Members' Council
09.30 – 13.10 on 17 August 2021

Virtual meeting via Microsoft Teams

Item	Approx. Time	Subject Matter	Lead	Action		Minutes allotted
1.	9.30	Welcome, introductions and apologies	Angela Monaghan, Chair	**Verbal**	To receive	3
2.	9.33	Declarations of Interests	Angela Monaghan, Chair	**Verbal**	To receive	2
3.	9.35	Minutes of the previous Members' Council meeting held on 11 May 2021	Angela Monaghan, Chair	**Paper**	To approve	5
4.	9.40	Matters arising from the previous meeting held on 11 May 2021 and action log	Angela Monaghan, Chair	**Paper**	To approve	10
5.	9.50	Chair's report	Angela Monaghan, Chair	**Paper**	To receive	10
6.	10.00	Chief Executive's comments on the operating context	Mark Brooks, Chief Executive	**Verbal**	To receive	10
		Members' Council business items				
7.	10.10	7.1 Annual report and accounts 2020/21	Paul Hewitson, Deloitte, External Auditor	**Presentation**	To receive	15
	10.25	7.2 Motion to amend the Trust Constitution	Bill Barkworth, Deputy Lead Governor	**Paper**	To approve	15
	10.40	*BREAK*				*10*
	10.50	7.3 Governor feedback – including presentation from staff governor, Helen Morgan, on the role of Allied Health Professionals	John Laville, Lead Governor Helen Morgan, Staff Governor	**Paper**	To receive	15

With **all of us** in mind.

	11.05	7.4 Governor appointments to Members' Council groups and committees	Angela Monaghan, Chair	**Paper**	To receive	5
	11.10	7.5 Assurance from Members' Council groups and Nominations Committee	Angela Monaghan, Chair	**Paper**	To receive	10
	11.20	7.6 Quality report and accounts 2020/21	Darryl Thompson, Director of Nursing, Quality & Professions	**Paper**	To receive	15
	11.35	7.7 Incident Management annual report 2020/21item	Darryl Thompson, Director of Nursing, Quality & Professions	**Paper**	To receive	5
	11.40	7.8 Annual Members' Meeting	Andy Lister, Head of Corporate Governance (Company Secretary)	**Verbal**	To receive	5
	11.45	*BREAK*				*10*
8.		**Trust Board appointments**				
	11.55	8.1 Non-Executive Director appointment	John Laville, Lead Governor	**Paper**	To approve	10
9.		**Members' Council business items (presentations)**				
	12.05	9.1 Integrated performance report	Non-executive directors with support from Executive directors	**Presentation**	To receive	30
	12.35	9.2 Focus on Bullying and Harassment	Alan Davis, Director of HR, OD and Estates	**Presentation**	To receive	30
10.	**13.05**	**Any other business**	Angela Monaghan, Chair	**Verbal item**	To receive	3

11. 13.08 <u>**Closing remarks, work programme, and future meeting dates**</u>

- Work programme 2021/22 (attached)   Angela Monaghan, Chair   **Paper and**   To receive   2
- Members' Council meetings 2021:   **verbal item**
- Extraordinary meeting 19th October 2021 for Chair appointment
- 16 November 2021
- 8 February 2022

13.10 <u>**Close**</u>

Minutes of the Members' Council meeting held at 10.00am on 11 May 2021
Meeting Held Virtually by Microsoft Teams

Present:	Angela Monaghan (AM)	Chair
	Bill Barkworth (BB)	Public – Barnsley (Deputy Lead Governor)
	Bob Clayden (BC)	Public – Wakefield
	Jackie Craven (JC)	Public – Wakefield
	Claire Den Burger-Green	Public - Kirklees
	Daz Dooler (DDo)	Public – Wakefield
	Lisa Hogarth (LH)	Staff – Allied Healthcare Professionals
	Carol Irving (CI)	Public – Kirklees
	Tony Jackson (TJ)	Staff – Non-Clinical Support Services
	Adam Jhugroo (AJ)	Public – Calderdale
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Cllr Steven Leigh (SL)	Appointed – Calderdale Council
	Cllr Ros Lund (RL)	Appointed – Wakefield Council
	Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Cllr Pauline McCarthy (PMc)	Appointed – Barnsley Council
	Helen Morgan	Staff – Allied Health Professionals
	Imran Mushtaq	Public - Kirklees
	Debbie Newton (DN)	Appointed – Mid Yorkshire Hospitals NHS Trust
	Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
	Beverley Powell	Public – Wakefield
	Tom Sheard (TS)	Public – Barnsley
	Phil Shire (PS)	Public – Calderdale
	Jeremy Smith (JS)	Public – Kirklees
	Keith Stuart-Clarke (KSC) (left at 11am)	Public – Barnsley
	Debs Teale (DT)	Staff – Nursing support
	Dr Abdul Nusair	Staff – Medicine and Pharmacy
	Nik Vlissides	Staff – Psychological Therapies
	Lisa Ward	Public - Kirklees
	Tony Wilkinson (TW)	Public – Calderdale
	Tony Wright (TWr)	Appointed – Staff Side organisations
In attendance:	Prof Marios Adamou (MA)	Consultant Psychiatrist (former staff governor)
	Adrian Deakin (AD)	General Manager, Forensic services (former staff governor)
	Rob Webster (RW)	Chief Executive
	Tim Breedon (TB)	Director of Nursing & Quality
	Mark Brooks (MB)	Director of Finance & Resources
	Alan Davis (AGD)	Director of Human Resources, Organisational Development & Estates
	Carol Harris (CH)	Director of Operations
	Chris Jones (CJ)	Deputy Chair / Senior Independent Director
	Mike Ford (MF)	Non-Executive Director
	Natalie McMillan	Non-Executive Director
	Kate Quail (KQ)	Non-Executive Director
	Sean Rayner	Director of Provider Development
	Salma Yasmeen	Director of Strategy
	Sam Young (SYo)	Non-Executive Director
	Csilla Fabian	Corporate Governance Manager
	Elaine Lovell	Corporate Governance Administrator
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary) (author)
Apologies:	Members' Council	
	Dylan Degman (DDe)	Public – Wakefield
	Trevor Lake	Appointed – Barnsley Hospital NHS Foundation Trust
	Barry Tolchard (BT)	Appointed – University of Huddersfield

With **all of us** in mind.

MC/21/10   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 will be run due to it being conducted virtually through Microsoft Teams. AM noted the meeting is being recorded to assist with minutes but the recording would be destroyed once the minutes are approved. Attendees of the meeting were advised they should not record the meeting unless they have been granted authority by the Trust prior to the meeting taking place.

AM welcomed new governors Helen Morgan, Dr Abdul Nusair, Nik Vlissides, Claire Den Burger Green, Imran Mushtaq, Lisa Ward and Beverley Powell. AM also welcomed new Non-Executive Director Nat McMillan who had started with the Trust on 1 May 2021.

AM gave thanks to all those governors who had recently finished terms of office:
- Paul Batty – Staff – Social Care on Integrated Teams
- Lisa Hogarth – Staff – Allied Health Professionals
- Kate Amaral – Public - Wakefield
- Adrian Deakin – Staff – Nursing
- Prof Marios Adamou – Staff – Medicine and Pharmacy

Adrian Deakin and Marios Adamou had both served three full terms of office and were both present at the meeting. AM thanked them for their exceptional contributions over nine years and presented them with certificates of appreciation. She stated all governors will receive a certificate thanking them for all their work.

Action: Andy Lister

MC/21/11   Declarations of Interests (agenda item 2)

BARKWORTH, Bill Publicly elected - Barnsley	Director, Barkworth Associates Limited. Member – HealthWatch Barnsley
CLAYDEN, Bob Publicly elected - Wakefield	Chair, Portobello Community Craft and Camera Group. Occasionally contracted for sessions as freelance artist, this may be employed by groups funded or partially funded by SWYT Member of West Yorkshire & Harrogate Cancer Alliance Community Panel.
CRAVEN, Jackie *Publicly elected - Wakefield*	*Board member, Young Lives Consortium, Wakefield.* *Member, Alzheimer's' Society.* *Member, Versus Arthritis.* *Member, Dementia UK.* *Volunteer, HealthWatch, Wakefield.* *Volunteer Ambassador, Dementia UK.* *Parish Councillor, Crigglestone Parish Council.* *Trustee, Crigglestone Village Institute.* *Trustee, Hall Green Community Centre.* *Trustee, 45 Durkar Scouts.* *Trustee, Worrills Almshouses.*

DEGMAN, Dylan *Publicly elected - Wakefield*	*No interests declared.*
DEN BURGER-GREEN, Claire Publicly elected - Kirklees	Expert by Experience and part of the Inspectorate team employed by Choice Support which are contracted to the Care Quality Commission (CQC) to carry out inspections. This is carried out in a variety of settings including NHS services. Awareness Trainer (Volunteer), National Autistic Society Mystery shopper/ accessible venue consultant (volunteer), Attitude is Everything Active member of the support group, Ehlers Danlos UK Active member of the group, Kirklees Mental Health Carers Forum (KMHCF) –
DOOLER, Daz Publicly elected - Wakefield	Chair, S.M.a.S.H Society Community Group in Wakefield and the 5 Towns. Volunteer with SWYT Live Well Wakefield Advisor, employed by Nova Wakefield Seconded position through Nova, Live Well Wakefield and Barnsley Team, South West Yorkshire Partnership NHS Foundation Trust.
IRVING, Carol Publicly elected – Kirklees	Volunteer Ambassador, Dementia UK.
JACKSON, Tony Staff elected – Non-clinical support (services)	No interests declared.
JHUGROO, Adam Publicly elected - Calderdale	Bank registered at Calderdale and Huddersfield NHS Foundation Trust Medical care representative for Diabetes in the Specialist Driven Primary Care business unit for Napp Pharmaceuticals (full time basis) and cover South Yorkshire, which includes Barnsley. Daughter – works on the staff bank at SWYT
LAKE, Trevor *Appointed - Barnsley Hospital NHS Foundation Trust*	*Chair, Barnsley Hospital NHS Foundation Trust.* *Chair, Joint Independent Audit and Ethic Committee, West Yorkshire Police and Crime Commissioners and West Yorkshire Police Force.* *Director, Six Degrees Consultancy (non NHS work).* *Chair, Trustees of Barnsley Hospital Charity.*
LAVILLE, John *Publicly elected - Kirklees*	*Director and Shareholder, EMS (Hartshead) Ltd (dormant company).* *Member/Carer Representative, Kirklees Mental Health Partnership Board.* *Trustee and Chair, Popplewell Charity.* *Patient Representative North Kirklees Primary Care Commissioning Committee*
LEIGH, Steven *Appointed – Calderdale MBC*	*No interests declared.*

LUND, Ros *Appointed - Wakefield MDC*	*Wakefield MDC: Deputy Cabinet Member, Adults and Health* *Member of The Labour Party*
McCARTHY, Pauline *Appointed – Barnsley MBC*	*Director of Credit Union – Acres Food and Allied Workers Union*
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Foundation Trust	Company Secretary, Calderdale and Huddersfield NHS Foundation Trust
MORGAN, Helen Staff elected – Allied Health Professionals	No interests declared.
MUSHTAQ, Imran *Publicly elected - Kirkles*	
NEWTON, Debbie *Appointed Governor for Mid Yorkshire Hospitals NHS Trust*	*Director of Community Services, Mid Yorkshire Hospitals NHS Trust.*
NUSAIR, Abdul *Staff elected – Medicine and Pharmacy*	
PERVAIZ, Mussarat Appointed – Kirklees MC	No interests declared.
POWELL, Beverley Publicly elected – Wakefield	Senior Advisor to National Direct Jacqueline Davies (full time), NHSE/I Provide informal Coaching/Mentoring to some SWYPT staff members (non-board or SLT level)
SHEARD, Tom *Publicly elected – Barnsley*	*Director and Company Secretary of Barnsley TUC Training Ltd.* *Member of 'Monk Bretton Cares' a voluntary group who organise and provide a Dementia Café in Monk Bretton once per week. This is in conjunction with BIADS Barnsley Dementia Support.* *Member and Chair of Patient Group at White Rose Medical Practice.*
SHIRE, Phil *Publicly elected - Calderdale*	*Director, Greenroyd Bowling Club Limited.* *Trustee and Director on the board of Impact Education Multi-Academy Trust.*
SMITH, Jeremy *Publicly elected - Kirklees*	*Director, Predictlaw Ltd.*
STUART-CLARKE, Keith *Publicly elected - Barnsley*	*Volunteer with West Yorkshire and Harrogate NHS trust CCG, in the post with their reduction of suicide project which is based at White rose house Wakefield*
TEALE, Debs Staff elected - Nursing support	Trustee in National Centre for Creative Health
TOLCHARD, Professor Barry Appointed - University of Huddersfield	No interests declared.
VLISSIDES, Nik Staff elected – Psychological therapies	No interests declared.
WARD, Lisa Publicly elected - Kirklees	Volunteer Facilitator, Richmond Fellowship Volunteer, Recovery College

WILKINSON, Tony Publicly elected - Calderdale	Trustee Board member Healthwatch Kirklees, covering Kirklees and Calderdale.
WRIGHT, Tony *Staff elected – staff side organisations*	*Non-executive director (Trustee) with Barnsley Civic Enterprises.*

Where no return has been received by the Trust, the current entry on the Register has been included in italics.

Past governors (who left in 2020/21)

Name	Declaration
ADAMOU, Marios *Staff elected - Medicine and Pharmacy*	*Director, Marios Adamou Ltd.* *Board member, UKAAN.* *Secondary Care Doctor member, NHS Northumberland Clinical Commissioning Group (CCG).*
AMARAL, Kate Publicly elected - Wakefield	No interests declared.
ARMER, Bill *Appointed - Kirklees Council*	*No interests declared.*
BATTY, Paul Staff elected - Social care staff working in integrated teams	No interests declared.
BECKLEY, Evelyn *Appointed - Staff side organisations*	*No interests declared.*
DEAKIN, Adrian *Staff elected - Nursing*	*No interests declared.*
HARRISON, Lin *Staff elected - Psychological therapies*	*Fulltime secondment as Suicide Prevention Project Manager for West Yorkshire and Harrogate Health and Care Partnership (WYHHCP).* *Member of the Labour party.* *Volunteer Co-ordinator for sub area of Crookes Mutual Aid Group (COVID-19 Community Support)* *I commission services for the ICS as Suicide Prevention Project Manager, for example the West Yorkshire and Harrogate Suicide Bereavement Service fulfilled by Leeds Mind.* *My wife is a Commissioning Manager for Sheffield CCG.*
HOGARTH, Lisa *Staff elected - Allied Healthcare Professionals*	*Member governor, Salendine Nook High School Huddersfield.* *Member of the Labour Party.*
MASON, Ruth *Appointed - Calderdale and Huddersfield NHS Foundation Trust*	*Member, Board of Directors, 'Mind the Gap' theatre company, Bradford, which employs actors with a learning disability.*
PILLAI, Chris *Appointed - Calderdale MBC*	*Independent Hospital Manager.*
SUMNER, Nicola *Appointed - Barnsley MBC*	*No interests declared.*

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

MC/21/12   Minutes of the previous meeting and the joint Trust Board and Members' Council meetings held on 29 January 2021 (agenda item 3)

It was RESOLVED to APPROVE the Minutes of the Members' Council meeting held on 29 January 2021 as a true and accurate record.

MC/21/13   Matters arising from the previous meeting held on 29 January 2021 and action log (agenda item 4)

MC/21/04 – Discharge letter action to be closed for MC and become an item for Members' Council Quality Group for monitoring.

Action: Members' Council Quality Group

MC/21/04 – AM has had a follow up conversation with Sean Rayner (SR). Bob Clayden (BC) reported the position has moved on and the action can now be closed.

MC/21/07d – TB reported CAMHS data would be included in the performance presentation later today. Action closed.

MC/21/10 – Discussed the principle of having a Governors-only WhatsApp Group in the meeting prior to this one. The outcome is that the majority think it is a good idea to try with no obligation to join. JL to progress outside of the meeting. Action closed.

MC/20/25 – AL updated on current position regarding the recording of meetings and will update later in the year.

MC/20/26 – The setting up of the Intranet for Governors has not been able to progress due to pressure of the Covid pandemic, therefore it remains on the action log.

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

MC/21/14   Chair's report – to include feedback from the Trust board meeting held on 27 April 2021 (agenda item 5)

AM's report outlined activity of Chair and NEDs since last meeting and AM noted the following key items:
- The Trust Board Business and Risk meeting took place on 27 April 2021.
- Changes in the Corporate Governance team: Aimee Willett has left on a secondment to Wakefield CCG. Csilla Fabian has joined and introduced herself. Laura Arnold currently away from work – any governor queries to go to Andy Lister.

Tony Wright (TWr) queried if there was any Green Plan update?

AM reported in the March meeting the Board approved the Green Plan. Sustainability work continues and more engagement will take place on the development of a wider sustainability strategy, which incorporates the full engagement of our staff and service users.

We are also doing work with the West Yorkshire and Harrogate Integrated Care System on climate change, which includes more than carbon reduction.

Tony Wilkinson (TW) asked for an update on Rob's dual role.

AM gave background on Rob Webster's (RW) dual role and reported that Integrated Care Systems are going through significant change. Chief Executive (CEO) appointments to integrated care systems are subject to legislation and the appointment process is expected to start around July.

In the meantime, RW continues in the dual role of Lead executive for the ICS and Chief Executive of SWYPFT. The CEO appointment process will take place in all 42 ICSs across the country simultaneously, with the new statutory roles starting from April 2022.

In the meantime, the Board discusses and reviews Rob's dual role every meeting to ensure it continues to work in the way it should. The Board is satisfied that it is working well.

It was RESOLVED to NOTE the Chair's report.

MC/21/15   Chief Executive's comments on the operating context (agenda item 6)
RW reported:
- **Covid-19:**
    - Four tests at each stage of easing of lockdown dependant on success of vaccine, including breaking the link between infection, hospitalisation and death.
    - The Prime Minister is lifting restrictions as of next Monday.
    - Main concern in Europe is the "Kent" variant.
    - Variants of concern in the UK – Brazil, South Africa and India. India now a variant of concern.
    - Considering if variants can negotiate the vaccine/immune system, which may cause problems with the Government's strategy.
    - The current situation in India is difficult for our communities and our staff. Support is in place for staff who may be affected and RW's personal thoughts are with those affected.
    - West Yorkshire and South Yorkshire currently have infection rates around 50/100,000 on average. The national average is 0.1% but in West Yorkshire and South Yorkshire. It is 0.2%
    - Over 60's prevalence of Covid is lower due to double vaccination effect.
    - Lower prevalence is reflected in lower staff sickness. RW showed a slide demonstrating staff sickness over the last 12 months.
    - Normal staff sickness is lower than average and Covid-19 sickness is about 0.5% therefore there are more staff, though there is more demand. With many restrictions in place, delivery of care continues to be impacted.
    - Lateral flow testing continues to take place with front line staff, and effective use of PPE and vaccinations campaign.
    - RW showed slide of staff vaccinations: 87.4% vaccinated once, 76.2% vaccinated twice and 12.6% no vaccination. First and second doses continue.
    - Ethnicity of staff vaccinations: white nearly 90%, Indian 86%, Black Caribbean 58% and Black African 71%.
    - The vaccination campaign will be a true success when everyone who wants a vaccination has had one.
- Performance over 20/21 is good. We are in a reasonable place with a lot to do going into 21/22.
- Strategic priorities going forward led by Carol Harris (CH) and Salma Yasmeen (SY) and linked to the digital agenda. Covid-19 has exacerbated inequalities.
- Income impact of Covid: By age and by ethnicity (MORI polling): People over 65 are more financially stable. 23% state they are better off and 19% say they are worse off. 45% of working age (ages 35-44) say they are worse off because of the pandemic. Ethnic minorities: 46% say they are worse off and only 33% of white people say they are worse off.
- We will continue to look at these factors (ethnicity, depravation and age) and not just by looking at averages.

AM noted comments in the chat on MS Teams.

TB reported he believed the India variant included Pakistan.

RW reported some staff are not having the vaccine due to personal fears and concerns. The Trust approach is to raise confidence in the vaccine. The age and gender profile shows fewer young women having the vaccine, which may be due to fears about fertility. Some Black and Asian staff have different views dependant on their different heritage.

We have been working with BAME network through the West Yorkshire and Harrogate Health Care Partnership, (renamed the Race and Equality Network) and staff are talking about issues and concerns. Some staff have subsequently changed their mind and had the vaccine.

It was RESOLVED to NOTE the Chief Executive's update.

MC/21/16   Members' Council Business Items (agenda item 7)
MC/21/16a   Re-appointment of Non-Executive Director (agenda item 7.1)
All directors left the meeting with the exception of AGD. John Laville (JL) introduced the item and asked for the paper to be taken as read:
- JL reported there is a tried and tested re-appointment process. Nominations' Committee have recommended to the Members' Council to approve Erfana Mahmood (EM) as a Non-Executive Director for a second three-year term from 03/08/21 – 02/08/24.
- JL explained the Members' Council can reappoint a NED as long as the chair guarantees that the NED has performed effectively and remains committed to the role. AM has assured the Members' Council that EM is doing a great job.
- AM confirmed EM remains committed and effective.

It was RESOLVED to SUPPORT the recommendation from the Nominations' Committee to reappoint Erfana Mahmood as Non-Executive Director for a second three-year term from 3 August 2021 to 2 August 2024.

All directors returned to the meeting.

MC/21/16b   Governor Engagement Feedback (agenda item 7.2)
JL gave a slide presentation.
- Feedback process we have been developing over the past few months
- Developing governor feedback is part of the Equality, Involvement, Communication and Membership strategy action plan.
- Governors are here to support members and signpost to where they can get a good answer.
- To reassure any group or individual that their input will be fed back to the Trust and capture that information clearly.
- If people need independent support, we can refer them to Healthwatch.
- It is planned to have a 'You Said, We Did' section on the Trust website.
- The process for feeding in an individual concern is via Customer Services, which can then be added to Datix to capture the type of information from different areas across the Trust. This gives the opportunity to review the process and change or modify the process if required.
- If an individual has concerns and is not comfortable with the Trust's response, they can be directed to Healthwatch for advocacy.
- Data is captured: new group, captured as per the data form. If information is limited, this can be emailed in. All emails/information/forms need to be sent to InvolvingPeople@swyt.nhs.uk.
- Reporting: The Communications Team are to produce a quarterly Insight report, into which all feedback will go. Quarterly: 1 June, Sept. etc. Reports will be shared with Governors. The report will go to the Equality, Involvement and Inclusion Sub-Committee, onto the

executive management team and the Equality, Inclusion and Involvement Committee will receive a report on the final recommendations, ending in the 'You Said, We Did'.

- A new leaflet for Improving Access to Psychological Therapies (IAPT) has been designed.
- Platform 1 – a men's mental health support group in Huddersfield have had a great increase in referrals and report that other organisations are contacting them, though not giving support.
- A Halifax group, Calderdale Carers' Project, have increased their use of digital platforms to keep their group going.
-

11.00 Keith Stuart-Clarke left the meeting

RW noted "The Choose Well guide", produced by the Trust, could be used well for this engagement. AM suggested to include this in the induction pack.

Action: Andy Lister

TWr introduced the Staff side:

Staff side acts as a critical friend in the Trust, being a friend to our staff and the Trust. Staff side also serve the needs of service users, families and carers. Members take part in strategic high-level meetings. There are also leads for key areas such as equality, health and safety and sustainability.

SWYPFT is well known for partnership working with Staff side. The fact Staff side are present at induction meetings is a very positive thing.

The meetings and processes Staff side are involved in on behalf of our members and wider staff groups include extended EMT, Employment Policy Group, Organisational Change and more.

Regionally Staff side attend partnership meetings for South Yorkshire and West Yorkshire ICS organisations.

The Staff side role has been developed further in the response to Covid-19 – working with Alan Davis (AGD) in weekly meetings, giving a chance to keep up with things as policy changes within hours. We are engaged in silver command. Staff side play their part in Recovery and Restoration, including in risk assessments.

With regard to the resolution process, previously disciplinary processes, Staff side are looking at a different way of doing things, as a learning process.

Bullying and harassment processes are under review in order to support members, not just reviewing bullying and harassment, but preventing it.

The partnership agreement process is being refreshed.

Staff side are passionate about being involved with the work around sustainability and feel this is changing culture.

There are 8 recognised unions in the Trust. Consideration has been given to ensure there is at least one union for every staff group.

AM explained Staff side is an appointed governor role.

It was RESOLVED to RECEIVE the governor engagement feedback.

MC/21/16c   Governor Training and Development (agenda item 7.3)

Bill Barkworth (BB) introduced the item:

BB reported recently reviewed objectives are supporting governors to be more effective in their roles. More structure and clarity are needed around a training and development plan.

Suggested program of development is a tiered approach:

Level 1 - first year of a governor's term of office – areas governors would benefit from by way of training. E.g. provide specific information regarding SWYPFT. Engagement with the public. Effective questioning and challenging. Quality Monitoring visits around the Trust.
Level 2 - second year – More specific/specialist e.g. Finance, Performance and Accountability.
Level 3 - third year – Training good to have though not as essential as during first year.

Sessions are complementary to the Chair's induction and not mandatory. There is a need for a mix of training both from Governwell (governor training run by NHS Providers), and/or other external trainers and internal trainers.

BC queried the cost implications of training and whether the finances would restrict attendance.

RW reported cost is not a barrier this year. It is hoped to prioritise this work in the next six months.

RW thanked BB for his comprehensive work and encourages everyone to take up training opportunities if they can.

It was RESOLVED to RECEIVE the update on the training and ENDORSE the development plan.

MC/21/16d   Assurance from Members' Council Groups and Nominations' Committee (agenda item 7.4):

AM explained the breakdown of the different groups that sit underneath the Members' Council.

BC asked about the Members' Council Quality Group. Phil Shire (PS) is worried about the amount of time to look at IPR report and asked if this has been resolved?

PS reported people are reading it well and there is a good level of engagement. The work programme of MCQG has been reviewed so that we can focus on items of concern. Governors are urged to attend meetings if they wish as they will find it useful.

Action to notify new governors about sub meetings of the Members' Council.

Action: Laura Arnold

The Members Council is asked to RECEIVE the assurance and minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations' Committee.

MC/21/16di   Members' Council Coordination Group annual report 2020/21 including update to the Terms of Reference (agenda item 7.4.1):

It was RESOLVED to RECEIVE the annual report for 2020/21 and APPROVE the updated Terms of Reference for the Members' Council Co-ordination Group

MC/21/16dii   Members' Council Quality Group annual report 2020/21 including update to the Terms of Reference (agenda item 7.4.2):

It was RESOLVED to RECEIVE the annual report for 2020/21 and APPROVE the updated Terms of Reference for the Members' Council Quality Group

MC/21/16diii   Nominations' Committee annual report 2020/21 including update to the Terms of Reference (agenda item 7.4.3):

It was RESOLVED to RECEIVE the annual report for 2020/21 and APPROVE the updated Terms of Reference for the Nominations' Committee.

MC/21/16e   Members Council Elections Outcome (agenda item 7.5)

AL introduced the item and updated governors on the outcome of the elections earlier this year:

Vacancies before the election and numbers of nominations for each constituency:
- Public Kirklees: 3 seats, 4 nominations
- Public Wakefield: 2 seats, 3 nominations
- Public Rest of Yorkshire and the Humber: 1 seat, 0 nominations
- Staff Allied Health Professionals: 1 seat, 1 nomination
- Staff Medicine and Pharmacy: 1 seat, 1 nomination
- Staff Nursing: 1 seat, 0 nominations
- Staff Psychological Therapies: 1 seat, 1 nomination
- Staff Social Care and Integrated Teams: 1 seat, 0 nomination

Following the elections, there are still three vacancies: 1 – Rest of Yorkshire and the Humber, 1 – Staff Nursing and 1 – Staff Social Care and Integrated Teams.

BC noted there had been more postal votes than digital and should we involve our members more by post. AL agreed to review this proposition during the next round of elections. RW pointed out the work taking place around digital inclusion that Dawn Pearson (DP) was involved in and AL should link with DP around this.

Action: Andy Lister

It was RESOLVED to RECEIVE the update.

MC/21/16f   Review of Audit Committee terms of reference (agenda item 7.6)

MF, chair of the audit committee, introduced the brief changes and noted that Deloitte, our external auditors, have approved the terms of reference.

It was RESOLVED to NOTE the updates to the Terms of Reference for the Audit Committee.

MC/21/16g   Updated Scheme of Delegation (agenda item 7.7)

AM noted BC's comments in relation to the Scheme of Delegation and asked MB to introduce the item.

MB explained the purpose of the scheme of delegation and where changes were in relation to partnership working and provider collaboratives.

BC queried whether the aspects of standing orders were things that had to be undertaken.

MB reported the committees are expected to carry out delegated tasks each year. MB described the committee effectiveness process.

BC agreed to contact AM, AL and MB in relation to a potential issue around standing orders.

ACTION: Bob Clayden

It was RESOLVED to APPROVE the updates to the Scheme of Delegation as set out in the paper.

<u>MC/21/16h   Update Members' Council Declaration of Interests Policy (agenda item 7.8)</u>

MB reported the policy is based on an existing policy used in previous years, and there were minor changes only e.g. job titles and cosmetic changes.

It was RESOLVED to APPROVE the revised Members' Council Declaration of Interests Policy.

MC/21/17   Trust Performance (agenda item 8)
<u>MC/21/17a   Trust Performance Update Q4 (agenda item 8.1)</u>

Mike Ford introduced the item:

<u>Summary of performance metrics for Quarter 4</u>
- Impressive set of metrics given the context of the year the Trust has been through. The Trust continues to meet the majority of its performance metrics and makes improvements in certain areas.
- Single Oversight Framework is Care Quality Commission (CQC) linked. The rating of 2 means the Trust only needs targeted support to help it meet the CQC's ratings, which is positive.
- Children and Young People in adult patient wards has a low threshold (zero) to try to avoid the situation. There were three young people who had spent a total of 6 days in an adult ward during Q4.
- Use of out of area beds has declined and is at its lowest in Quarter 4.
- Good to see we still receive compliments.
- Confidentiality breaches - no cases resulted in ICO referral, which is positive.
- MB confirmed who sets the threshold figures. Some are regional, some national and some internal. Targets could be identified by colour coding.
  Action: Mark Brooks

- IAPT at 50% is an agreed national target.
- Good performance by Trust in finance.
- Non Covid-19 sickness is at a historical low and staff turnover at an acceptable level.

<u>Covid-19 Response Metrics</u>
- Staff sickness decreasing.
- Increase in staff testing.
- Use of MS Teams for video consultations.
- Positive outcome on staff vaccinations, while monitoring discrepancies around ethnicity to ensure no one left out.
- In control of PPE demand and supply.
- Command structure continues to operate.

<u>Patient experience</u>
- Positive responses and good levels of response being maintained.

<u>Safer staffing</u>
- TB explained the context of the Safecare pilot. This is a review of planned staffing establishment figures, reporting and recording staff needs for each day. It is a new way of reporting and recording our staffing against actual need. The results will give a better understanding of what we think we need and how well we are doing in filling those requests.
- Tony Jackson (TJ) asked for a breakdown of registered staff - what percentage is agency? TB will provide to TJ outside of the meeting direct.
  Action: Tim Breedon

Incident reporting
- TB updated governors on how incidents are recorded on the Datix system. Large incidents are investigated through Root Cause Analysis to gain any learning if appropriate.
- Trends are reviewed over the year and we are within acceptable parameters, but we have increased self-harm levels and we are monitoring these, as we are also doing with our apparent suicides.
- Although a quarterly report, we also produce an annual report that looks at trends over the past two or three years. An annual report is going to board in the next few months.
- TB confirmed all protected characteristics are looked at in the incident review.

NHS Improvement
- Targets are set by NHS Improvement.
- The six-week wait target for diagnostic procedures has not been met, having been affected by Covid-19. Significant progress has been made to get this back on target.
- MB added this relates to one service only. The requirement to achieve that threshold has been paused during the pandemic. It is still measured as an important metric.

Workforce
- Non-Covid sickness is at an historically low level.
- Stress and anxiety is the largest single reason for non-Covid-19 absence.
- Strong performance on the vaccine.
- Compliance with mandatory training has been good given the year.
- Staff turnover rates are 10% lower than last year with a lot of support being put in place.

AGD reported that peer support workers will be in the detail of the workforce plan included in the workforce strategy.

Making SWYPFT a great place to work
AGD highlighted key points from the slides and gave context to the following areas of which staff have identified as being the essentials for making SWYPFT a great place to work:
- Feeling Safe
- Supportive Teams
- Keeping Fit and Well
- Developing Potential
- My Voice Counts

These have all been developed into pledges and are being implemented.

The strategy is being developed digitally so that staff can see the live document, which will be continually updated.

JL reported the workforce strategy is first rate but noted bullying and harassment figures from the Integrated Performance Report are 1 in January, 1 in February and 0 in March. However, the BAME network report 40% of staff being bullied and harassed.

AGD reported the figures may need splitting for accuracy due to some of the figures relating to bullying and harassment by service users. There is a commitment and lots of work to do over the next three years to improve and learn what needs doing to support staff and prevent bullying and harassment.

AGD reported Freedom to Speak Up Guardians have a network with an appointed lead. There are representatives from the all the staff equality networks. Civility and respect guardians are currently being appointed and the equality networks are involved in these appointments to ensure diversity. Staff side are also involved. We are looking to create a network with many channels where people are comfortable to report issues.

AM asked if governors can be informed as to who the Freedom to Speak Up Guardians are. The lead guardian is Estelle Myers and there are a number of others.

Action: Csilla Fabian

Financial Performance
- Last year was an unusual year for NHS finance as it did not have the normal contracts in place.
- The Government reacted to Covid-19 and in the first six months of the year we were enabled to break even by being given block income.
- In the second half of the year we were given fixed income and targets to meet.
- We were given the targets late August early September, when Covid-19 was at a low level.
- Since then, Covid-19 has been more prevalent, and we could not spend as much money as we thought we could.
- We were given more national support towards the end of year, with funding attached.
- Ultimately, we received more money than we spent, which is not typical of normal years.
- Lockdown had a significant impact on capital spend due to the restrictions of companies attending site.
- We now have a similar financial arrangement for the first six months of 21/22 and expect to return to normality in terms of individual contracts with commissioners and different targets to meet within the second part of this year.

MB reported the Trust did not have to give any surplus back. This will be used for capital expenditure.

It was RESOLVED to RECEIVE the update on Trust Performance.

MC/21/17b   Care Quality Commission (CQC) action plan update and update on our inspection annual report unannounced/planned visits (agenda item 8.2)
TB reported:
- TB gave context the CQC and what their role is.
- TB reported the table displayed shows the summary findings.
- There was an overall rating of GOOD.
- The action plan is created to respond to areas for improvement.
- 12 "must dos" and 37 "should dos" were put into an action plan.
- TB summarised the key themes from the feedback.
- TB reported against the improvement plan.
- TB then presented the governance framework and summarised progress against the plan and position at April 2021.
- Actions on risk assessment planning and psychology provision on older people's wards are ongoing.
- Reports are still going into Clinical Governance and Clinical Safety committee so that progress is not lost.
- The CQC are fully appraised of our progress against the plan.
- The Quality Monitoring Visits programme is being developed for 21/22 following the pandemic.
- Virtual visits pilots have taken place in March and April and now looking at how safety can be reported.
- The Members' Council Quality Group take a regular report against the Quality Monitoring Visits.
- The next scheduled visits are September 21 – March 22.

TB confirmed the overall rating for Trust is Requires Improvement for Safety, and Good for the Effective, Caring, Responsive, and Well Led domains. There are various different scores against different services.

It was RESOLVED to RECEIVE the update on the Care Quality Commission action plan.

MC/21/18   Closing remarks, work programme, and future meeting dates (agenda item 9)

AM explained the context of the workplan and its purpose. Every quarter we write to governors asking what they want on the agenda. The Members' Council Coordination Group will then determine what agenda will be.

BC asked if there had been any progress on making some items biennial rather than annual?

Bill Barkworth confirmed going to the next MCCG on 21 June 21.

AM reported the next meeting of the Members' Council is the 17 August 2021.

The next item is the Chair's Appraisal, which takes place in private session. All directors except AGD and CJ will leave the meeting and JL will take the chair. The item will be led by Chris Jones, deputy chair and senior independent director.

It was RESOLVED to NOTE the work programme for 2021/22.

Signed: **Date:**

Members' Council 11 May 2021 – Action log

Actions from 11 May 2021

Minute ref	Action	Lead	Timescale	Progress
MC/21/10	Adrian Deakin and Marios Adamou had both served three full terms of office and were both present at the meeting. AM thanked them for their exceptional contributions over nine years and presented them with certificates of appreciation. She stated all governors will receive a certificate thanking them for all their work.	Andy Lister	August 2021	Certificates have been posted to all governors who ended their term as a governor in April 2020.
MC/21/16b	RW noted "The Choose Well guide", produced by the Trust, could be used well for this engagement. AM suggested to include this in the induction pack.	Andy Lister	TBC	
MC/21/16d	Action to notify new governors about sub meetings of the Members' Council.	Laura Arnold	August 2021	Complete.
MC/21/16e	BC noted there had been more postal votes than digital and should we involve our members more by post. AL agreed to review this proposition during the next round of elections. RW pointed out the work taking place around digital inclusion that Dawn Pearson (DP) was involved in and AL should link with DP around this.	Andy Lister	TBC	
MC/21/16g	BC agreed to contact AM, AL and MB in relation to a potential issue around standing orders.	Bob Clayden		Complete.

With **all of us** in mind.

Minute ref	Action	Lead	Timescale	Progress
MC/21/08a	MB confirmed who sets the threshold figures. Some are regional, some national and some internal. Targets could be identified by colour coding.	Mark Brooks	TBC	
MC/21/08a	Tony Jackson (TJ) asked for a breakdown of registered staff - what percentage is agency? TB will provide to TJ outside of the meeting direct.	Tim Breedon	TBC	
MC/21/08a	AM asked if governors can be informed as to who the Freedom to Speak Up Guardians are. The lead guardian is Estelle Myers and there are a number of others.	Csilla Fabian	August 2021	Complete.

Actions from 31 July 2020

Minute ref	Action	Lead	Timescale	Progress
MC/20/25	AM reported the topic of recording meetings had been looked at in detail. This meeting was being recorded and the reasons had been explained. Any member wishing to record the meeting for inclusion purposes could contact the Trust to seek permission to record the meeting. This would be formalised within the Constitution review in October 2020.	Andy Lister	June 2021	The constitution update has been deferred due to the continuation of the Covid-19 pandemic and forthcoming changes in ICS developments.
MC/20/26	AM reported that *The Headlines* in particular were aimed at staff. Should governors require particular access to an item they could request it through the membership office. Dawn Pearson was looking at a potential 'governor intranet' as part of her inclusion work and AM would check what, if any progress had been made on this given the current situation with Covid-19.	Angela Monaghan	TBC	Work on the governor intranet has been delayed due to Covid-19. Unable to provide a timescale at present.

**Members' Council
17 August 2021**

Agenda item:	**5**
Report Title:	**Chair's Report**
Report By:	**Angela Monaghan - Chair of the Trust Board, Members' Council and Corporate Trustee**
Action:	**For information**

Purpose

Keeping you informed. The papers and presentations provided to the Members' Council, plus the weekly *Headlines,* and *The View,* and the monthly *The Brief*, all of which are circulated to Governors, provide comprehensive and up-to-date information on Trust performance and activity.

In addition, during the pandemic, the Chair and Chief executive have continued to offer governors regular question and answer (Q&A) sessions, and governors have received the Chief executive's *Coronavirus Update*.

This report aims to supplement these by highlighting:
- Chair and NED activity since the previous Members' Council meeting;
- key issues discussed at Board meetings in the last quarter; and
- any other current issues of relevance and interest to Governors not covered elsewhere in the agenda.

Recommendation
Governors are recommended to note the contents of this report and raise any items for clarification or discussion.

1. New Governors

Since the last meeting of the Members' Council, three new appointed governors have joined the Members' Council. They are:
- Cllr Howard Blagbrough for Calderdale Council. Howard replaces Cllr Steven Leigh
- Cllr Brenda Eastwood for Barnsley Council. Brenda replaces Cllr Pauline McCarthy.
- Cllr Jessica Carrington for Wakefield Council. Jessica replaces Cllr Ros Lund.

2. Chair and Non-executive Director activity since 1 May 2021

To support governors in their role of holding the Chair and Non-executive directors (NEDs) to account, this section of the report highlights the range of activity in which they have been engaged since the previous Chair's report to Members' Council meeting held on 11 May 2021. Please note that NEDs are expected to work around 3 days a month and the Chair around 3 days a week, although in practice most work considerably longer.

Due to Covid-19, the Chair and NEDs are continuing to work almost entirely from home and all meetings are conducted virtually. This means they have been able to carry out the core part of their roles, using digital technology, but have had limited opportunity to engage directly with service users, carers and staff outside of governance meetings.

The Chair and NEDs have attended a wide range of webinars, development events and virtual meetings to keep up-to-date on policy and governance matters, both nationally and regionally.

Governance meetings – Chair and NEDs:

Since the last report, the Chair and NEDs have prepared for and attended **three Board meetings** (see below for further details), plus the following committees and governance groups:

- Audit Committee (18 June and 13 July 2021) – Mike Ford (chair), Sam Young, Chris Jones
- Clinical Governance and Clinical Safety Committee (8 June 2021) – Nat McMillan (chair), Angela Monaghan, Kate Quail
- Finance, Investment and Performance Committee (24 May, 28 June and 26 July 2021) – Chris Jones (chair), Sam Young, Kate Quail, Nat McMillan
- Workforce and Remuneration Committee (18 May and 20 July 2021) – Sam Young (chair), Nat McMillan, Angela Monaghan
- Equality and Inclusion Committee (15 June 2021) – Angela Monaghan (chair), Erfana Mahmood, Mike Ford
- Charitable Funds Committee (8 June 2021) – Erfana Mahmood (chair), Angela Monaghan, Mike Ford
- Nominations' committee (18 June and 13 July 2021) – Angela Monaghan (chair)
- Members' Council Coordination Group (21 June 2021) – Angela Monaghan, Chris Jones
- Barnsley Integrated Care Partnership Group (27 May, 24 June and 29 July 2021) – Angela Monaghan
- West Yorkshire & Harrogate (WYH) Health & Care Partnership Board (1 June 2021) – Angela Monaghan
- WYH Mental Health, Learning Disability & Autism Collaborative Committees in Common (17 May and 22 July 2021) – Angela Monaghan
- Interim Clinical Ethics Advisory Group (28 April, 30 June and 21 July 2021) – Angela Monaghan

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

Chair engagement with SWYPFT staff, governors, NEDs, volunteers, service users and carers:
- monthly meetings with the Lead Governor and Deputy Lead Governor
- Governor Q&A sessions
- 1:1 Governor induction/post-induction meetings – Nik Vlissides, Clare den Burger-Green, Helen Morgan, Imran Mushtaq, Dr Abdul Nusair, Beverley Powell, Tony Wright, Lisa Ward, Cllr Howard Blagbrough, Cllr Brenda Eastwood
- Trust Welcome Events for new staff and volunteers (monthly)
- Peer support workers' event
- BAME staff network meeting with Board
- Carers' Week - staff carers' day
- My appraisal meeting with the Deputy chair
- Non-executive director shortlisting and interview panels
- Consultant recruitment interview panels
- Interim Director of Finance and Resources interview panel
- Induction of Insight Programme candidate, Chiara DeBiase
- LGBT+ staff network Pride drop-in
- Non-executive director annual appraisals
- Transgender awareness workshop
- 1:1 meetings with the chief executive (fortnightly)
- 1:1 meetings with the Deputy Chair (monthly)
- Extended Executive Management Team briefings (monthly)
- NEDs' meetings (monthly)
- Board agenda setting (monthly)
- Write 'The View' monthly following board meetings

Chair external activity:
- Aspiring NHS CEOs mock interview panels (NHS Leadership Academy)
- Chaired health and care system meetings with MPs from North Kirklees and Wakefield
- Chaired West Yorkshire & Harrogate (WYH) Net Zero Board Leads Network meeting
- West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
- Meeting with Amanda Pritchard, NHS England/Improvement Deputy CEO and Chief Operating Officer (now NHS England CEO)
- WYH ICS forum - exploring a community service provider
- West Yorkshire & Harrogate chairs' and leaders' reference group
- Regular meetings with other NHS chairs in region
- South Yorkshire & Bassetlaw (SYB) ICS chairs' briefings
- NHS Providers Chairs' and Chief Executives' Network meetings
- NHS Confederation annual conference
- Yorkshire & Humber chairs' meeting

Additional NED activity:
- All NEDs:
  - BAME staff network meeting with Board
  - NEDs' monthly meeting

- Chris Jones:
  - Oversight of Maintaining High Professional Standards process
  - Chair's appraisal
  - Non-executive director shortlisting and interview panels
  - Interim Director of Finance and Resources interview panel
  - Briefing on Safecare - the ward staffing model
  - Meetings with the Freedom To Speak Up Guardian
  - Trust Welcome event
  - Meeting with Kirklees Community Mental Health Services

- Erfana Mahmood:
  - Independent Hospital Manager reviews, and review of process
  - Meetings with staff to look at improving access and service user experience for diverse communities

- Mike Ford:
  - Participation in Reciprocal Mentoring Programme
  - Selection and onboarding of Insight Programme candidate
  - Various service visits delayed from induction programme
  - Attendance at
    - West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
    - NHS Providers Digital Boards webinar
    - NHS Providers NED networking event
  - Discussions with WY&H ICS team re participation in ongoing planning activity

3. Key issues discussed at Board meetings

Since the previous Chair's report, the Board has met three times (virtually) and the key items discussed are highlighted below. Papers are available on our website a week before at www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/meeting and for all previous meetings.

Governors are welcome and encouraged to attend all public Board meetings (virtually at present) and there is the opportunity to raise questions and comments at the end of each meeting, which are recorded in the minutes. Thank you to those governors who have attended Board meetings in the last 3 months.

Standing items at Board:
There are 8 board meetings a year held in public, plus four strategic board meetings held in private. At every public board meeting, we start the meeting with a **service user, carer or staff story**, receive a report from the Chief

Executive setting out the current context and relevant national developments, discuss the monthly **Integrated Performance Report (IPR)** including the finance report, receive updates on **business developmen**ts in our two integrated care systems (West Yorkshire & Harrogate and South Yorkshire & Bassetlaw), and receive **assurance from our board committees**.

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

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

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

In the private board meeting, the board:
- received updates on the production of the annual report and annual quality account for 2020/21
- received a further update on development of the lead provider collaborative for adult secure services. The start of this has been delayed due as the funding model is not yet agreed with NHS England.

In the strategic meeting, the board discussed:
- what the new digital strategy means for the Trust and board.
- national developments with integrated care systems and the forthcoming White Paper, and implications for future planning in the Trust.
- metrics and targets used to monitor performance against our strategic objectives, and associated risks.
- how we assess safe staffing levels on our wards and in our community services.
- board succession planning.

29 June – public performance and monitoring meeting:
The story at this board was presented by the two co-leads in the Yorkshire & Humber Operational Delivery Network (ODN), who work for the ODN one day a week to provide lived experience support. They talked about their respective experience of living with a learning disability, and living with autism.

In addition to the standing items, the **public** board:
- received a report on progress with the Trust's operating and financial plans.
- received an update on national developments with integrated care systems and the forthcoming White Paper, and implications for future planning in the Trust.

- confirmed the Chief Executive's full-time secondment to the West Yorkshire & Harrogate ICS, with effect from 5 July.
- approved the Trust's revised Customer Services Policy.
- received annual reports on:
  - compliance with NHS provider licence conditions and code of governance
  - serious incidents
  - health and safety
  - the Premises Assurance model
- approved changes to Board committee memberships.
- responded to a number of questions from a member of the public.

In the **private** session, the board received a verbal update on serious incident investigations; discussed updates on actions taken following meetings with Trust staff equality networks; discussed commercially confidential business developments in Barnsley, with input from the chair of the Barnsley Clinical Commissioning Group; and discussed board succession planning.

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

27 July 2021 – business and risk meeting
The story at this board meeting came from one of our mental health liaison practitioners who presented the story of a service user with eating disorders, whose condition had worsened during Covid. She described how the MARSIPAN pathway had supported this service user in her recovery.

In addition to the standing items, the **public** board:
- received an update on developments with the Health and Care White Paper.
- received a report on levels of demand and acuity in our services.
- approved a motion to amend the Trust constitution, which will now go to the Members' Council for consideration.
- received an annual assessment of Trust performance against the NHS Constitution, which showed full compliance.
- approved further changes to Board committee memberships.

In the **private** session, the board received a verbal update on serious incident investigations; discussed commercially confidential business developments and risks; and preparations for future CQC inspections.

4. NHS Providers and Governwell

Some governors, especially those newly elected or appointed, may not be aware of the support NHS Providers offers governors, and I thought it would be helpful to bring this to your attention. You can find full details of their offer on their website at https://nhsproviders.org/training-events/governor-support

Their offer includes **Governwell**, which is a governor training programme. SWYPFT provides the opportunity to attend some of the Governwell courses, in partnership with other Trusts in West Yorkshire.

NHS Providers also runs a Governor Advisory Committee. In this recent online blog, John Adler, Lead Governor at Sheffield Children's Hospital NHS FT, talks about why he stood for election to the Governor Advisory Committee https://nhsproviders.org/news-blogs/blogs/why-i-stood-for-election-to-the-nhs-providers-governor-advisory-committee.
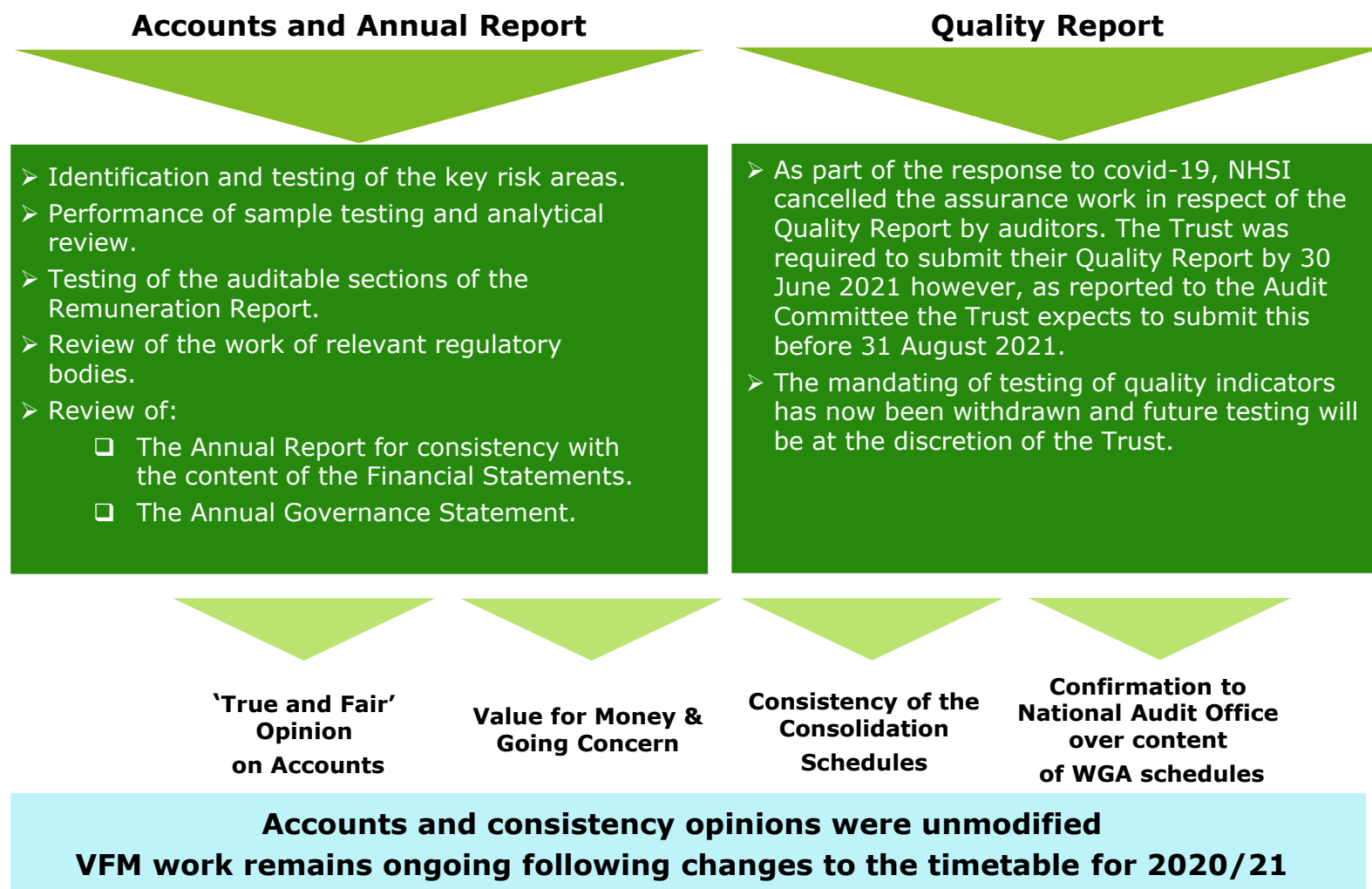

I would be happy to answer any questions relating to Chair/NED activity and Board discussions, and anything in this report.

Angela Monaghan
Chair

Deloitte.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Report to the Governors
2020/21 audit

August 2021

Scope of our work

Accounts and Annual Report

- Identification and testing of the key risk areas.
- Performance of sample testing and analytical review.
- Testing of the auditable sections of the Remuneration Report.
- Review of the work of relevant regulatory bodies.
- Review of:
  - The Annual Report for consistency with the content of the Financial Statements.
  - The Annual Governance Statement.

Quality Report

- As part of the response to covid-19, NHSI cancelled the assurance work in respect of the Quality Report by auditors. The Trust was required to submit their Quality Report by 30 June 2021 however, as reported to the Audit Committee the Trust expects to submit this before 31 August 2021.
- The mandating of testing of quality indicators has now been withdrawn and future testing will be at the discretion of the Trust.

'True and Fair' Opinion on Accounts

Value for Money & Going Concern

Consistency of the Consolidation Schedules

Confirmation to National Audit Office over content of WGA schedules

Accounts and consistency opinions were unmodified
VFM work remains ongoing following changes to the timetable for 2020/21

Key Findings

Significant risks of Material Misstatement

Risk	Fraud risk	Planned approach to controls	Controls conclusion	Consistency of judgements with Deloitte's expectations
Validity of Accruals	✓	DI	Weaknesses Identified	⊖
Management Override of Controls	✓	DI	Improvements noted	●

Overly prudent, likely to lead to future credit   ⊖ ⊖ ● ⊕ ⊕   Overly optimistic, likely to lead to future debit.

Controls approach adopted

DI Assess design & implementation

OE Test operating effectiveness of relevant controls

S Involvement of IT specialists

Audit findings

Accounting Performance

The Trust submitted its draft and audited Annual Report and Accounts ahead of the NHSI timetable.

Regular meetings have been held with management through the year.

The working papers produced to support the draft accounts continue to be of a good standard.

As part of our audit we identified four misstatements which remained uncorrected.

Had these been corrected the net impact would have been to increase the reported surplus by £356k, increase net assets by £659k and revaluation reserves by £303k.

Annual governance statement

The review of the Trust's Annual Governance Statement identified no significant issues.

Annual Report

The Trust provided a draft of the annual report which required minimal adjustment from the draft version and incorporated all of the significant changes required.

Accounting policies and financial reporting

We reviewed the Trust's accounting policies and found them to be consistent with sector norms.

We provided comments to the Trust on presentational matters which have been reflected in the financial statements.

Controls findings

We raised four control findings arising from our audit work concerning seeking assurance relating to service organisations, record keeping in respect of block income, accuracy and control of accruals and revaluation of assets in 2021/22.

Deloitte.

Members' Council
17 August 2021

Agenda item:	**7.2**
Report Title:	Motion to amend the Trust Constitution
Report By:	Assistant Director of Corporate Governance, Performance and Risk
Action:	To approve

<u>Purpose and format</u>
The purpose of this report is to put forward a motion to amend Trust's constitutional boundaries.
Robust governance arrangements are essential for the Trust to remain legally constituted, financially viable and sustainable as a Foundation Trust and to continue to meet its obligations under its Constitution.
The Trust Constitution is based on the NHS Foundation Trust Model Core Constitution (2013). The last amendments to the Trust Constitution were submitted to the Trust Board for approval in December 2019. It was submitted to the Members' Council meeting and ratified on the 31 January 2020, and subsequently submitted to the Trust Board on the 31 March 2020 for information.

Recommendation
The Members Council is asked to APPROVE the motion for the extension of our constitutional boundaries as described below.

<u>Background</u>
The Trust is required to have a Constitution in place that sets out:
- how it is accountable to local people
- who can become a member?
- the role of the Members' Council
- how Trust Board and the Members' Council are structured
- how Trust Board works with the Members' Council
- how the Chair and Non-Executive Directors are appointed
- how public and staff governors are elected.

Proposed amendments to the Constitution (including Standing Orders)
The Trust currently has a public constitution of "Rest of Yorkshire & the Humber", this includes the areas covered by the following:
Bradford Council –
City of York Council –
Doncaster Council –

With **all of us** in mind.

East Riding of Yorkshire Council –
Hull City Council –
Leeds City Council –
North East Lincolnshire Council –
North Lincolnshire Council –
North Yorkshire County Council –
Rotherham Metropolitan Borough Council –
Sheffield City Council –

Membership is currently open to anyone living in Yorkshire and the Humber. Once a member is accepted, they have the opportunity to apply to become a Non-Executive Director of the Trust or stand for election as a Trust Governor.

Governors will be aware that a recruitment process has commenced to appoint a new Chair of the Trust.

At the Trust Nominations Committee meeting on Tuesday the 13th July 2021 the progress and next steps for recruitment were discussed.

During this discussion the current restraints of our constitutional boundaries were considered, and the impact on our ability to attract the best chair candidates from as wide an area as possible.

Following discussion, the Nominations Committee agreed to put forward the following motion for consideration:

- To amend Annex 1 (the public constituencies), (1.5) to extend the constituency currently known as Rest of Yorkshire & the Humber, to include *adjacent counties* adding the specific counties **Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire.**

This motion was supported by the full Nominations Committee (comprising the lead governor, deputy lead governor, publicly elected governor and Chair of the Trust) to be taken forward for consultation.

Following this decision, a letter was sent by the lead governor to all council members detailing the motion and next steps following this presentation for the motion to the Trust Board.

The Motion was presented to the Trust Board on the 27 July 2021 and following robust discussion the Board supported the motion going forward for discussion and vote at the meeting of the members council on the 17 August 2021.

On 9 August 2021, a Q & A session was held with governors by the Chair, Chief Executive and Assistant Director of Corporate Governance, Performance and Risk with governors to discuss any issues or concerns with the proposal.

As a result of the discussions held it was decided a further amendment to Annex 1 should be included that will state:

- To amend Annex 1 (the public constituencies), (1.5) to extend the constituency currently known as Rest of Yorkshire & the Humber, to include *adjacent counties* adding the specific counties **Cumbria, Durham, Lancashire, Greater Manchester, Derbyshire, Nottinghamshire, and Lincolnshire.**
- **To further amend Annex 1 to state** *"Non-Executive Directors recruited from the above public constituency, MUST be able to demonstrate a commitment to, and significant knowledge of, the communities the Trust serves.*

Governors should note that this change, if agreed, would broaden the catchment area for members, and would mean that the publicly elected governor for this constituency could be drawn from anywhere within the wider geography at future elections. The governor role for this constituency is currently vacant.

Amendments to the constitution need to be approved by both the Trust Board and the Members' Council.

Next steps

If the motion is approved by the Members' Council meeting on the 17 August 2021, the change will take effect from the 18 August 2021.

It should be noted that, in order to continue with the recruitment of the Chair, potential candidates drawn from the proposed amended constituencies will be invited to apply, whilst noting that a constitutional change is in the process of being considered.

However, if the change to the constitution is not agreed at the Members' Council meeting on the 17 August 2021, any candidates that have applied from outside our current boundaries would be notified they were ineligible.

Agenda item:	7.3
Report Title:	**Governor feedback**
Report By:	Corporate Governance Team on behalf of Governors
Action:	To receive

The following events were attended by governors since the last Members' Council meeting on 11 May 2021 to 19 July 2021 (note, this does not include Members' Council meetings).

Name / representing	Groups / committee / forum	Involvement activity
BARKWORTH, Bill Elected – public Barnsley	• 18.06.21 Nominations Committee • 21.06.21 Co-ordination Group • 13.07.21 Nominations Committee	
BLAGBROUGH, Howard Appointed – Calderdale Council		
CARRINGTON, Jessica Appointed – Wakefield Council		
CLAYDEN, Bob Elected – public Wakefield	• 21.06.21 Co-ordination Group	• 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
CRAVEN, Jackie Elected – public Wakefield		
DEGMAN, Dylan Elected – public Wakefield	• 18.06.21 Nominations Committee • 13.07.21 Nominations Committee	

With **all of us** in mind.

Name / representing	Groups / committee / forum	Involvement activity
DEN BURGER-GREEN, Claire Elected – public Kirklees		• 25.05.2021 - Carers Count Action meeting • 27.05.2021 - SWYPFT Carers Leads meeting • 07.06.2021 - Carers Week launch carer story speaker and attendee • 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event • 14.06.21 Q&A Governor session with Rob Webster and Angela Monaghan • 18.06.2021 - Kirklees Council Direct Payment working group meeting • 28.06.2021 - Cloverleaf advocacy interview panel • 30.06.2021 - SWYPFT NED interview panel • 02.07.2021 - Ehlers Danlos UK seminar • 06.07.2021 - Adult safeguarding course (provided through the University of Bradford) • 07.07.2021 - 'Give...' (charity) workshop • 09.07.2021 - Kirklees Council Direct Payment working group meeting • 14.07.2021 - SWYPFT governor Q&A feedback
DOOLER, Daz Elected – public Wakefield		• 14.07.21 Q&A Governor session with Mark Brooks and Angela Monaghan

Name / representing	Groups / committee / forum	Involvement activity
EASTWOOD, Brenda Appointed – Barnsley Council		
IRVING, Carol Elected – public Kirklees		
JACKSON, Tony Staff – non clinical support		
JHUGROO, Adam Elected - public Calderdale	• 21.06.21 Co-ordination Group	• 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
LAKE, Trevor Appointed - Barnsley Hospital NHS FT		
LAVILLE, John Elected - public Kirklees	• 18.06.21 Nominations Committee • 21.06.21 Co-ordination Group • 13.07.21 Nominations Committee	• 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event • 14.06.21 Q&A Governor session with Rob Webster and Angela Monaghan • 14.07.21 Q&A Governor session with Mark Brooks and Angela Monaghan
McCOURT, Andrea Appointed – Calderdale and Huddersfield NHS Trust		
MORGAN, Helen Staff – Allied Health Proffesionals		
MUSHTAQ, Imran Elected – public Kirklees		
NEWTON, Debbie		

Name / representing	Groups / committee / forum	Involvement activity
Appointed – Mid-Yorkshire Hospitals NHS Trust		
PERVAIZ, Mussarat Appointed – Kirklees Council		
POWELL, Beverley Elected – public Wakefield		• 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event • 14.06.21 Q&A Governor session with Rob Webster and Angela Monaghan
SHEARD, Tom Elected – public Barnsley		
SHIRE, Phil Elected – public Calderdale		• 14.07.21 Q&A Governor session with Mark Brooks and Angela Monaghan
SMITH, Jeremy Elected – public Kirklees		
STUART-CLARKE, Keith Elected - public Barnsley	• 21.06.21 Co-ordination Group	
TEALE, Debs Staff - Nursing support		• 11.06.21 West Yorkshire Mental Health Services Collaborative - Joint Non-Executive Director and Governor Event
TOLCHARD, Barry Appointed - University of Huddersfield		
VLISSIDES, Nik Staff – Psychological therapies		
WARD, Lisa Elected – public Kirklees		

Name / representing	Groups / committee / forum	Involvement activity
WILKINSON, Tony Elected – public Calderdale		• 14.06.21 Q&A Governor session with Rob Webster and Angela Monaghan • 14.07.21 Q&A Governor session with Mark Brooks and Angela Monaghan
WRIGHT, Tony Appointed – Staff side organisations	• 21.06.21 Co-ordination Group	

Past Governors:

Name / representing	Groups / committee / forum	Involvement activity
ADAMOU, Marios Elected – staff medicine and pharmacy		
AMARAL, Kate Elected – public Wakefield		
BATTY, Paul Elected – staff social care working in integrated teams		
DEAKIN, Adrian Elected – staff nursing		
HOGARTH, Lisa Elected – staff allied health professionals		
LEIGH, Steven Appointed – Calderdale Council		
LUND, Ros Appointed – Wakefield Council		
McCARTHY, Pauline Appointed – Barnsley Council		

There were no emails received for governors via the governor email address (Governors@swyt.nhs.uk) since the last Members' Council meeting on 11 May 2021.

Members' Council
17 August 2021

Agenda item:	**7.3**
Report Title:	**Governor feedback**
Report By:	Lead Governor
Action:	To receive

Governor Activity since last Members' Council Meeting – 11 May 2021

<u>Virtual Governor Meetings</u>
- All meetings held on schedule with varying levels of attendance
- Most community groups are still inactive due to the pandemic restrictions

<u>Kirklees Specific</u>
- Meeting facilitated through Kirklees Mental Health Partnership Board between Platform 1 management (Men's Mental Health support group) and General Managers for Kirklees and Calderdale Adult Community Services to discuss capacity and other issues.
- After a long period of no activity due to the pandemic, John Laville attended the Kirklees Mental Health Alliance meeting which has begun to meet again lead by Sean Rayner (Director of Provider Development SWYPFT) and now has scheduled meetings to develop the Alliance.
- John Laville chaired the Kirklees Mental Health Carers Forum (KMHCF) regular meetings in February and June, next meeting in August will be dedicated to finding ways to make the KMHCF more diverse.
- John Laville attended all scheduled meetings of the Kirklees CCG Primary Care Commissioning Committee meetings as patient representative.
- In common with other areas most community groups were still on hold due to the pandemic restrictions.

With **all of us** in mind.

The Role of AHPs
(Allied Health Professionals)

With **all of us** in mind.

Workforce

AHPs are the third largest workforce in the NHS, regulated by the Health and Care Professions Council (HCPC)

Medics regulated by General Medical Council (GMC)

Nurses by Nursing and Midwifery Council (NMC)

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

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Within SWYPFT

Around 450 AHP staff including

Nearly 300 registered AHP staff (mainly a degree profession) and 150 AHP support staff, (180 Occupational Therapists)

e.g. to practise as a dietitian, you require completion of a 4-year degree course, or a degree followed by a 2-year masters' course
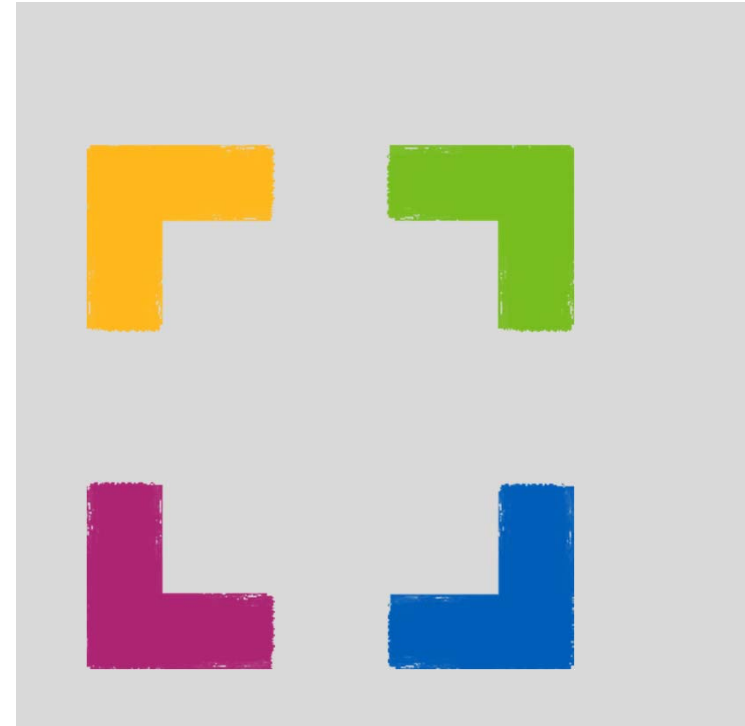
The A – S of Allied Health Professionals

1. Art Therapists
2. (Dance movement Therapists – awaiting HCPC approval)
3. Drama therapists
4. Music therapists
5. Podiatrists
6. Dietitians
7. Occupational therapists
8. Operating Department Practitioners
9. Orthoptists
10. Osteopaths
11. Paramedics
12. Physiotherapists
13. Prosthetists/Orthotists
14. Radiographers
15. Speech and language therapists – in SWYPFT

Art therapists provide psychotherapeutic interventions to resolve difficulties using art materials.

Dietitians translate the science of nutrition into practical information about food to promote wellbeing, and prevent food-related problems.

Occupational therapists treat the impact of illness on a person's ability to participate in meaningful and occupations in their environment.

Physiotherapists are experts in the use of physical and psychosocial approaches to rehabilitation, optimising independence and quality of life.

Podiatrists diagnose and treat the lower limb.

Speech and language therapists provide life-improving treatment, people with difficulties with communication, eating, drinking or swallowing.

AHP Goals

- AHPs focus on prevention and improvement of wellbeing

- Maximise potential for people to live full and active lives within their family circles, social networks, and the workplace.

AHP example: Occupational Therapy

- OTs acknowledge link between what people do and their wellbeing

- 'Occupation' - daily activities that we find meaningful to us
- Including routines such as looking after yourself
- engaging in leisure activities
- goals within employment/education

- Our daily occupations define our identity and someone who is ill may be less able to do what is important to them

- Occupational therapists use specialist analysis to find ways to help people do those activities important to them

AHP fears

Sometimes feel a little forgotten about, particularly within a mental health organisation.

The role of AHPs may be more fully recognised within physical health

"I honestly believe that if all AHPs in England were used effectively, it would signal the total transformation of health and social care which we desperately need. We save lives, we rebuild lives and we do it all at a fraction of the cost of other colleagues. We understand the medical but crucially, we understand the social determinants of health -education, poverty, housing, stigma".

With **all of us** in mind.

Any questions?
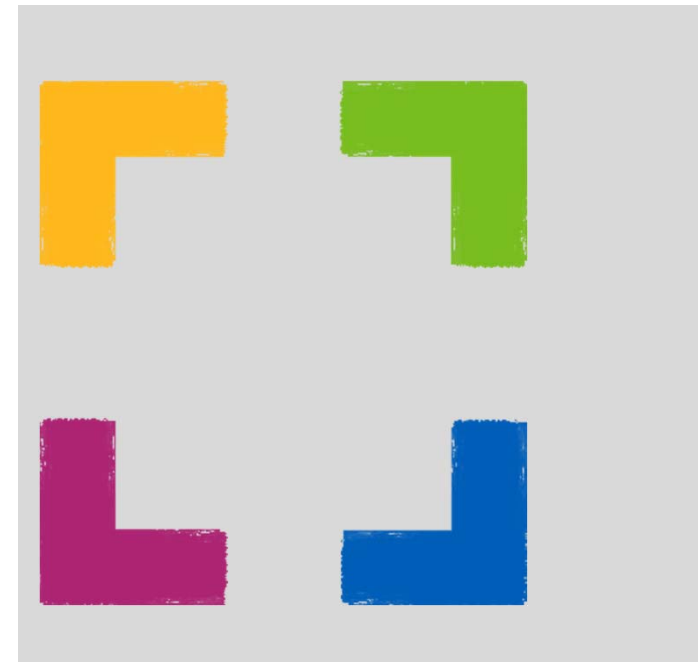
NHS

**South West
Yorkshire Partnership**

NHS Foundation Trust

With **all of us** in mind.

Members' Council
17 August 2021

Agenda item:	**7.4**
Report Title:	**Governor appointments to Members' Council and Trust Board groups and committees**
Report By:	Corporate Governance Team
Action:	To receive

Purpose

The purpose of the paper is to support the appointment of governors to the Members' Council groups, Nominations Committee and Trust Board Equality & Inclusion Committee.

Recommendations

The Members' Council is asked to RECEIVE the update on appointments as outlined below.

Background

At the Members' Council meeting on 2 November 2018, a process was approved regarding how governors become members of its sub-groups (attachment 1) and the establishment of consistent member numbers across the Members' Council Co-ordination Group and Members' Council Quality Group.

The objectives of these changes were to address the lack of clarity about appointment to the groups, to make the appointment process more transparent, and to ensure effective operation of the groups, whilst maintaining a commitment to openness and inclusion. All governors continue to be welcome to be in attendance and participate in the meetings even if they are not a 'formal' member of these two groups.

Process

The Corporate Governance Team wrote to all governors seeking self-nominations for available vacancies on groups. The following self-nominations were requested to be put forward for the vacancies:

Members' Council Co-ordination Group	- Public governor, Kirklees	- No nominations received
	- Public governor, rest of Yorkshire & the Humber *(note, this seat is currently vacant)*	- N/A
	- Staff governor	- No nominations

		received
Members' Council Quality Group	- Public governor, Kirklees	- No nominations received
	- Public governor, rest of Yorkshire & the Humber *(note, this seat is currently vacant)*	- N/A
	- Appointed governor	- No nominations received
	- Staff governor	- No nominations received
Nominations Committee	- Appointed governor	- Andrea McCourt
	- Staff governor	- Tony Jackson

Outcome

Following the process of the governor appointment to Members' Council groups and committee, there was only one self-nomination received for the Nominations Committee for each appointed governor and staff governor vacancy. Therefore, Andrea McCourt will automatically fill the vacancy for appointed governor for the Nominations Committee and Tony Jackson will automatically fill the vacancy for staff governor for the Nominations Committee.

Supporting statement for the self-nominations are attached.

The remaining vacancies will continue to be promoted.

Governor appointment to Members' Council groups and committee
Approved by Members' Council 2 November 2018

Process for appointment

When vacancies arise, the proposed process for appointment recommended is a shortened version of the process for the appointment of the Lead Governor, which has been in place since 2009.

Step 1	When a vacancy arises, governors are invited to self-nominate, supported by a brief verbal or written statement about why they are putting themselves forward. If only one self-nomination is received, they will automatically fill the vacancy, otherwise the process will move to Step 2.
Step 2	If more than one self-nomination is received for a vacancy, the Members' Council Co-ordination Group will discuss the self-nominations supported by input from the Chair and make a recommendation to the full Members' Council.

The recommended term of membership on a group for any new members will be for three (3) years to allow for consistency of membership. If a governor wishes to stand down from a group, or is not re-elected / re-appointed as a governor on the Members' Council during the three years, the above process would take place to fill the vacancy.

It is expected that governors are a member of only one group to allow opportunities for more governors to be involved, however if sufficient membership is not reached through the self-nomination process this would be extended to two.

Current members on all groups (as at 2 November 2018) remain until the end of their governor term or until they step down.

All governors continue to be welcome to attend and participate at the Members' Council Co-ordination Group and Members' Council Quality Group even if they are not 'formal' members. Non-members would not normally attend the Nominations' Committee, for reasons of confidentiality, unless invited by the Chair.

With **all of us** in mind.

Members' Council
17 August 2021

Self-Nomination Statement

Andrea McCourt – Nominations Committee

Having worked in the NHS for 30 years in management roles with a specialism in governance I have experience of recruiting into posts and adhering to the Nolan principles, which I feel would be beneficial for this Committee in ensuring due process is followed in the Nominations Committee and contributing to discussions and decisions.

Getting the right people to serve on the Trust Board as Non-Executive Directors (NED) to be a critical friend, bring the expertise needed and provide the appropriate challenge is key to running effective services for patients and in re-assuring governors that the Board is working effectively. Working with Board members and Non-Executive Directors in my own organisation in the Company Secretary role I feel I can bring this experience to support the Nominations Committee in making decisions about NED appointments and the lead governor. I have a good understanding of the context within which the NHS is working currently and the legislative plans to move towards system working on a statutory footing. I am also conscious of the need to ensure that the Board is representative of either its workforce and / or the communities it serves as a more diverse Board can make better decisions and would seek to ensure this is a factor considered within decisions of the Nominations Committee.

In addition to experience in recruiting staff as an NHS Manager I have previously attended an NHS Providers course for governors on recruiting Non-Executive Directors.

Andrea McCourt

Appointed Governor, Calderdale and Huddersfield NHS Foundation Trust

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Members' Council
17 August 2021

Self-Nomination Statement

Tony Jackson – Nominations Committee

I have worked for the NHS for over 26 years in clinical and nonclinical roles.
Most of my work in the NHS has been based in acute departments and wards.
I currently work as a ward administrator on ward 18 which is an acute working age adult ward. I was elected as a staff governor in April 2020 in which time I have been fully committed to this role ensuring I attend meetings and have helped both staff and patients representing them where needed. I would like to expand on my governor's role so I would like to be considered for the Nominations committee. I believe my experience working in the NHS would be of a positive value to joining the committee. In these challenging and changing times in the NHS I'd like the opportunity to get more involved in shaping the trusts future for the benefit of service users, staff, and the communities we serve.

Tony Jackson
Ward Administrator / Staff Non-Clinical Support Governor

South West Yorkshire Partnership

NHS

NHS Foundation Trust

**Members' Council
17 August 2021**

Agenda item:	**7.5**
Report Title:	**Assurance from Members' Council Groups and Nominations Committee**
Report By:	Corporate Governance Team on behalf: Members' Council Co-ordination Group Members' Council Quality Group Nominations Committee
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to provide assurance to the Members' Council that their Co-ordination Group, Quality Group and the Nominations Committee are fulfilling their remit and meeting their terms of reference through the quarterly assurance update (below).

Recommendation

The Members' Council is asked to:

- **RECEIVE the assurance and approved notes/minutes from the Members' Council Co-ordination Group, Members' Council Quality Group and Nominations Committee.**

Background

Members' Council Co-ordination Group (MCCG)

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

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

Date	21 June 2021
Presented by	John Laville, Lead Governor and Chair of MCCG
Key items for Members' Council	• Andrea McCourt self-nominated for the appointed governor vacancy for the Nominations' Committee. No other self-

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to note	nominations were received for that vacancy and Andrea McCourt will automatically fill the vacancy.
	• New governor inductions had been recently concluded.
	• No further action required for Governor attendance at Members' Council meetings.
	• Governor training and development programme to be circulated to governors once complete.
	• 2021/22 Governor Handbook to be circulated to all governors following some revisions.
	• Members' Council biennial evaluation outcomes and next steps discussed.
Approved notes of previous meeting/s to be received	Approved notes of the meeting held on 8 March 2021 attached. *Please note these notes may be redacted if they contain personal, sensitive or confidential information.*

Members' Council Quality Group (MCQG)
The Quality Group supports the Trust in its approach to quality through the Trust's quality priorities and:
• has high-level discussions on quality of care (using the quality performance report to lead the discussion).
• monitors the quality of care and facilitates discussion on patient experience, patient safety and clinical effectiveness.
• supports the production of the Trust's Quality Account.

Date	10 May 2021
Presented by	Tim Breedon, Director of Nursing, Quality and Deputy Chief Executive and Chair of MCQG Phil Shire, Governor and Co-chair of MCQG
Key items for Members' Council to note	• The group discussed ongoing Trust-wide work relating to the discharge letter and policy.
	• The group scrutinised the Integrated performance report (IPR).
	• The group received a brief overview for the Care Quality Commission (CQC) action plan.
	• The group agreed to receive the draft Quality Account and to submit comments and questions via email.
	• The group received a brief update on Quality Monitoring Visits.
	• Child and adolescent mental health services (CAMHS) highlight reports were received by the group.
Approved Minutes of previous meeting/s to be received.	Approved notes of the meeting held on 15 March 2021 attached.

Nominations Committee

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

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

Dates	18 June 2021, 13 July 2021
Presented by	Angela Monaghan, Chair of the Trust and Nominations Committee
Key items for Members' Council to note	Meeting held on 18 June 2021: • The committee discussed and agreed the shortlist for the Non-executive Director recruitment 2021. Four shortlisted candidates were invited to attend stakeholder groups and interview panels. • The committee noted the Chair's intention to step down at the end of 2021. They discussed and agreed the recruitment process and agreed GatenbySanderson recruitment agency should be appointed to support the process. [NB: *John Laville, Lead Governor, chaired this item*]. Meeting held on 13 July 2021 • The group supported the recommendation from the final interview panel to appoint Mandy Griffin to the role of Non-executive director for an initial three-year period starting 1 October 2021. This is on the Members' Council agenda at this meeting for approval. • The group agreed the process for recruitment of a new Chair and updating of the Members' Council. • It was resolved to agree that John Laville, Bill Barkworth and Dylan Degman would be delegated authority by the Nominations' Committee to sign off the job description and person specification, having been reviewed first by Angela Monaghan, Mark Brooks, Andy Lister and Alan Davis. • Proposed amendment of the Trust constitution for the "rest of Yorkshire and Humber" constituency to include neighbouring counties. To go to Trust Board and then Members' Council for consideration.
Approved Minutes of previous meeting/s for receiving	• Approved minutes of the meetings held on 6 April 2021 and 18 June 2021 attached. *Please note these minutes may be redacted if they contain personal, sensitive or confidential information.*

Action Notes of the Members' Council Co-ordination Group held on 8 March 2021

Virtual meeting via Teams

Present:	**In attendance:**
John Laville (Chair) (JL)	Andy Lister (AL)
Bill Barkworth (BB)	Laura Arnold (LA) - Author
Bob Clayden (BC)	
Chris Jones (CJ)	**Apologies (Members):**
Angela Monaghan (AM)	Lisa Hogarth (LH)
Adam Jhugroo (AJ)	Keith Stuart-Clarke (KSC)
Tony Wright (TWr)	

No.	Item	Action
1	**Welcome and introductions** John Laville (JL) welcomed all to the meeting. Apologies, as above, were noted. The meeting was noted as quorate.	
2	**Declaration of interests** There were no declarations of interest noted in relation to today's agenda.	
3	**Notes from previous Co-ordination Group meeting held 14 December 2020** The action notes were a true and accurate record of the meeting.	
4	**Action Log from previous Co-ordination Group meeting held 14 December 2020** Outstanding actions were highlighted in the meeting, noting that some were deferred due to the Coronavirus pandemic.	
5	**Members Council Development**	
5.1	**Membership on Members' Council groups** It was noted in the meeting that there were no self-nominations received, the Corporate Governance Team will write to all governors prior to the next Members' Council Co-ordination Group. Bob Clayden (BC) asked for the number of members for the Rest of Yorkshire and the Humber, highlighting that this seat is currently vacant on the Members' Council. Andy Lister (AL) will check and liaise with BC outside of the meeting.	**AL**

With **all of us** in mind.

No.	Item	Action
	Tony Wright (TWr) asked about his self-nomination into the Members' Council Co-ordination Group. Laura Arnold (LA) to liaise with TWr outside of the meeting.	**LA**
5.2	**Governor attendance at Members' Council meetings** Angela Monaghan (AM) gave a verbal update for any governors who have consecutively missed 3 or more Members' Council meetings: • Marios Adamou, Staff Governor – Marios has been in involved in and has been prioritising clinical work over the past year. He will be retiring in April 2020 after 9 years' service. • Barry Tolchard, Appointed Governor for Huddersfield University – Barry is coming to the end of his first three-year term and has missed Members' Council meetings due to personal reasons. AM has an informal chat booked with Barry and will feedback into the next Co-ordination Group. No further action required.	**AM**
5.3	**Development plan – update from last meeting** Bill Barkworth (BB) gave a verbal introduction into the training programme for governors. He mentioned there needs to be clarity/guidance around: • the different types of training for governors • what training is relevant • timeline of the training throughout the governors' term of office BB commented that cost/budget will need to be taken into consideration and to increase governor awareness for the training programme. TWr suggested speed reading training may be useful for governors as the amount of papers that are included in meetings may be daunting. AL and BB are to arrange a separate meeting to consider budget and draft a training programme for governors. This is to be emailed to the group once the draft is complete for any comments and questions and then present at the next Members' Council meeting for approval. The group were all in agreement to: • Rename 'Members' Council development actions 2021-2023' to 'Members' Council Objectives 2021-2023' • Separately development a 'Training Programme'	**AL/BB**
5.4	**Governor Induction pack** JL asked the group for any comments and questions regarding this item. BC mentioned that the contents page needs to be updated. Chris Jones (CJ) commented that the induction pack looks to be quite large and asked governors how they feel about the size and if this may be overwhelming as part of an induction? AM replied saying that she refers to this as a reference document and governors can use this throughout their term of office. TWr agreed that he thought the induction pack was useful and asked if it was appropriate to make a reference to the green plan.	**LA**

With **all of us** in mind.

No.	Item	Action
	It was agreed to include reference to the green plan, Equality, Involvement and Communication Strategy and to highlight some of the main policies of the Trust.	
	There were suggestions to change the 'Governor induction pack' to 'Governor Guide'/ 'Induction pack/reference Guide' / 'Governor Handbook'.	**LA**
5.5	**Members' Council biennial evaluation – summary of results** AL gave an overview for this item and the group discussed the results included in the papers. The results have been reviewed by CJ and Paul Hewittson, Deloittes, and will be presented to Members' Council on 13 April 2021. It was decided: - Exclude the results for question 10 as this was aimed at appointed governors only. - Question 12 was highlighted as an area for discussion. - AM will include role descriptions for Senior Independent Director/Deputy Chair and Lead Governor in governor inductions - Commence the buddying system as soon as possible. JL/BB to liaise separately from the meeting to gather interest from governors - Descriptions of governors to be included in the website The corporate governance team were thanked for the quick and efficient roll out of the Members' Council Biennial evaluation survey.	**AL/CJ** **AL/CJ AM** **JL/BB** **LA**
5.6	**Update on Members' Council elections** AL gave a brief overview for this item. No further action required.	
5.7	**Governor Feedback – issues emerging from governor forums** No further issues to raise other than to highlight some of the community groups are no longer being progressed.	
6	**Future Members' Council agenda – 11 May 2021**	

6.1	**Draft agenda for next Members' Council meeting, with consideration given to:**
	     a. **Draft minutes from previous Members' Council meeting**
	     b. **Feedback received from governors on last Members' Council meeting**
	     c. **Items from Members' Council work programme**
	     d. **Items from the Members' Council Quality Group**
	     e. **Items from Nominations Committee**
	     f. **Items from Trust Board and committees**
	     g. **Items requested by Governors - none**
	     h. **Items deferred from previous Members' Council meetings**
	
	 AM gave the background for item.
	
	 The group decided to include Governor Training and development as an item.
	
	 TWr suggested to celebrate excellent partnership working as this is something successfully done in staff side trade union meetings. AM agreed and commented that TWr is a newly appointed governor for staff side organisations; it would be good to show the relationship between staff side and the Trust.
		AL
		
		 AL/TWr

With **all of us** in mind.

No.	Item	Action
	There was also a discussion around the item 'Focus on' and a suggestion was to reflect on the past year around Covid-19, which will give an opportunity for the Members' Council for the recognition of the work completed by the Trust and how the 'virtual offer' has worked within the past year and how this can continue in the future. AL noted that since the draft Members' Council agenda was included in the papers, it has been made aware that there is another item to be included on the agenda in the performance section – 'Adult secure lead provider'. After discussion, the group concluded that: • Item 9.3 Focus on – to be deleted • Governor training and development to be added • Stakeholder feedback – introduction to staff side added to the agenda under item 8.1 – governor engagement feedback	**AL**
7	**Draft Members' Council Work plan 2021/22** The group were in agreement for this item. No further action required.	
8	**NHS Providers Governor Advisory Committee election** Ahead of the meeting, members were asked to submit their top three choices of candidates for the election. Candidates will be allocated points (e.g. 3 for their first choice, 2 for their second, 1 for their third choice) and allocate rankings based on total scores. It was noted that not all members of the group had submitted their individual top three choices and it was decided to give all members until Sunday 14 March 2021, to send their vote to LA and then for JL and AL to approve the final vote on behalf of the Trust.	**ALL** **LA/AL/ JL**
9	**Members' Council Co-ordination Group Annual Report and review of Terms of Reference** BC commented that the group have not received the draft minutes of the previous Members' Council minutes as part of the agenda setting for the future Members' Council meeting. It was noted that this part of the Annual Report needs amending and in future if the draft minutes are ready in time for the Co-ordination group papers, they will be included. JL mentioned that as part of previous decisions in the meeting, the development plan needs to be amended to Members' Council Objectives and to include development of the training programme. No further changes to the Members' Council Co-ordination Group annual report. The group approved the Members' Council Co-ordination Group Terms of Reference.	**AL/LA** **LA**
10	**Members' Council Co-ordination Group Work Programme 2020/21 and approval of work programme for 2021/22**	

With **all of us** in mind.

No.	Item	Action
	The group approved the work programme for 2021/22. No further action required.	
11.	**Dates of 2020/21 Co-ordination Group meetings** The group were in receipt for the future meeting dates. ➢ Monday 21 June 2021 at 10.00 – 12.00 ➢ Monday 27 September 2021 at 10.00 – 12.00 ➢ Monday 13 December 2021 at 10.00 – 12.00	

With **all of us** in mind.

**Action Notes of the Members' Council Quality Group held on 15 March 2021
From 10.00 while 12.00**

Dial in only meeting via Microsoft Teams.

Present
Tim Breedon (Chair) (TB)
Phil Shire (PS) (Co Chair)
John Laville (JL)
Bill Barkworth (BB)
Daz Dooler (DDo)

Apologies – Members
Keith Stuart-Clarke (KSC)
Adrian Deakin (AD)

In attendance
Laura Arnold (LA) - Author
Julie Warren Sykes (JWS) – Deputising for
Assistant Director of Nursing and Quality.
Adam Jhugroo (AJ)
Carol Irving (CI)

Apologies – In attendance
Karen Batty (KB)

No.	Item	Action
1.	**Welcome, introductions and apologies** Phil Shire (PS) welcomed everyone to the meeting. Introductions were made and the apologies, as above, were noted. The meeting was noted at quorate.	
2.	**Declarations of interest** There were no further declarations over and above those made previously.	
3.	**Notes and actions from the meeting held on 7 December 2020** The notes and actions were agreed. PS asked for clarification around the IPR subgroup that had been previously mentioned as it wasn't clear what it meant. Tim Breedon (TB) gave a brief overview about the different components of the IPR and that this had changed over time. The subgroup considered refreshing and streamlining the report, based on the strategic objectives noting that all the information is still available, even if it may not be included in the report.	
3.1	**Discharge letter** John Laville (JL) gave a brief overview view into the background work of the refreshed discharge letter and the draft version of the letter will be presented at the Clinical Design and Safety Group. Adam Jhugroo (AJ) asked if the letter included reference to patients seeing their GP to be re-referred as this can be a difficult process for some and asked if patients are able to self-refer. Julie Warren-Sykes (JWS) replied saying	

No.	Item	Action
	that certain services within the Trust can accept self-referrals depending on the severity. Bill Barkworth (BB) commented about the two-week cut off time for patients to contact the Trust from receiving the letter, highlighting that this may seem sudden, BB asked about the reasoning for this. JL replied that the group felt that this amount of time was appropriate for patients to re-engage with the Trust and mentioned that a long-time range may also mean that patients may forget. JL commented that a letter is also sent to Family and carers of the patient (biding by confidentiality processes). Carol Irving (CI) asked if the discharge letter would be applicable Trust wide or just applicable to Kirklees? TB confirmed Trust wide. JWS added that she thought sending the discharge letter to family and carers of patients was a great idea. The risk assessments and care plan will be considered whilst trying to re-engage patients. It was noted that the Discharge policy will be reviewed.	
3.2	**CQC/QMV visits** The Quality Monitoring Visits (QMV) are scheduled for 22, 23 and 24 March 2021 and will be held virtually. A detailed programme will be scheduled for the rest of the year. The approach has been shared with Care Quality Commission (CQC) and the values are aligned. Commissioner colleagues are also supportive. Feedback will be included at the next meeting.	**TB**
4.	**Integrated Performance Report (IPR)** TB gave a brief overview for the latest IPR, highlighting points from the last Trust Board meeting. JL asked for clarity around patients under 18, TB responded saying this service is usually provided by Leeds and York Partnership NHS Foundation Trust and some other providers, although sometimes this may be unavailable and the Trust may be needed to admit a patient to keep them safe while the appropriate Tier 4 CAMHS bed becomes available. Daz Dooler (DDo) asked if the number of complaints has increased? TB replied explaining there have been peaks and troughs rather than a steady increase, during December 2020; there was a significant increase in complaints. PS asked if the process around the complaints process is being revised? TB replied explaining that it had been clear to the Trust over the last year that this needed to be revised; the first protocol will be to try and resolve and to facilitate a conversation. The Trust should try to resolve at local level. CI commented on the suicide figures and mentioned that the discharge letters being sent to the patients and to include family and carers (where appropriate) and to build a network around the patient.	

No.	Item	Action
	JL asked about waiting times as the paper is showing that patients waiting for an appointment are around 30 percent above target. TB noted that there is good progress on the work around this. TB will share outside of the meeting. PS asked about staff vaccinations for Covid-19 for front line staff and if there is an expectation that they should be vaccinated. TB explained that currently 88-90 percent of front-line staff are currently vaccinated, and it may be that those who are not currently vaccinated; it may not be appropriate to receive the vaccine. Certain groups of staff within the Trust are showing to be more reluctant than others to receive the vaccine, there is a live data set available which can be broken down into BDU (Business development unit) and ethnicity which the Comms team are targeting and being strongly encouraged. AJ commented on patient safety incidents showing an increase in numbers from 33 in April 2020 and then 34 in May 2020 (page 5 of the IPR). TB explained that the figure in this category is high until the incidents are reviewed, the figures are within the normal boundaries and the Trust is seeing a trend in increase due to an increase in pressure ulcers related incidents; this is being looked into very closely. AJ also asked if the incidents of restraints are broken down in terms of ethnicity and gender and if there is any data on seclusion and intramuscular injection? The restraint data is currently an enquiry for the Equality and Inclusion Committee (EIC), the data is broken down into gender and ethnicity. There is also ongoing work into reducing or eliminating the seclusion room.	**TB**
5.	**Care Quality Commission (CQC) action plan** Julie Warren-Sykes (JWS) gave a brief overview of the action plan for this item noting that the must do actions are all complete or nearly complete. The two actions which are not yet fully complete are risk assessment and care planning; additional resource has been arranged to guarantee completion.	
6.	**Quality account** The Trust is still waiting for guidance from NHSI, which will be due soon for focus, the Clinical Governance and Clinical Safety Committee has received the outline for the guidance.	
7.	**Members' Council Quality Group Annual Report and review of Terms of Reference** The group approved the Members' Council Quality Groups Annual Report and Terms of Reference following the amendments below: • John Laville as an attendee for the Members' Council Quality Group rather than a member. • Bill Barkworth as an attendee for the Members' Council Co-ordination Group rather than a member.	**LA** **LA**

No.	Item	Action
	• The Terms of reference to state: 'In the unusual event that the Director of Nursing and Quality is absent from the meeting, a deputy will be in attendance.'	**LA**
8.	**Service user stories** The group was reminded to consider any service users stories that they were aware of and to inform TB.	
9.	**Members' Council Quality Group annual work programme 2021** The draft annual work programme will be discussed at the next Members' Council Quality group on 10 May 2021, a reminder will be sent out beforehand for the group's consideration. It was noted that FACT (Flexible Assertive Community Treatment) is a request from the Members' Council meeting and JL asked for Governor feedback from community contacts to be added as a regular item.	**LA** **LA**
10.	**Any other business** None.	
11.	**Items to raise at Members' Council / Trust Board** It was agreed to feedback the discussion around the IRP and for John Laville to give feedback on the discharge letter.	

14.	**Date of next meetings**
	
	  ➢ Monday 10 May 2021 at 10.00 – 12.00
	  ➢ Monday 6 September 2021 at 10.00 – 12.00
	  ➢ Monday 6 December 2021 at 10.00 – 12.00
	  ➢ Monday 21 February 2022 at 10.00 – 12.00	

**Minutes of the Nominations Committee
held on 6 April 2021 at 10.00
Virtual meeting via Microsoft Teams**

Present:	Angela Monaghan (AM)	Chair of the Trust (Chair of the Committee)
	Marios Adamou (MA)	Staff elected governor, Medicine and Pharmacy
	Bill Barkworth (BB)	Deputy Lead Governor, Publicly elected governor, Barnsley
	Dylan Degman (DD)	Publicly elected governor, Wakefield
In attendance:	Attendees	
	Rob Webster (RW)	Chief Executive
	Aimee Willett (AW)	Corporate Governance Manager (author)
Apologies:	Members	
	John Laville (JL)	Lead Governor, Publicly elected governor, Kirklees
	Attendees	
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)

NC/21/08   Welcome, introduction and apologies (agenda item 1)
The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. It was noted that the meeting was quorate and could proceed.

Apologies were noted as above.

AM noted a vacancy remained on the Committee for an appointed governor and that the Corporate Governance team would continue to promote the vacancy and seek self-nominations from governors.

NC/21/09   Declarations of interest (agenda item 2)
No declarations received.

NC/21/10   Minutes of and matters arising from previous meeting held on 20 January 2021 (agenda item 3)
It was RESOLVED to APPROVE the Minutes from the meeting held on 20 January 2021.

NC/21/11   Nominations Committee Annual report 2020/21 and review of Terms of Reference (agenda item 4)
The Committee considered the annual report and agreed that it was a good reflection of the work of the Committee and evidenced that the Committee had met its Terms of Reference in 2020/21.

Bill Barkworth (BB) noted that he had discussed the wording of the membership of the Deputy Lead Governor outside of the meeting with Andy Lister who had clarified that the Deputy Lead Governor is a full member of the Committee and would chair any items on

With all of us in mind.

behalf of the Lead Governor in their absence. The wording in the Terms of Reference will be updated to clarify this point, prior to approval by the Members' Council.

Action: Aimee Willett

It was RESOLVED to APPROVE the Committee Annual Report 2020/21 and the Committee Terms of Reference subject to amendments made regarding the role of the Deputy Lead Governor.

NC/21/12   Non-Executive Director re-appointment – recommendation to Members' Council (Erfana Mahmood) (agenda item 5)
AM noted that Non-Executive Director (NED) Sam Young (SYo) is not seeking reappointment at the end of her first term of office due to conflicts with other personal and professional responsibilities. The Committee noted this with regret, commenting on the positive contributions SYo had made to the Board.

AM outlined that the recommendation was for the Committee to consider the reappointment of Erfana Mahmood for a second term as NED. The paper included notes on performance taken from her 2019/20 appraisal.

AM stated that EM is an experienced NED with experience in both the public and private sectors. EM has made a strong contribution to the Board, has chaired the Charitable Funds Committee well and has made good contributions to other Committees.

The Committee discussed the recommendation and supported it unanimously.

It was RESOLVED to NOTE the decision of Sam Young not to seek re-appointment and SUPPORT the recommendation to the Members' Council to re-appoint Erfana Mahmood for a second term of office for three years from 3 August 2021 to 2 August 2024.

NC/21/13   Review of skills and expertise required on the Board, including Chair and Non-Executive Director terms of office (agenda item 6)
AM noted that Charlotte Dyson will be leaving the Board in April 2021 and will be replaced by Natalie McMillan (NM) who has a broad range of skills and expertise, particularly in human resources and organisational development. AM added that NM will be able to contribute strongly across the board and will be proposing that NM chairs the Clinical Governance and Clinical Safety Committee.

AM outlined SYo's skill set particularly in relation to digital, transformation and change. AM has held informal conversations with members of the Board and there is strong support to replace the kind of skill set that SYo has. There was agreement that these are valuable skills for the Board. RW noted that this has also been discussed and supported by the executive directors.

BB queried if any other priority areas, apart from those already listed, had been identified and queried if we could we combine two areas in one when recruiting. AM noted that the plan is to combine digital and transformation skill requirements.

RW noted that it is good to be reminded how strong the experience of our NEDs is. RW suggested that digital and transformation skills are often linked to clinical experience relating to the drive for clinical transformation to be supported digitally. There could be a possible opportunity for someone who also has experience of inclusion and / or who is clinically

qualified. This would be a good area to strengthen, particularly as the Director of Nursing and Quality, Tim Breedon, is retiring this year. This was supported by Committee members.

AM noted that in the previous round of NED recruitment, there were some candidates with experience in transformation and change who may be interested again this time.

MA suggested an option to strengthen clinical experience could be to have an associate NED position which would allow the Trust to keep the Board structure the same. AM outlined that the Constitution does not currently allow associate NED appointments but that this will be considered as part of a future Constitution review.

AM summarised that the recruitment campaign will focus on digital and transformation experience and note that a clinical background would be an added bonus. AM added that the Committee will keep Board skills under review as we go through the year.

It was RESOLVED to AGREE the future skills and experience requirements of the Board.

NC/21/14   New Non-Executive Director recruitment (agenda item 7)
AM outlined that the Constitution requires the Board to have one more NED than executive directors meaning that the Trust could operate with six NEDs as opposed to the current seven. The Committee was asked to consider if the Trust should recruit a seventh NED when Sam Young leaves, and if so agree to the recruitment timescale proposed in the paper.

AM noted that she had held discussions with other members of the Board and it was the consensus and her own view that the Trust should recruit a seventh NED – the current workload for the NEDs is high, and there is also potential for further input into work relating to the Integrated Care Systems (ICSs). It was noted that the recruitment information needs to reflect the commitment requirements more accurately at four to five days per month than previously advertised two to three days.

MA added a further reason to support recruitment of a NED is competing demands on NEDs time outside of the Covid-19 pandemic, availability and flexibility could change in the future.

BB and DD also supported recruitment of a NED.

RW asked if Committee members had any comments on process or the person specification. RW noted that the Trust has the opportunity to promote through networks such as SHURI NHS and care network of women of colour in digital health.

RW suggested that the person specification includes the values, and the requirement of good judgement. AM agreed with this suggestion.

RW added that the background section of the information and recruitment pack under sells what we do as a Trust outside of the four main geographical areas the Trust covers. It was agreed that this should also be updated.
                    Action: Aimee Willett to communicate to recruitment team

AM has confirmed with Alan Davis and Sandy Stones that there is capacity to support the recruitment process.

AM noted that the Trust has signed up again to the Insight programme which supports those from underrepresented backgrounds to gain experience at Board level. The Trust is also supporting the NeXT director programme as part of the South Yorkshire and Bassetlaw ICS.

It was RESOLVED to AGREE the NED recruitment process and timetable.

NC/21/15　　Work programme 2021/22 (including impact of Covid-19) (agenda item 8)
AM noted there are meetings scheduled in July and October and that an additional earlier meeting will now be required to approve the NED recruitment shortlist.

It was RESOLVED to APPROVE the work programme for 2021/22.

NC/21/16　　Any other business (agenda item 9)
No items raised under any other business.

NC/21/17　　Issues and items to bring to the attention of Members' Council and Trust Board (agenda item 10)
- To receive the Committee annual report for 2020/21 and approve the updated Committee Terms of Reference.
- To recommend the reappointment of Erfana Mahmood for a second term as NED.
- To notify the Members' Council of the recruitment process to replace Sam Young.
- To notify approval of the Committee work programme for 2021/22.

MA volunteered to be a contact for any governors with an interest in self-nominating to be a member of the Committee.

NC/21/18　　Date of next meeting (agenda item 11)
The next meeting of the Nominations' Committee will be scheduled in June in line with the NED recruitment timetable.

AM noted that this was MA's final Nominations Committee meeting after being a governor for nine years. AM thanked MA for his support to the Committee and noted that his input has been really valuable.

Minutes of the Nominations Committee
held on 18 June 2021 at 13.30
Virtual meeting via Microsoft Teams

Present:	Angela Monaghan (AM)	Chair of the Trust (Chair of the Committee)
	Bill Barkworth (BB)	Deputy Lead Governor, Publicly elected governor, Barnsley
	Dylan Degman (DD)	Publicly elected governor, Wakefield
	John Laville (JL)	Lead Governor, Publicly elected governor, Kirklees
In attendance:	<u>Attendees</u>	
	Rob Webster (RW)	Chief Executive
	Alan Davis (AGD)	Director of HR, OD and Estates
	Lindsey Jenson (LJ)	Deputy Director of Human Resources
	Andy Lister (AL)	Head of Corporate Governance (Company Secretary)
Apologies:	<u>Members</u>	
	Nil	
	<u>Attendees</u>	
	Nil	

NC/21/19   Welcome, introduction and apologies (agenda item 1)
The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. It was noted that the meeting was quorate and could proceed.

Lindsey Jenson (LJ) introduced herself to Committee members as Deputy Director of Human Resources.

AM noted vacancies remained on the Committee for an appointed governor and staff governor and that the Corporate Governance team would continue to promote the vacancy and seek self-nominations from governors.

JL noted he has highlighted vacancies to the staff governor group.

NC/21/20   Declarations of interest (agenda item 2)
AM declared an interest in item 5, and noted that John Laville (JL) will chair this item.

Bill Barkworth (BB) declared he knows three of the consultants for item 5. Peter Mason is a former colleague, but they did not work closely. BB knows Emma Pickup and had a working relationship with her for a number of years. BB knows Robin Staveley very well and they have worked together on assignments.

AM confirmed BB has no pecuniary interests in either company. The Committee confirmed BB can remain present for the discussion.

Rob Wester (RW) noted he was in attendance to advise the panel and not a formal member.

NC/21/12   Minutes of and matters arising from previous meeting held on 6 April 2021 (agenda item 3)

AM noted the minutes are to be redacted before going to Members' Council.

Action: Andy Lister

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Actions have all been completed. Terms of reference for the Nominations' Committee have been updated and approved by Members' Council. The recruitment pack was updated.

It was RESOLVED to APPROVE the Minutes from the meeting held on 6 April 2021.

NC/21/22   Non-Executive Director recruitment - shortlist (agenda item 4)
Lindsey Jenson (LJ) reported the Non-Executive Director advert went out 4th May 2021 and closed on 9th June 2021. Six applications were received.

A shortlisting panel met on Monday 14th June 2021 and drew up a shortlist for the Nominations' Committee to approve. The panel consisted of AM, Chris Jones (CJ), JL and RW supported by LJ. Five applications were considered as one candidate was ineligible, being outside of the constituency.

A scoring process took place considering applications and CVs. Four candidates were recommended to go forward for interview.

BB noted the number of applications had been low and queried if in future the Trust should look to broader journals and methods of advertising.

AM clarified the usual and additional specialist networks had been used and noted BB's comments to reflect on future process. Some potential candidates had questioned the desirable clinical skills element of the role.

Alan Davis noted there had been good responses in previous recruitment drives. One of the issues may have been the advert wasn't definite about qualifications. More definition may have helped. The clinical aspect may have affected responses. The Trust can reflect and learn from this.

JL supported the proposal, noting a narrow band of people in the applications.

AM agreed and notes this was not reflective of other recent processes.

Dylan Degman (DD) and BB agreed the proposals.

AM confirmed interviews are to be held 5th July 2021. Stakeholder groups have been arranged for 30 June 2021.

LJ agreed to check the required numbers for stakeholder groups were in place.
                                                                    Action: Lindsey Jenson

Panel for interviews would AM, JL, Noma Ndhlovu from the BAME staff network and CJ, deputy chair.

It was RESOLVED to AGREE the shortlisted candidates for the final interview process.

NC/21/23   Chair re-appointment (12-month review) (agenda item 5)

AM left the meeting, JL assumed Chair.

LJ reported the Trust has contacted two executive search organisations for briefs and timetables for process.

Similar proposals had been received from both organisations who have a good history with NHS recruitment. Both are strong on diversity with recent high-profile chair appointments in our region.

JL asked for comments.

The committee had a full discussion on the relative strengths of each of the proposed recruitment agencies.

It was RESOLVED to AGREE GatenbySanderson would be the specialist recruitment agency to support the appointment.

LJ summarised the prospective timetable looking at the final interview process being in early to mid-October 2021.

LJ noted the Chair's appointment would need to be confirmed by Members' Council and noted potential dates.

A detailed discussion followed about the communications process around the chair's intention to retire and the chair recruitment process.

LJ noted GatenbySanderson will want to speak to stakeholders before the Nominations' committee on 13th July 2021. The Committee supported this.

AM re-joined the meeting.

JL summarised decisions made by the Committee.

AM agreed to work with AGD and the communications team around her announcement to retire.

It was RESOLVED to AGREE the process for recruitment of a new Chair and update the Members' Council at the next meeting.

NC/21/24   Work programme 2021/22 (agenda item 6)

AM noted additional items need to be added for Chair recruitment and Non-Executive Director recruitment.

The consultants are to meet the Committee and this will be built into work programme.

It was RESOLVED to NOTE the work programme for 2021/22.

NC/21/25   Date of next meeting (agenda item 7)
13 July 2021

Agenda item:	7.6
Report Title:	**Quality report and account development 2020/21**
Report By:	Director of Nursing, Quality & Professions
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The quality account report is an annual report that focuses on how we perform against a set of quality priorities that we set for ourselves and a range of mandated items as identified by NHSI & DHSC. The aim is to identify how we provide safe and effective services, reflect areas that we need to improve upon and celebrate our successes.

Recommendation

The Members' Council is asked to RECEIVE the update on the 2020/21 Quality Account and an amendment to the Quality Account 2019/20

Background

Each year the Trust has a responsibility to produce a quality account and a quality report as part of the annual reporting procedures. These reports are produced in a combined format. Preparation for the report is ongoing throughout the year with detailed guidance being published in early January that indicates any changes to that year's reports.

Due to the pandemic, in 2020 the arrangements for the publication of the quality account/ quality report were modified to reduce the burden on provider organisations.

Production of 2021 report

In a letter dated 15th January 2021 (from NHSE/ NHSI) - NHS accounts timetable and year-end arrangements – with provider annex, indicated the following for *Quality accounts, quality reports and assurance for providers*

- The requirements and deadlines for quality accounts are prescribed in regulations and are not controlled by NHS England and NHS Improvement. DHSC is currently reviewing whether regulations should be amended to revise the 30 June quality accounts deadline for 2020/21.
- Continuing the revised arrangements put in place last year, NHS foundation trusts are no longer required to include a quality report in their annual report. This was confirmed in the FT ARM for 2020/21. This will continue for 2021/22 and beyond, with focused reporting on quality priorities and performance in the annual report incorporated directly into the performance report.
- NHS foundation trusts are not required to commission assurance on their quality

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report for 2020/21. NHS trusts are not expected to commission assurance on their quality account.

In addition, in March 2021 the NHS foundation trust annual reporting manual 2020/21 reiterated the above message and the Trust received a communication from NHS Providers which also indicated the timing of the Quality Account report was likely to be delayed. Therefore, in the absence of any guidance from DHSC and the continuing priorities associated with the Covid 19 pandemic the Trust quality account report was not prioritised for action.

However, on 4th May 2021, it was brought to the Trust's attention that no changes were to be made to the Quality Account submission date of 30th June 2021.

Immediate Trust response:
- A provisional quality account timetable was produced
- Commenced collation of Quality Account information
- Reviewed detailed from guidance from 2019/20 (2020/21 has not been made available) and the report produced in line with 2019/20 guidance

Given the short notification period confirming the submission date as 30th June 2021, the Trust was not able to meet this deadline. This is largely due to requirements for consultation with stakeholders, and to internal resources which are focussed on restoration of clinical services following the pandemic.

A recommendation was made to Trust Board to submit the quality account to Trust Board in August 2021, which will allow time for the report to be produced, go through our internal governance framework and provide sufficient time to consult with stakeholders. This recommendation was accepted.

Quality Account report 2019/20.
On review of the 2019/20 Quality Account guidance, it became clear that the production of our 2019/20 Quality Account report had not met all of the guidance criteria. This was also identified by Deloitte in their value for money audit 2020. Deloitte concluded that no further action was required and did not consider this to be a significant weakness to report in their audit opinion regarding the Trust's value for money arrangements.

In the interests of transparency an appendix will be added to the 2019/20 Quality Account document and added to the Trusts internet page. This will explain where any missing data can be found already on the internet page and will add any of the data that is not routinely presented publicly.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Members' Council
17 August 2021

Agenda item:	7.7
Report Title:	Incident management annual report 2020/21
Report By:	Director of Nursing and Quality
Action:	To receive

EXECUTIVE SUMMARY

Purpose
The purpose of the paper is to provide assurance to Members' Council that robust incident management arrangements are in place and to provide an overview of all incidents that take place within the Trust.

Recommendation
The Members' Council is asked to RECEIVE and comment on the annual report on incident management and to NOTE the next steps identified.

Background
Trust Board has received quarterly Incident Management reports, which have also been considered by the Clinical Governance and Clinical Safety Committee. This report has also been considered by the Clinical Governance and Clinical Safety Committee.

The annual report key headlines follow;

- The number of incidents reported across the Trust (12,717) has decreased by 3.7% on the previous year, however reporting patterns remain within the expected range.
- 92% of all incidents reported resulted in no harm or low harm. A high level of incident reports, particularly of less severe incidents is an indication of a strong safety culture (NPSA Seven Steps to Safety).
- The number of serious incidents reported has reduced (34) compared to last year. The overall proportion of serious incidents has reduced to 0.26% of all incidents.
- Accreditation has been achieved for our Serious Incident Investigation processes from the Royal College of Psychiatrists (RCP).
- During 2020/21 there were no 'never events'.

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- There has been one homicide.
- We have reviewed 335 deaths that were in our learning from healthcare deaths scope. This compares with 286 in 2019/20. The reviews ranged from accepting the death certification, case record reviews through to investigations, in line with the National Quality Board levels.

The Patient Safety Support Team will prepare two further reports. The first, 'Our Learning Journey' report which will present the ongoing work across the trust in terms of sharing and implementing the learning from serious incident investigations. The second report to be prepared is the 'Apparent Suicide Report'. These will be available in September 2021.

The Clinical Governance and Clinical Safety Committee considered the report at the June meeting and commented as follows;

- Gaining RCP accreditation during the pandemic is a significant achievement and should be noted.
- The report provides important information to support the actions being taken within the Patient Safety Strategy
- The report is an important component in developing our understanding of the impact of the pandemic on the people we support
- The report is of good quality and should be shared through the usual routes.

Risk appetite

- Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting and investigating healthcare deaths.
- This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite – low and the risk target 1-6.
- The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6.
- Financial or commercial risks - Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risk appetite Cautious/Moderate 4-6

The incident management process supports the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future. For learning from healthcare deaths, we continue to meet the national guidance, and make revisions as needed. We publish our quarterly data on deaths on the internet page.

Incident Management Annual Report

April 2020 to March 2021

Patient Safety Support Team

May 2021

With **all of us** in mind.

Executive Summary

This report provides an overview of **all** the incidents reported in the Trust during 2020/21. It also includes further analysis of Serious Incidents, and analysis of action themes arising from completed Serious Incident investigations submitted to commissioners for the period of 1 April 2020 to 31 March 2021 (data as at 22/04/2021).

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

- **12717** incidents reported
- **3.7%** decrease in reporting on 2019/20 (but similar to 2018/19)
- **92%** of incidents resulted in no/low harm
- **34** Serious incidents reported
- No Never Events
- One homicide reported
- Serious Incidents account for **0.26%** of reported incidents
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture[1]
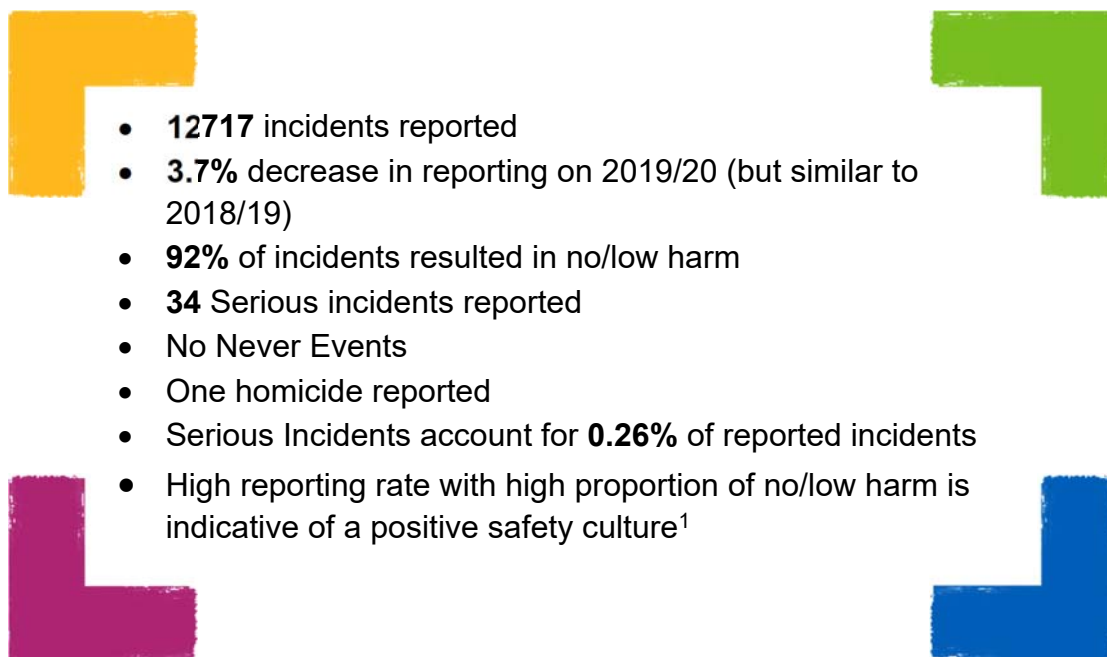
The Trust reported **12717** incidents during the year; a 3.7% decrease on the 2019/20. A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture. 92% of reported incidents resulted in low or no harm to patients, service users and staff, recognising that the Trust has a risk based and good reporting culture (compared with 93% 2019/20).

There were **34** serious incidents reported during the year accounting for 0.26% of all incidents. The highest overall category of serious incident is apparent suicide of service users (16) compared with 2019/20 (24). It should be noted that not all suicides are investigated as serious incidents.

No 'Never Event' incidents were reported by SWYPFT in 2020/21. The last Never Event reported by the Trust was in 2010/11. Never Events is a list (DOH) of serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Further detailed analysis of all apparent suicides occurring in 2020/21 will be available in September 2021 in the apparent suicide report.

Contents

Introduction

This incident management annual report focusses on incidents and serious incidents reported within the Trust during 2020/21.

This report provides an overview of all incidents reported and does not include detail of specific incident types. Specialist advisors produce separate annual reporting for this purpose. The report does not cover incidents that are managed through other processes such as safeguarding (including Serious Case Reviews (now known as Safeguarding Child Practice Reviews), Domestic Homicide Reviews) or whistleblowing (staff survey). The information is this report is high level, and further breakdown is possible on Datix. Further information can be provided on request.

The patient safety support team will be preparing two further reports. Firstly, we will prepare 'Our Learning Journey' report which will present the work of the BDUs in implementing learning from incidents. This will be available in September 2021. The second report to be prepared is the 'Apparent Suicide Report'. This will be available in Autumn 2021.

The report does not include broader patient safety work which will be updated on separately when possible.

The report is structured into the following sections:

Section 1 includes a summary of all reported incidents occurring from 1 April 2020 to 31 March 2021. It should be noted that this report provides only an overview; detailed reports are produced on a quarterly basis for Business Delivery Units and many specialist advisors run/analyse incident reports.

Section 2 focusses on incidents reported as Serious Incidents during 2020/21. The first part looks at what these incidents were, and secondly provides more details on the different types of serious incidents that were reported.

Section 3 sets out an analysis of the serious incident investigations that have been completed and sent to commissioners during 2020/21. It includes an analysis of the themes arising from serious incident recommendations.

Section 4 focusses on reported deaths in line with the Learning from health care deaths policy

Section 5 Overview of incident management plans for 2021/22.

Section 1 - Incident Reporting Analysis

Headlines

The Trust reported **12717** incidents of all severity during the year, a 3.7% decrease on 2019/20 (**13206**). However, the reporting rate for 2020/21 is consistent with the average number of incidents reported over a 3-year period (12737 incidents/year).

- **12717** incidents reported

- **3.7%** decrease in reported incidents compared with 2019/20, but similar to 2018/19

- **92%** of incidents resulted in **no/low harm**

- **34** Serious incidents reported (0.26% of all incidents)

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

Figure 1 below shows the pattern and number of incidents reported by quarter in the Trust over the last 3 financial years, and indicates the average is stable, with natural fluctuations each quarter. It should be noted that direct comparisons should be viewed with caution due to the changing profile of service provision.

Figure 1 Comparative number of incidents reported by financial quarter 2018/19 to 2020/21
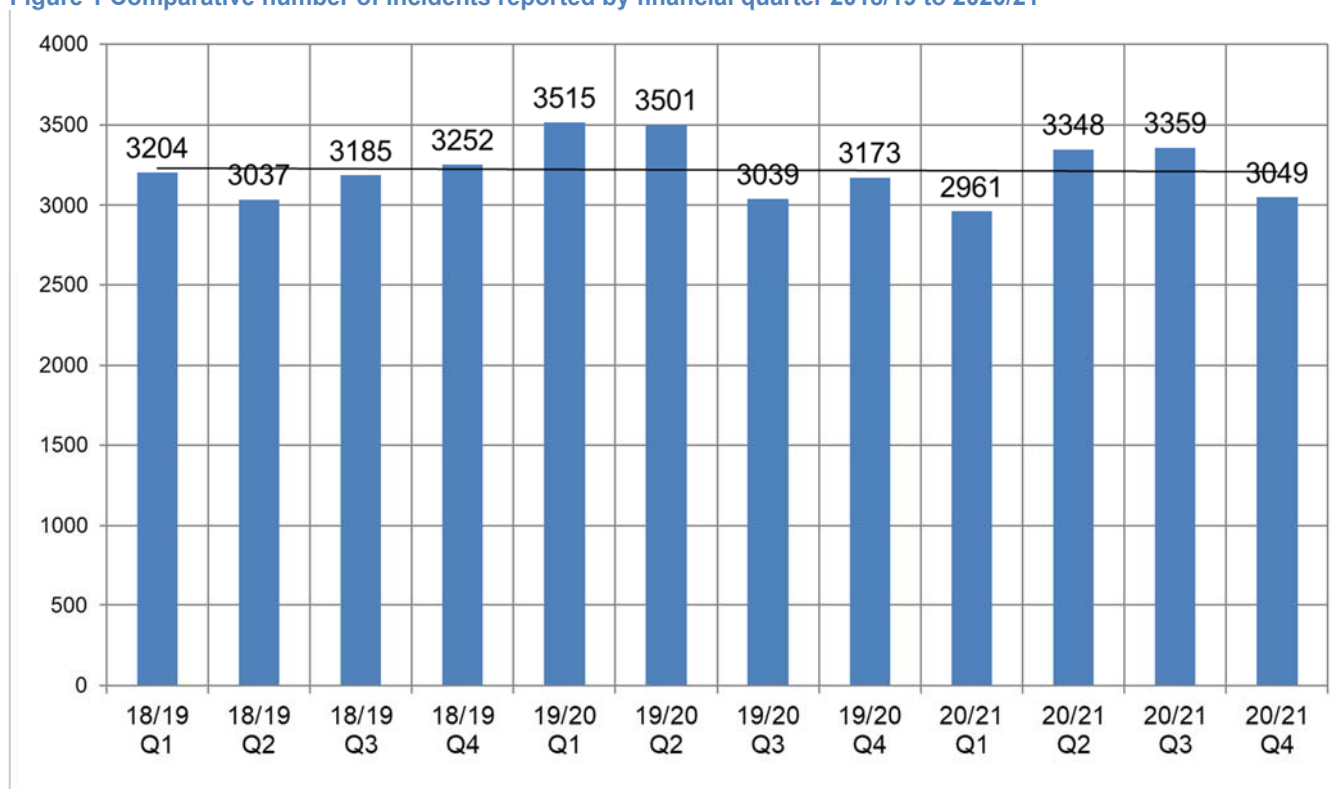
Severity

The distribution of these incidents in terms of severity is pyramid-shaped (figure 2) with red incidents being fewest in number; and 80% being graded green.

Figure 2 Incidents reported by severity 2020/21

Red 0.9% (not all recorded as SIs)

Red 116

Amber 491 ← 3.9%

Yellow 1931 ← 15.2%

Green 10179 ← 80%

Total: 12717
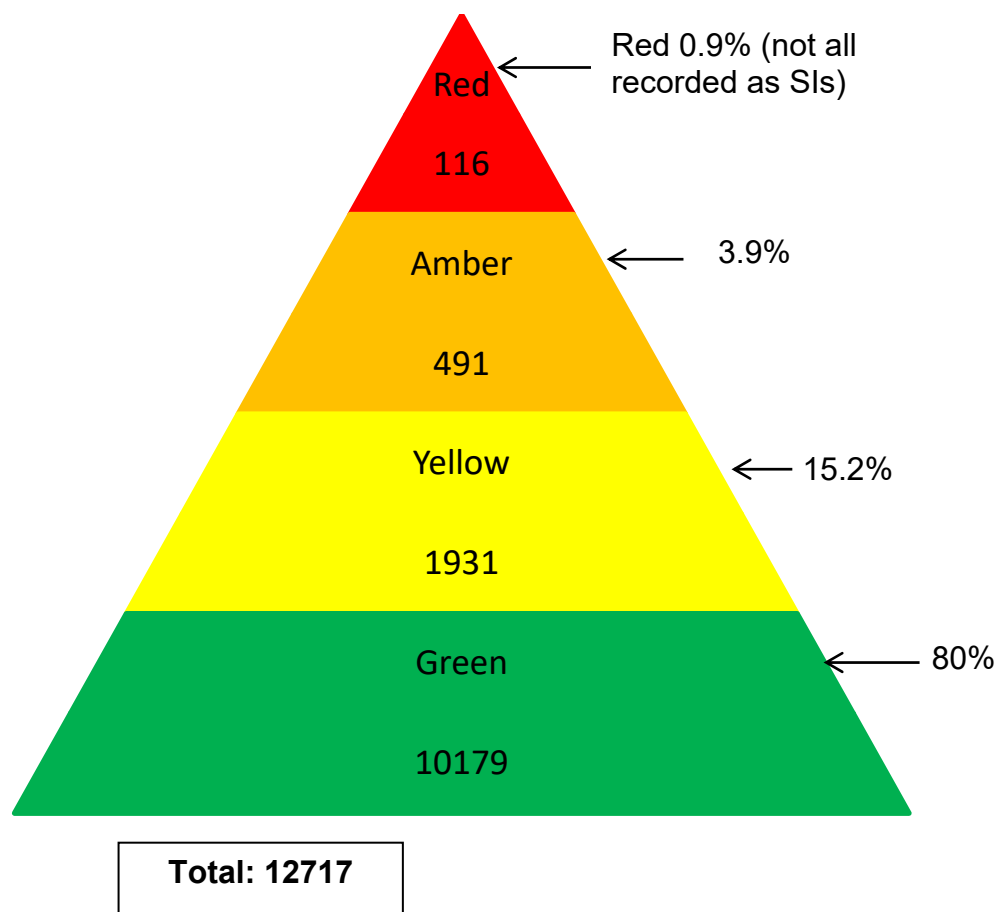
Note: The red incidents in this chart are based on the date when the incident occurred, which is often different to the date it was reported on the Strategic Executive Information System (StEIS) as a Serious Incident (SI), which use the date reported on StEIS. Not all Red incidents are reported as SIs. Red incidents include unexpected deaths where the cause of death is not yet known. Incidents are re-graded as further information is received.

Actual harm

In addition to the severity of incidents, we also record the level of harm that was caused by an incident, irrespective of the severity. This is called the Degree of harm. In 2020/21, 92% of incidents in 2020/21 resulted in no harm or low harm to patients and staff. The proportion of no/low harm incidents has remained consistent with previous years. An organisation with a high reporting rate, particularly with a high proportion of no/low harm is indicative of a positive safety culture where staff are encouraged to report incidents and near misses.

Type and Category of incidents

All incidents are coded using a three-tier method to enable detailed analysis. 'Type' is the broadest grouping, with Type breaking into 'categories', and then onwards into 'sub-categories'.

Figure 3 below shows all reported incidents in 2020/21 by the type of incident. Violence and aggression incidents are the highest type of incident.

Figure 3 Trust-wide incidents reported by type of incident during 2020/21
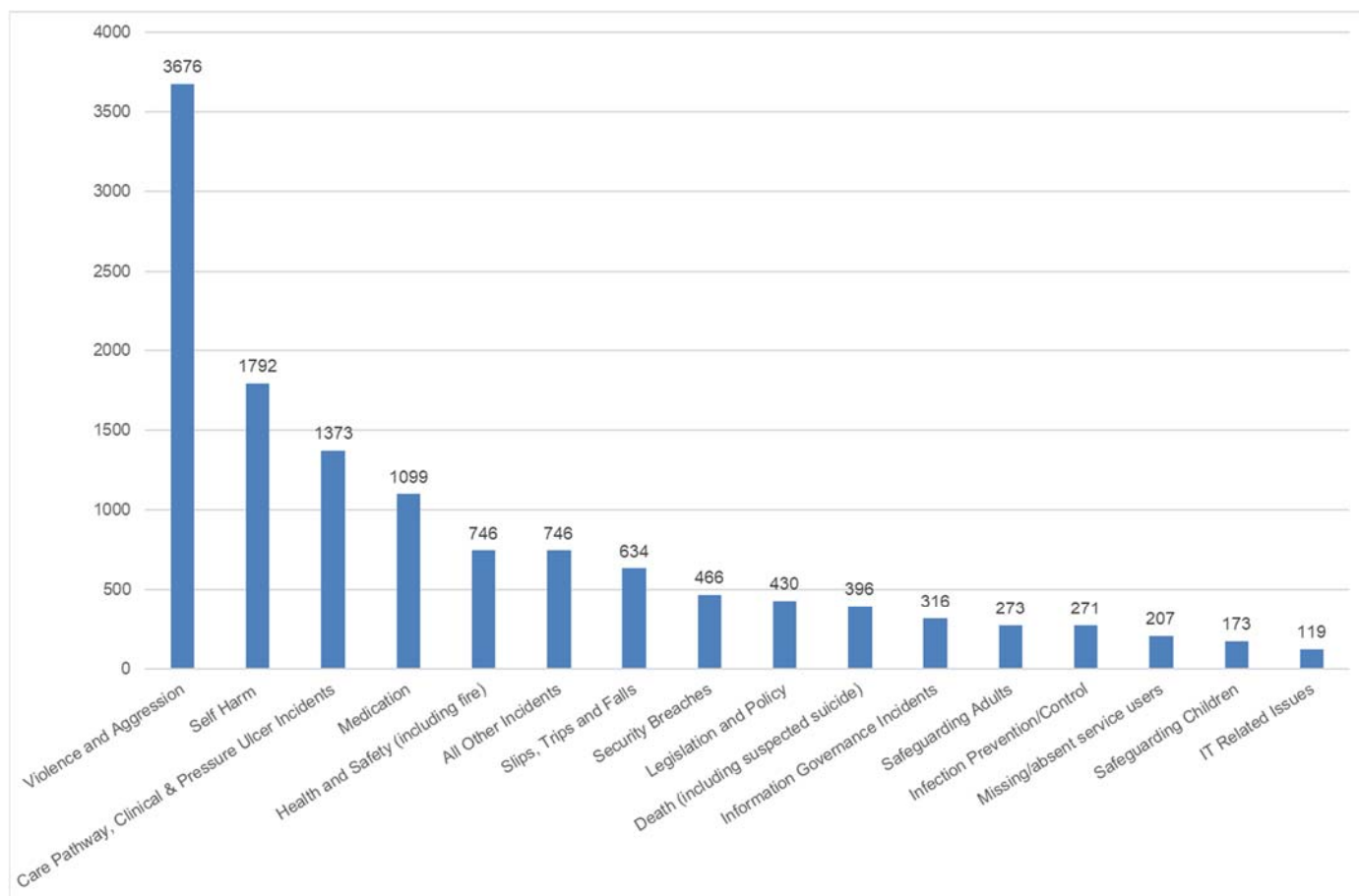
Figure 4 shows the top 10 highest reported categories of incidents across the Trust during 2020/21. During 2020/21 incidents were reported against 152 different categories of incident. The top 10 categories account for 54% of all incidents reported, which is consistent the proportion in previous years.

'Physical aggression/threat (no physical contact): by patient' was the highest reported incident category in 2020/21 with a total of 1262 incidents, accounting for 10% of all incidents reported. This is a reduction on 2019/20 (1364) but this has remained the top reported category in the last three years. This includes incidents such as threatening behaviour against others or where physical violence was prevented.

There are two other categories of violence and aggression related incidents appearing in the top 10; 'Physical violence against staff by patient (where contact was made)' and 'Verbal aggression/threat (no physical contact): by patient'.

Note spike in Q3 for physical violence contact made by pat against staff -? reason

All three categories have appeared in the top 10 in the last 4 years. In previous years, we have seen 'Inappropriate violent/aggressive behaviour (not against person) by patient' in the top 10, but this no longer appears.

Requested commentary from RRPI team on V&A incidents

In relation to incidents of violence and aggression, like 2019/20, we have continued to see an increase in acuity across certain areas. Some of these incidents also feed into the other sections of the report as contributing factors, e.g. Breach of smoke free policy and self-harm. This is due to a large increase in actual and attempted self-harm within areas and the need for staff's intervention. The Reducing Restrictive Intervention Team continued to push the need for consistent and precise reporting of all incident of both physical and verbal aggression. The consistent improvement in reporting of verbal aggression is to be commended as this can be used by staff to identify changes or increasing levels of aggression with a service user's presentation, and also show that there are many incidents (near misses) where staff have been confronted by an angry/aggressive individual and through the de-escalation skills employed, have limited the incident to verbal aggression.

The third highest category of incident is 'Self harm (Actual)' with 'attempted self harm' also appearing in the top 10, which is consistent with the previous year. In 2020/21 there were 933 actual self harm incidents (an increase on 2019/20 [719]). The figures for self-harm fluctuate through the year and numbers are closely affected by individual service user presentation.

The categories for Pressure ulcer – category 2 and 3 both appears in the top 10. It should be noted that these are incidents that are generally identified by staff in the general community services and many are attributable to other agencies. The Datix system is used to capture the identification and actions taken by our staff.

Patient falls appears in the top 10, as it has done in previous years. The reporting remains at a fairly consistent through the year and is similar to previous years.

Affected party demographics

Appendix 1 provides a breakdown of some protected characteristics of those affected in the incidents.

External Review

Reporting to National Reporting and Learning System

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

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

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

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

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

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

In 2020/21 the Trust uploaded a total of 6252 patient safety incidents to the NRLS (at 17/5/21), compared with 6278 reported in 2019/20 Quality Accounts. 94% of the 6252 incidents resulted in no harm or low harm (note this figure is not all incidents). This is similar to 2019/20 (95%).

The Trust reported a total of 57 severe harm and patient safety related death incidents in 2020/21, compared to 53 incidents in 2019/20 (as at 17/5/21).

In relation to the total number of incidents uploaded, the percentage of severe harm incidents has slightly increased to 0.45% when compared with 0.38% in 2019/20. The percentage number of patient safety related deaths (uploaded to NRLS) is the same percentage as last year which was 0.46%.

National Reporting and Learning System reports

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

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

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

The latest NRLS Summary Report published in September 2020, covers the period 1 October 2019 to 31 March 2020 compares the Trust's data for the same period in 2019. The areas compared are:

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

Has the timeliness of your incident reporting improved?
- Our reporting timeliness reduced slightly between 1 October 2019 and 31 March 2020 when compared to the same period in 2018/19.
- The team continue to protect time to approve incidents internally prior to uploading. Overall, this improves the speed with which incidents are uploaded to NRLS however there are some minor fluctuations related to capacity in the team.

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

Do you understand your most frequently reported incident types?
- The incident types reported on from the national system do not directly correlate with those collected locally. Work takes place to confirm our mapped data with NHS Improvement, this is expected to be part of the transition to the new national reporting system.

Have the care settings of your incidents changed?
- There are very small variations in comparative data by care setting, but this would be as expected.

Internal Audit

During Winter 2019/20, 360 Assurance undertook an internal audit of our incident reporting and associated processes. The Trust received Significant Assurance. A number of actions were identified, and an action plan developed and completed during 2020/21.

Royal College of Psychiatrists Serious Incident Review Accreditation Network (SIRAN)

During 2020/21, the Patient Safety Support Team took part in the Royal College of Psychiatrists Serious Incident review accreditation process. This involved several months of self and external peer review and culminated in the achievement of accreditation for a three-year period. This achievement demonstrates the assurance in our serious incident investigation process from a national body and enabled the team to showcase our commitment to continuous improvement in line with our values. We will continue to improve further in line with national developments and ensure consolidation of the work to achieve accreditation.

Duty of Candour

Duty of Candour applies to all patient safety incidents that result in moderate harm or above. The Trust has been following the principles of Being Open since 2008 and had a policy in place since that time. The NHS contract includes Duty of Candour for patient safety incidents with moderate harm and above and the Trust has been reporting on this since April 2014. In November 2014 this was strengthened when this became a statutory CQC regulation[3] to fulfil the Duty of Candour requirement.

Failure to comply with the contractual requirements could result in recovery of the cost of the episode of care or £10,000 if the cost of the episode of care is unknown (NHS Contract) and/or it is a criminal offence to fail to provide notification of a notifiable safety incident and/or to comply with the specific requirements of notification. On conviction a health service body would be liable to a potential fine of £2,500.

The data contained in this section of the report was correct at the time of reporting (21/4/21). The data is extracted from a live system and is subject to change.

Duty of Candour applies only to those incidents with a degree of harm of moderate or severe harm or death caused by a patient safety incident. The Degree of Harm is used by all Trusts (other Trusts may call it something else) to grade the level of harm caused by an incident to ensure consistency of recording nationally. During February 2021, Datix was changed so that staff reporting incidents would complete the Degree of Harm themselves (as close to the incident as possible; prior to this, it was completed centrally by the Patient Safety Support Team). The Degree of harm is reviewed by the responsible manager and will be updated as further information comes to light. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Other Trusts may do this differently (eg numeric rating). Incident severity considers actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix), whereas the Degree of Harm is only the actual harm caused.

During 2020/21, there were 356 potentially applicable patient safety incidents (2.8% of all incidents reported; a slight rise on 2.2% in 2019/20). The number of patient safety incidents meeting the NRLS definition of moderate or severe harm or death is higher in some quarters in 2020/21 compared to 2019/20 as shown in Figure 5. The percentage of Duty of Candour applicable incidents against the total number of incidents reported each quarter is usually fairly consistent, however Quarters 1 and 3 (see figure 5) show a higher proportion of applicable incidents, particularly due to an increase in category 3 pressure ulcers (moderate harm), and self harm incidents in quarter 1. Quarters 3 and 4 saw a slightly higher number of patient safety related deaths recorded (this may be related where we are awaiting confirmation of cause of death, which may result in changes in degree of harm).

It should be noted that the figures included in this section of the report regarding Duty of Candour will not match the number of incidents reported to the National Reporting and Learning System (NRLS)

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[3] Care Quality Commission. Duty of Candour guidance

as some incidents where Duty of Candour applies, are not reportable to NRLS, e.g. apparent suicide of a discharged community patient.

Figure 5 Total number of patient safety incidents with moderate or severe harm or death between 1/4/2019 and 31/3/2021

	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4
Total number of incidents meeting NPSA definition of moderate, severe harm or patient safety related death	77	74	60	75	108	76	89	83
% of moderate, severe harm or patient safety related deaths compared with all incidents reported	2.2%	2.1%	2.0%	2.4%	3.6%	2.3%	2.6%	2.7%
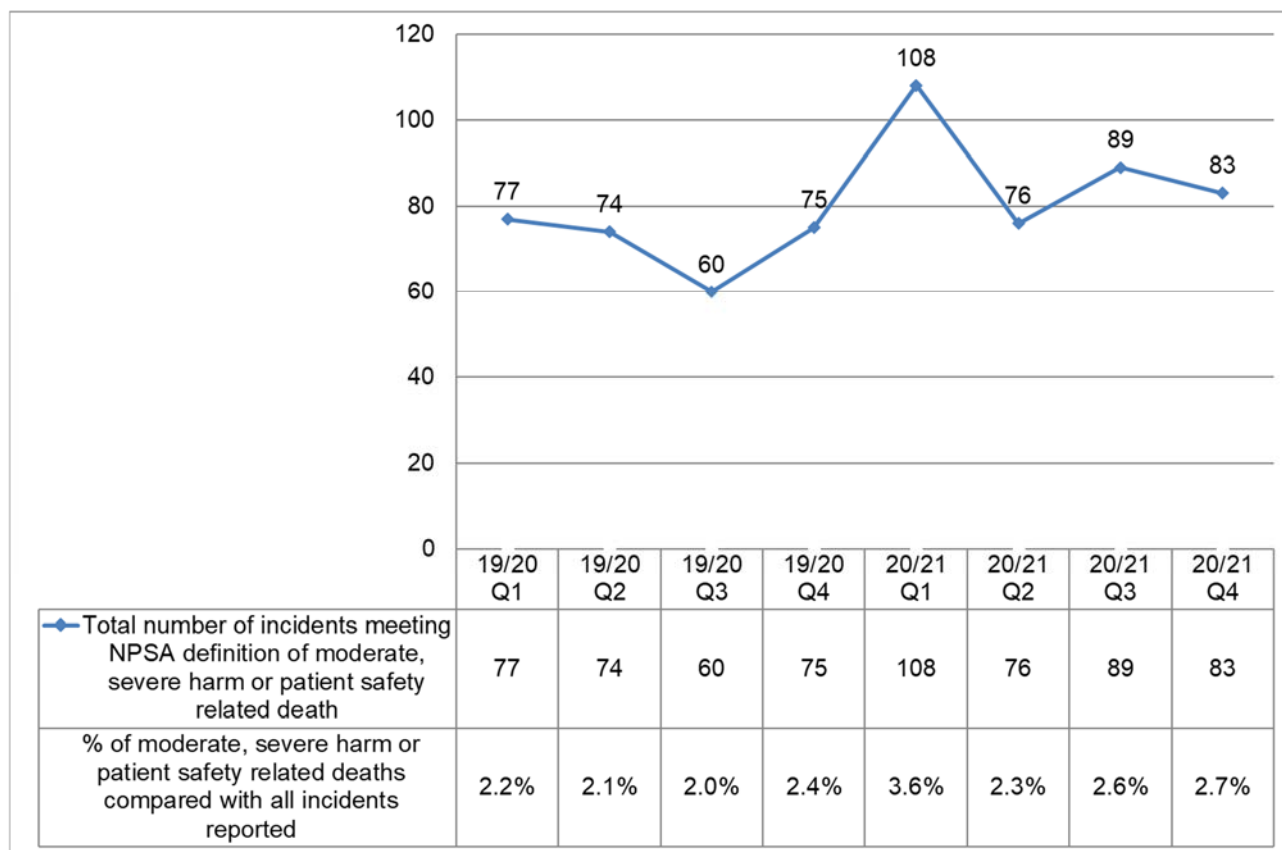
Figure 6 shows the degree of harm (moderate, severe or death) from patient safety incidents over a two-year period.

Figure 6 Duty of Candour applicable incidents by degree of harm and month 1/4/2019 and 31/3/2021
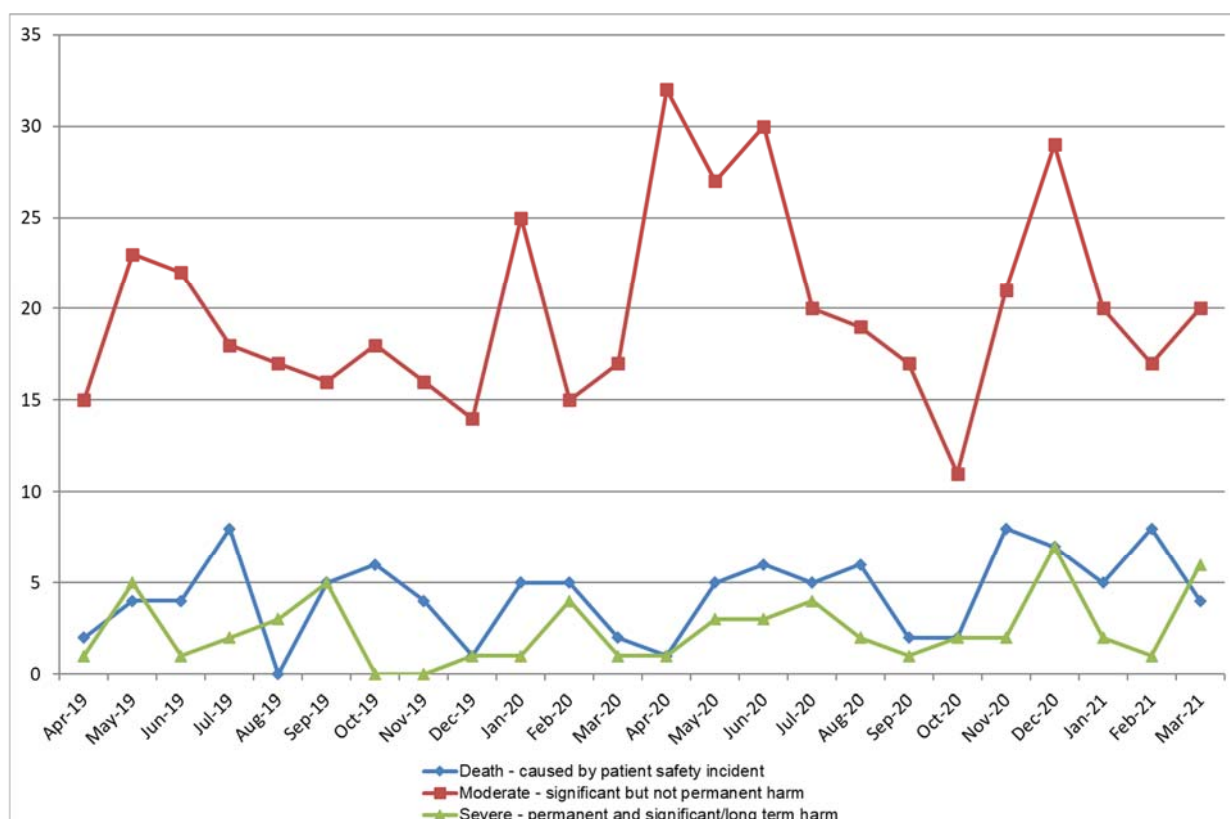
Figure 7 shows the highest number of applicable incidents is in Barnsley General Community Services with 192 incidents [an increase on 2019/20 152]. A high proportion of these were pressure ulcers, category 3 (moderate harm).

Figure 7 Duty of Candour applicable incidents in 2020/21 by BDU and financial quarter

BDU	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	Total
Barnsley General Community Services	67	34	52	39	192
Mental Health Inpatient Services	18	12	8	16	54
Kirklees Community Mental Health Services	11	8	5	11	35
Wakefield Community Mental Health Services	3	6	9	3	21
Barnsley Community Mental Health Services	3	8	5	2	18
Calderdale Community Mental Health Services	5	3	3	6	17
Forensic Service	1	3	4	3	11
Learning Disability services	0	1	2	2	5
CAMHS Specialist Services	0	1	1	1	3
Total	108	76	89	83	356

Compliance with Duty of Candour

Each BDU should have identified lead/s who are responsible for reviewing their BDU's compliance with Duty of Candour. The Patient Safety Support Team provides data on a monthly basis to the Operational Management Group to support BDUs with monitoring their compliance with Duty of Candour. All Trio managers/leaders have access to live data on Datix Dashboards to aid monitoring. Figure 8 shows the monitoring position which breaks down as below:

- In 83% of cases (296), a verbal conversation has happened with the patient and/or family within 10 working days of the incident occurring or being identified (as per the contract).
- There were 47 cases where Duty of Candour was not completed but exception reasons were given (13%). The number of exceptions has increased from 6% in 2019/20)
- There were 12 cases (3%) where the Duty of Candour monitoring was not completed by the BDU (at 21/4/21), these could include possible breaches. This compares with 14% (44) reported in 2019/20 annual report.
- There was one breach of Duty of Candour reported, representing 0.3% of all applicable incidents. This was due to an incident where a patient sustained a minor injury in their own home when Trust staff were in attendance. The patient had been made comfortable and given support by the attending staff. The following day the patient attended the acute hospital due to pain, and a fracture was reported. The incident was not reported until the fracture was identified to staff. The identification of this incident as applicable for duty of candour was missed. In learning from this breach, all BDU trio staff now have access to Dashboards on Datix to assist them with reviewing all potential duty of candour incidents in a timely manner to ensure breaches do not occur.

Figure 8 Duty of Candour compliance 2020/21

	Barnsley General Community Services	Mental Health Inpatient Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Forensic Service	Learning Disability services	CAMHS Specialist Services	Total
Stage 1 Duty of Candour - verbal apology completed within 10 days	190	39	16	17	11	12	11	0	0	296
Stage 1 Duty of Candour verbal apology not given following MDT decision (exception)	0	7	9	2	4	2	0	0	0	24
Stage 1 Duty of Candour - not completed (exception)	1	5	10	1	3	3	0	0	0	23
Stage 1 Duty of Candour - not completed (breach)	1	0	0	0	0	0	0	0	0	1
Awaiting BDU monitoring	0	3	0	1	0	0	0	5	3	12
Total	192	54	35	21	18	17	11	5	3	356

Exception reasons include verbal apology not being given following MDT decision due to clinical presentation or being detrimental to patient's wellbeing. 62% of the exception related to self-harm incidents. In other cases, Duty of Candour was not possible with the patient as they were too unwell. In some cases, particularly where patients had died, there were no family contact details known to enable us to contact family members.

During 2020, an audit of Duty of Candour took place by the patient safety support team to ensure that recording of Duty of Candour was accurately recorded, and to identify cases where the BDU monitoring had not been completed and to offer support to BDUs. The team worked closely with BDU colleagues to identify and address gaps in recording. This resulted in improvements in recording. This

is evidenced in the reduction in the number of cases where the BDU monitoring is outstanding (12 cases (3% at 21/4/21); compared with 14% (44) reported in 2019/20 annual report. This may also be related to the increase in exceptions, as the rationale for not completing was updated.

In March 2021, the Care Quality Commission issued revised guidance on Duty of Candour. This is being reviewed against our local guidance.

Section 2 - Serious Incidents reported during 2020/21

Background context
Serious incidents are defined by NHS England as;

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

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

Serious Incidents in the NHS must be considered on a case-by-case basis using the description below and include acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

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

Investigations
Investigations are initiated for all serious incidents in the Trust to identify any systems failure or other learning, using the principles of root cause and systems analysis. The Trust also undertakes a range of reviews to identify any themes or underlying reasons for any peaks. Most serious incidents are graded amber or red on the Trust's severity grading matrix, although not all amber/red incidents are classed as serious incidents and reported on the Strategic Executive Information System (StEIS). Some incidents are reported, investigated and later de-logged from StEIS following additional information. Conversely, some incidents are reported as Serious Incidents on StEIS after local investigation. We have an 'watching brief' arrangement with some clinical commissioning groups where we can verbally report a potential serious incident, whilst further information is gathered.

Headlines
During 2020/21, 34 Serious Incidents were reported to the relevant Clinical Commissioning Group (CCG/specialist commissioner) via the NHS England Strategic Executive Information System (StEIS). This compares with 47 in 2019/20.

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[4] NHS England. Serious Incident Framework. March 2015
[5] NHS Improvement. Never Event policy and framework 2018

- 34 Serious incidents reported

- Serious incidents account for 0.26% of all incidents

- Apparent suicide is the highest serious incident category (16)

- One mental health homicide reported (see note below)

- No Never Events

No 'Never Event[6]' incidents were reported by SWYPFT in 2020/21. The last Never Event reported by the Trust was in 2010/11. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There is a list of Never Events defined by NHS England. Examples of Never Events relevant to SWYPFT include failure to install functional collapsible shower or curtain rails in mental health settings; and in all settings, overdose of insulin due to abbreviations or incorrect device; falls from poorly restricted windows; chest or neck entrapment in bed rails; scalding of patients; unintentional connection of a patient requiring oxygen to an air flowmeter. A list of current Never Events is available on the Trust intranet. There is specific guidance for circumstances of each Never Event.

One homicide by a mental health service user was reported as a Serious Incident during 2020/21 and is included in the SI figures below, however, in May 2021, a decision has been made that this will be removed as a serious incident, and investigated as a mental health homicide, led by NHS England. Where this appears in the tables and graphs below, this is denoted by ^ for the relevant period/category.

Serious Incident Analysis

Figures 9 and 10 below shows all serious incidents reported on StEIS between 1 April 2016 and 31 March 2021, with figure 9 showing breakdown by financial quarter.

Figure 9 Breakdown of serious incidents reported each financial year by financial quarter 2016/17- 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
Quarter 1	13	15	8	12	8
Quarter 2	13	18	9	12	11
Quarter 3	15	26	10	8	8
Quarter 4	23	12	17	15	7^
Total	**64**	**71**	**44**	**47**	**34**

[6] NHS Improvement. Never Event policy and framework 2018
^ Mental health homicide which will be removed from SI figures, investigation led by NHS England

The data in Figure 9 shows a reduction in the number of serious incidents reported over a 5-year period by financial quarter. During this time we have strengthened our relationships with our Commissioners. In recent years, we have received feedback from them which told us that as a Trust, we had a culture of over reporting serious incidents historically. We took their advice and used other review processes to identify issues at an earlier stage (e.g. structured judgment review (introduced in 2018), and where no learning has been identified during a serious incident investigation, these cases are removed from the serious incident figures. Through clinical risk panel, we may request a structured judgement review or a service level investigation before making a decision to report as a serious incident. Our proportion of serious incidents to all incidents reported remains low (0.26%). We encourage staff to report incidents, and it is recognised that a high reporting rate with high proportion of no/low harm is indicative of a positive safety culture where we are proactive in reporting incidents and near misses. We continue to work on reducing suicides through our suicide prevention work. We learn lessons from incidents to prevent incidents becoming more serious in future. We actively share learning through the Learning Library and where urgent risks are identified, shared through Bluelight alerts. As we progress to implementation of the NHS Patient Safety Incident Response System (expected in 2022), reporting and investigation methodology will change to a focus on learning and improvement.

Figure 10 Total number of Serious Incidents reported by financial year 2016/17 to 2020/21
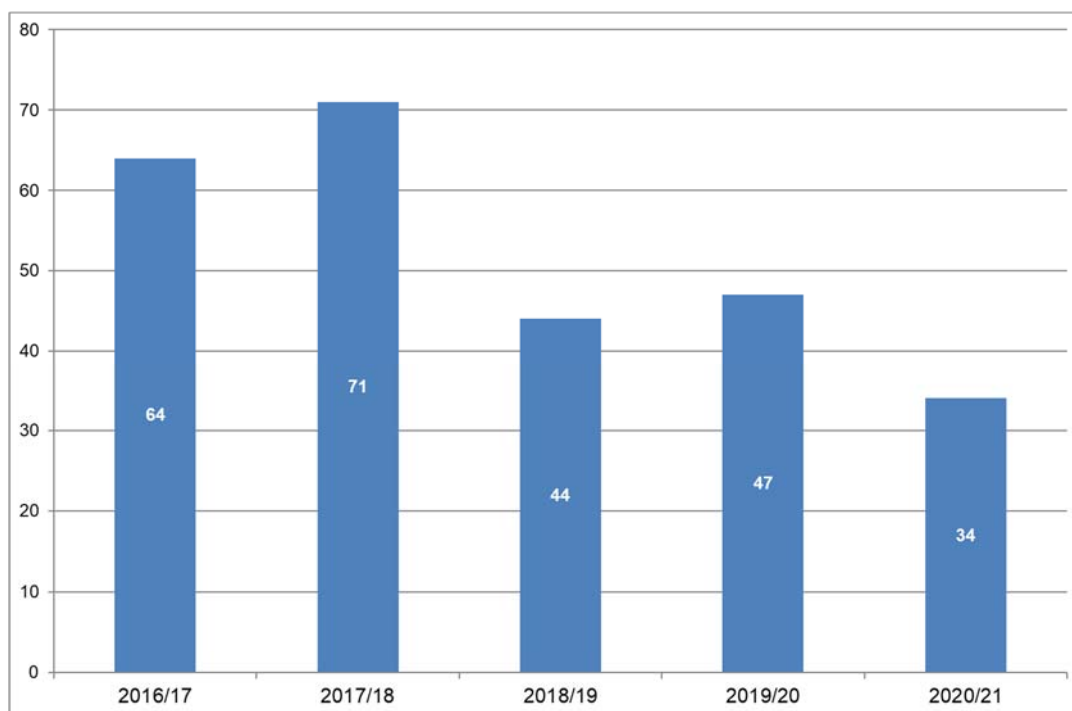
Figure 11 shows a breakdown of the 34 serious incidents reported during 2020/21 by the type of incident and month reported.

Figure 11 Types of All Serious Incidents reported in 2020/21 by date reported on StEIS

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
■ Patient injury	0	1	0	0	0	0	0	0	0	0	0	0
■ Violence and aggression	0	0	0	0	1	0	0	0	0	0	0	0
■ Homicide	0	0	0	0	0	0	0	0	0	0	0	1
■ Medication error	0	0	0	0	1	0	0	0	0	0	0	0
■ Security incident	0	1	0	0	0	1	0	0	0	0	0	0
■ Pressure ulcer	0	0	2	1	0	0	0	0	0	0	0	0
■ Self harm	0	0	0	1	0	1	0	0	0	1	0	1
■ Death	0	2	2	1	4	0	2	3	3	1	2	1
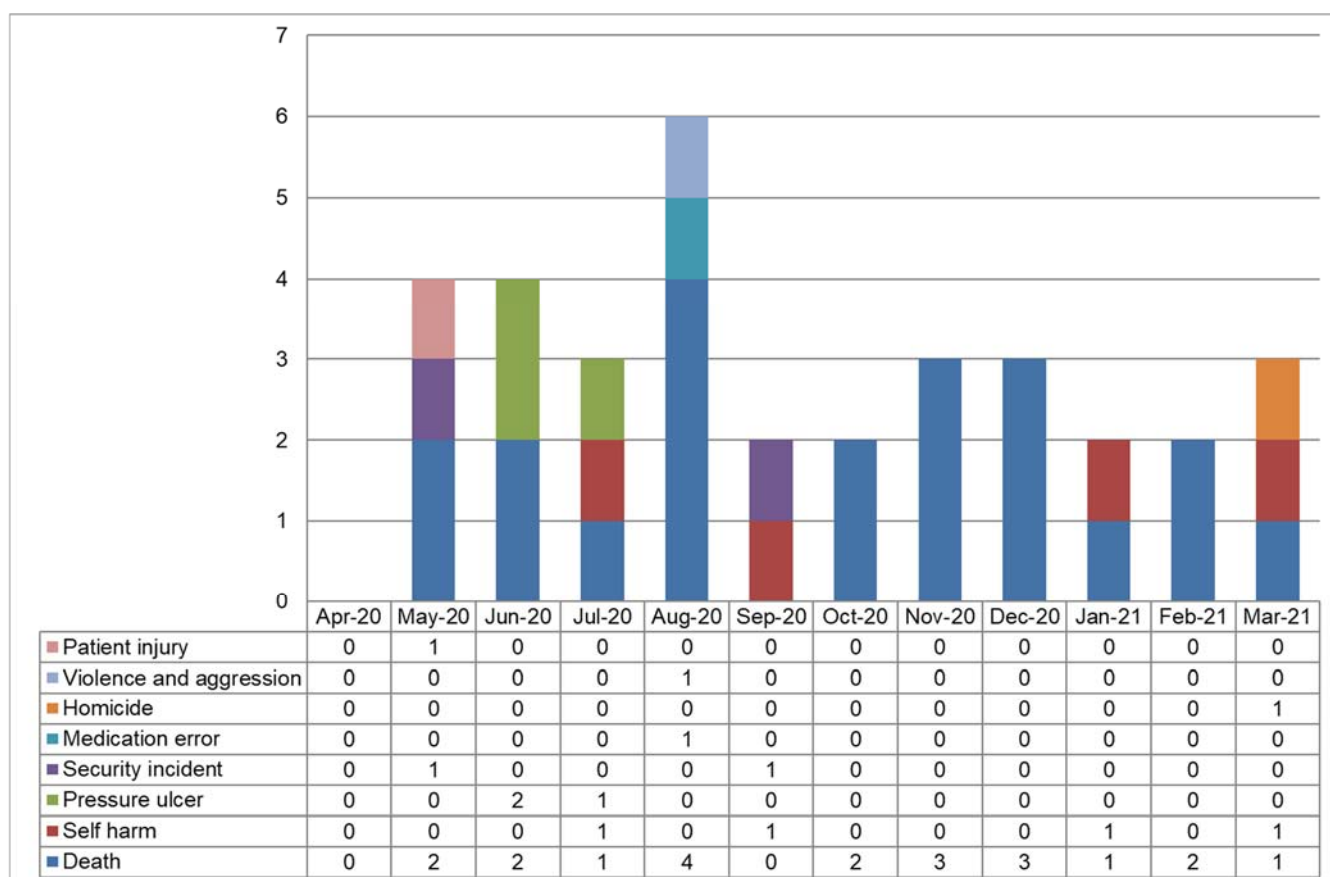
As in previous years, the highest type of serious incident is death of a service user (21) including death by apparent suicide or unexpected death.

Figures 12 and 13 show the breakdown of the reported serious incidents by category and BDU. The category of incident (a subset of 'type', as shown in Figure 10) provides more detail of what occurred. It shows that apparent suicide of service users in current contact with community teams is the highest reported category with 10 (compared with 2019/20 [24]; 2018/19 [23]; 2017/18 [34]). There are a further six incidents relating to apparent suicide. These include two deaths where the patient was under the care of inpatient services at the time of death and four deaths where the service user had been discharged from community teams at the time of the deaths occurring.

Figure 12 Serious Incidents reported during 2020/21 by reported category
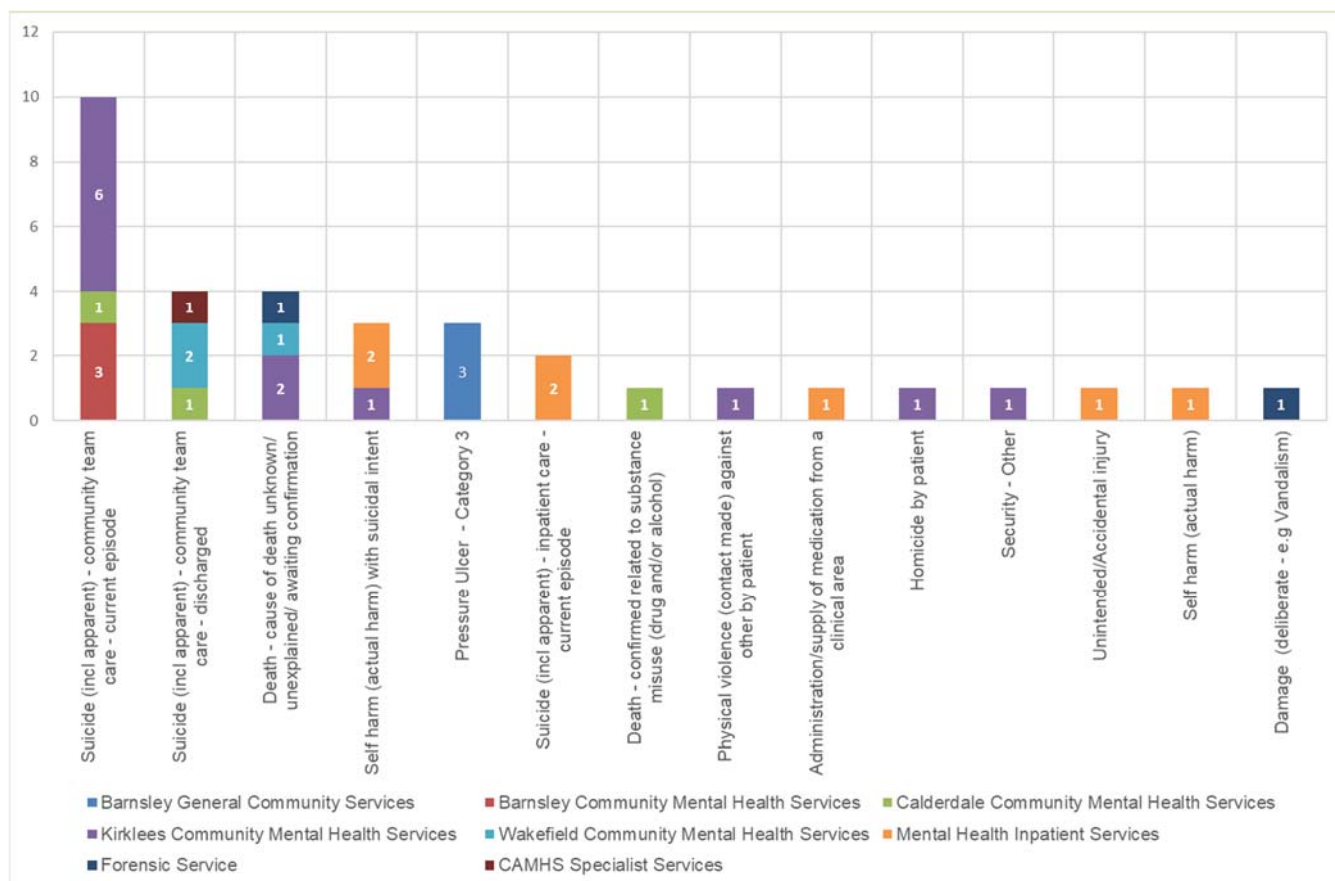
Figure 13 Serious Incidents reported during 2020/21 by BDU
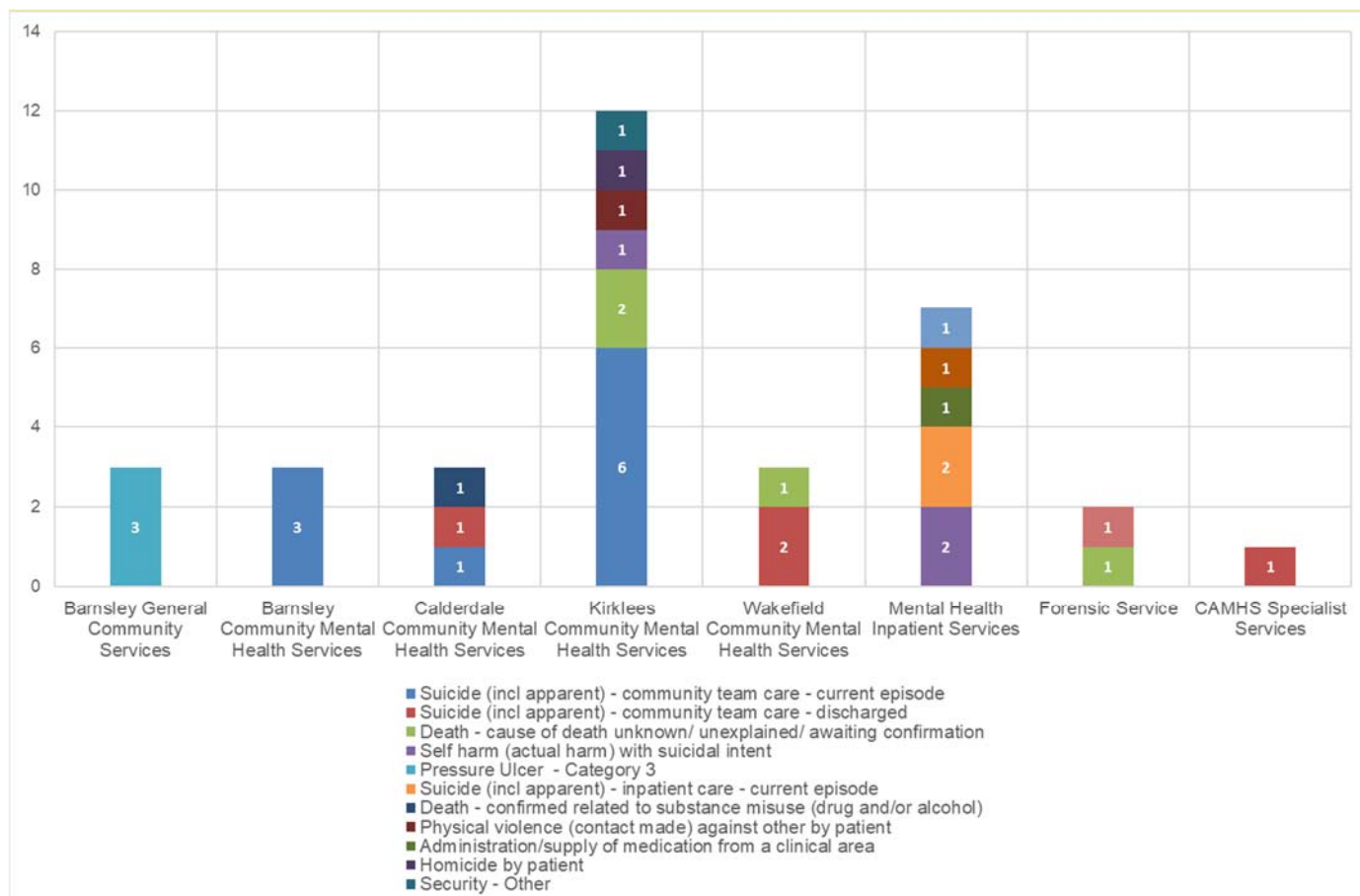
Figure 14 2020/21 Reported Serious incidents by BDU and category

Category	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	CAMHS Specialist Services	Total
Suicide (including apparent) - community team care - current episode	0	3	1	6	0	0	0	0	10
Death - cause of death unknown/ unexplained/ awaiting confirmation	0	0	0	2	1	0	1	0	4
Suicide (including apparent) - community team care - discharged	0	0	1	0	2	0	0	1	4
Pressure Ulcer - Category 3	3	0	0	0	0	0	0	0	3
Self harm (actual harm) with suicidal intent	0	0	0	1	0	2	0	0	3
Suicide (including apparent) - inpatient care - current episode	0	0	0	0	0	2	0	0	2
Unintended/Accidental injury	0	0	0	0	0	1	0	0	1
Security - Other	0	0	0	1	0	0	0	0	1
Physical violence (contact made) against other by patient	0	0	0	1	0	0	0	0	1
Administration/supply of medication from a clinical area	0	0	0	0	0	1	0	0	1
Death - confirmed related to substance misuse (drug and/or alcohol)	0	0	1	0	0	0	0	0	1
Damage (deliberate - e.g. Vandalism)	0	0	0	0	0	0	1	0	1
Self harm (actual harm)	0	0	0	0	0	1	0	0	1
Homicide by patient	0	0	0	1	0	0	0	0	1
Total	3	3	3	12	3	7	2	1	34

As Figures 12, 13 and 14 show, during 2020/21, the area with the highest number of SIs reported was Kirklees with 12 serious incidents, a reduction on 2019/20 (15). In 2019/20 14 of the 15 Serious incidents were the death of service users – in 2020/21 there were 8 deaths. This year, other incident types of serious incident are reported (as shown in figure 14) including two violence and aggression incidents (one alleged homicide by a service user against a relative^ and an incident of physical violence by a patient against a member of the public). Two further incidents occurred in patient's homes when staff were present - a hostage taking situation, and a self-harm incident.

Mental Health Inpatient Services have the second highest number of incidents recorded (7 SIs). This year is the first where these have been recorded together for the Trust as one BDU. In 2019/20 incidents for mental health inpatient areas were included in the respective geographical BDU data. As such, comparison with historical data/reports cannot be made. Of the 7 SIs, two were deaths of inpatients, by apparent suicide, both occurring in Barnsley Mental Health inpatient wards. There were three serious self harm incidents, all occurring in different wards, but in all cases, the patients were on planned leave from the ward at the time. All resulted in severe harm. The other two incidents related to a medication error, and a patient being injured in a seclusion room.

Wakefield has seen a reduction in the number of serious incidents (3). This included two apparent suicides of discharged patients, and one unexpected death.

Forensics had 2 serious incidents, a reduction on 2019/20 (7). These were an unexpected death of an inpatient (low secure Learning Disability unit), and an incident of deliberate damage to property by a patient.

Calderdale Mental health community services had 3 serious incidents, 2 were apparent suicides, and the third an unexpected death.

Barnsley Mental Health community services had 3 serious incidents, all apparent suicides of community patients under current care.

Barnsley General Community has reported 3 SIs in 2020/21 (2019/20 [4]). These were category 3 pressure ulcers, occurring in the same team, so in agreement with the Clinical Commissioning Group, a decision was made to investigate the incidents together as a cluster.

Child and Adolescent Mental Health Services had one serious incident involving the apparent suicide of a discharged client.

Figure 15 shows all reported serious incidents by reporting team (primary involvement at time of the incident) and financial quarter. It should be noted that some incidents involve several other teams.

Figure 15 Serious Incidents reported by Team and financial quarter

Team	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Total
Enhanced Team North 1 - Kirklees	1	1	2	0	4
Early Intervention Service (Insight) - Kirklees	1	2	0	1	4
Neighbourhood Team - North East (Barnsley)	2	1	0	0	3
Assessment and Intensive Home-Based Treatment Team / Crisis Team - Calderdale	1	0	1	0	2
Intensive Home-Based Treatment Team (IHBTT) - Barnsley	0	1	1	0	2
Core Team North - Kirklees	0	0	1	0	1
Crofton Ward (OPS), Wakefield	0	1	0	0	1
Core Team South - Kirklees	1	0	0	0	1
Enhanced Team West - Kendray, Barnsley	1	0	0	0	1
Enhanced Team South 1 - Kirklees	0	0	0	1	1
Intensive Home-Based Treatment Team - Wakefield (OPS)	0	0	1	0	1
Enhanced Lower Valley Team - Calderdale	0	1	0	0	1
Psychiatric Liaison Service, Wakefield	0	0	1	0	1
Melton PICU, Barnsley	0	1	0	0	1
Clark Ward - Barnsley	0	0	1	0	1
Stanley Ward, Wakefield	0	1	0	0	1
Newhaven Forensic Learning Disabilities Unit	0	0	0	1	1
Enhanced Team North 2 - Kirklees	0	0	0	1	1
Beamshaw Ward - Barnsley	0	0	0	1	1
Intensive Home-Based Treatment Team (IHBTT) - Wakefield	0	0	0	1	1
CAMHS (Barnsley)	0	0	0	1	1
Thornhill Ward (The Bretton Centre)	0	1	0	0	1
Ashdale Ward (based at The Dales, Kirklees BDU)	0	1	0	0	1
Ward 18, Priestley Unit	1	0	0	0	1
Total	8	11	8	7	34

Breakdown of all Serious Incidents

Deaths (apparent suicides and unexpected deaths)

Of the 34 serious incidents reported, 21 related to the death of a service user as mentioned earlier. Please note this is not all deaths that were reported on Datix, only those reported on StEIS.

Figure 14 shows the apparent category of death. This is extracted from Datix and was correct at the time of writing, based on information known at the time. This is subject to change as more information comes to light or inquest conclusions are received. Apparent suicide is based on the circumstances of death.

Apparent Suicide
Of the 21 deaths reported as serious incidents, 16 were apparent suicides. Two of these occurred whilst under the care of inpatient settings. Further detailed analysis of all apparent suicides in 2020/21 will be available in Autumn 2021.

Unexpected deaths
Of the 21 deaths, 5 were unexpected deaths, but suicide was not indicated. In most cases, the cause of death and/or coroner's conclusion is awaited. A couple relate to substance misuse. One death occurred in a home fire. There was one unexpected death of an inpatient, and a death of a recent inpatient.

It can take a significant amount of time for the cause of death to be identified through the coroner's office. However, irrespective of the outcome, this does not prevent the investigation being completed.

Violence and Aggression
During 2020/21 there were two violence and aggression incidents, reported as serious incidents. The first involved a service user assaulting a member of the public; the second a homicide by a service user.

The homicide involved a service user under the care of an Enhanced Team in Kirklees being charged in connection with the death of their spouse. Although this serious incident has been included in the SI figures in this report, it has been agreed in May 2021 that this will be removed as a serious incident and managed through NHS England who will lead the investigation. Where this appears in the tables and graphs below, this is denoted by ^ for the relevant period/category.

Security incidents
During 2020/21 there were two incidents security related incidents. One involved a service user taking staff members hostage in the patient's home, and an incident of deliberate damage to property by a patient in an inpatient unit.

Pressure ulcers
During 2020/21, a total of three category 3 pressure ulcers were reported as Serious Incidents on StEIS. All were reported by one Neighbourhood team in Barnsley General Community Services. These were investigated as a cluster investigation. Two of the three patients affected were male.

Self-harm/attempted suicide
During 2020/21 there were four serious self-harm incidents. Three involved patients who were on leave from wards at the time of the incidents. Two patients jumped/fell from a height and the third injured themselves by cutting. The fourth case was an attempted hanging by a patient in their own home when a staff member was present.

Medication incidents
During 2020/21 there was one medication incident reported as a serious incident, which involved medication being administered via the wrong route.

Health and Safety incidents
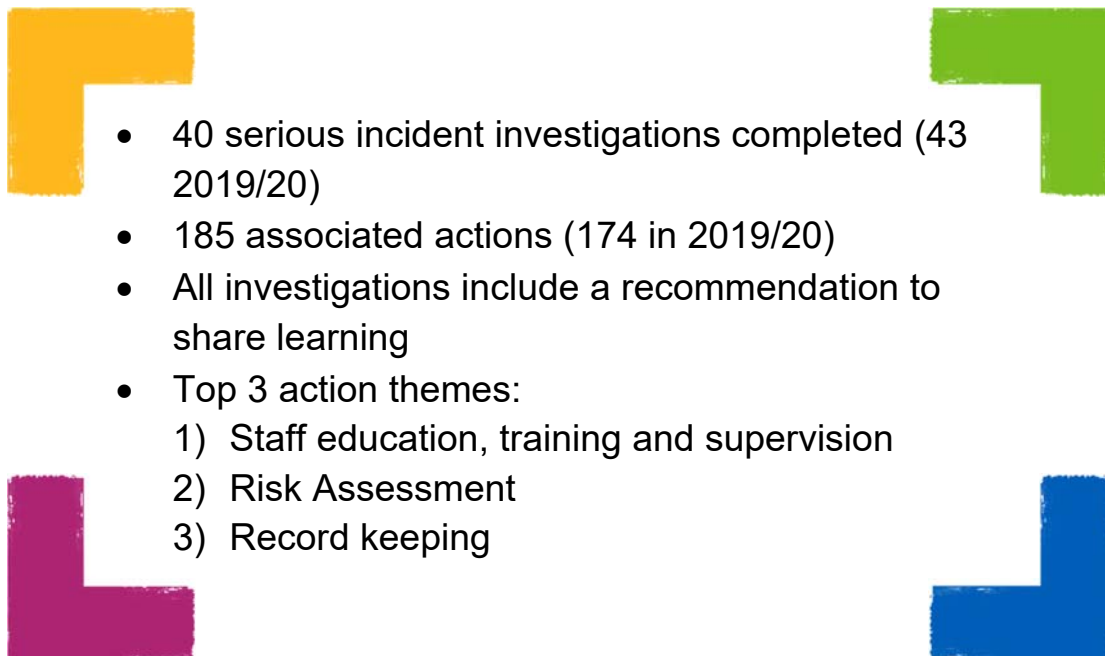
During 2020/21 there was one health and safety incident reported as a serious incident which involved a patient who was in a seclusion room being injured.

Affected party demographics

Appendix 1 provides a breakdown of some protected characteristics of those affected in these serious incidents.

Section 3 - Findings from Serious Incident Investigations completed during 2020/21

This section of the report focusses on the **40** serious incident investigation reports were completed and submitted to the relevant commissioner during the period 1 April 2020 to 31 March 2021. Please note this is not the same data as those reported in this period (see Section 3) as investigations take a number of months to complete. The term 'completed' is used in this section to describe this.

- 40 serious incident investigations completed (43 2019/20)
- 185 associated actions (174 in 2019/20)
- All investigations include a recommendation to share learning
- Top 3 action themes:
  1) Staff education, training and supervision
  2) Risk Assessment
  3) Record keeping

Headline data

Of the 40 serious incidents investigation reports completed and submitted to the relevant commissioner between 1 April 2020 and 31 March 2021, there were 185 actions made (compared with 174 during 19/20). The 40 investigations related to 42 reported Serious Incidents, as one investigation covered three serious incidents.

Of the 40 Serious incident investigations completed between 1/4/2020 to 31/3/2021, two were completed within the 60 working days. The 60 working days timescale for completing a Serious Incident investigation was suspended in March 2020 due to Covid 19 and remains suspended at 4/5/2021. The progress of all Serious Incident Investigations continues to be reviewed weekly in the Patient Safety Support team. We have continued to liaise with commissioners to agree extensions throughout the year, despite the timescales being suspended. We have also liaised with families to ensure they are aware of delays in completion of investigations.

A standard recommendation to share learning and the outcome of the investigation with staff involved and wider is now in place. All 40 serious incident investigations including sharing learning actions/processes which does increase the number of actions.

One incident investigation can generate a high number of actions. The breakdown by BDU and team type is shown in figures 16 and 17.

Figure 16 Breakdown of the number of Serious Incidents completed in 2020/21 per BDU, compared with the number of actions

BDU	SI investigations completed	SI actions
Kirklees Community Mental Health Services	11	46
Mental Health Inpatient Services	6	40
Barnsley Community Mental Health Services	6	31
Forensic Service	5	29
Calderdale Community Mental Health Services	5	16
Wakefield Community Mental Health Services	5	10
Barnsley General Community Services	2*	13
Total	40	**185**

Figure 17 Breakdown of the number of Serious Incidents completed in 2020/21 per team type, compared with the number of actions

Specialty	SI investigations completed	SI actions
Enhanced Pathway	11	44
Crisis/IHBTT (Adult)	9	26
Bretton Centre - Inpatient wards (FSLS)	3	21
Acute Inpatients (Adult)	3	18
Inpatient Service (OPS)	2	15
Early Intervention Services	2	11
Criminal Justice Liaison	1	9
Core pathway	2	9
PICU Inpatient Services (Adult)	1	7
General Community Inpatient wards	1	7
District Nursing	1*	6
Rehabilitation inpatient units - Priestley, Waterton, Chippindale (FOR)	1	5
PICU/Acute inpatient units - Bronte, Hepworth (FOR)	1	3
Intensive Support Team (OPS)	1	3
Liaison Services	1	1
Total	**40**	**185**

Over the last three years the highest numbers of actions have arisen from apparent suicide incidents. This correlates with this being the largest type of Serious Incident reported. During 2020/21 completed serious incident investigations for apparent suicides resulted in 126 actions (68%) (Figure 18).

Action theme	Suicide including apparent (community team care)	Suicide including apparent (inpatient)	Other	Assault - serious	Serious self harm	Slip, trip, fall	Pressure Ulcer	Homicide (including alleged)	Unexpected death - community patient	Violence and Aggression	Grand Total
Sharing learning	26	3	3	2	2	1	1	1	1	1	41*
Risk assessment	11	2	3		2	1		3			22
Staff education, training and supervision	8	5	3	2	2	1	1				22
Record keeping	10	2	3		1	1	2		1		20
Policy and procedure - in place but not adhered to	9	1		1	1				1		13
Communication	8	2				1					11
Care delivery	8	3									11
Team service systems, roles and management	7			1			2				10
Carers/family	5	1	1		1				1		9
Organisational systems, management issues	2	3	1	2							8
Policy and procedures, not in place		3	1	1		1					6
Environmental			2	2							4
Care pathway	4										4
Care coordination	2										2
Staff attitude, conduct, professional practice						1					1
Physical healthcare (MH patients)	1										1
Grand Total	101	25	17	11	9	7	6	5	3	1	185

*one SI had two actions for sharing learning

It is important to understand that in undertaking an investigation of an incident, the Trust takes the view that all areas for learning or improvement should be identified and lead to a recommendation being made. These general arise for review of the care and treatment and arise from care and service delivery issues, and are actions to address the contributory factors, which are not considered to have been the direct root cause of the incident.

The majority of the recommendations from serious incident investigations apply directly to the team or BDU involved. Each BDU lead investigator works closely working with the practice governance coaches and BDUs to produce a report on learning from recommendations where further information/breakdown about each BDU and the lessons learnt is presented. This is called 'Our learning journey from incidents'. This will be available separately.

Categorisation of actions

In order to analyse actions, each action is given a theme to capture the issue/theme that best matches from a pre-designed list of approximately 20 themes. We also add a sub-theme to group similar issues together. In an attempt to gain consistency, this is undertaken by the Lead Serious Incident Investigators. The recording of themes and sub-themes is subjective and isn't always straightforward to identify which theme/sub-theme an action should be given. Some don't easily fit into any one theme and could be included under more than one.

Figure 19 Ordinal list of action themes from 2020/21 compared with position in 2019/20

Top 6 Recommendation types	2020/21	2019/20
F1 Staff education, training and supervision	Joint #1	#1
A4 Risk assessment	Joint #1	joint #3
A5 Record keeping	#2	#2
F2.1 Policy and procedure - in place but not adhered to	#3	#5
B1 Communication	#4	joint #3
A2 Care delivery	#5	joint #6
F4 Team service systems, roles and management	#6	joint #6

The types of SIs completed in the year affects the action themes, for example, an Information governance serious incident, is more likely to have actions related to organisational systems, increasing that figure. Figure 19 illustrates the ranking of the most common themes this year in comparison to last year. The top 3 themes are the same as last year although the order has changed.

The top 10 action themes have also been reviewed over the last five financial years for comparison. As shown in Figure 19, staff education, training and supervision, risk assessment and record keeping have remained the three most common themes.

Figure 20 Top 10 action themes in the 5 years between 1/4/2016 and 31/3/21

	2016-17	2017-18	2018-19	2019-20	2020-21
F1 Staff education, training and supervision	17	28	20	20	22
A4 Risk assessment	8	16	15	15	22
A5 Record keeping	26	33	20	19	20
F2.1 Policy and procedure - in place but not adhered to	10	16	15	12	13
B1 Communication	15	11	14	15	11
A2 Care delivery	10	13	6	10	11
F4 Team service systems, roles and management	9	18	8	10	10
B3 Carers/family	6	2	11	5	9
G1 Organisational systems, management issues	9	17	6	4	8
F2.2 Policy and procedures, not in place	0	16	7	4	6

In 2020/21 the top three most common action themes were 'staff education, training and supervision', 'risk assessment' and 'record keeping'. These are consistent with the top 3 themes in previous years. Below is a summary of the recommendations identified within these themes; these have been grouped together (called subthemes). There is natural overlap between themes and subthemes. Data can be extracted from Datix by subtheme and drilled into.

Serious incidents are very individual and although the overarching themes are similar each year, the detail beneath varies. We have been developing ways of analysing individual themes in depth to provide thematic analysis that can be shared more widely, although this has not progressed as much as we would have hoped this year because of the pandemic. We are looking at how we can develop this idea further and use quality improvement methodology to work on thematic data. We use learning from investigations to influence practice and inform training. We have recently restructured our serious incident investigation reports to give greater focus to the family involve and affected by the incident. BDUs review serious incident reports and summaries in their BDU Governance groups, where they consider evidence to support completion of actions. These groups have continued to be strengthened during the year. Our approach to investigations will be reviewed to reflect the National changes to serious incident investigation that are expected during 2022.

1) *Staff education, training and supervision (Joint #1):*

Staff education, training and supervision has remained within the top 3 action themes in the last eight years. During 2020/21, there were 22 actions relating to staff education, training and supervision. Where possible these have been grouped by broad sub-theme:

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Total
Risk assessment and management						4		4
Induction						1	2	3
Knowledge and Skill Gap		1	1				1	3
Supervision		2		1				3
Safeguarding				1		1		2
Suicide Prevention						1		1
Various Training (Violence and Aggression)	1							1
Access to Information		1						1
Tissue viability and associated practices	1							1
Support for staff							1	1
Various training				1				1
Communicating with other agencies							1	1
Total	2	4	1	3		7	5	22

Below is a summary of the actions identified:

Risk Assessment and Management

The ward should ensure that all professional ward staff undertake the Trust's training in the recently introduced Formulation Informed Risk Management process and that this is fully implemented in routine practice on the ward.

The team managers for the ward and for the community staff should ensure that all staff have signed up to the online e-learning developed to support the roll out of FIRM.
Feedback from teams on any difficulties encountered during this roll out to the organisational leads is recommended.

A review of the plans and preparation for the FIRM roll out to be completed – Covid-19 had added a delay and the BDU is to consider readiness for delivery.

The service must bring forward a strategy for increasing staff awareness of the risk of choking (on food) linked to mental disorder including both where this is self-harming behaviour, and where there is suicidal intent. This should include awareness of the requirement to report choking incidents, better definitions of 'seriousness' of choking incidents to assist reporting practice, and better use of data on choking to develop individual risk reduction strategies.

Knowledge and Skill Gap

Staff to be reminded of their responsibility for working in full accordance with the Non-Adherence with Treatment Policy.

The Trust should consider whether the life support training given to staff should include the management of significant blood loss (it is acknowledged that it would not have made any difference to the outcome in this case but could be a critical factor for other incidents).

The enhanced teams to improve their knowledge and skills around working with people with personality disorder traits through available training and ongoing supervision. Also understanding and managing risks associated with long term and persistent suicidal thoughts

Induction

Clarify whether Bank & Agency Staff are trained in BLS or ILS.

The induction of staff new to the ward should include what is expected of them whilst undertaking of observations and how to operate the lights in the seclusion room

Development of a robust and informative induction pack, which includes information about the Workplace Violence Risk Assessment, that can be discussed with bank and agency staff new to any ward environment in the Forensic BDU.

Supervision

That team managers regularly review care plans to ensure they are current, provide evidence of the patient's involvement, are being implemented, and being reviewed to ensure that they are relevant to patients' needs and risks.

The existing processes of clinical supervision with South Yorkshire Liaison and Diversion Service needs to be reviewed to ensure that service users are not kept on the services caseload for longer than is necessary and that clinical documentation is completed in a timely manner in line with Trust policy.

To ensure a system is put in place to ensure the provision of supervision and training to local authority staff is accurately recorded and available to the Trust.

Safeguarding

With the support of the Trust safeguarding specialists the service should learn how to improve recognition and reporting of patient safety incidents involving abuse of patients by patients, and how to use report data to develop effective approaches to this aspect of patient safety.

Staff are reminded or made aware of how to access specialist Safeguarding advice within the Trust, access Safeguarding supervision if needed, make relevant Safeguarding referrals where needed and are able to access mandatory training and any individually identified refresher training.

Various Training (Violence and Aggression)

To contact the restrictive physical interventions team to create a training package aimed to the needs of the General Community Services inpatient units

Communication with other agencies

Develop a training pack to support staff when communicating with Police for assistance.

Various training

Assurance should be provided that the individual training needs of care coordinators, including those employed by the local authority, have been considered and addressed.

Support for staff

The incident represented a significant trauma to the staff involved and although the post-incident support given was good the majority of staff interviewed became upset when recalling the incident, a number of months afterwards. The support needs for individual staff members should be revisited including screening for any symptoms of post-traumatic stress disorder and ensuring their needs for counselling and support have not changed in light of the extent of distress, self-recrimination, critical reflection and learning arising from the incident.

Suicide Prevention

The ward should ensure that training and support are provided to ward staff as required in line with the Trust's Zero Suicide Ambition Statement (2019 – 2022).

Access to Information

For SWYPFT practitioners to have awareness of and access to accurate information, resources and guidance in relation to supporting individuals accessing homelessness services in relevant BDU's

Tissue viability and associated practices

Training sessions to be undertaken around tissue viability

2) *Risk Assessment issues (joint #1):*

Risk assessment issues have been in the top 6 in the last three years. There were 22 actions relating to risk assessment. These have been grouped by broad sub-theme:

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Total
Record keeping and Documentation		1		4		1		6
Changes in risk	1		1	1		1		4
Inadequate exploration of risk				1		1		2
Monitoring compliance				2				2
Discharge Planning				1				1
Communication							1	1
Organisational systems				1				1
MDT Working and Meetings						1		1
Monitoring Compliance of the Clinical Record Keeping		1						1
Seek Specialist Advice						1		1
Safeguarding		1						1
Clinical Record Keeping - The System							1	1
Total	1	3	1	10		5	2	22

Below is a summary of the actions identified:

Record keeping and Documentation

The Trust should consider how to make the risk assessment and management documentation more user friendly.

Although the risk posed by S had been assessed and documented in the letter that was sent to his GP no Sainsbury's Risk assessments were completed by the Mental Health Liaison Team.

The Trust should consider ways in which the family's/carer's views on risk signature/early warning signs can be included into the risk document and shared with family members balancing service user views and data protection issues.

Services to provide assurances that a process is in place to monitor the quality of completed risk assessments to ensure they are completed in line with Trust policy.

Risk assessments should be completed by the staff members who have been present at the review where-ever possible to ensure that the clinical details captured accurately reflects the understanding of the patient's need. Where this is not possible staff must make all attempts to review the progress notes added by all professionals involved and reflect the collaborative understanding on clinical risk changes into the template on behalf of the wider team.

The acute mental health inpatient ward to provide assurance that risk assessments are updated to reflect new information received

Changes in risk

When consideration is given to rescinding a CTO, likely non-compliance/non engagement needs to be considered and the likely consequences of this in terms of risk, informed by previous risk/violence.   When consideration is given to changing from depot to oral anti-psychotic medication, likely non-compliance/non engagement needs to be considered and the likely consequences of this in terms of risk, informed by previous risk/violence.

When a patient who is at risk of falling is provided with new footwear whilst they are on the unit, they should be examined by staff to ensure that they are suitable and do not create a risk of contributing to a fall.

Staff to be reminded that risk assessment should be reviewed and updated whenever there are changes in clinical risk as per the Clinical Risk Assessment, Management and Training Policy.

The level 2 risk assessments to be reviewed routinely within the ward rounds as part of due process and where required updated at the time of the meeting or at the nearest point after the meeting to avoid loss of key clinical reflections on care needs. This should include the need to consider the change in environment and the formulation on managing risk during leave and future discharge.

Monitoring compliance

There must be a clinical audit in the Enhanced Team 2 to review the current state of risk assessments.

The ward needs to provide assurance that at the points of discharge risk assessments are being conducted in line with Trust policy detailing the changes in risk.

Inadequate exploration of risk

Questioning of suicidal thinking of service users with suicide as an identified risk should routinely take place in ward rounds and exploration of risk, evidenced in the ward round template record.

Assurances to be provided that all staff who perform drug testing are aware of the detection windows for illicit substances that are being tested for in the drug tests.

Communication

Clear, Open and shared dialogue to promote positive risk taking around movement of Service users that pose specific individualised risk, as part of inclusive recovery focussed progression for Service Users.

Seek Specialist Advice

The service should ensure that the expertise of the dietician or the speech and language therapist is requested in a timely fashion to assist in developing detailed preventative plans for individuals and to provide advice on effective implementation of plans as soon as risks around food are identified.

Discharge Planning

The acute mental health inpatient ward to provide assurance that formulation of risk is discussed and documented prior to discharge and the crisis and continuity plan reflects this

Safeguarding

When practitioners in the Enhanced team have concerns relating to possible safeguarding issues these should: be documented; be discussed with line manager and/or multidisciplinary team; record the subsequent action plan and rationale.

Organisational systems

To implement the new FIRM risk assessment to improve safety in the following areas:
• Development of risk assessment practice
• Easy access to key indicators in the service user's history to support risk assessment practice
• Development of personalised safety planning to support at risk service users on the core pathway
• Extended service user options for keeping safe

MDT working and meetings

Risks as identified in risk assessments should be reviewed routinely within ward rounds and should include conversations on environmental changes that could increase risk.

Clinical Record Keeping - The System

The Trust must ensure that the process that allowed risk assessments to be anonymously entered onto SystmOne is resolved during the implementation of the new risk assessment (FIRM).

Monitoring Compliance of the Clinical Record Keeping

That a process is in place to monitor the quality of completed risk assessments to ensure they are completed and updated in line with Trust policy, with accessible additional training available for practitioners. For the service to provide assurance where required.

3) Record keeping (#3):

Record keeping has remained within the top 3 action themes in the last seven years. There were 20 actions relating to record keeping. Where possible these have been grouped by broad sub-theme:

Theme and Subtheme	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Total
Risk assessment		2		1	1	2		6
Monitoring Compliance of the Clinical Record Keeping	1	1				1		3
Contemporaneous recording	1			1			1	3
MDT discussion / Recording			1		1			2
Care plan	1			1				2
CPA documentation							1	1
Family and Carer Details				1				1
Clinical decision making						1		1
Communication with other agencies				1				1
Total	3	3	1	5	2	4	2	20

Below is a summary of the actions identified:

Risk Assessment and Management

The service must ensure that high level risk assessment and mitigation is multi-disciplinary, brings in specialist advice where indicated, involves patients and families as fully as possible, and is fully recorded. It must ensure that circumstances where these mitigations are revised or relaxed are set out in a written plan with the agreement of the multi-disciplinary team.

To ensure that when a service user is in a funded specialist placement, the care plan for the placement is recorded on System One. That the placement reviews via panel are recorded on the System along with any contact with the service provider.

To ensure that practitioner's document within the clinical records that assessment of risk has been explored during contacts with service users, particularly where there is a risk of suicide.

Community teams should ensure that risk and comprehensive assessments are updated when a patient is transferred.

It is recommended that an SBAR be created for immediate alert across all the Trust care teams to warn of the risk of overwriting and loss of key clinical data following the failure to save final versions of risk assessments. All staff to ensure that each update of risk assessment documentation is saved as a final version to avoid overwriting and accidental loss of clinical details.

The psychiatric Liaison Team needs to provide assurance that risk assessments are being correctly documented in clinical notes using the Sainsbury's Risk Assessment tool.

Contemporaneous recording

For services to provide assurance that a process for monitoring the quality of clinical record keeping is in place which checks records are being completed in accordance to Trust requirements, and that all staff are reminded of Trust standards for record keeping.

The service needs to provide assurance that incidents are being documented on all platforms in line with Trust policy.

Positive use of timeline recording during the incident as it occurred. Added to the positive review of what on reflection was a well-executed and well-managed incident of serious proportions (to include all above analysis event issues)

Monitoring Compliance of the Clinical Record Keeping

Documentation audit of clinical records to be undertaken

The ward should ensure the quality of clinical records, in particular the FIRM risk management process and ward round templates, is to the required standard.

For the service to provide assurance that a process for monitoring the quality of clinical record keeping is in place which checks records are being completed in accordance to Trust requirements, and that all staff are reminded of Trust standards for record keeping.

MDT discussion / Recording

The multi-disciplinary team should ensure that the responsibility for specific actions arising from discharge meetings is clearly documented and communicated.

South West Yorkshire Partnership NHS Foundation Trust Intensive Home-Based Treatment Teams must ensure that when Multi-Disciplinary Team RAG rating of risks are regraded the individual clinical record should be updated.

Care planning

Review of care planning and documentation of patients on the caseload

Admission care planning should include the development of an engagement and observation care plan which should be updated to reflect any changes.

Clinical decision making

When a service user is placed into seclusion and it has not been possible to explain to them why there are being placed there and the process of being in seclusion works the reasons for this should be documented in their clinical notes.

CPA documentation

The Forensic Business Delivery Unit should review the CPA Review documentation and practice to ensure that it remains fit for purpose and the practice of completing it meets the requirements of professional record keeping.

Family and Carer Details

Reinforce with the Psychiatric Liaison Team the importance of updating demographic information including next of kin and carers.

Communication with other agencies

When a service user is admitted to a general hospital in response to them self-harming any contact with them by the Enhanced Team should be documented in the service user's clinical notes.

Completion of actions

Between 1 April 2020 and 31 March 2021 there were 185 actions, arising from 40 completed Serious incident investigations. Figures 21 and 22 shows the progression with completion of actions at the date of extraction from Datix (27/4/21):

- 129 actions had been completed (70%)
- 28 actions had not reached the due date at the time of preparing this report (15%)
- 28 actions had passed the due date (overdue) at the time of reporting (15%)

Figure 21 Serious Incident actions from SI investigations completed during 2020/21 by completion status and BDU (at 7/4/21)

BDU	completed within timescale	completed over the timescale	not yet due	not yet completed overdue original timescale	Total
Kirklees Community Mental Health Services	17	20	3	6	46
Mental Health Inpatient Services	14	12	14	0	40
Barnsley Community Mental Health Services	9	10	4	8	31
Forensic Service	8	9	0	12	29
Calderdale Community Mental Health Services	1	8	7	0	16
Barnsley General Community Services	9	3	0	1	13
Wakefield Community Mental Health Services	8	1	0	1	10
Total	**66**	**63**	**28**	**28**	**185**

Figure 22 Serious Incident actions that are overdue completion from SI investigations completed during 2020/21 by BDU and time period overdue (at 7/4/21)

BDU	Working days overdue					Total overdue
	1 - 30 working days	31 - 60 working days	61 - 90 working days	91 - 200 working days	201 - 300 working days	
Barnsley Community Mental Health Services	4	1	0	3	0	8
Barnsley General Community Services	0	0	0	1	0	1
Forensic Service	1	1	3	6	1	12
Kirklees Community Mental Health Services	5	1	0	0	0	6
Wakefield Community Mental Health Services	1	0	0	0	0	1
Grand Total	**11**	**3**	**3**	**10**	**1**	**28**

Section 4 Learning from healthcare deaths

Introduction
Scrutiny of healthcare deaths has been high on the government's agenda for some time. In line with the National Quality Board report published in 2017, the Trust has had Learning from Healthcare Deaths policy in place since September 2017 that sets out how we identify, report, investigate and learn from a patient's death. The Trust has been reporting and publishing our data on our website since October 2017.

Most people will be in receipt of care from the NHS at the time of their death and experience excellent care from the NHS for the weeks, months and years leading up to their death. However, for some people, their experience is different, and they receive poor quality care for a number of reasons including system failure.

The Five Year Forward View for Mental Health identified that people with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people. Therefore, it is important that organisations widen the scope of deaths which are reviewed in order to maximise learning.

The Confidential Inquiry into premature deaths of people with learning disabilities showed a very similar picture in terms of early deaths.

The Trust has worked collaboratively with other providers in the North of England to develop our approach. The Trust will review/investigate reportable deaths in line with the policy. We aim to work with families/carers of patients who have died as they offer an invaluable source of insight to learn lessons and improve services.

All deaths that are in scope are reported to Trust Board each quarter.   The latest reports are published on the Trust website.

Scope
The Trust has systems that identify and capture the known deaths of its service users on its electronic patient administration system (PAS) and on its Datix system where the death requires reporting.

The Trust introduced our Learning from healthcare deaths policy in 2017. Staff report deaths where there are concerns from family, clinical staff or through governance processes and where the Trust is the main provider of care. This is what we refer to as 'in scope deaths' (further details are available in the Learning from Healthcare Deaths policy). The policy has continued to be reviewed and updated to reflect national guidance.

Learning from Healthcare Deaths reporting
During 2020/21, 4085 deaths (row one in Figure 23) were recorded on our clinical systems (figure correct at 5/5/21). This figure relates to deaths of people who had any form of contact with the Trust within 180 days (approx. 6 months) prior to death, identified from our clinical systems through Business Intelligence software. This includes services such as end of life, district nursing and care home liaison services. Of note is that for a large number of cases, the Trust was not the main provider of care at the time of death.

Figure 23 Summary of 2020/21 Annual Death reporting by financial quarter*

	2019/20 Total	Quarter 1 2020/21	Quarter 2 2020/21	Quarter 3 2020/21	Quarter 4 2020/21	2020/21 total
1) Total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death	3394	1190	784	1174	937	4085
2) Total number of deaths reported on Datix by staff (by reported date, not date of death) and reviewed	355	132	76	115	102	411
3) Total Number of deaths which were in scope	286	93	71	85	86	335
4) Total Number of deaths reported on Datix that were not in the Trust's scope	51	25	5	30	16	76

*Data extracted from Business Intelligence Dashboards and Datix risk management systems. Data is refreshed each quarter so figures may differ from previous reports. Data changes where records may have been amended or added within live systems. Dashboard format and content as agreed by Northern Alliance group

Not all these deaths were reportable as incidents on Datix. Row 2 in Figure 23 shows that 411 deaths were reported on Datix in the year, with the quarterly breakdown. The yearly total is an increase on 2019/20 (355).

All deaths reported on Datix are reviewed by the patient safety support team to ensure they meet the scope criteria. For 2020/21, 335 deaths were in scope and subject to one of the 3 levels of scrutiny the Trust has adopted in line with the National Quality Board guidance (figure 24):

Figure 24 National Quality Board Levels of mortality scrutiny

In scope deaths should be reviewed using one of the 3 levels of scrutiny:		
Level 1	Death Certification	Details of the cause of death as certified by the attending doctor.
Level 2	Case record review	Includes: (1) Managers 48-hour review (first stage case note review) (2) Structured Judgement Review
Level 3	Investigation	Includes: Service Level Investigation Serious Incident Investigation (reported on STEIS) Other reviews e.g. Learning Disability Review Programme (LeDeR), safeguarding.

Each quarter, there are a number of reported deaths that do not meet the Learning from Healthcare Deaths reporting criteria which receive no further review. These are not in scope and are not included in data report, although the record remains on Datix.

For the purpose of this section, the date of reporting on Datix is used rather than the date of death. This is to ensure all deaths are systematically reviewed. The figures may differ from other sections of the report.

Figure 25 shows the 335 in scope deaths reported by BDU.

	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Learning Disability services	CAMHS Specialist Services	Trust wide (Corporate support services)	Total
20/21 Q1	2	8	11	27	27	5	0	13	0	0	93
20/21 Q2	3	5	11	17	19	4	0	12	0	0	71
20/21 Q3	4	10	19	16	22	2	0	10	1	1	85
20/21 Q4	2	11	9	25	24	4	1	9	1	0	86
Total	11	34	50	85	92	15	1	44	2	1	335

The 335 in scope deaths were reviewed in line with the National Quality Board levels of scrutiny as outlined in Figure 25. Figure 26 shows the in-scope deaths by financial quarter they were reported in, against the review level and process.

Figure 26 Learning from Healthcare Deaths during 2020/21 by financial quarter and mortality review process

Financial quarter	Level 1	Level 2		Level 3					Total
	Death certified	Manager's 48-hour review	Structured Judgement Review (SJR)	Service Level Investigation /Significant Event Analysis	Serious Incident Investigation	Learning Disability Mortality Review (LeDeR)	Safeguard review	Specialist IPC Root Cause Analysis	
Quarter 1	43	19	7	6	4	14	0	0	93
Quarter 2	33	12	8	0	6	13	0	0	72*
Quarter 3	37	15	5	6	8	10	4	0	85
Quarter 4	39	23	6	2	4	11	0	2	87**
2020/21 total	152	69	26	14	22	48	4	2	337

*One LD death reported to LeDeR is also undergoing an internal SJR to consider any local learning.
** One LD Death reported to LeDeR is also a Serious Incident Investigation

Figure 27 shows the deaths by BDU and category.

Figure 27 Reported deaths by category and BDU reported during 2020/21

	Barnsley General Community Services	Barnsley Community Mental Health Services	Calderdale Community Mental Health Services	Kirklees Community Mental Health Services	Wakefield Community Mental Health Services	Mental Health Inpatient Services	Forensic Service	Learning Disability services	CAMHS Specialist Services	Trust wide (Corporate support services)	Total
Death - confirmed from physical/natural causes	7	13	31	41	66	8	0	20	0	0	186
Death - cause of death unknown/ unexplained/ awaiting confirmation	3	11	10	24	12	3	1	14	1	1	80
Death - confirmed from infection	0	1	2	8	7	0	0	10	0	0	28
Suicide (apparent) - community team care - current episode	1	10	2	8	5	0	0	0	0	0	26
Suicide (apparent) - community team care - discharged	0	0	4	3	2	0	0	0	1	0	10
Suicide (apparent) - inpatient care - current episode	0	0	0	0	0	2	0	0	0	0	2
Slip, trip or fall - patient	0	0	0	0	0	1	0	0	0	0	1
Death - confirmed related to substance misuse (drug and/or alcohol)	0	0	1	0	0	0	0	0	0	0	1
Death of service user by homicide (alleged or actual)	0	0	0	1	0	0	0	0	0	0	1
Total	**11**	**35**	**50**	**85**	**92**	**14**	**1**	**44**	**2**	**1**	**335**

Deaths reported as SIs

Of the 335 in scope deaths reported on Datix between 1 April 2020 and 31 March 2021, 22 were reported as serious incidents.

Please note this figure will not necessarily match those reported in the Serious Incident section of this report due to the use of different dates for different processes (Serious incident reporting uses date reported on STEIS; mortality uses date reported on Datix).

Apparent suicides

The apparent suicides will be reported on further in the Apparent Suicide annual report which will be available later in the year. The figures will be based on the live data, so may not match figures in this report.

Learning from Deaths findings

A Learning from deaths report is prepared quarterly and included in the Quarterly Incident reports. Understanding the data around the deaths of our service users is a vital part of our commitment to learning from all deaths. Further work is being undertaken to analyse the data. This will be available separately.

Section 5 - Key Actions and Areas for Development in 2021/22

Recent years have seen substantial developments in mortality processes, processes supporting the review, investigation, management and learning from incidents in the Trust along with the ongoing development of staff within the patient safety support team. This provides a secure platform from which to develop further.

Plans for 2021/22 include:

- Review of the Being Open policy to reflect CQC updated guidance on Duty of Candour
- Planning for implementation of the new national Patient Safety Incident Management System (PSIMS) which will replace NRLS and StEIS systems. Timescales will be given by NHS Improvement.
- Planning for implementation of the new national Patient Safety Incident Response framework (PSIRF) which will replace the serious incident framework. Timescales will be given by NHS Improvement.
- Continue to strengthen governance arrangements between Patient Safety Support Team and BDUs.
- Focus on strengthening learning from thematic review using quality improvement methodology
- Transition of Datix risk management system to being hosted by RLDatix Ltd.
- Further development and improvement work around Datix, eg user experience of Datix incident reporting and data quality.

Patient Safety Support Team
18 May 2021

Appendix 1 Demographic data for patients affected in all incidents reported between 1 April 2020 and 31 March 2021

In line with the Equality Impact Assessments in the incident reporting and management policy and investigating and analysing incidents policy, we have provided data for all incidents and serious incidents occurring during 2020/21. This is to aid discussion in Business Delivery units to give insight into improvement opportunities. Further detail is available from patient safety support team or on Datix at local level.

Data relating to a limited number of protected characteristics for individuals involved in incidents (age, gender, ethnicity) is available on Datix for reported incidents. It should be noted that each person linked to an incident will have some level of demographic data recorded, but for the purposes of this report, we have focussed on the person affected. NHS England and Improvement are developing a new Patient Safety Incident Management System (PSIMS) that will bring together patient safety incident reporting. The development of this system will hopefully strengthen data collection in a standardised format across the NHS. The collection of equality data cannot be mandated locally on Datix because information on any protected characteristics of the patients or staff involved in an incident may not be immediately available to the reporter (as identified by NHSE). Making its collection mandatory could act as a barrier to reporting and lead to fewer incidents being reported. As with the national position, we consider it is more important to collect incomplete information about risks to patients and staff than to potentially block reporting of that information by mandating the inclusion of information that reporters may not have or record inaccurately.

It is hoped that information collection on protected characteristics will be improved at the review/investigation stage of adverse events rather than incident reporting stage. As such, we have provided data related to serious incident investigations below. The new PSIMS system as a whole will improve safety for all patients and further developments in data linkage and collection should make it possible to identify any patient safety concerns that may disproportionately impact on groups with protected characteristics.

Staff are reminded through the above policies to ensure that the equality data fields on the incident report form are completed and when managers are checking for matching contacts in the database that this information is updated to that held in staff and clinical records.

For the purposes of analysing data that we do hold on Datix (age band, gender, ethnicity), we have provided data to breakdown the 12717 incidents reported during 2020/21 by the person/s affected by the incident - this has been separated into incidents affecting staff and those affecting patients. This accounts for 14389 affected contacts (please note this is not the number of unique individuals involved, i.e. one person may be linked to multiple incidents).

Person affected – patient

Figure 28 All incidents 2020/21 where person affected was a patient; by gender and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	age not recorded	Grand Total
Male	367	469	453	314	365	307	420	1759	4454
Female	528	791	342	264	226	240	551	1357	4299
not applicable	7	1	8	4	9	0	3	137	169
Transgender	56	2	2	0	0	0		55	115
Not stated unknown	3	0	2	0	0	1	1	34	41
Form not returned/left blank	0	0	0	0	0	0	0	4	4
not recorded	0	0	0	0	0	0	0	4	4
Grand Total	961	1263	807	582	600	548	975	3350	9086

Figure 29 All incidents 2020/21 where person affected was a patient; by ethnicity and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Not recorded	Grand Total
White - British	645	893	593	385	408	451	683	2087	6145
Not stated	154	146	85	112	125	81	268	661	1632
Pakistani	18	73	46	18	13	2	1	223	394
Unknown	19	13	16	6	13	6	16	67	156
White - other white	14	12	8	16	4	1	2	82	139
Black African	27	9	22	6		0	0	65	129
Black Caribbean	7	19	10	21	24	0	0	25	106
Other Asian	11	31	6	6	2	1	0	45	102
Other ethnic category	8	9	3	2	2	0	0	19	43
Mixed white and black Caribbean	10	6	0	0	0	0	1	17	34
White - Irish	0	2	10	3	6	1	3	9	34
Mixed white and Asian	5	21	0	0	0	0	0	5	31
not recorded	8	4	1	1	2	1	0	9	26
Other mixed	17	3	0	0	0	0	0	6	26
Other Black	1	7	3	0	0	2	0	8	21
Indian	6	0	4	2	0	0	1	3	16
Mixed white and black African	2	0	0	0	1	1	0	11	15
Prefers not to say	6	5	0		0	0	0	3	14
Bangladeshi	0	9	0	0	0	0	0	2	11
Chinese	1	0	0	4	0	0	0	1	6
Form not completed/form left blank (Customer Services only)	2	1	0	0	0	1	0	2	6
Grand Total	961	1263	807	582	600	548	975	3350	9086

Figure 30 All incidents 2020/21 where person affected was a patient; by ethnicity and gender

	Female	not recorded	Male	not applicable	Not stated	Trans gender	Grand Total
White - British	3065	0	2984	32	0	64	6145
Not stated	823	3	710	7	38	51	1632
Pakistani	78	1	205	110	0	0	394
Unknown	54	0	98	1	3	0	156
White - other white	85	0	53	1	0	0	139
Black African	38	0	76	15	0	0	129
Black Caribbean	39	0	67	0	0	0	106
Other Asian	18	0	84	0	0	0	102
Other ethnic category	16	0	27	0	0	0	43
Mixed white and black Caribbean	18	0	16	0	0	0	34
White - Irish	5	0	29	0	0	0	34
Mixed white and Asian	6	0	25	0	0	0	31
Other mixed	4	0	22	0	0	0	26
not recorded	9	5	13	0	0	0	26
Other Black	9	0	9	3	0	0	21
Indian	8	0	8	0	0	0	16
Mixed white and black African	2	0	13	0	0	0	15
Prefers not to say	9	0	5	0	0	0	14
Bangladeshi	2	0	9	0	0	0	11
Chinese	6	0		0	0	0	6
Form not completed	5	0	1	0	0	0	6
Grand Total	4299	8	4454	169	41	115	9086

Figure 31 All incidents 2020/21 where person affected was a patient; by BDU and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	age not recorded	Grand Total
Mental Health Inpatient Services	546	887	377	268	231	234	143	1972	4658
Forensic Service	99	221	270	127	97	40	2	660	1516
Barnsley General Community Services	50	30	33	81	89	160	616	362	1421
Learning Disability services	93	24	21	10	82	13	9	142	394
Wakefield Community Mental Health Services	22	15	18	18	21	40	101	44	279
Kirklees Community Mental Health Services	20	32	44	32	42	28	38	42	278
Calderdale Community Mental Health Services	21	24	15	17	15	23	52	30	197
Barnsley Community Mental Health Services	14	24	22	26	18	8	11	46	169
CAMHS Specialist Services	95	0	0	0	0	0	0	41	136
Trust wide (Corporate support services)	1	2	6	2	5	2	3	9	30
ADHD and Autism services	0	4	1	1	0	0	0	2	8
Grand Total	961	1263	807	582	600	548	975	3350	9086

Person affected – staff (includes SWYPFT employees, Local authority staff, bank and agency staff)

Figure 32 All incidents 2020/21 where person affected was a staff member; by gender and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	not applicable	age not recorded	Grand Total
Female	67	131	117	162	133	6	5	0	2054	2675
Male	20	47	60	79	26	5	3	0	858	1098
not applicable	1	1	3	3	1	0	0	375	525	909
not recorded	0	0	0	0	0	0	0	0	360	360
Not stated unknown	0	0	1	0	0	0	0	0	25	26
Form not returned/left blank	0	0	0	0	0	0	0	0	3	3
Grand Total	88	179	181	244	160	11	8	375	3825	5071

Figure 33 All incidents 2020/21 where person affected was a staff member; by ethnicity and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	not applicable	Not recorded	Grand Total
White - British	54	130	121	146	116	5	6	0	1766	2344
Not stated	23	27	25	48	25	6	1	0	740	895
not applicable	0	0	0	0	0	0	0	375	391	766
not recorded	1	2	2	4	5	0	0	0	426	440
Black African	2	1	17	3	0	0	0	0	264	287
Unknown	0	9	4	12	2	0	0	0	69	96
Pakistani	6	5	3	7	3	0	0	0	44	68
Black Caribbean	1	0	1	1	4	0	0	0	20	27
Indian	0	0	3	1	0	0	1	0	21	26
White - other white	1	1	1	7	0	0	0	0	16	26
White - Irish	0	0	0	7	3	0	0	0	9	19
Other ethnic category	0	0	1	3	1	0	0	0	12	17
Prefers not to say	0	0	0	3	0	0	0	0	12	15
Other Black	0	0	0	0	0	0	0	0	13	13
Other Asian	0	1	0	0	0	0	0	0	11	12
Other mixed	0	0	1	0	0	0	0	0	6	7
Mixed white and black Caribbean	0	1	2	0	1	0	0	0	1	5
Mixed white and Asian	0	2	0	1	0	0	0	0	1	4
Bangladeshi	0	0	0	0	0	0	0	0	2	2
Chinese	0	0	0	1	0	0	0	0	1	2
Grand Total	88	179	181	244	160	11	8	375	3825	5071

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Figure 34 All incidents 2020/21 where person affected was a staff member; by ethnicity and gender

	Female	Male	not applicable	not recorded	Not stated unknown	Grand Total
White - British	1739	565	40	0	0	2344
Not stated	591	242	39	3	20	895
not applicable	0	0	766	0	0	766
not recorded	19	5	56	360	0	440
Black African	114	167	6	0	0	287
Unknown	58	31	1	0	6	96
Pakistani	55	13	0	0	0	68
Black Caribbean	16	11	0	0	0	27
Indian	5	21	0	0	0	26
White - other white	20	6	0	0	0	26
White - Irish	18	1	0	0	0	19
Other ethnic category	11	5	1	0	0	17
Prefers not to say	5	10	0	0	0	15
Other Black	1	12	0	0	0	13
Other Asian	9	3	0	0	0	12
Other mixed	7	0	0	0	0	7
Mixed white and black Caribbean	3	2	0	0	0	5
Mixed white and Asian	4	0	0	0	0	4
Bangladeshi	0	2	0	0	0	2
Chinese	0	2	0	0	0	2
Grand Total	2675	1098	909	363	26	5071

Figure 35 All incidents 2020/21 where person affected was a staff member; by BDU and age band

	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	not applicable	age not recorded	Grand Total
Mental Health Inpatient Services	41	65	52	79	60	3	1	164	1619	2084
Forensic Service	25	59	51	64	24	0	0	152	1336	1711
Learning Disability services	9	11	19	22	11	0	0	8	549	629
Barnsley General Community Services	6	12	16	16	25	4	4	12	86	181
Wakefield Community Mental Health Services	0	4	6	12	8	0	2	13	47	92
Trust wide (Corporate support services)	0	1	8	10	13	4	0	9	46	91
Barnsley Community Mental Health Services	2	5	9	13	10	0	1	6	34	80
Kirklees Community Mental Health Services	2	12	9	12	2	0	0	3	35	75
CAMHS Specialist Services	3	8	5	9	3	0	0	3	39	70
Calderdale Community Mental Health Services	0	2	6	7	4	0	0	2	30	51
ADHD and Autism services	0	0	0	0	0	0	0	3	4	7
Grand Total	88	179	181	244	160	11	8	375	3825	5071

Serious Incidents

The tables below give a breakdown of the person affected involved in serious incidents. To note that this data does not include one serious incident which involved two members of staff.

Figure 36 Demographic data for patients affected in serious incidents reported between 1/4/2020 and 31/3/2021, by BDU, team and age band (as recorded on Datix)

BDU and Team	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services			1	1	1			**3**
Enhanced Team West - Kendray, Barnsley				1				1
Intensive Home-Based Treatment Team (IHBTT) - Barnsley			1		1			2
Barnsley General Community Services					1		2	**3**
Neighbourhood Team - North East (Barnsley)					1		2	3
Calderdale Community Mental Health Services	1	1	1					**3**
Assessment and Intensive Home Based Treatment Team / Crisis Team - Calderdale	1	1						2
Enhanced Lower Valley Team - Calderdale			1					1
CAMHS Specialist Services	1							**1**
CAMHS (Barnsley)	1							1
Forensic Service		2						**2**
Newhaven Forensic Learning Disabilities Unit		1						1
Thornhill Ward (The Bretton Centre)		1						1
Kirklees Community Mental Health Services	2	2	3	1	3			**11**
Core Team North - Kirklees					1			1
Core Team South - Kirklees	1							1
Early Intervention Service (Insight) - Kirklees	1	1	1		1			4
Enhanced Team North 1 - Kirklees		1	2					3
Enhanced Team North 2 - Kirklees					1			1
Enhanced Team South 1 - Kirklees				1				1
Mental Health Inpatient Services	1		3	1	1	1		**7**
Ashdale Ward (based at The Dales, Kirklees BDU)				1				1
Beamshaw Ward - Barnsley					1			1
Clark Ward - Barnsley	1							1
Crofton Ward (OPS), Wakefield						1		1
Melton PICU, Barnsley			1					1
Stanley Ward, Wakefield			1					1
Ward 18, Priestley Unit			1					1
Wakefield Community Mental Health Services	1				1		1	**3**
Intensive Home-Based Treatment Team - Wakefield (OPS)							1	1
Intensive Home Based Treatment Team (IHBTT) - Wakefield					1			1
Psychiatric Liaison Service, Wakefield	1							1
Grand Total	6	5	8	3	7	1	3	33

Figure 37 Demographic data for patients affected in serious incidents reported between 1/4/2020 and 31/3/2021, by BDU, gender and age band (as recorded on Datix)

BDU and gender	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services			1	1	1			3
Female				1	1			2
Male			1					1
Barnsley General Community Services					1		2	3
Female							1	1
Male					1		1	2
Calderdale Community Mental Health Services	1	1	1					3
Male	1	1	1					3
CAMHS Specialist Services	1							1
Female	1							1
Forensic Service		2						2
Male		2						2
Kirklees Community Mental Health Services	2	2	3	1	3			11
Female	1	1	2	1				5
Male	1	1	1		3			6
Mental Health Inpatient Services	1		3	1	1	1		7
Female	1		2					3
Male			1	1	1	1		4
Wakefield Community Mental Health Services	1				1		1	3
Female							1	1
Male	1				1			2
Grand Total	6	5	8	3	7	1	3	33

Figure 38 Demographic data for patients affected in serious incidents reported between 1/4/2020 and 31/3/2021, by BDU, ethnicity and age band (as recorded on Datix)

BDU and ethnicity	Under 25	25 to 34 years	35 to 44 years	45 to 54 years	55 to 64 years	65 to 74 years	75 years and over	Total
Barnsley Community Mental Health Services			1	1	1			3
White - British			1	1	1			3
Barnsley General Community Services					1		2	3
Not stated					1		1	2
White - British							1	1
Calderdale Community Mental Health Services	1	1	1					3
White - British		1	1					2
White - other white	1							1
CAMHS Specialist Services	1							1
British/mixed British	1							1

Forensic Service		2						**2**
Mixed white and black Caribbean		1						1
White - British		1						1
Kirklees Community Mental Health Services	2	2	3	1	3			**11**
Bangladeshi		1						1
Black Carribean	1							1
Indian			1					1
Mixed white and black African		1						1
Not stated	1			1	1			3
White - British			2		1			3
British/mixed British					1			1
Mental Health Inpatient Services	1		3	1	1	1		**7**
Other Black			1					1
White - British			2	1	1	1		5
White - other white	1							1
Wakefield Community Mental Health Services	1				1		1	**3**
White - British	1						1	2
British/mixed British					1			1
Grand Total	6	5	8	3	7	1	3	33

Members' Council
17 August 2021

Agenda item:	8.1
Report Title:	Non-Executive Director appointment
Report By:	Corporate Governance Team and Company Secretary on behalf of the Nominations Committee
Action:	To approve

EXECUTIVE SUMMARY

Purpose and format
The purpose of this report is to update the Members' Council on the appointment of a Non-Executive Director (NED) to replace Sam Young after the decision not to seek reappointment. Governors will be asked to approve the recommendation from the Nominations Committee.

Recommendation
The Members' Council is asked to RECEIVE the update and APPROVE the recommendation from the Nominations Committee to appoint Mandy Griffin as a new Non-Executive Director.

Background
The role of the Nominations Committee is to ensure the right composition and balance of Trust Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair / Senior Independent Director, and the Lead Governor / Deputy Lead Governor.

Recruitment Process
The Nominations Committee agreed the recruitment process for a Non-Executive Director post with the requirement that they were either a senior level experience and knowledge of digital transformation and with a clinical background as desirable. The timetable for recruitment was as follows:
- Post advertised nationally on a number of online recruitment websites on 4 May 2021.
- Closing date – 9 June 2021.
- Shortlist agreed by Nominations Committee – 18 June 2021.

Six candidates were shortlisted, but five applications were considered as one candidate was ineligible, being outside of the constituency. Four candidates were invited to meet three stakeholder groups and have a formal interview.

With **all of us** in mind.

- On 30 June 2021, the candidates met three stakeholder groups comprising of: service users and carers, governors, and staff.
- The formal interview date was 5 July 2021, and a second interview took place on 9 July 2021 for one candidate with three topic areas provided to the candidate an hour before the panel, these being around the role of a Non-Executive Director.

The Nominations Committee met on 13 July 2021 and discussed and agreed the recommendations for appointment from the final interview panel and the second interview. The attached paper outlines the recruitment process and panel decision.

Overall, the panel felt that Mandy's skills, expertise and experience strongly met the requirements and would strengthen the board.

On behalf of the Nominations Committee, the Chair is making the following recommendation to the Members' Council: to APPOINT Mandy Griffin as Non-Executive Director for a period of three years from 1 October 2021.

Members' Council
17 August 2021

Non-Executive Director Recruitment 2021

Candidate attraction

The Nominations Committee agreed the recruitment process for the Non-Executive Director (NED) vacancy following Sam Young's decision not to seek reappointment. Taking account of the skills and experience of NEDs on the Board it was agreed to seek someone with senior-level knowledge and experience of digital transformations and ideally a clinician although this was not essential.

The position was advertised nationally through a combination of online recruitment websites including: Yorkshire Post On-Line, LinkedIn, NHSI/E public appointments and a number of other public sector appointment sites. In support of the recruitment process prospective applicants were able to have an informal discussion with the Chair and / or Deputy Chair and / or the Chief Executive.

The post was advertised week beginning 4 May 2021 with a closing date of the 9 June 2021.

Shortlisting

Following the closing date, six applications were received. All the applications received were carefully reviewed by the Chair, Deputy Chair, Lead Governor and Chief Executive. Applicants were graded in one of four categories as shown below:

Grade 1 - Recommended for interview

Grade 2 - Strong Marginal for discussion

Grade 3 - Marginal for discussion

Grade 4 - Not recommended

The outcome of the review was that the 6 applications received were graded as follows:

Grade 1: 2
Grade 2: 2
Grade 3: 0

With **all of us** in mind.

Grade 4: 2

A shortlisting report was prepared for the Nominations Committee on the 18 June 2021 recommending a shortlist of the four candidates initially graded 1 and 2 for the final interviews. The report provided an overview of the background and relevant experience of all the candidates who applied with the reasons for either shortlisting or not.

The Nominations Committee agreed that the 4 candidates should go forward to the final assessment.

Final assessment

The final assessment process consisted of Stakeholder Meetings, a first Formal Interview and a Second Stage Formal Interview all using Microsoft Teams.

The 4 shortlisted candidates met using Microsoft Teams with the three focus group on 30 June 2021:

- Governors
- Service users/carers
- Staff/Staff Side/Staff Equality Network representative

The first formal interviews were held on 5 July 2021.

The interview panel members were:

- Angela Monaghan – Chair
- John Laville - Lead Governor
- Chris Jones – Deputy Chair / Senior Independent Director
- Jacob Agoro – Representative of the BAME Staff Equality Network

Alan Davis, Director of Human Resources, Organisational Development and Estates was in attendance supporting the panel.

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

Following all interviews and after careful consideration the consensus of the panel was that there was only one candidate who was potentially appointable, Mandy Griffin. However, it was recognised that Mandy, although is an experienced executive director in the NHS, has no previous NED experience and therefore the panel felt they would

like to test 3 areas further before making a final decision. These areas were: Potential as an NED; Digital Transformation from an NED perspective; and her values. A second stage formal interview to explore these issues was organised for the 9 July 2021. Chris Jones was not able to attend on the 9 July 2021 but he was happy with the process and for the interview to proceed without him.

Mandy is an experienced NHS director and the panel were impressed with Mandy at the first interview and felt very reassured following the second interview of her ability to be a strong NED and she performed strongly across all competencies. She possesses extremely relevant digital experience which will enhance the effectiveness of the Trust Board, is an excellent communicator with a strong value base. She got very positive feedback from the 3 Stakeholder groups.

Overall, the panel felt that Mandy's skills, expertise and experience strongly met the requirements and would strengthen the board.

Panel Decision

Following the interview process and feedback from the focus groups the unanimous decision of the panel was to recommend to the Nominations' Committee that Mandy Griffin is appointed as a NED with effect from 1 October 2021.

Mandy is currently an executive director at Calderdale and Huddersfield Hospitals NHS FT and retires at the end of September 2021 and therefore is not able to take up the NED position until 1 October 2021.

Term of office and remuneration

In accordance with the Trust's Constitution, the Standing Orders for the practice and procedure of the Trust Board within the Trust's Constitution states under section 3.8 that the Members' Council is responsible for the appointment "*…for an initial period of three years or as determined by the Nominations Committee.*"

The remuneration for the role is £13,584 pa as agreed by the Members' Council at its meeting on 1 November 2019.

Performance & Finance update
Quarter 1 - 2021/22
Members' Council
17 August 2021

1

Agenda

- ➢ Summary Performance Metrics
- ➢ Quality
- ➢ NHS England & Improvement Targets
- ➢ Workforce
- ➢ Finance

Summary Performance Metrics

KPI	Threshold	March 21 Q4	June 21 Q1
Single Oversight Framework	2	2	2
Children and Young People in adult inpatient adult wards	0	3	3
% SU followed up within 7 days of discharge	100%	97.0%	97.9%
% clients in settled accomodation	60%	92.2%	92.4%*
IAPT - Proportion people completing treatment & moving to recovery	50%	53.6%	55.3%*
Inappropriate out of area bed days		251	374
Number of compliments received		63	87
Safer staffing fill rates (inpatients)	100%	116.2%	118.5%
Delayed transfers of care	3.50%	1.80%	1.30%

* provisional data
SU service users
IAPT improving access to psychological therapies

3

Summary Performance Metrics

KPI	Threshold	Mar-21 Q4	Jun-21 Q1
Patient & Safety Incidents involving moderate or severe harm or death (quarter)		82	102
IG confidentiality breaches	<36	38	26
CAMHS referral to treatment < 18 weeks	Trend monitor	64.2%	73.1%
Surplus/(deficit)		£3.3m	£1.7m
Agency spend	£5.3m (full year)	£1.8m	£1.9m
Sickness absence (non covid)	4.50%	3.9%	4.3%
Staff turnover	10%	10.3%	13.1%

With **all of us** in mind.

Covid-19 Response Metrics

KPI	Oct-20	Jan-21	Apr-21	Jun-21
Staff off sick – not working	108	159	33	95
Staff working from home related to Covid-19	79	84	16	66
Service users tested on wards (cumulative)	148	257	300	303
Service users tested positive (cumulative)	38	94	137	140
Calls to occupational health health-line	1,780	2,274	2,655	2,911
Additional staff enabled to work from home	1,069	1,175	1,281	1,350
Microsoft team meetings (per month)	14,845	13,066	22,704	19,503
AccuRX video consultations (per week)	178	178	192	144
Staff vaccinations – first dose (snapshot)			4,503 (87%)	4,520 (87.7%)
Staff vaccinations – second dose (snapshot)			3,912	4,024 (78.1%)

Quality Update 2021/22 – Q1

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Covid-19 Response

➢ Staff lateral flow testing established – good compliance, change to central reporting arrangements will present a challenge

➢ Routine testing for patients on admission and at 3 and 5 days

➢ Outbreak management response remains mature

➢ Care homes – enhanced support offer

➢ IT equipment and access to support home working continues

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

➢ Occupational health support line well utilised

➢ PPE supply and demand management working well

➢ Silver and Gold command have been re-instated and are held weekly

➢ NHS IPC guidance has not changed and remains challenging for staff and patients alike

With **all of us** in mind.

Quality Update 2021/22 – Q1

Patient Experience – Friends and Family Test (FFT)

- ➢ 97% of respondents in June 21 would recommend community health services

- ➢ 81% of respondents in June 21 would recommend mental health services

- ➢ 71% of CAMHS respondents in June 21 stated that their experience had been good or very good.

- ➢ Text messaging provided 67% of responses in June, this limits opportunity for free text comments

- ➢ As a result a URL will now be sent to encourage comments and support greater understanding of rating

With **all of us** in mind.

Quality Update 2021/22 – Q1

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Safer Staffing (inpatient wards)

We are delivering during the third wave of Covid-19 as well as maintaining our normal services
We continue to use temporary workforce as well as overtime to cover our inpatient areas

The fill rate figures (%) for June 2021:
- Registered staff – Days 82.1% (a decrease of 3.9% on the previous month)
- Registered staff - Nights 99.7% (a decrease of 4.0% on the previous month)
- Registered average fill rate – Days and nights 84.7%
- Overall average fill rate all staff: 118.5%
- No ward has fallen below the 90% overall fill rate threshold in June, which is consistent with the last four months.
- **Higher levels of acuity have been apparent since the early stages of the pandemic, this results in increased demands on staffing resources. Increased acuity and staff sickness continues to be very challenging**
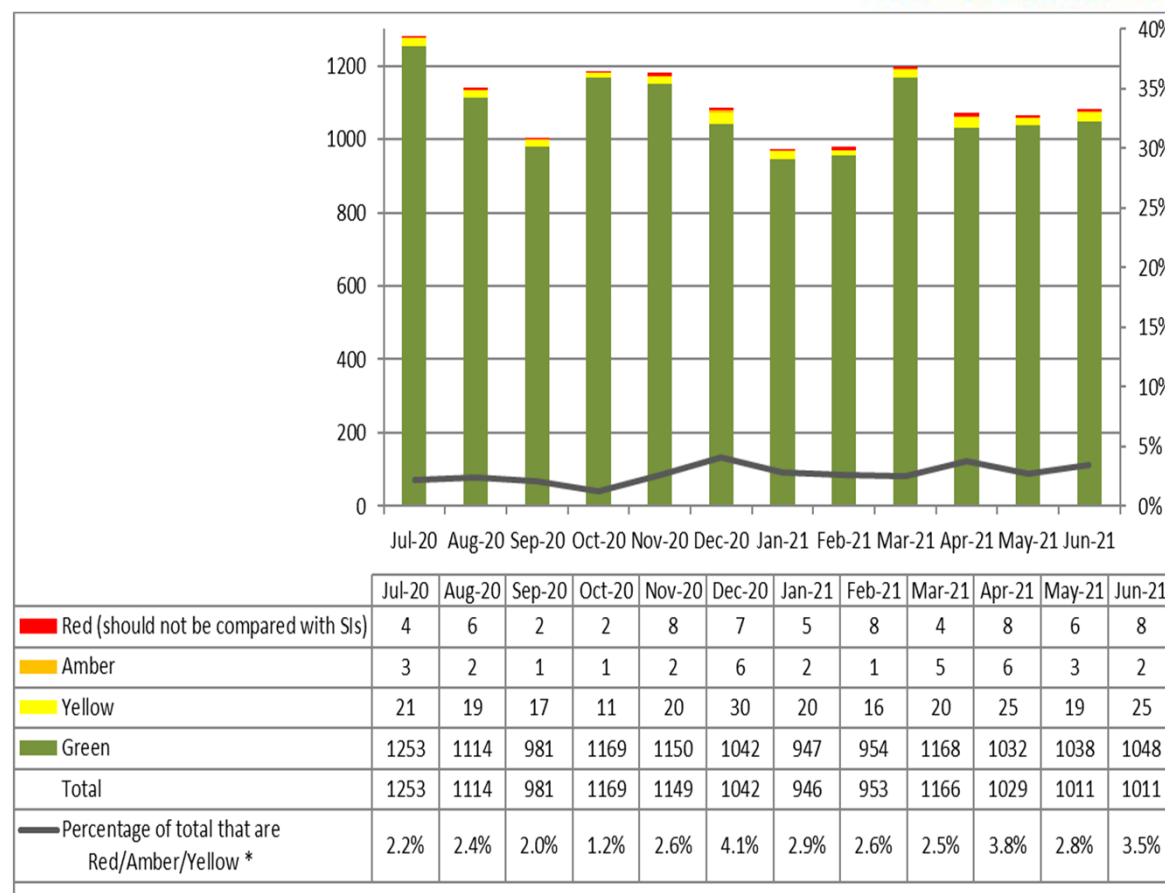
With **all of us** in mind.

Quality Update 2021/22 – Q1

Incident Reporting

➢ All serious incidents investigated using route cause analysis techniques.

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

➢ No never events reported in June 2021.

➢ 3.5% of incidents were in red, amber and yellow categories in June 21.

➢ Self-harm incidents and apparent suicides remain under close review during the pandemic.

➢ Self-harm incidents have increased significantly using a year on year comparison

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Red (should not be compared with SIs)	4	6	2	2	8	7	5	8	4	8	6	8
Amber	3	2	1	1	2	6	2	1	5	6	3	2
Yellow	21	19	17	11	20	30	20	16	20	25	19	25
Green	1253	1114	981	1169	1150	1042	947	954	1168	1032	1038	1048
Total	1253	1114	981	1169	1149	1042	946	953	1166	1029	1011	1011
Percentage of total that are Red/Amber/Yellow *	2.2%	2.4%	2.0%	1.2%	2.6%	4.1%	2.9%	2.6%	2.5%	3.8%	2.8%	3.5%

With **all of us** in mind.

NHS England & Improvement

Access standards and Outcomes – Trust Performance

KPI	Threshold	Q4 20/21	Q1 21/22
Max time of 18 weeks from point of referral to treatment – Incomplete pathway	92%	99.9%	100.0%
% Admissions Gatekept by CRS Teams	95%	99.4%	99.7%
% SU on CPA Followed up Within 7 Days of Discharge	95%	98.6%	97.9%
IAPT - Treatment within 6 weeks of referral	75%	98.8%	98.7%*
IAPT - Treatment within 18 weeks of referral	95%	99.9%	99.9%*
Early Intervention in Psychosis – 2 weeks (NICE approved care package) Clock Stops	50%	91.5%	90.5%
Maximum 6 week wait for diagnostic procedures	99%	97.8%	100.0%
IAPT – Proportion of people completing treatment who move to recovery *	50%	53.4%	55.3%*

 * provisional figures

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

With **all of us** in mind.

Workforce

➢ The Trust's Non Covid- 19 sickness at end of June was at 4.3% which is 0.4% higher than the same time last year. and 0.5% lower than 2019. Stress/anxiety remains the biggest single reason.

➢ COVID sickness absence – increased from 33 at the end of last quarter to 95 members of staff by mid July. Compares to 159 in January.

➢ 87.7% of staff have received their first COVID vaccine (4,520), with 4,024 receiving their second dose as at July 28th. A number of staff will have received their second vaccine elsewhere and we are working to confirm that number

➢ Early planning starting on the delivery of the Covid vaccine booster and flu vaccine

➢ Applying safely the new arrangements for essential healthcare workers around Test and Trace and self-isolation

➢ Good compliance with mandatory training.

➢ Staff turnover rate was 13.1% compared to 9.8% this time last year and slightly higher than the previous year

➢ Enhanced physical and psychological support remains in place through Occupational Health.

➢ Implementation of the new Workforce Strategy with a pilot of a Great Place to Work leadership programme held in June and the launch of our International Nurse Recruitment programme with partners.

With **all of us** in mind.

Pledges on Making SWYPFT A Great Place To Work

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Great Place to Work Essentials	Great Place To Work Pledges
Feeling Safe	We will tackle violence and bullying and harassment and ensure we have enough staff
Supportive Teams	We will develop team leaders at all levels, promote effective team working and ensure high quality supervision and appraisal
Keeping Fit and Well	We will provide support to keep staff physically and psychologically well, enabling them to work flexibly and ensure they have manageable workloads
Developing Potential	We will provide flexible career pathways, support personal and professional development plans and develop the talent and potential of all staff
My Voice Counts	We will effectively engage staff in service developments and improvements and ensure change is effectively managed
Foundations on which Great Place to Work is built	

- Our Values will guide how we lead, develop and manage staff
- Equality, Diversity and Inclusion will be central to everything we do

Financial Performance

Key performance indicators

	Performance Indicator	Year to Date June 21/22	Forecast 2021/22
1	Surplus / Deficit	£1.7m	£2.3m (H1 21/22)
	Covid-19 reimbursement		
	Top Up		
	Reported position		
2	Agency Spend	£1.9m	
3	Cash	£60.8m	£54.2m
5	Capital	£0.6m	£9.6m
6	Better Payment Practice Code	94%	

With **all of us** in mind.

Financial Performance – Highlights

➢ The financial arrangements for April to September 2021 follow the same principles as those in 2020/21 with income largely fixed and additional mental health investment being agreed with commissioners

➢ The plan for H1 (April to September 2021) is breakeven

➢ The position for April to June (Q1) is ahead of plan with £1.7m surplus. A H1 forecast of £2.3m has been agreed

➢ This is due to vacancies and new staff recruitment from investment and continued mitigation of costs relating to covid-19.

➢ We had a healthy cash balance of £60.8m as at 30th June 2021

➢ We have continued to pay suppliers promptly; 94% of all invoices within 30 days. On average we pay suppliers in 10 days.

➢ Capital spend is £0.6m. The full £9.6m is forecast to be spent in year with major schemes progressing as business cases (i.e. Bretton ensuites)

➢ Funding arrangements for the second half of 21/22 are yet to be confirmed (expected September / October). Internal planning continues.

With **all of us** in mind.

With **all of us** in mind.

Members' Council annual work programme 2021/2022

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

Agenda item/issue	29 Jan 2021	11 May 2021	17 Aug 2021	16 Nov 2021	8 Feb 2022
Standing items					
Declaration of interests	✖	✖	✖	✖	✖
Minutes of the previous Members' Council meeting	✖	✖	✖	✖	✖
Matters arising from the previous meeting and action log	✖	✖	✖	✖	✖
Chair's report and feedback from Trust Board	✖	✖	✖	✖	✖
Chief Executive's comments on the operating context	✖	✖	✖	✖	✖
Governor feedback	✖	✖	✖	✖	✖
Assurance from Member's Council groups and Nominations Committee	✖	✖	✖	✖	✖
Integrated performance report	✖	✖	✖	✖	✖
Governor appointment to groups and committees *(if required)*	✖	✖	✖	✖	✖
Trust Board appointments					
Appointment / Re-appointment of Non-Executive Directors *(if required)*	✖	✖	✖	✖	✖
Ratification of Executive Director appointments *(if required)*	✖	✖	✖	✖	✖
Review of Chair and Non-Executive Directors' remuneration			#	✖ *process and timescales	✖ *recommend-dation for Chair's remuneration
Annual items					
Evaluation / Development session					✖
Local indicator for Quality Accounts	✖				✖
Annual report unannounced / planned visits		✖		✖	
Care Quality Commission (CQC) action plan		✖			

With **all of us** in mind.

Agenda item/issue	29 Jan 2021	11 May 2021	17 Aug 2021	16 Nov 2021	8 Feb 2022
Private patient income (against £1 million threshold) *not required if under threshold		✖			
Annual report and accounts			✖		
Quality report and external assurance			✖		
Patient Experience annual report			#	✖	
Incident Management annual report			✖		
Strategic meeting with Trust Board				✖	
Trust annual plans and budgets, including analysis of cost improvements				✖	
Members' Council Training & Development - Understanding NHS Finance			#	✖	
Members' Council Business					
Members' Council elections	✖ *update	✖ *outcome		✖ *process	✖ *update
Chair's appraisal	✖		✖ *mid-year appraisal		✖ *process
Review and approval of Trust Constitution	✖	✖			✖
Consultation / review of Audit Committee terms of reference		✖			
Members' Council Co-ordination Group annual report		✖			
Members' Council Quality Group annual report		✖			
Nominations' Committee annual report[1]		✖			
Appointment of Lead Governor		✖			
Appointment of Trust's external auditors		✖			
Holding Non-Executive Directors to account			#	✖	
Review of Members' Council objectives				✖	
Members' Council meeting dates and annual work programme				✖	
Other items					
Other agenda items to be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included.	✖	✖	✖	✖	✖