, assurance, and governance in the Trust, ensuring independent verification on systems for risk management and scrutiny of the management of finance.

Change & Partnership Board (C&PB)

The C&PB drives and oversees the delivery of major change programmes across the Trust providing a key vehicle for the governance and assurance as part of implementing digital initiatives, thus ensuring that new digital technology solutions are aligned to the Trust objectives and facilitate real clinical transformation whilst meeting operational need.

Digital Strategy Group (DSG)

The DSG oversees and co-ordinates the digital initiatives and programmes of work in support of delivery against the Trust's Digital Strategy aims and objectives. Also informing business case development for Trust-wide deployment as appropriate, from which to bring about further digital evolution with a focus on clinical application and utilisation.

Operational Management Group (OMG)

OMG oversees all operational policy, development, delivery, and performance issues. OMG functions as the senior operational decision-making forum integrating service management leadership, professional/clinical leadership, advice/guidance, and assurance purposes in support of EMT.

Digital Trust Action Group (Digital TAG)

The purpose of the Trust's Digital Trust Action Group (TAG), formally Information Management & Technology (IM&T) TAG, is to provide the organisation with appropriate evidence, assurance and governance regarding its digital assets, processes, and resources. The Digital TAG provides expert advice to the Trust Board and Director lead responsible for IM&T.

- Developing and reviewing digital priorities, plans, aspirations, and requirements in line with the changing needs of the organisation via the annual planning process
- Producing reports for OMG and EMT approval, including the determination and oversight of the Digital (IM&T) capital programmes
- Receiving, considering, and approving/ rejecting proposals for the introduction of new, digital assets into the organisation ensuring compliance with Trust standards, policies, and infrastructure
- Providing oversight, coordination and delivery of evidence required to comply with national standards, including the Data Security & Protection Toolkit (DSPT)

Education, Training Governance Group (ETGG)

The role of the ETGG is to provide assurance that the Trust's education, training, learning and development activities are resourced appropriately and aligned to strategic and statutory priorities, with oversight for monitoring and delivery of the Trust-wide Mandatory and Core Training Matrix, and associated work plans, review of relevant Trust policies and procedures, including those that ensure continuing compliance with national, regulatory and local assurance/quality standards. Digital has a key role within this group in support of the development of the Trust's education, training, and learning agendas.

Improving Clinical Information Group (ICIG)

Brings together information management, information governance, health records and clinical governance experts with operational clinical and administrative staff to support and develop record keeping and information governance standards. ICIG has overseen the collating and approval mechanisms in respect of rapid digital improvements and key decisions made to ensure appropriate robust governance is maintained during the Trust's response to Covid-19. This group reports to the Executive Management Team and the Clinical Governance & Clinical Safety Committee.

13.3 Digital Prioritisation

To aid the delivery of the digital strategy and its constituent programmes of work, this requires diverse mindsets and attitudes to truly enable this step change. To make this happen, we need to modify how we redesign and develop services moving forward, placing digital at our core, and embedding this within our organisational culture and sub-cultures. This timely revision of the Trust's Digital Strategy provides the opportunity to consider the learning from the past and our collective recent Covid-19 experiences and use this to shape and influence our future digital strategic direction.

The Trust's digital response to the Covid-19 pandemic has accelerated the digital plans in a matter of weeks rather than several months that would have been required traditionally and heightened the emphasis placed on digital technologies at least in the short-term.

However, the key to moving forward the digital agenda is to continue to build on the momentum that Covid-19 has brought about and not simply allowing a return to how things were pre-Covid-19 if that is at all possible. Together with our partners, we all face these same challenges, and along with our service users and carers, we must remain mindful of the impact such change is having on all, and wider within our everyday lives, so we cannot approach this in isolation.

To support this approach, it is of critical importance that the constituent programmes of work that drive forward the digital agenda are totally aligned with the needs of the organisation, its staff and those receiving care and are focused on: -

- Increasing demands and growing digital expectations
 - **Our staff:** Must have the digital skills and capability which remain in step with digital solutions both now and in the future and that are tailored to specific job roles.
 - **Our service users and carers:** We must also look to surpass the expectations of our service users, carers, and the wider communities in delivering outstanding digital service experiences, recognising that there is variation in digital uptake and interest. We need to work with our partners to explore all avenues to bridge the digital divide and improve overall digital literacy for those accessing our services.
- Managing expectations and balancing capability:
 - **Digital maturity:** Progression is very much dependent upon the availability of resources which determine the pace of change. Over recent years, the Trust has invested significantly in support of its digital agenda.

Whilst the strategy outlines at a high level the planned priorities over the next 3/4 years, the annual planning cycle is the mechanism whereby actual prioritisation takes place with digital priorities identified and agreed for the forthcoming year, following active consultation with clinical and operational leaders ensuring alignment with the needs of the organisation and its constituent services.

These priorities are further refined accordingly subject to the levels of capital investment available to support the various digital initiatives. Other key factors that influence the prioritisation process beyond availability of financial resources, are: -

- Organisational/clinical risks.
- Meeting compliance with mandated national/regional targets and timescales.
- Organisational/business development unit/service priorities.
- Benefits to the Trust in terms of efficiency gains and return on investment opportunities.

13.4 Financial oversight

Digital investment can be categorised as follows: -

- Sustainability: That supports ongoing replacement programmes and maintenance that addresses approaching issues in a timely manner and therefore prevents problems happening that could be avoided through effective planning.
- Enhancement: That makes improvements to existing digital solutions and systems, adapting existing business processes and procedures as appropriate.
- Innovation: That provides the opportunity and capabilities to introduce new and emerging digital technologies and solutions together with the development of innovative business processes that support new ways of working.

In recent years and in recognition of the ever-increasing demand for digital capabilities, the Trust has supported this through significant year-on-year investment. Table 1 below, provides a high-level summary of the investment made by the Trust over the last four years.

	2017/18 £'k	2018/19 £'k	2019/20 £'k	2020/21 £'k
Informatics Budget	6,532	7,454	9,101	7,942
Digital Capital Budget	1,681	2,299	2,558	2,047
Total Budget	8,213	9,753	11,659	9,989

Informatics Staffing	2017/18	2018/19	2019/20	2020/21
Headcount*	62.85	62.90	68.98	62.91

*Staffing costs are included in the Informatics Budget

Table 1 – High-Level Digital Investment Summary

The digital priorities within the Trust are predominantly leveraged by the digital capital budget allocation, defined across the Trust via annual planning processes. Digital priorities are determined and agreed based on the capital allocation available to the Trust, with the level of investment available setting the pace in terms of digital development opportunities and associated prioritisation challenges. This also requires careful management of expectations based on needs and demand.

The Trust also has a proven track record of successfully bidding for external additional sources of funding that support digital opportunities over recent years. Moving forward and to further support collaborative working opportunities, capital funding available locally, regionally, and nationally will be considered across the systems in which the Trust operates and determined/approved at Integrated Care System level.

14. Key risks and challenges

We are aware that such wide variety of changes will face challenges. However, the key risk for us as an organisation would be not to progress with our digital ambitions and just sticking to a traditional way of IT delivery. The key risks and challenges we face in delivering our Digital Strategy are outlined in Table 2 below: -

Challenges and risks	Mitigations, controls, and measures to address
Establishment of a comprehensive and fully inclusive digital strategy	<ul style="list-style-type: none"> Ensure robust awareness, engagement and consultation approach across all stakeholder groups, forums and networks in the production and development of the digital strategy prior to Trust approval and formal launch.
Engaging staff in taking collective ownership of the digital strategy and programmes of work.	<ul style="list-style-type: none"> Continuous proactive programme of engagement, consultation, and communication throughout the life of the digital strategy which is inclusive at all levels. Create new digital forums or adopt existing networks to include digital as a core domain Appoint CCIO and CNIO roles and potentially a supporting network of digital champions across the organisation to help nurture the potential for digital innovation. Ensure benefits of digital opportunities are realised and that staff are the recipients – adding value. Provision of digital facilitation and programme/project support from digital corporate services.
Resistance to change and in adopting new ways of working	<ul style="list-style-type: none"> Effective stakeholder engagement Robust change management approaches (e.g. PDSA cycles) Benefits management with a focus on identification, measurement, and realisation for intended benefit recipients
Financial constraints	<ul style="list-style-type: none"> Ensure continued focus and promotion of digital innovation and opportunities that deliver efficiencies and return on investment Continued prioritisation of the digital agendas as part of annual planning and capital planning cycles to enable required pace of digital progression. Continue to explore/exploit external funding sources from which to drive forward digital progression at all levels, organisation, place, ICS, care setting etc.
Ability to meet expectations of staff, service users and carers	<ul style="list-style-type: none"> Effective and robust programme of communications for awareness, engagement and consultation regarding plans, priorities etc.
Ensuring that are digital solutions, data, and information we control remains safe	<ul style="list-style-type: none"> Ensure compliance with Data Security & Protection standards Proactive and robust cyber security controls and measures are in place Work towards achievement and attainment of Cyber Essentials Plus Utilise cyber services available/offered by NHS Digital Independent audit and assurance mechanisms
Capacity & Capability limitations	<ul style="list-style-type: none"> Create, develop and access personal/professional digital development programmes at senior decision-making, operational and technical levels Establish and maintain robust future talent management and career development plans Explore opportunities for collaborative working opportunities to make best use of available knowledge, skills, and experience and to enable economies of scale for specialist/scarcce resources
Conflicting and/or competing priorities within the Trust	<ul style="list-style-type: none"> Frequent and periodic review of Trust priorities including the digital agenda and areas of focus as part of annual planning and capital planning cycles to enable required pace of digital progression, including robust risk and impact assessments to articulate and gauge priority ratings.

Table 2 – Key risks and challenges to delivering the digital strategy

Key challenges and risks will be mitigated in line with our risk management strategy and organisational risk appetite. This will be done through detailed action planning to underpin implementation of the various schemes in support of delivering the digital strategy.



15. Our digital future – what will it look like?

This strategy articulates the complexity, breadth and scale of the Trust's digital aspirations and ambitions. Delivery of the strategy will be co-ordinated through effective and robust business planning and performance management frameworks in place to monitor the implementation of the Digital Milestone Delivery Plans. Throughout the next three years, the Trust Board will be kept apprised of overall digital progression, receiving updates twice a year (April and October) and on an ad-hoc basis for specific digital initiatives requiring Board approval in line with Trust governance.

During the life of this strategy, it is important that the Digital Strategy continues to align with the Trust's strategic objectives and plans, and with the wider national/regional priorities. The Digital Milestone Delivery Plans will take account of any changes to the digital landscape periodically throughout this time.

To ensure that the outcomes from the various digital initiatives meet the stated objectives and deliver against the anticipated benefits, robust benefits management and realisation activities form an integral part of project plans. Following completion of projects and live deployment of the digital solutions, benefits management review will be performed with key stakeholders to ensure benefits are realised for the intended recipients and included in the Trust Board update reports on progress against the delivery of the Digital Strategy. Achievement of the aims and objectives set out in this strategy will serve to enable the following for our key stakeholders as summarised below.

For our staff

-  Staff are fully conversant and confident in the use of digital solutions and technologies at their disposal and which are fully embedded within administrative, clinical, and operational best practice working process.
-  Staff have a harmonious and reliable experience of using digital solutions and technologies which is consistent in terms of connectivity, accessibility, and user interface regardless of where, how, and when they work.
-  Doing things digitally helps to make everything we do more efficient, and we do not have to waste time or duplicate effort. This makes more time for me to focus on the work that really matters.
-  Staff can readily see how digital benefits them in performing their roles, delivering demonstrable service improvement and efficiencies, reducing duplication of effort and which releases time for more important stimulating and quality work that also contribute to job satisfaction.
-  Staff will feel supported and empowered to do their jobs to the best of their abilities, enabled through joined up digital pathways, accessibility of timely and accurate information in a streamlined manner without having to obtain through multiple different systems which supports effective care delivery and reducing clinical risk.
-  Staff feel valued and supported in working for a digitally advanced and mature organisation, aiding personal/professional development.
-  My increased reliance upon digital solutions and technology is not adversely impacted and when problems occur, they know who to contact to resolve as quickly and seamlessly as possible.

For our service users & carers

- 👍 I do not have to repeat my information and details constantly and have confidence that during my care, care professionals have access to this and treat this confidentially.
- 👍 I am more informed about the care that I am receiving, the options that are open to me and what I can expect from accessing services.
- 👍 My needs, wishes and aspirations are comprehensively considered, and I feel listened to and actively in control of the care that I receive.
- 👍 I have access to my digital care record, which I can contribute to and have confidence that the Trust will ensure my information is accurate, remains confidential and only available to those that need to see my records which is consistent with the consent I have given.
- 👍 I can use digital technology available to me which helps me to find information, control my own appointments, access my own digital care record and electronic correspondence, helps me to manage my conditions and contact those involved in my care in ways that are preferable and convenient to me.

For the Trust

- 👍 The Trust can easily share information efficiently, securely and safely electronically with our service users and carers in a manner of their choice, demonstrating fully inclusive, joined-up working that puts people first and in the centre and know that families and carers matter.
- 👍 The Trust has a well-established reputation for digital excellence and is recognised for providing world-class services to all.
- 👍 We are an organisation that embodies continuous digital innovation, learning and development and which exceeds expectations.
- 👍 That the Trust can easily demonstrate that it is a great place to work.
- 👍 That the Trust remains relevant today, tomorrow and in the future.
- 👍 Digital technology helps us to deliver care differently in the community and wider healthcare system that meets the population's needs now and in the future.
- 👍 It helps to remove boundaries between organisations to ensure that patients are receiving care in a way that best meets their needs improving wellbeing and delivering a sustainable system.

Across our wider healthcare systems

- 👍 The Trust can readily share data and information efficiently and safely electronically with our partners in support of collaborative working both in the delivery of care and in support of future service planning, design, and improvements in line with the populations we serve.
- 👍 The Trust fully aligns with and advocates the adoption of the regional digital health & wellbeing charter and supports the application of the digital design principles and standards.
- 👍 The Trust has an excellent standing and reputation for digital innovation and collaborative partnership working at all levels in which we operate.

16. Summary

The detail contained within this strategy, sets out our vision and aims for the next three years and following the launch of this digital strategy, starts our next stage of digital evolution. The implementation of various digital initiatives within the seven domains, will serve to drive forward the Trust's overall digital maturity, through exploring new and innovative technologies, adopting best practice, and also taking learning from our partners, the wider systems and the NHS nationally.

One of our values is to be 'relevant today, ready for tomorrow'. This means providing the best services today while at the same time remaining agile in the way we work and being prepared for the next steps and whatever the world throws at us. To do this, the views of our staff, service users and carers from their day-to-day experiences of the Trust's services are critical in driving forward the Trust's digital agenda and in designing digitally enabled and inclusive services ensuring no one is left behind.

This strategy emphasises the need to ensure that technology when coupled with transformation is the cornerstone from which to deliver and realise digital excellence, developing a culture that embeds digital in everything that we do. This approach is fundamental in ensuring that digital plays a strategic role in helping the organisation live its values, realise its strategic goals by delivering world-class effective, safe, quality, individual-centric care.

In addition, by building on our digital response to the Covid-19 pandemic, we will continue our digital transformation, supported through a digital roadmap that plots our path towards further digital maturity, underwritten by digital milestone delivery plans that account for the required resources necessary and available to implement this strategy,

Finally, it is clear that through strong collaborative working across the health and social care systems in which we operate, this approach will serve to address and overcome challenges that we face together whilst also helping to shape and influence how we can collectively improve quality and access to care with inclusion at the core.

17. Further information and enquiries

All requests for further information, comments, or enquiries in relation to this strategy should be directed to the Assistant director of IT services & systems development.

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19. Appendices

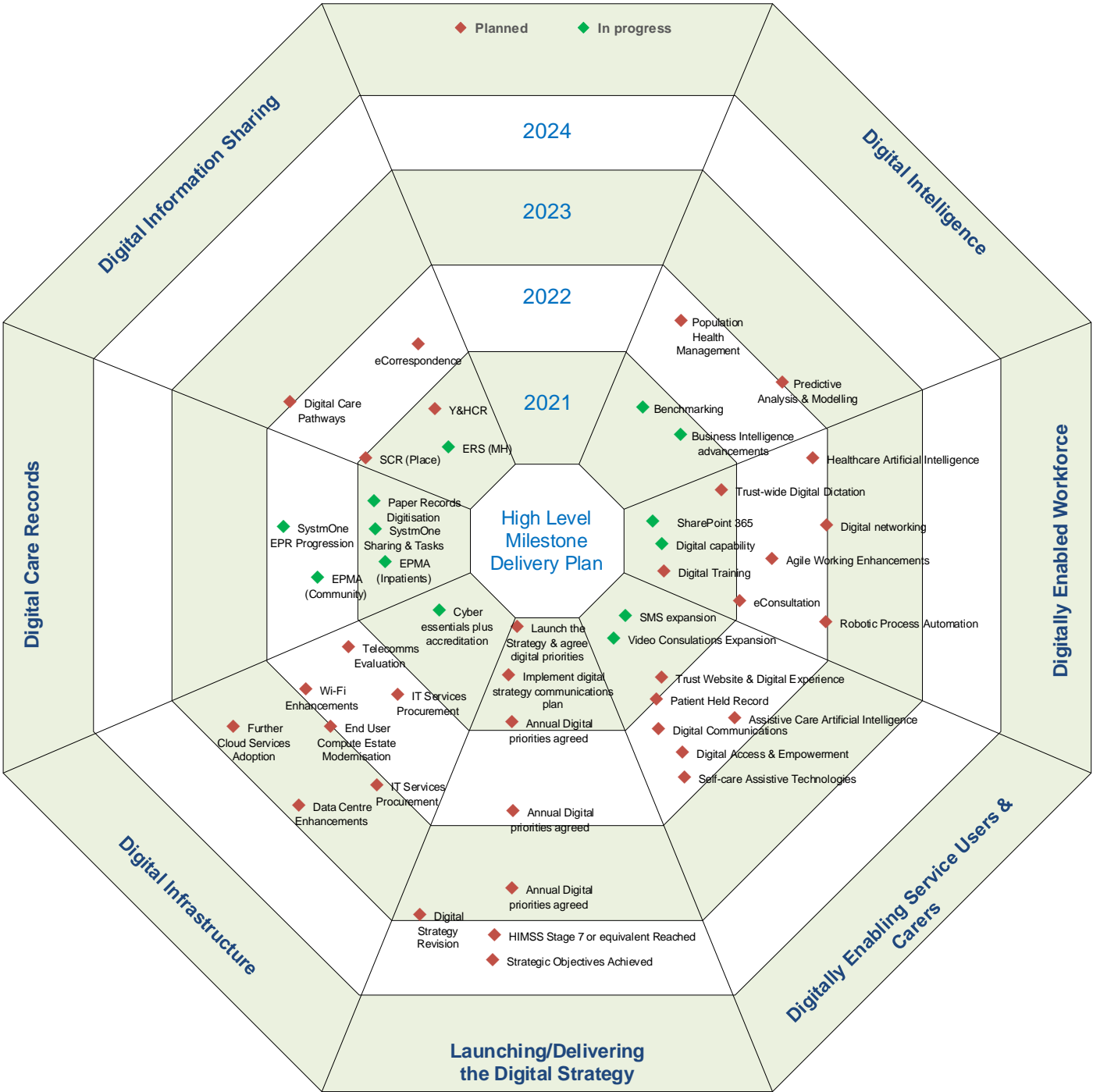
Appendix A

Summary of the six domains of digital literacy in respect of the Digital Literacy Capability Framework (2018) as outlined in Figure 7 on Page 24.

Domain	Description
Information, data, and content	<ul style="list-style-type: none"> a. The ability to find, manage, organise, store, and share digital information, data, and content. b. The ability to understand and act upon appropriate guidelines, protocols, regulations and safeguards in the use of differing media, information, data and content to meet legal, ethical, cultural and security rules, requirements and expectations when working with personal, public, professional and/or confidential information, data and content. c. The ability to critically analyse, evaluate and/or interpret information, data, content, and their sources. d. The ability to understand and adhere to digital copyright, intellectual property and privacy rules and regulations. e. The ability to work with and champion the effective, secure, appropriate, and innovative use of information, data, and content to solve problems, make decisions and to achieve successful outcomes for specific goals and objectives.
Teaching, learning and self-development	<ul style="list-style-type: none"> a. The ability to use digital technologies and tools for personal learning and professional development b. The ability to use a wide range of digital technologies and tools in teaching, coaching, mentoring others c. The ability to demonstrate and champion a positive attitude in seeking out appropriate and innovative digital technologies to enhance learning for self and others d. The ability to design digital tools/resources/activities to support the teaching and learning of self and others e. The ability to manage/monitor the learning and development of self and/or others through digital technologies and tools.
Communication, Collaboration and Participation	<ul style="list-style-type: none"> a. The ability to use a wide range of digital technologies to communicate with people and to understand the different nature, purpose, and function of different methods of digital communication, acting accordingly and appropriately. b. The ability to use digital technologies to communicate respectfully and appropriately with all people and to recognise one's responsibility to not engage in or allow others to engage in inappropriate, irresponsible, offensive, or harmful communication activities. c. The ability to work collaboratively with others using digital technologies and tools to produce shared outcomes to meet shared goals. d. The ability to participate actively in and across digital networks. e. The ability to demonstrate and champion ethical, positive, sensitive, and appropriate attitudes and behaviours in communicating, collaborating, and participating with anybody and everybody.
Technical Proficiency	<ul style="list-style-type: none"> a. The ability to use a wide range of technical devices in a personal and professional context both individually and with others b. The ability to use a wide range of software and applications for personal and professional use both individually and with others c. The ability to resolve technical challenges and problems both individually and with others d. The ability to use technical knowledge to problem solve and achieve expected outputs e. The ability to support others with resolving technical challenges and problems and/or acting on technical opportunities.
Creation, Innovation and Research	<ul style="list-style-type: none"> a. The ability to create new digital resources and/or curate existing ones working individually or in collaboration with others b. The ability to use devices, technologies, techniques and applications in research, quality improvement, audit, and scholarly activities c. The ability to use digital technologies to support or create new ideas, methods, solutions, and decisions d. The ability to act as a digital champion or change agent e. The ability to lead on and champion the effective, appropriate, creative, and innovative use of digital technologies in research, scholarship, and other activities.
Digital Identity, Wellbeing, Safety and Security	<ul style="list-style-type: none"> a. The ability to develop, promote and safeguard appropriate digital identity/identities that support a positive personal and organisational reputation b. The ability to use digital technologies in ways that support personal wellbeing and safety and the wellbeing and safety of others c. The ability to recognise and act upon digital situations and events that might compromise personal, professional, or organisational security d. The ability to demonstrate and champion ethical, positive, healthy, and appropriate attitudes and behaviours in relation to digital identity, wellbeing and safety of self and others e. The ability to understand and manage the impact of own and others' activities on the environment.

Appendix B

The diagram below provides a high-level summary of the key initiatives within the respective digital work programmes that support delivery of the Digital Strategy and achievement of the Trust’s digital objectives.





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Equality Impact Assessment template to be completed for all policies, procedures and strategies

Date of assessment:

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Digital Strategy 2021-24
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?	<p>This strategy states our aspirations, intent, and commitment in continuing to make a positive difference to improve the health and wellbeing of the people we care for, enabled by digital. This updated strategy outlines the importance of digital and summarises what we mean by being digital, demonstrating that digital is not only about the technology, it is also about our mindset, culture, organisational values, and guiding principles.</p> <p>We all have a role to play in shaping and influencing how the organisation and our constituent services become 'digital by default'. Digital innovation is less about the technology but more about its application coupled with digitised processes and adoption by staff, service users and carers alike.</p> <p>The views and experiences of our staff, together with those of our service users and carers are critical in driving forward the digital agenda as their in-depth knowledge from their day-to-day experiences are paramount to designing fit for purpose and robust digital solutions. This will also require close collaboration at all levels internally and externally with our partners to realise our aims and objectives as both nationally and locally there are increasing demands on finite resources, especially as the needs of the general population evolve.</p> <p>A successful NHS organisation recognises the need to make the best use of digital solutions to enable delivery of its clinical services and support operational staff and management. This strategy seeks to achieve this by using digital to support the Trust in delivering quality service improvements and in transforming outcomes for service users, carers, and the communities we serve over the next three years.</p> <p>The strategy aims to articulate how our digital ambitions and goals will lead to actual changes on the ground, and the benefits that these changes will bring to our service users, carers, their families, our staff and our wider communities. We are committed to working with our communities and partners to improve health outcomes for everyone, with high quality health care in the right place, at the right time, delivered by the right people.</p>



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3	Who is the overall lead for this assessment?	<ul style="list-style-type: none"> • Director of Finance & Resources • Director of Strategy • Assistant Director of IT Services & Systems Development
4	Who else was involved in conducting this assessment?	<ul style="list-style-type: none"> • Staff and people who use our services • Stakeholders and partners • Equality and engagement managers • Head of IT Services & Systems Development • Assistant Director Corporate Governance, Performance & Information
5	<p>Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?</p> <p>What did you find out and how have you used this information?</p>	<p>Involvement of service users, carers and staff has been a fundamental part of the development of the updated strategy. The timeline and plan for involving people in the development of the strategy has been rigidly followed and delivered. The findings from engagement resulted in the Trust gathering views from staff and service users/carers, specifically: -</p> <ul style="list-style-type: none"> • Service user digital feedback from their experiences of accessing Trust services and their specific needs has been obtained from the Involving People Strategy: Engagement and Equality Report of findings (September 2020). • Learning and feedback from Covid-19 response in respect to digital solutions/services. • Separate surveys to staff and service users/carers specifically relating to the digital strategy were conducted throughout December 2020, including paper versions for those not actively online. A report of findings can be found here (add link once report produced) • Staff engagement in respect of both current and future digital requirements has been collated from various Trust meetings and fora as part of its general business operations. • Service user/carer/member views - gathered indirectly through service change engagements and through equality processes. • Staff side – engaged and consulted as part of the strategy development • Executive Director leads and nominated Non-Executive Directors • 360 Assurance – Trust internal auditor <p>The findings from the staff (170 responses) and service user/carer (20 responses) surveys, highlighted</p> <p>By staff</p> <p><i>Key advantages:</i></p> <ul style="list-style-type: none"> • Working from home / anywhere • More access to meetings with less travel • Service user accessibility • Saves time • Increased access to information • Appointment reminders via text <p><i>Key concerns:</i></p> <ul style="list-style-type: none"> • Simplify login process • Use other platforms which are more familiar to



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		<p>service users/other services</p> <ul style="list-style-type: none"> • Newer equipment particularly areas that have desktops only • Data security/confidentiality • One secure email account not both emails • Up to date intranet • 'How to Guides' • Staff training • Dictation equipment <p>By service users & carers</p> <ul style="list-style-type: none"> • I do not trust technology for private things like meetings for my mental health • Training on the use of software including video calls • Ensure compatibilities of software • Face to face will always be preferable to some individuals • Use other platforms • Ensure website is easy to navigate <p>The feedback obtained informed the final draft of the digital strategy and will help to derive the formulation of the action plans necessary to address key issues. The approach will ensure that there is equal opportunity to participate in decision making and service planning with access to services being equal for all and non-discriminatory.</p> <p>The feedback will also inform the preparations for dynamic milestone delivery plans which are based on Trust annual planning processes for prioritisation.</p>
6	<p>What equality data have you used to inform this equality impact assessment?</p>	<p><u>The communities we serve:</u></p> <p>In all communities the 2011 census tells us on average across all areas there is a 1% difference in the population reported as male and female, with female reporting higher. Across all ages Calderdale has the highest 0-15 population at 19.6% and Barnsley has a higher working age population 30-44 at 26% and older population 60+ at 23.8%. Christianity and Islam respectively are both the highest reported religion and belief.</p> <p>We know that White British people make up 87% of our region's local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK's population growth (Policy Exchange, 2014).</p> <p>We know that those who report having a disability that impacts them a lot is higher than the census 2011 national average of just over 4% in our local areas range from 8% to over 13% in the communities the</p>



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		<p>Trust cover.</p> <p><u>Workforce data</u> As per workforce annual report 2020</p> <p>The Trust currently employs 4,328 whole time equivalent staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community health services.</p> <ul style="list-style-type: none"> • The Trust staff split of 77.9% female to 22.1% male is reflected approximately across most areas, except for Medical Staff (36%/64%). As in previous years, female staff make up over three quarters of Trust staff • As in previous years, the highest number of Trust staff fall in the age bands 40-49 and 50-59 with over 55% of the total staff being between 40 and 59. Just over 42% of medical staff are between 40 and 49. Support Services have the highest percentage of staff in the 60-69 age bands with 14% (102) being 60 or over • The data shows that 6.1% of our staff consider themselves to have a disability, the same figure as last year. The total number of staff is 266, this is an increase of 11 since last year. • The Trust's staff profile has a larger White British representation than the local demographic of the people that it serves collectively. Trust wide, 90% of the total staff in post are white British which is similar to previous years and equates to an over-representation of 1.3% (last year 1.1%). Mixed race staff are underrepresented by 0.2%, Chinese staff are over-represented by 0.2%, Black staff are over-represented by 1.6% and South Asian staff are under-represented by 3.2%. However, the Trust's local demographic has large variation in BAME representation and there is a significant under-representation of South Asian staff in Kirklees/Calderdale (exact figures not available due to mixed teams) • The number of staff who have not stated their religious belief (Unknown) has decreased slightly from 2018 (23%) to just below 21% currently. Staff reported as 48% Christianity, 3%Islam, 12% other and 17% Atheism. • There has been a significant increase in the number of staff reporting their religion and sexual orientation. Currently 83% of staff have provided data indicating their sexual orientation, which is slight higher than last year's figures.
7	What does this data say?	<p>The local population we serve and the staff who work in our services represent a diverse population. Our public sector equality places a legal duty to ensure we do not discriminate and ensure fair and equal access to our services making sure they are cultural appropriate and that working conditions for staff offer equality of opportunity in employment and development.</p>



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			<p>From the figures shown in the data there is more work to do to ensure that our services reach and support our diverse population and that workforce and volunteers continue to reflect and represent the population we serve.</p>
8	<p>Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:</p>	No	<p>Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.</p> <p>The purpose of the strategy is to support a digitally competent and inclusive organisation who involve people to ensure care is person centred, environments and services are inclusive & accessible, and culturally appropriate. This approach supported by clear, accessible timely engagement, communication, and co-production working in partnership with all stakeholders to help to achieve the Trust's digital ambitions.</p> <p>Milestone delivery plans will drive the work required to deliver the strategy in workplace settings, service settings and in the communities we serve.</p> <p>Working with partners and stakeholders the strategy will demonstrate through clear metrics and measures year on year improvements for people with protected characteristics and carers, families and friends to ensure we improve the lives of everyone.</p> <p>The strategy will have a positive impact on all groups and will drive service improvements to ensure the voice of these groups is gathered, recorded, reflected, and considered in the decisions we make as a Trust regarding our digital progression. The designing of services that introduce digital capabilities and enhancements will have engagement, consultation, and co-production at its core.</p> <p>To design digital enabled care, it is essential that the approach is totally inclusive and all that we do has the person at the centre. To achieve this, we must ensure that no one is left behind and that we find ways to address any perceived barriers or bridge gaps in the digital divide.</p> <p>As the internet is increasingly being used within areas of life, digital provides a range of opportunities and benefits for us all. However, those who are currently digitally excluded for whatever reason or have no interest in digital at all are at risk of missing out. It is safe to say that we are in an ever-increasing digital age and those who are not actively engaging in the digital space, whether that be due to circumstance or personal preference, will remain at risk of being digitally excluded.</p> <p>The introduction and wide-scale adoption of technological solutions means that the dependency on having digital skills are increasingly important for</p>



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			<p>connecting with others, accessing information and services, both in the workplace and home life.</p> <p>We need to be cognisant of this in our thinking and approach, as there is a real danger that if not taken into account, we could only serve to further widen the existing digital divide, leading to increased inequalities in accessibility, experiences and outcomes for those accessing our services. The recent learning from the Trust’s Covid-19 digital response and subsequent feedback has served to emphasis this further.</p> <p>We will adopt the four common principles for digitally inclusive services as stated within Digital Inclusion in Mental Health (December 2020), namely: -</p> <div><div></div><div><div>1. Understand the needs of people who use your services</div><div>2. Prioritise flexibility and adaptability</div><div>3. Ensure ongoing communication and feedback</div><div>4. Provide a personalised approach</div></div></div> <p>Whilst this guide has a focus on mental health, these principles are relevant to all our services.</p> <p>We will proactively continue to explore all avenues to mitigate this as far as possible. Through effective service planning, design, equality, and quality impact assessment processes, we will listen to our service users and carers, to further understand both individual and collective potential barriers to enabling digital inclusivity. There maybe other factors to consider such as lack of private space in a person’s home from which to remotely interact digitally.</p> <p>We will take this learning and will work collaboratively with all stakeholders to explore how we can address digital exclusion factors, ensuring equity for all in terms of service access and personal experiences, by developing digital enabled care pathways which increase inclusion opportunities. We will establish baseline mechanisms to measure improvement in levels of digital inclusion within our services and across the organisation, to evaluate our approach.</p>																																				
8.1	Race	No	<p>The Trust need to consider digital service offerings which meet the needs of our diverse population. Specific targeted work to ensure the diverse population of Kirklees are served well and the emerging growth of an Asian population in Wakefield will be considered in all service development and delivery.</p> <p><u>Race equality</u></p> <table><tr><td></td><td>White</td><td>Asian</td><td>Black</td><td>Mixed</td><td>Chinese & Other</td></tr><tr><td>England % av.</td><td>85.5</td><td>5.1</td><td>3.4</td><td>2.2</td><td>1.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>79.1</td><td>15.7</td><td>1.9</td><td>2.3</td><td>0.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>97.9</td><td>0.7</td><td>0.5</td><td>0.7</td><td>0.2</td></tr></table>		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	Kirklees						% average	79.1	15.7	1.9	2.3	0.7	Barnsley						% average	97.9	0.7	0.5	0.7	0.2
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8.2	Disability	No	<p>Across all communities the Trust will ensure that digitally enabled services remain fully accessible due to a higher than national average proportion of people whose day to day activities are limited ‘a lot’ by their disability. We will use the service EIA to ensure we fully understand the nature of the disability so we can adjust and adapt our services according to need, remaining person centred throughout.</p> <p><u>Disability groups</u></p> <table><tr><td></td><td colspan="3">Day to day activities limited by disability</td></tr><tr><td></td><td>Not at all</td><td>A little</td><td>A lot</td></tr><tr><td>England % av.</td><td>47.2</td><td>13.2</td><td>4.2</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>45.5</td><td>12.5</td><td>13.7</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>76.1</td><td>11.3</td><td>12.6</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>56.5</td><td>12.2</td><td>13.8</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td></tr><tr><td>% average</td><td>77.93</td><td>9.33</td><td>8.31</td></tr></table> <p><i>Taken from Census 2011 for each area</i></p> <p>Digital technology coupled with service innovation can have a positive impact, promoting digital by choice that supports a person-centric approach to the provision of care and services, both offering and enhancing opportunities to more traditional methods.</p>		Day to day activities limited by disability				Not at all	A little	A lot	England % av.	47.2	13.2	4.2	Kirklees				% average	45.5	12.5	13.7	Barnsley				% average	76.1	11.3	12.6	Calderdale				% average	56.5	12.2	13.8	Wakefield				% average	77.93	9.33	8.31
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8.3	Gender	No	<p>Gender equality is reported as part of our workforce approach and digitally enabled services continue to ensure environments and workplaces remain gender sensitive and appropriate.</p> <table><tr><td></td><td>Male</td><td>Female</td></tr><tr><td>England % av.</td><td>49.2</td><td>50.8</td></tr><tr><td>Kirklees</td><td></td><td></td></tr><tr><td>% average</td><td>49.4</td><td>50.6</td></tr><tr><td>Barnsley</td><td></td><td></td></tr><tr><td>% average</td><td>49.1</td><td>50.9</td></tr><tr><td>Calderdale</td><td></td><td></td></tr><tr><td>% average</td><td>48.9</td><td>51.1</td></tr><tr><td>Wakefield</td><td></td><td></td></tr><tr><td>% average</td><td>49</td><td>51</td></tr></table> <p><i>Taken from Census 2011 data</i></p>		Male	Female	England % av.	49.2	50.8	Kirklees			% average	49.4	50.6	Barnsley			% average	49.1	50.9	Calderdale			% average	48.9	51.1	Wakefield			% average	49	51														
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8.4	Age	No	<p>The Trust provides services to children and young people through to older age adults. The table reflects the population age of the communities the Trust serve and there is increasing evidence that Barnsley represent a higher than average older population and Calderdale a higher than average age range of 0-15 age range. The Trust will ensure that information, communication, and environments support people of all ages.</p> <table><tr><td></td><td>0-15</td><td>16-29</td><td>30-44</td><td>45-64</td><td>65+</td></tr><tr><td>England % av.</td><td>18.9</td><td>18.6</td><td>20.3</td><td>22.4</td><td>16.9</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td></tr></table>		0-15	16-29	30-44	45-64	65+	England % av.	18.9	18.6	20.3	22.4	16.9	Kirklees																															
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8.5	Sexual orientation	No	<p>The Trust will improve on the recording of sexual orientation in line with the ‘Sexual Orientation Monitoring standard’ so the Trust can ensure that services and workforce adequately represent the population they serve. The 2020/21 census may contain further baseline information which can be used to support the Trust understanding further. A campaign to support better data collection will improve our reporting.</p>																																																																																										
8.6	Religion or belief	No	<p>Faith, spiritual care and support are important components of person-centred care provided. The Trust have a spirit in mind service which plays a central role in engaging faith and spiritual leaders in the communities we serve and involving them in the work of the Trust. Understanding religion and belief plays an important role in driving our offer.</p> <p>The information below tell us that Calderdale and Kirklees require a focus on Muslim faith, with Christian faith representing a large proportion of people who use our services in all areas. Other faiths will be reflected in geographical areas and in line with service EIAs and person-centred care and planning.</p> <table><tr><td></td><td>Christian</td><td>Buddhist</td><td>Hindu</td><td>Jewish</td><td>Sikh</td><td>Muslim</td><td>Other</td><td>No religion</td></tr><tr><td>England % av.</td><td>71.8</td><td>0.3</td><td>1</td><td>0.5</td><td>0.7</td><td>10.1</td><td>0.2</td><td>15.1</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>67.2</td><td>0.2</td><td>0.3</td><td>0.1</td><td>0.7</td><td>10.1</td><td>0.2</td><td>14</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>59.4</td><td>0.5</td><td>1.5</td><td>0.5</td><td>0.8</td><td>5</td><td>0.4</td><td>24.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>60.6</td><td>0.3</td><td>0.3</td><td>0.1</td><td>0.2</td><td>7.8</td><td>0.4</td><td>30.2</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>66.4</td><td>0.1</td><td>0.2</td><td>0.0</td><td>0.1</td><td>2.0</td><td>0.3</td><td>24.4</td></tr></table> <p><i>Taken from 2011 Census data</i></p>		Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion	England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1	Kirklees									% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14	Barnsley									% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7	Calderdale									% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2	Wakefield									% average	66.4	0.1	0.2	0.0	0.1	2.0	0.3	24.4
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8.7	Transgender	No	A trans equality policy aimed at workforce and people who use services will be co-designed and the approach endorsed by partner organisations. The policy and agenda for transgender people will remain a key focus and data collection will be reviewed and improved using a campaign to support improvements to disclosure and recording. The 2020/21 Census report may provide further baseline data.																																																																						
8.8	Maternity & Pregnancy	No	<p>Workforce policies and services aimed at maternity and pregnancy will be co-designed with people who represent this group. Peer support worker roles in areas of work that support people with maternity and pregnancy mental health issues are increasing, this ensures that lived experience is reflected in our service offer.</p> <p>Digital technology coupled with service innovation can have a positive impact on this group, allowing a more flexible approach to their workload where service delivery allows. Conversely the potential to be transporting digital equipment between locations could have an adverse impact if it increases moving and handling risks.</p>																																																																						
8.9	Marriage & civil partnerships	No	<p>Marriage and civil partnerships will be recorded in line with workforce recruitment and selection procedures and as part of person-centred care and planning.</p> <table><tr><td></td><td>Married</td><td>Single</td><td>In a [registered] partnership</td><td>Divorced</td><td>Widowed</td><td>Separated</td></tr><tr><td>England % av.</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9.0</td><td>6.9</td><td>2.7</td></tr><tr><td>Kirklees</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.4</td><td>32.4</td><td>0.2</td><td>9.3</td><td>6.8</td><td>2.8</td></tr><tr><td>Barnsley</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.6</td><td>34.6</td><td>0.2</td><td>9</td><td>6.9</td><td>2.7</td></tr><tr><td>Calderdale</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>46.7</td><td>32.1</td><td>0.3</td><td>10.5</td><td>7.3</td><td>3.0</td></tr><tr><td>Wakefield</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>% average</td><td>48.2</td><td>30.9</td><td>0.18</td><td>10.5</td><td>7.5</td><td>2.6</td></tr></table> <p>Source unknown</p>		Married	Single	In a [registered] partnership	Divorced	Widowed	Separated	England % av.	46.6	34.6	0.2	9.0	6.9	2.7	Kirklees							% average	48.4	32.4	0.2	9.3	6.8	2.8	Barnsley							% average	46.6	34.6	0.2	9	6.9	2.7	Calderdale							% average	46.7	32.1	0.3	10.5	7.3	3.0	Wakefield							% average	48.2	30.9	0.18	10.5	7.5	2.6
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8.10	Carers (Our Trust requirement)	No	<p>It is likely that every one of us will have caring responsibilities at some time in our lives, with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study and other family commitments. Some younger carers are not known to be carers and this means that the sort of roles and responsibilities that carers must provide varies widely.</p> <p>Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there are an estimated 160,000 unpaid carers.</p> <p>The Trust will continue to record carers as part of equality monitoring and continue to develop and</p>																																																																						



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			deliver actions to support carers as part of the strategy action plans.
9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-		<p>This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of Strategy and Director of Finance are the lead directors accountable for delivery of this strategy. Operationally this will be driven by the Assistant Director of IT Services & Systems in respect of digital solutions and technology related matters, and day to day support from all executive directors, deputy directors, and business delivery units (BDUs).</p> <p>The implementation of the strategy will ascertain involvement from all clinical and operational services across the Trust, supported by corporate services. Progress and delivery will be monitored by the Trust Board and Executive Management Team via robust governance, including six-monthly update reports. The Executive Management Team will approve the priorities formulated via the annual planning process, following consultation with the Operational Management Group and various digital focused meetings and forums. This will derive the dynamic milestone delivery plans that will support the implementation of the strategy and work towards delivering the aims and objectives of the digital agenda.</p> <p>Via the annual planning cycle, this will also provide opportunities to review and ensure continued alignment between Trust priorities relating to digital and priorities at national, regional, integrated care system and place levels.</p> <p>As digital spans a vast spectrum of opportunities, various methods to garner continuous engagement, collaboration and co-production for prioritised digital initiatives that are to be undertaken, so as to understand and address any issues raised for the benefit of all.</p>
9a	Promotes equality of opportunity for people who share the above protected characteristics;		<p>There will be no direct impact from this policy revision.</p> <p>From the workforce data in 2020 the Trust sees no adverse barriers to accessing digital services, technologies, and associated training in support of further developing digital skills and competencies for any of its staff regardless of their ethnicity, disability or sexuality.</p>
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;		<p>The Trust has introduced a new model for preventing Harassment and Bullying and has 12 months communications plan which the digital agenda will align with.</p> <p>Digital serves as a key enabler for supporting the Trust in making SWYPFT a great place to work and the</p>



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		strategy will focus on developing an inclusive digital culture that supports the prevention of harassment and bullying.
9c	Promotes good relations between different equality groups;	<p>The Trust values promote good relations and these form part of recruitment, training, and appraisal functions.</p> <p>This strategy applies equally to all staff and all breaches are monitored, would be investigated accordingly, and reported to the Director of Finance, Director of Strategy and Director of Human Resources.</p>
9d	Public Sector Equality Duty – “Due Regard”	<p>EIAs are completed at a service level and/or as part of the introduction of new/revised digital solutions or technologies as appropriate. These documents are used in the planning, implementation, and development of services. A short form EIA and process supports decisions that are required urgently. Each assessment has an identified action plan to support service improvement.</p> <p>The voice of people who use our services is captured using feedback and involvement.</p> <p>Risk based best practice audit provides the opportunity to identify if there are any issues/trends related to protected characteristics, relationships between different groups and ‘due regard’.</p>
10	Have you developed an Action Plan arising from this assessment?	No but this EIA document will inform the development of the milestone delivery plans and associated Trust annual digital priorities.
11	Assessment/Action Plan approved by (Director Lead)	<p>Sign: _____ Date:15/02/2021</p> <p>Title: Director of Finance.</p>
12		<p>Once approved, you must forward a copy of this Assessment/Action Plan to the Equality and Engagement Development Managers:</p> <p>Aboobaker.bhana@swyt.nhs.uk Zahida.mallard@swyt.nhs.uk</p> <p>Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.</p>

Trust Board 30 March 2021

Agenda item 10.4

Title:	Review of the Trust Board declaration and register of fit and proper persons, interests and independence policy
Paper prepared by:	Director of Finance & Resources
Purpose:	The policy has been reviewed to ensure alignment to the Standard of Business Conduct policy (conflict of interest policy) for staff and NHS England guidance on managing staff conflicts of interest (https://www.england.nhs.uk/ourwork/coi/).
Mission / values:	<p>The NHS as a whole spends a large amount of public money and therefore it is vital that this is done in the best interest of the population served.</p> <p>The Trust Board declaration and register of fit and proper persons, interests and independence policy, which is supported by NHS England's guidance, is designed to ensure that Directors and Non-Executive Directors are clear about the importance that decisions are seen to be arrived at without undue influence.</p> <p>This policy supports all the Trust's values but in particular the commitment to be honest, open and transparent.</p>
Any background papers / previously considered by:	<p>Update to the Trust Board declaration and register of fit and proper persons, interests and independence policy approved by Trust Board in March 2018.</p> <p>Update to the Standards of Business Conduct policy (conflict of interest policy) approved by Trust Board in March 2020.</p>
Executive summary:	<p>The Trust has had a policy in place in relation to Directors' declarations of interests since its inception in April 2002. This Policy was replaced in May 2009 when the Trust was authorised as a Foundation Trust.</p> <p>The current Policy for Trust Board declaration and register of fit and proper persons, interests and independence policy was approved by Trust Board in March 2018 and is due for review. The policy addresses the requirements of the following:</p> <ul style="list-style-type: none"> • Constitution of the Trust. • National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). • Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • Bribery Act 2010. • NHS England guidance and model policy for NHS organisations on managing staff conflicts of interests.

	<p>The policy also takes into account the UK Corporate Governance Code produced by the Financial Reporting Council.</p> <p>Review</p> <p>In March 2020, Trust Board approved the <i>Standards of Conduct in Public Service Policy</i> (conflicts of interest policy). This policy replaced the previous Standards of Business Conduct which forms part of all staff contracts of employment and is aligned to NHS England guidance and the model policy for NHS organisations on managing staff conflicts of interests.</p> <p>Within the policy it notes that some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role referred to as 'decision making staff' which includes Trust Directors and Trust Board members.</p> <p>The Trust Board Policy and declaration form references the Standards of Conduct in Public Service Policy and includes 'Declaration of interest duties of Directors' noting that, in the spirit of openness and transparency, Directors are also encouraged to declare all relevant and material interests.</p> <p>Note, there is a separate conflict of interest policy for the Members' Council (<i>Members' Council declaration and register of interests, gifts and hospitality</i>) which supports the specific requirements Governors within the Trust's Constitution, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's (NHS England / Improvement) Code of Governance for Foundation Trusts. This policy will be reviewed and approved at the next Members' Council meeting.</p> <p>Risk appetite</p> <p>The policy remains compliant with the requirements outlined above. There is no change to any identified risks and the policy remains consistent with the agreed risk tolerance.</p>
Recommendation:	Trust Board is asked to APPROVE the policy.
Private session:	Not applicable.

Trust Board declaration and register of fit and proper persons, interests and independence policy

~~Approved by Trust Board 27 March 2018~~ For approval by Trust Board 30 March 2021

1. Introduction and background

In accordance with the Constitution of the Trust, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's [\(referred to in this paper as NHS England / Improvement\)](#) Code of Governance for Foundation Trusts, and in recognition of the Codes of Conduct and Accountability issued by the Department of Health and the UK Corporate Governance Code produced by the Financial Reporting Council, the Trust is required to maintain a Register of Interests of Directors. The Trust is also required, under the new fundamental standard regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to ensure its Directors meet fit and proper person requirements, which came into force on 1 October 2014.

2. Policy development

The Trust has had a policy in place in relation to Directors' declarations of interests since its inception in April 2002. This Policy was ~~updated~~ replaced in May 2009 when the Trust was authorised as a Foundation Trust.

In September 2011, the Policy was subsequently revised to incorporate the Bribery Act 2010, which came into force on 1 July 2011 and created criminal offences of being bribed, bribing another and failing to prevent bribery for all organisations, including the NHS. Under the Act, bribery is defined as an inducement or reward offered, promised or provided to gain personal, commercial, regulatory or contractual advantage. If a Director is offered, or any attempt is made to offer, any type of possible inducement or reward covered by the Bribery Act, details should be immediately reported to the Trust's Local Counter Fraud Specialist.

In December 2013, a further revision was made to reflect the changes to the Trust's Constitution as a result of the provisions in the Health and Social Care Act 2012 relating to Directors' interests.

In March 2015, a further revision was made to incorporate the fit and proper person requirement for directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014.

In March 2018, a further revision was made to align the Policy with the Trust's Standards of Conduct in Public Service Policy (conflicts of interest policy) which addresses the requirements of the NHS England guidance and model policy for the NHS organisations on managing staff conflicts of interests.

This Policy applies to all directors and 'equivalents', which, for this Trust, includes both Non-Executive and Executive Directors of the Trust, and other Directors forming the Executive Management Team.

3. Fit and proper person requirement for directors

The fit and proper person requirement for directors states that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care and, as such, can be held accountable if standards of care do not meet legal requirements. It applies to all directors and 'equivalents', which, for this Trust, includes both Non-Executive and Executive Directors of the Trust, and other Directors forming the Executive Management Team. It is the responsibility of the Chair to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

In addition to the usual requirements of good character, health, qualifications, skills and experience, the regulation bars individuals who are prevented from holding the office (for example, under a director's disqualification order) and excludes from office people who:

"have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider."

The Care Quality Commission (CQC) is the body that will decide whether a person is not fit to be a director on the basis of any previous misconduct or incompetence in a previous role for a service provider. This would be the case even if the individual was working in a more junior capacity at that time, or working outside England.

The regulation requires the Chair to:

- Confirm to the CQC that the fitness of all new directors has been assessed in line with the regulations.
- Declare to the CQC in writing that they are satisfied that they are fit and proper individuals for that role.

A notification is required following a new director-level appointment. The CQC will cross-check notifications about new directors against other information they hold or have access to, to decide whether it wants to look further into the individual's fitness. The CQC will also have regard to any other information they hold or obtain about directors in line with current legislation on when convictions, bankruptcies or similar matters are to be considered 'spent'.

Where a director is associated with serious misconduct or responsibility for failure in a previous role, the CQC will have regard to the seriousness of the failure, how it was managed, and the individual's role within that. There is no time limit for considering such misconduct or responsibility. Where any concerns about an existing director come to the attention of the CQC, it may also ask the Trust to provide the same assurances.

Should the CQC use its enforcement powers to ensure all directors are fit and proper for their role, it will do so by imposing conditions on the provider's registration to ensure the provider takes appropriate action to remove the director.

4. Fit and proper person requirement – Trust duties

To meet the requirements of the fit and proper person test, the Trust must carry out all necessary checks to confirm that persons who are appointed to the role of director in the Trust are:

- Of good character (Schedule 4, Part 2 of the regulations).

- Have the appropriate qualifications, are competent and skilled (including that they show a caring and compassionate nature and appropriate aptitude).
- Have the relevant experience and ability (including an appropriate level of physical and mental health, taking account of any reasonable adjustments).
- Exhibit appropriate personal behaviour and business practices.

In addition, persons appointed to these roles must not have been responsible for, or known, contributed to or facilitated any serious misconduct or mismanagement in carrying on a regulated activity.

The Trust will ensure it has procedures in place to assess an individual against the fit and person requirements for new Director appointments prior to that appointment. The [Head of Corporate Governance](#) (Company Secretary) is responsible for ensuring procedures are in place and implemented for Non-Executive Director appointments and the Director of Human Resources, [Organisational Development and Estates](#) – for Executive and ‘other’ Director appointments.

The CQC does recognise that the Trust may not have access to all relevant information about a person, or that false or misleading information may be supplied to it; however, the CQC does expect the Trust to demonstrate due diligence in carrying out checks and that it has made every reasonable effort to assure itself about an individual by all means available to it.

If the Trust decides to appoint a director, or continues to employ or appoint a Director, who does not meet the ‘fit and proper person’ test, it will need a strong rationale for doing so, which is defensible by the Chair both to the CQC and to [NHS England / Improvement Monitor](#). Currently, the only outcome if the CQC decides an individual is not a ‘fit and proper person’ is removal.

5. Fit and proper person requirement – individual responsibilities

Although the obligation is on the Trust to ensure it meets the regulation particularly in relation to new appointments, Trust Board agreed in September 2014 that Directors have a responsibility to continue to make a declaration that they meet the fit and proper person requirement as part of the annual declaration of interests process and should their circumstances change.

The criteria for a ‘fit and proper person’ are as follows.

- The individual is of good character.
- The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed or appointed.
- The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed.
- The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- None of the grounds for unfitness specified in Part 1 of Schedule 4 apply to the individual (see below):

Schedule 4 criteria
Fit and proper

1. The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
2. The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
3. The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
4. The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
5. The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.
6. The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

And for good character

7. Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.
8. Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.

6. Conflicts of interest – duties of Directors

Meeting the fit and proper person requirement as set out above does not remove the responsibility of Directors of the Trust to adhere to the duties of a Director of the Trust, as set out in the Trust's Constitution, which include the following.

1. A duty to avoid any situation where a Director has (or could have) a direct or indirect interest that conflicts (or may possibly conflict) with the interests of the Trust. This duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest or the matter has been authorised in accordance with the Constitution.
2. A duty not to accept a benefit from a third party because they are a Director or doing (or not doing) anything in this capacity. This duty is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest. (A "third party" means a person other than the Trust or a person acting on its behalf.)

The Trust's *Standards of Conduct in Public Service Policy* (conflicts of interest policy), which addresses the requirements of the NHS England guidance and model policy for the NHS organisations on managing staff conflicts of interests, applies to Directors of the Trust as 'decision making staff'. The policy describes the requirements for declaring interests including gifts, hospitality, outside employment, shareholdings and other ownership issues, patents, loyalty interest, donations, sponsored events, sponsored research, sponsored posts, and clinical private practice. Further to this, Directors are expected to:

- a) Refuse gifts, benefits, hospitality or sponsorship of any kind that might reasonably be seen to compromise their personal judgement or integrity and / or exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused other than isolated gifts of a trivial nature, such as, calendars, or conventional hospitality, such as working lunches.
- b) Declare and register gifts, benefits and sponsorship of any kind within two weeks of it being offered, whether refused or accepted. If an individual is unsure whether the offer

constitutes hospitality, gifts or rewards as defined by the Trust's policy, then they should declare.

This applies to both implicit and explicit offers and whether or not linked to the awarding of contracts or a change in working practices.

If a Director of the Trust has a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to Trust Board. If a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any declaration must be made before the Trust enters into the transaction or arrangement.

If the Director is not aware of an interest, or where the Director is not aware of the transaction or arrangement in question, no declaration is required.

A Director need not declare an interest:

- a) If it cannot reasonably be regarded as likely to give rise to a conflict of interest.
- b) If, or to the extent that, the Directors are already aware of it.
- c) If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered either by a meeting of the Board of Directors or by a committee of the Directors appointed for the purpose under the Constitution.

All declarations will be entered into the Trust's Register of Interests maintained by the Head of Corporate Governance (Company Secretary).

7. Declaration of interest – duties of Directors

In a spirit of openness and transparency, Directors are also encouraged to declare all relevant and material interests. These apply to the Director as well as the husband / wife, partner, parent, child or sibling of the Director and can be defined as follows.

- a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust.
- c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust.
- d) A position of authority in a charity or voluntary organisation in the field of health and social care.
- e) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
- f) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks.

If Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair.

Details of any such interests will be recorded in the register of interests of the Directors as outlined below.

8. Declaration of interest – conduct at meetings

Any Director who fails to disclose any interest required to be disclosed under the Constitution and as set out in this Policy may be removed from office in accordance with the process for removing a Director as set out in the Trust's Constitution.

Any Director who has an interest in a matter to be considered by Trust Board that needs to be declared should declare such interest to Trust Board and:

1. Withdraw from the meeting and play no part in the relevant discussion or decision.
2. Not vote on the issue (and, if by inadvertence, they do remain and vote, their vote shall not be counted).

At the time an interest is declared, it should be recorded in Trust Board meeting minutes. Any changes in interests should be officially declared at the next Trust Board meeting following the change occurring. The Trust should be informed in writing within four weeks of becoming aware of the existence of, or a change to, an interest. The Register of Interests will be amended on receipt within seven working days and the interest notified to the next relevant meeting.

During the course of a Trust Board meeting, if a conflict of interest is established, the Director(s) concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, a majority will resolve the issue with the Chair having the casting vote.

9. Register of interests

Details of any interests declared by Directors will be recorded in the Register of Interests of the Directors.

The details of Directors' interests recorded in the Register will be kept up-to-date by means of a monthly review of the Register by the [Head of Corporate Governance](#) (Company Secretary) during which any changes of interests declared during the preceding month will be incorporated.

An annual review process will be undertaken by the [Head of Corporate Governance](#) (Company Secretary) and the Register of Interests presented to Trust Board on an annual basis (usually in March each year). As part of this process, Trust Board will assess any apparent conflicts and / or any risks an interest might present to the Trust. This annual review is over and above the requirement for Directors to declare interests during the year and is a standing item on each public Trust Board meeting agenda.

Subject to contrary regulations being passed, the Register will be available for inspection by the public free of charge and will be available on the Trust's website. The [Head of Corporate Governance](#) (Company Secretary) will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it. Copies or extracts of the Register must be provided to members of the Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the Register, informed by guidance from the Information Commissioner.

10. Determination of independence

Monitor's [\(NHS England / Improvement\)](#) Code of Governance also requires the Board to identify in the Trust's annual report those Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances likely to affect, or could appear to affect, the Director's judgement. In addition to the above fit and proper person requirements and declaration of interests, Non-Executive Directors are also asked to declare whether he / she:

- a) Has been an employee of the Trust within the last five years.
- b) Has, or has had within the last three years, a material business relationship with the Trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.
- c) Has received or receives additional remuneration from the Trust apart from the Non-Executive Directors' fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme.
- d) Has close family ties with any of the Trust's advisers, Directors or senior employees.
- e) Holds cross-directorships or has significant links with other Directors through involvement in other companies or bodies.
- f) Has served on the Trust Board for more than nine years from the date of their first appointment.

Non-Executive Directors have a responsibility to continue to make a declaration of independence as part of the annual declaration of interests process and should their circumstances change.

11. Appendices

- Fit and proper person declaration by the Chair and Directors of the Trust form.
- Declaration of interests by the Chair and Directors of the Trust form.
- Declaration of independence by the Chair and Non-Executive Directors of the Trust form.

To be aApproved by Trust Board ~~27 March 2018~~30 March 2021
Next review by Trust Board March 2024

FIT AND PROPER PERSON DECLARATION BY THE CHAIR AND DIRECTORS OF THE TRUST

The Trust is required, under the Fundamental standard regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to ensure its Directors meet fit and proper person requirements, which came into force on 1 October 2014. Trust Board agreed in September 2014 that it would undertake a retrospective declaration for all Directors as part of the annual declaration exercise in 2015. A declaration against the fit and proper person requirement will then become part of the annual declaration for existing Directors and part of the appointment process for new Directors.

In addition to the usual requirements of good character, health, qualifications, skills and experience, the fit and proper person regulation bars individuals who are prevented from holding the office (for example, under a director's disqualification order) and excludes from office people who:

"have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider."

To meet the requirements of the fit and proper person test, the Trust will carry out all necessary checks to confirm that individuals who are appointed to the role of director in the Trust:

- Are of good character (see below under Schedule 4 criteria).
- Have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed or appointed.
- Able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed.
- Have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- If none of the grounds for unfitness specified in Part 1 of Schedule 4 apply to the individual (see below):

Schedule 4 criteria

Fit and proper

1. The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
2. The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
3. The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986.
4. The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
5. The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.

6. The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

And for good character

7. Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.
8. Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.

You are asked to make the following Declaration:

I confirm that I do not fit within the definition of an “unfit person” as set out above and that there are no other grounds under which I would be ineligible to be appointed to or to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a “fit and proper person” or other grounds under which I would be ineligible to continue in post come to my attention.

Name: _____ **Signed:** _____

Position: _____ **Date:** _____

NOTES REGARDING THE USE OF THIS INFORMATION

- Directors should note that, if they are not able to make a declaration against the fit and proper requirements, this could effectively prevent them from appointment to a Director post or continuing in such a post.
- If Directors have any doubt about making this declaration, it should be discussed with the Chair as a matter of urgency.
- The information provided on this form will be recorded in the minutes of Trust Board. These minutes will be drawn to the attention of the Trust’s internal and external auditors.
- Any Declaration will also be included in a Register of Interests, which will be available to the public on request, available on the Trust’s website and reported in the Trust’s annual report.
- Any changes to the information provided should be declared to the Chair immediately. Such a change will be recorded in the relevant minutes and in the Register of Interests.

This form should be returned to:

Head of Corporate Governance (Company Secretary)

Block 87

Fieldhead

Ouchthorpe Lane

Wakefield

WF1 3SP

DECLARATION OF INTERESTS BY THE CHAIR AND DIRECTORS OF THE TRUST

In accordance with the Constitution of the Trust, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's [\(NHS England / Improvement\)](#) Code of Governance for Foundation Trusts, and in recognition of the Codes of Conduct and Accountability issued by the Department of Health and the UK Corporate Governance Code produced by the Financial Reporting Council, the Trust is required to maintain a Register of Interests of Directors.

As set out in the Trust's Constitution, the duties of a Director of the Trust, whether Non-Executive or Executive, include the following.

1. A duty to avoid any situation where a Director has (or could have) a direct or indirect interest that conflicts (or may possibly conflict) with the interests of the Trust. This duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest or the matter has been authorised in accordance with the Constitution.
2. A duty not to accept a benefit from a third party because they are a Director or doing (or not doing) anything in this capacity. This duty is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest. (A "third party" means a person other than the Trust or a person acting on its behalf.)

If a Director of the Trust has a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to Trust Board.

In a spirit of openness and transparency, Directors are also encouraged to declare all relevant and material interests. These apply to the Director as well as the husband / wife, partner, parent, child or sibling of the Director.

Please complete the Declaration below.

1. Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

2. Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust.
3. Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust.
4. A position of authority in a charity or voluntary organisation in the field of health and social care.
5. Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
6. Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks.

NOTES REGARDING THE USE OF THIS INFORMATION

- If Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair.
- The information provided on this form will be recorded in the minutes of Trust Board. These minutes will be drawn to the attention of the Trust's internal and external auditors.
- Any Declaration will also be included in a Register of Interests, which will be available to the public on request, available on the Trust's website and reported in the Trust's annual report.
- Any changes to the information provided should be declared within four weeks of the change occurring. Such a change will be recorded in the relevant minutes and in the Register of Interests.
- If a conflict of interest is established during the course of a Trust Board meeting, the Director concerned is required to withdraw from the meeting and to play no part in the relevant discussion or decision.

Name: _____ Signed: _____

Position: _____ Date: _____

This form should be returned to:

Head of Corporate Governance (Company Secretary)

Block 87

Fieldhead

Ouchthorpe Lane

Wakefield, WF1 3SP

**DECLARATION OF INDEPENDENCE
BY THE CHAIR AND NON-EXECUTIVE DIRECTORS OF THE TRUST**

Monitor's [\(NHS England / Improvement\)](#) Code of Governance requires the Board to identify in the Trust's annual report which Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement.

In addition to the declaration against the fit and proper person requirements and declaration of interests, Non-Executive Directors are also asked to declare whether he / she:

1. Has been an employee of the Trust within the last five years.

2. Has, or has had within the last three years, a material business relationship with the Trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.

3. Has received or receives additional remuneration from the Trust apart from the Non-Executive Directors' fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme.

4. Has close family ties with any of the Trust's advisers, Directors or senior employees.

5. Holds cross-directorships or has significant links with other Directors through involvement in other companies or bodies.

6. Has served on the Trust Board for more than nine years from the date of their first appointment.

NOTE REGARDING THE USE OF THIS INFORMATION

The information you have provided on this form will be recorded in the minutes of Trust Board in relation to the independence of Non-Executive Directors. These minutes will be drawn to the attention of the Trust's internal and external auditors. The Declaration will also be included in a Register of Interests, which will be available to the public on request, available on the Trust's website and reported in the Trust's annual report.

Any changes to the information you have provided should be declared within four weeks of the change occurring. Such a change will be recorded in the relevant minutes and in the Register of Interests.

If an issue regarding independence is established during the course of a Trust Board meeting, the Director concerned is required to withdraw from the meeting and to play no part in the relevant discussion or decision.

Name: _____ Signed: _____

Position: _____ Date: _____

This form should be returned to:

Head of Corporate Governance (Company Secretary)
Block 87
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

Trust Board 30 March 2021 Agenda item 11

Title:	Interim governance arrangements
Paper prepared by:	Director of Finance and Resources
Purpose:	The purpose of this paper is to provide Trust Board with updates to the interim governance arrangements during the Covid-19 pandemic.
Mission / values:	To ensure that the Trust meets its governance requirements, and to allow the Trust to fulfil with mission and values during the pandemic.
Any background papers / previously considered by:	Trust Board papers – March, April and July 2020. Interim Governance arrangements paper circulated separately to executive and non-executive directors. Audit Committee papers – April, July, and October 2020.
Executive summary:	<p>On 26 January 2021, Amanda Pritchard, Chief Operating Officer of NHS England wrote to all NHS Trusts asking them to reduce the burden and release capacity to manage the response to the Covid-19 pandemic.</p> <p>On 29 January 2021, the Trust Chair, Chief Executive, Director of Finance and Resources and chair of the Audit Committee met to discuss the content of the communication.</p> <p>The following outcomes were agreed:</p> <ul style="list-style-type: none"> • Maintain the Integrated Performance Report (IPR) and continue to produce the report (to the level allowed by available capacity). • Annual report and accounts production will continue in line with the NHS England timetable. • The process to assess the effectiveness of Trust Board Committees would continue as timetabled in order to inform the 2020/21 Annual Governance Statement. • Trust Board agenda and Members' Council agendas will be reviewed through agenda setting. • Committee Chairs and lead executives will review work plans and agendas to the end of June 2021. • There will be focus on performance and risk through the IPR and Organisational Risk Register (ORR), and programs of recovery. • Committees will update any deferred items on workplans for audit purposes. • Internal auditors will be updated to ensure no issue with this approach in enabling the Head of Internal Audit Opinion to be provided. • EMT will discuss external pressures and any necessary response. • Ongoing work with West Yorkshire provider collaboratives should continue in line with national guidance. • An update will be requested in respect of South Yorkshire collaboratives and proposed actions. • The reduction of governance arrangements is to remain until the end of Quarter 1 June 2021 when a further review will take place.

	<p>Silver Command has been part of the command structure to oversee our response to Covid-19. Given that we are now taking steps to move towards the current situation being nearer to usual business, Silver has taken the opportunity to review which topics continue to be discussed in Silver Command, and which might be better held in the Operational Management Group (OMG).</p> <p>Risk appetite</p> <p>The Trust has a declared risk appetite for compliance risks to score 1-6. It is considered the processes in place mean the Trust is operating within its risk appetite for this issue.</p>
Recommendation:	Trust Board is asked to NOTE the update to the interim governance arrangements as outlined in the paper.
Private session:	Not applicable.

Interim Governance Arrangements Update

Introduction

The purpose of this paper is to update Trust Board on the interim governance arrangements during the Covid-19 pandemic. Initially these plans were required for the three to six months from March 2020 onwards. Other papers previously provided on this subject for reference are:

- Trust Board – March, April and July 2020.
- Non-Executive Meeting – 3 April 2020.
- Audit Committee – April, July and October 2020.

Following the paper presented to Trust Board on 31 March 2020 it was agreed Board and Committee business from April 2020 would be confined to:

- Delivery of the national Covid-19 response plan, as outlined by NHS England and NHS Improvement in their joint letter of 17 March 2020 and any subsequent guidance.
- Business continuity.
- Any other business the Trust believes to be essential.

It was also confirmed that Board meetings would be held virtually whilst social distancing guidance remains in force.

It was also agreed that Committee activity would focus on:

- Staff wellbeing and staffing changes.
- Delivery of clinical services.
- Reporting and management.

During the course of the year the agendas and work plans for committees returned to something approaching normal. They all continued to operate virtually.

2021 Update

Following the increase in prevalence of Covid-19 in Winter Amanda Pritchard, Chief Operating Officer of NHS England wrote to all NHS trusts in January 2021 asking them to reduce the burden and release capacity to manage the response to the Covid-19 pandemic.

On 29 January 2021, the Trust Chair, Chief Executive, Director of Finance and Resources and chair of the Audit Committee met to discuss the content of the communication.

The following outcomes were agreed:

- Maintain the Integrated Performance Report (IPR) and continue to produce the report to the level allowed by available capacity. Where the sub-group focusing on development of the IPR have identified potential reductions in information provided in the IPR these can be implemented.

- Annual report and accounts production will continue in line with the NHS England / Improvement (NHSEI) timetable. The additional two weeks provided compared to normal reporting deadlines will be used as contingency if required.
- The process to review the effectiveness of Trust Board Committees will continue as timetabled in order to inform the 2020/21 Annual Governance Statement.
- Trust Board agenda and Members' Council agendas will be reviewed through agenda setting.
- Committee chairs and lead executives will review work plans and agendas to the end of June 2021 to determine if any items can be deferred or verbal updates can be provided.
- There will be focus on performance and risk through the IPR and Organisational Risk Register (ORR), and programs of recovery.
- Committees will update any deferred items on workplans for audit purposes.
- Internal auditors will be updated to ensure no issue with this approach in enabling the Head of Internal Audit Opinion to be provided.
- EMT will discuss external pressures and any necessary response.
- Ongoing work with West Yorkshire provider collaboratives should continue in line with national guidance. The Director of Finance and Resources has written to NHS England suggesting that the financial go-live of the Adult Secure Lead Provider is deferred until at least July 2021.
- An update will be requested in respect of South Yorkshire collaboratives and proposed actions.
- The reduction of governance arrangements is to remain until the end of Quarter 1 June 2021 when a further review will take place.

Trust Board

Following the initial outbreak of the pandemic in 2020, Trust Board agendas were temporarily reduced during the initial outbreak of the pandemic dealing with Covid-19 business as a priority during this time.

In June 2020 Trust Board returned to a full agenda and these were agreed by the Chair and Chief Executive.

Trust Board meetings continued to take place virtually with plans being put in place to enable members of staff and the public to listen to the meetings and submit questions at the end of the meeting.

Minutes and papers continue to be provided on the Trust's website. The referenced 'emergency powers and urgent decisions' process referred to in the March board paper, has not been used to date.

Delegated authority was agreed at the May Board to allow the Chief Executive and Chair to approve the final annual report and accounts in order to allow submission to parliament in a timely manner.

From February 2021 Trust Board agendas will consider executive director capacity and the statutory responsibilities of the Board. The Trust Board workplan will be updated to reflect any deferred items for monitoring purposes. Where appropriate verbal updates will be received instead of papers.

Technology

Microsoft Office 365 has now been deployed across the Trust. The Trust is currently undertaking the process to complete the necessary accreditation with NHS Digital for the new platform to be used for sending encrypted email.

As part of the accreditation process NHS Digital will then work with the Trust to commence the process to off-board from NHS Mail.

Digital consultations continue to be used across Trust services.

Clinical Governance & Clinical Safety (CGCS) Committee (draft)

At the start of the pandemic national guidance stated there was an expectation that Quality Committees would continue to meet. The chair and lead director of the Committee discussed how the Committee would operate during this period.

The frequency remained as originally planned and meetings were scheduled to last a maximum of two hours. The agenda sections remained the same with the clinical risk section focusing on Covid-19.

The Committee continued to receive assurance through the first wave of the pandemic. Reports continued to be received and in September 2020 there was a full return to normal Committee function.

The Quality Account, having been postponed as a result of Covid-19, was presented to the meeting on 15 September 2020 before going to Trust Board for approval on 29 September 2020.

In January 2021 the “releasing the burden” letter from NHSE/I reported the Quality Account preparation deadline is 30 June 2021. However, the Department of Health and Social Care is reviewing whether regulations should be amended to extend this deadline.

Following the CGCS Committee meeting on 9 February 2021, the Committee plans to proceed with the same agenda, but the meeting duration will be shortened slightly. The 2020/21 workplan was noted to be largely complete following this meeting.

Verbal reports will be taken where possible and minutes will continue to be taken in the meeting to record items discussed. Attendees will be asked to read papers in advance and workplan monitoring will take place at Committee meetings as part of the agenda. The workplan has been amended and deferred items noted for monitoring purposes.

The Committee is making full use of its core membership rather than co-opting others to write and present reports to reduce the burden on resources.

The Committee will maintain an appropriate balance between improvement and assurance activity and has set out a number of guiding principles for consideration that will be reviewed in April 2021.

A further review of Committee governance arrangements will take place in June 2021.

Audit Committee

The April 2020 Audit Committee operated with largely the same agenda as the work plan. The timing of the meeting was such that the majority of papers had already been prepared or were required in order to meet year-end reporting and governance requirements.

The work plan was assessed to identify what remains necessary, what could be reported by exception and what could be deferred. The July 2020 Audit Committee was also largely in line with the original work plan.

Mike Ford replaced Lawrence Campbell as Chair of the Committee on 1 September 2020. The October 2020 meeting saw a full return to the standing agenda, including the triangulation of risk performance and governance report which has been deferred.

On 5 January 2021, the Audit Committee went ahead with a full agenda and an update was provided to Trust Board on 29 January 2021.

On 15 January 2021 NHSE/I reported the year end for applicable providers will be a submission of draft accounts by 27 April 2021 and then an audited accounts deadline of 15 June 2021 (this can be extended to 29 June 2021 on application with specific reasons to do so).

The Director of Finance and Resources has agreed with the Chief Executive and Chair a current plan to hold an Audit Committee on 25 May 2021 to recommend the annual accounts and report for approval by Trust Board later that day. This is in line with Trust process and is consistent with Standing Financial Instructions and Committee terms of reference.

The external audit will be conducted remotely as in 2019/20, and at this time the deadline is seen to be achievable, however, as a contingency measure a contingency date for the Audit Committee (1 or 8 June 2021) is being arranged. Board members will be regularly appraised of progress and will have the opportunity to input to the annual report.

The April and May 2021 Audit Committee agendas are largely designed to ensure the Trust can meet its year-end accounting and reporting requirements. As such they are largely fixed.

The Committee chair and lead director will consider the full agenda and identify any reports on the work plan not required to meet year-end reporting assurances and requirements. Considerations will include whether the staff involved in preparing reports are providing support to the Covid-19 response and/or vaccination programme.

The reports that could potentially be deferred or taken verbally are the risk triangulation report and procurement report. It may be that these reports can be deferred until the July meeting or taken as verbal updates.

Finance, Investment & Performance (FIP) Committee

There continued to be a range of financial governance and reporting requirements during the first wave of the Covid-19 pandemic. In April and July 2020 there were also notable changes in terms of the financial and contracting arrangements. Other than these a number of the existing agenda items were deferred.

Frequency of meetings remained as planned.

The meeting held in September 2020 operated according to an agenda to reflect current Trust and national priorities. It was reported that financial sustainability, benchmarking and productivity would need to be re-introduced into the agenda at some stage, and the extent of this would largely be dependent on what the financial arrangements were for the remainder of the year.

The frequency of FIP meetings is under review and no meeting was held in February 2021.

The agenda for the March FIP was governed by the requirement for assurance on the full year financial forecast, progress on major initiatives and development of the Trust's financial plan for 2020/21. The chair and lead director will continue to review the work plan on a monthly basis.

It is likely the operational planning guidance will be issued end-March 2021. It is recognised that finance staff will be heavily involved in the year-end process, so again the agenda will be subject to review by the chair and lead director. Where appropriate verbal updates or slimmed down reports will be provided rather than extensive written reports.

May & June Committee meetings are to be determined by the planning process and key items identified for focus by the Trust Board.

The chair and lead director have consciously chosen not commission in depth performance reviews. This will continue for the next three months at least.

Workforce & Remuneration Committee

In 2020, the chair and lead director of the Committee discussed and recommended that operation of this Committee would be suspended during the initial part of the Covid-19 outbreak. Given the more regular frequency of Trust Board meetings coupled with the fact all Board members are very interested in the impact of the pandemic on the workforce it was agreed the Board would be the most appropriate forum to review workforce issues during this period of time. This approach ensured any duplication was reduced as far as possible. Clear focus was applied to staff wellbeing, attendance and Covid-19 testing.

As reported to the June 2020 Board, the Committee reconvened from July 2020 with a reduced agenda and a Covid-19 based focus. The following meeting returned to normal agenda and frequency. All items that would have gone to Committee were discussed through Trust Board as per the agreed process.

Committee meetings have taken place in January and February 2021 with a focus on the vaccination programme and associated risks, the workforce strategy update and Committee allocated risks.

To release the burden until June 2021, the Committee has streamlined its agenda and papers using a presentational format. The Committee will focus on the impact of the Covid-19 pandemic, the health and wellbeing of staff and maintaining key business items. The workplan has been reviewed and any deferred items will be logged. Meetings will continue to take place bi-monthly and will be flexible around timing of papers, however, the meeting agenda, actions and minutes will be sent out within normal timescales.

Mental Health Act Committee

The chair and lead director of the committee discussed and agreed the following approach:

- The meeting and agenda were to be significantly shorter than usual with a maximum of one hour anticipated, with many items deferred or cancelled.
- The only agenda items to be taken were specific to Covid-19.
- There are currently no external attendees e.g. local authority, acute trust colleagues, hospital managers, although they are able to submit questions in advance (related to Covid-19).
- Associate hospital managers will be asked for feedback on problems / challenges in advance and this will be an agenda item.
- Only two executive directors need to attend (for quoracy).

An update at June Board reported that the Committee would return to having a fuller agenda. Valuable input had continued to be received from the acute trusts and partners and feedback continued to be received on agenda items.

The meeting held in August 2020 focused on delayed and deferred items that had not been core work during recent months.

In January 2021 the chair, lead director and assistant director of legal services agreed the following measures for the Committee until June 2021:

- Maintain virtual meetings until June 2021.
- Maintain two-hour meetings with a view to returning to 2.5hrs in August 2021, or before if capacity allows.
- Verbal updates to be received rather than written papers wherever possible

In relation to external partners, Local Authority and acute colleagues and hospital managers will continue to be invited to attend but can submit written feedback via a proforma if they prefer.

Items that have been agreed to be deferred or cancelled until Autumn 2021 include:

- Act in Practice presentation to be deferred or provided by Yvonne French / Julie Carr.
- Mandatory training update (included in performance report).
- Trust-wide CQC improvement plan (CQC MHA visits updates will continue).
- Audits.
- Policies (noting what has been agreed at EMT).

Any workplan changes will be recorded for audit purposes and deferred items logged as per previous practice during Covid-19 waves. Tracked changes will denote changes to the plan and a column will reference Covid-19 deferred items and the dates when will return to the Committee for review.

Equality & Inclusion Committee

During the first wave of the pandemic the Committee continued to meet with a reduced agenda. On 22 September 2020, the Committee returned to a standard agenda and meeting times.

In 2021, the Committee will return to a reduced agenda with shorter meetings. Focus will be on staff networks, business delivery unit (BDU) equality forums and service user / carer feedback. Verbal reports will be taken where appropriate and further review will take place in June 2021.

Any items deferred as a result of Covid-19 will be logged on the workplan in line with previous practice during the first wave of the pandemic.

The Committee will continue to focus on equality and inclusion in relation to Covid-19 and in particular the risk of the disproportionate effect of Covid-19 on service users with protected characteristics.

Charitable Funds Committee

Similarly, to other Committees, the chair and lead director reviewed frequency and agendas for these meetings. It was agreed to keep the existing planned meetings in place, but to operate with a shortened agenda, with several items deferred until later in the year.

The Committee met on the 15 September 2020 and the agenda included an update on "learning from Covid-19 governance" as well as covering all standard agenda items.

In January 2021 the chair and lead executive streamlined the Committee agenda and workplan to reflect the current circumstances. These will be monitored at each agenda setting meeting.

West Yorkshire Mental Health Collaborative Committees in Common

The Committee continued to meet with a reduced agenda and attendance during the first wave of the pandemic. It focussed on workstream status, provider collaboratives and wider work being undertaken across the collaborative during the Covid-19 period, and business continuity.

The January 2021 Committee meeting was shortened due to the pandemic response. The decision was taken to postpone a strategic workshop planned for February to reduce the burden.

The refreshed Memorandum of Understanding was reviewed, and this will be circulated to Trust Board in March 2021. The Committee continues to focus on the delivery of collaborative programmes of work across the system.

Members' Council

The Chair and corporate governance team keep in regular contact with all governors and provide them with updates, through the monthly Brief, weekly Headlines and Coronavirus update, weekly View, and monthly live Q&A sessions on Teams with the Chair and Chief Executive.

The Members' Council on 31 July 2020 was a virtual meeting and saw a return to a full agenda.

The Annual Members' Meeting was held on 28 September 2020 and included the full statutory agenda as well as patient and service user stories by video.

The Member's Council in January 2021 proceeded with a full agenda. The Members' Council in May 2021 will have a reduced agenda, with non-essential items deferred, including the Constitution review. Any items deferred as a result of Covid-19 will be logged on the workplan.

The Members' Council elections began on 11 January 2021. Following the releasing the burden letter, consultation with Civica Election Services and the Chair has taken place and it has been agreed that the elections will continue as planned.

Command Structure

Silver command has senior manager representation across the Trust and in the first peak of the pandemic met daily. During the weekend an update call by exception also took place each day at the same time.

During the summer of 2020 this was stepped down to twice then once per week (every Thursday at 4pm).

In September 2020 with Covid-19 cases rising nationally and local lockdowns being put in place this was stepped back up to twice per week, Mondays and Thursdays at 4pm.

On 26 October 2020 the decision was made to increase Silver meetings to three times a week and this continued into February 2021. In March 2021 Silver meetings have reduced to once a week.

In January 2021 a Bronze Command for the vaccination programme was established, this group meets three times per week and supporting task and finish Groups once per week.

Two other Bronze groups have continued throughout, testing and PPE, these now meet fortnightly.

In December 2020 a Workforce Bronze was established.

Gold command largely consists of EMT members plus the Deputy Director of Nursing and Head of Estates & Facilities Management. During the summer of 2020 meetings were also reduced to once a week.

In September 2020 Gold command moved to meeting twice a week due to the escalation of the pandemic and this frequency continued into February 2021. In March 2021 Gold command meetings reduced to once a week.

Standard on call arrangements are in place for evenings and weekends.

This command structure receives instruction and / or guidance from regional and national bodies to determine what action needed to be taken. Actions are escalated where required and are logged for information, ratification or approval on a weekly basis.

As described above, Silver Command has been part of the command structure to oversee our response to Covid-19. Given that we are now taking steps to move towards the current situation being nearer to usual business, silver has taken the opportunity to review which topics continue to be discussed in Silver Command, and which might be better held in the Operational Management Group (OMG).

This has been agreed as follows from March 2021:

Agenda item	Suggestion
IP&C / Clinical cases	Retain in Silver Command
Bronze Staff Testing Update (Wed, feedback to Gold Thurs)	Retain in Silver Command
Gold feedback	Retain in Silver Command
Bronze Covid 19 Vaccination Programme Update	Retain in Silver Command
Workforce & staffing bronze (Wed)	Move to business as usual, overseen by OMG
Bronze EU Exit Update	Retain in Silver Command
Cohorting Task and Finish Group (Friday)	Move to business as usual, overseen by OMG
New guidance/SPOC Update Directorate of NQ&P	Retain in Silver Command
Decision & Action Log	Retain in Silver Command
Equality and inclusion	To mirror in OMG
OPEL level update	Retain in Silver Command
Communications	Retain in Silver Command
Escalations to Gold	Retain in Silver Command

Rapid Decision-Making

In the first wave of the pandemic a paper was shared with executive directors, non-executive directors and the Audit Committee which outlined a process to enable decisions to support the response to Covid-19 to be made rapidly.

The process involved the use of a senior internal group reviewing required decisions on a weekly basis and either agreeing or making a recommendation. All such decisions were logged and forwarded on to the Chief Executive and non-executive directors within twenty-four hours.

Weekly meetings in which the director of finance provided an update on governance decisions to non-executive directors, and if required sought approval or ratification have now been stood down, with the option to reintroduce if required.

External Guidance

Approaches being taken by other trusts have been shared and considered with guidance from a number of sources being taken e.g. NHS Providers.

Summary and Recommendation

Interim governance arrangements have been in operation since the onset of the pandemic, which have been summarised in this paper, including updates as of March 2021.

These interim arrangements will be reviewed again at end of June 2021. Items that can be progressed within capacity will continue as will any statutory requirements.

Trust Board is asked to note the update to the interim governance arrangements as outlined in the paper.

Trust Board 30 March 2021
Agenda item 12 – Assurance from Trust Board Committees

Audit Committee

Date	26 February 2021
Presented by	Mike Ford, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<p><u>For Action</u></p> <ul style="list-style-type: none"> • None. <p><u>To Alert & Advise</u></p> <ul style="list-style-type: none"> • Updated year-end timetable provided. • External audit plan for the year-end presented and agreed. • Potential change in counter fraud standards not yet communicated, but we may be assessed against them. Detailed update to be discussed at April Audit Committee. <p><u>To Assure</u></p> <ul style="list-style-type: none"> • Update received from internal audit regarding the head of internal audit opinion, which whilst a challenging year given the impact of Covid-19 on audit timings, is on track.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 5 January 2021 attached.

Clinical Governance & Clinical Safety Committee

Date	9 February 2021
Presented by	Charlotte Dyson, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<p>It was noted that the issue of remote Mental Health Act assessments will be taken to the Mental Health Act Committee (MHAC) for discussion before going to Board. This follows an update of advice from the Department of Health.</p> <p>Alert</p> <ul style="list-style-type: none"> • CQC improvement plan – Progress being made on action plan. Discussion around reporting / Risk assessment / Relationship with CQC. • Waiting list improvement plan – Access to services remains a clinical priority despite significant pressures. 36 month waits in Calderdale Core Psychology. • Covid-19 risks – Assurance on Workforce / Delivery of clinical services / Patient safety. <p>Assurance</p> <ul style="list-style-type: none"> • Received and discussed Q3 Serious incident report. • Received update on Nurse revalidation. • Received Internal Audit Report – Policy Management – Significant assurance.

	<ul style="list-style-type: none"> Received and discussed CGCS Committee Annual report.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 10 November 2020 attached.

Equality & Inclusion Committee

Date	2 March 2021
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	<ul style="list-style-type: none"> Risks assigned to committee reviewed in detail. Considered report on the work of Peer Support Workers in the Trust. Received presentation on new performance dashboard. Approved equality, involvement, communication and membership strategy action plans. Received verbal feedback from staff equality networks and BDU equality forums. Approved Committee annual report.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 8 December 2020 attached.

Finance, Investment & Performance Committee

Date	22 March 2021
Presented by	Chris Jones, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<ul style="list-style-type: none"> Verbal update to be given at meeting.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 24 November 2020

Mental Health Act Committee

Date	9 March 2021
Presented by	Kate Quail, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<p>1. White Paper – ‘Reforming the Mental Health Act’. Now in the consultation period. The White Paper states 4 powerful statutory principles which move the focus away from compulsion and towards empowerment and collaborative working.</p> <p>Trust action:</p> <ul style="list-style-type: none"> The White Paper has been uploaded to the Trust MHA intranet page. Trust response to the White Paper is being developed. A series of in-depth consultation exercises with Trust staff, service users and partner agencies has been arranged to gather views to inform the Trust response. <p>2. The ‘Devon Judgement’ NHSE/I and DHSC Guidance permitting the use of remote assessments to support MHA activity was challenged by Devon Partnerships NHS Trust. The judgement was that any civil</p>

	<p>section that relies on one or more remotely conducted assessments to inform their medical recommendation, or the AMHP's application, is 'fundamentally flawed and cannot be relied upon'.</p> <p>Trust action:</p> <ul style="list-style-type: none"> • The Trust had already taken legal advice prior to the NHSE/I and DHSC Guidance and then adopted a cautious approach to the NHSE/I guidance itself. Virtual methods were used by exception not as a routine. Doctors were given clear guidance stipulating use of virtual means. • As a result, following a Trust review of all fundamentally flawed civil sections (S2 & S3), only 3 service users were subject to MHA assessment by virtual means. A letter of apology has been sent to them. • MHAC discussed the possibility of legal action and noted that any such risk was included in broader existing Trust-wide risks regarding litigation. <p>3. Ethnicity coding – MHAC Quarterly Performance Report now has more detailed breakdown and analysis of ethnicity data and made recommendations to improve consistency and data quality. In Quarter 3, 5.7% service users accessing services had no ethnicity data or were recorded as having 'refused to disclose' their ethnicity. It was noted that whilst there is some work still to do, there has been huge improvement in recent years, from 16.7% in Q1 2019/20. This is a testament to the huge effort that has gone into improving recording.</p> <p>4. Advocacy – Identified challenges in Dales and Priestley Units where IT connectivity can be a problem. Issues also identified with Provider processes and preferences. Work progressing to resolve identified issues. Improvement work ongoing with strengthened assurance into MHAC planned via the MHA / MCA Code of Practice Group.</p> <p>5. Service user experience – Taking forward existing work. Further QI work will focus on identifying and reducing inequalities in access and the dignity, respect and care experienced by service users, including those from black Asian and minority ethnic communities, children and young people and people with Learning Disabilities and / or autism.</p> <p>6. Annual Report – The MHA Teams, clinical staff and Associate Hospital Managers were commended for ensuring that service users' rights continued to be upheld during the pandemic period. They successfully developed virtual and 'paper' hearings, supported virtual Tribunals and established access to Advocacy through virtual means. The Trust's MHA Administrators and clinical staff have been successful in using Quality Improvement (QI) approaches to improve service delivery and compliance, e.g. the significant improvement in S17 leave returns and the recording of inpatients' rights. Minor changes to Committee Terms of Reference relate to membership.</p>
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 3 November 2020 attached.

Workforce & Remuneration Committee

Date	9 February and 16 March 2021
Presented by	Sam Young, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	<p>9 February 2021</p> <ul style="list-style-type: none"> • Forensics and inpatient absence levels, need for triangulation against safer staffing and wellbeing of individuals working in those areas because of that pressure. • Review of current position on vaccination and the good work that has been done. • Recruitment for Director of Nursing and Quality post. <p>16 March 2021</p> <ul style="list-style-type: none"> • Request for Clinical Governance and Clinical Safety Committee to review breaches in the use of PPE and whether different approaches need to be adopted in their management. • Vaccination update – had a good discussion around vaccination uptake within different groups. • The Committee noted the continuing pressure in Forensics and In-patient services. • The Committee reviewed workforce risks and recommended a number of changes for consideration by EMT. • The Committee received an update on the Workforce Strategy and agreed that it will go to the Trust Board in April 2021. • Directors Objectives – the Committee felt that it would be good to link the Directors Objective into a future Strategic Board meeting.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 19 January 2021 and 9 February 2021 attached.

Members' Council

Date	29 January 2021
Presented by	Angela Monaghan, Chair (Chair of Committee)
Key items to raise at Trust Board	<ul style="list-style-type: none"> • Virtual governor meetings have been set up and attendance levels are good. • Community involvement guidance is being drafted with assistance from the Comms team. • Voting for the NHS Providers Governor Advisory Committee was delegated to the Members Council Coordination Group. • The Trust Performance update was received. • Governors were provided with an update in relation to Estates and Sustainability. • Members' Council Biennial Evaluation update was discussed. • Members' Council approved the appointment of Non-Executive Director Natalie MacMillan for a period of three years from 1 May 2021. • The Chair's appraisal process was agreed.
Approved Minutes of previous meeting/s for receiving	Minutes of the Committee meeting held on 30 October 2020 attached.

Note: assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.

**Minutes of the Audit Committee held on 5 January 2021
(Virtual meeting, via Microsoft Teams)**

Present:	Mike Ford Chris Jones	Non-Executive Director (Chair of the Committee) Non-Executive Director
Apologies:	<u>Members</u> Sam Young	Non-Executive Director
In attendance:	Rob Adamson Mark Brooks Shaun Fleming Paul Foster Paul Hewitson Leanne Hawkes Andy Lister Lianne Richards	Deputy Director of Finance Director of Finance and Resources (lead Director) Local Counter Fraud Specialist, Audit Yorkshire Assistant Director, IT Services & System (item 7) Director, Deloitte Deputy Director, 360 Assurance Head of Corporate Governance Client Manager, 360 Assurance

AC/21/01 Welcome, introduction and apologies (agenda item 1)

The Chair of the Committee, Mike Ford (MF), welcomed everyone to the meeting. Apologies were received from Sam Young (SY).

It was noted that the meeting was quorate.

AC/21/02 Declaration of interests (agenda item 2)

There were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

AC/21/03 Minutes from the meeting held on 13 October 2020 (agenda item 3)

It was **RESOLVED** to **APPROVE** the Minutes from the meeting held on 13 October 2020.

AC/21/04 Matters arising from the meetings held on 13 October 2020 (agenda item 4)

Action log

Progress against actions in the action log were noted.

AC/20/83 Terms of Reference

Andy Lister (AL) explained that the Audit Committee terms of reference would be updated as part of the annual committee effectiveness review in readiness for the April meeting. He has received recommended updates from Leanne Hawkes (LH).

Action: Mark Brooks / Andy Lister

AC/20/86 IFRS 16 Accounting for Leases

MF stated he understood this accounting change was being deferred. Mark Brooks (MB) confirmed this is the case and that the new implementation date in the NHS is April 2022. As such he recommended closing this particular action and re-visiting in during quarter 3. This was agreed.

AC/21/05 Consideration of items from the Organisational Risk Register allocated to the Audit Committee (agenda item 5)

MB summarised the current position with each risk allocated to the Committee. He noted that as agreed at Trust Board, the Committee had been allocated oversight of the risk relating to any legal challenges arising because of the Covid-19 pandemic.

In terms of the risk relating to cyber-crime it was noted that Paul Foster (PF) was attending the meeting and there was a detailed paper covering this issue. Regarding the risk on information governance MB explained that thought was being provided to any new risks that could materialise as a result of the information flows associated with the Covid-19 vaccination programme. This is an emerging position and so the exact nature of the risk and mitigations will be developed during January.

Regarding capacity in the Trust, MB noted that the vaccination programme and general response to Covid-19 is impacting on internal capacity. The details and impact on other programmes are regularly reviewed by EMT and it is likely some other priorities may need to be paused or slowed down for a period of time whilst there is increased focus on the vaccination programme.

MB explained the rationale of the legal risk arising through Covid-19. A small group was formed at the outset of the pandemic featuring expertise from a range of disciplines such as the Mental Health Act, health & safety, HR, and information governance. MB explained that at this point there has not been any visible increase in claims or legal activity. MF asked if the level of detail discussed at the sub-group should be made visible to this meeting. MB suggested this could be too much detail for the Committee. Chris Jones (CJ) agreed and took his assurance from the level of detail on the risk and the knowledge the sub-group is in operation. MF asked if part of his induction he could attend the next sub-group meeting in an observation capacity. This was agreed. AL added that the next sub-group meeting will also consider any additional legal risks associated with the vaccination programme.

Action: Andy Lister to invite Mike Ford to the next legal risk sub-group meeting

MF acknowledged the amount of change and senior management capacity required in the Trust and the importance of keeping that risk in profile. CJ stated he would expect EMT to raise any issues with capacity and impact on priorities at Trust Board.

MB suggested that the risk relating to provision of appropriate IT equipment for all staff to enable home-working now be closed. The issue in future could be one in terms of managing expectations given the recurrent costs associated with the additional equipment and systems we have provided over the past year. This was agreed.

Action: Mark Brooks

CJ asked whether regarding the vaccination programme if there could be a situation of people not receiving the vaccine or there being a risk around information governance. MB responded by stating he saw no reason this would occur and reinforced the fact the Trust is using national guidance and its own expertise to ensure vaccines can be delivered with strong safeguards in place to manage information

It was RESOLVED to NOTE the update to the risks allocated to the Committee for oversight.

AC/21/06 Triangulation of risk performance and governance report (agenda item 6)

MB advised that in terms of background the purpose of the report is to triangulate performance, risk, and governance to demonstrate that:

- All key strategic risks are captured by the risk management process.
- Risks are appropriately highlighted and managed through the governance committees and operational meetings.
- There is a clear link between risk management and identifying areas where performance targets are not being met by cross referencing the content of the performance report to the risk register.

MB reminded meeting attendees that the level of triangulation is less than provided historically given the response to Covid-19, the suspension of some reporting during the pandemic and the development of a new Board Assurance Framework (BAF).

AL advised that no notable exceptions had been identified during the triangulation exercise.

MF asked if there is more detail than what is provided to the committee. MB explained there is significant detail behind the report and felt that is more than the committee needs. MF asked if the report should continue to be provided to the committee. It was agreed the report is useful and providing it once a quarter is not overly burdensome, so it will continue to be provided.

It was RESOLVED to NOTE the update and reinstate the risk triangulation report at future meetings.

AC/21/07 Cyber Security Update (agenda item 7)

MB provided an overview of this item and introduced PF to the meeting. It was noted much technical work has taken place to safeguard against potential cyber threats and that there continues to be high focus on culture and awareness. PF summarised the Trust's controls in place regarding cyber controls.

NHS Digital have implemented a cluster of technologies building upon the Health and Social Care Network (HSCN) to help to provide security to all NHS trusts, called Secure Boundary Service. The Trust proactively registered interest and took part in the 'early-adopters' programme with NHS Digital to take advantage of this opportunity and enhanced capabilities.

Daisy, our IT provider, are ISO27001 accredited and include routine (software) patching of devices on the SWYPFT network, ensuring security vulnerabilities are addressed promptly, ensuring strict access management controls are in place and providing staff with a vast awareness of cyber security, including a dedicated security and compliance team.

PF reported that an annual penetration test is completed, and any actions identified are progressed to improve our mitigations and controls. Actions in progress include issues relating to systems used in both pharmacy and estates. Where issues are highlighted there are typically other compensating controls in place.

The Trust has a strong back-up programme in place and responds to any alerts provided nationally.

A cyber survey is conducted annually. It was highlighted that given the operational pressures resulting from the Covid-19 pandemic, the response rate has been lower than normal. The end-user awareness campaign continues with regular communications to staff, including any heightened risk arising due to Covid-19. A phishing exercise was carried out in the prior year and we will consider when it is appropriate to conduct another such exercise. An annual firewall health check has been introduced with any finding addressed and implemented.

MF thanked PF for an excellent report. CJ also provided his thanks. CJ asked if the staff awareness and hearts and minds remains a residual risk. PF explained that learning from incidents and soft intelligence is collated to support the development of awareness campaigns. He acknowledged it is an ongoing issue. CJ asked how we test if people are hearing the messages. PF explained about the phishing exercise that had taken place and monitoring the number and frequency of other incidents. The number of calls to the service desk when unusual emails are received is also a good indicator.

MB raised a concern that because of the length of the pandemic and pressure on operational staff we need to remain alert to the fact that staff may not be able to focus as much attention on cyber awareness as previous. MF asked if the judgement to not initiate another phishing exercise now is the right one, acknowledging it is a fine balance. MB agreed this is an important tool to use and we will undoubtedly conduct another exercise, the issue is one of timing. He also added it is something that staff can use to help with awareness in their personal life as well as work life. MF concurred and suggested we do not wait too long before carrying out another phishing exercise.

Action: Timescale for next phishing exercise to be agreed between Mark Brooks and Paul Foster

MF stated he would send some separate questions and comments to PF. MF also questioned whether the internal audit on data security and protection was necessary given the other assurances in place. MB explained this is a mandatory audit required as part of the annual data security and protection toolkit submission the Trust is required to complete. A formal note of thanks to be sent to PF and his team for the work they have conducted on cyber security.

It was RESOLVED to RECEIVE the cyber security update report.

AC/21/08 Draft accounts timetable and plans (agenda item 8 and 21)

Rob Adamson (RA) explained that year-end reporting guidance has not been formally issued yet. He is assuming it will be similar to previous years. He expects draft accounts will need submitting by 23 April 2021 and the final annual accounts and report by the end of May. MF asked if the final timescales would be available by the date of the February Audit Committee. RA expected this to be the case, with the caveat it is dependent on national guidance being provided.

MF asked Paul Hewitson (PH) to provide his update regarding changing arrangements within Deloitte. PH explained that following a review of auditor independence rules within Deloitte, there has been a re-interpretation of them, meaning PH has reached the end of his ten-year limit with the Trust. Given the timing of these revised arrangements he has been given permission to carry out one more year, although to meet independence requirements his work will need to be reviewed by a second partner. After this there will be a transition to a new audit partner for the Trust. There has therefore not been sufficient time to complete the

audit plan for this year. MB has recently communicated the need to add in an additional Audit Committee meeting in February to review the external audit plan.

PH added that from soft intelligence he understands year-end reporting requirements could be delayed by one or two weeks compared to what RA assumed earlier.

Action: Mark Brooks to arrange an additional Audit Committee meeting for February

It was RESOLVED to NOTE the draft annual reporting timetable and revised external audit arrangements.

AC/21/09 Self-assessment of Committee's effectiveness (agenda item 9)

AL introduced this paper and explained the Committee's role in assessing its own effectiveness and that of other Board committees in the Trust. The timescales are such that the Audit Committee will review the output at the April meeting.

MF suggested that the work programme be updated to recognise two specific items for coverage by the committee. The first being a review of Audit Committee effectiveness and the second a review of the reports of from other committees regarding their effectiveness.

Action: Mark Brooks to update the annual work plan

CJ asked about the review of the West Yorkshire Mental Health, Learning Disability and Autism Committee in Common and checked that would be included in the review. AL confirmed this would be the case.

MB suggested the survey and work required for the Audit Committee be brought forward so as to avoid any clashes with Easter and ensuring sufficient time for writing the report and reviewing the responses.

Action: Andy Lister to update the committee effectiveness plan accordingly

It was RESOLVED to NOTE the plans for the annual review of committee effectiveness.

AC/21/10 Review of accounting policies (agenda item 10)

RA presented the verbal update, noting that the final version of the accounting reporting manual for Foundation Trusts has not yet been published. The most notable change we are aware of is the deferring of the accounting standard for leases. PH confirmed no major changes are expected. PH added there could be future changes in accounting standard for going concern and management estimates. Both will add to disclosures as opposed to be a change in accounting policy.

RA also explained that the accounting policy for bad debts changed last year. A paper was provided showing the Trust's detail policy for bad debt write offs and provisions for this year. The fact the Trust has very low levels of debt means any changes are not material.

The Committee resolved to APPROVE the recommended changes to accounting policies and the bad debt policy and provision for 2020/21.

AC/21/11 SBS implementation update (agenda item 11)

RA explained the project close meeting with SBS had taken place towards the end of November and the Trust has moved to a business as usual state with them. There were two outstanding issues at the time, one of which related to procurement catalogues which has now been resolved. One further issue with Edge for Health is expected to be resolved in the

fourth quarter. Focus is now being applied to making the best use of the system and ironing out any teething issues with it.

RA explained that staff are having to get used to new processes and working with different staff at SBS compared to us having our own creditor payments team. We are continuing to communicate and educate. RA emphasised that 96% of organisations are still paid within 30 days. MB reiterated that our supplier payment record is as good as the best in the country. Using a new system and getting used to it though, has meant that not as many organisations are currently being paid within 7 days, but most are being paid within 14 days. CJ noted that this has been reviewed in the Finance, Investment & Performance Committee (FIP).

It was RESOLVED to NOTE the plans for the update for the SBS implementation.

AC/21/12 VAT on salary sacrifice lease cars (agenda item 12)

RA explained that as a result of a successful challenge by Northumbria, the Trust is able to recover the VAT on lease cars provided via a salary sacrifice scheme and can reclaim historic VAT paid. Assuming this reclaim is successful it would be paid back to the lease car drivers less any costs the Trust incurs including employers' national insurance.

RA stated there is an expectation HMRC will pursue a change in rules such that the VAT is not reclaimable in future. MB explained the process the Trust has undertaken to provide assurance of the approach is being taken.

CJ suggested the test would be whether HMRC approved a reclaim or not. He also asked about protection for the Trust to ensure there is no liability if in future an appeal leads to the need to pay any reclaim back. MB agreed and suggested that as part of the reclaim process appropriate advice is taken and the wording of repayment agreement with HMRC needs to be clear in this respect.

CJ asked what the value of the claim is likely to be. RA stated it is circa £3.5m.

It was resolved to RATIFY the approach being taken.

AC/21/13 2019/20 reference cost submission (agenda item 13)

RA introduced a detailed paper providing regarding the process and methodology adopted to make this submission. The 2019/20 submission is based on patient level costing for the first time. RA also provided an overview of what reference costs represent. CJ commented that he is aware of this process and that he places reliance on the work MB and RA carry out each year to validate the submission.

The Audit Committee resolved to APPROVE the paper and CONFIRMED that Mark Brooks could sign off the submission.

AC/21/14 Scheme of Delegation Update (agenda item 14)

MB introduced the paper and explained this is an annual update to the Trust's Scheme of Delegation. He noted the update had not been completed last year because of the impact of Covid-19 and other changes that were taking place. On review it has been recognised some changes do need to be captured formally in an updated version of the document.

MB noted that the updated document has been reviewed and agreed at the Trust's Operational Management Group (OMG) and Executive Management Team (EMT). He summarised the proposed changes as relating to:

- Change of finance and procurement system to SBS
- Approval levels for invoices and orders
- Introduction of lead provider collaboratives
- Updating of policies and strategies

MB explained that the SBS system allows for specific approval levels for some staff. In our estates and IT functions this will be very useful, and MB suggested he initially approved any such changes up to a value of £15k, which are then ratified by the Audit Committee. This was confirmed.

CJ asked for confirmation there is alignment of Board member disciplinary processes with the Trust's disciplinary policy. MB confirmed this is now the case. A similar process is in place for the Company Secretary, recognising the Trust's structure.

CJ also asked about the ability for the committee to have responsibility for patient property. MB suggested this be re-worded to state oversight of the policy.

MF asked about approvals for orders and invoices and whether these have been based on volumes and values. RA responded that this analysis had taken place and formed the basis of the recommended changes. The overriding principle being that the right person in the organisation can approve an order or invoice.

MF asked Leanne Hawkes (LH) for her views and she noted that 360Assurance has not specifically carried out any audit work on this subject. She added that if as part of any audit work, they carry out in the future they identify any issues they would be reported on accordingly.

It was resolved to RECOMMEND the proposed changes to the Scheme of Delegation to the Board for approval.

AC/21/15 Internal update on patients' money (agenda item 15)

RA provided a verbal update on this item. Progress has been made on the supporting tasks, such as disclaimer signs being ordered and updates to the policy made. A timetable has been developed for spot checks and these will commence when it is safe and appropriate for staff to do so. It was agreed that a fuller update would be provided at a future meeting by the general manager in operations (Tim Mellard), who has taken responsibility for ensuring the recommendations are implemented. MB requested that Committee members recognised the highly challenging circumstances in our inpatient wards currently. As such a further update will be initially scheduled for the April meeting.

It was resolved to NOTE the progress made with the implementation of actions from the internal audit of patients' money.

AC/21/16 Internal audit progress report (agenda item 19)

Lianne Richards (LR) introduced the report and explained she would take the report as read and focus on the key items in the report. She commented that since the last Committee meeting three reports have been completed relating to personal protective equipment (PPE), forensics lead provider collaborative governance and policy management. A number of terms of reference have been agreed and work has commenced on those audits. Furthermore, the

draft work on the Head of Internal Audit Opinion has been completed and is included in the report.

Some updates have been made to the audit plan, largely as a consequence of the impact of Covid-19. The audit of service user engagement has been removed from this year's plan as the Trust felt it was too early as the strategy is still embedding. The equality, diversity and inclusion audit has been paused to quarter 4.

MF recognised the changes management suggested and agreed with them.

LR reported that in terms of follow up 86% of actions have been implemented so far this year.

The PPE audit was conducted in an advisory capacity and was initiated as the Trust had to react quickly to unprecedented circumstances. Reasonable arrangements were found to be in place with some actions for improvement identified.

The forensics lead provider governance arrangements audit was also carried out in an advisory capacity. Reasonable arrangements were again found to be in place with two medium rated actions for improvement identified. This included arrangements for the development of a risk share agreement and also benchmarking with other collaboratives to support preparation for quality governance responsibilities.

The policy management received significant assurance, with one medium rated action identified relating to the consistent use of the template.

MF asked for views on the use of advisory reports and whether the fact these do not provide a conclusion is an issue. LR explained that work from advisory audits is taken into account in the generation of the Head of Internal Audit Opinion and that there were no significant issues identified in either of the two audits.

MB explained the original audit plan changed due to the Covid-19 pandemic. He suggested that the term advisory should not be confused with consultancy. Using the example of the PPE audit staff worked very quickly to implement some basic stock management controls and as a learning organisation we wanted to understand if there were improvements that could be implemented quickly. This was not therefore a typical audit that a traditional conclusion could be drawn from. Nevertheless, the audit and observations are a key component to providing assurance and areas for improvement.

MB agreed that we should not plan to have too many advisory audits and noted that 2020/21 is the exception rather than the rule in terms of the number carried out.

CJ stated his main interest is how we can improve from any audit. CJ then asked about the terms of reference for the operational governance and risk management item. Are we looking at opportunities to streamline some of the things we do without losing control and adding to risk, particularly given current capacity constraints? LR confirmed this will be part of the approach.

LH commented on the initial Head of Internal Audit Opinion work. The first stage relates to arrangements for governance and risk management, with particular focus on the response to the pandemic. One medium recommendation has been identified relating to CAS alerts. Stage 2 work has commenced, with a survey circulated to all Board members.

MF asked when the overall opinion would be provided. LH explained this would be provided at the end of the year when all audit work has been completed and the follow up work completion is better understood.

MF asked about the number of days planned for work on people management. LR reported the terms of reference for the equality, diversity and inclusion audit have now been agreed and work will start on the audit shortly.

MF also referred to a counter fraud issue highlighted relating to a timesheet. LR explained the payroll audit covers basic controls in the payroll function. MB explained there is a core audit carried out on payroll each year and on a risk assessed basis other audits can be planned including controls around agency staffing. LH agreed to include this as a potential audit in the 2021/22 plans.

LH will share the audit universe document as part of the internal audit planning process.

Action: Leanne Hawkes

It was resolved to NOTE and RECEIVE the internal audit update report.

AC/21/17 Counter fraud progress report (agenda item 20)

Shaun Fleming (SF) presented the update report. In terms of awareness, regular communication is taking place via the intranet and there was recently focus on fraud awareness week. In terms of prevention and deterrence there is a continuation of previous work, with a focus on cyber including phishing alerts.

In terms of the National Fraud Initiative (NFI) downloads of data have taken place and these will be reviewed this quarter.

An update was provided on current cases, with one due in court in March. Issues have arisen from referrals received in terms of effective management of time sheets for agency staffing. SF has discussed outstanding referrals with MB, and it has been agreed not to pursue one of them as the likelihood of the case being accepted currently is low. There is currently a backlog with the Crown Prosecution Service (CPS). A case at a neighbouring trust was also highlighted, with similarities to other cases in terms of time worked. The member of staff involved in this particular case also works on the SWYPFT trust bank and the case is currently being investigated.

MF asked about the introduction of new NHS fraud standards. SF explained there is no further update available now. He added that Steve Moss from Audit Yorkshire sits on a national panel and he will provide further information when it is available.

MB added that it is important we keep the profile of counter fraud high. With the current focus on Covid-19 and the vaccination programme there is a risk that attention may not be as high as normal.

It was resolved to NOTE and RECEIVE the counter fraud update report.

AC/21/18 Procurement update (agenda item 15)

MB suggested the paper was taken as read. No further questions followed

It was resolved to NOTE and RECEIVE the procurement update.

AC/21/19 Treasury Management update (agenda item 16)

The paper was received.

It was resolved to NOTE and RECEIVE the treasury management update.

AC/21/20 Losses and special payments (agenda item 17)

The paper was received.

It was resolved to NOTE and RECEIVE the losses and special payments report.

AC/21/21 Standing financial instructions (agenda item 18)

RA explained this report is still developing. One area of focus is how to make best use of the SBS system to support identification and prevention of procurement breaches.

It was resolved to NOTE the update.

AC/21/22 External audit update (agenda item 21)

PH confirmed his update was provided as part of item 8 above.

AC/21/23 Items assigned to the Audit Committee by Trust Board (agenda item 22)

MF reported that Trust Board had requested Audit Committee to confirm governance arrangements during the pandemic remain appropriate. MF suggested there was no further review required currently. MB agreed, stating that committee arrangements are currently fully in place. He observed the most notable changes since the previous meeting are the stepping up in frequency of silver and gold command meetings, and a change in OPEL level to 3. Governance arrangements remain an issue to keep in mind. CJ asked if there was anything that should be reduced given operational pressures. This will remain in consideration.

AC/21/24 Any other business (agenda item 23)

No items of other business were raised

AC/21/25 Items to report to Trust Board (agenda item 24)

MF summarised he would report back on the following to Trust Board:

The committee has reviewed the Covid-19 legal risk.

Cyber security update provided.

Vaccination information governance risk being considered.

Scheme of delegation recommended for approval.

VAT reclaim on lease cars taken via a salary sacrifice scheme.

AC/21/26 Work Programme (agenda item 25)

The only changes to the work programme relate to the separation of committee effectiveness reports (see AC/21/09 above).

AC/21/27 Date of next meeting (agenda item 26)

The next full meeting of the Committee will be held on Tuesday 13 April 2021 at 2.00pm

An additional meeting is being planned for February to review the 20/21 external audit plan.

**Minutes of Clinical Governance and Clinical Safety Committee held on
10 November 2020
Via MS Teams
(COVID -19)**

Present:	Angela Monaghan (AM) Charlotte Dyson (CD) Tim Breedon (TB) Kate Quail (KQ) Dr Subha Thiyagesh (SThi) Alan Davis (AGD) Carol Harris (CH)	Chair of the Trust Deputy Chair (Chair of the Committee) Director of Nursing and Quality (Lead Director) Non-Executive Director (<i>part apologies for the meeting</i>) Medical Director Director of Human Resources, Organisational Development and Estates Director of Operations
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Apologies:	Sue Barton (SB) Yvonne French (YF)	Deputy Director of Strategy and Change Assistant Director of Legal Services
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In attendance:	Mike Doyle (MD) Sarah Harrison (SH) Mike Ford (MF)	Deputy Director of Nursing and Quality PA to Director of Nursing and Quality (author) Non- Executive Director (part of induction)
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CG/20/121 Welcome, introductions and apologies (agenda item 1)

The Chair Charlotte Dyson (CD) welcomed everyone to the meeting and advised that due to the pandemic, these meetings would continue to be held via Microsoft Teams until further notice. The revised agenda was also acknowledged due to Covid-19. It was noted that the meeting was quorate and that it would be recorded for note taking purposes. The Committee agreed. The Committee wanted to thank those who had prepared papers given the current pressures.

CG/20/122 Declaration of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

CG/20/123 Minutes of previous meeting held on 15 September 2020 (agenda item 3)

Notes approved as an accurate record.

It was RESOLVED to APPROVE the minutes of the meeting held on 15 September 2020

CG/20/124 Matters Arising (agenda item 4)

The Committee discussed and noted the completed actions and updated the action log accordingly.

CG/20/102 - CAMHS / Wetherby & Adel Beck in relation to 2 local incidents and whether information had been received by the Committee. Tim Breedon (TB) had advised that Dave Ramsay (DR) was alert to any actions and requested that they be included in the CAMHS update report. Carol Harris (CH) will ask DR for this information as it was not included in this report. CH to follow up and will email the Committee.

Action: Carol Harris

CG/20/66 - Staff Wellbeing - Alan Davis (AD) informed the Committee that the Workforce & Remuneration Committee (WRC) is now back up and running after being paused due to Covid-19, a detailed staff wellbeing report will be going to the next Committee.

Angela Monaghan (AM) took the opportunity to raise an action from the Members Council in relation to discharge letters which is an ongoing issued that requires attention as the Governors have raised this again with AM. TB will look into this and action.

Action: Tim Breedon

CG/20/125 Consideration of items from the organisational risk register relevant to the remit of the Clinical Governance and Clinical Safety Committee (agenda item 5)

The Committee agreed that the key items had already been discussed at Trust Board on 27 October 2020 and TB confirmed that no changes had been made since the Board meeting.

TB noted that Risk ID1530 will be covered in the update within the restoration item on the agenda and that Risk ID 1522 to Risk ID 1535 will be discussed at the Covid-19 section of the agenda.

AM raised a query in relation Risk ID 1530 where it states that Covid-19 could lead to a significant demand for services, and queried whether it should read that it is a significant demand that the Trust is unable to meet. TB noted that the trio had also discussed this prior to the Committee and will take an update to EMT.

Action: Tim Breedon

AM raised a query in relation to Risk ID 1525 – the impacts of Covid-19 and asked if this can be revisited due to the number of staff off work and that the numbers are increasing, partly due to the clinically extremely vulnerable (CEV) staff and rising levels of infection. TB advised the Committee that again the trio have reviewed this prior to the Committee and the rating had not been altered due to staff being able to work from home. TB to take back to EMT.

Action: Tim Breedon

CD raised a query in relation to the Covid-19 vaccine and preparations. TB informed the Committee that the vaccine plans and impact of long Covid-19 will be discussed through EMT. TB advised that there are plans in place but details of the timings for receipt of the vaccine are awaited. AM asked if this represented a Trust or system risk and AD informed that it is not clear at the moment. The Trust have been approached by Wakefield CCG and Calderdale CCG regarding vaccination of our staff. AD has pulled together a scoping group

including Mike Doyle (MD) to discuss if this can be done however it is a complex issue and will need further discussion.

Action Alan Davis

The Committee reiterated the actions from agenda item 5:-

- Review description of Risk ID 1530 which will be discussed at EMT.
- Review Risk ID 1525 rating re current staffing levels which will be discussed later in the agenda.
- Vaccine risk will be discussed at EMT and entry considered
- Impact of Long Covid discussed at EMT and entry considered

It was RESOLVED to NOTE that the items on the ORR relevant to the CGCS have been considered and the Committee satisfied themselves that they are assured that the current risk level, although above risk appetite given the current environment is appropriate. The Committee noted the work to date in mitigating the Covid-19 risks.

CG/20/126 Quality Accounts (agenda item 6)

CD informed the Committee that the Quality Account had been approved by Trust Board and Members Council and was on the agenda today for the Committee to formally acknowledge the final version.

Committee extended thanks to Karen Batty and her team for all their work in putting this together.

The Committee NOTED the final version of the Quality Account

CG/20/127 Quality Monitoring Arrangements (agenda item 7)

MD gave a brief update to the Committee and it was noted that plans for Quality Monitoring Visits ("QMV") have been suspended during the Covid Pandemic however a remote review was being considered and MD had brought a proposal to the Committee.

The review is to start from January 2021.

Proposal

- Quality Monitoring Visits (QMV's) to be carried out remotely.
- Teams to be visited will be identified via a risk-based approach.
- The number of people in the team to be kept to a maximum of 6-8 (to reduce the burden on support and operational services during the pandemic).
- Focus of visits to be on provision of safe care (covering adherence to IPC safety measures and in line with CQC revised approach to focus on safety).
- Reviews to be carried out between Jan – March 2021.

AM raised the point that Non-executive Director (NED) and Governor roles are not interchangeable as the paper suggests, both roles should be represented in the review team. SThi also expressed an interest in the option of a clinician to be involved in the visits. Kate Quail (KQ) queried the scope of the review and if a broader view could be taken e.g. patient safety strategy and not just infection prevention & control (IPC) and Covid-19.

MD agreed with the comments made and would incorporate them into the proposal. MD also noted the need to facilitate more clinicians and advised that other areas of safety would be monitored during the reviews.

It was RESOLVED to support the proposal with the agreed amendments

CG/20/128 Transformation and Priority Programmes Update (agenda item 8)

CD noted that this paper had already been to Trust Board and the Committee were aware of the pertinent areas relating to Clinical Governance & Clinical Safety Committee.

TB noted that the document would need to be refreshed in light of changing circumstances as they arise and AM stated that there needs to be a strong focus on addressing the increase in health inequalities, ethnicity and diversity & inclusion in the refresh. This is being undertaken through the change team.

The Committee RECEIVED and NOTED the revised strategic objectives and priority programmes

CG/20/129 Care Quality Commission Improvement Plan (agenda item 9)

TB updated the Committee and noted that work has continued despite being paused during the initial phase of the pandemic.

The Trust continue to receive monthly CQC Improvement plan updates via the IPR. The October monthly updates showed that all the 'must do' actions are either completed or on track. 97% of 'should do' actions are complete or on track.

The CQC are continuing to carry out a number of MHA visits of our inpatient services via remote review process. The CQC have indicated there is an increasingly likelihood of some on-site visits although this will only be in the context of a triggered response.

The Trust continue to have quarterly CQC engagement meetings via Microsoft Teams. This meeting provides CQC with the opportunity to provide any feedback about our organisation and to discuss any issues they may have or to seek clarification. The meeting is also helpful in enabling our CQC inspection team to hear about all the good practices and quality improvement initiatives and to gain a better understanding of how the Trust and services work.

The Trust also continues to receive bi-monthly CQC Insight reports. This enables the Trust to see our local and national performance data and how this compares with other similar providers and helps us to identify any areas where we may be an outlier. The current Covid-19 situation continues to impact on staffing resources nationally and has meant that the collection and publication of certain information for the purpose of the CQC Insight report has been impacted during the current climate.

TB also advised that we should still be seeking external recognition for any improvement and reminded the committee that the CQC still have the power to re-rate the services. In this context, during our CQC engagement meetings, conversations had taken place and they are alert to our current improvement plans and the changes in the timescales for achievement that have resulted from the pandemic. TB advised that the Trust continues with the same reporting using the milestones and progress is being logged with the CQC.

CD queried page 35 of the report where “staff feeling valued” was noted as complete. CD wanted to ensure that this is the case and that staff have been listened to. TB informed that this had been looked at internally and in detail and no cause for concern was raised.

Mike Ford (MF) raised a query in relation to page 37 of the report – psychology waits and what is the impact of the red issue. TB advised that whilst there is an impact, this is not significant from a regulatory perspective. CH advised that the Trust is linking inpatient services with community services as it does not have inpatient Psychologists based on wards.

KQ wanted to note the importance of getting psychologists into post on inpatient wards. CH informed that psychological interventions can be provided by other clinicians on the wards.

It was noted that good progress had continued throughout the pandemic.

The Clinical Governance and Clinical Safety Committee NOTED the latest CQC Improvement plan

CG/20/130 Care Quality Commission Inpatient and Community Surveys (agenda item 10)

It was noted that no data had been published at this time.

CG/20/131 Trust Achievements (deferred) (agenda item 11)

CG/20/132 Patient Safety (agenda item 12)

12.1 Patient Safety Strategy

MD gave a brief overview to the Committee and noted the large amount of good work that had been achieved during 2019/20. The Trust have:

- Focused on revising the Strategy to align with the NHS Patient Safety Strategy (July 2019)
- Developed the implementation plans aligned to two key foundations:
 - a **patient safety culture** and a **patient safety system** with three strategic aims:
 - Improving understanding of safety by drawing intelligence from multiple sources of patient safety information (**insight**)
 - Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system (**involvement**)
 - Designing and supporting programmes that deliver effective and sustainable change in the most important areas (**improvement**)
- Developed a harm reduction plan although work to establish baseline positions continues as this was delayed due to the impact of Covid-19 on services
- Each Business Delivery Unit continues to identify and act on the top 5 patient safety priorities for their area.

MD noted the next steps, to continue to:

- Progress the actions of the SWYPFT 2019-21 Patient Safety Strategy
- The plan will be updated through 2020 and 2021 to reflect achievements
- Strengthen harm reduction plans to ensure reliable and measurable data is collected and plans are in place to enable work towards targets and link this into BDUs. Progress with

plans will be monitored at the Patient Safety Strategy meetings and we will report on progress in 2021

- Work with NHS England and NHS Improvement on developments in patient safety nationally
- Embed work from previous years into practice.

MD went on to advise that the Trust are again endeavoring to sign up to the Sign up to Safety campaign.

MD informed the Committee that the CQC are particularly interested in the safety culture domain, approach to freedom to speak up guardians and staff engagement is taking place or scheduled.

MD also informed that patient safety priorities have been discussed with each BDU and 5 priorities have been agreed which include suicide prevention, bed management, safety huddles and pressure ulcers, all of which can demonstrate positive progress. The Trust has also being audited by 360 Assurance where it has been noted that there is a good focus on incident reporting.

AM raised queries in relation to stakeholders and whether the right people were involved, particularly carers, in terms of knowledge and whether their views had been taken into account. AM referred specifically to the changing environment due to Covid-19 and whether this would impact on the patient safety strategy and the refreshed objectives and also, given the current climate, were there any areas not to focus on for the time being.

MD advised that there is close engagement with carers and service users within suicide prevention and postvention around bereavement. Engagement with carers is routine during the serious incidents process and the local carers groups offer opportunity for safety concerns to be raised. It is acknowledged that improved equality data needs to be developed especially around protective characteristics.

MD informed that there had been a focus around Covid-19 issues especially infection prevention and control measures and the team had been expanded.

AM stressed the importance of engaging carers and using the word carers within strategy.

The Committee wanted to ensure the above is included in the implementation of the strategy and included in the next scheduled update to committee

Action: Mike Doyle

The Committee RECEIVED and NOTED the report

12.2 Learning Journey Report

MD gave a brief overview of the report:

- The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future.
- An internal audit by 360 Assurance took place during Winter 2019/20. The Trust received Significant Assurance. Processes for dissemination of learning were scrutinised and no actions were identified.
- Methods of sharing learning were recognised as good practice:
 - blue light alerts - to share urgent learning
 - green light alerts - to share medication safety learning
 - learning from incidents

- all of us improve
- learning library
- Detail of the 43 Serious incident investigations were completed during the year and sent to the commissioners.
- 43 Serious incidents generated 174 associated actions.
- All investigations include an action to share learning as standard.
- The most frequent three action themes arising from all serious incident investigations were:
 - Staff education, training and supervision
 - Record keeping
 - Joint: a) Risk Assessment and b) Communication
- Sections for each Business Delivery Unit (BDU) which details a further breakdown of the themes from their serious incidents, and other examples of learning from the BDU.

The Committee noted the update and commented as follows:

AM acknowledged that the report contained very rich data, however upon reading through found it was more statements than actions throughout the document and also the outcome tended to repeat the process. AM did not think it contained the right framing.

MD advised that a lot of learning comes from serious incidents where something has gone wrong and that there are variants in the report however consistency and learning is picked up and monitored monthly through the team and operational management team meetings (OMG) and the outcomes are normally sound. TB informed that we have a good record which may need to be pulled into this report in the future.

AM queried how we know if the actions are complete and how OMG is keeping a record. TB reminded the committee that this is in the annual incident report and that OMG receive a monthly clinical risk report which supports strong performance management of actions and outcome monitoring.

Committee considered how to make this report clearer with focus on outcomes and how this is delivered and to ensure strong clinical supervision and support around this.

The Committee RECEIVED and NOTED the report

CG/20/133 Update on Covid-19 Response (agenda item 13)

13.1 National Issues / Phase 3 Letter / NHS Providers Briefing

It was noted that the Committee had received and read the briefs prior to the meeting.

The Committee NOTED the update

CG/20/134 Workforce Update with response to Covid-19 (agenda item 14)

14.1 Safer Staffing

Update included at item 22.

14.2 Testing

It was noted that the Committee had received and read the paper prior to the meeting.

The Committee NOTED the update

14.3 Outbreak Management

It was noted that the Committee had received and read the paper prior to the meeting.

CD raised a query in relation to visitors and TB advised that visitors were still being received and the Trust was ahead in terms of the national guidance, including our virtual visitor scheme utilising digital means to maintain contact between patients and family/friends.

The Committee NOTED the update

CG/20/135 Staff Wellbeing (agenda item 15)

15.1 Safety Services Objectives

The Committee noted that the paper had already been to Trust Board.

Trust Board had asked for the objectives to include a narrative around the risk of any delay in actions that may result from the pandemic and therefore it had come back to CGCS for review.

The Safety TAG develops an annual Health and Safety Plan for approval by the Trust Board. The 2020/2021 Health and Safety Plan was developed and agreed by the Safety TAG prior to the Covid-19 pandemic. An update on the plan was given to show how it has been impacted by the pandemic and how it will recover.

It is designed to give assurance that Health and Safety is still being managed effectively in the Trust and a summary of the key issues are as follows:

- Safety TAG has continued to be convened and effective throughout the pandemic.
- Clinical Governance and Clinical Safety Committee continues to receive regular updates from the Safety TAG.
- The 2020 Annual Health and Safety Survey is taking place currently.
- The lone worker contract renewal has been impacted but the current contract has been extended and the new contract will be in place for the year end.
- Health and Safety services have remained functional and effective throughout the pandemic.
- Capacity has been increased temporarily to help with recovery.
- An impact assessment on the pause of the 2020/2021 Health and Safety Plan has been undertaken.

AD informed the Committee that through the process the Safety Tag had been fully operational and the Estates and Safety Team have worked closely with OMG to keep service users and carers safe.

CD raised a query regarding lone workers within CAMHS services. AD informed that lone worker devices will be given to anyone that needs one and has asked services to revisit the policy for lone workers. OMG have been monitoring the data and more reassurance was given after a drill down into the data. The Health & Safety Executive (HSE) have looked at this and no issues have been raised and they are pleased with our approach in this area.

The Committee NOTED the update

CG/20/136 Delivery of Clinical Services (agenda item 16)

16.1 Update on impact on all clinical areas

The Committee received and noted the presentation of the impact on clinical areas which was read and noted prior to the meeting.

CH wanted to update the Committee regarding an urgent issue within Barnsley community services where the service had been impacted by the pressured position within Barnsley Hospital. An urgent meeting had taken place this morning with regard to their capacity, patient safety concerns, the flow into A&E and staffing shortages which impacts upon capacity. There is now an action plan in place which the Trust is party to and Barnsley Hospital are looking to move 2 wards across to Sheffield and Doncaster Hospitals. Ambulance diverss are also in place between 11am and early evening to other Trusts. Review of capacity is taking place and SWYPFT are considering how they can support this.

AM queried how the staff in Barnsley are in terms of resilience and morale. CH noted that staff are tired however are coping admirably and coming together but there is an impact on morale with the sustained nature of the pandemic. Leadership teams are supporting clinical teams through this and acknowledging the situation fully.

AM also queried if it is known how many staff have taken up the offer of the wellbeing services especially within Barnsley. AD noted a meeting with the managers and Barnsley managers and will be discussing this further in WRC. AD highlighted that as well as wellbeing services, it is also about staff taking a break, getting a drink and stepping away etc as well as how the Trust can support services and work proactively to keep the focus on their physical as well as mental wellbeing.

The Committee NOTED the update

CG/20/137 Patient Safety (agenda item 17)

17.1 Incident Trends

CD noted that this report had been read prior to the Committee and asked for comments.

TB advised that this paper was a slightly updated version to that which the Board had received in October. TB informed that the self-harm position will be closely monitored in relation to themes, the current increase relates to 2 specific service users and the situation continues to be monitored.

AM noted the national data had been released which shows no increase in suicides during Covid-19 and the backlash from people/public on this to suggest the data is wrong. However, AM highlighted that beliefs and expectations can differ and queried whether the Trust should address this. TB explained that the Trust need to monitor the data and be ready to respond. MD also confirmed that the data is showing no increase in suicides at this time.

The Committee NOTED the analysis of suicide and self-harm incidents during the Covid-19 pandemic

17.2 PPE Arrangements

TB gave a brief update to the Committee.

Processes are now embedded and regular weekly reporting to Silver command through the Bronze PPE group takes place to provide ongoing assurance that enough stocks are in place and reports any actions taken to increase stocks where issues are identified.

Stocks continue to be compared to the expected level of demand for the specific PPE items. Demand levels are reviewed with operational areas. Any change or impact to expected demand for PPE items is also a standing agenda item on the PPE Bronze meeting which facilitates the operational hub PPE leads to identify any potential changes to demand. Demand has been reviewed considering the current wave two pressures within the Barnsley system and the need for PPE particularly in general community services. This will remain under close review.

The Trust's internal PPE order, receipt and delivery system has been subject to a review from the Internal Audit Service 360 Assurance. The review is now complete, the overall objective was to assess the Trust's arrangements for the management of its PPE.

MF queried as to whether the outcome of the internal audit report had been received. TB noted that this was an advisory report with some helpful suggestions within the report.

The Committee NOTED the update

CG/20/138 Issues arising from Integrated Performance Report, not covered on the agenda (agenda item 18)

18.1 Supervision

CD noted that this issue had been brought to Board several times and the Committee requested more information. CH update the Committee on the current position from an operational perspective. At the end of Q2 supervision levels were as follows; Calderdale & Kirklees were at 91.8%, inpatients 89%, Wakefield 93%, Forensic 79%, CAMHS 78% and Barnsley was down at 50%. Upon further drill down Barnsley mental health was at 79% confirming the issues maintaining supervision. However, it is noted the significant pressures that Barnsley is under.

CH advised of the actions that Chris Lennox (CL) has put in place for her BDU areas and what can be learned from those to support the improvement of clinical supervision in Barnsley. CD queried how soon this learning could be implemented and whether there was capacity to support staff.

CH confirmed that it had been discussed in OMG and within the Deputies meetings. CH also noted that it needs to be reinforced about what constitutes clinical supervision.

The Committee acknowledged that there are several issues to get right and queried what else could be done to help in this area.

AM queried whether the capacity issue was on both parties to which CH noted it was both sides although virtual supervision is helping to some extent.

SThi reiterated how important supervision is and that it is not just a quantitative measure. SThi noted the impact of Covid-19 especially in relation to informal supervision i.e. being in the same building frequently and also the health & wellbeing aspect and quality improvement approach.

TB noted the action around supervision in the CQC improvement plan where it is noted that staff are aware of how to conduct supervision and there was also the need to reinforce the message to staff about the importance of recording.

AD echoed a lot of the points made and a change in dialogue is needed to get the point across. Also, this relates to safer staffing and the need to ensure that enough staff can get this in place alongside the other issues.

AM queried as to whether the Trust could create an additional clinical supervisor support role and whether any funds could be allocated to this. CH acknowledged that this is a great idea and that additional resources could be used in relation to having clinical nursing supervisors and the Committee would like to understand if this can be adopted.

Action: Carol Harris

MD noted guidance good progress had been made in some inpatient areas and advised that supervision had also an issued pre Covid-19.

TB noted that progress on supervision could be logged through the IPR.

The Committee RECEIVED and NOTED the update

18.2 Risk Assessment

The Committee received and noted the report prior to the meeting.

The Committee RECEIVED and NOTED the update

CG/20/139 Update of topical, legal and regulatory risk horizon scanning (agenda item 19)

19.1 CQC State of Care Report

The Committee received and noted the report prior to the meeting.

The Committee RECEIVED and NOTED the update

CG/20/140 Child and Adolescent Mental Health Services inc Wetherby & Adel Beck (agenda item 20)

CH provided a further update regarding clinical governance/risk issues and development plans in Barnsley, Calderdale, Kirklees, Wakefield and Wetherby YOI/Adel Beck CAMHS.

Covid-19 business continuity and service recovery plans

From March 2020 there was a marked decrease in generic referrals to CAMHS (initially 50%+) but levels have now broadly returned to pre-March levels across the teams. The number of urgent referrals has increased sharply since March/April – most markedly in Wakefield – but remain below levels experienced at the same period last year.

A significant proportion of assessment and treatment continues to be delivered by telephone/video-link. Face to face support has been provided where a clear clinical need has been identified and has increased incrementally as part of service recovery plans.

The process of recovery has been informed by a service-wide evaluation of the new ways of working. The '*Changing the Ways We Work*' report has supported the identification and locking in of good practice. It also provides a foundation from which to build future learning.

CAMHS Improvement Steering Group

The CAMHS improvement group has continued to meet on a monthly basis - chaired by the Director of Operations - as one of the identified Trust priority programmes. Terms of Reference have been reviewed and extended to incorporate Calderdale and Kirklees. The programme workstream remains focused on waiting times - for treatment in Barnsley/Wakefield and for ASC/ADHD diagnostic assessment in Calderdale/Kirklees.

Barnsley

Procurement

The CAMHS procurement was formally cancelled on 19 June 2021 and the service contract was extended to 31 March 2021. A joint Steering Group has been established to progress delivery of the specified service model. A separate procurement has commenced in relation to the school-based mental health service team element of the original specification. This comprises the Mindspace service currently provided by Wellspring Academy and resource dedicated as part of trailblazer bid. Options are currently being considered with respect to submitting a bid and/or partnering with other agencies in submitting a bid. The new service is expected to mobilise from January 2021.

Waiting list initiative

At end September 2020 there were 57 children and young people on the waiting list for treatment - down from 330 at the start of the initiative (December 2019). It is expected the waiting list will be reduced to 40 by January 2021. At this point waiting times for treatment should be no more than 4 weeks. Whilst improvement has been maintained through the pandemic the projection could be undermined if referral rates change significantly and/or business continuity plans demand a reallocation of staffing resource to urgent/crisis work.

Calderdale

As previously reported a business case has been developed to address the shortfall in ASC/ADH capacity. CAMHS is currently commissioned to provide 67 neurodevelopmental assessments per annum against 2020/21 full year referral trajectory of 335 and a 2021/22 trajectory of 445. A formal response from the CCG is awaited.

Kirklees

Thriving Kirklees Review

Kirklees Council recently commissioned a review (conducted by Attain) of the 0-19 Thriving Kirklees partnership arrangements. The review has focused on the extent to which the transformational ambitions of the 2017 procurement exercise have been realised. A draft report has now been shared for comment. The report notes a number of service changes and positive impacts on the lives of local children and young people but argues further progress could have been made with a more disciplined approach to transformational change. A key recommendation of the review is that the 0-19 partnership move to a formal alliance arrangement.

A series of workshops are planned for November/December 2020 to develop a shared understanding of the report findings and a detailed action plan.

Review of CAMHS provided by the Thriving Kirklees Partnership

Alongside the broader review of the 0-19 partnership arrangements a more targeted review of CAMHS (including the Northorpe Hall service offer) has been undertaken. The draft report has identified strengths including;

- All stakeholders spoke highly of the improved relationships between partners and each other since becoming Thriving Kirklees.
- Evidence of good examples of transformation to a thrive model of delivery particularly evidenced by the SPA open door and approach to understanding need.

Areas of challenge included;

- No shared vision on how to deliver a 'whole system' thriving emotional well-being and mental health service model.
- A consistent approach to co-production has yet to be implemented.
- Clinical systems are not integrated which creates barriers for staff and operational services in delivering smooth transfers of care and contributes to longer waits and repeat assessments.
- The use of outcome measures is not yet resulting in the ability to effectively understand whether services are effective.
- Demand is high and there can be delays in getting children and young people on to the most effective pathway within the triage element of the SPA.

The intention is to agree an action plan as part of the November/December workshops referenced above.

Wakefield

At 19 October 2020 the waiting numbers for PIT had reduced from 207 (January 2020) to 39 and 29 were waiting for a core CAMHS treatment – down from 210 (January 2020). A further 51 children/young people are waiting for core support and 34 for specialist pathways as second line interventions.

Wetherby YOI and Adel Beck

An improvement plan was completed and signed off by LCH at the Contract Management Board meeting on 7 January 2020. However, as staff recruitment and retention continues to be a challenge the contract improvement notice is still in place. An action plan in this regard was agreed with NHS England and LCH at the Contract Review Meeting on 3 August 2020. Whilst there has been successful recruitment at Adel Beck and in part at Wetherby (in respect of team leader and ANP self-harm post) recruitment to Band 6 posts at Wetherby remains problematic. Out of an establishment of 7.5 wte Band 6 posts 5.5 are currently vacant. Importantly although the full therapeutic service is not being provided the essential service elements such as screening/risk assessment, formulation and crisis response (as required through the pandemic) are being maintained. A recruitment/retention plan has been developed.

All-age liaison and 7 days per week crisis support

The all age-liasion model is now operational in all areas. This is complemented by 7 days CAMHS crisis provision. The 1st on call practitioner rota has now been stood down.

ASC. All outstanding assessments in Wakefield have now commenced with all new referrals taken by Mid Yorkshire Hospitals Trust as part of the newly established 0-18 integrated service.

The Committee noted the good progress made in the report but queried the significant increase in incidents in July and concerns about Wakefield mandatory training and food safety. CH will look into the query in relation to incidents and TB noted nothing had been highlighted through Clinical Risk Panel.

Action: Carol Harris

CH confirmed that some training had to be done face to face and CH has asked the manager to look into this and for this to go through OMG.

The Committee RECEIVED and NOTED the update

CG/20/141 Quality Impact Assessment (agenda item 21) deferred

CG/20 142 Safer Staffing Report (agenda item 22)

MD gave a brief update to the Committee and noted that although the current Covid-19 outbreak has impacted on the safer staffing agenda, the national commitment to safer staffing is ongoing and SWYPFT need to maintain the progress already made in delivering safer staffing as well as being engaged in the national development of the mental health safer staffing tool and related initiatives.

The Trust are engaging nationally, regionally and locally with several forums, considering a variety of interventions and developing responses to the ongoing COVID-19 outbreak.

The Trust currently meets its safer staffing requirement overall, although there is regularly a shortfall in registered nurses and in some areas difficulty in sustaining enough numbers in times of increased demands. It was noted there was a reduction in sickness and capacity and demand were being managed and services have been kept running.

From May 2020, the Trust reports fill rates for acute mental health wards against the new establishment staff numbers. Initial review reveals that overall capacity of actual v planned staffing is at 115% when new establishment staff numbers used.

A shortfall of registered nurses has resulted in the use of existing HCA staff, bank and agency staff to cover. Clinical risks are considered to ensure safe and effective delivery of care.

Despite the overall pressure caused by acuity the usage of agency remains consistent and we will be embarking on a further recruitment drive to reduce agency further.

The tender process for both Allied health Professionals and Nursing have been completed and awarded.

Continuing to utilise Care Hours Per Patient Day has allowed us to analyse and understand the skill mix needs as well as giving further evidence-based indicator of whether we have

the correct establishment figures. This is considered in conjunction with ward sizes, which influence the figure.

The Trust and its staff have responded robustly to the challenges that Covid-19 outbreak has brought.

The staffing plans developed as part of business continuity plans have remained resilient in the face of significant challenges. Focusing on critical functions, redeploying staff, modifying mandatory training requirements, staff voluntarily limiting annual leave, prompt testing of staff, offering overtime payments and ensuring sufficient staff bank capacity and capability have ensured that we have remained at Operational Pressure Escalation Levels (OPEL) level 2 and services remain safe and effective.

MD also noted a couple of issues, some establishment reviews have been delayed but there is a commitment to these using the mental health optimal staffing tool. The committee queried the progress in Community Staffing tools and this is part of the community staff continuity plans. Work is ongoing to keep things running smoothly. MD went on to note that the Trust is looking at international recruitment and that the health roster will be rolled out into the Community Teams.

MD informed the Committee that Safe Care had been delayed until December 2020. TB made reference to Safe Care and advised the Committee that it remains important to implement this system as it allows for improved understanding of how we are meeting predicted needs rather than the focus upon fill rates against pre-determined staffing establishments.

MD highlighted to the Committee that Section 9 of the report outlined the Trust response to Covid-19 which remains a priority and costs of staffing have increased in relation to this which was expected.

MF raised a query in relation to the graph on page 13 of the report (reds) and the impact this may have on staff and service users. MD informed that this related to the care hours per patient day (CHPPD) and that the national collection on this had been suspended and therefore the data is out of date as has limited value. TB confirmed that the Trust data is in date however the comparative data is not. Also this Trust only compares our rostered registered nurses and health care assistant (HCA) staff and not allied health professionals or ward managers. MD also noted that the size of the wards have an impact and that this is being considered. MD proceeded to advise that the red areas tend to be within Forensics as the wards can cross cover given their close proximity to each other which would account for the 80% however all concerns are considered and monitored locally.

MD and MF to discuss outside of the meeting.

Action: Mike Doyle

TB advised that we maintain ratios and dilute skill mix.

CH will share what the numbers mean in terms of practice to further explain the above with the Committee.

Action: Carol Harris

CD requested a timeline for the completion of the outstanding actions within the report.

Action: Mike Doyle

The committee queried the impact that staffing levels was having on service users. MD agreed with all the points raised regarding the registered nurses and HCA's and informed that our Trust is in a better position than some others and that it has never had to close a ward. MD added that the Trust also has a drive in recruitment initiative as well as training HCA's to be nursing associates which will show as registered nurses in the future. MD advised the Committee that there is a lot happening to address the issues and that safety is not compromised.

The Committee recognised additional assurance is required to understand the cross-cover arrangements where registered staffing falls below planned levels.

- Additional assurance is required to understand the cross-cover arrangements where registered staffing falls below planned levels
- Progress on the use of Safecare is a priority
- The significant effort and commitment shown by staff to maintain staffing levels during a challenging time is noted.
- The work on community staffing establishments should be progressed as soon as practicable.
- Some suggestions on reporting format will be proposed

The Clinical Governance & Clinical Safety Committee NOTED the report and commented ahead of Trust Board as above

CG/20/143 Serious Incident Quarterly Report Q2 (agenda item 23)

MD gave a brief overview of the report to the Committee which had been read and received by the Committee prior to the meeting.

Overall figures for incident reporting. Q2 had 3342 incidents; higher than the previous quarter (2938). 85% of incidents are graded as "low" or "no harm" showing a positive culture of risk management. Physical aggression/threat (no physical contact) remains as the most reported category and violence and aggression continues to be the highest reported incident type. Staff have reported that this can be linked to individual service users. All incidents that are graded red or amber are extracted from Datix for inclusion in a report that is reviewed at the weekly risk panel.

The Trust are implementing a trust wide suicide prevention strategy, which includes conducting a deep dive analysis on hotspot areas and targeting clinical teams and service user groups where there is concern.

MD informed that a recent 360 Assurance audit of incident processes resulted in significant assurance and an action plan has been developed to address areas for improvement. Our work on learning from experience was recognised as an area of excellent practice.

CD raised a query as to whether the increase in reporting is what could be expected in the light of Covid-19 and noticed levels were slightly higher in Q2 (figure2). TB advised that during Covid-19 there were three areas that the Trust wanted to monitor - self-harm, aggression & violence and suicides. CD also highlighted that for figure 12, 3 out of the 4 areas are higher for apparent suicides than was expected and the committee discussed the slight dip in incidents. TB commented that the importance of reporting had been heightened.

MD also advised that low or no harm incidents also need to be encouraged to be reported to reduce the moderate to severe incidents. MD will check the figures.

Action: Mike Doyle

MF queried whether policy issues can be themed to differentiate between where the policy was not followed and where the policy required review. TB advised that this may already be differentiated in Datix reporting. TB to review datix position.

Action: Tim Breedon

- The report provides important assurance that the appropriate process and learning arrangements are in place.
- The apparent suicide numbers monitoring remains critical to ensuring that the impact of the suicide prevention work is having a positive effect.
- The ongoing monitoring of incidents and the impact of the pandemic is essential in two key areas: apparent suicide and self-harm.
- The possibility of theming Datix issues in relation to policy implementation to be examined, in order to distinguish between issue with the policy or non-compliance.

Clinical Governance and Clinical Safety Committee NOTED the quarterly report on incident management and commented for Trust Board above

CG/20/144 Internal Audit Report – Incident Management Review (agenda item 24)
Nil.

CG/20/145 IPC Annual Report (agenda item 25)

The Committee noted and read the report prior to the meeting and noted the good work from the teams.

The Committee RECEIVED and NOTED the update

CG/20/146 Mandatory Training Annual Report (agenda item 26)

The Committee noted and read the report prior to the meeting.

The Committee RECEIVED and NOTED the update

CG/20/147 Patient Led Assessment of the Care Environment (PLACE) (agenda item 27) (deferred)

Nick Phillips has informed that this process has been suspended until further notice.

The Committee NOTED the update

CG/20/148 Ligature Report (agenda item 28)

MD gave a brief overview to the Committee including the next steps. The annual environmental suicide and ligature risk assessment and management process is a fundamental element of patient safety. A systematic approach to risk assessment and risk management is followed. During the 2019 round of assessments, all mental health and LD wards were assessed and all planned actions were achieved.

Clinical Environment Safety Group (CESG) meetings continue to be held and environmental, suicide and ligature point risk assessments as well as action plans are considered in the Trustwide CESG, which meets quarterly and is attended by BDU representatives, Estates staff, H&S Officer and Directorate of Nursing, Quality and Professions staff.

The CESG has developed a new shared action plan log where BDU and Estates staff can input progress. Where risks have been identified and a complete solution not immediately available, then a risk-based approach is adopted.

The findings from the review of incidents strongly suggest our focus should be on bedrooms, bathrooms and en suite areas where service users are unobserved and acute MH wards for females or mixed sex are the highest risk.

Next steps

- Review Clinical Environment Safety Group (CESG), to ensure regular and reliable updates are provided throughout the year.
- Exception reports will be provided, and ligature risk action plan spreadsheet updated ahead of CESG meetings.
- Monitor all large-scale remedial work such as replacement of bedroom entry doors, windows and wardrobes as a standing agenda item.
- Review business case for bedroom entry doors.
- BDU environmental suicide and ligature risk assessment leads to ensure their managers continue to monitor action plans and outstanding work throughout the year, escalate concerns and risks as required and mitigate in the interim.
- Complete 2020 annual environmental suicide and ligature risk assessment by 31st October 2020.
- Submit annual report for CGCS Committee on 10th November 2020.
- Complete 2020 review of out-patient ligature risk assessment by 31st January 2021.
- Collaborate with partners and suppliers to seek solutions to high level risks where none currently exist.
- Align work of CESG with SWYPT suicide prevention improvement plan including updated workplace H&S risk assessment for self-harm and suicide.
- Review environmental suicide and ligature risk assessment policy and update by 31st December 2020.

EMT actions 20th October 2020

- Review how CESG review, monitor and evaluate progress of Estates remedial work at CESG.
- Review how CESG get assurance on locally managed ligature risks.

The Committee noted the good report and work undertaken.

MD advised that this is an ongoing progress with a thorough annual review and this year's is now complete. The regular Clinical environment safety group meetings review all incidents / risks as they arise.

TB advised that at a recent Mental Health Council Forum meeting with Kevin Cleary, the summary of the recent letter was discussed and Mental Health & Learning Disability (MHLDD)

Council will undertake a piece of work around this and the key standard.

CD made reference to how staff and services might be feeling and if they are getting the right level of support to keep services as ligature free / low as possible. MD informed that staff are encouraged to speak up and to escalate any issues or concerns.

The Committee RECEIVED and NOTED the update

CG/20/149 Sub-groups – exception reporting (agenda item 29)

Drug & Therapeutic

Report received and noted.

It was RESOLVED to NOTE the report

Safety & Resilience

Report received and noted.

It was RESOLVED to NOTE the report

Infection Prevention and Control & IPC BAF

Report received and noted.

It was RESOLVED to NOTE the report

Safeguarding adults and children

Report received and noted. CD asked if there was an increase in referrals and TB advised that there is certainly an increase in activity which has resulted in pressure on our safeguarding team in respect of information requests and advice. We remain a key partner in our local Safeguarding Boards where we are working to address the increase in activity.

It was RESOLVED to NOTE the report

Reducing Restrictive Physical Interventions Group

Report received and noted.

It was RESOLVED to NOTE the report

Improving Clinical Information Governance Group

Reports received and noted.

It was RESOLVED to NOTE the report

Physical Health

Report received and noted.

It was RESOLVED to NOTE the report

Clinical Ethics Advisory Group

No further update as the group have not met since the last CGCS Committee.

It was RESOLVED to NOTE the report

CG/20/150 Serious Incidents Update (agenda item 30)

TB noted nothing additional since Board but noted the following:

- Sancus report awaited
- Incident investigation has been paused for the time being.

CG/20/151 Issues and items to bring to the attention of Trust Board and other Committees (agenda item 31)

Improvements

- Quality Monitoring Visits – New proposal agreed
- Patient Safety Strategy – Progress and Next steps noted
- Learning Journey Report – Reports received and many examples of learning from incidents across the Trust noted. Focus on Outcomes going forward.

Clinical Risks

- Clinical Risks – Covid-19 focus on patient safety / delivery of clinical services / testing /outbreak management / Staff wellbeing. In depth discussion on Barnsley Community Services and supporting staff in Barnsley
- Clinical Supervision - Discussed issues in Barnsley Community and how these could be addressed.

Assurance

- Safer Staffing Report – additions to report requested around CHPPD and ward cross cover assurance, to be discussed at CGCS
- Ligature Report – Discussed and significant next steps noted
- Serious Incidents Report Q2 – Report received discussed SI's; themes; assurance.
- Infection Prevention & Control Report – Updates received through TAG
- Mandatory Training Report – Significant work noted and received (Food Safety).

CG/20/152 Consideration of any changes from the organisational risk register relevant to the remit of the Clinical Governance & Clinical Safety Committee (agenda item 32)

- Supervision
- Staffing – Barnsley
- To discuss Risk ID 1525 in EMT.

CG/20/153 Work Programme (agenda item 33)

No comments.

CG/20/154 Date of next meeting (agenda item 34)

9 Feb 2021 – MS Teams

CD reminded everyone that this was Mike Doyle's last meeting before he moves to a new role and thanked him for all his hard work and contributions to the Committee.

Glossary

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

**Minutes of Equality and Inclusion Committee held on
8 December 2020
Via Microsoft Teams**

Present:	Angela Monaghan (AM)	Chair of the Trust (Chair of Committee)
	Tim Breedon (TB)	Director of Nursing and Quality (Lead Director)
	Alan Davis (AD)	Director of Human Resources, Organisational Development and Estates
	Erfana Mahmood (EM)	Non-Executive Director
	Chris Jones (CJ)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Rob Webster (RW)	Chief Executive
In attendane	Aboobaker Bhana (ABB)	Equality and Engagement Manager
	Claire Hartland (CH)	HR Business Manager
	Zahida Mallard (ZM)	Equality and Engagement Manager
	Sarah Harrison (SH)	PA to Director of Nursing & Quality (author)
	Dawn Pearson (DP)	Marketing, Communications, Engagement and Inclusion Lead
	Elaine Shelton (ES)	Unison Branch Secretary
	Cherill Watterston (CW)	BAME staff network/Specialist Physiotherapist
	Donna Somers (DS)	LGBT+ staff network/Matron
	Daz Dooler (DD)	Governor
	Paul Brown (PB)	HR Business Partner
	Charlene Sibanda (CS)	Health & Wellbeing Practitioner / BAME
	Noma Ndhlovi (NN)	Ward Manager /BAME Vice Chair
	Melissa Harvey (MH)	General Manager
	Manreesh Bains (MB)	Consultant Clinical Psychologist
	Gillian Cowell (GP)	Carer Support Worker
Apologies:	<u>Attendees</u>	
	Christine Symonds (CS)	Disability staff network/Senior Finance Manager
	Dr Subha Thiyagesh (SThi)	Medical Director
	Chris Lennox (CL)	Deputy Director of Operations
	Tim Mellard (TM)	LGBT+ staff network/Matron

EIC/20/61 Welcome, introductions and apologies (agenda item 1)

The Chair Angela Monaghan (AM) welcomed everyone to the meeting and noted apologies. Full introductions were given to all. It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed. Also, that a recording was taking place for note purposes.

EIC/20/62 Declarations of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2020 or subsequently.

EIC/20/63 Minutes of previous meeting held on 22 September 2020 (agenda item 3)

Minutes of the previous meeting were agreed as a correct record.

It was RESOLVED to APPROVE the minutes of the meeting held on 22 September 2020.

EIC/20/64 Matters arising and action log (agenda item 4)

Actions from the meeting held on 22 September 2020 were noted and the action log was updated as appropriate.

EIC/20/26 Disability - Tim Breedon (TB) to pick up with Paul Brown (PB) and Christine Symonds (CS) after the meeting and the Committee noted the action as complete.

EIC/20/26 BAME – AM will discuss the promotion of Black Lives Matter with Mohammad Navsarka outside of the meeting and noted the action as complete.

EIC/20/26 BAME – Alan Davis (AD) confirmed that a new WRES Organisational Development Lead was now in place and will link with Dawn Pearson (DP) regarding representation and diversity within command structures. Complete.

EIC/19/54 Performance Dashboard – Committee wanted assurance that the message regarding attendance at the Committee is getting out to BDUs/ Specialist Services given the pressure that services are under. Agreed to mark as complete but keep in view. Complete.

EIC/20/06 DP informed the Committee that this was included in the action plan on the agenda today and that Debs Teale is to present a paper on progress of peer support workers to the March meeting. Complete.

EIC/19/51 TB noted the RACE forward (clinical network) link back into this Committee from the RACE Forward meetings with Dr Sivareddy and informed that this will be discussed later in the agenda. AD noted that a framework will be rolled out and a plan will be put in place around this. AM queried whether the feedback will be presented through the servicer user/ staff feedback session and TB agreed that this would be appropriate. Cherill Watterson (CW) informed that implementation of the pathway will be undertaken from February 2021.

EIC/20/65 Review of Committee related risks and any exception reports as required (agenda item 5)

TB informed the Committee that since the last meeting there have been some updates.

The Board has assigned the following risks to EIC:

RISK ID 1531 and RISK ID 1536.

RISK ID 1531 - Risk descriptions have been updated accordingly which in turn have been taken into Trust Board. Further discussions have since taken place and actions updated to

identify specific issues that have occurred with people with protected characteristics, such as leaflets and signposts to videos and clinical risk assessments.

RISK ID 1536 – TB advised that no further updates have been made. AD noted that health and wellbeing is on the BAME taskforce agenda. There is a meeting taking place tomorrow and the risk can be updated then.

Chris Jones (CJ) raised a query in relation to RISK ID 1531 and RISK ID 1536 around how much more can be done and in turn if the risk rating will remain the same.

TB informed that when information has been embedded, risk ratings could change if evidence can be identified. TB informed that the action plan will make a difference in reducing the impact.

RISK ID 1157: Mike Ford (MF) queried the wording in this risk and whether, if EDS2, WRES and WDES was achieved, the Trust would have a diverse and representative workforce. AD noted that if the WRES and WDES is done correctly then it should be achieved. AD informed that the WRES and WDES need to grow to achieve the longer-term development and this has been discussed with the equality networks.

AM highlighted the need to achieve a workforce that is representative of the communities we serve, which would have a positive impact on quality and also improve the Trust's standing in terms of WRES and WDES and improve EDS2. It was agreed that this needed to be reflected in the wording.

Action: Alan Davis

RISK ID 1157: Erfana Mahmood (EM) noted the consequential impact on service users and their communities and suggested that their needs should be built into the risk which seems very staff focused.

RISK ID: Rob Webster (RW) noted that the risk rightly points out the focus on service users with protected characteristics and highlights people from a Black, Asian and minority ethnic (BAME) heritage. However people with learning disabilities (LD) are also at risk and RW queried if the wording should be altered to reflect this. TB commented that this had been discussed and agreed that LD does need to be included along with other characteristics.

Action: Alan Davis

CJ noted that if some of the risks are to be changed then we need to take into account the links to the Equality Impact Assessment (EIA) and the associated actions.

TB confirmed that actions are picked up by the E&I sub Committee and incorporated into the actions plans, which relate to the strategy.

The Committee DISCUSSED and commented on the current Trust-wide corporate/organisational level risks relevant to this Committee and were ASSURED that the current risk levels, although above the Trust risk appetite, given the current environment, are appropriate.

EIC/20/66 Context report – national, regional and local (agenda item 6)

TB referred to a slide shared by DP which gave an overview of what is driving the system. It was clear from the slide that everything is tying into the same theme across the system and linking to the items on the agenda. This ensures that it is not just mapping but that there is

an understanding of the actions that follow. Performance & Information (P&I) have helped with solutions, which will be discussed at the dashboard item on the agenda.

DP informed committee that Zahida Mallard (ZM) is working on the third version of the equality impact assessment (EIA) and creating a resource library with ethics and research colleagues, which will be reflected within the actions plans and embedded in the approaches.

The Committee NOTED the update.

EIC/20/67 Equality, Involvement, Communication and Membership Strategy (agenda item 7)

The Committee formally received the strategy which was approved by the Trust Board last week. A huge thank you went to the team for producing the document which is well informed.

An easy read summary will also be produced.

The Committee RECEIVED and NOTED the Equality, Involvement, Communication and Membership Strategy.

EIC/20/68 Review of early draft supporting action plans for Equality & Involvement, Communication and Membership Strategy (agenda item 8)

DP informed the Committee that all information had been collated against the actions that can be achieved which will drive the delivery of the objectives.

DP asked the Committee to look at the early draft to enable contribution to the action plans and to take away to their groups, networks / BDUs etc. Comments to be sent directly to DP by end of January with a view to having a set of clear actions before the next Committee meeting to enable sign off in March 2021.

MF informed that he will link with DP however queried whether the Trust has the resources and strategic measures in place to deliver on this. AM also wanted to ensure that all statutory and regulatory requirements are covered.

CJ will feed back to DP however feels some actions needs to be addressed sooner rather than waiting for the data and that this aligns with the EIA and QIA improvement.

DP noted the ambition on the action plan and will work with people to update sections where actions are already being achieved.

DP noted the need of support from Committee to get the action plan in the right place.

Detailed comments to be sent to DP.

Action: ALL

The Committee NOTED the update.

EIC/20/69 Overview of Equality and Inclusion Policies (agenda item 9 deferred)

EIC/20/70 Performance Dashboard (agenda item 10)

TB had had discussions with P&I about what was possible in terms of development for the dashboard. P&I have created a fantastic piece of work on the SWIFT dashboard which sits on the intranet and enables progress against the 8 actions on health inequalities that have been identified. P&I gave a presentation in a separate meeting which shows what is possible and allows us to: a) to understand things in real time and; b) to cut this by various different domains e.g. service, place or age.

TB reported that he has asked Lindsay of the P&I team to attend the next meeting to demonstrate progress. TB went on to report that the normal dashboard has been provided today, however this will be refined for future meetings. Timescale for final dashboard to be agreed due to current capacity pressures.

Daz Dooler (DD) raised a query on the dashboard provided in relation to disciplinarys and the causes of these. AD noted the mixture of disciplinary cases and reported that this is a small number which is monitored for trends, difference in grades and protected characteristics.

Aboobaker Bhana (ABB) also highlighted the need to include carers in the protected characteristics and TB confirmed this has been discussed with P&I and will be included.

CJ noted the good reports on SWIFT data and asked if the dashboard could incorporate a sheet like the IPR at the front.

The Committee NOTED and commented on the performance data and the progress update on the development of the Performance Dashboard.

EIC/20/71 Equality Standard updates (WRES, WDES) (agenda item 11)

AD informed that this is a brief update on the measures to be received.

MF noted some confusion around what to comment on and whether the paper tells us if the Trust is achieving the WRES and WDES targets. AD responded that the annual report will report on our performance against the national indicators and this is an update report on progress against the action plans. MF felt the need for some sense of direction during the year to get an idea of the likely position at year end. AD noted that some data is more difficult than others to gather until the year end.

AM noted that some standards come through the NHS staff survey annually.

RW noted that MF was right and it is possible for the Trust to take this action plan and draw some conclusions from the numbers the Trust has. The Board is due to discuss the future IPR and this should have 2-3 key indicators from the Committee and also an update by exception to the Board. This will then feel more impactful and measured.

The Committee to ask Trust Board to include WRES and WDES measures within the revised IPR.

Action: Tim Breedon

DD raised a query relating to the general language used and the mandatory requirements. He noted the language used more of a “we have to” theme rather than a “we want to” theme

and the need to ensure that the Trust highlight that they “want to” and not because the Trust are being “told to”.

RW would like an update to come back with the work that Cherill Watterston and Charlene Sibanda are undertaking.

Action: Alan Davis

The Committee RECEIVED the update.

- Patient and Carers Race Equality Framework (PCREF)

Noted but not discussed.

EIC/20/72 Equality Impact Assessments (EIA) (agenda item 12)

Included at item 10. Not included in the dashboard, but will be in future version.

Action: Tim Breedon

EIC/20/73 Internal Audit Reports (agenda item 13)

The Committee read and received the draft terms of reference for the Equality, Diversity, Inclusion and Involvement audit and will receive the final report upon completion.

MF reported that this included WRES but not the WDES and queried whether this was for a specific reason and also whether this was a process-based review rather than from an expert input. TB advised that this was a process-based review, however there are experts within the team.

It was noted that WDES does need to be covered within the terms of reference.

Action: Tim Breedon

The Committee RECEIVED and NOTED the update.

EIC/20/74 Update Report on Commitment to Carers (agenda item 14)

ABB together with PB and Gillian Cowell (GC) gave a brief overview of the report which sets out the Trust’s progress with regard to its commitment to family, friends and carers which includes:-

- Background considerations
- Why we need a commitment to family, friends and carers
- An update on the work to date
- What else we need to do, including any planned work or work in progress

ABB reported good progress within the last 6 months, including the setting up of the carers’ leads network to share good practice and drive the agenda forward to support our carers, and also the launch of the carers’ passport.

MF noted the great focus on carers which is important but wanted to know if the same applies to all staff e.g. those with childcare responsibilities. AD informed there is a flexible working policy for all staff to enable support.

EM noted the good paper and the ambition and informed Committee that ABB had done a podcast regarding his own experience and recommended that the Committee listen to this.

CJ reported that it was great to see information in relation to young carers and whether there was a process in place to support them specifically.

GC advised that work was underway to get staff engaged with the staff carers' network and that work is progressing with HR and Comms in relation to this.

DP wanted to highlight that last year there was little information available and within the last year there have been great developments and the achievements have been outstanding.

AM queried whether resources had been identified for the carers' lead and possible funding from Charitable Funds Committee. It was queried whether this should be funded as a core activity, not from charitable funds, and also how the current network of carers' support is resourced and whether this is under pressure. ABB confirmed that there are pressures with commissioners at the moment.

DP informed that they have access to some resource and will be putting in a bid for funding for a full time 2-year post. It will be a workforce and service user post linking in with networks across the Trust to test out what this post could achieve. AM queried whether the funding had been secured and DP informed that the application had only just been put forward and that she should know by the next Committee if successful.

RW reported it was good to see the work taking place and that it builds on the work already achieved and the passports are very positive. RW also noted that the suggestion from DP on the funding bid is a positive step. RW advised that if the bid was unsuccessful there may be an opportunity to work with partners to secure the funding.

RW suggested that reinforcement of the commitment to carers should be included within the local induction. RW also suggested that the carers' network could be added to the slides for the corporate induction programme (Welcome Event) and the network could assist with wording/messaging.

Action: Aboo Bhana/Gillian Cowell

GC informed that work has taken place to develop some information regarding carers in relation to Barnsley local inductions and that this information could be shared.

AM asked for an update on funding for the carers' lead role when available.

The Committee NOTED and COMMENTED on the content of the paper provided.

EIC/20/75 Service User feedback (agenda item 15)

The Committee received and noted the feedback provided.

The Committee RECEIVED the update.

EIC/20/76 Feedback from Staff Equality Networks (agenda item 16)

LGBT+

Donna Somers (DS) provided an update and informed that this is a developing network and members were slowly coming through. More members are wanting to be involved

within the steering group and elections are taking place in February. Work with facilities regarding gender neutral toilets is still ongoing. Work is underway with HR for training regarding LGBT+. Committee noted that a lot of work is yet to take place.

AM to pass to DS information regarding the national LGBT+ agenda.

BAME

It was noted that a new steering group was in place and handover from the last group was underway with the next full network meeting to take place in January 2021. A questionnaire has gone out now regarding the priorities for the next year and feedback regarding this will be brought back next time.

Disability

PB informed the Committee that the main focus was to pull together the disability policy. The next steps will be consulting with staff side, the network and stakeholders. PB and ZM have discussed further how to re-energise the network and a meeting will be taking place shortly about how to achieve this. Also, an event will be planned for the new year. AM will support this event should it take place.

DP informed that she was aware of a colleague in the Trust who is interested in supporting this network and DP has put her in touch with CS.

MF will also support the event if required. MF also sent across the BBC's disability policy for information to support the Trust disability network policy.

Working Carers

Covered in item 14.

The Committee RECEIVED and NOTED the updates from the staff networks and thanked the members for their work.

EIC/20/77 Feedback from BDU Forums (agenda item 17)

Barnsley and Wakefield

Melissa Harvey (MH) noted that Barnsley and Wakefield were not as well established as Calderdale and Kirklees but this is growing. The Equality Strategy is now getting out to BDUs with the hope to improve data quality and data collection. Digital exclusions were also discussed and how they can be engaged in different offers. Carers' passports were also discussed.

ABB's pilot with teams in relation to compare and contrast will be brought back to a future Committee.

Action: ABB

Calderdale and Kirklees

MH informed that this is a well attended forum with lively members with front line staff and managers. The EIA was discussed and how they will improve data quality and data collection. The carers' passport was also well received.

Forensics and Specialist

There was no update for this meeting.

Support

There was no update for this meeting.

The Committee NOTED the updates.

EIC/20/78 Inclusive Leadership and Development update update (agenda item 18)

AD noted that he had to leave the meeting early and added his update to the chat box for noting:-

[4:03 PM] Davis Alan

In terms of the Inclusive Leadership and Development update. The Trust Board has expressed an interest in a national programme for Inclusive Leadership Board Development and this will be part of the Strategic Trust Board in December. There is a second phase of Building Leadership for Inclusion being developed with the Tavistock Institute and links to inpatient services. The Trust is launching a BAME talent pool with a couple of briefing sessions starting.

EIC/20/79 Commitment to Carers (agenda item 19)

Covered at item 14.

EIC/20/80 Revised Committee Title (agenda item 20)

TB noted that the Trust have a strategy that reflects involvement and queried whether the Committee should consider adding Involvement within the title of the Committee. AM and TB agreed that this can be discussed when the committee's terms of reference are reviewed as part of the committee's annual report to Board, early in 2021.

Action: /Angela Monaghan

The Committee NOTED and AGREED.

EIC/20/81 Items to bring to the attention of Trust Board or other Committees (agenda item 21)

For Board:

- Risks have been reviewed in detail
- Received draft of Equality involvement Action Plan in support of strategy
- Good development of Dashboard
- Commitment to Carers work
- Feedback from Staff Networks
- Feedback from Forums

EIC/20/82 Return to review of risks in light of Committee discussion (agenda item 22)

Nothing additional to add.

EIC/20/83 Work programme (agenda item 23)

AM and TB noted the Commitment to carers features twice on the plan, 6 monthly report and annual report.

To be discussed at agenda setting.

RW noted in relation to the agenda the time for feedback from networks and BDU was perhaps rushed and suggested that the agenda could start with these. AM and TB to consider

Action: Angela Monaghan/Tim Breedon

EIC/20/84 Date of next meeting (agenda item 24)

The next meeting will be 2 March 2021.

Finance, Investment & Performance Committee (FIPC) – Monday 24 November 2020
Virtual meeting, via Microsoft Teams

<u>Present Members</u> Tim Breedon (TB) Mark Brooks (MB) Carol Harris (CH) Chris Jones (CJ) (Chair) Kate Quail (KQ) Rob Webster (RW) Sam Young (SY)	Jane Wilson (JW) (Note taker)	<u>Apologies</u> None
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Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Introductions and apologies	Chris Jones (CJ) welcomed everyone to the meeting. MB advised that the meeting was quorate	CJ	
2.	Declarations of interest	There were no declarations of interest	CJ	
3.	Minutes from previous meeting	The minutes from the FIP meeting held on 23 rd October were approved.	CJ	
4.	Review of progress against agreed actions	<p>It was noted that progress against agreed actions was taking place and an update was provided on the following: -</p> <p><u>Changes to terms of reference and frequency of meetings</u></p> <ul style="list-style-type: none"> • CJ confirmed that following a conversation between himself and MB it had proved difficult to resolve this due to the uncertainty around planning timescales. The next meeting is planned for January and it was agreed to keep the February and March meetings in the diary and hold a meeting to coincide with planning submissions requirements. The aim is to move the meetings to every other month and any changes to terms of reference will be considered as part of the annual committee effectiveness and annual work planning process.. • MB agreed with this and stated that the board will no doubt use this committee as a means of verifying our operational and financial plan, and asked that the committee remain as flexible as possible for the first part of next year. 	MB	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<p><u>Agency</u></p> <ul style="list-style-type: none"> • SY confirmed that following a discussion at the previous FIP meeting regarding agency staffing and costs and at which committee this should be reviewed she had spoken with Alan Davis (AD) and the view was that any actions relating to agency staffing should be part of the overall flexible working staffing arrangements discussion which will be a group led by Lindsay Jenson, the new Deputy Director of HR. SY stated that this will mean the bulk of the discussion can sit in the workforce and remuneration committee (WRC) if the FIP committee agree to this. She added the financial consequences still remain as part of the financial reporting that MB provides for the FIP committee. • The Committee agreed with this suggestion. CJ added this would allow the FIP committee to have a wider overview of the workforce costs rather than specifically focusing on agency. <p><u>Movements in headcount update (Sept 2019 - Sept 2020)</u></p> <p>MB provided the key highlights: -</p> <ul style="list-style-type: none"> • Year on year there has been an increase of just over 200 staff in the organisation • The Trust has seen improved retention and recruited into some vacancies. • The Trust has also had investment through the mental health investment standards and other service developments/additions. e.g. early supported discharge in Barnsley • There are other movements due to Covid-19 staffing and other general changes • The table provides a helpful insight into where the investment is taking place by BDU <p>MB asked the committee if they had any questions following his update: -</p> <ul style="list-style-type: none"> • CJ asked is what we are finding now in line with the original pre Covid financial plan assumptions made about vacancies, or have things changed as a result of the current situation? • MB replied that vacancy levels are not quite as high as we originally assumed and that Covid-19 has undoubtedly had an impact. He also noted the impact of the mental health investment standard on vacancies and staffing is quite marked in both 2019/20 and 2020/21. • MB stated that initial work on preparing for 21/22 would start in December when in effect we would rebase what our headcount assumptions are. He advised that the bulk of vacancies have been within clinical services. • CJ asked what the background was behind the relative lack of investment in Wakefield • MB replied that there has been investment in Wakefield and that a significant proportion has been in CAMHS, which is in a different BDU. He added that some investments in Wakefield have been made with other providers as part of agreements with the mental health alliance. • CJ thanked MB for the update which provided assurance to the committee 		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
5.	Review of committee related risks and any exception reports as required.	<p>MB provided the update stating there were two things the committee needed to be aware of and to keep focus on: -</p> <ul style="list-style-type: none"> First, the relatively new capital regime could have an impact on us, particularly if we need to spend a higher value. This can be re-visited as part of the planning process. Secondly, regarding the forensics lead provider collaborative MB confirmed the panel meeting is due to take place on the 30th November and that he also has a separate call on finances scheduled for later today. The financial position and future risk share arrangements will need considerable assurances both within the Trust and with our partners. 	MB	
6.	Current year financial performance	<p>MB provided month 7 key highlights: -</p> <ul style="list-style-type: none"> It has been a challenging month-end given it was the first month the new Oracle system has been used for month-end accounting and reporting. Staff are still finding their way around the system and he expects the process to improve as they become more accustomed to using it. A 69k surplus was reported compared to a deficit plan of circa 200k We continue to record and code our Covid-19 costs which were circa £400k in the month – broadly in line with previous months There has been an increase in agency medics by two compared to September Out of area bed placements have remained relatively low but this should not detract from the very significant demand and acuity challenges in inpatient wards and the intensive work taking place to manage bed flow. There are currently 3 out of area PICU placements and non for acute services and CH and her team need to be recognised for this. Our capital spend did increase in the month by £0.5m and we need to spend more than that each month between now and the end of the year to spend in line with our revised forecast. MB confirmed that he attended the capital meeting last week and had provided challenge on how achievable this is. He said he had received a robust response that despite the impact of Covid-19 there is still a high level of confidence we can get close to that number. Programs of work are in place and work has started on many schemes. 7 day payments are likely to prove more challenging following the implementation of the new system accompanied by very different processes. Having said that we will continue to strive all suppliers in the quickest possible timescale. MB explained that with regard to the provisions figure some budgets still need to be allocated to specific BDUs or support services MB stated that the West Yorkshire ICS had an overall saving against its draft plan of £2.7m in October. It is not yet known how representative this is of the rest of the year. 	MB	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> RW commented that Jonathan Webb had given an update yesterday on West Yorkshire finances. There is £26m of national assistance we expect to get to a break-even position. Depending on what costs can be adjusted for there is potential to break-even or incur a deficit of close to £100m. RW stated that the October variance to plan on page 4 of the finance report looked unusual. MB replied it is due to the fact we have reset the cumulative and full year budget in October given the updated financial arrangements and as such the monthly variance gives this artificial appearance for one month only. The cumulative variance is fully representative and monthly variances will be appropriate from November onwards KQ suggested having more narrative in the finance report would be helpful for colleagues. KQ asked if the mental health investment standard is recurrent funding MB confirmed this is the case. KQ raised a question around the Covid-19 costs, and asked are we getting this back from the centre MB replied that for the first 6 months it was received as a reclaim from the centre. From October onwards the monies have been allocated on a fair shares basis via the West Yorkshire ICS Internal approval and prioritisation is made by OMG. This is to ensure the decision of how this funding is used is made by the people who need to spend it. He added the funding is now prospective as opposed to retrospective. SY asked for views on out of area bed placement projections. CH replied that generally, the team are managing patient flow very well, but acuity on the wards so the acuity is high. We have had very few adult acute placements this year and a relatively consistent number of PICU placements. It remains hard work and resource intensive to maintain this position. CJ raised a question about the non-pay expenditure table on page 10 of the report, stating there are some significant variances re coding and allocation, and are any of them real performance issues given that it is a year to date budget and not a month budget. MB replied that there are two key pieces of work finance are undertaking, one of which is a full income reconciliation, and the other relates to non-pay. He explained that one thing that has changed quite significantly by moving finance systems to SBS is that we now use the national chart of accounts so we are reviewing our coding. This is a very significant change as the previous chart of accounts had been used for many years. CJ commented that travel and subsistence had been one that had stood out and had previously been under budget but is now over. 		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> MB explained the travel budget (and other pay and non-pay items) has been updated to reflect actual spend for the first half of the year and forecast for the second. This is to enable us to align with our submitted plan and is a change in budgets for this year only. Clearly this will be reviewed during financial planning for 21/22. MB added that financial reporting and budget setting has been very different this year. For 2020/21 we are in effect monitoring performance against a one-off plan for the second half of the year. Assuming there are more normal conditions next year our budgets and financial reporting will need to reflect this. There have been some very different spend profiles this year as a result of Covid-19 e.g. reduced travel and higher IT RW asked why the cash forecast is higher this year than actual last year given we are forecasting a deficit this year MB explained the main reasons are capital expenditure is lower than depreciation, timing of receipt of 2019/20 PSF, site disposal receipts and also a notable transaction made in 2019/20 will see the cash transferred to us in Q4 2020/21. RW asked if we could use of build up of cash to fund schemes for partner developments MB highlighted the notable financial resources required consolidate The Dales and Priestley. He would like us to better understand our capital requirements over the next 3 years so we have better intelligence on what our cash requirements are. TB stated he just wanted to reinforce the point MB had made about the early stage discussions with CHFT around their reconfiguration and the opportunities that this may might give us in dealing with some of the issues we have discussed. He stated there will also need to be consideration post Covid-19 about estate and what changes will be required. His view is that there will likely be more pressure on our capital spend than pre Covid-19. SY commented in terms of what TB has just described around potential additional upcoming pressure regarding estate whether it is suitably captured on the risk register. TB acknowledged this as a potential emerging risk and will discuss with Alan Davis. <p><u>Full year forecast</u></p> <ul style="list-style-type: none"> MB stated we need to be cautious with our forecast due to the fact we have only had one month operating with SBS and the new financial arrangements. He explained he was not seeing a huge risk at this point in time and potentially some upsides. There will always likely be risks relating to out of area beds and spend can change very quickly and significantly. MB stated he was pleased commissioners had fully recognised mental health investment standard funding which supports service provision and our financial position this year. MB stated at this point what we do not know the financial impact of any vaccine and if we would be responsible for them. No assumptions relating to this are included in our current forecast. 		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> CJ commented that this is the first time for a while that we have had a forecast where the potential upsides are bigger than the financial risks. 		
8.	SBS Finance ledger system progress update	<p>MB presented the key headlines: -</p> <ul style="list-style-type: none"> He still felt that despite the challenges faced it was best to go live when we did as this provides us with a longer time period to iron out any issues before the year-end. Staff need some time to get used to the new chart of accounts and to understand how best to interrogate the system for information and access it in the most efficient manner Fundamentally the business intelligence tool will be much better for both finance and service users We cannot replicate what we did in Agresso but instead ensure we make best use of the new system In terms of payments to suppliers historically we had our own accounts payable team and could make payment runs every working day if required. SBS only make payments on Tuesday and Thursdays We need to continue to educate staff about the importance of checking invoices daily. We are paying the vast majority within 14 days and paying 97% within the 30 days. There are inevitable teething difficulties with the new system and ways of working. A small group has been set up between procurement and finance to look at how we can optimise the use of the system. CJ stated that he thought payment within 7 days is an unrealistic ask in most organisations, and what we did previously was fantastic, and that he felt 30 days payments was good. CJ stated that he thought the SBS implementation had gone extremely well and congratulated MB and team, particularly given the workforce challenges MB had previously outlined. He stated the first test is always to complete any month end, and to complete within 10 days is good. 		
9.	Covid-19 benchmarking	<p>MB provided the update stating that because of the way the data collection exercise works nationally the information only compares to 2018-19. He advised that the Trust had started contributing to this in June time and that there are around 70 organisations contributing national. It is starting to generate some useful information which is being channelled through the business intelligence meeting which is part of the reset and restoration group.</p> <p>Key headlines:-</p> <ul style="list-style-type: none"> Level of digital interventions as a proportion of the total are lower than MB expected and shows that a lot of none face to face are still via telephone. Level of referral acceptance rates are relatively high. There is some useful information relating to CAMHS 		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		<ul style="list-style-type: none"> National mental health benchmarking information has been circulated recently and once we look at this and we can use it along with the model hospital data as it provides good potential to help us understand how we are performing and where we can potentially improve CH stated she was surprised to see where we had lower levels of referral and was keen to see further analysis on levels of referral and acceptance rates compared to other trusts. She said this will be discussed in further detail at OMG. TB advised that a brief discussion had taken place at the mental health directors' council forum last week where he said it was interesting when looking at our figures and the narrative that we might have to support those, it was very similar from others in the council and so warrants further examination. RW stated it is interesting to look at where we are an outlier. There are some good insights to draw out of this data, but the critical thing is what action do we want to take. KQ suggested we look into our community caseloads as they are lower, and in terms of performance we really need to understand these. Also, we are lower than others in terms of digital usage, so we are clearly using the telephone more, and asked what the evidence is in terms of service outcomes. Whilst appreciating there are lots of pressures she asked when can we expect some further analysis and understanding. CJ stated he feels it is a legitimate topic for FIP to consider, whilst accepting the challenges that MB and other colleagues face with external and other demands he asked what is a reasonable time frame to expect a report on what we are doing really well and also those areas that we can identify where we can improve? RW suggested that initially this is a conversation for EMT around prioritisation and then for review at FIP. SY asked when the 2019-20 model hospital data report would be provided. MB stated once available it will be reviewed with a report provided to FIP. 		
10.	New risks identified	<ul style="list-style-type: none"> It was agreed no new risks were identified although focus will be kept on the capital regime. 		
11.	Annual work plan	<ul style="list-style-type: none"> CJ confirmed that setting agendas will continue to work around what issues are current and what capacity looks like in light of the current pressures 		
15.	Items to be brought to the attention of the Trust Board	<ul style="list-style-type: none"> Received assurance on the explanation around extra 200 whole time equivalent staff year on year No further update on particular risks but noted some challenges around the forensics lead provider collaborative and the risk share process. Received first set of finance reports from the new SBS system and noted the inevitable challenges that come with the first month, but we are pleased that we have been able to produce a set of accounts, and based on that one month we seem to be on target to at least achieve our control total. Received a benchmarking report regarding various metrics during Covid-19 that EMT will consider how best to use 		

**Minutes of the Mental Health Act Committee Meeting held
Virtually via Microsoft Teams on
3 November 2020**

Present:	Dr Subha Thiyagesh	Medical Director (lead Director)
	Kate Quail	Non-Executive Director (Chair)
	Tim Breedon	Director of Nursing and Quality
	Erfana Mahmood	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
Apologies:	<u>Members</u>	
	Salma Yasmeen	Director of Strategy
	<u>Attendees</u>	
	Terry Hevicon-Nixon	Operations Manager - Working Age Mental Health (Calderdale) – local authority representative
	Anne Howgate	AMHP Team Leader (Kirklees) – local authority representative
	Chris Lennox	Deputy Director of Operations
In attendance:	Shirley Atkinson	Professional Development Support Manager (Barnsley) – local authority representative
	Clive Barrett	Head of Safeguarding, Mid Yorkshire Hospitals NHS Trust
	Julie Carr	Clinical Legislation Manager
	Anthony Dhurmea	Team Manager (to item 2)
	Mike Ford	Non-Executive Director
	Darren Haigh	Mental Health Liaison Team Practitioner (to item 2)
	Gary Haigh	Independent Associate Hospital Manager, Chair of the Hospital Manager Forum
	Carol Harris	Director of Operations
	Yvonne French	Assistant Director, Legal Services
	Victoria Thersby	Head of Safeguarding (Calderdale & Huddersfield NHS FT)
	Carly Thimm	Mental Health Act / Mental Capacity Act Manager
	Stephen Thomas	MCA/MHA Team Manager (Wakefield) – local authority representative
	Gordon Walker	Vice Chair of the Hospital Managers Forum
	Sarah Millar	PA to Medical Director (author)

MHAC/20/41 Welcome, Introductions and Apologies (agenda item 1)

The Chair, Kate Quail (KQ) welcomed everyone to the meeting. The apologies, as above, were noted.

It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed.

There were no declarations of interest to record.

MHAC/20/42 The Act in Practice (agenda item 2)

MHAC/20/42a All Age Liaison Service (agenda item 2.1)

Presentation from Anthony Dhurmea (AD) and Darren Haigh (DH) on the All Age Liaison service in Calderdale and Kirklees.

DH reported that the team had gone through the transition process really well. They had all received CAMHS training, were developing positive relationships with other services, had produced a discharge package and paperwork for A&E and also a safety package which was very patient focused but helped to maintain their own safety. The team also met weekly with CAMHS and A&E colleagues.

DH referred to the Gillick and Fraser competencies which were used to assess whether a child under the age of 16 was able to consent to medical treatment without parental consent or permission. Julie Carr (JC) had arranged for a Trust solicitor to do a presentation on all the legal aspects which was recorded and kept on file for reference.

KQ raised the issue of out of area placements for young people and the difficulties with finding appropriate care environments in often complex cases. DH indicated that the liaison team are very much working to manage the safety of the young person at the time and then arrange for the CAMHS specialised team to take over care. In terms of environment, it was acknowledged that there is a shortage of CAMHS beds nationally and the young person will be managed in their own home if at all possible.

Stephen Thomas (STh) reported an increase in Mental Health Act assessments in A&E and DH agreed that there is an all age increase and often involving people who have never had mental health problems before, which is likely as a result of the pandemic.

It was queried whether the All Age Liaison service was replicated in other areas of the Trust and it was noted that Wakefield and Barnsley already have a 24/7 service.

On behalf of the Committee, KQ thanked AD and DH for their presentation.

MHAC/20/43 Legal updates (agenda item 3)

MHAC/20/43a Impact of Covid 19 MHA/MCA/DoLS (agenda item 3.1)

Yvonne French (YF) presented the update of changes since the last meeting and noted in particular that the Tribunal Service have outlined the steps being taken to ensure that Tribunals will continue to operate regardless of whether stricter restrictions are in place. The Tribunal Service is insisting that all participants join the hearings via video link and YF confirmed that there is IT kit available for this and any issues are being worked through. YF acknowledged that the rolling update had become lengthy and would be in a table format for the next meeting with a front sheet highlighting any updates.

Charlotte Dyson (CD) queried whether cases had been delayed due to Covid perhaps leading to people remaining in prison for longer. YF confirmed that there were no such cases and some were actually being dealt with quicker than usual. YF referred to one case with someone being transferred to high secure services from prison where the delay had been due to legal issues rather than the Mental Health Act.

STh referred to the SWYPFT Standard Operating Procedure (SOP) which allowed for remote Mental Health Act assessments. YF indicated that this had been developed with input from AMHPs and was a reiteration of guidance from the Department of Health and Social Care. STh gave an example of where the acute hospital did not agree to a virtual assessment and indicated that it was for AMHPs to decide how to carry out an assessment. YF had shared the SOP with AMHPs during the summer and would now send to local authority colleagues.

Action: Yvonne French

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/20/43b Liberty Protection Safeguards Implementation (agenda item 3.2)

JC reported that the government had now released an updated timetable for the introduction of Liberty Protection Safeguards. The Regulations are expected to open for public consultation in Spring of 2021 and the Trust will work with partner agencies to formulate a response. The implementation is expected to take place in April 2022.

KQ acknowledged that the Committee was well sighted and prepared for this and that any risks had been identified and were being addressed.

EM raised that prior to the pandemic there had been regular quality visits by various groups including Directors, Non-Executive Directors and the CQC. EM queried how the Trust is currently providing assurance that quality is being monitored. Tim Breedon (TB) advised that the CQC are carrying out remote visits and Clinical Governance and Clinical Safety Committee (CGCSC) is considering how we can facilitate internal remote visits. It was acknowledged that whilst this was not the same as physical visits, it did provide some assurance. Gary Haigh (GH) added that Hospital Managers link with service users during hearings and would raise any concerns. KQ thanked GH for the valuable input from the Hospital Managers.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/20/43c Digitalising the MHA 1983 (agenda item 3.3)

JC referred to the previous consultation document to amend the Regulations and digitalise the MHA 1983 which the Trust responded to in July 2020. The Amendment Regulations will come into force from 1 December 2020 and will allow for information to be served or submitted digitally and also for the use of an electronic signature.

Guidance notes are expected with the Regulations and JC, YF and Carly Thimm (CT) are booked onto training. Paperwork will then be prepared and there are plans to develop guidance for clinical colleagues. YF added that the team will link with a medics' webinar to update doctors.

It was noted that the Mental Health Act team are liaising with partners to ensure consistency across the Trust footprint and Shirley Atkinson (SA) indicated that Barnsley will probably continue with paper copies. Victoria Thersby (VT) raised that there was the potential for both paper and electronic versions to be submitted and JC indicated that consistency would be preferable.

JC reported that there have been some concerns raised around the confidentiality of patient information, however should an AMHP wish to serve a document electronically then it must be accepted. There had also been a risk identified with storage of paperwork. MF queried whether the security aspects would be considered as part of the planning and JC advised that many organisations have raised similar issues and it is understood that the guidance will address these.

Action: Yvonne French

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/20/44 Local Authority and Acute Trusts (agenda item 4)

The following updates were noted:

Shirley Atkinson – Barnsley Council

- Need to await guidance on digitalisation of Mental Health Act although real concerns about governance. AMHPs need to check that things are correct and it has been agreed to get a group together to look at guidance.
- Lots of referrals for Mental Health Act assessments and quite a lot leading to detentions. Covid appears to be affecting people more.

Stephen Thomas – Wakefield Council

- Concerns about the number of staff not available for face to face contacts due to various reasons such as isolating, general sickness or Covid related absence.
- At the national AMHPs Leads' forum there appeared to be a pattern across the country and there may not be enough AMHPs for face to face assessments which could lead to more virtual assessments being done.

Clive Barrett (CB) – Mid Yorkshire Hospitals NHS Trust (MYHT)

- Referred to presentation by All Age Liaison service and reported that Mid Yorks have psychiatric liaison across all three sites. This is now an all age service which has taken pressure off the CAMHS team and enables a prompter response for the service user.
- One off case with the psychiatric liaison team being responsible for someone in a paediatric bed which was now sorted.
- Another case of a looked after child aged 10 where the police used 136 holding powers, took them to the police station and then to Mid Yorks. YF had confirmed that the use of 136 is not age restricted and CB reiterated the good working relationships between Mid Yorks and SWYPFT.

Victoria Thersby – Calderdale & Huddersfield NHS FT

- Advised that the SWYPFT All Age Liaison service links really well with the acute teams.
- Awaiting sign off of the Mental Health Act policy.
- Separate Children's Policy – huge amount of work being done around paediatric risk assessments.
- Lot of work around a National Confidential Enquiry into Patient Outcomes and Death audit.
- Two young people on paediatric wards with eating disorders awaiting Tier 4 beds. One was due a Hospital Managers' hearing today which did not happen unfortunately. This issue was actioned and progressed at the time with a children's advocate being instructed via the Local Authority and the hearing taking place.

KQ concluded that the joint working across different agencies was really important and feedback at this meeting was very welcome.

MHAC/20/45 Minutes/Actions (agenda item 5)

MHAC/20/45a Minutes of previous meeting held on the 25 August 2020 (agenda item 5.1)

KQ confirmed that the minutes would be updated to reflect that the local authority did not accept the version of events in CB's update that an AMHP had refused to attend Pinderfields Hospital to undertake a Mental Health Act Assessment. CB confirmed that following an investigation there was found to be no delay or refusal by the AMHP and the matter was resolved.

It was RESOLVED to APPROVE the notes of the meeting held on 25 August 2020 as a true and accurate record of the meeting, subject to the above amendments being made.

MHAC/20/45b Action points (agenda item 5.2)

The action points were noted and the following items raised:

- MHAC20/29c – Subha Thiyagesh (ST) gave an update on the patient experience toolkit. ST advised that the different parts of the project were now aligned and whilst the initial focus had been on BAME service users and their experience of the Mental Health Act, this had now broadened to the wider patient group. The Quality Improvement Team and Patient Experience Team were working to facilitate the project and the results would be brought back to a future Mental Health Act Committee (MHAC).

Action: Subha Thiyagesh/Yvonne French

- MHAC20/06a – Action points – YF confirmed that the meeting to discuss gathering more information on service user admissions following arrest had taken place. Chris Lennox (CL) had met with Mike Garnham and it was agreed that a regular bespoke report would go to the S136 group.

MHAC/20/46 Risk Registers (agenda item 6)

MHAC/20/46a Consideration of items from the organisational risk register relevant to MHA Committee (agenda item 6.1)

KQ reported that there were no risks assigned to MHAC by Trust Board and the four that were pertinent to this Committee had oversight by the CGCSC.

MHAC/20/46b Mental Health Act Committee risk register (agenda item 6.2)

YF advised that there were no new risks and the previous ones identified in relation to capacity, consent, NICE guidance, Section 17 and Section 132 had been reviewed and updated.

In relation to the NICE guidance risk, YF had met with clinical staff with a view to closing it off in the next few months.

YF indicated that the MHAC risk register was available if attendees wished to view it.

MHAC/20/47 Statistical information use of the Mental Health Act (MHA) 1983 and Mental Capacity Act (MCA) 2005 (agenda item 7)

MHAC/20/47a Performance report – Monitoring information Trust wide July-September 2020 (agenda item 7.1)

The report was considered and the following noted:

- 44% of all new admissions in Quarter 2 were under the Mental Health Act 1983. This is a reduction of 7% over Quarter 1 activity. Committee noted that this still represents an increase in activity compared to this time last year.
- There were two admissions under the Mental Health Act 1983 of an individual aged under 18 in Quarter 2. Services were experiencing an increase in demand for 16 and 17 year olds to be admitted due to a shortage of CAMHS beds. Admissions of young people under 18 to adult beds occurs as a last resort and only when it would appear to be the 'least worst' option. They are monitored by CGCSC, and by Trust Board via the IPR. Internal transfer activity relates mainly to people moving closer to their home and care teams. It was acknowledged that whilst this was positive, they ideally should not have been admitted to a different place to begin with.
- There has been an increase in Hospital Manager appeals with a total of 27 being received in Quarter 2.
- In Quarter 2, 44% of all 136 assessments resulted in detention which was fewer than the 57% reported in Quarter 1.
- There had been a reduction in the recording of ethnicity which was a constant challenge. YF reported that this was being addressed with the help of the Inclusion team.
- In relation to the exception reports, YF had provided a bespoke report to CH and CL and MHAC were assured that these were being investigated.
- There have been three CQC notifiable deaths in Quarter 2 and the detail is in the performance report.

It was noted that whilst improvement in the recording of ethnicity has been made, this has dropped slightly this quarter. CD queried whether the implementation of SystmOne was contributing to the lower recording rates among certain groups. It was noted that SystmOne does not drill down into ethnicity categories to identify particular groups, eg people from the Polish Community. TB indicated that we may need to look at adding more categories to SystmOne if they are not already available, or if they are available, we may need to report differently. CH advised that attempts had been made to pull data through from the GP record on SystmOne but this had had limited success.

ST raised that national data indicated those from Black, Irish and Asian backgrounds were more likely to be detained and we needed to look at other ways of providing support in the community so individuals do not reach the stage of detention.

There was discussion on taking steps to make the data more meaningful as had previously been agreed by Committee.

It was RESOLVED to RECEIVE and NOTE the contents of the monitoring report.

MHAC/20/48 CQC compliance actions (agenda item 8)

MHAC/20/48a MHA/MCA Code of Practice oversight group feedback (agenda item 8.1)

YF gave an update on the following workstreams:

- 136 MHA Policy – draft policy was re-circulated for further comment following a meeting in January 2020. Discussed at 136 meeting in July and lack of progress due to Covid 19 noted.
- Leave implementation group – agreed with lead Matron and Practice Governance Coaches to assign responsibility for weekly checks to ward managers. Training on completion of the leave forms and responsibilities to be added to the staff nurse induction pack.
- Section 132/132a and 131 patients' rights – trying to resolve issues with reminders being sent directly via SystmOne.
- Seclusion and Segregation – local review systems are in place regarding the use of seclusion and KQ indicated that this update provided good assurance to MHAC.

It was RESOLVED to RECEIVE and NOTE the activity.

MHAC/20/48b MHA/MCA/DoLS mandatory training update (agenda item 8.2)

JC reported the current position as of Quarter 2:

- Mental Capacity Act/DoLS training – 94.34% compliant
- Mental Health Act training – 90.83% compliant.

MHAC noted that both training figures exceeded 90% during a time when training was only available via e-learning. JC advised that the Mental Health Act team were developing a blended learning approach which combined e-learning and an MS Teams session for inpatient areas.

It was RESOLVED to RECEIVE the report and to NOTE the level of compliance with the mandatory training target and plans for future training.

MHAC/20/49 Audit and Compliance Reports (agenda item 9)

MHAC/20/49a Patients' Rights – Community Treatment Orders (agenda item 9.1)

JC reported that there had been a significant improvement in the recording of patients' rights. It had been previously identified that compliance in the giving and recording of rights needed to be improved and a new process has been established whereby the Mental Health Act office prompt the community teams when a reiteration of rights is due for each patient. In addition, guidance notes have been distributed and the teams have been offered bespoke training.

MHAC noted that, as this new system puts additional pressure on to the Mental Health Act team, a project has begun to utilise the alert system facility within SystmOne.

JC indicated the next steps:

- To work with the SystmOne team in setting up alerts for Section 132A rights.
- To work with the community clinical services in ensuring patient records are completed in full.
- To work in developing a community whiteboard to ensure that patients' rights are up to date and correct.
- To better understand the correlation between rights being read in person and rights being recorded as read on SystmOne.

- Discuss findings with community services manager and ascertain if we should review under a Quality Improvement process.

Mike Ford (MF) queried the target to be achieved in order for us to be rated green and JC advised that it was 80%. It was noted that we do not have figures from other Trusts to compare with ours.

YF added that as this refers to community patients, if an appointment is made which is then postponed or cancelled, the reiteration of rights is moved to the next appointment as it should be done face to face. This then appears as if the reiteration of Rights has been missed, when in fact it is because it was not possible given the cancellation/postponement of the appointment. Consideration is therefore being given to whether this could be done over the phone.

MF asked about the timescale to achieve the target and JC indicated that the audit would be repeated after one year. EM referred to the possibility of a Quality Improvement type approach and it was agreed that ST and YF would discuss this further and report back to the next Committee meeting.

Action: Subha Thiyagesh/Yvonne French

MHAC/20/49b Patient Experience – Remote Tribunal Hearings (agenda item 9.2)

JC presented a summary of the findings from a review of patient experiences of remote Tribunal hearings during Covid 19.

91 patients were identified as having taken part in a hearing over May, June and July 2020 and were approached to retrospectively give their opinions. Only 17 responses were received and this sample size was too small to make any conclusions. The findings did, however indicate that overall, patients reported having found the remote hearings to be a positive experience although people would generally prefer a face to face hearing, given the choice.

Some issues with the language used in the survey had been addressed and there was a plan to repeat the survey in real time following each Tribunal with an ask for the clinical team to go through it with the patient. JC will bring an update to the next meeting.

Action: Julie Carr

CD raised that it was really important to understand the views of those from a BAME background and queried how the survey could be made more accessible to them. KQ indicated that the other broader survey which ST gave an update on had been opened up to a wider audience as, in order to understand the BAME experience, we need to understand the experience of others so we can make a meaningful comparison.

It was RESOLVED to RECEIVE the briefing and to APPROVE the next steps identified.

MHAC/20/50 Care Quality Commission visits (agenda item 10)

MHAC/20/50a Visits and summary reports Quarter 2 (agenda item 10.1)

JC reported that there were 5 CQC Mental Health Act visits in Quarter 2 to Priestley Ward (Newton Lodge), Melton, Newhaven, Elmdale and Bronte.

Within the quarter, 4 MHA monitoring summary reports were received relating to ward visits made to; Stanley, Priestley Ward (Newton Lodge), Melton and Newhaven.

3 responses were submitted to the CQC; Stanley, Priestley Ward (Newton Lodge) and Melton.

The Committee received detailed information about the outstanding issues. MF queried why some of the actions appeared to be repeated and YF advised that several wards may have similar actions which needed to be addressed but may be at different stages.

EM made a general point about the ambition for the MHAC data which was much improved and queried how the Committee can drive and influence meaningful change. EM suggested that it was now time to consider producing forward looking data and how we can improve services for BAME service users. ST indicated that service user feedback would be a key part of this. It was agreed to pick up as a specific item for discussion at the next agenda setting meeting and EM would be invited to attend.

Action: Sarah Millar

It was RESOLVED to RECEIVE the report and to NOTE the positive progress.

MHAC/20/50b Update on CQC MHA action plans (agenda item 10.2)

YF reported that good progress was being made by the Matrons and Practice Governance Coaches on the action plans.

MHAC noted that both FIRM risk assessment and care planning had been on the action plan for a while. YF indicated that specific working groups had been set up to address this as the Matrons will not sign off as completed until they are confident the changes have been embedded into practice. The Committee had previously agreed that this was a good approach.

It was RESOLVED to RECEIVE the report and NOTE the progress of the actions following CQC visits.

MHAC/20/51 Independent Hospital Managers (agenda item 11)

MHAC/20/51a Hospital Managers' Forum notes (agenda item 11.1)

The Committee received the notes of the Mental Health Act Managers' Forum meeting from 22 September 2020.

GH highlighted the following points:

- Some technical issues still affecting the smooth running of hearings. Some carers not sure about using technology and are being better supported now.
- Hearings with participants present were fairer and preferable although patients prefer face to face hearings if possible.
- Concerns about the effect of virtual hearings on patients.
- Concerns about the potential for 'Covid inertia' with professionals using Covid as a reason not to do things. GH gave an example of a patient who had no glasses for three weeks as the prescription was at the opticians.
- Hospital Managers' extra expense incurred for equipment, data and technical support out of their own pocket. Request for some reimbursement from the Trust.

KQ thanked the Hospital Managers and Mental Health Act administrator team for their continued commitment to improving the virtual hearings.

CH confirmed that the specific issue with the glasses had been resolved and GH suggested that the Hospital Managers should raise any concerns as they arise so they can be dealt with at the time. CH will feed back to the operational teams.

Action: Carol Harris

In relation to reimbursement of additional expenses, ST will feed back to Hospital Managers ahead of the next meeting once a response is received from the Director of Finance.

Action: Subha Thiyagesh

It was RESOLVED to NOTE the update.

MHAC/20/51b Annual Hospital Managers Report (agenda item 11.2)

JC presented a summary of the Independent Hospital Managers' Annual Review.

KQ thanked the Hospital Managers for their efforts in ensuring the rights of patients are upheld and acknowledged the huge amount of work done and commitment to working with the Mental Health Act office.

Gordon Walker (GW) stated that the Mental Health Act office were brilliant and provided excellent support, with things always being done in a timely manner.

MHAC/20/52 Key Messages to Trust Board and other Committees (agenda item 12)

The key issues to report to Trust Board were agreed as:

- Service user engagement work, including service users from BAME communities.
- Excellent input from MHA admin team in Quality Improvement work.
- CQC MHA Visits – Key issues and actions required. Good progress with actions.
- Advocacy – issues /problems identified and action to address this implemented.
- All Age Liaison service - established and working well.
- Positive strong relationships with acute trusts and AMHPs.
- Improved MHA Performance report working well. Exception reports investigated and assurance provided in each instance for MHAC.
- Mandatory training figures for MHA and MCA exceeded 90%, against 80% target.

No issues for other Committees identified.

MHAC/20/53 Work programme (agenda item 13)

The Committee reviewed the work plan.

MHAC/20/54 Date and time of next meeting

The next Committee meeting will be held on 9 March 2021 2.00pm to 4.00 pm via Microsoft Teams.

**Minutes of the Workforce and Remuneration Committee
held on 19 January 2021**

Present:	Sam Young Angela Monaghan Charlotte Dyson Rob Webster	Non-Executive Director (Chair) Chair of the Trust Non-Executive Director (Vice-Chair) Chief Executive
In attendance:	Alan Davis Janice White Mike Ford Lindsay Jensen	Director of HR, OD and Estates PA to Director of HR, OD and Estates (author) Non-Executive Director Deputy Director of HR and OD

WRC/21/01 Welcome, Introductions and Apologies (agenda item 1)

The Chair, Sam Young (SY) welcomed everyone to the meeting. Mike Ford was in attendance as part of his induction. Lindsay Jensen, Deputy Director of Human Resources and Organisational Development was also in attendance and will attend future meetings. No apologies were received.

It was noted that the meeting was quorate and could proceed.

SY mentioned that the Committee would continually focus on the vaccination programme throughout the meeting today.

WRC/21/02 Declaration of Interests (verbal item) (agenda item 2)

There were no declarations over and above those made in the annual return to the Trust Board in March 2020 or subsequently.

WRC/21/03 Minutes of the meeting held on 21 July 2020 (agenda item 3)

The Committee confirmed that these were an accurate reflection.

The Committee RESOLVED to APPROVE the minutes of the meeting held on 21 July 2020.

WRC/21/04 Matters arising (agenda item 4)

The Committee discussed the schedule of actions from the previous meeting.

(a) **WRC/20/29 Annual Work Programme 2020/21**

SY said the Annual Work Programme is missing from the pack for the meeting today due to the ongoing changes in relation to Covid. It was agreed that SY and AGD would re-visit this and bring it back to the next Committee.

Action: AGD/SY

b) ***WRC/20/47 Integrated Workforce Performance Report: Review of workforce performance indicators during the pandemic (agenda item 5)***

AGD updated the Committee. He said that the BAME Health and Wellbeing Task Force had continued to meet and are reviewing the Risk Assessment process and the group have been discussing a short follow up survey. This had been delayed as the group were discussing combining it with questions on the COVID vaccine. If it is decided to include questions around the vaccine, then the survey would be split into what would be shared with the manager and what wouldn't. This will also help pull together the communications programme, particularly focused on BAME staff as there is concern nationally around BAME communities not taking up the vaccine.

AM mentioned that the SAGE Equality Committee have produced a paper on the issue of BAME take up of vaccinations and there are a series of recommendations and wanted to check that these have been addressed. She also asked in terms of the risk assessments that all staff undertook, what happened to the data.

AGD said that in terms of the first point in relation to BAME staff take up of vaccinations, the Bronze vaccination group are undertaking quite a bit of work, particularly around concerns whether BAME staff are taking up the vaccine and have been looking at a range of national information including the SAGE report. He confirmed that Cherill Watterston WRES OD Lead and Dannie Houston, Communications Manager are working together on the communication plan for BAME colleagues. He said it is very early days but at the moment for substantive staff it doesn't look like there is disparity in vaccine take up between percentage of substantive BAME and White staff, however, it was important to be very cautious as the programme had only just started. There appears at first sight to be a lower uptake from BAME Bank Staff of the vaccine but further work around those who have and have not worked is being undertaken.

In terms of the second point in relation to risk assessments, AGD said these were confidential to the individual and their manager and not held centrally. It was confirmed that the Trust does hold a list of staff deemed nationally as clinically extremely vulnerable (CEV).

It was noted that the workforce risk stratification is based on the Joint Committee on Vaccination and Immunisation (JCVI) guidance and includes prioritisation based on age, ethnicity and CEV. AGD confirmed that if someone declines the vaccine for whatever reason we will continue to keep in contact with the individual to give them further opportunity if they wish to take up the vaccine at a later date.

SY asked for the action in relation to the BAME risk assessment survey remain open until the survey has been undertaken and AGD to report back to inform the Committee whether the vaccination question had been included.

Action: Alan Davis

The Committee DISCUSSED and COMMENTED on the actions from the previous meeting as detailed above.

WRC/21/05 Integrated Workforce Performance Report (agenda item 5)

AGD introduced the Integrated Workforce Performance Report and said that in terms of the vaccination programme it has been an incredible team effort across the whole Trust. He said that he had recently visited the Fieldhead vaccination Hub and it was working extremely well. He also said it should be recognised that decisions are being made at pace and therefore, we may not get everything right but there is a daily Vaccination Bronze who keeps matters under constant review. He said it is important to get the model right and to be able to sustain it for

at least 12 weeks. He mentioned that the Trust's Talent Pool had been used to staff the vaccination hubs and support the programme. There had also been offers from the Army of support which the Trust was looking into. AGD informed the Committee that to date over 1500 substantive staff have been vaccinated and 140 bank staff have been vaccinated in just over a week. In terms of breakdown 11.1% are BAME staff and 88.9% are White staff compared to the profile of substantive workforce of 10.9% BAME and 89.1% white colleagues. RW said Gold will receive a more detailed report produced through the Bronze vaccine group and further work is required around Bank staff where there is a higher proportion of BAME colleagues than White.

SY said she wanted to reiterate it is a tremendous effort, an amazing amount of work and a really good system. RW wanted to also add his thanks and agreed the processes are working really well. He mentioned a couple of points that he has picked up from elsewhere on looking at the data (e.g. Calderdale and Huddersfield NHS FT and conversations with Leeds Hospital) in that it is crucial that we examine differences between ethnic groups and not just see BAME as a single category. He said there is an over-representation of Asian staff and a significant under-representation of Black staff and we need to look at these numbers to make sure we address any issues if they exist. The second point is in relation to risk assessments in view of AM's earlier comments and it might be that we need to think about if they are Red to look at prioritising these staff for vaccination.

CD said she agreed with RW's point about BAME data.

AGD said in terms of the vaccination in services he will be able to get a breakdown by professional groups/BDU services which will be provided to Gold and he will bring a more detailed report to the next WRC meeting.

Action: Alan Davis

AGD confirmed that a decision was made for those people who have refused the vaccine that it will be kept open for them to have the vaccine at a later stage if they changed their mind.

MF asked what the situation is with agency staff in terms of vaccination i.e. where do they get vaccinated and also if we employ them based on whether they have been vaccinated. AGD confirmed that the Trust vaccinates regular locums who work for the Trust so agency and bank staff are included in our numbers as well as social care staff who are part of our integrated team. The COVID vaccine is not mandatory so it is not a requirement to work in the Trust.

LJ confirmed that we are reporting the uptake of vaccinations through the National Immunisation of Vaccination System (NIVS) so we will have a record of who has had the vaccine.

AM asked if there would be implications on people in their work who haven't had the vaccine. RW said that the vaccine protects the individual not anyone else and there is only limited evidence that it may contain the spread.

The Committee felt that the data from the risk assessments should be considered again in terms of any future roll outs of vaccinations and ask that the Executive Management Team (EMT) and relevant groups consider this again.

Action: Alan Davis

CD asked about information on vaccinations of patients. LJ responded to say that whilst the Bronze Covid Vaccination Group has been concentrating on staff vaccines in line with national guidance they are starting to also look at patients and that Kate Dewhirst, Chief Pharmacist, and her colleagues are working on a Standard Operating Procedure (SOP) for those patients who are 80. RW confirmed that this was the report received at Gold and a decision on seven day working of the vaccination hubs was taken so the programme could be extended to Social Care staff and patients in order of priority.

AM asked for clarification around the position of Volunteers including Governors, are they included in the staff programme and also do we still need vaccinators. AGD confirmed that vaccinators need to be registered Clinicians and at the moment we have enough to cover the clinics. However, there may be additional pressure if we step up to seven day working. LJ confirmed that Volunteers are included in the list of staff. AGD said the briefing was that staff need to be based in a hospital or health centre and therefore he is not clear whether Governors would be eligible and Bronze will need to make this decision.

CD asked about the vaccination of people with a mental health issue and inpatients. AGD confirmed that we have a commitment to vaccinate our patients. He said Kate Dewhirst, Chief Pharmacist is working through what this actually means and how we categorise them.

RW said that we are discussing with other Trusts in the system which patients are vaccinated and he suggested that the Clinical Governance and Clinical Safety Committee may want to pick this up.

The Committee wanted to give formal thanks for all the work everyone is doing around vaccinations.

AGD drew the Committee's attention to a few points on the Performance Dashboard and said that staff absence is being monitored and there is still a significant pressure in our services, although general absence has gone down. There has been further work in ensuring meaningful work for people working at home who are CEV for their individual wellbeing. He also mentioned that at the previous meeting the Committee had a discussion about violence and aggression and people becoming less tolerant, particularly in the Barnsley Community and from the Datix this doesn't appear to be the case. AM asked in terms of BAME staff absence and the three areas, Barnsley Community, CAMHS and Support Services where there is a higher level of absence. AGD confirmed that in Barnsley and other areas the number of BAME Staff are relatively small and therefore does fluctuate. He said it builds on the point about the risk assessment and to try and understand why people's absence is high and this will be kept under review.

SY asked if people were working in their own service area when working from home. AGD confirmed in the main they are working in their own service area.

RW mentioned to keep in view these numbers are all on a higher baseline as we have about 200 more staff than a year ago.

The Committee DISCUSSED and COMMENTED on the Performance Dashboard.

WRC/21/06: Workforce Strategy 2021-2024 (agenda item 6)

SY said that this was originally going to be a review of the Workforce Strategy but due to the ongoing situation around Covid, AGD was unable to finalise the Strategy and SY and AGD had a discussion and agreed that AGD would produce some slides for discussion. AGD introduced the slides and said he wanted to capture some key themes that was discussed at the last meeting.

Due to AGD network issues LJ talked the Committee through the slides and said that as the People Plan is developing and growing we have tried to ensure our Workforce Strategy is aligned with the People Plan and that these slides show this alignment. The work that the Trust has been doing around SWYPFT is a Great Place to Work and other work fits neatly with the NHS people Plan and gives assurance and shows we are ahead of the game. As the People Plan is continuing to be developed there will be further versions of it which we will need to consider. RW said in terms of the bigger picture on the People Plan which was published in the Summer, there was a short term ask for this year with what to focus on for the rest of the year. He said the National People Board is being re-convened which he has been invited to be part of so will have direct input and will get some insight. There should be further

guidance soon on how we are planning for the future workforce and in West Yorkshire the Integrated Care Systems (ICS's) is part of developing Yorkshire and the Humber Workforce Planning Hub with Universities.

LJ informed the Committee that she had recently been at a session for HR Directors from NHSE/I who are looking at a review of Human Resources and Organisational Development as mentioned in the People Plan. The emphasis will be a change of focus for the HR profession going forward to enable the People Plan to be delivered.

AM mentioned the People Plan requires the appointment of a Board Wellbeing lead which needs to be a Non-Executive Director. RW said he thought the Chair of the Workforce and Remuneration Committee is a good option. The Committee agreed this is a good approach.

AM thought that the slides were excellent, really strong focus on Equality, Diversity and Inclusion (EDI) and particularly around BAME but she felt we need to consider Disability more as disabled staff from the staff survey have a worse experience.

AM also noted our ambitions around Sustainability and felt that this needed to be reflected in the Workforce Strategy.

MF also reiterated AM's point about Disability and asked about the link to the Integrated Care System (ICS). RW responded and said the ICS already has a Workforce Strategy for West Yorkshire and Harrogate which was initially published in 2018 and updated in 2020. As both link to the national People Plan which covers the ICS role in relation to planning, links to Universities, skills, digital etc, there will be general consistency.

The Committee agreed to send comments to AGD on the slides, in particular the areas listed on the final page.

The Committee DISCUSSED the slides on the Workforce Strategy and AGREED to send further comments to Alan Davis.

WRC/21/08 Employment Law Update (agenda item 8)

AGD confirmed there was no update to report to the Committee

WRC/21/11 Review of Trust's Disciplinary Procedure (agenda item 11)

AGD said this is the second review. We did the first review in 2019 when the original letter came out and we were comfortable that our processes and procedures mapped against the recommendation and have also enhanced that with additional confidential Occupational Health support. At the moment we are consistent with good practice. One area of concern is the issue around timescales and making sure there isn't a delay when people have been suspended and this is something that we need to continually monitor. RW wanted to make sure that we recognise these tragic events didn't happen in our Trust. He said this is a good piece of work but an additional point is that the Dame Donna Kinnair review in West Yorkshire and Harrogate included strengthening arrangements around disciplinary procedures for staff from a Black and Asian heritage. She recommended that there should be independent panels put in place and we need to keep this in view as it may change the procedure.

AM said this is a good paper and supports this but would like a further detailed discussion at the next meeting in February.

Action: Alan Davis

AGD said that Lindsay had produced the paper and looked at it with a fresh pair of eyes so it is almost a new review which should give some reassurance.

The Committee DISCUSSED the paper and AGREED to have a further discussion at the next WRC meeting in February.

WRC/21/12 Directors 2020/2021 Pay Award (agenda item 12)

AGD confirmed that the Committee took a decision three years ago that Directors pay award will mirror the agenda for change 3 year pay deal except for the additional one-off payments. This is consistent with NHSI/E recent letter on Very Senior Managers pay awards. The 3 year agreement finishes at the end of 20/21 and therefore the Committee will need to consider what, if any, pay uplift would apply to Directors in 21/22. It was agreed to add this to the Annual Work Programme.

Action: Alan Davis

The Committee NOTED the above and AGREED that this should be added to the Annual Work Programme.

WRC/21/13 Workforce Risk Register (agenda item 13)

AGD said this will be going into the Board and some of the updates will not be reflected in the paper. He said the EMT have spent some time updating all the risks for the Board and that he has given an early sight of the new risks around the Covid vaccination programme. He also added that we need to think about the long-term impact of Covid on the workforce.

MF said it was discussed at Audit Committee that there was a potential risk round data privacy as a result of the vaccination programme and something to be mindful of as part of the update for the Board.

SY said that we will have more opportunity to review this in more detail at the next WRC meeting in February.

The Committee AGREED to DISCUSS the Risk Register in more detail at the next WRC meeting.

WRC/21/14 Annual Work Programme 2020/2021 (agenda item 14)

SY said this was mentioned earlier in the agenda and agreed that herself and AGD will re-visit this in light of Covid and bring back to the Committee.

Action: AGD/SY

The Committee AGREED that the Annual Work Programme will be updated for discussion at the next WRC meeting.

WRC/21/15 Matters to Report to the Trust Board and other Committees (agenda item 15)

- Integrated Performance Report – focus on staff absence and vaccination
- Workforce Strategy:
 - update on progress and the Strategy to come back to the next WRC
 - Wellbeing guardian – recommending it is Sam Young for the time being with a possibility new NED with HR speciality
- Review of Trust's disciplinary procedure in line with national guidance
- Workforce risk register – early sight of risks associated with the COVID vaccination programme

WRC/21/16 Any other Business (agenda item 16)

AGD informed the Committee that feedback from the £50 voucher given to all staff as a thank you in January has been excellent and staff have felt appreciated.

WRC/21/17 Date and Time of next meeting

The next meeting will be held on the 9 February at 10.30am by Microsoft Teams.

**Minutes of the Workforce and Remuneration Committee
held on 9 February 2021**

Present:	Sam Young Angela Monaghan Charlotte Dyson Rob Webster	Non-Executive Director (Chair) Chair of the Trust Non-Executive Director (Vice-Chair) Chief Executive
In attendance:	Alan Davis Janice White Lindsay Jensen	Director of HR, OD and Estates PA to Director of HR, OD and Estates (author) Deputy Director of HR and OD

WRC/21/18 Welcome, Introductions and Apologies (agenda item 1)

The Chair, Sam Young (SY) welcomed everyone to the meeting. No apologies were received.

It was noted that the meeting was quorate and could proceed.

WRC/21/19 Declaration of Interests (verbal item) (agenda item 2)

There were no declarations over and above those made in the annual return to the Trust Board in March 2020 or subsequently.

WRC/21/20 Minutes of the meeting held on 19 January 2021 (agenda item 3)

The Committee confirmed that these were an accurate reflection.

The Committee RESOLVED to APPROVE the minutes of the meeting held on 19 January 2021.

WRC/21/21 Matters arising (agenda item 4)

(a) WRC/21/12 Directors 2020/2021 Pay Award (agenda item 12)

The Committee agreed to keep this item in the schedule of actions until the Annual Work Programme has been agreed.

Action: AGD/SY

The Committee NOTED the actions from the meeting held on 19th January 2021 and COMMENTED as detailed above.

WRC/21/22 Covid Workforce Performance Report (agenda item 5)

(a) Review of workforce performance indicators during the pandemic

AGD informed the Committee that this is an update report and is in a similar format as submitted to the previous meeting. He pointed out that as part of the Silver Command arrangements Lindsay Jensen has set up a separate Bronze Workforce Group to bring the operational and the workforce issues together and co-ordinate some of the activities i.e. staffing levels, lessons learnt etc. The report presented is a weekly report submitted to Bronze Workforce Group and is designed to ensure that there is a clear

understanding of service and workforce pressures and what actions are required. Key issues highlighted were:

- Absence levels remain at half of that at the first wave. However, there is greater activity this time as service in the main have continued to operate.
- Staff health and wellbeing continues to be a high priority and additional support continues to be provided through Occupational Health.
- Managers have been asked as part of staff wellbeing to continue to explore options for meaningful work for those shielding but not currently working from home. This includes the use of the Talent Pool.
- BAME staff COVID related absence is slightly higher and this continues to be a focus for the new BAME Health and Wellbeing Practitioner

LJ confirmed that the Workforce Group has really welcomed the report and whilst it is early days it has already started to generate very productive conversations between operations and the wider group. LJ said that the group felt positive that this is going to help to move things forward. She also said they are planning to hear from the local health and wellbeing champions to identify support needed and share learning.

AM asked in terms of getting people at home back working, how is this going to be communicated. AGD said this is being led through Silver Command and initially will be conversations through managers and will also be picked up in the Workforce Group.

AM mentioned (page 15 of Diligent) around the high level of absence in Bank staff compared with previously and lower level of uptake of the vaccination. AGD said that he will pick up staff vaccination issues later but in terms of absence levels whilst overall they are lower than most other service areas there appears to be higher levels of test and trace isolation (in work) which could be a reflection of working for different employers. It was felt that as the numbers are relatively low, we should review at the next meeting to see if it is a trend. AGD mentioned that there is a Staff Bank forum which will take place next week where some of these issues can be explored.

A concern during the pandemic was that staff moving from organisation to organisation and the Trust is starting to explore more flexible working arrangements for staff to ensure greater continuity and security for bank staff. This will be part of the revised Workforce Strategy and we can discuss further at the next meeting.

Action: Alan Davis

SY commented that in Forensic and Inpatients both have absence levels over 10% (page 21 of Diligent) and that seems to be potentially unmanageably high. AGD said undoubtedly there is a lot of pressure in these services and we saw acute staffing pressures over the Christmas period in these areas. There is a lot of work being done in terms of the managers trying to keep things safe and in certain areas we have moved from optimum levels to core safe staffing levels. There has been a focus on recruitment in Forensic and Inpatient Services, particularly for health care support worker roles. RW said looking at these numbers it is worth triangulating what we are seeing here with the safer staffing report that goes to the Board, which details which wards are failing to maintain the appropriate staffing numbers. He said when you look at services where we have some concerns i.e. Forensics as well as staffing issues there are consequences of the Leave and Visiting policies and therefore these issues should not be looked at in isolation.

AM asked if we can discern from these figures how many people are off sick as a result of nosocomial infection and whether we should be RIDDOR reporting COVID infections. AGD said we will be able to tell how many people are off sick through Covid but not whether they got it in hospital. At the start of the pandemic there was a lot of discussion with the Health and Safety Executive (HSE) on what was reportable and they were clear the level of proof for it to be reported through the RIDDOR route was

a very high bar. AGD explained that the HSE view was given the level of PPE and the arrangements for social distancing at work you have to prove you got it at work rather than assume. The HSE have made it clear if staff are on a break and don't follow the appropriate guidance or if they share a car to get to work, these are not RIDDOR reportable. AM said she would like to understand what would be RIDDOR reportable and how would we know. AGD said Nick Phillips is drafting a response to AM's earlier email on this.

CD said the Clinical Governance and Clinical Safety would look at this in terms of service users and COVID infection whilst in our service.

AM said knowing there are different practices across different Trusts in terms of reporting to the HSE she felt it would be useful to understand how we have approached this and whether we are assured we are doing everything right and making sure we are not exposed to legal challenge around health and safety. RW said he would pick this up with other Mental Chief Executive to see what they are doing in terms of RIDDOR and COVID.

SY asked if the response that Nick Phillips is doing could be circulated to the Workforce and Remuneration Committee and Clinical Governance and Clinical Safety Committee and we can decide whether to take it formally to one of these Committees or to the Board.

Action: Alan Davis

(b) Staff Covid Vaccination report

AGD talked the Committee through the headlines of the staff Covid vaccinations for substantive and regular bank staff. He said we are in a great position at the moment and 82.4% of staff have been vaccinated. He mentioned the breakdown by ethnicity shows a disparity between the take up of the vaccine by White and BAME colleagues. AGD in line with the national position we are seeing about a 20% lower uptake of the vaccine by BAME colleagues. The Bronze vaccination group is working closely with the Communications and Engagement team to get an insight into the reasons behind the lower take up by BAME colleagues and what we can do to increase the vaccination levels. Nationally, there appears to be issues around trust and concerns over fertility and long-term effects. AGD responded to AM's earlier query on the "not stated" and "not recorded" in the vaccination report and said that not stated is where the individual has not completed the equality questionnaire on Electronic Staff Record (ESR) and not recorded in the main are new starters and the download from ESR has not happened but when it does this will reduce.

The Committee noted that a lot of good work has been undertaken to achieve the level of vaccination to date and that further work includes:

- Themed Staff Question and Answer Session including BAME Staff sessions.
- Intranet regularly updated with the latest information and FAQs.
- Managers having supportive conversations with staff who have not been vaccinated.
- Exploring mobile vaccinators and drop in clinics.

The Committee recognised that vaccination is voluntary but we needed to be clear that the Trust's position is that staff should be vaccinated for their own safety.

LJ gave the Committee an update on her discussions in South Yorkshire and in terms of numbers RDash were around 60% of their total workforce and Sheffield Health and Social Care are around 59%, some of the acute Trusts are around 70% and the highest rate is Sheffield Childrens Hospital which is around 88%. They share the same issues around BAME colleagues and the younger workforce that we are experiencing.

CD asked if it becomes apparent that having the vaccine will reduce the transmission of Covid could this change our view on whether staff should have it and how will we approach this. AGD said that there have already been discussions whether the vaccination should be mandatory for NHS staff and whilst generally there is resistance to this, if there is evidence on it reducing transmission than it might be more difficult to resist. RW said we will have to follow national guidance on this and believes there is evidence that it can reduce transmission and once it is peer reviewed and published we will have more certainty on it but at the moment he is of the view of encouraging and supporting staff to have the vaccine.

The Committee NOTED and COMMENTED on the updates on the Workforce Performance Indicators on the Pandemic and the Staff Covid Vaccination Report.

WRC/21/23: Workforce Strategy 2021-2024 (agenda item 6)

AGD gave the Committee a verbal update on the Workforce Strategy and said that we had a good discussion at the previous meeting and has now added sustainability but there is a bit more engagement work we would like to do particularly with Staff Side. AGD will bring the draft Workforce Strategy back to the next Committee meeting with a view of it going into the Board meeting in March but at the very latest the Board meeting in April.

The Committee NOTED the update.

WRC/21/24: Recruitment to the Post of Director of Nursing and Quality (agenda item 7)

AGD said that people are now aware of Tim's intention to retire at the end of July and that the attached paper maps the timescale for recruitment to this post. He said there is a bit more work required on the core job description. He said that he has had a discussion with RW about the Deputy Chief Executive role which isn't included in the job description but will be included as a development opportunity in the advert. He said we are looking to advertise at the end of February/beginning of March at the latest with a three week closing date with a view to appointment in April. Most people would need to give a three month notice period which would mean a small overlap or not much of a gap. AM said in terms of representation in the shortlisting panel and the final interview panel we have included BAME representation in the final interview panel but not in the shortlisting and feels it is important to have representation at both stages, also should we include representation from other networks i.e. the LGBT+ network or Disability network. It was agreed to:

- Look to engage with all the Staff Equality Networks to ensure they are involved in the appointment process including shortlisting.
- Strengthen the job description to include system work, sustainability, equality and innovation.

It was noted that we have got a good deputy which sets a benchmark level for the appointment.

The Committee NOTED and COMMENTED on the recruitment timetable for the Director of Nursing post.

WRC/21/25: Review of Trust's Disciplinary Procedure (agenda item 8)

SY said this had briefly been discussed at the last WRC meeting and brought back to this meeting for further discussion. AGD updated the Committee on the review of the Trust's Disciplinary Procedure following national guidance and said that we benchmark well. He said we have introduced an enhanced occupational health approach so anyone suspended now gets a letter directly from occupational health. We have always had a manager who is independent from the case to provide support to the individual.

AGD said we are working in partnership with the Staff Side to develop a resolution approach to handling disciplinarys and grievances. SY asked if the Committee wants any data as part

of the workforce pack which keeps this in view of number of disciplinaries and the time they have been open. AGD said he is particularly worried about the length of time some of these issues take but given the numbers are relatively we may want to do this every 6 months.

AM said on a related matter if people have been referred to external regulators because of complaints and places stress on individuals that we make sure we are giving people similar levels of support.

The Committee NOTED the update.

WRC/21/26 Workforce Risk Register (agenda item 9)

AGD said this Risk Register is an update of the Board paper, however, following discussions at the Committee and EMT he had drafted two collective workforce risks. The two collectives risks reflect clinical staff shortages and the ability to retain and motivate staff (Great Place to Work). AGD said he had scored it himself and has not gone through EMT yet and he has scored it as a mitigated risk and if unmitigated it would be significantly higher.

AM said on one level it helps to recognise the collective risk but how does this differ from the strategic risk that we have got through the BAF and therefore should we be looking at the BAF risks. SY said she likes how the collective risks are themed and the link to the workforce strategy but also questioned the link to the BAF. SY also mentioned that there are some specific risks we need to review.

RW said he wanted to build on comments from SY and look at risks that we are worried about and also consider the potential that post pandemic people may leave and we need to capture this risk. AGD said he will take the comments from this Committee into the EMT and re-visit back in March.

Action: Alan Davis

The Committee DISCUSSED and COMMENTED on the collective risks.

WRC/21/27 Annual Work Programme 2020/2021 (agenda item 10)

SY said this was mentioned earlier in the agenda and agreed that herself and AGD will re-visit this in light of Covid and bring back to the next Committee meeting.

Action: AGD/SY

WRC/21/28 Matters to Report to the Trust Board and other Committees (agenda item 11)

- Forensics and inpatient absence levels, need for triangulation against safer staffing and wellbeing of individuals working in those areas because of that pressure
- Review of current position on vaccination and the good work that has been done
- Recruitment for Director of Nursing Post

WRC/21/29 Any other Business (agenda item 16)

- (a) AM informed the Committee that a new Non-Executive Director (NED), Natalie McMillan has been appointed at Members Council and with colleagues is reviewing Committee membership. Hoping to have an update at the next meeting.
- (b) SY said she went to the National Wellbeing Guardians Briefing and it was a very good session which over 300 people attended. She mentioned that there was lots of discussion on how the National Wellbeing Guardian fits in with Freedom of Information and will do an update separately. AM said to note we might want to consider the new NED for that role.

WRC/21/30 Date and Time of next meeting

The next meeting will be held on the 16 March at 10.30am by Microsoft Teams.

Minutes of the Members' Council meeting held on 30 October 2020
Meeting Held Virtually by Microsoft Teams

Present:	Angela Monaghan (AM)	Chair
	Kate Amaral (KA)	Public – Wakefield
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Adrian Deakin (AD)	Staff – Nursing
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Lisa Hogarth (LH)	Staff – Allied Healthcare Professionals
	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)
	Cllr Steven Leigh (SL)	Appointed – Calderdale Council
	Ros Lund (RL)	Appointed – Wakefield Council
	Ruth Mason (RM)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Tom Sheard (TS)	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Keith Stuart-Clarke (KSC)	Public – Barnsley
	Tony Wilkinson (TW)	Public – Calderdale
In attendance:	Tim Breedon (TB)	Director of Nursing & Quality / Deputy Chief Executive
	Mark Brooks (MB)	Director of Finance & Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Charlotte Dyson (CD)	Deputy Chair / Senior Independent Director
	Chris Jones (CJ)	Non-Executive Director
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner (SR)	Director of Provider Development
	Rob Webster (RW)	Chief Executive
	Laura Arnold (LA)	Administrative Support
	Aimee Willett (AW)	Corporate Governance Manager (author)
	Richard Mills	Non-Executive Director, Sheffield Health and Social Care NHS Foundation Trust
	Terry Proudfoot	Lead Governor, Sheffield Health and Social Care NHS Foundation Trust
Apologies:	<u>Members' Council</u>	
	Marios Adamou (MA)	Staff – Medicine and Pharmacy
	Paul Batty (PB)	Staff – Social care staff working in integrated teams
	Evelyn Beckley (EB)	Appointed – Staff Side organisations
	Carol Irving (CI)	Public – Kirklees
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Debs Teale (DT)	Staff – Nursing support
	Barry Tolchard (BT)	Appointed – University of Huddersfield

Attendees

Carol Harris (CH)
Subha Thiyagesh (ST)
Salma Yasmeen (SY)
Sam Young (SYo)

Director of Operations
Medical Director
Director of Strategy
Non-Executive Director

MC/20/32 Welcome, introductions and apologies (agenda item 1)

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

AM explained the logistics of how the meeting would be run due to it being conducted virtually through Microsoft Teams. AM noted that the meeting was not being recorded and attendees of the meeting were advised they should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place.

AM explained that there were two meetings, the quarterly Members' Council meeting and the annual joint Trust Board and Members' Council meeting held in private to allow governors to contribute to future plans for the Trust. AM noted that papers will be taken as read to allow focus on the performance report and Members' Council objectives.

AM welcomed observers Richard Mills, Non-Executive Director, and Terry Proudfoot, Lead Governor, both from Sheffield Health and Social Care NHS Foundation Trust.

AM noted some governor changes and welcomed Councillor Steven Leigh and Councillor Mussarat Pervaiz to the Members' Council. AM also thanked Councillor Bill Armer, Councillor Chris Pillai and Councillor Nicola Sumner, who had stepped down from their roles as governors, for their contributions to the Members' Council.

AM noted that this would be the last Members' Council meeting for Ruth Mason who has been appointed governor for Calderdale and Huddersfield NHS Foundation Trust for nine years. AM and governors recognised the contributions that Ruth had made during this time and thanked her for her time as a governor.

It was noted that a couple of governors did not receive hard copies of the papers in advance of the meeting, and that some papers were not received. AM advised that the team would contact those governors outside the meeting, and that presentation items would be presented at the meeting and circulated afterwards to all governors.

Action: Laura Arnold

MC/20/33 Declarations of Interests (agenda item 2)

No new declarations for the register of interests were received in advance of the meeting. Declarations had been requested from new governors and would be reported as received.

AM declared an interest for item 8.1 and Chris Jones (CJ) declared an interest for item 8.2.

It was RESOLVED to NOTE the declarations of interest as outlined above.

MC/20/34 Minutes of the previous meeting held on 31 July 2020 (agenda item 3)

Tony Wilkinson (TW) advised of one amendment to his constituency (Calderdale, not Wakefield) in the attendance list was required.

Action: Aimee Willett

Subject to the above amendment, it was RESOLVED to AGREE the minutes of the Members' Council meeting held on 31 July 2020 as a true and accurate record.

MC/20/35 Action log of previous meetings held on 31 July 2020 (agenda item 4)

AM noted that actions highlighted in blue are considered complete unless there were any further issues anyone would like to raise.

Updates were given on the following actions:

- MC/20/25 – recording of meetings – AM advised an update would be provided on today's agenda as the review of the Trust Constitution has been deferred until 2021 due to Covid-19.
- MC/20/26 – 'governor intranet' – AM noted governor would be informed of any developments relating to this, at current there was no resource to progress.
- MC/20/27i – service user letters – Tim Breedon (TB) noted that a meeting has not been organised yet. TB plans to extend involvement in the meeting to others and will arrange and facilitate a meeting via Microsoft Teams. John Laville (JL) requested that the meeting take place as soon as possible as this has been an outstanding action for some time. TB and AM noted that previous discussions were deferred prior to Covid-19 due to governor absences, and that this would be progressed.
- MC/20/27i – Flexible Assertive Community Treatment (FACT) – TB advised that this would be included on the Members' Council Quality Group work plan for discussion at a future meeting.

JL raised an issue that was discussed at the governor pre-meeting regarding governors holding votes. AM updated that a digital system to allow voting to be carried out electronically is being considered but is not yet available. AM noted that voting is currently carried out in line with the Trust Constitution by show of hand / verbal confirmation / confirmation in the chat function of Microsoft Teams. The Constitution states that a paper / private ballot can be requested by a majority of governors present at a meeting. If a private ballot is requested, this would currently be taken outside of the meeting.

MC/20/36 Chair's report – to include feedback from the Trust Board meeting held on 28 July (agenda item 5)

AM's report outlined activity of Chair and Non-Executive Directors (NEDs) since last meeting and AM noted the following key items from the Trust Board meeting held on 27 October 2020:

- The Trust Board meeting focussed on business and risk and involved detailed discussions regarding review and updates to the strategic risks to form the Board Assurance Framework (BAF). AM noted that the review of the BAF had been delayed due to Covid-19. The strategic risks were reviewed against strategic objectives. A review of the corporate organisational level risk register also took place at the meeting.
- Updates were received regarding activity, partnership development and integrated care across the Integrated Care Systems (ICSS) / Health Care Partnerships (HCPs).
- Discussions took place regarding Covid-19 response arrangements. Command and control arrangement remain in place.
- The integrated performance report (IPR) for month 6 was discussed in detail.
- Priority programmes for the next 18 months were discussed and agreed. This review has also been delayed by Covid-19.
- The Board received the health and safety annual report, approved a change to the Responsible Officer (RO) for the Medical Directorate and formally approved in public the Quality Report and Account 2019/20, which was also for receipt by the Members' Council at this meeting.
- The Board received assurance from the Committees and partnership groups.

Dylan Degman (DDe) noted that the Trust previously launched an improvement network which offered the opportunity for people to become improvement facilitators. DDe queried if there were any more licences available and if this opportunity could be extended again to governors. AM confirmed that this has previously been offered to governors and to other volunteers within the

Trust. TB advised that there were a small number of licences available, and he would confirm how many were available. Once this information was received, governors would be notified.

Action: Tim Breedon

Mike Ford (MF) introduced himself as it was his first Members' Council meeting and that he would look forward to working with governors.

It was RESOLVED to NOTE the Chair's report.

MC/20/37 Chief Executive's update (agenda item 6)

Rob Webster (RW) reported updates on the following key points:

- The second wave of the Covid-19 pandemic is most prevalent in the North West, North East, Yorkshire and into the East Midlands areas of England, and there continues to be an impact on the health and care system and the populations that the Trust serves.
- Last week, South Yorkshire was placed under tier 3 restrictions which has led to continual and substantial pressure in the system. This has led to a requirement to step up collective conversations across South Yorkshire. Yesterday it was announced that West Yorkshire would also be placed under tier 3 restrictions.
- The Trust is playing an active part and is involved in all gold emergency response arrangements in all places and involved in ICS / HCP collective efforts.
- It is not known when the curve of Covid-19 infections will turn, and currently Yorkshire and the Humber has some of the highest levels in the country. Planning scenarios have been developed on patients in 20% of the acute hospital beds across the area becoming occupied by people with a positive Covid-19 diagnosis.
- Planning arrangements continue, and the Trust offers a 24/7 telephone crisis line. The Trust needs to continue to be clear on reinforcing the simple messages to the public, and to consider the impact and consequence on staffing.
- Over 200 staff are currently absent from the organisation because of Covid-19. Business continuity plans ensure that the Trust has enough staff to cover essential services. Three silver command meetings take place per week, plus one gold command meeting and directors meet weekly outside of the command structure. The Trust remains at Operational Pressures Escalation Level (OPEL) 2.
- Work is ongoing to manage financial planning for the remainder of the year. Performance in relation to waiting times continues to improve. The Trust remains focussed on operational delivery.

Bob Clayden (BC) informed that he was a member of a support group in Wakefield and queried if the group would be legally allowed to continue to meet under the tier 3 restrictions. RW noted that the Trust would be able to offer advice and guidance regarding this, and TB would contact BC outside of the meeting.

Action: Tim Breedon

Tony Jackson (TJ) queried if, in light of the tier 3 restrictions announcement, the Trust was still going to allow family visits. TB advised that the policy in place denotes that this is currently dependent upon the setting. The current arrangements are being reviewed in line with tier 3 restrictions and will be discussed at the silver command meeting. Updates would be reported in Rob's Covid-19 briefings, which are copied to governors.

RW noted that another key issue currently being considered is if carers can be considered key workers.

Councillor Steven Leigh (SL) noted that a review of Covid-19 arrangements had taken place in Calderdale. SL advised that he was unfamiliar with OPEL and suggested that the current level suggested the situation was not near to crisis level, however he felt that the nation is currently in a big crisis.

RW explained the OPEL structure and that this is a standard set of definitions used by all NHS organisations and considers how pressure in services is managed. Level 2 means some level of business continuity, but that disruption is managed internally without any external support. Level 3 means that external support is required, and level 4 means that delivery of some core services has stopped. The Trust continued to deliver services and OPEL is reviewed at every silver command meeting. Some services may require OPEL 3, however the overall level for the Trust is currently 2. RW noted that some partners currently have a different OPEL to the Trust.

TW continued the earlier discussion relating to family visits, including in nursing homes and out of area beds, and queried which of the NEDs were taking a particular interest in this area of planning. AM responded to say that the Board operates as a unitary Board and retains collective responsibility, rather than NEDs having a specific area of interest. Discussions and decisions receive scrutiny from all executive and non-executive directors. Some issues are discussed in more detail by Committees, for example out of area beds is discussed at the Clinical Governance & Clinical Safety Committee.

Keith Stuart-Clarke (KSC) queried if there had been any guidance with regards to shielding. RW noted that there is currently no requirement or expectation that people will shield, but that there will be a revision of those considered to be vulnerable. Targeted support will be offered to those who have shielded previously.

It was RESOLVED to NOTE the Chief Executive's update.

MC/20/38 Members' Council Business Items (agenda item 7)

MC/20/38a Review of Members' Council objectives (agenda item 7.1)

AM asked JL to introduce this item as JL and Bill Barkworth (BB) have done a lot of work and engagement with all governors on this as part of their roles as Lead and Deputy Lead Governors.

JL began by congratulating RW on his recognition in the Queen's birthday honours list, and thanked RM for her contribution as a governor.

JL advised that a review of the Members' Council objectives had taken place and proposed objectives for 2021-23 had been put forward for agreement at this meeting. JL added that this continues from the work with the Equality, Involvement and Communications team with governors in terms of expanding involvement in communities.

JL talked through the progress against objectives from 2018-20 and noted overall there had been a good performance against objectives.

JL and BB had held virtual meetings with governors to discuss overall ideas and to review a draft of the new objectives, which had received input from the majority of governors. A draft was also shared with the Board and comments were incorporated where possible.

JL noted that there are currently no metrics or timings against the objectives and that this would be discussed once they were agreed.

Action: Members' Council Co-ordination Group

Section 1 – Involvement

JL noted that this section considered the ongoing role of governors and ensuring the voice of different groups was heard across the Trust. JL and BB began holding six-weekly meetings with governors earlier in the year and have held 1:1 discussions with individual governors with the aim to improve communication and ensure governors felt like they were part of a team. The next round of meetings were likely to take place before the end of November.

Action: John Laville / Bill Barkworth

An involving communities workshop took place recently with an action to formalise a feedback procedure for governors. Ongoing work with the Equality, Involvement and Communications team would consider key groups in each area and look at mapping to identify gaps, where the Trust and governors are involved currently and where we can be involved further.

Action: Dawn Pearson

Section 2 – Quality

JL noted that part of this section included governor opportunities to see the Trust at work through planned visits. It was acknowledged that this is not possible at the moment due to Covid-19 but that this would be considered in the future.

Section 3 – Effectiveness

JL noted that part of this section was working to increase representation, diversity and inclusion across the Members' Council and membership and advised the upcoming elections were an opportunity to do this.

JL outlined another key element of the role of governors of holding NEDs to account. JL encouraged governors to have a representative at each public Board meeting to support their role in doing this. AM advised that one change was needed to this section of the objectives as the governors hold NEDs to account for the performance of the Board rather than Executive Directors as currently stated.

Action: Aimee Willett / Laura Arnold

Phil Shire (PS) queried how to get greater diversity across the governors and membership, and BC queried the recording of equality and diversity information. RW added that there also needed to be support to encourage individuals with a learning disability to nominate to become a governor. RW advised that one way to encourage this is through a refresh of the election materials.

Action: Aimee Willett / Equality, Involvement and Communications Team

BC advised that he has been offered a chance to promote the elections in a newsletter for a group that he is currently involved with. It was agreed that this information would be sent to BC.

Action: Aimee Willett

Following the discussion and subject to the amendment outlined above, the objectives for 2021-23 were agreed.

AM thanked JL and BB for their hard work on engaging governors in this process.

It was RESOLVED to NOTE the progress against the Members' Council objectives for 2018 – 2020 and to APPROVE the objectives for 2021 – 2023.

MC/20/38b Governor engagement feedback (agenda item 7.2)

JL asked that the paper be taken as read.

SL raised a number of queries following a review of Covid-19 arrangements that had taken place in Calderdale:

- What arrangements are in place for dentistry during the Covid-19 pandemic?
- There is a concern that waiting times for young people accessing mental health services in Calderdale can only get worse.
- Is anything happening in the region regarding faster analysis of Covid-19 test results? If analysis is not performed at an optimum timescale, it will be ineffective.
- Has any consideration been given to the administration of flu jabs, and are we prepared for this?
- How are elderly and disadvantaged people accessing online portals? Many do not have access to online services.
- What is the optimum way to operate hospitals in the area?

AM responded to say that some of SL's queries related to some services that were outside the parameters of the Trust, such as dentistry. AM advised that some queries would be dealt with as part of the performance presentation later in the meeting and assured that all of the issues highlighted by SL are being addressed even if they were not discussed in detail as part of this meeting. It was agreed to address these questions in item 7.7.

It was RESOLVED to NOTE the governor engagement feedback.

MC/20/38c Assurance from Members' Council groups and Nominations Committee (agenda item 7.3)

AM advised to take the item as read.

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

MC/20/38d Quality report and accounts 2019/20 (agenda item 7.4)

AM noted that the Quality Report and Account 2019/20 was to be formally received by the Members' Council.

PS queried receipt of the report before this meeting. AM confirmed that the report has been reviewed through the Members' Council Quality Group (MCQG) prior to approval by Trust Board. AM reminded that this is a particular area of focus for the MCQG and that any governors with an interest in this are welcome to attend the group meetings even if they are not a group member.

PS advised that he would raise any issues and comments through the MCQG.

It was RESOLVED to RECEIVE the Quality report and accounts 2019/20.

MC/20/38e Members' Council election 2021 (agenda item 7.5)

Aimee Willett (AW) updated the Members' Council to inform of the upcoming election the details outlined in the paper. AW confirmed that governors would receive a letter outlining all of the seats vacant, or becoming vacant, in 2021 and the process for nomination and elections.

BC noted that elections have been deferred locally and queried if that would impact on the governor elections. AW confirmed that Civica, who run the election on behalf of the Trust, has confirmed that they will be able to run the election to the timescale outlined in the paper.

It was RESOLVED to RECEIVE the update on the Members' Council elections 2021.

MC/20/38f Trust Constitution update (agenda item 7.6)

AM outlined that resource has been taken up with the Covid-19 response and further work will on the Trust Constitution will be pushed back with an aim to review by April 2021. The Executive Management Team (EMT) has discussed the deferral and has not identified any significant risks as a consequence of delaying the review.

It was RESOLVED to NOTE the update in relation to the ongoing review of the Trust's Constitution.

MC/20/38g Integrated Performance Report (IPR) (agenda item 7.7)

Mark Brooks (MB) talked through which directors would cover which sections of the presentation.

Performance metrics – MB highlighted the following key points:

- Areas highlighted in green are good, those in red highlight where the Trust is not meeting performance targets.
- MB advised that TB would provide further information later in the presentation on the increase in out of area admissions for children.

- Improving access to psychological therapies (IAPT) is now back on schedule following a dip during the first wave of the Covid-19 pandemic.
- MB noted that there is no target for serious incidents (SIs) however this is included in the report to show the trend. With a tolerance in place, MB noted that this is fairly static.
- Information governance (IG) confidentiality breaches have increased. This is due to staff adapting to working from home and some normal processes and checking have not been undertaken. Work on an improving awareness programme is underway to try to reduce the number of breaches.
- Child and adolescent mental health services (CAMHS) referral to treatment rates are improving.
- Finance – the Trust was able to break even during the first two quarters due to financial arrangements in place relating to Covid-19. Financial planning for the remainder of the year continues.
- Core levels of staff sickness (non-Covid-19 related sickness) are currently lower than usual. MB added that the Trust also has more staff than this time last year and that there currently is a lower turnover of staff. MB acknowledged that this could be related to Covid-19.
- MB talked through the Covid-19 response metrics and the differences since last quarter.

Quality – TB highlighted the following key points:

- Throughout the Covid-19 pandemic, cohorting arrangements have been in place. Some sections of wards have been isolated where there have been positive Covid-19 diagnoses.
- Enhanced support was provided into care homes and it is anticipated that this will increase again during the second wave of the pandemic.
- The Trust is alert to the fact that the digital offer is not appropriate for everyone and continue to review arrangements in place and offer face to face where required.
- As part of the Friends and Family Test (FFT) 52 of 484 respondents rated the service as poor or very poor. TB noted that the majority of issues raised related to the pandemic such as lack of face to face appointments or service users feeling staff were not wearing the appropriate personal protective equipment (PPE).
- The Trust has reinforced the importance of receiving feedback and has changed the way that feedback is received. 55% of feedback in September 2020 was received by text message.
- Safer staffing levels – TB advised that occasionally staffing levels are over 100% due to the specific needs of a service user and the extra support required. TB noted that this is only relevant to inpatient wards.
- TB explained that higher levels of acuity have been apparent since the early stages of the Covid-19 pandemic which means that some service users are accessing services at a later stage in their illness and therefore require additional levels of support.
- Incident reporting – TB noted that all incidents recorded as amber and above are reviewed on a weekly basis to ensure that the right action has been taken and that learning from incidents is shared immediately.
- A scan of all incidents recorded where Covid-19 is listed as part of the incident takes place, particularly any incidents related to self-harm and suicide.

NHS Improvement national targets compliance – MB highlighted the following key points:

- During the Covid-19 pandemic, the Trust has maintained meeting most of the key performance indicators (KPIs).
- Diagnostic metrics were suspended at the beginning of the Covid-19 pandemic.

Workforce – AGD highlighted the following key points:

- Although non-Covid-19 related sickness levels have reduced, AGD noted that sickness absence due to stress and anxiety have increased.
- The Occupational Health service continue to look at different ways to support staff.
- There is an organisational push for frontline staff to receive the flu vaccine. As in previous years, there is a staged approach to vaccines and frontline staff are targeted first before the vaccine is opened up to all staff.

- The appraisal process has been resumed following a pause due to the Covid-19 pandemic, AGD added that a new e-appraisal system launched at the beginning of the year.
- AGD noted that action plans are being developed at a local level in support of the feedback staff have given through the staff survey in relation to health and wellbeing.

Financial performance – MB highlighted the following key points:

- The Trust was able to break even due to temporary finance arrangements in place for the first part of the year.
- MB noted that this would be more challenging for the remainder of the year. The Trust has been provided with one month's income to ensure suppliers are paid on time. MB noted an increase in pressure in inpatient services as services are spending more than they did previously.

AM asked for any questions in relation to the IPR presentation.

JL queried the safer staffing levels referred to for Appleton and Priestley and how many times the fill rate fell below 90%. TB responded to say that this was on four or five occasions and was not for the whole period referenced in the report.

SL queried if the number of video consultations was considered average or low. RW responded to say that the Trust has recently received national benchmarking reports including the levels of digital consultations which will be discussed by the EMT and can then be fed back.

Action: Mark Brooks / Tim Breedon

SL continued by asking about the safer staffing levels on wards and suggested this seemed a higher number of staff than was apparent when he had been a patient at Calderdale Royal Infirmary (CRI). AM confirmed that the CRI is run by Calderdale & Huddersfield NHS Foundation Trust hospital and not part of South West Yorkshire Partnership Trust. She also referred to TB's earlier point explaining the reason for increased staffing levels in some of our inpatient areas.

SL queried what a 'never event' was and TB responded to say that this is a specified event that should never happen within the Trust services.

SL asked if, as part of the FFT surveys, the right questions are being asked and if they are relevant. TB outlined that the questions included in the survey are specified nationally and the Trust recognises the limitations of restricted options.

PS queried which services that had been halted due to the Covid-19 pandemic had not yet restarted. TB responded to say that the Trust has tried to maintain an offer across all services and is now aiming to move back to the levels of service provided before the pandemic.

Adam Jhugroo (AJ) queried what plans were in place with regards to poor results in the staff health and wellbeing survey relating to poor psychological and physical health. AGD outlined that support to staff has been part of the response to the Covid-19 pandemic. The Occupational Health helpline was set up quickly and can still be accessed and a workforce support hub which offers a range of support and information regarding building resilience and keeping well is available. Further work is ongoing to look at how teams can build resilience together.

Lisa Hogarth (LH) noted that a lot of services that provide support to young people have been impacted and delayed, that young people have been placed on adult wards and was concerned that decisions made by the Trust may impact on young people. TB responded to say that the Trust is not commissioned to provide inpatient beds for children and young people and placements are only made into our adult wards when it is in the interest of safety of service users as "the least worst option". A new unit with 22 beds for children and young people is being built in Leeds and should be available in October 2021. This issue is discussed regularly by the Trust's Operational Management Group (OMG).

LH continued by asking to what extent the Board is considering working from home for staff in terms of risk assessments, financial impact and staff wellbeing. AGD noted that this will be considered as part of the health and wellbeing review and picked up in staff appraisals. The Trust is moving from what was an emergency response to the Covid-19 pandemic to a long-term response. The Trust is in the process of finalising a working from home risk assessment process which will be sent to all staff and will include cataloguing what equipment staff have and what they need. Further discussions are set to take place with regards to reviewing the home working policy and ensuring that staff are not out of pocket.

AM asked that any further questions were submitted outside of the meeting.

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

MC/20/38h Highlight report – how demand for mental health and learning disability services will be changing in light of Covid-19 and what that means for our services (agenda item 7.8)

Sean Rayner (SR) introduced the presentation which included what the future demand on services might be based on the available intelligence, and how the Trust would meet that need.

SR noted a potential increase in the demand for mental health services related to times of economic hardship. The Trust services operate as part of a wider health and care system and changes to service arrangements at different levels have potential impacts on other areas in the system.

As governors had not had chance to review the slides in advance of the meeting due to significant demand pressures on the executive team, AM advised questions would be received outside the meeting and discussed at the next Members' Council meeting.

It was RESOLVED to RECEIVE the update in relation to how demand for mental health and learning disability services will be changing in light of Covid-19 and what that means for our services.

MC/20/39 Trust Board Appointments (agenda item 8)

AM reported she needed to vacate the chair due to a conflict of interest. Items relating to the appointment or remuneration of the Chair or Non-Executive Directors had to be chaired by the lead governor, John Laville. Directors left the discussion for this item. Alan Davis (AGD) remained to support JL with any questions about process.

MC/20/39a Review of Chair's remuneration (agenda item 8.1)

JL talked through the process and background of the paper.

Trevor Lake (TL) advised that he would abstain from the decision for this item as he is a Chair from a neighbouring trust.

TW noted that the Chair would not receive any further increase in the future unless NHSI increase their scale. TW also noted that NED roles are part time, and this should be considered in line with remuneration reviews.

RM noted that the Nominations Committee had been through a thorough process and comprehensive conversation before making the recommendation to the Members' Council. DDe supported RM's comments and added that technical aspects were discussed by the Nominations Committee.

Tom Sheard (TS) confirmed that AM is a high performing Chair and would support the recommendation. JL asked for a vote and the Members' Council agreed to recommendation unanimously.

It was resolved to CONSIDER and AGREE the recommendation of the Nominations Committee to increase the Chair's remuneration to £50,000pa effective from the date of reappointment on 1 December 2020.

AM re-joined the meeting.

MC/20/39b Appointment of the Deputy Chair / Senior Independent Director (agenda item 8.2)
JL ran through background of the paper and the process.

PS outlined that this is not a competitive process, but governors still need to be assured that they appoint the right person for the role. PS queried if CJ has the genuine independence and assertiveness for the role as he was appointed as a NED in 2019. JL advised that CJ has previously been a NED with the Trust and AGD confirmed this.

DDe responded to PS's query advising that CJ's ability to perform role was discussed by the Nominations Committee who agreed that he could fulfil role, and that any required support can be discussed further by the Nominations Committee.

AM supported what has been said and advised that from CJ's most recent appraisal, independence was one of the strongest factors following feedback from colleagues. The Nominations Committee felt CJ to be a very strong candidate based on knowledge from current and previous term of office.

It was RESOLVED 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.

MC/20/40 Any other business (agenda item 9)

No further items received.

MC/20/41 Closing remarks, work programme, and future meeting dates (agenda item 10)

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

Members' Council Meetings 2020/21

The dates for the remaining Members' Council meetings in 2020/21 held in public were noted as follows:

- 29 January 2021, afternoon meeting

AM closed the meeting with a further thank you to RM.



Signed:

Date: 29 January 2021

Trust Board 30 March 2021 Agenda item 13

Title:	Use of Trust Seal
Paper prepared by:	Corporate Governance Manager on behalf of the Chief Executive
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
Mission / values:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers / previously considered by:	Quarterly reports to Trust Board.
Executive summary:	<p>The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance and Resources of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive.</p> <p>The Trust Seal has been used twice since the report to Trust Board in December 2020.</p> <ul style="list-style-type: none"> • Renewal lease of unit 11, Eagle Point, Wakefield between Andrew Nicholas Carter, Louise May Carter, Peter Kilmartin and Hazel Carr (SA) Services Limited and the Trust. • Car parking licence relating to 114 car parking spaces at Highfield Gears car park and Karrier Works car park between Bradbury Investments Limited and the Trust. The licence formalises the current use by staff at Folly Hall Mills.
Recommendation:	Trust Board is asked to NOTE use of the Trust Seal since the last report in December 2020.
Private session:	Not applicable.

(Draft) Trust Board annual work programme 2021-22

	Business and risk
	Performance and monitoring
	Strategic Board Meeting
*	Item previously deferred due to Covid-19

Note that some items may be verbal

SO	Agenda item / issue	27 Apr	25 May	29 June	27 July	24 Aug	28 Sept	26 Oct	30 Nov	21 Dec	25 Jan	22 Feb	29 Mar
	Standing items												
	Declarations of interest	x	x	x	x	x	x	x	x	x	x	x	x
	Minutes of previous meeting	x		x	x		x	x	x		x		x
	Chair and Chief Executive's report	x		x	x		x	x	x		x		x
	Business developments	x		x	x		x	x	x		x		x
	ICS developments	x		x	x		x	x	x		x		x
	Integrated performance report (IPR)	x		x	x		x	x	x		x		x
	Serious Incidents (private session) - verbal	x		x	x		x	x	x		x		x
	Assurance from Trust Board committees and Members Council	x		x	x		x	x	x		x		x
	Receipt of minutes of partnership boards	x		x	x		x	x	x		x		x

SO	Agenda item / issue	27 Apr	25 May	29 June	27 July	24 Aug	28 Sept	26 Oct	30 Nov	21 Dec	25 Jan	22 Feb	29 Mar
	Questions from the public (to receive in writing during Covid-19 pandemic)	x		x	x		x	x	x		x		x
	Quarterly items												
	Corporate / organisational risk register	x			x			x			x		
	Board assurance framework	x			x			x			x		
	Serious incidents quarterly report	x		x			x		x				x
	Use of Trust Seal			x			x		x				x
	Half yearly items												
	Safer staffing report	x						x					
	Digital strategy (including IMT) update							x					
	Estates strategy update				x						x		
	Annual items												
	Strategic overview of business and associated risks									x			
	Investment appraisal framework (private session)							x					
	Audit Committee annual report including committee annual reports	x											
	Compliance with NHS provider licence conditions and code of governance - self-certifications <i>(date to be confirmed by NHS Improvement)</i>	x											
	Guardian of safe working hours	x											
	Risk assessment of performance targets, CQUINs and Single Oversight Framework and agreement of KPIs	x											
	Review of Risk Appetite Statement	x											

SO	Agenda item / issue	27 Apr	25 May	29 June	27 July	24 Aug	28 Sept	26 Oct	30 Nov	21 Dec	25 Jan	22 Feb	29 Mar
	Health and safety annual report			✕									
	Patient Experience annual report			✕									
	Serious incidents annual report			✕									
	Equality and diversity annual report							✕					
	Medical appraisal / revalidation annual report				✕								
	Sustainability annual report						✕						
	Workforce Equality Standards						✕						
	Assessment against NHS Constitution			✕					✕				
	Data Security and Protection toolkit	✕										✕	
	Strategic objectives												✕
	Trust Board annual work programme											✕ (draft)	✕
	Operational plan										✕ (draft / private)	✕ (draft / private)	✕ (draft / private)
	Five year plan (for review in November 2023)												
	Strategic Board (headings to be considered)												
	Board Development		✕			✕				✕		✕	
	Covid-19 Reflections												
	Horizon Scanning												
	Policies and strategies												
	Constitution (including Standing Orders) and Scheme of Delegation (January 2020) (deferred to June 2021)			✕									
	Customer Services policy (May 2021)		✕										

SO	Agenda item / issue	27 Apr	25 May	29 June	27 July	24 Aug	28 Sept	26 Oct	30 Nov	21 Dec	25 Jan	22 Feb	29 Mar
	Estates strategy <i>(July 2022) (in draft prior to sign off) (private)</i>												x
	Learning from Healthcare Deaths Policy <i>(January 2022)</i>										x		
	Sustainability strategy <i>(June 2020)</i>			x									
	Organisational Development Strategy <i>(June 2020)</i>				x								
	Procurement Strategy <i>(June 2021)</i>			x									
	Workforce strategy <i>(March 2020)</i>	x											
	Quality strategy <i>(September 2021)</i>						x						

Policy / strategy review dates:

- Trust Strategy *(reviewed as required)*
- Standing Financial Instructions *(delegated approval authority to Audit Committee, reviewed as required)*
- Treasury management strategy and policy *(delegated approval authority to Audit Committee, reviewed as required)*
- Constitution (January 2020) – under review *(deferred to await ICS development changes) (Scheme of Delegation may need to come back in 2021/22 for further update)*
- Digital Strategy *(March 2024)*
- Equality, Involvement, Communication and Membership Strategy *(October 2023)*
- Customer Services Policy *(next due for review in June 2020, extended to October 2020 now due May 2021)*
- Digital Strategy *(next due for review in March 2024)*
- Estates Strategy *(next due for review in July 2022)*
- Learning from Healthcare Deaths Policy *(next due for review in January 2022)*
- Organisational Development Strategy *(next due for review in June 2020)*
- Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) *(amendment version June 2021) (next due for review in February 2023)*
- Procurement Strategy *(next due for review in June 2021)*
- Quality Strategy *(next due for review in March 2021)*
- Risk management strategy *(next due for review in April 2022)*
- Standards of Conduct in Public Service Policy *(conflicts of interest) (next due for review in March 2022)*
- Sustainability Strategy *(to be reviewed with the Estates Strategy, by July 2022)*
- Trust Board declaration and register of fit and proper persons, interests and independence policy *(next due for review in March 2024)*
- Workforce Strategy *(next due for review in March 2023 (if approved at Board March 2020))*