South West Yorkshire Partnership NHS Foundation Trust

Trust Board (performance and monitoring)
Tuesday 28 March 2023 at 9.30
Large Conference Room, Wellbeing and Development Centre, Fieldhead

AGENDA

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
1.	**9.30**	**Welcome, introductions and apologies**	Chair	**Verbal item**	1	To receive
2.	**9.31**	**Declarations of interest**	Chair	**Paper**	2	To receive
3.	**9.33**	**Questions from the public** *(received in advance in writing by e:mail to membership@swyt.nhs.uk)*	Chair	**Verbal**	5	To receive
4.	**9.38**	**Minutes from previous Trust Board meeting held 31 January 2023**	Chair	**Paper**	2	To approve
5.	**9.40**	**Matters arising from previous Trust Board meeting held 31 January 2023 and board action log**	Chair	**Paper**	5	To approve
6.	**9.45**	**Service User / Staff Member / Carer Story**	Chief Operating Officer	**Verbal item**	10	To receive
7.	**9.55**	**Chair's remarks**	Chair	**Verbal item**	3	To receive
8.	**9.58**	**Chief Executive's report**	Chief Executive	**Paper**	7	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
9.	**10.05**	**Performance**				
	10.05	9.1 Integrated performance report Month 11 2022/23	Executive Directors	**Paper**	45	To receive
	10.50	*Break*			*10*	
10.	**11.00**	**Risk and Assurance**				
	11.00	10.1 Serious incident quarterly report	Chief Nurse and Director of Quality and Professions	**Paper**	10	To receive
	11.10	10.2 Strategic Overview of Business and Associated Risk	Director of Strategy and Change	**Paper**	5	To receive
	11.15	10.3 Review of risk appetite statement	Director of Finance Estates and Resources	**Paper**	5	To approve
	11.20	10.4 IPC Board Assurance Framework	Chief Nurse and Director of Quality and Professions	**Paper**	5	To receive
	11.25	10.5 Risk Assessment and Care Planning Assurance update	Chief Nurse and Director of Quality and Professions	**Paper**	5	To receive

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	11.30	10.6 Assurance and receipt of minutes from Trust Board Committees and Members' Council - Collaborative Committee 7 February 2023 - Clinical Governance & Clinical Safety Committee 7 February/ 14 March 2023 - Members Council 24 February 2023 - Mental Health Act Committee 7 March 2023 - Equality, Inclusion and Involvement Committee 14 March 2023 - Finance, Investment & Performance Committee 20 March 2023 - People and Remuneration Committee 21 March 2022	Chairs of committees/Members' Council	**Paper**	10	To receive
11.	**11.40**	**Integrated Care Systems and Partnerships**				
	11.40	11.1 South Yorkshire update including and South Yorkshire Integrated Care System (SYICS)	Chief Executive/ Director of Strategy and Change	**Paper**	10	To receive
	11.50	11.2 West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update	Director of Strategy and Change/Director of Provider Development	**Paper**	10	To receive
	12.00	11.3 Provider Collaboratives and Alliances	Director of Finance Estates and Resources/Director of Provider Development	**Paper**	10	To receive
12.	**12.10**	**Governance matters**				

Item	Approx. Time	Agenda item	Presented by		Time allotted (mins)	Action
	12.10	12.1 Trust Seal	Director of Finance, Estates and Resources	**Paper**	5	To receive
13.	**12.15**	**Strategies and Policies**				
	12.15	13.1 Estates Strategy Update	Director of Finance, Estates and Resources	**Paper**	5	To receive
	12.20	13.2 Quality Strategy	Chief Nurse and Director of Quality and Professions	**Paper**	10	To receive
14.	12.30	**Trust Board work programme for 2023/24**	Chair	**Paper**	4	To approve
15.	12.34	**Date of next meeting** The next Trust Board meeting held in public will be held on Tuesday 25th April 2023	Chair	**Paper**	1	To receive
16.	12.35	**Any other business**	Chair	**Verbal item**	5	To note
	12.40	*Close*				

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 2

Private/Public paper:	**Public**		
Title:	**Trust Board declaration of interests, including fit and proper persons declaration**		
Paper presented by:	**Marie Burnham - Chair**		
Paper prepared by:	**Andy Lister – Head of Corporate Governance**		
Purpose:	To ensure the Trust continues to meet the NHS rules of Corporate Governance, the UK Corporate Governance Code, NHS England's Code of Governance for NHS Provider Trusts and the Trust's own Constitution in relation to openness and transparency.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	N/A		
Any background papers / previously considered by:	Previous annual declaration of interest papers to the Trust Board. The Policy for Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality was approved by Trust Board in March 2021.		
Executive summary:	**Declaration of interests** The Trust's Constitution and the NHS rules on corporate governance, the UK Corporate Governance Code and NHS England's Code of Governance for NHS Provider Trusts, require Trust Board to receive and consider the details held for the Chair of the Trust and each Director, whether Non-Executive or Executive, in a Register of Interests. During the year, if any declarations should change, the Chair and Directors are required to notify the Head of Corporate Governance (Company Secretary) so that the Register can be amended and reported to Trust Board. Trust Board receives assurance that there is no conflict of interest in the administration of its business through the annual declaration exercise and the requirement for the Chair and Directors to consider and declare any interests at each meeting. As part of this process, Trust Board considers any potential risk or conflict of interests. If any should arise, they are recorded in the minutes of the meeting.		

	Non-Executive Director declaration of independence NHS England's Code of Governance for NHS Provider Trusts and guidance issued to Foundation Trusts in respect of annual reports requires the Trust to identify in its annual report all Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. This Trust considers all its Non-Executive Directors to be independent and the Chair and all Non-Executive Directors have signed a declaration to this effect. **Fit and proper person requirement** There is a requirement for members of Boards of providers of NHS services to make a declaration against the fit and proper person requirement for Directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although the requirement is in relation to new Director appointments, Trust Board took the decision to ask existing Directors to make a declaration as part of the annual declaration of interest's exercise. All Directors have signed the declaration stating they meet the fit and proper person requirements. The Head of Corporate Governance (Company Secretary) is responsible for administering the process on behalf of the Chief Executive of the Trust. The declared interests of the Chair and Directors are reported in the annual report and the register of interests is published on the Trust's website. **Risk appetite** The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process and the fit and proper person declaration undertaken annually support this.
Recommendation:	**Trust Board is asked to CONSIDER the attached summary, particularly in terms of any risk presented to the Trust as a result of a director's declaration, and, subject to any comment, amendment or other action, to formally NOTE the details in the minutes of this meeting.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Register of interests of the directors (Trust Board)
From 1 April 2023 to 31 March 2024

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

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

Name	Declaration
Chair	
BURNHAM, Marie	Independent Chair of Lancashire Place Chair of NICE Committee for weight management Chair of Pennine Multi Academy Trust
Non-Executive Directors	
FORD, Mike Non-Executive Director Senior Independent Director	Chair of the Joint Audit Committee for the West Yorkshire Combined Authority and West Yorkshire Police
RAYNER, Mandy Non-Executive Director Deputy Chair	Spouse - works for a global not for profit organisation (HIMSS) selling consultancy services to healthcare bodies. Working within the advisory sector as a private consultant for a number of technology organisations who provide technology to the NHS. Any work that may link to the Trust will be declared at the time any future interest arises Director/Owner of "Opinicus" providing IT consultancy to organisation/suppliers in Healthcare.
WEBSTER, David Non-Executive Director	Director and minority shareholder - Horizon Platforms Ltd (Horizon supplies the Trust with powered access) Director and joint-owner - Tango Residential Ltd Non-executive trustee director - The Mast Academy Trust
MAHMOOD, Erfana Non-Executive Director	Non-Executive Director for Riverside Group. Non-Executive Director for Omega / Plexus part of Mears Group. Sister – Employed by Mind in Bradford.

Name	Declaration
MCMILLAN, Natalie Non-Executive Director	Director/owner of McMillan and Associates Ltd. Associate - NHS Providers
QUAIL, Kate Non-Executive Director	Director of The Lunniagh Partnership Ltd, Health and Care Consultancy. Inclusion North – expert advisor – care (education) and treatment reviews

Name	Declaration
Chief Executive	
BROOKS, Mark Chief Executive	Trustee for Emmaus (Hull & East Riding) Homelessness Charity Partner member of South Yorkshire Integrated Care Board
Executive Directors	
YASMEEN, Salma Director of Strategy and Change, Deputy Chief Executive	Spouse is employed as head of clinical governance and quality at Leeds and York Partnership NHS Trust Member of the Board of Thirteen (trading name of Thirteen Housing Group) - a charitable Community Benefit Society registered under the Co-operative and Community Benefits Societies Act 2014 with registered number 7522 Advisory board member for School of Business, Huddersfield University
HARRIS, Carol Chief Operating Officer	Spouse works for an engineering consultancy company specialising in healthcare which has involved work with local NHS Trusts including Mid Yorkshire Hospitals NHS Trust.
MOORES, Greg Chief People Officer	No interests declared.
RAYNER, Sean Director of Provider Development	No interests declared.
SNARR, Adrian Director of Finance, Estates and Resources	No interests declared
THIYAGESH, Dr Subha Chief Medical Officer	Spouse is a Hospital Consultant & Clinical Director at CHFT Member of the NHS Clinical entrepreneurship strategic board Honorary Visiting Professor at Huddersfield University
THOMPSON, Darryl Chief Nurse and Director of Quality and Professions	No interests declared.

South West Yorkshire Partnership NHS Foundation Trust

Minutes of Trust Board meeting held on 31 January 2023
Microsoft Teams meeting

Present:	Marie Burnham (MBu)	Chair
	Mike Ford (MF)	Senior Independent Director
	Mandy Rayner (MR)	Deputy Chair
	Erfana Mahmood (EM)	Non-Executive Director
	Natalie McMillan (NM)	Non-Executive Director
	Kate Quail (KQ) (via MS teams)	Non-Executive Director
	David Webster (DW)	Non-Executive Director
	Mark Brooks (MBr)	Chief Executive
	Carol Harris (CH)	Chief Operating Officer
	Adrian Snarr (AS)	Director of Finance, Estates and Resources
	Dr.Subha Thiyagesh (ST)	Chief Medical Officer
	Darryl Thompson (DT)	Chief Nurse and Director of Quality and Professions
	Salma Yasmeen (SY)	Deputy Chief Executive/Director of Strategy and Change
Apologies:	Nil	
In attendance:	Greg Moores (GM)	Chief People Officer
	Sean Rayner (SR)	Director of Provider Development
	Julie Williams (JW)	Deputy Director of Corporate Governance
	Andy Lister (AL)	Company Secretary (author)
	Phil McNulty (PM)	Acting Children's Service Lead and Specialist Paediatric Epilepsy Service Nurse.
Observers:		

TB/23/01 Welcome, introduction and apologies (agenda item 1)

The Chair, Marie Burnham (MBu) welcomed everyone to the meeting. There were no apologies noted, and the meeting was deemed to be quorate and could proceed.

MBu outlined the Microsoft Teams meeting protocols and etiquette and reported this meeting was being live streamed for the purpose of inclusivity, to allow members of the public access to the meeting. Kate Quail (KQ) and David Webster (DW) are attending the meeting via Microsoft Teams.

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

MBu reminded members of the public that there would be an opportunity at item 3 for questions and comments, received in writing.

TB/23/02 Declarations of interest (agenda item 2)

Dr.Subha Thiyagesh (ST) reported she had become a member of the NHS clinical entrepreneur programme strategy board. Andy Lister will update the declaration and Trust website.

Action: Andy Lister

It was RESOLVED to NOTE the update to the declarations of interest.

TB/23/03 Questions from the public (agenda item 3)

It was RESOLVED to NOTE there were no questions received from members of the public.

TB/23/04 Minutes from previous Trust Board meeting held 29 November 2022 (agenda item 4)

Mandy Rayner (MR) asked for an amendment to the wording on pg 12 of the minutes regarding industrial action and absence. MR agreed to send the amendment to AL for him to update.

Action: Andy Lister

It was RESOLVED to NOTE the required amendment and APPROVE the minutes of the public session of Trust Board held 29 November 2022 as a true and accurate record.

TB/23/05 Matters arising from previous Trust Board meeting held 29 November 2022 and board action log (agenda item 5)

It was RESOLVED to NOTE the changes to the action log and the Board AGREED to close all actions with updates for January 2023 and any other actions where closure is proposed in the comments.

TB/23/06 Service User/Staff Member/Carer story (agenda item 6)

Carol Harris (CH) introduced Phil McNulty (PM) Acting Children's Service Lead and Specialist Paediatric Epilepsy Service Nurse.

CH reported she had visited PM with ST and Darryl Thompson (DT) as the executive trio and had been inspired by how PM and his team had engaged with carers and adapted the use of digital means to enhance their service offer.

PM reported he is currently the acting children's services lead and has been in the role for six months. PM has been service lead for the paediatric epilepsy service for 12 years.

The paediatric epilepsy service supports around 300 young people and their families/carers at any one time. The young people that the service supports often have other needs, for example, a learning disability, or co-morbid conditions like sleep, behavioural difficulties, or mental health needs.

PM reported the team know that service users can have fears of having seizures in public, and there are often parent and carer concerns about limiting the child's independence because of their vulnerabilities. Some of these issues were very much compounded by the lockdown as a result of the pandemic. This type of social isolation can have a large impact on a young person's mood and can lead to them resenting their condition and the limitations that they may face.

PM gave an example of a female service user who was engaged with the service. She was experiencing similar issues in relation to restrictions from her mother that differed to those of her siblings, and was engaging in low-level self-harm. Her mother was concerned that the behaviours would escalate and noticed her daughter was starting to have different types of seizures.

PM reported a development during the pandemic was the team developed new ways of sharing information, one of which was via WhatsApp. An account was set up through a secured Trust tablet, allowing parents to send videos of seizures to the service for them to assess. This was very successful, and PM and his colleagues were able to watch the videos and determine if they were epileptic seizures or not. The seizures that were taking place were typically dissociative seizures, which have a psychological cause.

PM reported that within the service offer, young people with dissociative seizures are now supported, even though the seizures are not epilepsy related. These young people need support and they need the support in a timely manner. The team works with these children to help them understand the cause of their dissociative seizures and provide them with management strategies, until they can be appropriately referred on to a service catering for their needs.

PM was able to explain to the young female service user that she was not the only person experiencing these issues, and that there were many other young people experiencing similar problems. It was decided with consultation with the service user and her mother, that a small group of young people would be brought together to assist with feedback about service provision and they could also support each other at the same time.

This was facilitated through Microsoft teams, and six young people attended virtually, all with similar needs. The young people who attended really seemed to benefit from knowing they were not on their own, and this was fed back to the team through their parents and carers. The young people also enjoyed the responsibility of helping PM to improve his service.

PM reported the group of young people engaged in the focus group are going to have one more meeting by Microsoft teams and there is then a plan for them to engage in a face-to-face meeting to have a celebration of what they’ve achieved.

PM reported as a follow-on from this work, PM has joined a project team with colleagues from the learning disability team in the Trust and the University of Huddersfield. The project has been led by Mike Doyle. The aim was to produce a mental health assessment application to be used by non-mental health professionals.

PM felt this work would be very beneficial for the children who are experiencing dissociative seizures. PM has worked on the project for the last 12 months with colleagues from around the UK and the work has been submitted to the Royal College of Nursing Foundation in December 2022. The hope is to start using the application in clinical practice over the next month or so.

PM reported as a non-mental health professional this application will give the team the confidence to have discussions about emotional health and well-being and potential mental illness with these young people.

The application provides a structure to hold conversations that will help establish if a problem exists, what support will be required, and how urgently the support is required. It may be that some children require low level interventions and do not require a referral to the child and adolescent mental health service (CAMHS), which will assist the pressure this service is under.

Mark Brooks (MBr) noted PM's work reflects the Trust values of putting the patient first and in the centre, knowing that families and carers matter, being ready for tomorrow and improvement, and that PM's story encapsulates them all perfectly and thanked PM for all his work.

ST noted there may be potential challenges for young people in care homes and queried if there is an outreach service as part of the team offer?

PM reported the team are keen to ensure all our services are accessible to all children so that no one is missed. Services have close links to "looked after children" medical consultants. A good recent example is the vaccination teams have been going into care homes to reduce any obstacles to receiving vaccinations. The team are always looking to be inclusive, across all services, and have good levels of contact with carers for children who are in care.

Greg Moores (GM) noted the use of WhatsApp and asked if there has been any sharing of this good practice and would PM be happy to share this?

PM reported with the evolution of smart phones WhatsApp has easily enabled the sharing of videos in a secure way. It is a fantastic solution – especially for families with learning disabilities, and videos are received on a Trust secured device. PM would be happy to share this development and good practice with other teams.

Action: Salma Yasmeen

SR queried if there was a plan in place to use the digital application prior to Covid-19 and queried if the pandemic had accelerated this process, or whether Covid-19 brought about the use of the digital application?

PM reported the plan was already in place and had been accelerated by Covid-19. PM explained that plan came to being as some children on the autistic spectrum found it difficult to physically attend clinics. Six / seven years ago the team talked about using zoom type calls and for a tertiary neurologist to be able to see them on camera, but then Covid-19 happened and the Trust supported the use of the technology.

MR asked about individuals who don't have access to the technology and asked if there is any sort of loan schemes in place?

PM reported there is no loan scheme in place currently but would look to link with a charity. One service user was having seizures at school and with his Mum's consent the support staff within the special school were able to film it. Mum was struggling to film them at home as she wanted to hug her child when the seizures occurred. PM reported the team always manage to find a way to resolve issues.

Erfana Mahmood (EM) reported she is chair of the charity committee and had found PM's talk inspirational and would be happy to support any bid PM would like to submit through the Trust website and the EyUp! webpage to support a loan scheme.

MF queried if there is a process in place to support the transition from the children's service to the adult service and asked if the Trust are responsible for the adult service?

PM confirmed the adult service is a SWYFPT service and prior to the pandemic the children's and adult teams worked in offices that were next door to each other. There is a transition programme called "ready steady go", which is a programme from Southampton University Hospital. It prepares service users and their families for the transition into adult services, and PM's team work very closely with adult service to conduct a full and proper handover including the service user and their families/carers.

It was RESOLVED to NOTE the Service User/Staff Member/Carer Story and the comments made.

TB/23/07 Chair's remarks (agenda item 7)

MBu highlighted the following items are being presented in the afternoon's Private Board meeting:

- Private risks
- Assurance from Trust Board committees (private minutes)
- Integrated care systems and partnerships
- Complex incidents report
- Covid inquiry
- Financial planning update for 23/24

It was RESOLVED to NOTE the Chair's remarks.

TB/23/08 Chief Executive's report (agenda item 8)

Chief Executive's report

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

- There has been significant pressure on the NHS nationally during the winter months. This pressure has been intense, with Streptococcus A, early and high flu prevalence and Covid-19 all having an impact.
- The Trust teams have worked incredibly hard over Christmas to staff our wards, particularly when staff absence was higher. The Trust continued to provide safe services, and MBr thanked staff on behalf of the Board for their efforts during this period
- Staff continue to manage complex situations and sadly two staff members were seriously assaulted recently. The staff members concerned have injuries and are being supported by the Trust as they recover
- There has been industrial action across the NHS. The Trust has not been directly impacted, but has been impacted by other parts of the system, and the internal strike planning team remain focused on mitigating the impact of any future strike action
- At the last board meeting Mandy Rayner raised that "standing still" may be a positive reflection during the winter, rather than seeing a decline in performance. A considerable effort is being made by staff to maintain the Trust's position in such a challenging climate
- There is a paper in the private Board regarding planning guidance today. The guidance was circulated on 23 December 2023 and there will be some financial challenge to come.
- MBr noted the following positive points for the Board's attention:
- Our services in Barnsley are receiving positive press. We recently hosted staff from NHS England who had heard about our alliance with the Barnsley Healthcare Federation in Barnsley and the work the Trust is doing in an innovative way.
- Work taking place in Barnsley with the primary care alliance has been recognised nationally. The Trust has been invited to contribute to a Primary Care Association meeting next week, to discuss our working practices and the out of hospital care model
- The Trust saw a 7% increase in responses to our staff survey this year, an increase from 43% to 50%
- The excellence awards nomination stage is drawing to a close and we have had in excess of 150 nominations and are hopeful, restrictions allowing, a face-to-face event will take place this year

EM agreed that teams are doing well under constant pressures. On Christmas day Board members were involved in calling teams who were working, and this was fantastic. EM queried if, in the future, chocolate boxes could be sent out from the board as appreciation for the staff working over the holiday period.

CH reported money is released for each of the wards at Christmas for those who are working over the festive season.

NM noted the recent announcement to help with winter in the NHS next year, with extra beds, and ambulances, but queried if there were any offers around mental health and community services?

MBr reported a key challenge for the Trust is to support ambulance services and emergency services. There is also a requirement by April 2024 for the provision of 24 hr crisis support to mental health on 111.
In addition, the Trust has made sure it is doing its job as well as it can, in order to keep people out of A & E and there will be additional focus on this, but there has been no specific mention of additional mental health support for the winter.

MBu reported there is an emphasis that the mental health long term plan will continue.

CH noted the reference to crisis houses and reported the Trust will be expanding the offer for crisis services. The Trust works closely with crisis houses provided by the third sector, as an alternative to admission or when somebody is receiving care in the community. The Trust has a good level of buy-in from crisis houses in all of our places. The Trust has also offered to support the ambulance service by training paramedics in mental health, and there has been a good response to this.

NM noted how invaluable community services are and reported there is not enough understanding of their importance.

CH reported the Trust is a key partner in the development of a virtual ward, which will enable people to be discharged from hospital earlier so that they are able recover in their own home. There are two pathways running in partnership with Barnsley hospital.

SY reported Barnsley is leading a pilot for the South Yorkshire integrated care system on 111 in association with Yorkshire ambulance service. This will include the whole system, social care and the Trust's community services, including Barnsley hospice. The Trust leads some of the end-of-care services in conjunction with Barnsley hospice, Barnsley hospital and primary care services.

MR acknowledged the hard work and support from our staff in A & E. MR was interested in how the Trust had joined with Barnsley Healthcare Federation to fund and distribute over 300 bags of essentials this winter. The bags contain a range of non-perishable foods and toiletries plus hats, hot water bottles, blankets and flasks. All the bags were given to vulnerable local people in need of help. MR queried how the most vulnerable are identified and if there is any best practice to share?

CH acknowledged it was a fantastic project and should be shared in other areas, and further consideration will take place to introduce this in other areas.

MR queried if the Trust is involved in the six projects in Yorkshire that have been granted government “levelling up” funding?

SY reported the Trust will be involved in the projects through place and will be part of the infrastructure development.

MF reported he supports the comments from the Board around the hard work that teams have undertaken over the Christmas period. MF noted Stephen Barclay has recently mentioned that the CQC are starting to move their focus from acute trusts to mental health trusts.

MBr reported soft intelligence suggests there is a heightened focus on mental health services, particularly in light of recent examples of poor care nationally.

MF noted the race equality framework and the need for a board member to be appointed to tackling racism

MBr reported an appointment hasn’t been made yet and agreed this is part of the guidance.

SY acknowledged that while a Board member may be appointed to lead on racism, it shouldn’t detract from the shared responsibility of the Board to tackle the issue. SY noted the Trust has a strong approach to racism.

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

TB/23/09 Risk and assurance (agenda item 9)

TB/22/09a Board Assurance Framework (agenda item 9.1)

Julie Williams (JW) introduced the item and reported the board assurance framework (BAF) is the document that records risks that may prevent the Trust achieving its strategic objectives

- EMT have taken a full review of current circumstances, including the current operating environment and the challenges it presents and any impact it may have on strategic risks
- EMT have not recommended any changes in gradings for this quarter
- There will be a further review of the BAF at the end of Q4

MF reflected on earlier discussions in today’s Board and that “standing still” could be viewed as positive at the moment, but the Board should see movement against some of these risks in time.

MF noted risk 2.1 - The increasing demand for strong analysis based on robust information systems means there is insufficient high-quality management and clinical information to meet all of our strategic objectives.. MF felt based on discussions and actions taking place there could be some progression against this risk by the end of Q1 23/24.

MBr reported EMT discussion had considered three or four risks that are close to moving gradings, but noted the actions being taken are being nullified by the pressures of the current operating environment.

When EMT looked at the NHS landscape risk (risk 1.1) MBr noted partnerships are strong, but this risk description includes service inequalities which has held the grading. Although nothing has moved in terms of grading, the operating environment continues to change.
In Q4 the Trust Board will need to agree wording for 2023/24 BAF risks.

NM reflected when taking a step back there are a number of amber and yellow risks, and questioned if objectively this feels right? NM remained undecided, noting the Board need to continue to challenge themselves.

EM referenced acuity and noted the Trust is doing well to hold an amber grading. EM recalled the Trust was going to look at acuity what it means and its measures, and noted there had been reference to wellness tools for GM?

DT reported the clinical governance group are looking at acuity and how it can be measured. A task and finish group was set up just before Christmas and the outcomes will escalate to the clinical governance clinical safety committee (CGCS) and will be reported into Board through the triple A report.

GM reported the people and remuneration committee (PRC) are looking at the Trust wellbeing offer and whether it is sufficient. GM noted there are many actions in place and the Trust benchmarks well against other organisations.

EM reported some tools and measures would be useful.

GM reported PRC already look at tools and measures and was happy to discuss this further outside of the meeting. In addition MR suggested sharing Hazel Murgatroyd's report.

Action: Greg Moores

KQ queried given the current level of acuity,performance report, and workforce issues, at what point would some of these risks become red?

MBr stated the Board has to remember that not all of SWPYFT services are inpatient wards. Many Trust services are in the community. Challenges in staffing are typically higher in inpatient wards, and not necessarily across all other services. When considering the BAF grading descriptions, red is quite extreme, and has a high threshold.

When considering the integrated performance report (IPR) and looking at metrics on the dashboard we agreed to use to measure achievement of our strategic objectives there are a number of metrics that are red, but when you look at our performance against national targets and the quality dashboard, in the main these are green, with the Trust holding steady.

In relation to acuity, there would need to be a bigger change in these metrics to move to red. In relation to Trust staffing, in the last two months, instead of having one welcome event, we have had two. Therefore whilst not yet a trend, some of the actions we are taking to support recruitment and retentionmay be taking effect.

MBr accepted it is too early to see this is a trend, but overall staffing numbers are c100whole time equivalent higher than they were in April 2022.

It was RESOLVED to NOTE the report and APPROVE the updates to the Board Assurance Framework

TB/23/09b Corporate / organisational risk register (agenda item 9.2)

Julie Williams (JW) introduced the item and highlighted the following points:

- A discussion has taken place on emergent risks at EMT and these are being assessed and scored for consideration of moving onto the organisational risk register

- The heat map has been improved to give Board members a better overview

MBu summarised the Board was being asked to consider

- the new risk description 905 – Risk of a negative impact on quality of care due to low staffing levels and insufficient access to temporary staffing
- agree to the removal of risk 1531 - Service users with protected characteristics and specifically from a BAME background and people with a learning disability may be disproportionately affected by Covid-19
- and agree to the changes to the risk description for risk 1157- Risk that the Trust does not have a diverse and representative workforce at all levels which reflects all protected characteristics to enable it to deliver services which the meet the needs of the population served and fails to achieve national requirements linked to EDS2, WRES and WDES.

NM reported risk 905 was discussed at CGCS and was challenged in relation to acuity and impact on quality. The committee were assured and approve the proposed changes.

MF stated he was happy to approve the above suggestions and noted the emergent risks.

MF reported there are 32 risks in total, 23 of which are outside of risk appetite, which he noted felt quite high. MF noted there are actions in place to reduce these risks, this is acceptable given the operating environment, however, MF would like to see risks progressing towards their risk appetite.

JW reported there is work taking place in relation to these risks to establish if the risk appetite is indicative of where the Trust is at the moment, considering industrial action and the economy, and this is part of the work we will be doing over the next two months.

MBr noted there is a clear role for committees to focus on their allocated risks. MBr questioned if there are any risks where it is felt the Trust hasn't got the right pace on actions or whether the actions are correct, but are moving slower, given the current operating environment.

MBu asked Committee chairs if they are happy with current actions against their risks.

MF noted he is happy with risk actions for audit committee (AC), noting the cyber risk is allocated to this committee and may never achieve risk appetite due to the constant cyber threat.

NM reported a good level of discussion takes place at CGCS and they are reviewed in detail and sufficiently challenged.

MR reported she is assured by the discussion at people and remuneration committee (PRC) and noted from her review of the organisational risk register, the key risks graded red reflect the Trust's focus is in the right areas.

DW noted the capital and financial sustainability risk has a current short-term focus and this has been influenced by the shorter planning cycles during the pandemic.

KQ noted the mental health act committee (MHAC) doesn't have allocated risks but is happy with the current focus of the risk register. MHAC goes through the risk register every quarter and is assured with the level of detail.

EM reported she felt the Trust is on the precipice of a change, and reported the areas of focus are correct at this time.

GM noted there are lots of other risks that sit below organisational risk register level, and these are managed through local and directorate risk registers. The Board should therefore expect to see the key risks in this report.

MBr noted that the Trust has a beneficial position, given it operates in four places and two systems, and has sight of these risk registers and noted the themes in these place and system registers are very similar.

JW reported that key risks are triangulated against performance metrics and the Board Assurance Framework every quarter and presented to the Audit Committee.

It was RESOLVED to NOTE comments on the risk register and the Trust Board was ASSURED that current risk levels are appropriate, considering the Trust risk appetite, and given the current operating environment.

In addition, Trust Board RESOLVED to:

- **AGREE to the new risk description for risk 905**
- **AGREE for the removal of risk 1531**
- **AGREE to the changes to the risk description for risk 1157**

TB/23/09c Equality and Diversity Annual report (agenda item 9.3)

SY asked for the paper to be taken as read and highlighted the following points:

- The report has been discussed in detail at Equality Inclusion and Involvement Committee (EIIC)
- It sets our progress against the Trust strategy and looks forward to what the future focus will be
- It is presented to the Board for any comments and feedback

NM reported the document is easy to understand and well-presented and NM is assured by the content.

MBr made an observation, querying if the Trust sufficiently publicises what it does well. SR was recently asked in a place meeting to present what the Trust is doing in respect of inequalities. The Trust was the only organisation present that could demonstrate and presentprogress. Trust processes were acknowledged and taken as good practice.

MBu reported in the West Yorkshire Chairs' meeting yesterday, the success of the mental health alliance in Wakefield was noted and the positive contribution of SR to this was noted. MBu thanked SR on behalf of the Board for all his hard work.

MR noted the report brings home the percentages of white British populations and ethnic populations within our Trust area and noted these are really important.

SY added it helps to show the Trust's level of sophistication in how it looks at its workforce and the communities it serves in a more realistic and measurable way.

KQ commented the second paragraph of the introduction could be misconstrued.

SY reported the language has been tested at several different levels and it is important that the Trust is honest in its reflections but will discuss this with KQ outside of the meeting.

Action: Salma Yasmeen

KQ noted that the icons next to annual pride gender neutral toilets are pink for female and blue for male and this may want to be considered.

KQ reflected the report demonstrates huge progress and is a very positive report.

EM supported that the report highlights how integral the charities are to the delivery of this Trust strategy. The report hides how data rich this area now is, and the progress that has been made. The Trust is now quite sophisticated in how it presents this data.

SY reported the business intelligence team need to be acknowledged for the work they have done in this area.

TB/23/09d Assurance and receipt of minutes from Trust Board Committees and Members' Council (agenda item 9.4)

Collaborative Committee 6 December 2022
MF highlighted the following:

- There has been an ongoing issue regarding final agreement of contracts in South Yorkshire, this will be resolved in collaboration with NHSE
- A number of risks have been reported via the West Yorkshire collaborative hub and we continue to seek assurance around clinical quality
- The committee is working well and getting through detailed papers and has the West Yorkshire and South Yorkshire teams attending the part of the meeting together

Members' Council 9 December 2022
AL highlighted the following:

- The joint meeting between the Board and Members' Council took place with governors able to contribute their views on the Trust plans for 2023/24

Clinical Governance Clinical Safety Committee 13 December 2022/10 January 2023Nat McMillan (NM) highlighted the following:

- The committee has asked for the waiting list report to be presented as soon as possible.
- The committee has heard about the work of the intensive support team for the autistic spectrum. NM commented it is clear that teams within the Trust feel able to innovate and don't have to seek permission, which is really important.
- EM commented when she started on the Board there was challenge in relation to empowerment and the leadership team have done well to embed quality improvement (QI) work
- SY reported it has been a collective effort and CH has modelled quality improvement behavior through the Operational Management Group (OMG). We have the opportunity to be outstanding as a result of this change in culture
- MF observed the committee meeting in his role as Audit Committee chair and the lead governor also observed the meeting. The lead governor had contacted MF after the meeting and stated he was impressed by the meeting, and assured by the level of challenge at the committee.

Equality, Inclusion and Involvement Committee 14 December 2022
MBu highlighted the following:

- Annual report signed off

- Social responsibility and sustainability strategy – actions being developed to take forward

Audit Committee 10 January 2023
MF reported the following:

- A positive update was received from Paul Foster and his team on cyber security
- The standing financial instructions and scheme of delegation were approved to come to Board
- The internal audit report about the leavers' process was received with limited assurance. GM attended and most actions are already implemented
- There has been a rise in interest rates which means we have more options as to where the Trust invests its money
- MBr noted the Trust challenges itself in its audit planning so that areas of improvement can be identified

People and Remuneration Committee 17 January 2023
MR reported the following:

- The committee is focusing on appraisals, with hotspots identified
- Absence is rising steadily and is being monitored
- Flu vaccine uptake, getting to 90% is a stretch. The Trust is not an outlier but is unlikely to achieve the 90% target.
- Recruitment and retention is a continued focus
- Mandatory training discussions took place, to make sure sufficient resource is in place to support the thresholds we need to reach
- Staff wellbeing was discussed
- The Committee was assured that risks allocated are being managed appropriately

Finance, Investment and Performance Committee 23 January 2023
David Webster (DW) highlighted the following:

- The deficit for the Trust this month is a one-off position and the underlying position for the month remains to be a surplus

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

TB/23/10 Performance (item 10)

TB/22/10a Integrated Performance Report (IPR) Month 9 2022-23 (agenda item 10.1)

SY introduced the item and noted that the IPR reflects all the conversations the Board has been having today, the continuation of the challenging operating environment and also that trust staff have continued to focus on areas of improvement.

SY highlighted the following in relation to priority programmes:

- Digital dictation and capacity for implementation - third party resources have now been secured to progress this work
- The social responsibility and sustainability strategy has been launched. There has been an I-hub challenge for e-bikes, which has received significant engagement. A knowledge café has been held and was attended by a number of staff. The Trust has also planted 500 trees as part of the forest campaign, and to raise awareness of the sustainability agenda
- Community mental health transformation programme – real progress has been made and the early benefits of ARRS (additional roles reimbursement scheme) are being seen, primarily by people who haven't accessed secondary services.
- There is a need to get smarter about how the impact and outcomes of the ARRS roles are measured. West Yorkshire ICS has commissioned a two-year evaluation of community transformation across all five places. This is one of the programs where

we will see deliberate variation dependent on need, in place. There is a need to see quality and equality assessments taking place as this work progresses.
- Addressing inequalities – there is a continued focus to deliver on all of our action plans
- Quality – despite the pressures and ongoing demand, we continue to perform well against most quality indicators. There is a need to maintain focus on improving collaborative care planning; approach and processes, risk assessment processes and addressing waiting times. There are improvement programs in place for all these priorities.
- People – there is a continued focus on recruitment and retention, appraisals, and mandatory training
- Care groups – out of area (OOA) beds usage is higher than anticipated, some of this is planned to manage demand and support safe care

AS highlighted the following:

- Despite the challenging operational environment, national indicator performance remains strong with a couple of exceptions
- OOA bed days - there is a drive to reduce this nationally, we use it appropriately to maintain safe service but there is ambition to drive this down.
- Financial performance remains good
- Conversations about financial planning and the year-end position will take place this afternoon in the private session.

MBu noted the IPR is a good document and there is a need to analyse the information to better inform the executive summary.

AS reported a short demonstration had gone to FIP about the work behind the IPR and this is progressing well.

MR reported she felt the narrative summary was helpful and highlighted the key issues.

MF noted there are a number of areas that don't often get discussed such as equality around recruitment (page 18 of IPR) and queried if these measures are needed.

GM reported these metrics are discussed in detail at PRC and EIIC.

SY reported in EIIC there is a focus on workforce ethnicity/disability and there will be a focus topic each quarter at EIIC.

MF confirmed he was happy for this to be a focus at EIIC and also queried if there are statistics in the IPR not being discussed at Board should they be in the IPR at all

MBr reported EMT have discussed that better insight on inequalities data is required, and if this is presented in the IPR, then it may provoke discussions at Board. MBr agreed that the details of the IPR should be discussed at FIP committee.

MF noted there is nothing in the IPR about the Trust's position as lead/coordinating provider in provider collaboratives.

AS reported this is part of the development work.

MR noted in terms of inequalities, the annual report that has been to Board today covers many of the actions that have been put in place.

AS reported as part of IPR review the frequency of certain indicators, their movement and how often they need to be reported is being reviewed.

DW reported JW brought the IPR review plan to FIP and each area is being reviewed by the responsible director and then is checked by another executive to ensure all metrics are relevant

NM noted the other level of assurance for Board is the assurance provided through FIP meetings as performance is now being fully considered at each meeting.

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

TB/23/11 Integrated Care Systems and Partnerships (agenda item 11)

TB/23/11a South Yorkshire update including South Yorkshire Integrated Care System (SY ICS) (agenda item 11.1)

MBr asked to take the paper as read and reported:

- The integrated care board meeting highlighted operational pressures and pressures across the system and Gavin Boyle was keen to express his thanks to all staff who worked over the festive period to keep services running
- There was a focus on discharge funding to try and improve discharge pathways, particularly during the busy winter period
- All ICBs have been asked to update their strategies and there is a plan on a page in the papers with a link to the draft full strategy as well
- Discussion on the Mental Health Learning Disability and Autism (MHLDA) provider collaborative focused on closed cultures and there is a proposal in the papers to develop the collaborative into a committee in common
- Nationally there has been a maturity index template circulated for provider collaboratives, and as a relatively new collaborative it was agreed that it falls within emerging/developing status

SY updated in relation to Barnsley:

- Work with the GP alliance is progressing positively and there is a shared approach in place to address health inequalities for people with serious and enduring mental health illness, and learning disabilities, particularly focusing on annual physical health checks
- Significant work is taking place around frailty and dementia pathways

It was RESOLVED to NOTE the South Yorkshire ICS update

TB/23/11b West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnership update (agenda item 11.2)

SY asked for the paper to be taken as read, highlighting the following points:

- The strategy has been refreshed and co-produced
- SR highlighted the Wakefield, Kirklees, Calderdale and WYMHLDA partnership have reviewed their priorities recently.
- Wakefield is establishing a learning disabilities alliance with is first meeting having taken place in January 2023
- The Wakefield health and wellbeing board received a presentation on gambling and addiction, and it was established gambling is now a major public health concern in the UK

MBr noted these reports highlight the number of meetings the executive team are attending, and it is important that we attend these meetings to keep abreast of current issues and ensure the voice of mental health and learning disabilities is heard.

It was RESOLVED to RECEIVE and NOTE the update on the development of Integrated Care Systems and collaborations:

- **West Yorkshire Health and Care Partnership;**
- **Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees**
- **Receive the minutes of relevant partnership boards/committees**

TB/23/11c Provider Collaboratives and Alliances (agenda item 11.3)

AS asked to take the paper as read and highlighted the following points:

- Financially both collaboratives are currently in a surplus position
- The team is working with NHS England to get provider contracts signed in South Yorkshire
- There are staffing challenges throughout the NHS and other providers
- One provider in West Yorkshire has closed for admissions which has put pressure on other providers
- Collaboratives are turning their attention to commissioning for the next year.
- There will be a increased focus on forensic community services
- Phase 2 collaboratives due diligence work is taking place for forensic child and adolescent mental health services (CAMHS) and a paper will come to Board once this work is complete

It was RESOLVED to RECEIVE and NOTE the Specialised NHS-Led Provider Collaboratives Update.

TB/23/12 Governance (agenda item 12)

TB/23/12a Constitution, Standing Financial Instructions and Scheme of Delegation (agenda item 12.1)

JW introduced the item and highlighted the following:

- The Trust took part in the consultation on the new code of governance last year
- There are statutory changes to make as a result of the new code of governance
- System structures are now part of constitution
- Trust Board general duties have been updated to include culture, and the Board being able to assess and monitor the culture of the organisation
- JW is working with the lead governor on how this may be a joint enterprise with the lead governor and will report back to the Board on progress

  Action: Julie Williams
- We have taken the opportunity to make some organisational changes at the same time which include associate non-executive director roles and introduced the ability for the Members' Council to step up and step-down forums to help the Trust on consultation work and strategic work. One of the first forums we will look at is a youth forum
- The Standing Financial Instructions and Scheme of Delegation have been recommended for approval by the Audit Committee

EM identified the Trust is now obligated to have a diverse board and we need to lead on this and that the Members' Council are possibly a little behind on equality and diversity.

JW reported the lead governor and colleagues are cognisant of this and governors have to come from membership and so we are looking to improve the diversity of our membership and equality data.

EM noted culture and queried how this will be measured and what oversight it will have.

JW reported the team will be working with governors and GM's team to work on key performance indicators that are relevant to this work.

MBr noted the Trust should be able to work with partners on this matter as well.

GM reported there are already a number of culture measures in place. The output from the Flair survey and the work with the governors should enhance this.

Standing Financial Instructions (SFIs)
AS reported the review of the Trust SFIs had been delayed to enable provider collaborative requirements to be put in place. Approval limits have also been updated. Benchmarking has also taken place to help with consistency and best practice.

Andy Lister (AL) reported two strategies needed to be removed from the Scheme of Delegation following discussion at EMT, these being the medical education strategy, which has now been identified as a work plan, and the research and development strategy that will now be overseen by the Clinical Governance & Clinical Safety Committee.

It was RESOLVED to APPROVE the updated Constitution, Standing Financial Instructions and Scheme of Delegation to be presented to the Members' Council on 24 February 2023.

TB/23/12b Audit Committee Terms of Reference (agenda item 12.1)

AL introduced the item and reported the following changes:

- The terms of reference have been updated to include the requirement for at least one member of the committee to have recent and relevant financial experience
- Feedback from the head of internal audit at the Audit Committee meeting on 10 January 2023, asked for the terms of reference to be updated to align with the Healthcare Finance Management Association (HFMA) Audit Committee Handbook as below:
    - The Chair of the Audit Committee is appointed by Trust Board and the Chair of the Committee cannot be the Chair of the Trust.
    - The Audit Committee will meet with the External Auditor and Head of Internal Audit in private, on at least one occasion, per year.
    - The External Auditor and Head of Internal Audit have the right of direct access to the Audit Committee Chair.
- The Counter fraud specialist also asked for the following updates to be made:
    - The Committee shall review the work and findings of the Local Counter Fraud Specialist as set out in the Government Functional Standard 013: Counter Fraud (Functional Standard)
    - The Committee has a responsibility to refer any suspicions of fraud, bribery and corruption to the NHS Counter Fraud Authority

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

TB/23/13 Trust Board work programme 2022/23 (agenda item 13)

It was RESOLVED to APPROVE the updates to the work programme.

TB/23/14 Date of next meeting (agenda item 14)

The next public Trust Board meeting will be held on Tuesday 28 March 2023

TB/23/15 Any other business (agenda item 15)

Nil

Signed: **Date:**

South West Yorkshire Partnership NHS Foundation Trust

TRUST BOARD 31 January 2023 – ACTION POINTS ARISING FROM THE MEETING

= completed actions

Actions from 31 January 2023

Min reference	Action	Lead	Timescale	Progress
TB/23/02	Dr.Subha Thiyagesh (ST) reported she had become a member of the NHS clinical entrepreneur programme strategy board. Andy Lister will update the declaration and Trust website.	Andy Lister	February 2023	Complete
TB/23/03	Mandy Rayner (MR) asked for an amendment to the wording on pg 12 of the minutes regarding industrial action and absence. MR agreed to send the amendment to AL for him to update.	Andy Lister	February 2023	Complete
TB/23/06	Greg Moores (GM) noted the use of WhatsApp by the Specialist Paediatric Epilepsy Service and asked if there has been any sharing of this good practice and would Phil McNulty (PM) be happy to share this? PM reported with the evolution of smart phones WhatsApp has easily enabled the sharing of videos in a secure way. It is a fantastic solution – especially for families with learning disabilities, and videos are received on a Trust secured	Salma Yasmeen	April 2023	

TB/23/09a	GM reported the people and remuneration committee (PRC) are looking at the Trust wellbeing offer and whether it is sufficient. GM noted there are many actions in place and the Trust benchmarks well against other organisations. EM reported some tools and measures would be useful. GM reported PRC already look at tools and measures and was happy to discuss this further outside of the meeting. In addition MR suggested sharing Hazel Murgatroyd's report.	Greg Moores	March 2023	Complete. Hazel Murgatroyd's report has been shared with the Board.
TB/23/09c	In relation to the Equality and Diversity Annual report KQ commented the second paragraph of the introduction could be misconstrued. SY reported the language has been tested at several different levels and it is important that the Trust is honest in its reflections but will discuss this with KQ outside of the meeting.	Salma Yasmeen	March 2023	Complete
TB/23/12a	Trust Board general duties have been updated in the constitution to include culture, and the Board being able to assess and monitor the culture of the organisation JW is working with the lead governor on how this may be a joint enterprise with the lead governor and will report back to the Board on progress	Julie Williams	April 2023	

Actions from 29 November 2022

Min reference	Action	Lead	Timescale	Progress

TB/22/103b	Dr. Subha Thiyagesh (ST) will be the executive champion for learning disabilities. This role will place additional focus on learning disabilities and will look to influence Trust partners and focus on the Trusts own services, this should be noted by CGCS. MBu asked for a paper to be brought back to Board in relation to learning disabilities and the context of ST's role and what her initial views are, identify key areas of focus and what CGCS will focus on in relation to learning disabilities.	Subha Thiyagesh	April 2023	
TB/22/116	Board to receive an update through the triple a report from CGCS on the CQC reports 'Who I am Matters' report and published findings from its annual community mental health survey	Darryl Thompson	April 2023	The 'Who I am Matters' report was shared for review across Learning Disability Services. A summary of the report will be presented to the next CGCSC. The draft Community Mental Health Survey update report is in draft form and will be presented to the next CGCSC
TB/22/117a	SY reported the Trust is under continuous improvement journey, albeit in some areas slower than initially hoped. A detailed exception report around risk assessments and care planning should go to CGCS and then Board showing the complexity of the improvement work and would provide the Board with more assurance about what is taking place.	Darryl Thompson	March 2023	This is on the agenda for the March meeting
TB/22/117b	NM reported as chair of committee, she noted safe care is now being rolled out in forensic services. KQ and I have asked to look at the Safe care tool and find out how it works. It was agreed the safe care tool would be added to the agenda for the next Non-Executive Director meeting.	Mandy Rayner	March 2023	Scheduled to be on the next Non-Executive Director meeting agenda.

TB/22/117b	EM queried the community safer staffing judgement tool and whether this had been paused. DT clarified that it had been paused to allow the alignment of inpatient and community safer staffing agendas, so that work can then continue. EM noted the report doesn't reflect this and asked that this is adjusted for future reports	Darryl Thompson	April 2023	
TB/22/117b	MBr noted the safer staffing report is a comprehensive, detailed and lengthy report. MBr asked if CGCS could look to streamline the report to avoid any duplication from other reports such as updates on international recruitment.	Darryl Thompson	April 2023	

Actions from 25 October 2022

Min reference	Action	Lead	Timescale	Progress
TB/22/102c	MBu asked that future sustainability reports should include the costs of carbon footprint reduction and the impact of selling sites on the communities they are located in	Adrian Snarr/Salma Yasmeen	March 2023	This will need to be built into the road map for the green plan as it's developed and progress on this will be part of the updates to EIIC and annual report to Board.
TB/22/102f	KQ queried if there is non-executive clinical representation on the committee. MF reported ST provides clinical representation on the committee at present but non-executive membership on the committee will be considered in the committee 12-month review.	Adrian Snarr	April 2023	

Actions from 26 July

Min reference	Action	Lead	Timescale	Progress

TB/22/71c	The patient experience report is very focussed on complaints and its scope needs to be broadened to include a fuller view of service users experience of the Trust	Darryl Thompson	April 2023	Patient Experience updates now come to CGCS quarterly, and so can come to Board via the triple A report. The next Annual Report is due at CGCSC in June 2023.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 8

Private/Public paper:	**Public**		
Title:	**Chief Executive's Report**		
Paper presented by:	Mark Brooks - Chief Executive		
Paper prepared by:	Mark Brooks - Chief Executive		
Purpose:	To provide the strategic context for the Trust Board conversation.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	N/A.		
Any background papers / previously considered by:	This cover paper provides context to several of the papers in the public and private parts of the meeting and also external papers and links.		
Executive summary:	**Since the previous Trust Board report there has been further industrial action across the NHS**. Given a commitment to further talks the Royal College of Nursing, Unite, GMB, Unison, and Chartered Society of Physiotherapists suspended their action. Subsequently a pay offer including a one-off payment for 2022/23 and a 5% pay increase for 2023/24 has been made to agenda for change staff. Junior doctors did take strike action for 72 hours between March 13th – March 16th. This action had a direct impact on the Trust and significant planning took place to ensure safe patient care could continue to be provided. **Operational pressures have continued across many Trust services and the Trust's inpatient services operated at OPEL level 4 for five days during the early part of March**. A combination of demand pressures, staffing, high acuity, Covid outbreaks and ability to discharge for more complex placements resulted in this status. One consequence is that out of area bed placements remains high. **Integrated Care Boards have been informed that they are required to plan to reduce their running costs by 20% by April 2024, with an additional 10% by April 2025, a total of 30%.** Both the West Yorkshire and South Yorkshire Integrated Care Boards are undertaking a review of their operating models and working with partners to identify how this can best be achieved whilst still providing capacity to deliver the best services and outcomes for local populations. Clearly this will be an unsettling time for many colleagues, and we are committed to providing our support to them and the review of the operating models.		

	The Chancellor has delivered his spring budget. Of note the government reaffirmed its commitment to the long-term workforce plan in the Budget and has confirmed this will be published shortly. It is hoped pension reforms which see the lifetime allowance charge removed and an increase in the annual allowance from £40k to £60k, will help retain senior medics in particular. An announcement to provide 30 hours a week of free childcare for 38 weeks a year, for eligible working parents of children aged 9 months to 3 years in addition to the 30 hours a week already provided for eligible working parents of 3 to 4-year-olds, aims to support workers with the cost of childcare. Whilst fuel costs remain comparatively high the extension in the freezing of fuel duty is welcome. In addition to the Spring budget the Department for Work and Pensions (DWP) has published 'The Transforming Support: The Health and Disability White Paper'. This document outlines the government's plans to support disabled people and those with long term health conditions back into work. The government has also committed to providing mental health support to people in employment via the 'Access to Work Mental Health Support Service', and will publish a 'major conditions strategy', which the Department of Health & Social Care will develop in collaboration with NHS England. **The National Audit Office has published a report 'Progress in improving mental health services in England'**. The report focuses on the implementation of NHS commitments set out in the Five Year Forward View for Mental Health in 2016. The report recognises a 44% increase in referrals to NHS mental health services between 2016-17 and 2021-22 as well as a 22% increase in staffing. It concludes important first steps have been taken towards closing the historical gap between mental and physical health services as well as making a several recommendations, including providing clarity on what achieving full parity of esteem encompasses. **The results of the 2022 staff survey have now been received**. The detail for the Trust is currently being analysed and further detailed reporting and review will take place with the Trust's management groups, the People and Remuneration Committee and Trust Board. The results are broadly similar to those generated in 2021, typically being in line or slightly ahead of national averages. Some initial hotspots have been identified which include satisfaction with pay and experience of staff in our mental health inpatient, forensic and learning disability services. Nationally the staff survey results demonstrate the considerable pressures staff in all sectors are facing. For example last year 62.9% of staff stated they were happy with the standard of care provided, which is a reduction from 74.2% in 2020. This is against a backdrop of 124,000 vacancies nationally. **There has recently been a landmark case in relation to an employment tribunal case regarding racism in the NHS**. Following the conclusion of this case the Chair, Chief Executive and Deputy Chief Executive wrote to members of our Race Equality and Cultural Heritage (REACH) staff network reiterating our commitment to equality, diversity and inclusion, in addition to circulating the letter to all staff via The View. The latest national WRES report, published by NHS England, reveals black nurses are the least likely to feel their organisation provides equal career opportunities and they also report some of the highest levels of discrimination.

	These examples highlight the need for us to continue to place high focus on moving to become an anti-racist organisation and ensuring our staff do not face any prejudice or discrimination. The North East, Yorkshire and Humber system **held an event recently to consider progress with the national mental health inpatient quality transformation programme**. This covered scope of the work, setting priorities and agreeing a roadmap for improvement. The Trust is fully engaged with this work and committed to continuing its improvement journey. NHS England has issued a clear statement regarding the serenity integrated mentoring (SIM) model. Three elements of the SIM model must be eradicated from mental health services relating to a) police involvement in the delivery of therapeutic interventions, b) the use of sanctions, withholding care and other punitive approaches as clarified in National Institute for Health and Care Excellence (NICE) and c) discriminatory practices and attitudes towards patients who express self-harm behaviours, suicidality and/or those deemed high intensity users. The Trust has engaged fully both locally and nationally to ensure compliance. **Our Trust excellence awards are being held on May 4th.** As ever, the quality of nominations is excellent, and we received in excess of 200 nominations. This promises to be an enjoyable and inspiring evening at which we can celebrate the success of so many of our staff and teams. Much work has continued to be carried out at the Trust, within places and in integrated care systems to develop operating and financial plans for 2023/24. **The financial environment is set to become much tougher** and whilst we feel confident in submitting a break-even plan for the Trust this coming year, this is not the case for all providers, with some high deficits initially being submitted. Our own plans will need to be supported by further development of effective value for money and efficiency arrangements The Children's Commissioner has recently published a report regarding children's mental health in 2021/22. The report contains 10 recommendations, and it reinforces many of the challenges we face and recognise including increased demand and longer wait time to access services. One recommendation covers the roll out of mental health support teams to every school by the end of 2025 and Board members will be familiar with the benefits of this service provision following a service story at one of our recent Trust Board meetings. As ever there are some excellent examples of the achievements and contribution our staff are making. **There has been positive recognition for our Yorkshire Smokefree Barnsley service** who have helped 72% of local smokers to quit, making them the second-best performing team nationally. **A local care home manager took the time to contact our Trust about two Macmillan nurses, Kerry Hewitt and Kerry Taylor. We really have dropped lucky with these two nurses. '**They are supportive to all our team, they treat all our staff with respect, they are attentive and brilliant with following tasks through and together we achieve the best possible outcomes for our residents. I couldn't have wished for two better nurses, they truly are in a league of their own'.

	The focus of this Board meeting is on performance and monitoring. Maintaining performance in the current operating environment remains challenging and there are some areas of performance we know we need to improve on. Despite this performance is typically holding up and I extend my thanks to all of our workforce who continually demonstrate our Trust values and provide excellent care. This report updates The Brief attached **[ANNEX 1],** which itself outlines priorities and actions for all Trust staff. The Brief provides continuity of communications alongside The View, the most recent Coronavirus update and the weekly Headlines.
Recommendation:	**Trust Board is asked to NOTE the Chief Executive's report.**

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Brief

2 March 2023

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

With **all of us** in mind.

Our mission and values

NHS
South West Yorkshire Partnership
NHS Foundation Trust

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

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

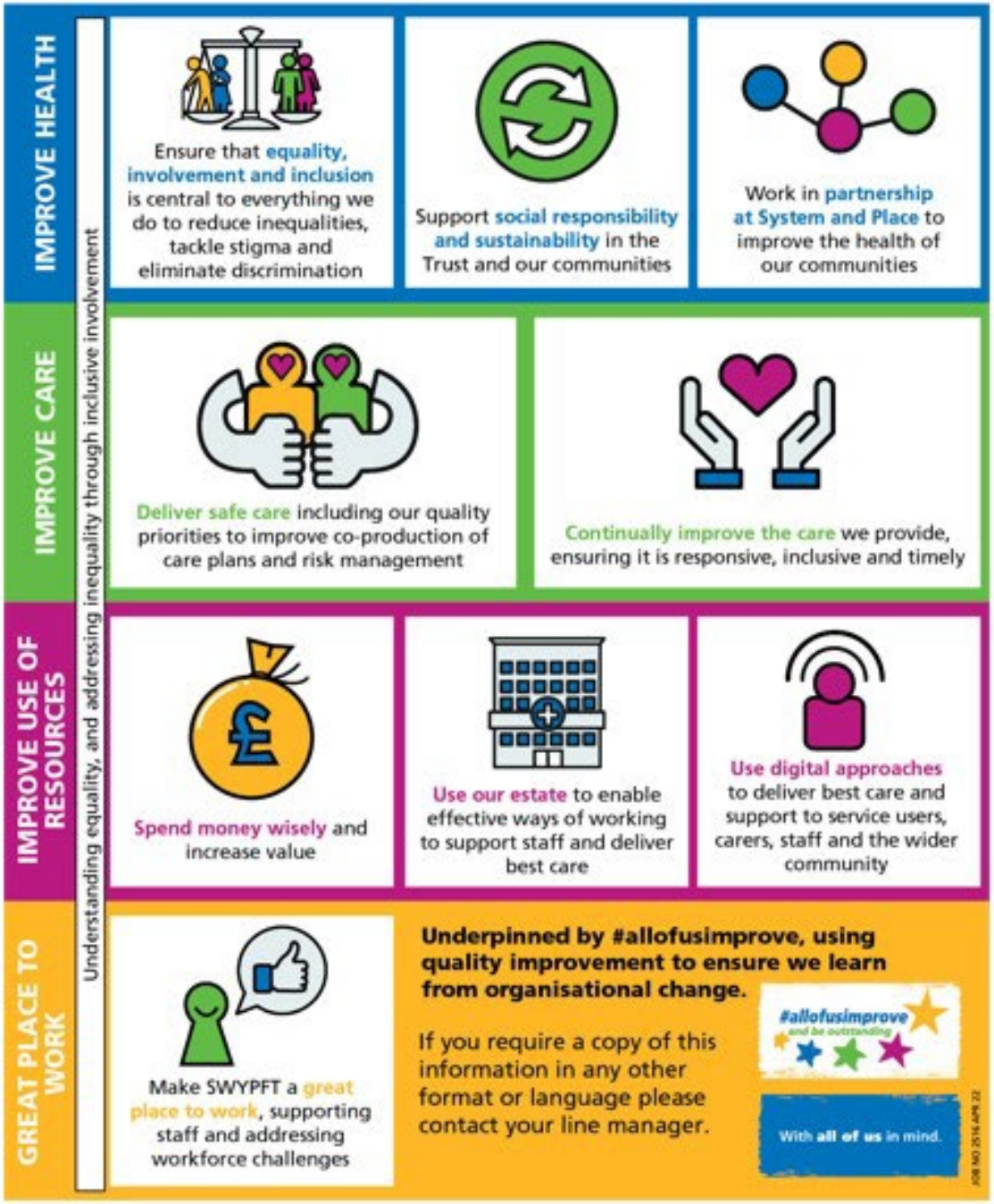
To achieve our mission we have a strong set of values:

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

"'What a difference 20 years makes". To celebrate LGBT+ History Month, matron Tim Mellard shared his story of how attitudes have changed in the time he's worked in the NHS. Information on our Trust LGBT+ staff network can be found on the intranet.

With **all of us** in mind.

Our priorities 2022-23



NHS
South West Yorkshire Partnership
NHS Foundation Trust

Our **inpatient improvement programme** continues its focus on reducing inappropriate out of area placements.

Patient safety is very important to us. Following the BBC programme on Edenfield we are focused on making improvements wherever we can.

All of Us: Please share your own personal equality data and ask service users for theirs, so we can make sure the support we provide meets everyone's needs.

Social responsibility and sustainability: We have successfully achieved Barnsley's 'Affordable Warmth Charter Mark'. The charter brings partners across the region together to share knowledge, expertise and resources on tackling health inequalities caused by fuel poverty.

The national, regional and local context

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We are continuing to work with our partners in each of our places to create a local and sustainable approach to health and care, building on the local progress we have already made.

People and communities across West Yorkshire are invited to be part of a new network called 'West Yorkshire Voice' (making a difference in health and care). This network will play an important role in influencing decision-making across the area. With already strong mechanisms in place to hear from people in local areas, the West Yorkshire Health and Care Partnership want to build on this by giving people an opportunity to also take part in the work of the new West Yorkshire Voice. Anyone interested in joining West Yorkshire Voice is asked to contact their local Healthwatch.

The Trust is working with Barnsley Hospital to deliver the **virtual ward** pathway for frailty and respiratory patients in Barnsley. This means those who require additional support with respiratory infections or frailty can now receive the care they need safely and conveniently from their usual place of residence. We have seen the number of patients on the virtual ward continue to increase, currently supporting approximately 40 patients at any one time. The plan is for this to increase to 100 by March 2024.

Our creative team in Calderdale is working with a group of people with lived experience to increase the uptake of annual physical health checks in primary care settings for people on the SMI register. When the work started uptake was only around 10%, it's now nearly 50% with an aim to get it up to 80%.

The mental health, learning disability and autism provider collaborative is progressing in South Yorkshire. Collectively joint improvement priorities have been identified. This is similar to the collaborative we are a part of in West Yorkshire.

Our older people's mental health transformation is progressing, with staff and stakeholder briefings taking place. We are finalising the business case and will then start engaging with partners in each of our areas before launching a public consultation in the Summer. Staff will be engaged and informed throughout.

Improving Health
Our performance in Jan

NHS South West Yorkshire Partnership NHS Foundation Trust

- **57.1%** of people completing IAPT treatment and moving into recovery
- **97.7%** of IAPT referrals beginning treatment within 18 weeks. **99.8%** within 6 weeks.
- **87.1%** of MH service users followed up within 72 hours of discharge from inpatient care
- **84.2%** of people with a risk assessment/staying safe plan in place within 24 hours of admission (for inpatients)
- **68.7%** of people with a risk assessment/staying safe plan in place within 7 days of first contact (for community)
- **93.8%** of people died in a place of their choosing
- **4.3%** delayed transfer of care
- **72%** in CAMHS services waiting less than 18 weeks for treatment

Planned industrial action by junior doctors. Industrial action by junior doctors has now been confirmed for Monday 13, Tuesday 14 and Wednesday 15 March 2023. The 72 hour strike will start at 06:59 on Monday 13 March 2023 and finish at 07:00 on Thursday 16 March 2023. Timely information and further updates will be available on the intranet.

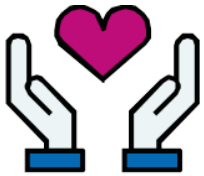
The Trust has started rolling out e-learning training on the Recommended Summary Plan for Emergency Care and Treatment (**ReSPECT),** which is aimed at both clinical and non-clinical staff. This essential on the job training consists of three levels and is accessed through ESR.

We're looking to recruit new **improvement champions** to join our improvement network. Champions can be working in any area of the Trust and can be any grade. Any staff member who is interested in improvement, can register as a champion or find out more by contacting allofusimprove@swyt.nhs.uk

#allofusimprove and be outstanding

With **all of us** in mind.

Improving Care
Our performance in Jan



NHS
South West Yorkshire Partnership
NHS Foundation Trust

- **482** inappropriate out of area bed days
- **2** young people under 18 admitted onto adult inpatient wards
- **88.9%** waiting for referral to assessment within 2 weeks
- **98.8%** waiting for assessment to treatment within 6 weeks
- **47** days is the average length of stay on adult acute mental health wards
- **50.5%** of service users on CPA offered a copy of their care plan
- **70.2%** of our mental health service users have their equality data recorded

93% of respondents in the friends and family test rated our general community services either good or very good; **83%** in our mental health services, **74%** CAMHS, **88%** for learning disability services, and **42%** for ADHD services.

Patients Know Best (PKB). More information is available ahead of the planned rollout of PKB in Spring 2023. The PKB intranet page has been updated to include a video demonstration of PKB; actions to record a person's digital access preferences on SystmOne; and information about running focus groups. It also includes information on an online service user and carer workshop on Thursday 9 March, 10.30am – 12pm.

A new film has been developed to help service users, their families, carers and loved ones, understand the patient journey of admission to one of our forensic wards. The three-minute video was developed following a series of discovery interviews with patients, who have been admitted to a forensics ward at the Trust, and their carers.

With **all of us** in mind.

Improving Care Incidents in Jan

NHS
South West Yorkshire Partnership
NHS Foundation Trust

In January we reported:

- **1,205** incidents – **806** rated green (no/low harm)
- **331** were rated yellow and **58** rated amber
- **10** rated as red (incident severity is reviewed and may be downgraded)
- **95%** of incidents resulted in no or low **actual** harm, or were external to our care
- **40** patient safety incidents that resulted in moderate or severe harm or patient safety related death. They were **22** category 3 and **1** category 4 pressure ulcers, **10** self harm incidents, **1** physical violence by other against patient, **3** patient falls, and **3** apparent suicide.

We had **221** restraint interventions in January, up from 189 in December. **95.2%** of prone restraints were 3 minutes or less. We continue to offer support and advice to teams around reducing restrictive interventions.

We had **51** falls in January. It was 59 last month. All falls are reviewed to identify measures required to prevent reoccurrence.

We had 49 pressure ulcers in January. Of these, none were identified as resulting from a lapse in care.

Talk to the trio – a conversation with Carol, Darryl and Subha

Our executive trio (chief operating officer Carol Harris, chief nurse and director of quality and professions Darryl Thompson, and chief medical officer Dr Subha Thiyagesh) invite you to have an open discussion on your thoughts and experiences. Put a date in your diary and see the Headlines for details of how to join online.

There were **12 confidentiality breaches** in January. There were 8 in December.All of us can reduce the number of patient data or sensitive information breaches at the Trust.

Think. Check. Share.

With **all of us** in mind.

Managing risk

NHS
South West Yorkshire Partnership
NHS Foundation Trust

The Corporate Organisational Risk Register (ORR) records high level risks and the controls in place to manage and mitigate them. The organisational level risks are linked to our strategic objectives; and are aligned to one of our Trust Board Committees.

Key areas of risk identified in the risk register are:

- Increased demand, acuity and complexity
- Staffing, recruitment, and access to temporary staffing where it is needed
- Staff wellbeing
- Patient safety
- Out of area bed placements
- Young people waiting for treatment and access to inpatient beds
- Confidence in our services resulting from waiting times
- IT infrastructure and cyber crime
- Health inequalities
- Inflation and cost of living pressures, including the cost of energy
- The ongoing impact of winter
- The impact of industrial action

We regularly review our risks to identify measures to mitigate them, support staff to do what is needed, and to maintain quality of care while improving services.

While COVID infection rates in the community remain steady, we have seen an increase in infections in our Trust. Please continue to do all you can to keep you and those around you safe. Up to date into is on the intranet.

Every year the Trust produces a Strategic Overview of Business and Associated Risks, which provides an analysis of the current business and associated risks for the Trust. The report has been developed for 2023/4, and will be presented to our Trust Board, and the information will be used to identify opportunities for improvement.

Managing risk
Using message apps

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We know that staff often use mobile messaging (e.g. WhatsApp) to communicate with colleagues and people who use our services. Following feedback from colleagues, here are some top tips to help you make sure that using mobile messaging continues to remain appropriate and professional:

- Take sufficient steps to safeguard confidentiality
- Consider if the message is necessary, important and from a credible source
- Make sure messages use respectful, inclusive and fair language
- Make sure messages do not compromise your reputation, or the reputation of the Trust
- Never use messaging as a way to act inappropriately e.g. to intimidate, or discriminate.

If you would like more information using messaging apps as part of your role, please speak to your line manager. Further information can also be found in the 'Acceptable Use of Communications Technology Policy and Guidelines' on the intranet.

With **all of us** in mind.

Improving resources
Our finances in January

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Performance Indicator	Year To Date	Forecast 2022 / 23
Surplus / (Deficit)	£4.3m	£3.2m
Agency Spend	£8.1m	£10.1m
	4.5%	
Overhead Costs	15%	
Financial sustainability and efficiencies	£5.4m	£6.4m
Cash	£81.1m	£80.9m
Capital	£3.5m	£7.6m
Better Payment Practice Code	95%	

The year to date surplus is £4.3m which is £1.0m higher than planned. The surplus is forecast at £3.2m in line with our plan.

Performance is measured against the West Yorkshire Integrated Care Board agency cap and as a percentage of total pay expenditure. Year to date expenditure is £8.1m which is £1.6m more than our cap.

Cash in the bank remains positive for both the year to date and forecast.

The capital forecast for 2022/23 has been reduced to £7.6m following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability.

95% of all invoices have been paid within 30 days of receipt.

A great place to work

Our performance in Jan

- **5.3%** sickness rate for the month. It is **5.3%** YTD.
- In Jan we had **65** new starters to the Trust, and **60** leavers
- We currently have **4,186** substantive members of staff
- **69.8%** of staff have a completed WorkPal appraisal
- We are below target on our **IG mandatory training**. Check you have completed yours.

Thank you to everyone who submitted a nomination to the **Excellence awards** 2023. We had 230 nominations. We are now in the judging phase. The awards will be held on 4 May at the Cedar Court in Huddersfield.

Since we promoted our **Staff App in** the Brief last month 350 people have downloaded the app for the first time. The staff app is a way to access Trust information without using Trust phones or laptops. If you would like to download it yourself go to the staff app webpage for links to the App Store and Google Play Store.

The Trust has won an international award for its successful **virtual recruitment fair** held in collaboration with local NHS partners. The West Yorkshire mental health NHS collaborative recruitment day, held in June 2022, was awarded 'Best single employer career fair' at the 2023 Eventeer Awards'.

Thank you to all of you who completed our **Flair survey** focused on equality, diversity and inclusion. We had 1,083 responses, which equates to 23% of our workforce. The feedback is now being collated and analysed and the results and accompanying actions will be shared shortly.

All **appraisals** should be completed in a rolling 12-month period from your previous appraisal. All staff should make sure that appraisals are booked in when needed. support, guidance and training please visit the intranet

We have developed a guide to help staff with their **financial wellbeing**. It contains useful advice, tips and signposting information for anyone who needs extra help at the moment.

With **all of us** in mind.

A great place to work
Raising concerns at work

NHS
South West Yorkshire Partnership
NHS Foundation Trust

We want everyone to feel safe, comfortable, and confident to speak up about a work concern or issue. It might be about professional conduct, standards of care, harassment, bullying, abuse, or general workplace issues.

If you can't resolve the issue yourself, your first point of contact to raise an issue should be your line manager. In addition, there are other sources of support available to you.

Civility and respect champions.
Behaviours such as bullying, harassment or rudeness can be resolved with a Trust champion. Our civility and respect champions are Robert Shaw, Catherine Musegedi, Lesley Cooper, Simon Ramsden, Sue Threadgold, Colin Hill, Inga Child, Grey Phiri and Michelle Williams.

Equity guardians.
Equity guardians provide advice and support to front line staff who experience hate crimes and racial abuse while at work. Our equity guardians are Jacob Agoro, Richard Watterston, Donna Somers, Rachel Chislett and Toni Burns. You can also email the guardians direct on equityguardians@swyt.nhs.uk.

Freedom to speak up guardians.
Our Freedom to Speak Up Guardians can provide confidential advice and support on how to raise concerns. Our lead guardian is Estelle Myers.

With **all of us** in mind.

More information on the support available can be found on the intranet and in our 'raising concerns at work' leaflet.

Take home messages

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Safety comes first, always. Do everything you can to keep you and your contacts safe.

Help our Trust to grow and get better by becoming an improvement champion.

Make sure you complete your IG and ReSPECT e-learning

Attend our Talk to the Trio events to share your thoughts and experiences.

Take care if using message apps, such as WhatsApp. Make sure messages are appropriate and professional.

Make sure you and your colleagues know about all the ways you can raise concerns at work.

Share our staff focused information on financial support and advice.

Make sure you prioritise your own and your colleague's wellbeing.

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

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 9.1

Private/Public paper:	**Public**		
Title:	**Integrated Performance Report (IPR)**		
Paper presented by:	**Adrian Snarr - Director of Finance & Resources/Director of Strategy & Change**		
Paper prepared by:	**Julie Williams - Deputy Director of Corporate Governance**		
Purpose:	To provide the Trust Board with the Integrated Performance Report (IPR) for February 2023.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	The Integrated Performance Report, provides assurance to Trust Board on compliance with standards, identifying emerging issues and actions being taken for all strategic risks.		
Any background papers / previously considered by:	The IPR is reviewed at public Trust Board eight times a year. On months when public meetings are not held, it is circulated to Board members, and published on the Trust website. The IPR is reviewed monthly by the Executive Management Team (EMT) The IPR is reviewed monthly at the Organisational Management Meeting (OMG)		
Executive summary:	This executive summary provides an overview of key points from the IPR for February 2023. Further detail on each area can be found within the main body of the report. **<u>Priority programmes</u>** • A third-party provider has been commissioned to undertake the procurement of a single Trust wide digital dictation solution. • The Trust wide launch of its social responsibility & sustainability improvement programme included a knowledge café, supporting communication messages and staff volunteers planting 500 trees on Trust grounds as part of the NHS Forest initiative. • Following a successful stakeholder event in December, the business case for older people's service transformation is in development. • The Trust demonstrates good progress against the majority of its priority programmes.		

- A key priority for the Trust is to improve the recording and collection of protected characteristics across all services. As of February 2023, 70.2% of service users have had their equality data recorded (ethnicity 96.3%, disability 42.1%, sexual orientation 42.6% and postcode 99.8%).
- The Trust is taking specific actions to address inequalities including the co-design of services with communities, ensuring representation is reflective of the population. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and working with primary care who have responsibility for health assessments for people with a learning disability.

NHS England Indicators (national)

The Trust continues to perform well against the majority of national metrics.

- Inappropriate out of area bed days continue to be above trajectory with 511 days used in February. This is mainly due to increased acuity, Covid-19 outbreaks and challenges to timely discharge and workforce pressures. The Trust had 18 people placed in out of area beds at the end of February. The inpatient improvement programme is focused on reducing the number of out of area placements.
- The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased to 91.6% in February from 88.6% reported in the previous month. Additional clinics have been taking place to increase capacity and this has been reflected in this month's performance.
- The percentage of children and young people with an eating disorder designated as urgent cases who require access to NICE concordant treatment within one week dropped below target to 80% (target 95%) - In February 8 out of 10 urgent cases were seen within 1 week.

Quality

Local Quality Indicators

The Trust continues to perform well against the majority of quality indicators; the following improving/exceptions and actions being taken should be noted:

Care Planning

Work continues to adopt collaborative approaches to care planning. Whilst not in line with our original improvement trajectory, the interventions put in place are demonstrating an impact with improved performance in very recent months.

A new metric has been identified which focusses on collaborative development of care and this is intended to be implemented from April 2023.

Risk Assessments

Improved performance is again being seen, particularly in inpatient areas. The improvements required have proved to be more complex than originally anticipated but are now taking increased effect.

Waiting Lists

- CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service provides additional support during the waiting period.
- Waiting times and waiting numbers for neurodevelopmental services within CAMHS remain high. Waiting list initiatives are in place, but demand continues to grow.
- 78.7% of Learning Disability referrals receive a completed assessment, care package, and commence service delivery within 18 weeks, which is below target, with staffing pressures a key reason for this. People on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need due to their wait.
- Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic – all cases are triaged and prioritised according to need.

Patient Safety Indicators

95% of patient incidents reported in February 2023 resulted in no harm or low harm or were not under the care of the Trust, an overview of key indicators is below:

- The number of restraint incidents has increased to 223 compared to 212 in January and 189 in December. Statistical analysis of data since April 2018 shows this as common cause variation.
- The percentage of prone restraint with duration of 3 minutes or less dropped below the 90% target during February to 87%. This related to 3 incidents out of a total of 23 incidents for 3 separate patients on 3 different wards. There are times when the severity of the incident means that staff are unable to change from the prone position safely in under 3 minutes. In line with usual practice, all incidents were reviewed by the Trust's reducing restrictive practice interventions (RRPI) group who were assured that safe practice was maintained.
- The number of pressure ulcers relating to a lapse in the Trust's care increased to 2 cases in February. Further details on the cases are within the main report. The Chief Nurse is ensuring a thorough review of all cases and the outcome will be reported to the Clinical Governance Clinical Safety Committee as part of the Chief Nurse report.
- The number of inpatient falls in February was 49, which is a slight decreased compared to 51 in January and is the lowest number of reported falls since June 22. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.

Our People

- Our substantive staff in post position continues to remain stable with only increase in February, despite an increased level of recruitment activity.
- Overall turnover rate in February was 13.7% which is the lowest level it has been at throughout the financial year. This is monitored against a target of between 10 to 12%.

	• Total numbers of new starters into the Trust since April 2022 continues to be higher than the number of leavers for the same period. The number of new starters is 599.9 (FTE) with 516.1 (FTE) leavers since the start of the financial year. It should be noted that this is the overall Trust figure and some services have not seen the same trend. Inpatient services have had a higher number of people leave than new starters. Further work is underway to address this. • Sickness absence in February was 5.2%. The year-to-date sickness absence position has remained at 5.3%. Cold and flu numbers have significantly reduced in February. Sickness continues to cause pressure within services and staff wellbeing remains a key focus for managers. • Rolling appraisal compliance rate for February has increased to 71.5%. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals. Actions are in place to address hotspot areas. • Overall mandatory training is at 90.1% compliance which exceeds the Trust target of 80%. Focus is being applied to Cardiopulmonary Resuscitation (CPR) 75.1%, Food Safety 79.8%, Reducing Restrictive Physical Interventions (RRPI) 74.5% and Information Governance (84.8%), where improvement is required. **<u>Locality</u>** • The care group summary section highlights the "hotspot" performance areas for the month of February, which include: o Except for CAMHS all care groups are under the 80% threshold for appraisals. o Delayed transfers of care across all mental health and learning disability inpatient services. o Sickness levels remain above Trust thresholds for all areas with particular pressures in mental health inpatient and forensic services. o Inpatient, forensics, and learning disability services have a number of challenges given operational and staffing pressures, which are closed monitored and managed by the operations management team. Further detail around mitigating actions can be seen in the locality section of the report. • Seasonal illness and ongoing industrial action pressures continue to impact on the Trust and our partners resulting in significant challenges across our local places and integrated care systems. • Mental health acute wards have continued to manage high levels of demand, and acuity, and have been impacted by covid outbreaks. • High occupancy levels across mental health wards and capacity to meet demand for beds remains challenging. • Workforce challenges have continued, with staff absences due to sickness and difficulties sourcing bank and agency staff on top of vacancies leading to some staffing shortages across the wards. Workforce challenges are

	being supported through the Trust wide recruitment and retention programme. • Challenges with demand outstripping capacity in the Single Point of Access (SPA) services remains high with referrals being risk screened to ensure that urgent demand is met. Work to maintain patient flow continues, with the use of out of area beds being closely managed. • During February, there was a further increase in the number of delayed transfers of care due to the availability of options to support people with complex needs on discharge. Work with systems partners at place continues to explore and optimise all community solutions to get people home as soon as they are ready. We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches. • The children's eating disorder pathways remain under demand pressure as a consequence of increasing referrals and limited staff capacity. This is consistent with national trends and has contributed to difficulties in achieving national response targets. • Access to tier 4 beds for children remains a risk and currently more challenging due to pressures within the current provider. Work is taking place across local systems to ensure that care is provided in the best place for children who are waiting for a bed. • Pressures continue within Barnsley neighbourhood nursing services with continued high levels of demand and workforce issues. Despite these pressures the 2-hour urgent crisis response time continues to be exceeded with 85% of cases receiving a response within 2 hours against a national standard of 70%. **<u>Finance</u>** • In month financial performance is a deficit of £0.6m with a year-to-date surplus of £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan. • Agency spend in February was £818k, with year to date spend of £8.9m. The Trust's agency group is establishing further actions to reduce agency spend • The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme and has been agreed with the West Yorkshire ICB capital programme. Capital spend to date is £4.3m. • Cash in the bank remains positive at £81.8m • Pay costs were £19.7m in February, compared to last month which was £16.9m. Expenditure recorded in February is taking account of year end accruals and provisions in relation to pay. • Out of area bed costs were £508k in February, an increase from £474k in January. • Performance against the Better Payment Practice Code remains at 95%.
	Trust Board is asked to NOTE the Integrated Performance Report and COMMENT accordingly.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Integrated Performance Report
Strategic Overview

February 2023

With **all of us** in mind.

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Table of Contents

Click on each section heading to navigate to that section

Introduction

Please find the Trust's Integrated Performance Report (IPR) for February 2023. The development of the IPR will continue to evolve to reflect any changes in the operational environment.

The Trust has developed care group summary reports for inclusion in the IPR. This is to provide an overview of performance against key indicators by care group in order to give assurance regarding the quality and safety of the care we provide. These have been added to the start of the care groups section.

Many of the agreed metrics identified to monitor performance against our strategic objectives have been populated, whilst others are in development with indicative timescales provided. The deputy director of corporate governance is meeting with executive directors to discuss and agree metrics for inclusion in the report for 23/24.

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

It is worth reminding the reader of the report of the Trust's four strategic objectives against which our performance metrics are designed to measure progress. These are:
- Improving health
- Improving care
- Improving resources
- Making SWYPFT a great place to work

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:
- Executive summary
- Priority programmes
- Covid-19 response
- Emergency preparedness, resilience and response (EPRR)
- Quality
- People
- National metrics
- Care groups
- Finance & contracting
- Systemwide monitoring

The priority programmes section has been updated to reflect the Trust's priorities and associated metrics for 2022/23. The national metrics section has also been updated to reflect changes in the NHS oversight framework, long-term planning metrics and NHS standard contract metrics. We also need to consider how Trust Board monitors performance against the reset and recovery programme. The Trust is also keen to include performance data related to the West Yorkshire and South Yorkshire Integrated Care Systems (ICSs) – this is an iterative process as work is underway within the ICSs to determine how performance against their key objectives will be assessed and reported. Our Integrated Performance Strategic Overview Report is publicly available on the internet.

This section has been developed to demonstrate progress being made against the Trust objectives using a range of key metrics. More detail is included in the relevant sections of the Integrated Performance Report.

Priority programmes

• A third-party provider (James Harvard) has now been commissioned to undertake the procurement of a single Trust wide digital dictation solution with the revised timescale of May 2023.
• The Trustwide launch of social responsibility & sustainability improvement programme includes knowledge café, supporting communication messages and staff volunteers planting 500 trees on Trust grounds as part of the NHS Forest initiative.
• Following a successful stakeholder event in December, the business case for Older People service transformation is in development.
• The Trust demonstrates good progress against the majority of its priority programmes. With the majority of key milestones reporting delivery of actions within agreed timescales.
• A key priority for the Trust is to improve the recording and collection of protected characteristics across all services, as at February 2023, 70.2% of service users have had their equality data recorded (ethnicity 96.3%, disability 42.1%, sexual orientation 42.6% and postcode 99.8%). Whist recording postcode is not technically part of equality data it does help identify referrals from areas with higher levels of deprivation, which could indicate inequalities in relation to healthcare access, experience and outcomes.
• Work continues to ensure data capture will be extended to all services, this work is monitored by the Trust's Equality, Inclusion and Involvement Committee.
• Specific actions the Trust is taking to address inequalities include co-designing services with communities, ensuring representation is reflective of the population and covers all protected groups and carers. Approaches being used include community reporters and researchers to capture patient stories, offering enhanced equality and diversity training and ensuring health assessments for people with a learning disability.

Covid-19

• Protocols are in place to maintain staff and patient safety.
• The Covid-19 Moving Forward Group continues to monitor Covid-19 prevalence, measures and national guidance.
• The Trust OPEL level remains at an average of 2.8 with two service areas operating at OPEL 2. Seven service areas are now at OPEL 3.

Quality

Trust continues to perform well against the majority of quality indicators; however, the following improving/exceptions and actions being taken should be noted:

Care Planning

Work continues in front line services to adopt collaborative approaches to care planning. The February data is provisional and the refreshed January data shows improvement. A new metric has been identified which focusses on collaborative development of care and this is intended to be implemented from April 2023. A new method of recording on SystmOne has already been implemented in readiness for the new metric and has had a positive impact. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated. Improvement is expected to continue working towards full achievement of the target in Q1 2023/24.

Risk Assessments

February data is provisional. Refreshed January data shows improvement. All areas are working to improve performance. Issues with data capture, service pressures and data quality are being addressed but have proved to be more complex. To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated.

Quality continued

Waiting Lists

• CAMHS continue to prioritise children with high levels of need and if a child's needs escalate whilst they are waiting for a service, the service provides additional support during the waiting period.

• Waiting times and waiting numbers for neurodevelopmental services within CAMHS remain high. As previously reported, waiting list initiatives are in place to work towards stabilising this position. Children do not need to have a diagnosis in order to receive a CAMHS service and services will be provided to meet their presenting needs.

• Waiting list times continue to be an issue due to staffing/operational pressures in community learning disability services, with 78.7% (against a target of 90%) of Learning Disability referrals where patients have had a completed assessment, care package and commenced service delivery within 18 weeks. People on waiting lists are receiving regular welfare phone calls to ensure they remain well and have not escalated in need due to their wait.

• Adult Attention Deficit Hyperactivity Disorder (ADHD) and autism referrals continue to be at levels higher than pre-pandemic – cases are triaged and prioritised according to need.

Patient Safety Indicators

95% of patient incidents reported in February 2023 resulted in no harm or low harm or were not under the care of the Trust, an overview of key indicators is below:

• The number of restraint incidents has increased slightly to 223 compared to 212 in January and 189 in December. Statistical analysis of data since April 2018 shows that the number of restraint incidents month on month is stable, not showing any cause for cause concern and is within acceptable range. This is described as common cause variation within the report.

• The percentage of prone restraint with duration of 3 minutes or less dropped below the 90% target during February to 87%. This related to 3 incidents out of a total of 23 incidents for 3 separate patients on 3 different wards. There are times when the severity of the incident means that staff are unable to change from the prone position safely in under 3 minutes. In line with usual practice, all incidents were reviewed by the Trust's reducing restrictive practice interventions group who were assured that safe practice was maintained.

• The number of pressure ulcers relating to a lapse in the Trust's care increased to 2 cases in February. Further details on the cases are within the main report. The Chief Nurse is ensuring a thorough review of all cases and the outcome will be reported to the Clinical Governance Clinical Safety Committee as part of the Chief Nurse report.

• The number of inpatient falls in February was 49, which is a slight decreased compared to 51 in January and is the lowest number of reported falls since June 22. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are investigated.

People

• Our substantive staff in post position continues to remain stable and has only increased slightly in February, despite an increased level of recruitment activity. The number of people joining the Trust outnumbered leavers in February.
• Overall turnover rate in February was 13.7% which is the lowest level it has been at throughout the financial year. This is monitored against a target of between 10 to 12%.
• Total numbers of new starters into the Trust since April continues to be higher than the number of leavers for the same period. The number of new starters is 599.9 (FTE) with 516.1 (FTE) leavers since the start of the financial year. It should be noted that this is the overall Trust figure and some services have not seen the same trend. Inpatient services in particular have had a higher number of people leave than new starters. Further work is underway to address this.
• Sickness absence in February was 5.3%, which remains the same as reported in January. The year-to-date sickness absence position has dropped by 0.1% to 5.2%. Cold and flu numbers have significantly reduced in February. However, Covid-19 has increased by 1.6% to 7.1%. Sickness continues to cause pressure within services and staff wellbeing remains a key focus for managers.
• Rolling appraisal compliance rate for February has increased to 71.5%. Actions are in place to address hotspot areas in care groups and support services and the focus continues across the Trust to prioritise appraisals.
• Overall mandatory training is at 90.1% compliance which exceeds the Trust target of 80%, this has increased from 89.4% reported in January. However, Cardiopulmonary Resuscitation (CPR) 75.1%, Food Safety 79.8%, and Reducing Restrictive Physical Interventions (RRPI) 74.5% are below the Trust 80% target. Information Governance is also below required levels (84.8%) against a target of 95%. Targeted actions are in place and compliance is reported monthly to the Executive Management Team (EMT) with hot spot reports reviewed by the Operational Management Group (OMG).

NHS England Indicators (National)

The Trust continues to perform well against the majority of national metrics. The following performance should be noted:
• Inappropriate out of area bed days continue to be above trajectory with 511 days in February. This is an increase from the numbers reported in the last two months. This mainly relates to increased acuity, Covid-19 outbreaks and challenges to timely discharge. Workforce pressures also impact the successful management of acuity. The Trust had 18 people placed in out of area beds at the end of February. The inpatient improvement programme is aiming to address the workforce challenges. Systems are in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible.
• The percentage of service users seen for a diagnostic appointment (paediatric audiology) within 6 weeks increased to 91.6% in February from 88.6% reported in the previous month, however, this remains below the national threshold of 99%. This metric relates to the Trust's Paediatric Audiology service which is a small service and there have been a number of staffing issues that have impacted on clinic availability. Additional clinics have been taking place to increase capacity and this has been reflected in this month's performance which is expected to continue.
• The percentage of children and young people with an eating disorder designated as urgent cases who require access to NICE concordant treatment within one week dropped below target to 80% (target 95%) - In February 8 out of 10 urgent cases were seen within 1 week. The reason behind these breaches related to the cancellation of appointments, one by the Trust due to temporary capacity issues and the second by the family.

Care Groups

• The care group summary section describes the “hotspot” performance areas for the month of February, these are as follows:
 o Except for CAMHS all care groups are under the 80% threshold for appraisals.
 o Except Barnsley general community services information governance training compliance is not being met.
 o Delayed transfers of care across all mental health and learning disability inpatient services.
 o Sickness levels remain above Trust thresholds for all areas with particular pressures in mental health inpatient and forensic services.
Further detail around mitigating actions can be seen in the locality section of the report.
• Seasonal illness and ongoing industrial action pressures continue to impact on the Trust and our partners resulting in significant challenges across our local places and integrated care systems.
• Mental health acute wards have continued to manage high levels of acuity and have been impacted by covid outbreaks.
• High occupancy levels across mental health wards and capacity to meet demand for beds remains challenging.
• Workforce challenges have continued, with staff absences due to sickness and difficulties sourcing bank and agency staff on top of vacancies leading to staffing shortages across the wards. Workforce challenges are being supported through Trust wide recruitment and retention programme.
• Challenges with demand outstripping capacity in the Single Point of Access (SPA) services remains high with referrals being risk screened to ensure that urgent demand is met. This increases the risk of routine triage and assessment being delated. Work to maintain patient flow continues, with the use of out of area beds being closely managed, however usage continued to be high and had increased during February.
• During February, there was a further increase in the number of delayed transfers of care due to the availability of options to support people with complex needs on discharge. Work with systems partners at place continues to explore and optimise all community solutions to get people home as soon as they are ready. We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches.
• The children’s eating disorder pathways remain under demand pressure as a consequence of increasing referrals and limited staff capacity. This is consistent with national trends and has contributed to difficulties in achieving national response targets.
• Access to tier 4 beds for children remains a risk and currently more challenging due to pressures within the current provider. Work is taking place across local systems to ensure that care is provided in the best place for children who are waiting for a bed.
• Pressures continue within Barnsley neighbourhood nursing services with continued high levels of demand and workforce issues. However, despite these pressures the 2-hour urgent crisis response time continues to be exceeded with 85% of cases receiving a response within 2 hours against a national standard of 70%.

Finance

• In month financial performance is a deficit of £0.6m with a year-to-date surplus of £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan.
• Agency spend in February was £818k, with year to date spend of £8.9m.
• Actions are in place to address agency spend, which is being overseen by the Trust’s agency group.
• The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme. Capital spend to date is £4.3m.
• Cash in the bank remains positive at £81.8m, with the year-end forecast being £79.7m.
• Pay costs were £19.7m in February, compared to last month which was £16.9m.

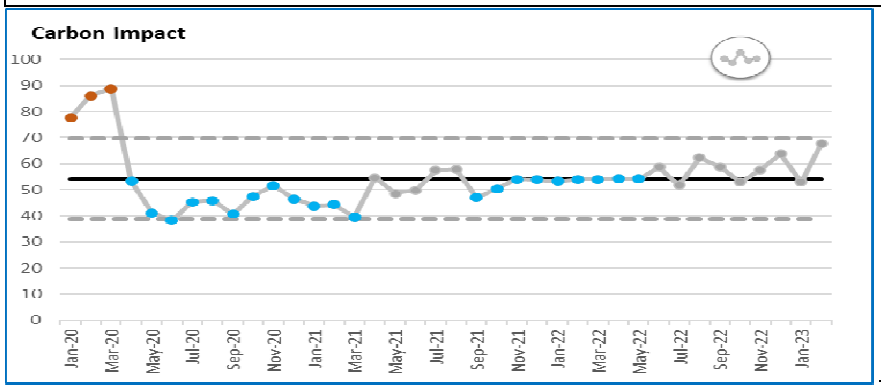
The following section highlights the performance against the Trust's strategic objectives and priority programmes for 2022/23.
For some metrics, we have identified when we anticipate this data to be available. Some of the identified metrics will be reported quarterly.
We will also incorporate statistical process control charts in each section as relevant to identify improvement or areas that require further work or investigation.
Key agreed milestones have also been identified and reporting against these will be provided at the identified date or by exception.

We have added a column which will identify variation and assurance where we are monitoring against a threshold. See appendix 2 for key to the icons used.

Improving health

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end forecast	Notes
Ensure that equality, involvement and inclusion is central to everything we do to reduce inequalities, tackle stigma & eliminate discrimination	Percentage of service users who have had their equality data recorded (ethnicity, disability, sexual orientation, deprivation, carers)	*90% (ethnicity only)*	70.3%	70.2%	70.2%			Figures shown are the combined percentage for completion of ethnicity (96.3%), disability (42.1%), sexual orientation (42.6%) and from July 2022 postcode (99.8%). The threshold is currently based on the national target for ethnicity recording only, which is already in place and being achieved. This is subject to review by the Chief Operating Officer. We are looking at developing a phased target to monitor our progress against this metric.
	Referrals and admissions by ethnicity, disability, sexual orientation, deprivation, carers	N/A	See reducing inequalities section of the report for detail					
	Timely completion of equality impact assessments (EIAs) in services and for policies (Quarterly)	100%	44.7% Service 93.0% Policy	47.5% Service 92.9% Policy	49.7% Service 92.9% Policy		Service Policy	EIAs for services are reviewed annually. This means all services have an EIA in place. The data describes the EIAs that require an annual update. Due to winter pressures and the holiday periods, we know that some services have an outstanding review date and work is being undertaken to support services with the updates.
	Completion of equality mandatory training (Quarterly)	>=80%	94.1%	94.6%	95.1%			
Support social responsibility & sustainability in the Trust & our communities	Carbon Impact (tonnes CO2e) - business miles	76	64	53	68			Data showing the carbon impact of staff travel / business miles. In February staff travel contributed 68 tonnes of carbon to the atmosphere. Mileage is shown against the month it was paid in, not in the month in which the journeys were travelled. i.e. The figure for February relates to business journeys undertaken in January and paid in February.
Work in partnerships at System & Place to improve the health of our communities	Smoking Quit rates for patients seen by SWYPFT Stop Smoking services (4 weeks), by ethnicity, disability, sexual orientation and deprivation	55%	64.3%	Due May 2023				Reported 6 weeks in arrears. A weighted average is used given there are different targets in different places.
	Forensic lead provider: % of patients in service with a physical health check and % with a care improvement and maintenance plan in place	100%	Q3 - Medium Secure - 100% & 100% Q3 - Low	Due April 2023				Q2 - England position for Medium Secure is 95% and 97% respectively and for Low Secure is 92% and 99% respectively. Q3 information is not yet published.

What the data is telling us. Statistical process control charts will be inserted here to alert the reader to charts which identify improvement or that require further work or investigation



The SPC chart shows that as at February 2023 we are in a period of common cause variation - no action is required. The drop in mileage figures are a direct consequence of Covid-19 and now that restrictions are being lifted and face to face activity is increasing we should anticipate that this will rise. Levels are not expected to return to those seen pre-Covid-19 as there should be a more blended approach to working going forward. The performance against this measure will continue to be monitored and if required, the upper and lower control limits re-calculated to include post-Covid-19 levels only.

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

Below we have set out progress against the key agreed milestones. Reporting against these milestones is provided at the identified date or by exception.

Implementation deliverables	
	On Target to deliver within agreed timescales
	On Trajectory but concerns on ability/confident to deliver within agreed timescales
	Off Trajectory and concerns on ability/capacity to deliver within agreed timescales
	Action will not be delivered within agreed timescales
	Action Complete

Improve health

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)

Support social responsibility & sustainability in the Trust & our communities	Phase 1, developing the social responsibility and sustainability action plan, to be completed by July 2023		Work has continued on developing the metrics for measurement of delivery against the strategy. This is on track to be delivered by the end of March so we can commence quarterly reporting in line with the plan. Work is in hand to trial e-bikes in the Trust. Plans are being developed for a session at Extended EMT with an external speaker to stimulate discussion and even more activity across all areas.
Work in partnerships at System & Place to improve the health of our communities	Forensic lead provider, West Yorkshire: • Progress the repatriation plan for West Yorkshire residents, achievement of annual targets against strategic repatriation ambition (quarterly update)		Review of those out of area and repatriations is included in weekly meetings of the Single Point of Access (SPA) service.
	Forensic lead provider, West Yorkshire: • Achieve annual financial plan (quarterly update)		The provider collaborative is operating with financial surplus. Oversight is via the Trust Collaborative Committee.
	Forensic lead provider, South Yorkshire: • Achieve annual financial plan (quarterly update)		The provider collaborative is operating with financial surplus. Oversight is via the Trust Collaborative Committee.
	Community Mental Health transformation: Identify actions for SWYPFT to support implementation of next phase. April 2023		Work continues on developing an understanding of the requirement of SWYPFT in the next phase of transformation and internal coordination of this activity to support implementation.
	Community Mental Health transformation: Develop internal and external communication messages to raise awareness and promote understanding of SWYPFT role in next phase of transformation. May 2023		Work has commenced in February following alignment work.

Improve Care

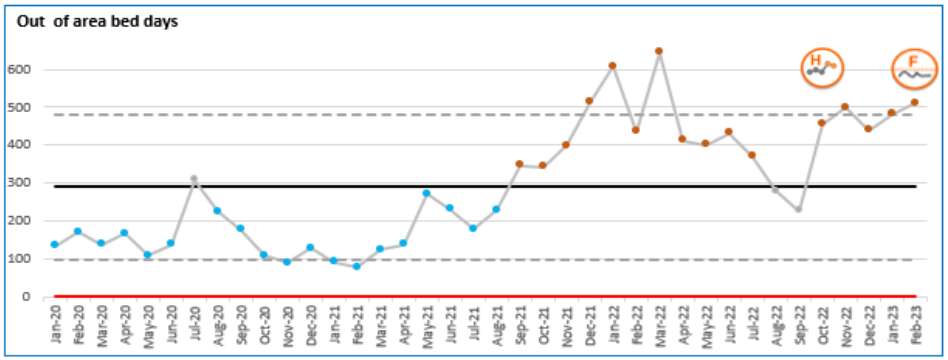
Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end forecast	Notes
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	*Oct - 85% Nov - 90% Dec - 95%*	76.6%	83.6%	*87.7%*			February data is provisional. Refreshed January data shows improvement. All areas are working to improve performance. Issues with data capture, service pressures and data quality are being addressed but have proved to be more complex. To monitor safe practice, the operational management group reviews data on breaches of target and associated actions and the clinical governance group monitors quality. Trajectory to achieve full performance by Q3 has not yet been achieved and year end projection has been updated.
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	*Oct - 85% Nov - 90% Dec - 95%*	74.3%	68.2%	*68.4%*			
	% Service users on CPA offered a copy of their care plan	*Nov - 40% Dec - 50% Jan - 60% Feb - 70% Mar - 80%*	44.1%	50.5%	58.6%			Work continues in front line services to adopt collaborative approaches to care planning. Taking a quality improvement approach has enabled a deeper understanding of the problem, the changes being implemented are starting to show positive results. This increase in performance is expected to continue and will be monitored through the improvement group who are currently revising trajectories based upon the improvements over the last few months and ongoing support in place. A new metric has been identified which focusses on collaborative development of care and this is intended to be implemented from April 2023. A new method of recording on SystmOne has already been implemented in readiness for the new metric, and has had a positive impact.
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Number of staff in post on adult acute mental health inpatient wards	323.2	262.6	258.6	261.1			Overall upward trend in numbers. In February we had 8 new hires and 14.5 WTEs gained substantive or fixed term contracts.
	Average length of stay in adult acute mental health inpatient wards	*32 (national benchmark)*	57	47	29			Data based on adult acute discharges only. Individuals are being admitted at a higher level of acuity, taking longer to reach recovery as well as the challenge with delayed transfers of care. Length of stay is continuously monitored through the patient flow team. The figure for February is lower than it has been for a number of months but remains within acceptable range.
	Number of violence and aggression incidents against staff on mental health wards involving race	Trend monitor	28	26	27		N/A	Remains in common cause variation.
	Inappropriate out of area bed placements (days)	Q4 - 630	439	482	511			See statistical process chart below for further detail.
	Percentage of video consultations	Trend monitor	1.6%	1.6%	1.6%		N/A	Performance has plateaued reflecting new ways of working post-Covid
	Percentage of telephone consultations	Trend monitor	29.9%	28.8%	28.2%		N/A	
	Percentage of face to face consultations	Trend monitor	68.5%	69.6%	70.2%		N/A	
	CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Calderdale	126	694	416	645			Clients are seen in order of need and not according to how long they have waited. The longest wait for those seen in the month, although arbitrary, was 801 days, the shortest was 63 days. The number on a waiting list at the end of February was 311. Please see locality section for further detail on neuro waiting times.
	CAMHS - Average wait (days) to neurodevelopmental assessment from referral - Kirklees	126	469	478	493			Clients are seen in order of need and not according to how long they have waited. The longest wait for those seen in the month, although arbitrary, was 794 days, the shortest was 147 days. The number on a waiting list at the end of February was 1452.
	Learning Disability - % Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks	90%	78.3% 54/69	80.0% 44/55	78.7% 37/47			Small numbers impact the percentages in this metric. We remain in common cause variation. Teams have faced recruitment issues which have impacted performance however recruitment is underway and some post have been filled recently which should have a positive impact in coming months . Waiting list project being rolled out which will ensure all cases on waiting lists receive welfare checks.

Improve Care Continued

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end forecast	Notes
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Referral to assessment within 2 weeks (external referrals)	75%	72.3%	88.9%	82.6%			Demand into the single point of access (SPA) and capacity issues has lead to ongoing pressures in the service which have impacted on previous months performance. Workforce challenges are continuing to compound these problems and have been increasing. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed in all areas. Wakefield SPA presently under significant pressure and a specific improvement plan has been formulated looking at partnerships, roles and functions across the locality, including further integration opportunities with community transformation. The situation is being kept under close review by general managers and teams and all possible mitigations are in place.
	Assessment to treatment within 6 weeks (external referrals)	70%	98.0%	98.8%	99.1%			

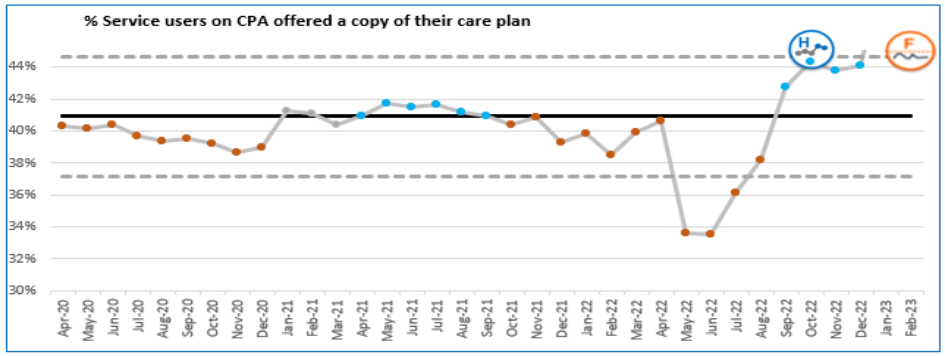
Glossary	
CAMHS	Child and adolescent mental health services
CPA	Care Programme Approach
WTE	Whole time equivalent

What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)



There has been a step change increase in out of area bed usage from summer 2021 onwards. There are several reasons for the increase including staffing pressures across the wards, increased acuity, covid outbreaks and challenges to discharging people in a timely way.

The inpatient improvement programme is aiming to address many of the workforce challenges. Systems are being put in place to manage and unblock barriers to discharge as well as effective coordination of out of area placements so that people can be repatriated as quickly as possible. Many of these challenges are happening across other providers nationally. The Trust had 18 people placed in out of area beds at the end of February 2023 due demand and other operational pressures.



Performance against the percentage of service users offered a copy of their care plan remains in special cause improving variation. Work continues in front line services to adopt collaborative approaches to care planning. A new person-centred metric has been identified and work is being undertaken to implement this in the coming months which will improve performance. The SPC chart shows that we have entered a period of special cause improving performance which is indicative of the changes to the process that have been made.

	Variation Icons The icon which represents the last data point on an SPC chart is displayed.						Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

Improve Care

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Deliver safe care including our quality priorities to improve coproduction of care plans and risk management	Use the Patient Safety Incident Response Framework to analyse our data and intelligence to identify the Trust's patient safety priority areas. Phase one: Orientation by 30/11/2022 completed Phase two: Diagnostic and discovery by 31/3/2023 Phase three: governance and quality monitoring by 31/5/2023 Phase four: patient safety response planning by 30/06/2023 Phase five: Curate and agree patient safety policy and plan by 31/8/2023 Go Live: Develop comprehensive improvement plans by September 2023		Phase one is now completed and Phase two is on track.
	Six stage Quality Improvement (QI) process to be used as part of the care planning and risk assessment improvement programme to March 2023		On track
Continually improve the care we provide, ensuring it is responsive, inclusive & timely	Improving Access to Care (IATC): Update on improvement work to reduce waits delivered to EMT March 2023.		In Community Learning Disability (LD) Services, the creation of a management tool for reporting, measuring, and managing waiting lists is being prototyped for use by Calderdale LD services which can then be rolled out across all localities. In CAMHS Neurodevelopmental Services in Kirklees and Calderdale, focused work on transition pathway has commenced with Adult ADHD/ASD services. In Adult community services – Core Psychology improvement action plan is in development. SystmOne waiting list project continues to support services in using the functionality correctly and preparing other services such as LD community for setup. Working with IT and Health Intelligence, a data framework is in development to support improvements in data capture
	Out to public consultation on Older People inpatient services by Summer 2023		First draft business case complete and shared with steering group, Extended Management Team and programme board in late February, for feedback in mid-March. Timeline for governance in development in March. Work to agree Capital and Review information for the business case to take place – March Further edit and finalisation of business case – late March onwards Presentation to Trust Board – 28th March 2023 Integrated care board (ICB) governance and NHS England/Improvement assurance processes – Spring 2023 Draft consultation document developed through April and May 2023

Improve resources

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end Forecast	Notes
Spend money wisely & increase value	Surplus/(deficit) against plan	£3,178k	(£2,147k)	£294k	(£554k)			The year to date surplus is £3.7m which is £0.7m higher than planned. The in-month deficit was as forecast and a deficit is also forecast for March 2023.
	Capital spend against plan	£13.1m	£1,196k	£2,286k	£2,036k			The capital forecast has been reduced to £7.8m reflecting current assumptions on timescales, costs and deliverability. There is significant expenditure planned for March 2023.
	Agency spend managed within the overall workforce (Monthly)	3.5%	4.1%	5.5%	4.2%			Continued usage of agency staffing as part of the overall workforce solution. Monthly performance higher than target. Additional focus and scrutiny being placed on agency spend.
	Overhead costs	TBC	15%	15%	15%			Threshold to be confirmed
	Financial sustainability and efficiencies delivered over time	£6,350k	£469k	£469k	£469k			Savings in line with plan although majority are non-recurrent. Key elements are lower than previous out of area placements and the impact of workforce numbers.
Use our estates to enable effective ways of working to support staff & deliver best care	Please see below table for performance against a number of estates metrics.							
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	Communication preferences of service users captured/recorded on SystmOne		Questionnaire to collect this information is live on SystmOne					
	Percentage of wards live with EPMA over time	96.5% by March 2023	79%	86%	90%			26 out of 29 wards were live in February.

Glossary

EMPA	electronic prescribing and medicines administration

What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)

Improve resources

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)

Spend money wisely and increase value	Final 2023/24 plan, including financials, delivered to the Trust Board March 2023		On track
	Patient Level Costing implementation (PLICS): Engagement process (clinical and finance) by January 2023		On track
	Patient Level Costing implementation (PLICS): Data Quality review by February 2023		On track
Use our estates to enable effective ways of working to support staff & deliver best care	Estates strategy to be approved at Trust Board by Early 2023		Draft reviewed by Executive Management Team and will be taken to Board for approval by the end of June.
Use digital approaches to deliver best care and support to service users, carers, staff and the wider community	To oversee and facilitate the introduction, configuration and development of digital access to personal health records for service users by April 2023		Patient Knows Best (PKB) original provision go live was early February but now proposing a further revision to early April/May 2023, subject to discussion and agreement in the project board on 23rd March 2023. Mainly due to the technical approach and mechanics of provisioning data into PKB.
	Implementation of a Trust wide approach to digital dictation submission for Board approval July 2023.		On track. A third party provider (James Harvard) has now been commissioned to undertake the procurement. A project board has been set up and engagement sessions held. Draft specification and invitation to tender developed. Procurement activities are underway and this phase of the project remains on track.

We have added some additional metrics from November 2022 to allow the board to review and monitor performance against a number of key estates metrics. These can be seen in the table below.

Estates	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AS	-	3			8			7			Due April 2023	
Estates Urgent Response Times - SLA 1 & 2	Improving Resources	Effective	AS	95%	Reporting commenced November 2022							97.1%	98.1%	97.6%	97.6%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good								Good	Good	Good	Good
Statutory Compliance 3	Improving Resources	Effective	AS	100%								100%	100%	100%	100%

Notes:
1 - SLA 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time
2 - PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Governance, Patient Safety, Efficiency & Effectiveness
3 - Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos

Make SWYPFT a great place to work

Priority programme	Metrics	Threshold	Dec-22	Jan-23	Feb-23	Variation/ Assurance	Year end forecast	Notes
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	Vacancy rate (Overall)	<10%	18.1%	17.9%	18.0%			Vacancies have increased by 8 WTE (Whole Time Equivalents) within month to 945 WTE. The funded establishment has increased at a faster rate than the worked WTE though this is now increasing which is positive. Continued focus on both recruitment and retention in line with forecast.
	Turnover external (12 month rolling)	>10-12<	14.2%	14.3%	13.7%			Rolling turnover is 13.7%.
	Sickness absence - Month	<=4.4%	6.3%	5.3%	5.2%			Absence rates continue to decrease, in month to 5.2%. Long term sickness absence (any sickness of 3 weeks or more) accounts for 3.8% of all absences.
	Workpal appraisals - rolling 12 months	>=90%	62.9%	69.8%	71.5%			Rolling appraisal compliance rate for February increased by 1.7% to 71.5%. Trend of completion is positive.
	Quarterly summary from staff survey. This will include response rate from underrepresented staff groups and narrative report on progress made against workforce strategy	N/A	Report to be made available once results analysed					2022 staff survey results received and under review. Process for wide engagement underway. Some initial feedback has been included in the people section of the report.

What the data is telling us. Statistical process control charts will be inserted here to alert the reader to metrics that require further work or investigation.
(SPC charts to be included here where relevant)

Make this a great place to work

Key Milestones - (report by exception and any concerns on ability and/or capacity to deliver actions within agreed timescales)			
Make SWYPFT a great place to work, supporting staff & addressing workforce challenges	People Directorate work plan has been finalised. The Great Place to Work priority programmes are under development.		A plan has been developed for pulling together a series of metrics and measurements for the Great Place to Work programme. This data will be collated after the end of March 2023 and presented to show the impact of the work that has taken place during 2022/23 on this programme. It will then be used as a baseline and developed further to provide an ongoing mechanism for reporting impact during 2023/24.

Reducing Inequalities

Addressing inequalities and demonstrating we meet the requirements of the Public Sector Equality Duty and our legal obligations under the Equality Act 2010 and NHS Constitution is a Trust priority. We know there are differential impacts on protected groups and carers and we use the joint needs assessment (JNA) data in each of our places as a baseline so we can understood the local population and meet the needs of local people:

- Every service in the Trust, and every strategy and policy have an Equality Impact Assessment (EIA)
- We have a Trust dashboard in line with NHSE and CORE20PLUS5 to track out progress for workforce and people in our services
- We are using the King's Fund approach to address inequalities and are testing this model out in service areas
- We continue to co-design services with our communities ensuring representation is reflective of the population and covers all protected groups and carers.
- We work proactively with the voluntary and community sector to reach grass roots communities
- We have started to roll out enhanced equality and diversity training to create the right conditions and culture

Key actions the Trust are taking to address inequalities are:

- Data - improving data collection gaps – addressed using the ‘All of You’ campaign, and staff development.
- Information - literature bank for equality and diversity and community films to support insight and understanding of diverse groups.
- Monitoring – the use of translation services at a service level against patient profile, and ensuring service information is in the right format and accessible
- Improving access - Identifying digital access as part of initial assessment via SystmOne.
- Involving - capturing patient and staff feedback, and equality monitoring responses to highlight specific issues.
- Development – through mandatory and enhanced training and lunch time talks we are developing our staff
- Our People - ensuring reflective and representative workforce and leadership. Removing the requirement for Maths and English qualifications.
- Stories - Using tools to capture patient stories, and approaches such as community reporters and researchers.
- Creative approaches - developed through ‘Recovery Colleges’ and ‘Creative Minds’.
- Faith - spiritual support through ‘Spirit in Mind’.

Specific examples include:

- Creative Minds worked with ‘Lead the Way’s Art Group’ to develop a piece of work that helped people with learning disabilities share their own experiences of the pandemic
- Staff at Kirklees Improving Access to Psychological Therapy (IAPT) services received training on delivering ‘Transcultural Therapy' combined with a focus on providing culturally sensitive supervision.
- IAPT are working in partnership with the voluntary organisation ‘Solace’ in Calderdale to better understand the psychological needs of asylum seekers to ensure we can improve access to services
- Recovery College Kirklees is working with the south Asian community for people with lived experience to become partners and co-facilitators delivering culturally informed groups.

Reducing Inequalities

Specific examples continued:

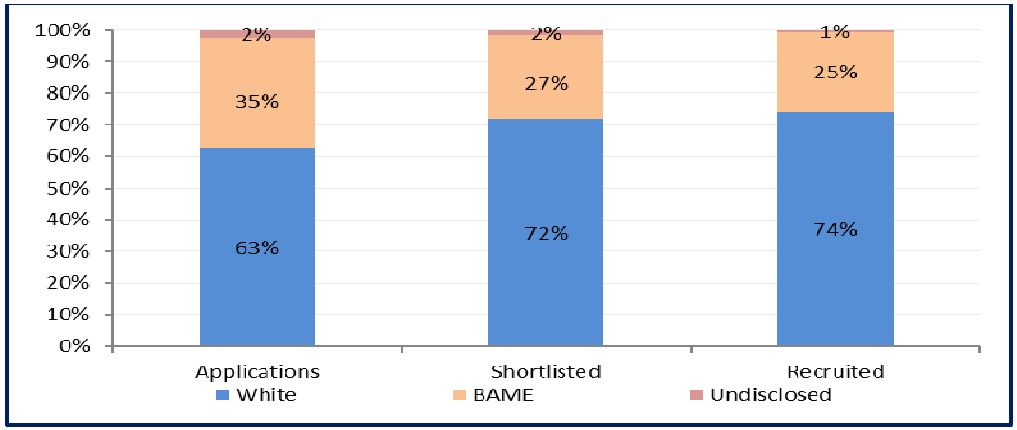
• Perinatal pathways include peer support workers as key members of staff within the new pathway design
• The Trust has an updated Transgender policy and Accessible Information Policy. Both policies have been co-designed with the voice and views of staff, lead managers, staff side, staff networks and service users, carers, and families.
• The Trust delivered a 'Disability Matters' event in August 2022.
• Wakefield CAMHS Mental Health Support Team have developed leaflets in a variety of languages based on their target audience.
• Young people were involved in the co-creation, design and development of a choose well campaign
• Kirklees carers of people with a learning disability project (funded by SWYPFT) have mapped what support is available to carers of people with a Learning Disability so people can access the support they need to continue their caring role
• In Barnsley mental health services, a gender specific role works specifically with women to focus on physical health in the recovery college and support them to access community services.
• Paediatric SALT has established a Facebook page, You Tube and Twitter feed where parents can send messages via social media, this is proving popular with service users as they can access peers and the support they need.
• The Trust increased the take up of health checks in Calderdale for people with severe mental illness by creating letters that were beautifully illustrated and less formal, so people felt engaged as soon as the letter arrived
• Then Trust have developed a consent to care, treatment, and discharge tool within SystmOne to ensure the child's voice is captured in decisions around their care
• A 'Respect Project' was set up to tackle trends in negative language and behaviours relating to ethnicity, sexual orientation, and gender. The project ran an art competition across the wards to promote positive identity and celebrate diversity

This section of the report will continue to be developed as more data becomes available and further analysis is undertaken. Some key metrics have been initially identified, with a focus on recruitment of staff into the Trust and referrals and admissions into Trust services. A key priority for the Trust is to improve the recording and collection of protected characteristics across all services - this will be monitored by the Trust's Equality, Inclusion and Involvement Committee. A campaign is being launched related to the collection and recording of protected characteristics and we anticipate this will have a positive effect on the quality of this data.

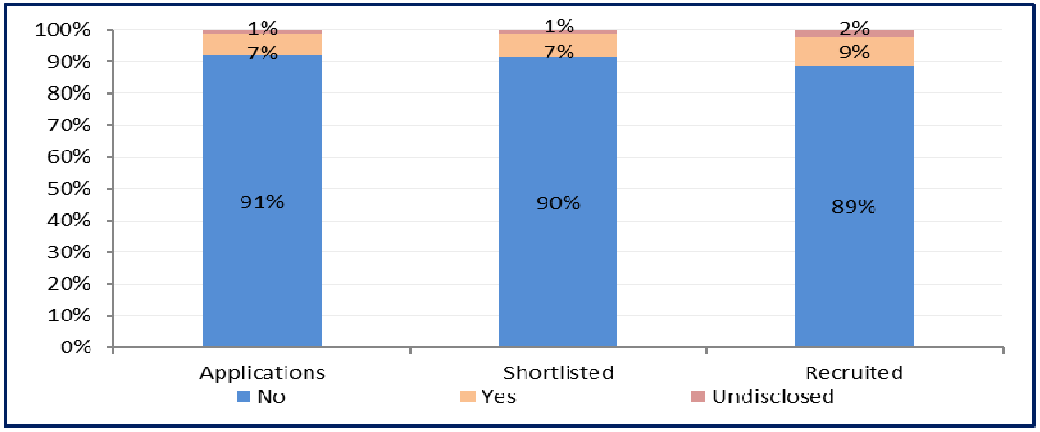
Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 3 2022-2023

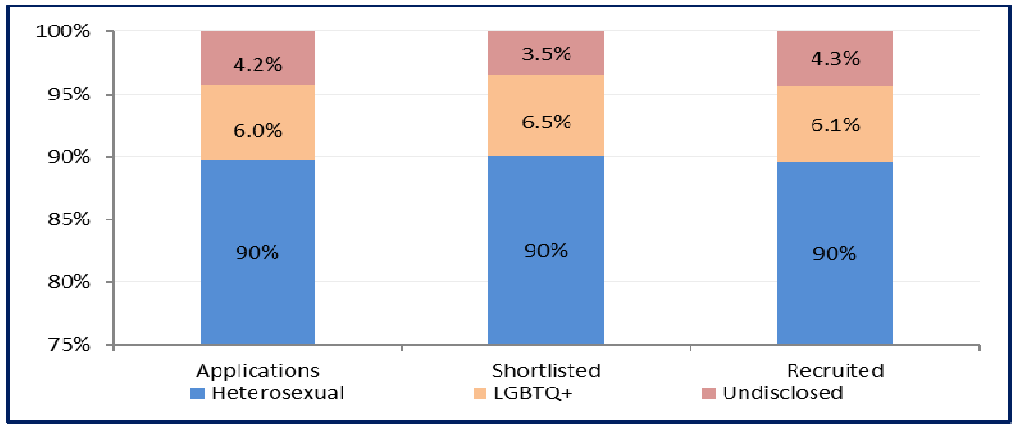
Ethnicity



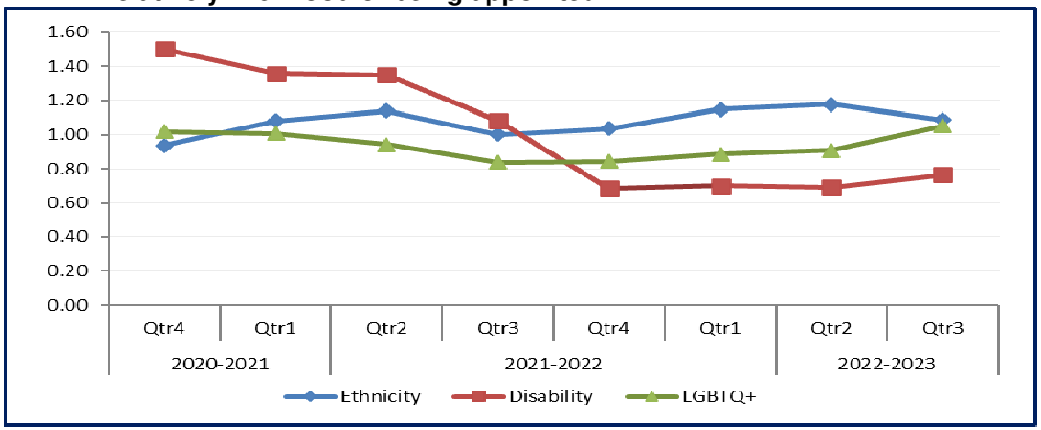
Disability



Sexual Orientation



Relatively likelihood of being appointed



Relative Likelihood YTD Quarter 3 2022-2023:	BAME:	Disability:	LGBTQ+:
	1.09	0.77	1.05

Reducing Inequalities

Recruitment - rolling 12 months to end of Quarter 3 2022-2023 Continued…

Notes:
We are now showing the trend for the relative likelihood. Including Trust population would not be helpful as we are looking at new staff entering existing population. Including local population (census) data will not be helpful as people apply for posts from outside Trust catchment area.

Undisclosed data is not used in the relative likelihood calculation for any of the three categories.

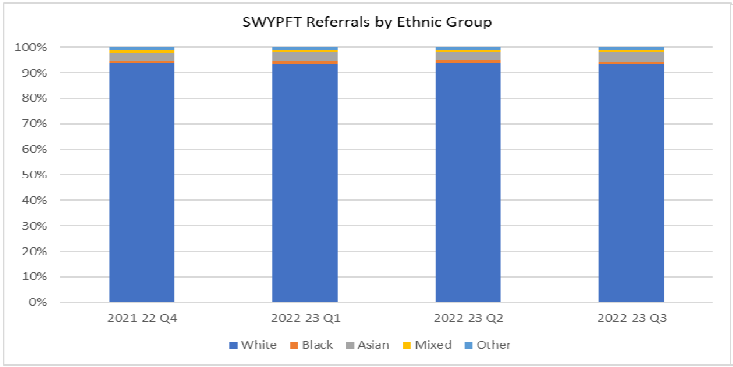
BAME - relative likelihood of being appointed compared to white applicants this quarter = 1.09
Disability - relative likelihood of being appointed compared to non-disabled applicants this quarter = 0.77
LGBTQ+ - relative likelihood of being appointed compared to heterosexual applicants this quarter = 1.05
NB Relatively large proportions of undisclosed could unintentionally skew the data

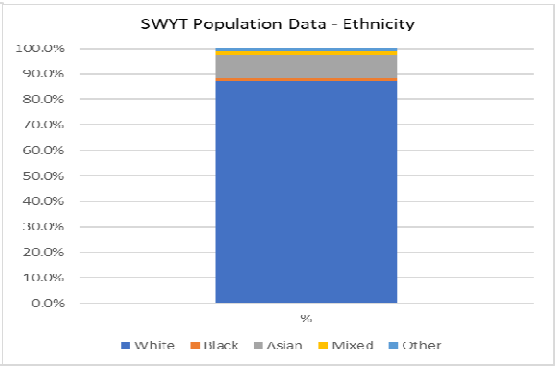
Relative likelihood key
1.00 = target figure, equally as likely to be appointed.
Greater than 1.00 = less likely to be appointed
Lower than 1.00 = more likely to be appointed

Action
Recruitment & Selection policy in the process of being reviewed
Review Recruitment & Selection training
Work with staff networks around action planning

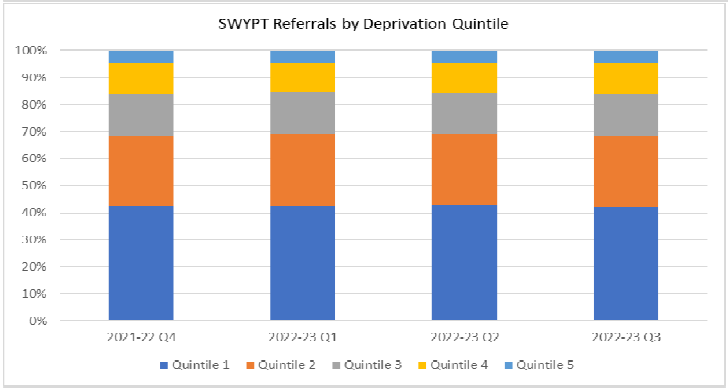
Reducing Inequalities

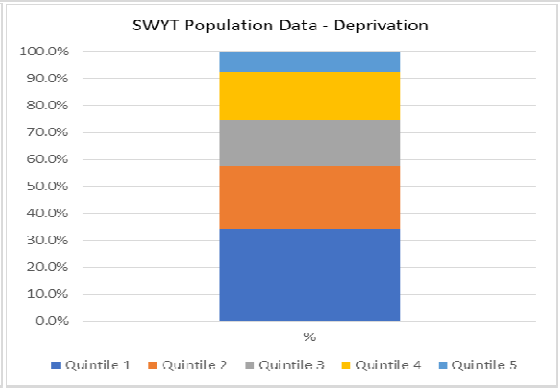
Referrals - (Includes physical health, mental heath, learning disability and forensics)





Ethnic Group	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
White	93.9%	93.6%	93.9%	93.2%	87.1%
Black	1.0%	1.1%	1.1%	1.0%	1.4%
Asian	3.0%	3.3%	3.2%	3.8%	8.9%
Mixed	0.9%	1.2%	1.0%	1.2%	1.6%
Other	1.3%	0.8%	0.9%	0.9%	1.1%





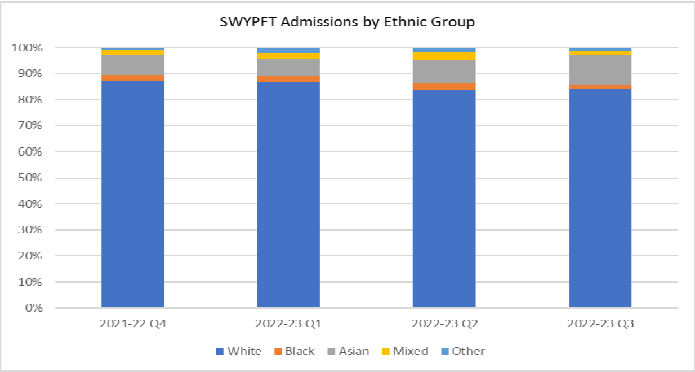
Quintile	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
Quintile 1	43.4%	41.6%	43.3%	41.8%	34.1%
Quintile 2	26.9%	26.3%	26.6%	26.5%	23.4%
Quintile 3	15.7%	15.1%	15.3%	15.6%	17.0%
Quintile 4	11.7%	10.7%	11.2%	11.4%	17.8%
Quintile 5	4.8%	4.4%	4.8%	4.7%	7.8%

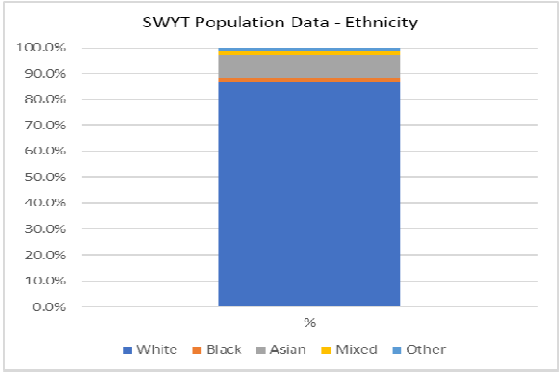
Notes:

- Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
- Charts above relate to local population data
- The Trust continues to receive more referrals for people from a white ethnic background.
- When comparing the referrals to the Trust against the ethnic make up of the local population, the proportion of people from a white ethnic background in the local population is lower that the proportion of referrals to the Trust for people from a white ethnic background.

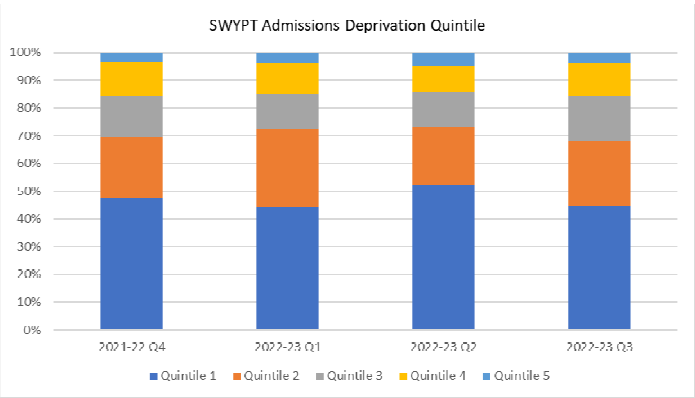
Reducing Inequalities

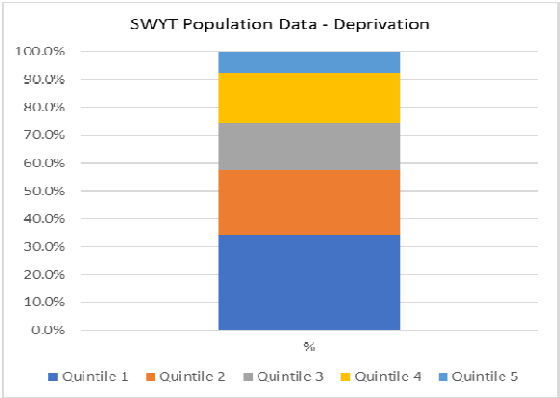
Admissions - (Includes physical health, mental heath, learning disability and forensics)





Ethnic Group	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
White	87.2%	86.6%	83.7%	84.2%	87.1%
Black	2.2%	2.2%	2.7%	1.8%	1.4%
Asian	7.9%	6.7%	8.8%	11.2%	8.9%
Mixed	1.8%	2.2%	2.9%	1.5%	1.6%
Other	0.9%	2.2%	1.8%	1.3%	1.1%





Quintile	2021-22 Q4	2022-23 Q1	2022-23 Q2	2022-23 Q3	Local Population
Quintile 1	47.9%	44.6%	52.4%	44.8%	34.1%
Quintile 2	21.5%	27.7%	21.0%	23.3%	23.4%
Quintile 3	15.0%	12.8%	12.3%	16.0%	17.0%
Quintile 4	12.0%	11.1%	9.7%	12.3%	17.8%
Quintile 5	3.5%	3.9%	4.6%	3.5%	7.8%

Notes:

- Percentage breakdowns for comparison exclude unknown/unrecorded
- Quintile 1 represents the top 20% most deprived households, based on the Indices of Multiple Deprivation
- Charts above relate to local population data
- Admissions during quarter 3 for people from a white ethnic group were at a lower proportion than that of the population the Trust serves.
- Admissions for people with a mixed ethnic group were slightly lower than the mixed population of the population the Trust serves - these are small numbers and so can impact on the overall percentage.
- There were a significantly greater number of admissions from the quintile 1 (most deprived) compared to the proportion of the Trust's population that are in quintile 1. 44.8% of the Trust's admissions were for people from the most deprived areas of the population the Trust serves.
- There has been a decrease in the number of admissions from the least deprived areas (quintile 5) compared to the last 2 quarters.

Covid-19 response

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

Managing the clinical response

PPE position

Supplies of and access to PPE remain good, as they have been for the last two years. This report will now only report on PPE levels by exception

Testing

KPI	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
No of Service users Covid-19 positive and now recovered	30	2	7	21	23	17	21	6	16	17	0
No of Service users Covid-19 positive and still within 28 days, monitoring not completed	0	0	0	0	0	0	0	0	0	0	19
No of Service users Covid-19 positive and deceased within 28 days of positive test	1*	0	0	1*	3*	0	1	0	1*	1*	0
No of wards with outbreaks	5	0	1	1	2	2	3	1	2	3	4

There is a lag in reporting data particularly if service user is discharged from care and/or notification of death awaiting registration.
*relate to community acquired infections

Patient testing and pathway/Outbreak response and management

There has been an increase in ward outbreaks and areas being monitored, with COVID-19 in February 2023.

Testing approach - Current position

No change to patient or staff testing procedures.
Covid-19 testing for staff and patient changed from 31st August, inline with the Covid-19 Testing in Periods of Low Prevalence advice from NHSE.

Supporting the system

Care home support offer

- Significant support to care homes continues to be provided from the general community team in Barnsley.
- Support also includes direct care from community staff including our specialist palliative care teams, district nurses and matrons and our out of hours nurses.
- Mental health and learning disability support has also been provided into care homes across the whole of the Trust footprint to support the residents.

Emergency Preparedness

This section of the report identifies the Trust's response to the Covid-19 pandemic.

Supporting the system

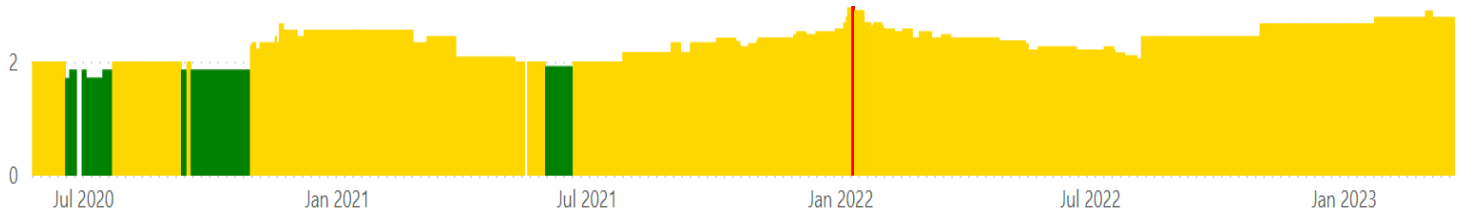
Integrated care system (ICS) stress test and outbreak support

• The Trust continue to work closely with partners in outbreak support responses in each of our four places. The Trust has fully engaged with system command structures and other relevant meetings.
• Strong leadership from the infection prevention & control (IPC) team continues so the Trust can ensure appropriate IPC measures are in place.
• The Trust is supporting and engaged with partners across our places in the event a spike/wave of Covid re-emerges to allow suitable and effective response.

Standing up services

Emergency preparedness, resilience and response (EPRR) update including OPEL levels

• The Moving Forward Group continues to meet fortnightly, and monitors Covid-19 prevalence, measures and guidance in the Trust. Advising and makes decisions regarding Covid-19 arrangements, risk assessment and staffing. Any decision made by this group are escalated to the Operational Management Group (OMG) and from there to the executive management team (EMT)
• The Trust OPEL level remains at an average of 2.8 with two service areas operating at OPEL 2. Seven service areas are now at OPEL 3.
• The flu uptake for frontline staff is 64% and the programme has now ended.



Current average OPEL level

2.78

Key
OPEL Level 1
OPEL Level 2
OPEL Level 3
OPEL Level 4

Quality Headlines

Section	KPI	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Year End Forecast*
Quality	CAMHS Referral to Treatment - Percentage of clients waiting less than 18 weeks 5	TBC	61.3%	57.2%	60.0%	53.0%	66.0%	68.0%	70.0%	72.0%	74.0%	N/A
Complaints	% of feedback with staff attitude as an issue 12	< 20%	19% 4/21	18% 4/22	20% 4/20	25% 5/20	15% 4/26	9% 2/22	20% 4/20	0% 0/16	11% 2/18	1
Service User Experience	Friends and Family Test - Mental Health	85%	85%	88%	85%	85%	84%	86%	85%	83%	85%	1
	Friends and Family Test - Community	95%	93%	93%	92%	93%	93%	93%	94%	93%	95%	1
Quality	Number of compliments received	N/A	25	31	10	13	5	28	39	83	22	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) 4	trend monitor	28	32	21	38	32	44	33	41	30	
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One exceptions 4	trend monitor	3	0	0	0	2	2	2	1	1	N/A
	Notifiable Safety Incidents (where Duty of Candour applies) - Number of Stage One breaches 4	0	0	0	1	2	1	0	0	0	0	1
	% Service users on CPA offered a copy of their care plan	80%	33.5%	36.1%	38.2%	42.8%	44.3%	43.8%	44.1%	50.5%	58.6%	4
	Number of Information Governance breaches 3	<12	19	10	9	13	11	13	8	12	8	2
	Delayed Transfers of Care 10	3.5%	2.1%	2.6%	3.0%	2.8%	3.3%	2.7%	3.8%	4.3%	4.5%	3
	The number of people with a risk assessment/staying safe plan in place within 24 hours of admission - Inpatient	95%	72.1%	78.0%	82.0%	71.3%	71.3%	79.1%	76.6%	83.6%	*87.7%*	3
	The number of people with a risk assessment/staying safe plan in place within 7 working days of first contact - Community	95%	72.2%	54.2%	81.7%	62.9%	68.0%	69.5%	74.3%	68.2%	*68.4%*	4
	Total number of reported incidents	trend monitor	1128	1180	1253	1168	1244	1307	1186	1236	1165	
	Total number of patient safety incidents resulting in Moderate harm. (Degree of harm subject to change as more information becomes available) 9	trend monitor	24	27	12	33	26	34	24	34	25	
	Total number of patient safety incidents resulting in severe harm. (Degree of harm subject to change as more information becomes available) 9	trend monitor	1	4	3	3	3	8	7	3	5	
	Total number of patient safety incidents resulting in death. (Degree of harm subject to change as more information becomes available) 9	trend monitor	1	0	5	2	3	0	2	3	0	
	Safer staff fill rates	90%	116.6%	115.8%	115.6%	118.4%	117.4%	119.1%	118.1%	122.1%	121.4%	1
	Safer Staffing % Fill Rate Registered Nurses	80%	85.0%	84.7%	83.1%	87.5%	91.0%	90.8%	85.6%	90.5%	89.1%	1
	Number of pressure ulcers which developed under SWYPFT care (1)	trend monitor	47	50	25	43	48	48	37	55	45	
	Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care (2)	0	0	3	0	1	1	1	3	0	2	1
	Eliminating Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0	0	0	0	1
	% of prone restraint with duration of 3 minutes or less 8	90%	87.5%	80.0%	91.0%	100%	100%	92.0%	100.0%	95.2%	87.0%	1
	Number of Falls (inpatients)	trend monitor	37	70	63	58	68	63	59	51	49	
	Number of restraint incidents	trend monitor	152	171	161	160	169	223	189	212	223	
	% people dying in a place of their choosing 14	80%	85.7%	100.0%	85.3%	85.7%	91.7%	93.3%	78.1%	93.8%	*81.5%*	1
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	6	0	0	0	0	0	0	0	0	0	1
	C Diff avoidable cases	0	0	0	0	0	0	0	0	0	0	1
Improving Resource	NHSEI Oversight Framework metric 13	2	2	2	2	2	2	2	2	2	2	2
	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green

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

Quality Headlines

1 - Attributable - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
2 – Lapses in care - A pressure ulcer (Category 2 and above) that has developed after the first face to face contact with the patient under the care of SWYPFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
3 - The IG breach target is based on a year on year reduction of the number of confidentiality breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches
4 - Notifiable Safety Incidents are where Duty of Candour is applicable.
5 - CAMHS referral to treatment - the figure shown is the proportion of clients waiting for treatment as at the end of the reporting period who at that point had waited less than 18 weeks from their referral receipt date. Work to establish a target for 22/23 is underway which takes into account non-compliance based on individual child and families needs but also ongoing data quality work which is expected to improve performance. Excludes autistic spectrum disorder waits and neurodevelopmental teams.
8 - The threshold has been locally identified and it is recognised that this is a challenge. The monthly data reported is a rolling 3 month position.
9 - Data is extracted from a live system, and correct at the time of reporting. The degree of harm is initially recorded based on the potential level of harm and is subject to change as further information becomes available e.g. when actual injuries or cause of death are confirmed. Trend reviewed in risk panel and clinical governance and clinical safety group. Initial reporting is upwardly biased, and staff are encouraged to do this. Once reviewed and information gathered, this can change, hence the figures may differ in each report.
9 - Patient safety incidents resulting in death (subject to change as more information comes available). All incident data is reviewed using SPC charts to identify any special cause variation, if this occurs this will be reported by exception. Otherwise reporting rates remain within normal variation.
10 - Trust monitors performance against 3.5% target as set in the mandate to NHS England from the Department of Health in 2017.
11 - Number of records with up to date risk assessment. Up to and including September 2020 the criteria used is - 'Older people and working age adult Inpatients' - we are counting how many Sainsbury's level 1 assessments were completed within 48 hours prior or post admission and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point. Given the recent implementation of the FIRM risk assessment tool, from October 2020 onwards - 'Older people and working age adult inpatients' - we are counting how many staying safe care plans were completed within 24 hours and for 'community services for service users on care programme approach' - we are counting from first contact then 7 working days from this point.
12 - This is the count of written complaints/count of whole time equivalent staff as reported via the Trusts national complaints return.
13 - The NHSEI Oversight Framework was updated in June 22 . Further detail regarding the framework and the metrics monitored can be seen in the national metrics section of the report.
14 - This metric relates to the Macmillan service end of life pathway

Quality Headlines

• Number of restraint incidents - during February increased to 223 from 212 reported in the previous month. Further detail is provided in the relevant section of this report.
• Duty of Candour - 1 breach in October 2022 - Breach confirmed in February 2023. Due to the patients injuries and subsequent hospital admission out of area it was difficult to make contact within the specified time frame despite many attempts by members of the team. Duty of candour was completed as soon as possible following discharge.
• Performance for CAMHS Referral to Treatment - services have highlighted that sustained increases in referrals will negatively impact on the length of wait. A review of support for people on waiting lists is being monitored through the Trustwide Clinical Governance Group.
• Number of pressure ulcers which developed under SWYPFT care where there was a lapse in care - 2 in February. One incident relating to a 76 year old lady who suffers with Parkinson's disease known to Parkinson's specialist nurse. There are lapses in care as the pressure damage was not viewed on visit, dressing in place but not changed / renewed and Waterlow not completed. Another incident was a category 2 pressure ulcer. There are lapses in care as the Waterlow risk assessment was last completed in November 2022, this patient is in last weeks of life and is on end of life care. Pressure ulcers continue to be monitored through The Trustwide Clinical Risk Panel and any identified learning, themes or trends are shared through Clinical governance group and within care groups.
• The number of people with a risk assessment/staying safe plan in place within timescale has improved again this month, and further improvement is expected to continue. See Priority Programmes section for further details.
• % Service users on CPA offered a copy of their care plan has improved again this month, and further improvement is expected to continue. See Priority Programmes section for further details.
• Delayed transfers of care - we are continuing to experience pressures linked to patients being medically fit for discharge but who are subsequently delayed. We are working with systems partners at place to develop crisis provision including safe places to stay away from home, and exploring and optimising all community solutions to get people home as soon as they are ready – utilising roles such as discharge coordinators, and improving links with homeless services and housing providers.
• Patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death tend to fluctuate over time, and data is constantly refreshed as further information is available. This results in some changes to the level of harm, severity and categories of incidents. We encourage staff to report with an upwards bias initially especially when the outcome is unknown. These are adjusted subsequently. Incident data is regularly analysed using SPC to explore any potential higher or lower rates than would usually be considered acceptable. Where there are outlying areas, these will be reported on by exception.
• The % of prone restraint with duration of 3 minutes or less dropped below the 90% target during February to 87%. This related to 3 incidents out of a total of 23 incidents for 3 separate patients on 3 different wards. The incident and violence displayed by the patient occasionally mean that staff are unable to change from the prone position safely in under 3 minutes.

Patient Safety Incident Response Framework (PSIRF)

As reported in the previous Integrated performance report, NHS England launched the new Patient Safety Incident Response Framework on 16 August 2022. The transition work commenced in September 2022. We are in a 12 month transition period working towards going live in September 2023. An internal stakeholder soft launch event was held on 7th October. The orientation phase of work concluded successfully at the end of November. We are progressing through the Diagnostic and Discovery phase of work and remain on track. We have also commenced work in other phases of the plan including discussions with our ICB and provider collaborative colleagues, mapping our services, data analysis and improvement activity. Our intranet page has been updated with an overview of PSIRF https://swyt.sharepoint.com/sites/Intranet/Patientsafetystrategy/Pages/Patient-Safety-Incident-Response-Framework.aspx

Learn from Patient Safety Events (LFPSE)

As reported in the previous IPR, Learn from Patient Safety Events will be a new national system that is being introduced to replace:
• National Reporting and Learning System (where we send our patient safety incidents)
• Strategic Executive Information System [StEIS] (where we report Serious Incidents)
NHS England have recently extended the transition timescales as below:
A) By 31/03/2023 - to have our Datix test system updated with the LFPSE functions - An upgrade took place on 21/12/2022 to achieve this deadline.
B) By 30/09/2023 - to have go live with Datix LFPSE recording - this will be implemented following thorough testing of (A) above.
We have recruited a temporary project manager to undertake the preliminary testing work on LFPSE.

Patient Safety Training

We have developed a proposal to seek agreement and funding for level 3 patient safety training to be essential to job role.
It sets out the national requirement for level 3 patient safety training (levels 1 and 2 are already agreed and underway in the Trust). This supports the NHS Patient Safety Strategy and standards set out in the Patient Safety Incident Response Framework. The training will include:
a) investigation training for lead investigators
b) oversight of investigation training
c) engagement and involvement of those affected by patient safety incidents
The paper will be reviewed at the next Education and Training governance group in March.

Safety First

Summary of Incidents

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

Incidents that occur within the Trust will have different levels of impact and severity of outcome. The Trust grades incidents in two ways.

The Degree of Harm is used by all trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the Degree of Harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they expect the harm level to be. It will be reviewed and updated at a later point. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Incident severity takes into account actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix).

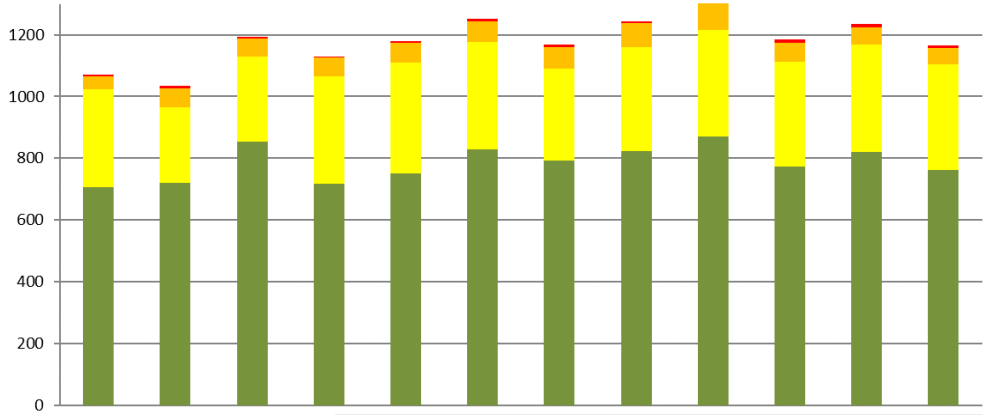
A high level of incident reporting, particularly of less severe incidents is an indication of a strong safety culture (National Patient Safety Agency, 2004: Seven Steps to Patient Safety).

95% of incidents reported in February 2023 resulted in no harm or low harm or were not under the care of the Trust. This is based on the degree of actual harm.

Incident reporting levels have been checked using SPC and remain within the expected range, any areas with higher or lower rates than normal are explored further.

Reporting of deaths in line with the Learning from Healthcare Deaths policy has increased the number of red incidents. Deaths are re-graded upon receipt of cause of death/clarification of circumstances.

All serious incidents are investigated using systems analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages.
See http://nww.swyt.nhs.uk/incident-reporting/Pages/Patient-safety-and-incident-reports.aspx



	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Red (should not be compared with SIs)	6	10	6	2	6	9	9	7	4	13	11	8
Amber	43	60	58	60	65	66	68	76	87	59	58	54
Yellow	318	245	274	350	358	350	299	339	345	340	347	342
Green	705	721	855	716	751	828	792	822	871	774	820	761
Total	1072	1036	1193	1128	1180	1253	1168	1244	1307	1186	1236	1165

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

No never events reported in February 2023

Safety First cont…

Summary of Patient Safety Incidents resulting in moderate or severe harm or death

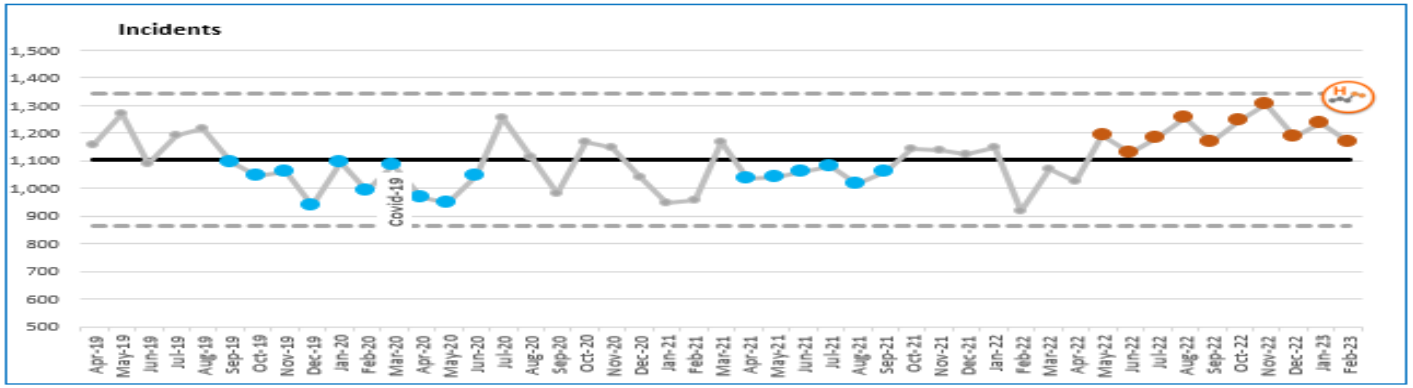
This section relates to the patient safety incidents that resulted in a degree of harm of moderate harm, severe harm or patient safety related death. Please note this is different to severity as described above.

Initial incident reporting is upwardly biased, and staff are encouraged to report incidents and near misses. Once incidents are reviewed by managers, and further information gathered and outcomes established, incident details such as severity, category and degree of harm can change, therefore figures may differ in each report. This is a constantly changing position within the live Datix system. Incident reporting levels have been checked and remain within acceptable range, any areas with higher or lower rates than acceptable are explored further.

Breakdown of incidents in February 2023:
26 Moderate harm incidents
4 Severe harm incidents
0 Patient safety related deaths

Mortality - No new updates.

Incidents



The chart above indicates that we remain in a period of special cause concerning variation, though it should be noted that an increase in the reporting of incidents is not necessarily a cause for concern. We encourage reporting of incidents and near misses. An increase in reporting is a positive where the percentage of no/low harm incidents remains high as it does which is evidenced on the previous page. All incidents are reviewed by the care group management team and then by the Patient Safety Datix team to review the actual degree of harm to ensure consistency with national reporting. All Amber and Red incidents are monitored through the weekly Trust Clinical Risk Panel and all serious incidents are investigated using systems analysis techniques. Learning is shared via a number of routes; care group learning events following a Serious Incident, specialist advisor forums, quarterly trust wide learning events, briefing papers and the production of Situation-Background-Assessment-Recommendation (SBARs).

Learning Library

The learning library has been developed as a way to gather and share examples of learning from experience.
Click link for further details of the examples which includes information around sexual safety, learning from a serious incident, recording escapes and inappropriate use of 'toaster bags': https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-library.aspx

On 8 February 2023, a Trustwide learning forum was held to share learning between Care Groups and specialist advisors. The virtual event was very well attended and many positive examples of learning were shared. Presentations are available here https://swyt.sharepoint.com/sites/Intranet/learning-from-experiences/Pages/Learning-Events.aspx

Content, including presentations, is available on the intranet.

The next event is on Wednesday 3rd May 2023 at 2.30pm - 4pm. If you would like to attend or share your learning from experience, please email learninglibrary@swyt.nhs.uk.

Bluelight alerts

Bluelight alert 62 - 27 February 2023 - F-size oxygen safety incidents

Bluelight alert 61 - 27 February 2023 - Oxygen concentrators and emergency cylinders

Bluelight alert 60 - 17 February 2023 - Countersigning of medicines administration on the electronic prescribing and medication administration (EPMA) system

Patient Safety Alerts

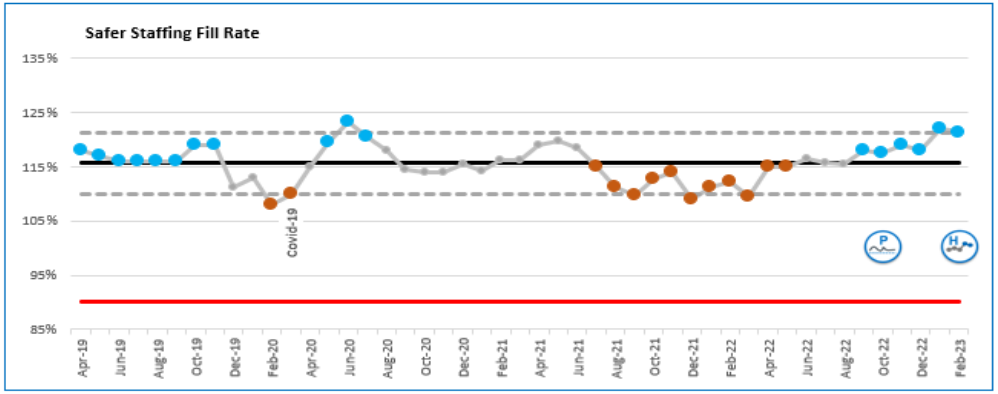
Patient safety alerts issued in February 2023

Alerts are issued by the Central Alerting System (CAS) which is a national web-based cascading system for issuing Patient Safety Alerts. Once received into the Trust, patient safety alerts are fully reviewed for understanding and action, sent to identified Trust clinical leads for reviewing safety alerts for a decision regarding whether it is applicable to the Trust or not, and if so, if it should be circulated. All alerts are entered on to Datix. Information is reported into the Medical Device and Safety Alert group on a monthly basis.

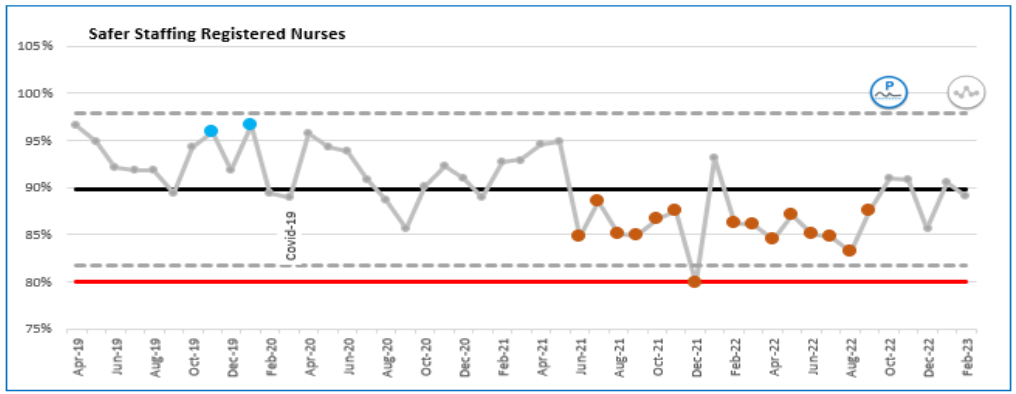
Patient safety alerts not completed by deadline of February 2023 - none.

Reference	Title	Date issued by agency	Alert applicable	Trust final response deadline	Alert closed on CAS
NatPSA/2023/003/MHRA	NIDEK EyeCee One preloaded and EyeCee One Crystal preloaded Intraocular Lenses (IOLs): risk of increased intraocular pressure	01/02/2023	No - alert not applicable to Trust	06/02/2023	02/02/2023

Safer Staffing Inpatients



The chart above shows that the staffing fill rate has had a number of periods of special cause concerning variation (orange markers) particularly since the outbreak of Covid-19, though performance has remained consistently above the target. As at February 2023 we remain in a period of special cause improving variation.



The chart above shows that the staffing rate for registered nurses has also has had a number of periods of special cause concerning variation (orange markers), particularly since the outbreak of Covid-19. In February 2023 we have entered a period of common cause variation. Further information about staffing levels can be found on the previous page.

February has seen slight fluctuations of fill rates on the previous month. There continues to be less use of annual leave and sickness has shown a reduction of 1% throughout January with February's figure not yet available. Acuity remains high and our adult services moved to OPEL level 4 for a short period due to staffing challenges, Covid-19 outbreaks on wards and beds being unavailable, the services recovered from this quickly and returned to OPEL level 3. We continue to monitor staffing related Datix, reviewing hotspot areas and undertake trend analysis of staffing deficits.

Recruitment drives continue for both substantive and bank staff, with bespoke adverts for those areas and roles that have been difficult to recruit to. We continue with the face-to-face assessment centres, with these planned in regularly going forward. Feedback regarding the quality of recruited candidates has been positive.

Band 5 Registered Nurse (RN) recruitment continues with bespoke adverts as well as our international recruitment (IR). To date we have had 51 IR band 5 nurses with 42 being on the wards throughout the Trust, including on the Neuro Rehabilitation Unit. We have a bid for financial support from NHS England through the first three quarters of the new financial year and hope to recruit another 60 candidates before December 2023. We are also attending an in-country recruitment drive looking at Registered Nurses for community, Registered General Nurses, Mental Health, and Learning Disability. We will be establishing contacts and relationships with several universities and nursing unions to establish a future pipeline.

Escalation and continuity plans are utilised to ensure the delivery of safe and effective care, and these are supported by a flexible staffing resource. We continue to monitor the hours that staff work, including any working time directive breeches to ensure that we are supporting staff wellbeing.

The Trust has established an agency scrutiny group to look at our agency usage and plan for a reduction of requirement through innovation in sourcing our own staff, reducing processes of staff transferring from agency onto our bank or substantive workforce.

Project plans for the continued roll out of SafeCare and moving all teams onto the health roster system have been agreed and the implementation commenced in February 2023 with engagement events and resource sourcing.

Safer Staffing Inpatients cont…

We continue to fall short of the Registered Nurse fill rate for day shifts and continue to look at ways of improving this. The overall fill rate describes the acuity on inpatient areas when looked at in conjunction with the unfilled shifts. Teams continue to deliver a high quality of care, and maintain safe services however staffing has impacted on section 17 leave being taken at times as well as other interventions being delayed. We look at various fill rates in the report which gives a definitive picture of staffing compared to our establishment template – the number of staff that are budgeted for - however this must not be looked at in isolation as it is not a true reflection of the requirement of the teams. This is what is meant by capacity (budgeted staffing numbers) v demand (acuity and requirement).

For the second month no wards fell below the 90% overall fill rate threshold. Inpatient areas continue to experience increased pressure through acuity, vacancies, sickness, and staff being off clinical areas for various reasons. There are ongoing interventions, projects, and support in place when a ward has been identified as having ongoing and sustained staffing issues to improve the situation. There were 25 (80.0%) of the 31 inpatient areas who achieved 100% or more overall fill rate, this a decrease of two wards on the previous month. Of those 25 wards, 11 (a decrease of three on the previous month) achieved greater than 120% fill rate. The main reason for this being cited as acuity, observation, and external escorts.

Although safe and effective staffing remains a priority in all our teams, and the systems wide increase of acuity, the focus for the flexible staffing resources has been Older People's Services and the Oakwell Centre in Barnsley. There have been supportive measures put in place including increased block booking, placing bespoke recruitment adverts, and ensuring that additional resources are placed at their disposal.

Registered Nurses Days: Overall registered day fill rates have decreased by 3.2% to 80.9% in February compared with the previous month.
Registered Nurses Nights: Overall registered night fill rates have increased by 0.5% in February to 97.4% compared with the previous month.
Overall Registered Rate: 89.1% (decreased by 1.4% on the previous month)
Overall Fill Rate: 121.4% (decreased by 0.7% on the previous month). Health Care Assistants showed an increase in the day fill rate of 0.4% to 141.0% and the night fill rate decreased by 0.1% to 155.8%.

Unfilled shifts
An unfilled shift is a shift that has been requested from the bank office, flexible staffing, and could not be covered by bank staff, agency or overtime. Although not exclusive, there are two main reasons for the creation of these shifts, and they are:
1- Shifts that are vacant through short or long-term sickness, annual leave, vacancies, or other reasons that impact on the duty rosters.
2- Acuity and demand of the service users within our services including levels of observation and safety concerns.

Unfilled Shifts				**Filled Shifts**
Categories	No. of Shifts	Total Hours	Unfill Percentage	
Registered	457 (+5)	4,838.50	36.39% (+1.10%)	802 (-61)
Unregistered	509 (+8)	5,648.83	11.29% (+0.61%)	3,891 (-240)
Grand Total	966 (+13)	10,487.33	16.56% (+0.72%)	

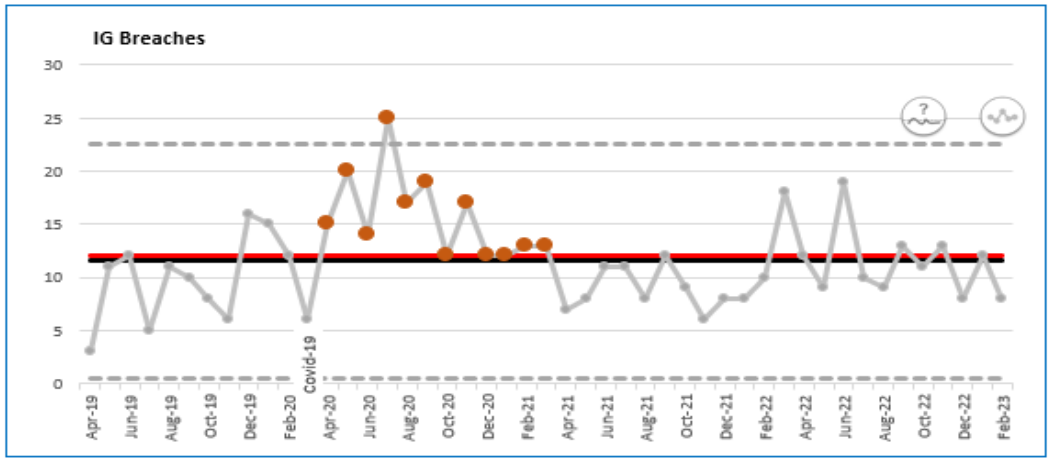
We are continuing to target areas where vacancies are within our recruitment campaigns. Block booking and prioritisation within bank booking varies on a daily/weekly basis dependent on acuity and clinical need. These figures allow us to monitor an increase on the flexible staffing resource and look at what appropriate resources are required from the Trust bank flexible staffing resource.

Information Governance (IG)

8 personal data breaches were reported during February, continuing the trend of common cause variation seen throughout the year. An improvement plan has been implemented to reduce the higher numbers of incidents, which includes training, communications and some data quality activity.

7 breaches involved information being disclosed in error. They were largely due to email and written correspondence being sent to the wrong recipient. One incident occurred as the wrong patient record was retrieved for a consultation, as there were two patients with the same name on the caseload.

The Trust does not currently have any open cases with the Information Commissioner's Office.



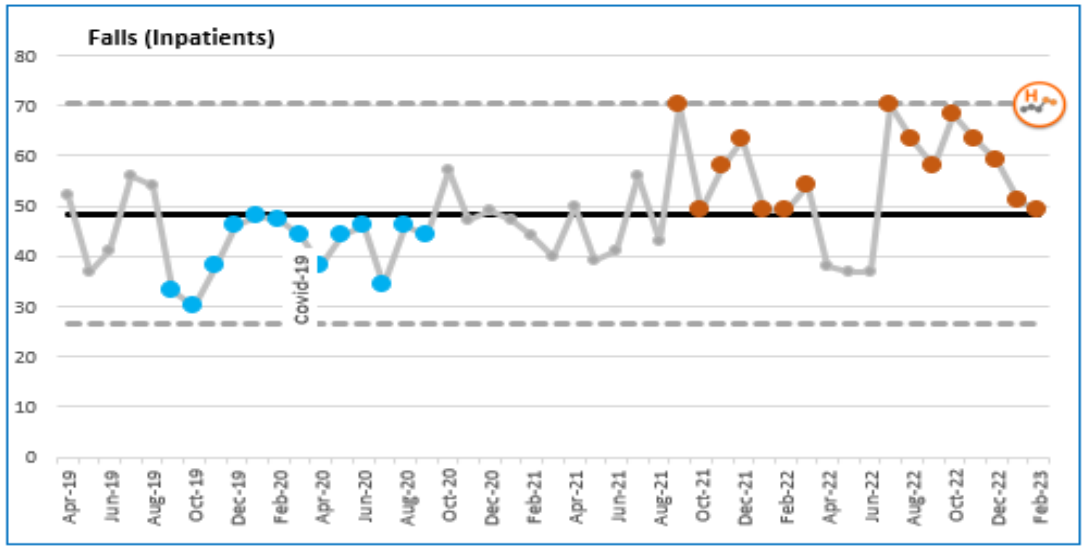
This SPC chart shows that as at February 2023 we remain in a period of common cause variation.

Commissioning for Quality and Innovation (CQUIN)

CQUIN schemes are in place for 2022/23 contracts. These mainly relate to the Trust's contracts with our place-based commissioners in each integrated care system (ICS). The overall financial value of CQUIN is 1.25% of total contract value.
Performance for the first 3 quarters has been achieved against all metrics with the exception of:
• Assessment and diagnosis of lower leg wounds (Barnsley contract only) and
• Routine outcome monitoring in children and young people and perinatal mental health services.
Partial achievement has been met for these indicators although improvements have been evidenced in quarter 3 compared to quarter 2, this is expected to continue into Q4 and therefore some risk in full achievement remains.
Non achievement for Flu vaccinations for frontline healthcare worker is anticipated and the final figure will be reported in the quarter 4 submission.

Falls (Inpatient)

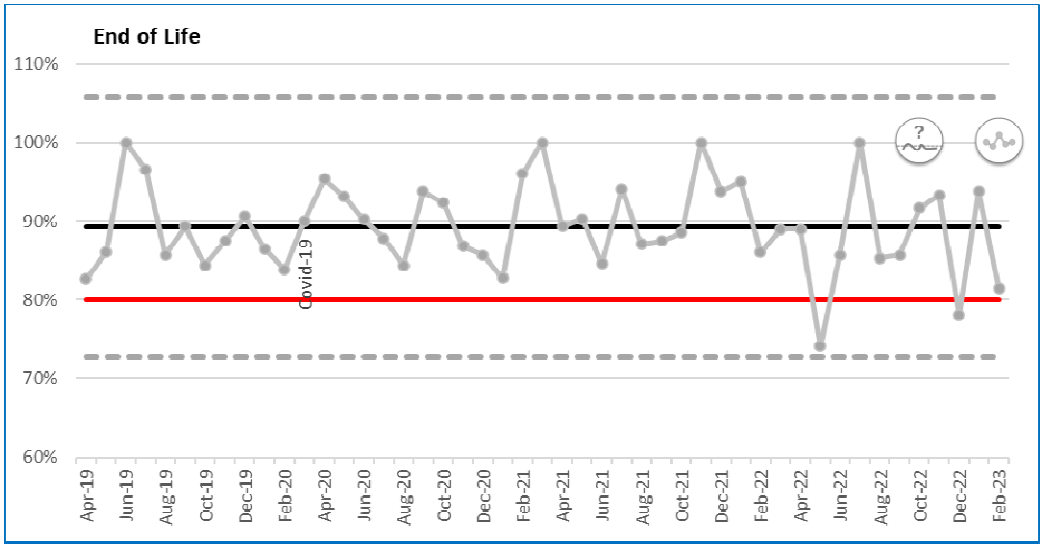
The total number of falls was 49 in February, which is a decrease from the previous month.



The SPC chart above shows that in February 2023, we remain in a period of special cause concerning variation. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation.

End of Life

The total percentage of people dying in a place of their choosing was 81.5% in February.



The chart above shows that in February 2023 the performance against the metric remains in common cause variation and therefore within an acceptable range.

Patient Experience

Friends and family test shows

- 95% would recommend community services
- 85% would recommend mental health services

Mental Health Friends and Family Test Results	Target	Dec-22	Jan-23	Feb-23
Community Services	85%	84%	83%	85%
Acute	85%	91%	88%	100%
Secure & Forensics	60%	100%	100%	80%
Other*	85%	87%	84%	92%
Total	**85%**	**85%**	**82%**	**85%**

Specialist Services Friends and Family Test Results	Target	Dec-22	Jan-23	Feb-23
ADHD	85%	50%	42%	78%
CAMHS	75%	88%	74%	70%
Learning Disability	85%	82%	88%	91%

Community Services Friends and Family Test Results	Target	Dec-22	Jan-23	Feb-23
Children & Families	95%	100%	100%	94%
Inpatient	95%			
Nursing	95%	100%	100%	100%
Other	95%	100%		100%
Rehabilitation & Therapy	95%	94%	93%	95%
Specialist**	95%	95%		95%
Total	**95%**	**94%**	**93%**	**95%**

*includes Insight team, perinatal, friends and family team
**includes equipment and adaptation service, neuro physiotherapy, podiatry

The number of people who would rate the Trust services as ‘very good’ or ‘good’ has increased across all Trust services.

	Top three positive themes	Top three negative themes
Trustwide	1. Staff	1. Staff
	2. Communication	2. Communication
	3. Access and waiting times	3. Access and waiting times
Community	1. Staff	1. Staff
	2. Access and waiting times	2. Communication
	3. Communication	3. Clinical treatment
Mental Health	1. Staff	1. Staff
	2. Communication	2. Communication
	3. Access and waiting times	3. Access and waiting times

The themes from Friends and Family Test feedback are in the table to the left.

Themes can be both positive and negative in nature.

Safeguarding

Safeguarding Adults:

• In February 2023 there were 27 reported safeguarding children incidents, 15 of these were green, low risk and 10 were categorised as yellow, moderate risk. There was one incident categorised as amber, high risk and another red, extreme risk.

• The most common themes were child protection followed by neglect and child sexual abuse. The red incident was in relation to physical assault where significant harm was caused to a community patient and their children. Safeguarding rapid review meetings were held to ensure there was regular communication between agencies to ensure a robust safety plan for all involved and the wider family network were in situ. The amber incident was categorised as child protection due to a CAMHS patient reported to be misusing drugs and indicators of Child Sexual Exploitation (CSE) risk. The concerns were discussed with the parents, the safeguarding team (through duty advice contact) and a Child Safeguarding referral was made to the local authority with parental consent.

• As documented above in most cases advice and support was requested from the safeguarding team and appropriate actions were taken.

Safeguarding Children:

• In February 2023 there were 37 Datix reports which were categorised as Safeguarding Adults. One was graded as red, three were graded as amber, 18 were graded as yellow and 15 were graded as green. The two most common categories of Safeguarding Adult incidents were neglect cases and psychological abuse.

• The Red Datix was not a safeguarding incident, this related to the General Community service and a service user who had an unsafe discharge from an acute hospital. Appropriate action was taken, and he is now in a care home.

• The three amber incidents related to psychological abuse, concerns regarding restraint techniques used and financial abuse from the son of a service user to his mother who is being supported by the older person's service. In each case appropriate actions were taken and liaison with relevant services was made.

Infection Prevention Control (IPC)

• Surveillance: There has been zero cases of E.coli bacteraemia, C difficile, MRSA Bacteraemia and MSSA bacteraemia.

• Mandatory training figures are healthy:
  Hand Hygiene-Trustwide Total – 90%
  Infection Prevention and Control - Trustwide Total – 88%

• Policies and procedures, 12-month extension request for policies that are for review in 2023, this is to accommodate implementation of the National IPC Manual.

Complaints

• Acknowledgement and receipt of the complaint within three working days – 100% for formal complaints.

• Number of responses provided within six months of the date a complaint received – 6 out of 14 (43%)

• Number of complaints waiting to be allocated to a customer service officer – 52

• Number of cases who breach the six months target who have not had a conversation to agree a new timeframe for completion 0% – all complainants are updated and have either received the monthly delay/update letter apologising for the delay (for those waiting to be allocated to a case handler), or for those allocated a case handler are updated regarding the progression of their complaint throughout the complaint process/journey.

• Longest waiting complainant to be allocated to a customer service officer – 25 weeks average. Three recently allocated cases have not been in date order due to higher priority to resolve.

• There were 18 new formal complaints in February 2022

• Of these 0 were closed due to no contact/consent, 13 are awaiting consent, 5 are awaiting allocation, 0 are awaiting questions and 0 has timescales start date.

• 11% of new formal complaints (n=2) have staff attitude as a primary subject.

• 22 compliments were received. This has increased as we have had temporary administrative support to clear the backlog and add to Datix.

• Customer services closed 14 formal complaints in February 2023.

• Number of concerns (informal issues) raised and closed in February 2023 – 47

• Number of enquiries responded to in February 2023 - 159

Reducing Restrictive Physical Intervention (RRPI)

There were 223 reported incidents of Reducing Restrictive Physical Interventions (RRPI) used in February 2023 this is an increase of 11 (5.1 %) incidents from January 2023 which stood at 212 incidents. This increase in reported incidents is a sustained increase over the last two months; December incidents 189, January 212 and February 223. This is being monitored by the RRPI team and reflects the reported increase in patient acuity on inpatient wards.

87% of prone restraints in February 2023 lasted under 3 minutes. Prone restraint (those remaining in prone position and not rolled immediately) was reported 23 times of 385 (5.9%) of total restraint positions, this is an increase of 2 from last month which stood at 21 of 355. This is a stable position in terms of prone restraint (December 23, January 21, February 23).

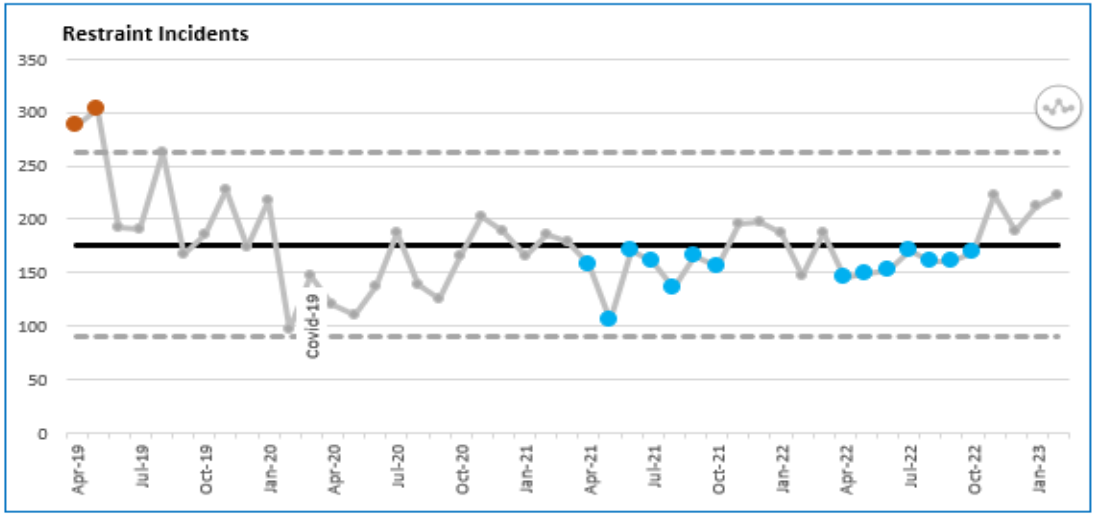
The incidents of prone restraints that went over 3 minutes were at three different units, 1 PICU, 1 Learning Disability and 1 Acute ward and all related to incidents where there were high levels of violence and aggression. Specialist advisors review all incidents and offer advice and support to staff to manage these challenging situations to ensure service user and staff safety. Where there are any themes or trends in data analysis/ advice calls the specialist advisors will explore this further and report any findings to Clinical Risk Panel and implement any changes to training or offer additional packages of support.

Restraint Position Used	Number of restraint Positions Used	Percentage of the Type of Restraint Position Used of Total
Standing	138	35.8%
Seated	63	16.3%
Safety Pod	60	15.5%
Supine	51	13.2%
Restricted escort	24	6.2%
Prone	23	5.9%
Side	12	3.1%
Prone then rolled	9	2.3%
Kneeling	5	1.2%

Team Utilising Prone Restraint	Total
Horizon Centre Assessment and Treatment Service	7
Nostell Ward, Wakefield	4
Walton PICU	3
Bronte Ward, Newton Lodge, Forensic	2
Stanley Ward, Wakefield	2
Ashdale Ward	1
Chippendale, Forensic	1
Clark Ward - Barnsley	1
Elmdale Ward	1
Melton PICU, Barnsley	1

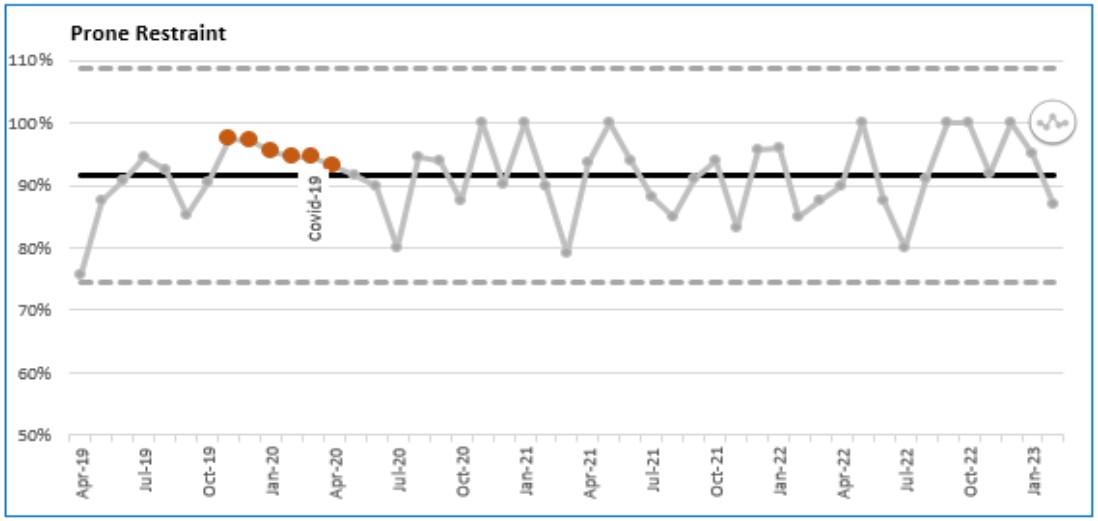
Duration of Prone Restraint	Total
0 - 1 minute	14
1 - 2 minutes	4
2 - 3 minutes	2
3 - 4 minutes	1
4 - 5 minutes	2

Reducing Restrictive Physical Intervention (RRPI)



This SPC chart shows that after a recent period of special cause improving variation (blue markers), in February 2023 we remain in a period of common cause variation.

The chart is based on the assumption that an increase in restraint incidents indicates a deterioration in performance however, as described above this is not always the case.



This SPC chart shows that there was a period of special cause concerning variation in late 2019 and early 2020 (orange markers).

The continued variation in prone restraint incidents in February 2023 means that we are now in a period of common cause variation.

People - Performance Wall

Trust Performance Wall

	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Establishment (ledger excluding vacancy factor)	Improving Resources	Well Led	GM	-	4,918.4	4,891.7	4,960.2	4,933.5	5,011.2	5,039.4	5,145.9	5,156.5	5,197.9	5,237.9	5,246.6
Employed Staff (ESR last day in the month)	Improving Resources	Well Led	GM	-	4,088.2	4,107.2	4,136.2	4,134.6	4,130.2	4,169.2	4,174.6	4,169.9	4,173.4	4,186.0	4,229.7
Vacancies	Improving Resources	Well Led	GM	-	750.9	720.8	756.2	723.1	795.3	816.5	881.8	895.2	942.0	936.8	944.8
Vacancy rate	Improving Resources	Well Led	GM	<10%	15.3%	14.7%	15.2%	14.7%	15.9%	16.2%	17.1%	17.4%	18.1%	17.9%	18.0%
Turnover external (12 month rolling)	Improving Resources	Well Led	GM	>10-12<	15.5%	15.4%	15.4%	15.5%	15.2%	14.8%	14.4%	14.4%	14.2%	14.3%	13.7%
Starters (Excludes bank staff moving to substantive post)	Improving Resources	Well Led	GM	-	45.8	54.0	56.5	46.4	58.1	69.5	56.9	50.5	26.6	65.4	70.2
Leavers	Improving Resources	Well Led	GM	-	59.7	39.6	37.0	56.9	56.3	51.6	48.2	40.6	27.5	60.1	38.5
Sickness absence - Year-to-date (Including Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.6%	4.6%	4.9%	4.8%	4.9%	5.0%	5.1%	5.3%	5.3%	5.3%
Sickness absence - Month (Including Covid-19)	Improving Resources	Well Led	GM	<=4.4%	4.6%	4.5%	4.8%	5.5%	4.7%	4.8%	5.7%	5.9%	6.3%	5.3%	5.2%
Employees with long term sickness over 12 months	Improving Resources	Well Led	GM	<=25%	-	-	-	-	0	2	2	2	2	4	2
Workpal appraisals - rolling 12 months	Improving Resources	Well Led	GM	>=90%	Reporting commenced Jun-22		59.7%	55.8%	61.3%	57.3%	56.0%	60.7%	62.9%	69.8%	71.5%
Supervision	Improving Resources	Well Led	GM		Reporting Under Development										
Employee Relations - Tribunals	Improving Resources	Well Led	GM		3			2			1			Due April 2023	
Employee Relations - Suspensions (over 90 days)	Improving Resources	Well Led	GM		0	0	1	1	2	2	2	2	3	3	1
Mandatory Training - TOTAL	Improving Care	Well Led	GM	>=80%	86.8%	86.2%	86.9%	87.2%	90.7%	89.8%	89.5%	89.5%	89.2%	89.4%	90.1%
Mandatory Training - Reducing Restrictive Practice Interventions	Improving Care	Well Led	GM		75.5%	73.7%	73.6%	73.8%	73.8%	72.0%	70.3%	68.4%	66.4%	71.9%	74.5%
Mandatory Training - Cardiopulmonary Resuscitation	Improving Care	Well Led	GM		73.4%	74.4%	74.2%	74.6%	75.7%	75.0%	72.5%	72.1%	72.0%	73.0%	75.1%
Mandatory Training - Clinical Risk	Improving Care	Well Led	GM		95.9%	95.6%	96.2%	96.2%	96.4%	96.6%	96.3%	96.2%	96.0%	95.7%	94.9%
Mandatory Training - Display Screen Equipment	Improving Care	Well Led	GM		92.9%	92.8%	93.9%	94.3%	94.9%	95.5%	95.1%	95.4%	95.8%	96.0%	96.3%
Mandatory Training - Equality & Diversity	Improving Care	Well Led	GM		94.3%	94.0%	93.9%	94.1%	93.9%	94.3%	93.8%	94.2%	94.1%	94.6%	95.1%
Mandatory Training - Fire Safety	Improving Care	Well Led	GM		90.3%	88.6%	87.1%	87.4%	87.1%	86.4%	87.3%	87.7%	87.5%	88.3%	88.4%
Mandatory Training - Food Safety	Improving Care	Well Led	GM		77.9%	76.6%	79.4%	79.3%	79.8%	79.2%	78.6%	79.9%	79.5%	79.6%	79.8%
Mandatory Training - Freedom To Speak Up (FTSU)	Improving Care	Well Led	GM		84.9%	84.4%	85.5%	86.8%	88.2%	89.8%	90.5%	91.3%	91.7%	92.0%	92.4%
Mandatory Training - Infection Control & Hand Hygiene	Improving Care	Well Led	GM		89.5%	87.3%	87.0%	87.3%	87.7%	88.2%	88.4%	88.6%	88.4%	88.4%	88.6%
Mandatory Training - Information Governance (Data Security)	Improving Care	Well Led	GM	>=95%	-	93.1%	92.9%	92.9%	92.5%	92.2%	91.2%	89.8%	87.6%	87.4%	84.8%
Mandatory Training - Moving & Handling	Improving Care	Well Led	GM	>=80%	96.3%	95.5%	95.6%	95.7%	95.3%	95.2%	95.3%	95.8%	95.6%	93.0%	93.4%
Mandatory Training - Nat Early Warning Score 2 (New S2)	Improving Care	Well Led	GM		80.6%	81.3%	82.6%	84.3%	85.6%	86.3%	87.4%	88.1%	89.6%	91.1%	92.0%
Mandatory Training - Mental Capacity Act/Dols	Improving Care	Well Led	GM		93.2%	92.5%	93.4%	93.3%	93.5%	93.8%	93.5%	93.4%	93.3%	95.6%	95.3%
Mandatory Training - Mental Health Act	Improving Care	Well Led	GM		89.6%	88.5%	89.4%	89.5%	90.4%	90.9%	90.7%	91.0%	91.2%	90.4%	91.6%
Mandatory Training - Prevent	Improving Care	Well Led	GM		94.1%	93.9%	94.4%	94.6%	95.1%	95.3%	95.0%	94.6%	94.4%	94.7%	95.2%
Mandatory Training - Safeguarding Adults	Improving Care	Well Led	GM		89.1%	88.2%	88.8%	89.1%	89.7%	89.5%	89.4%	89.5%	89.0%	89.1%	89.9%
Mandatory Training - Safeguarding Children	Improving Care	Well Led	GM		90.3%	89.9%	89.9%	89.9%	89.7%	90.2%	88.7%	88.9%	88.6%	88.8%	89.3%

People - Performance Wall

Notes:

• Employed Staff (ESR last day in the month) - Employed staff in post are staff on temporary or permanent contracts within ESR. This does not include staff on secondments or other recharges such as local authority staff and junior doctors.
• The figures reported here differ to the figures included in the finance appendix 'WTE worked' as this reflects contracted employment and therefore does not include overtime, additional hours worked or agency.
• Starters/Leavers - variation in alignment to establishment exists due to a number of factors such as, data taken as a snapshot so will not reflect any changes made on the system after the extraction date as well as changes in contractual hours that cannot be retrospectively applied.
• Turnover - Quarterly reports from feedback of leavers are being appraised in the Trusts Operational Management Group with reporting and actions from quarterly reports to Care Group areas.
• Response rates from leavers giving feedback up to 40% from 5%.
• Supervision data is currently excluded due to a review of the supervision policy, recording and reporting. An improvement approach is being taken to this work and an update to timeframes is expected in April 2023
• Employed staff - There has been an increase of 141.5 whole time equivalent staff employed by the Trust since April 22. We are seeing much higher conversion rates of staff moving from bank contracts to substantive than previous years (54.59 WTE since January). We are also seeing much higher health care support worker appointments via our assessment centres and this driving higher starters numbers.

International nurse recruitment -

• A total of 51 international nurses in the Trust (updated to March 23). 34 are qualified and on the wards. Rest either in competence training or awaiting accreditation. A further 36 offers in progress.
• Appointments and applications increasing due to word of mouth from existing nurses' positive experience in the Trust.
• Retention a key success – Lost only one nurse in programme (Moved to USA to be with family)
• Upcoming recruitment event in South Africa & Botswana with 80 confirmed RMN and RGN interviews planned over 6 days.
• Trust applying for Pastoral Offer Award. Neighbouring Trusts requesting SWYPFT supply of internal OSCE training programme.
• 70% pass rate of nurses onto NMC first time, 30% pass rate second time.

We have added some additional metrics from November 2022 to allow the board to review and monitor performance against a number of key estates metrics. These can be seen in the table below.

Estates	Objective	CQC Domain	Owner	Threshold	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of RIDDOR incidents (reporting of injuries, diseases and dangerous occurrences regulations)	Improving Resources	Effective	AS	-	3			8			7			Due April 2023	
Estates Urgent Response Times - SLA 1 & 2	Improving Resources	Effective	AS	95%	Reporting commenced November 2022							97.1%	98.1%	97.6%	97.6%
Premise Assurance Model (PAM)	Improving Resources	Effective	AS	Good								Good	Good	Good	Good
Statutory Compliance 3	Improving Resources	Effective	AS	100%								100%	100%	100%	100%

Notes:

1 - SLA 1 & 2 are the priorities given to Emergency and Urgent work which has a 2 day response time
2 - PAM is a report measuring how well the Trust is run and includes Estates, Facilities, Governance, Patient Safety, Efficiency & Effectiveness
3 - Includes Water, Gas, Electricity, Refrigeration, Pressure, Lower and Asbestos

Additional metrics to highlight response to and impact of Covid-19

KPI	Target	As at 19th July 2022	As at 23rd August 2022	As at 20th September 2022	As at 20th October 2022	As at 18th November 2022	As at 19th December 2022	As at 25th January 2023	As at 20th February 2023	As at 21st March 2023	Trend
No of staff off sick - Covid-19 not working	N/A	80	23	23	53	20	29	9	20	17	
No of staff working from home - Covid-19 related		32	10	9	14	6	16	8	10	16	

Stability of the Workforce

• Substantive staff in post has risen by 43.7 Whole Time Equivalents (WTE) in February and 3.3% (140.2 WTE) since April 2022.
• Three international nurse recruitment starters in February totalling 36 this financial year.
• Vacancies have increased by 8 WTE within month to 944.8 WTE this is due to an increase in the funded establishment.
• Rolling turnover is 13.7%, this matches our full year forecast percentage.

Keep Fit & Well

Absence

• Absence rates continue to decrease in month to 5.2% with the year-to-date dropping by 0.1%.
• Cold and flu absences have significantly reduced although Covid absences have increased in month.
• Forensics absence continues to reduce in month by 1.2% to 6.2% year-to-date. This has reduced due to a focus to support managers on long term sickness resulting in returns to work.
• Estates and Facilities overall absence has reduced to 8.2% year-to-date with in month absences at 5.4%. Long term absence wihtin the service have increased. A renewed focus of focussed sickness meetings, monthly reports to individual managers and increased support from the people directorate has been put in place to address this increase.
• Stress related absences still accounts for the cause of absence (34% year-to-date).

Supportive Teams

Appraisals

• The rolling appraisal compliance rate for February increased again to over 71%, with the interventions taken starting to show an improving trend.
• Compliance and appraisals due are monitored and reviewed at least monthly at team level.

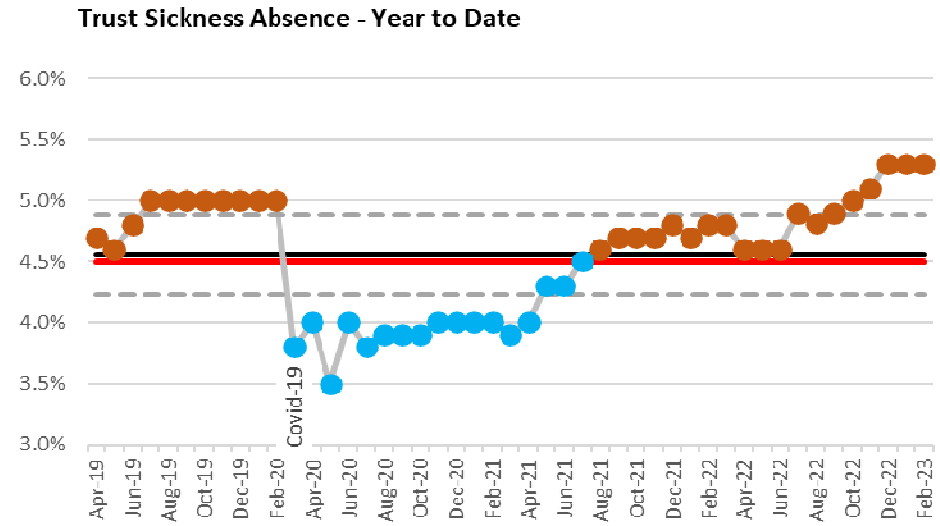
Mandatory Training

• Overall mandatory training reports 90.09% which is above Trust target. Compliance by care group is reported monthly to EMT with hot spot reports reviewed by OMG.
• 3 subjects out 17 reported are below the Trust 80% target, which are Resuscitation, Food Safety, and RRPI. Actions being taken to address these areas, include use of third-party providers to increase capacity to deliver, introduction of an e-learning suite to increase accessibility and reduce the need for face-to-face training and project plan being delivered in close partnership with the Nursing, Quality & Professions function
• A continued focus on driving compliance for Local induction has resulted in a monthly increase of 1.89%, now reporting 79.05%

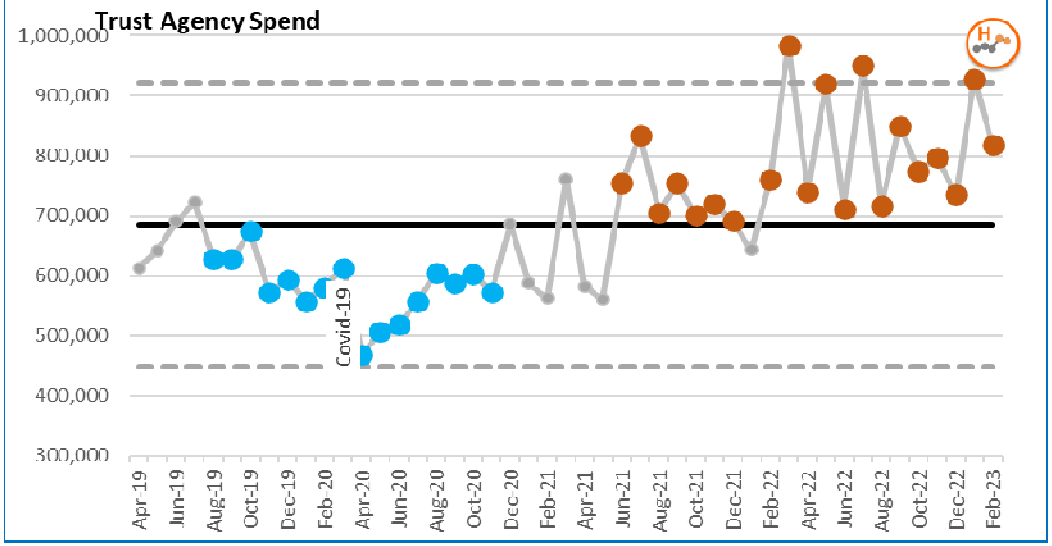
Staff Survey

• Our response rate was pleasingly up from last year at 50% from 43%.
• Typically our scores showed an improvement from last year. Results continue to be reviewed and wider staff engagement and involvement is planned for the coming weeks to ensure we focus on what will make a real difference
• CAMHS staff have 7 of the 9 theme scores better than the Trust average
• Medical staff and BAME staff see the most positive changes in scores since 2021
• Further focus on improvements across LGBTQ+ and disability staff is required given we have seen overall scores below the Trust average

Analysis



The chart above shows that as at February 2023 we remain in a period of special cause concerning variation (orange markers). From July 2022 this also includes absence due to Covid-19.



The chart above shows that in February 2023 we remain in a period of special cause concerning variation (orange markers). This is being monitored in workforce/finance. Actions being taken include:

- the re-introduction of agency scrutiny group who are leading on agency spend reduction plan to meet 23-24 agency cap (£7.8m) – Targeting reduction of high cost individual long term areas of agency spend with bespoke plans to reduce (medical roles).
- Alternative marketing campaigns to engage wider markets.
- Review of admin agency usage toward zero tolerance.
- Significant increase in assessment centre recruitment events – 4 in April (usually 1 per month) over 200 potential candidates into bank and substantive healthcare support worker and nurse posts. This will have a positive impact upon agency provision in future months.

This section of the report outlines the Trust's performance against a number of national metrics relating to operational performance.

• The NHS Oversight Framework - From 1 July 2022 integrated care boards (ICBs) have been established with the general statutory function of arranging health services for their population and will be responsible for performance and oversight of NHS services within their integrated care system (ICS). NHS England will work with ICBs as they take on their new responsibilities, the ambition being to empower local health and care leaders to build strong and effective systems for their communities. 2022/23 will be a year of transition as Integrated Care Boards ICBs are formally established and new collaborative arrangements are developed at system level. Over the course of 2022/23 NHS England will consult on a long-term model of proportionate and effective oversight of system-led care. The oversight framework has been updated for 22/23. It aligns to the priorities set out in the 2022/23 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of ICBs and the merging of NHS Improvement (comprising Monitor and the NHS Trust Development Authority) into NHS England. Ongoing oversight will focus on the delivery of the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan and the NHS People Plan, as well as the shared local ambitions and priorities of individual ICSs. ICBs will lead the oversight of NHS providers, assessing delivery against these domains, working through provider collaboratives where appropriate.
•This table only includes operational metrics, there are a number of other workforce and quality metrics that are reported against in the relevant section of the IPR.
• NHS Long Term Plan - the Trust fed a number of operational/data lines into the ICS planning programme with associate trajectories. Performance against those metrics will be reported at Trust level in the below dashboard and will be monitored by place in appropriate business delivery performance monitoring.
• NHS Standard Contract against which the Trust is monitored by its commissioners. The below table has been updated to reflect metrics included in the contracts for 22/23. In addition to the national metrics, there are a number of local metrics within each contract that is monitored within the appropriate care group/service. Metrics from these categories may already exist in other sections of the report.

National Metrics - NHSEI systems oversight framework, NHS long term plan, NHS standard contract

KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Data quality rating [8]	Variation/ Assurance
The number of incomplete Referral to Treatment (RTT) pathways of 52 weeks or more at the end of the reporting period.	Improving Care	Responsive	CH	SC	0	0	0	0	0	0	0	0	0	0	0		
Inappropriate out of area bed days	Improving Care	Responsive	CH	SOF/LTP		1686	1245	874	1359	226	437	483	439	482	511		
Community health services two-hour urgent response standard	Improving Health	Responsive	CH	SOF/LTP	70%	Reporting to commence January 2023								87.5%	85.0%		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Improving Care	Responsive	CH	LTP	60%	82.5%	85.5%	90.1%	91.5%	85.2%	93.6%	94.6%	84.8%	92.6%	94.4%		
IAPT - proportion of people completing treatment who move to recovery	Improving Health	Responsive	CH	LTP/SC	50%	52.6%	53.4%	53.9%	*47.1%*	53.1%	51.4%	41.0%	52.6%	57.1%	*54.0%*		
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period - Barnsley	Improving Health	Responsive	CH	LTP	**Q1 - 1563**	1408	1379	1202	1224	369	392	455	377	500	461		
IAPT - Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period - Kirklees	Improving Health	Responsive	CH	LTP	**Q1 - 3016**	2604	2437	2383	2457	844	849	910	698	978	792		
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Improving Care	Responsive	CH	LTP	92%	98.8%	98.5%	88.5%	93.5%	88.5%	86.9%	89.5%	93.5%	95.1%	95.7%		
Number of people accessing IPS services as a rolling total each quarter	Improving Care	Responsive	CH	LTP	19 per Qu - Calderdale 15 per qu - Kirklees 5 per qu - Wakefield	Reporting commenced Q1 2022				21 Calderdale 35 Kirklees	18 Calderdale 31 Kirklees 29 Wakefield			Due April 2023			
Number of individuals accessing specialist community PMH and MMHS services in the reporting period	Improving Care	Responsive	CH	LTP	Apr-Sep 318 per Qu Oct-Mar 336 per Qu	256	480	285	225	118	72	69	84	81	57		
Maximum 6-week wait for diagnostic procedures (Paediatric Audiology only)	Improving Care	Responsive	CH	SC	99%	68.9%	91.7%	95.9%	86.2%	94.7%	98.7%	100.0%	86.2%	88.0%	91.6%		
The percentage of service users under adult mental illness specialties who were followed up within 72 hours of discharge from psychiatric in-patient care				SC	80%	84.0%	84.6%	89.0%	88.1%	89.0%	87.8%	89.6%	88.9%	87.1%	89.6%		
IAPT - Treatment within 6 Weeks of referral	Improving Health	Responsive	CH	SC	75%	94.2%	94.7%	97.5%	98.4%	97.8%	98.0%	98.6%	98.5%	97.7%	*97.6%*		
IAPT - Treatment within 18 weeks of referral	Improving Health	Responsive	CH	SC	95%	99.9%	100.0%	100.0%	99.8%	100.0%	100.0%	99.9%	99.5%	99.8%	*100.0%*		
The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week	Improving Health	Responsive	CH	SC	95%	90.0%	95.5%	78.6%	95.2%	80.0%	100.0%	90.0%	100.0%	87.5%	80.0%		
The percentage of children and young people with an eating disorder designated as routine cases who access NICE concordant treatment within four weeks	Improving Health	Responsive	CH	SC	95%	96.9%	90.1%	77.7%	80.2%	75.0%	78.4%	79.3%	88.2%	91.2%	100.0%		
Data Quality Maturity Index	Improving Health	Responsive	CH	SC	95%	99.4%	98.5%	99.5%	*99.4%*	99.5%	99.5%	99.6%	*99.1%*	*99.4%*	*98.3%*		

KPI	Objective	CQC Domain	Owner	Source	Target	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Data quality rating [8]	Variation/ Assurance
Total bed days of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	*TBC*	5	16	44	23	20	13	10	0	8	31		
Total number of children and younger people under 18 in adult inpatient wards	Improving Care	Safe	CH	O	*TBC*	1	1	2	4	1	2	2	0	2	2		
Number of detentions under the Mental Health Act (MHA)	Improving Care	Safe	CH	O	*Trend Monitor*	175	183	179	161	179	161			Due April 2023			
Proportion of people detained under the MHA who are BAME	Improving Care	Safe	CH	O	*Trend Monitor*	16.6%	18.0%	21.2%	22.4%	21.2%	22.4%						
% Admissions gate kept by crisis resolution teams	Improving Care	Responsive	CH	O	95%	97.9%	96.2%	99.3%	99.6%	98.8%	100.0%	98.7%	100.0%	98.9%	99.0%		
% Service users on care programme approach (CPA) having formal review within 12 months	Health & Wellbeing	Safe	SR/KT	O	95%	97.4%	96.1%	94.3%	96.9%	94.3%	95.6%	94.9%	96.9%	95.8%	95.4%		
% clients in settled accommodation	Improving Health	Responsive	CH	O	*60%*	88.4%	88.3%	87.2%	85.7%	86.9%	86.0%	85.8%	85.2%	84.4%	*84.5%*	⚠	
% clients in employment	Improving Health	Responsive	CH	O	*10%*	*9.9%*	11.1%	11.8%	11.7%	11.8%	12.0%	11.6%	11.4%	11.6%	*11.4%*	⚠	
Completion of improving access to psychological therapies (IAPT) minimum data set outcome data for all appropriate service users, as defined in contract technical guidance 1	Improving Health	Responsive	CH	O	90%	98.4%	98.2%	98.1%	98.1%	97.7%	98.8%	97.4%	98.5%	98.1%	*99.1%*		
Completion of a valid NHS number field in mental health and acute commissioning data sets submitted via SUS, as defined in contract technical guidance	Improving Health	Responsive	CH	O	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	*100.0%*		
Completion of mental health services data set ethnicity coding for all service users, as defined in contract technical guidance	Improving Health	Responsive	CH	O	90%	99.1%	99.1%	99.3%	99.3%	99.3%	99.4%	99.3%	99.3%	99.4%	*99.4%*		

Glossary			
SOF	NHSEI System Oversight Framework	O	Other national metric
SC	NHS Standard Contract	SU	Service user
LTP	NHS Long Term Plan	CPA	Care programme approach

Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
SIMPLE ICON	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass

Headlines:

- The Trust continues to perform well against national metrics with performance against the majority within acceptable variance.
- The percentage of service users waiting less than 18 weeks remains above the target threshold at 95.7%
- 72 hour follow up remains above the threshold at 89.6%
- The percentage of service users seen for a diagnostic appointment within 6 weeks in the paediatric audiology service has increased slightly to 91.6% in February but remains below threshold. This is a small service and there have been a number of staffing issues that have impacted clinic availability. Additional clinics are now taking place and this should assist with bringing performance back in line with the 6 week standard.
- The percentage of children and young people with an eating disorder designated as urgent cases who access NICE concordant treatment within one week - small numbers impact on the achievement of the 95% threshold. In February 8 out of 10 urgent cases were seen within 1 week, this has taken the performance below threshold at 80%. The reason behind these breaches related to the cancellation of an appointment by the Trust due to temporary capacity issues and the second was offered an appointment within timeframe but this was cancelled by the family.
- During February 2023, there were two services users aged under 18 years placed in an adult inpatient ward. One of those patients was admitted and discharged during the month with a length of stay of 3 nights, the other was an admission in January and the patient remains on the ward. The Trust has robust governance arrangements in place to safeguard young people; this includes guidance for staff on legal, safeguarding and care and treatment reviews.
- Percentage of clients in employment and Percentage of clients in settled accommodation - There are some data completeness issues that may be impacting on the reported position of this indicator.
- Data quality maturity index - the Trust has been consistently achieving this target.
- IAPT proportion of people completing treatment who move to recovery is now above the 50% target at 54.0% for February.
- Percentage of service users on CPA having formal review within 12 months remains above threshold during the month of February.

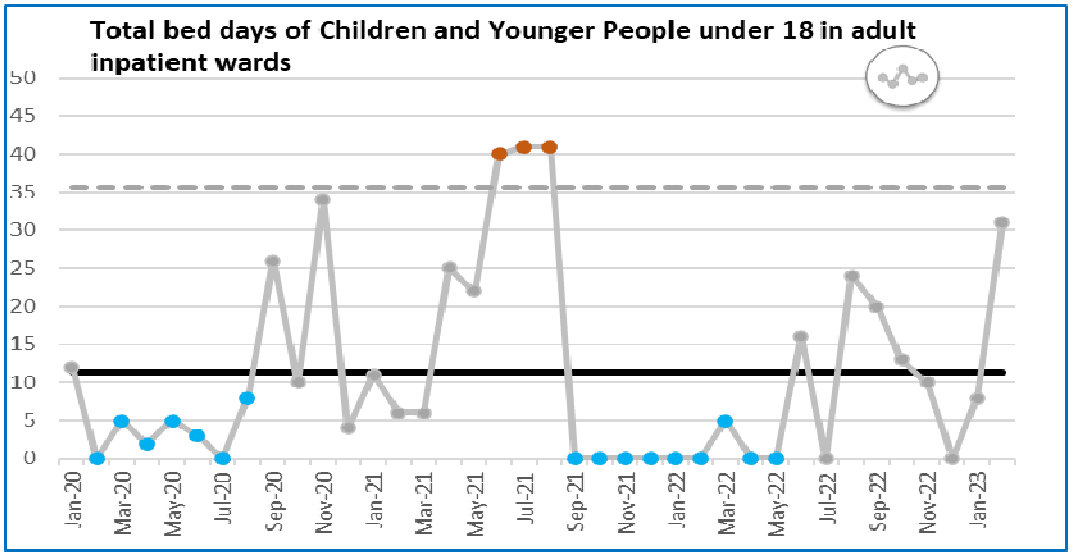
Data quality:

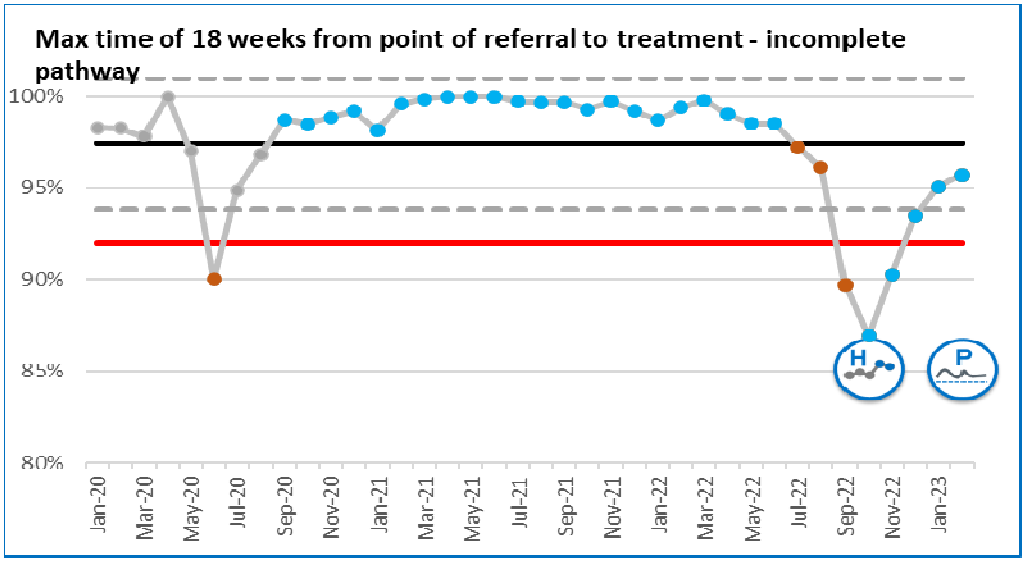
An additional column has been added to the tables on the previous pages to identify where there are any known data quality issues that may be impacting on the reported performance. This is identified by a warning triangle and where this occurs, further detail is included.

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

- The reporting for employment and accommodation for February shows 16.0% of records have an unknown or missing employment and/or accommodation status. This an increase on January which showed 15.5% of records have an unknown or missing employment and/or accommodation status. This has therefore been flagged as a data quality issue and work is taking place within care groups to review this data and improve completeness.

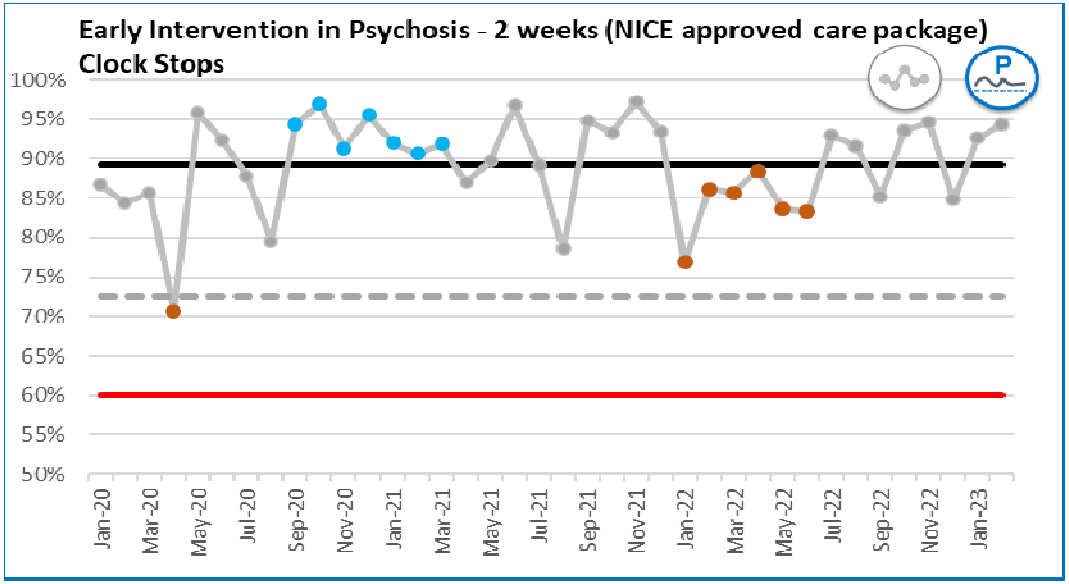
Analysis

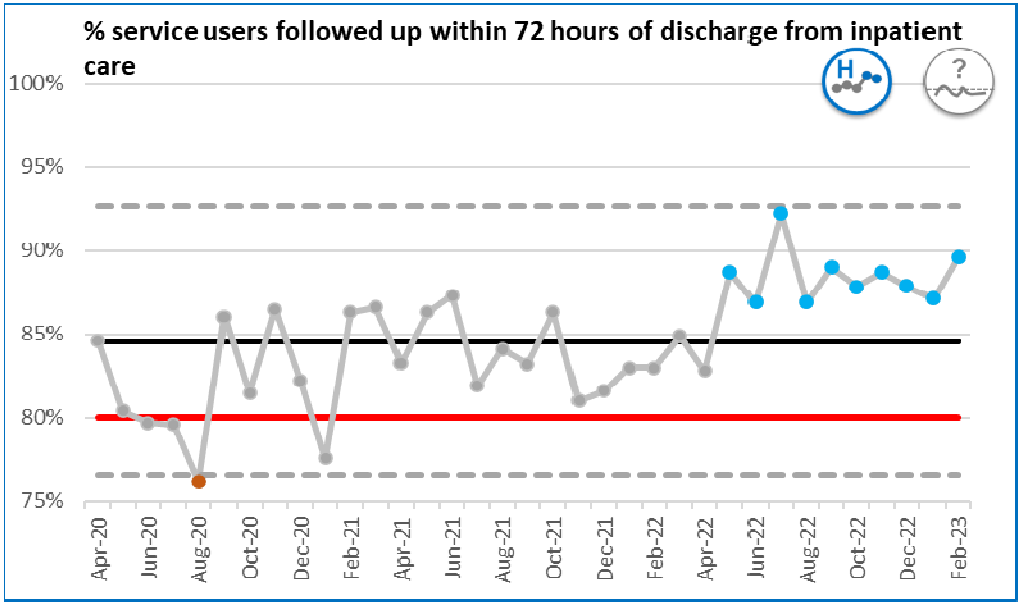




The SPC charts above show that we remain in a period of common cause variation regarding the number of beds days for children and young people in adult wards with two under 18 admissions in February 2023. Although now above target, after three consecutive periods of improvement against the referral to treatment metric we remain in a period of special cause improving variation.

Analysis





The SPC charts above show that for clients being seen by early intervention in psychosis (EIP) services we remain in common cause variation and we are expected to meet the target. We are currently in a period of improving performance for clients discharged from inpatient care being followed up within appropriate timescales but due to the fluctuating nature of this metric, whether we will meet or fail the target cannot be estimated.

The following section of the report has been created to give assurance regarding the quality and safety of the care we provide. A number of key metrics have been identified for each care group and performance for the reporting month is stated along with variation/assurance for each metric where applicable. Figures in bold and italics are provisional and will be refreshed next month.

Mental Health Community (Including Barnsley Mental Health Services)

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	65.0%	72.1%	
% Assessed within 14 days of referral (Routine)	75%	88.9%	82.6%	
% Assessed within 4 hours (Crisis)	90%	100.0%	99.2%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/6)	60% (3/5)	
% service users followed up within 72 hours of discharge from inpatient care	80%	87.1%	89.6%	
% Service Users on CPA with a formal review within the previous 12 months	95%	96.3%	95.8%	
% Treated within 6 weeks of assessment (routine)	70%	98.8%	99.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	72.5%	73.8%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	68.7%	***68.4%***	
Information Governance training compliance	>=95%	87.5%	85.0%	
No of staff off sick - Covid-19 not working	N/A	6	5	
Reducing restrictive practice interventions training compliance	>=80%	71.2%	71.9%	
Sickness rate (Monthly)	4.5%	5.8%	5.5%	

Barnsley General Community Services

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	74.4%	77.7%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/3)	
% people dying in a place of their choosing	80%	93.8%	***81.5%***	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.5%	74.7%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
Information Governance training compliance	>=95%	87.0%	87.6%	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	92%	95.1%	95.7%	
Maximum 6 week wait for diagnostic procedures	99%	88.0%	91.6%	
No of staff off sick - Covid-19 not working	N/A	3	2	
Reducing restrictive practice interventions training compliance	>=80%	25.0%	50.0%	
Safer staffing (inpatient)	90%	111.0%	111.0%	
Sickness rate (Monthly)	4.5%	5.7%	4.6%	

Mental Health Inpatient

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	33.2%	27.1%	
% Bed occupancy	85%	86.5%	88.1%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/0)	0% (0/3)	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	68.8%	72.3%	
Delayed transfers of Care (DTOC)	3.5%	6.4%	6.7%	
FIRM Risk Assessments - Staying safe care plan in 24 hours	95%	83.6%	***87.7%***	
Inappropriate Out of Area Bed days	276	482	511	
Information Governance training compliance	>=95%	87.1%	84.6%	
No of staff off sick - Covid-19 not working	N/A	1	3	
Physical Violence (Patient on Patient)	Trend Monitor	11	16	
Physical Violence (Patient on Staff)	Trend Monitor	43	77	
Reducing restrictive practice interventions training compliance	>=80%	79.6%	79.3%	
Restraint incidents	Trend Monitor	15	***6***	
Safer staffing	90%	124.5%	124.8%	
Sickness rate (Monthly)	4.5%	6.2%	6.1%	

Forensic

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	72.7%	67.2%	
% Bed occupancy	90%	88.6%	89.7%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/1)	0% (0/0)	
% Service Users on CPA with a formal review within the previous 12 months	95%	85.5%	87.1%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	79.6%	
Delayed transfers of Care (DTOC)	3.5%	0.0%	0.0%	
FIRM Risk Assessments - Staying safe care plan in 7 working days	95%	N/A	N/A	
Information Governance training compliance	>=95%	85.7%	84.7%	
No of staff off sick - Covid-19 not working	N/A	5	3	
Physical Violence (Patient on Patient)	Trend Monitor	1	2	
Physical Violence (Patient on Staff)	Trend Monitor	16	8	
Reducing restrictive practice interventions training compliance	>=80%	81.5%	84.7%	
Restraint incidents	Trend Monitor	10	***2***	
Safer staffing	90%	115.0%	112.0%	
Sickness rate (Monthly)	5.4%	7.3%	6.2%	

LD, ADHD & ASD

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	74.2%	68.6%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/2)	
Bed occupancy (excluding leave) - Commissioned Beds	N/A	62.5%	59.8%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	78.4%	78.4%	
Delayed transfers of Care (DTOC)	3.5%	20.0%	18.8%	
Information Governance training compliance	>=95%	91.9%	87.4%	
LD – First face to face contact within 18 weeks	90%	80.0%	78.7%	
No of staff off sick - Covid-19 not working	N/A	0	1	
Physical Violence - Against Patient by Patient	Trend Monitor	0	0	
Physical Violence - Against Staff by Patient	Trend Monitor	56	48	
Reducing restrictive practice interventions training compliance	>=80%	74.3%	77.5%	
Safer staffing	90%	153.6%	153.4%	
Sickness rate (Monthly)	4.5%	5.9%	5.5%	
Restraint incidents	Trend Monitor	52	***4***	

CAMHS

Metrics	Threshold	Jan-23	Feb-23	Variation/ Assurance
% Appraisal rate	>=90%	85.8%	87.9%	
% Complaints upheld with staff attitude as an issue	< 20%	0% (0/3)	0% (0/4)	
CAMHS - Crisis Response 4 hours	N/A	98.9%	96.5%	
Cardiopulmonary resuscitation (CPR) training compliance	>=80%	71.8%	74.7%	
Eating Disorder - Routine clock stops	95%	91.2%	96.2%	
Eating Disorder - Urgent/Emergency clock stops	95%	87.5%	80.0%	
Information Governance training compliance	>=95%	85.8%	82.0%	
No of staff off sick - Covid-19 not working	N/A	0	0	
Reducing restrictive practice interventions training compliance	>=80%	70.8%	71.3%	
Sickness rate (Monthly)	4.5%	2.3%	3.6%	

This section of the report is populated with key performance issues or highlights as reported by each care group.

Barnsley mental health services:

Alert/Action

• Continued focus on record keeping in relation to FIRM risk assessment, safety plans and formulation. Outstanding FIRM Risk Assessments reduced to 25.2%.
• Action being taken to ensure medical staff consistently complete medical care plans.
• CPA Reviews below target at 90.1%. Management/clinical leads focusing input with teams with lowest completion rate.
• Care plan offered to a service user data improving.
• Ongoing issues around access to inpatient beds for those with challenging behaviours associated with dementia.
• Ongoing issues around access to inpatient beds leading to Intensive home based treatment team managing high risk patients in the community
• West Enhanced Team and Mental Health Liaison Team both experiencing deficits in staffing levels. Business continuity plans are being implemented to effectively target resources.

Advise

• 72 hour follow up remains positive at 100%.
• Waiting lists in NHS Talking Therapies remain high for cognitive behavioural therapy and counselling
• The band 7 clinical lead for eating disorders within adult services has taken up post but due to continued pressures on the CAMHS eating disorder service is having to work across both areas as part of CAMHS business continuity plan, this will remain under review.
• Training in amber Information Governance – 87.2%, Reducing restrictive practice intervention – 71.5%, Cardio pulmonary rehabilitation – 75.3%
• Initial results from the pilot of an A&E mental health triage post have been positive. Consideration being given to developing business case for recurrent funding.
• Friends and Family Test results remain positive at 83%

Assure

• South Yorkshire Liaison & Diversion have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The charter focuses on equality, involvement, and inclusion as central themes in reducing inequalities and tackling stigma,
• Family Lives peer support service has been operationalised and now receiving referrals.
• Working jointly with colleagues from Barnsley Healthcare Foundation we have been able to provide 100 bags of food and other winter essentials which we hope to sustain over the next 3 months. Further funding has been received to enable this support to continue over the coming months.

This section of the report is populated with key performance issues or highlights as reported by each care group.

Barnsley mental health services:

Alert/Action

• Continued focus on record keeping in relation to FIRM risk assessment, safety plans and formulation. Outstanding FIRM Risk Assessments reduced to 25.2%.
• Action being taken to ensure medical staff consistently complete medical care plans.
• CPA Reviews below target at 90.1%. Management/clinical leads focusing input with teams with lowest completion rate.
• Care plan offered to a service user data improving.
• Ongoing issues around access to inpatient beds for those with challenging behaviours associated with dementia.
• Ongoing issues around access to inpatient beds leading to Intensive home based treatment team managing high risk patients in the community
• West Enhanced Team and Mental Health Liaison Team both experiencing deficits in staffing levels. Business continuity plans are being implemented to effectively target resources.

Advise

• 72 hour follow up remains positive at 100%.
• Waiting lists in NHS Talking Therapies remain high for cognitive behavioural therapy and counselling
• The band 7 clinical lead for eating disorders within adult services has taken up post but due to continued pressures on the CAMHS eating disorder service is having to work across both areas as part of CAMHS business continuity plan, this will remain under review.
• Training in amber Information Governance – 87.2%, Reducing restrictive practice intervention – 71.5%, Cardio pulmonary rehabilitation – 75.3%
• Initial results from the pilot of an A&E mental health triage post have been positive. Consideration being given to developing business case for recurrent funding.
• Friends and Family Test results remain positive at 83%

Assure

• South Yorkshire Liaison & Diversion have been chosen to take part in the awards for the Lived Experience Charter sites, with work starting in November. The charter focuses on equality, involvement, and inclusion as central themes in reducing inequalities and tackling stigma,
• Family Lives peer support service has been operationalised and now receiving referrals.
• Working jointly with colleagues from Barnsley Healthcare Foundation we have been able to provide 100 bags of food and other winter essentials which we hope to sustain over the next 3 months. Further funding has been received to enable this support to continue over the coming months.

Child and adolescent mental health services:

Alert/Action

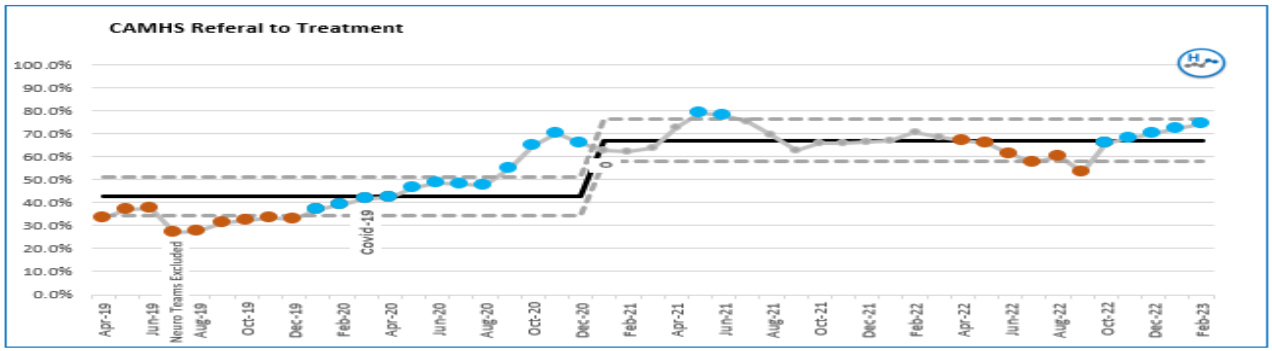
• Improvement work not fully evidenced with respect to mandatory training compliance. This matter has been further reinforced/prioritised with senior leadership. Reducing restrictive practice intervention (71.3% - threshold 80%), Cardio Pulmonary Rehabilitation (74.7% - threshold 80%) and information governance (82%- threshold 95%)
• Waiting numbers for Autistic Spectrum Conditions (ASC)/Attention Deficit Hyperactivity Disorder (ADHD) (neuro-developmental) diagnostic assessment in Calderdale/Kirklees remain problematic. Robust action plans in place – but a shortfall between commissioned capacity and demand remains. Transition to adult services also remains a focus for improvement work.
- In Kirklees the neurodevelopmental pathway has a commissioned capacity of 43 diagnostic assessments per month. As part of a waiting list initiative an additional 21 assessments per month are commissioned from Evoke. Pathway recently revised to improve screening – with positive feedback from families - but demand remains significantly in excess of capacity.
- In Calderdale commissioned capacity is 21 diagnostic assessments per month. Vacancies/maternity leave have temporarily reduced capacity to 12-15 assessments per month. Introduction of the AQP model has reduced referrals to CAMHS pathway to 8-12 per month.
• Work on improving the transition between children and young people service and Adult ADHD service has commenced. An improvement plan has been agreed and actions including: creating a set of shared transition principles and expectations, developing a standardised referral form on SystmOne, agreeing medication and prescribing practices, and jointly creating an educational programme/information for families and children and young people. This work links in with the wider work being undertaken by West Yorkshire mental health and learning disability partnership board transition project group.
• Ongoing issue with shortage of specialist residential and Tier 4 places leading to inappropriate stays for young people on acute hospital wards, Trust in-patient beds and section 136 suites. This is noted on the Trust risk register and subject of a number of recent MP enquiries. Work continues with the provider collaboratives to improve patient flow.
• The focus on maintaining staffing levels in Wetherby Young Offenders Institution and Adel Beck secure children's home continues. Specific issues in relation to recruitment of band 6 nursing staff.
• Eating disorder pathways remain under demand pressure as a consequence of increasing referrals and limited staff capacity. This is consistent with national trends and has contributed to difficulties in achieving national response targets.

Advise

• An Any Qualified Provider model implemented by commissioners in Calderdale with regard to ASC/ADHD diagnostic assessment. Work is progressing to ensure a robust CAMHS response.
• Friends and Family Test remains under 80% target at 70%.
• Waiting times from referral to treatment in Wakefield remain an outlier. Referral rates remain a key factor. Brief intervention and group work service offer strengthened and medium term improvement anticipated.
• A number of environmental issues have been escalated with respect to staff working conditions at Wetherby young offenders institute. Progress being made in implementing action plan.
• In process of extending Wetherby Young Offenders Institution and Adel Beck secure children's home service contract.

Assure

• Staff wellbeing remains a focus. Hybrid models of working and flexible working policies are being proactively utilised.
• Proactively engaged with provider collaboratives in South and West Yorkshire to strengthen interface with inpatient providers and improve access to specialist beds.



The upper and lower control levels for this measure have been re-calculated from January 2021 following a sustained period of significant improvement, in order to better determine if current performance is within expected variation.

As you can see in February 2023, following a period of special cause concerning variation, we have now entered a period of common cause improving variation. For further information see narrative above.

Barnsley general community services:

Alert/Action

• Urban House (UH) since November 2022 the service has only one Nurse Prescriber (currently working from home due to their clinical vulnerability). This creates pressures and some risk within the service. To date we have been unable to recruit to the vacancy through bank/agency on a temporary basis. We are currently working with pharmacy and the Walk-in Centre in Wakefield to provide cover for the service.
• Neighbourhood Nursing Services (NNS) - a position paper for NNS is being developed and will be escalated to the Director of Services and Chief Operating Officer to set out the current position of the NNS workforce, including existing challenges and risks along with actions being taken to mitigate and manage the issues. This will also be added to the Barnsley Care Group Risk Register.
• NNS – current workforce position over next 8 weeks – 15 staff currently working their notice period following resignation (12 qualified), 11 long term sick and 14 whole time equivalent vacancies.

Barnsley general community services continued:

Advise

• School Age Immunisation Service - The approval of recommended bidder for the new tender is due on 16/03/23.
• Children's Therapy - Significant increase in referrals to the service in 2021/22 has continued in 2022/23, particularly for Children's Occupational Therapy. This, combined with ongoing staffing issues is affecting waiting lists.
• Paediatric Audiology – it is hoped that we will recommence school hearing screening prior to the school summer holidays in June/July 2023.
• Urban House (UH) – Commissioner is reviewing current health provision for the 6 resettlement programmes in Wakefield and will include UH. Following a meeting with commissioners in January 2023, a discussion paper was submitted regarding how we can work collaboratively with primary care to ensure the delivery of equitable services for all those clients within the resettlement programmes in Wakefield. Meeting planned for March 2023.
• Neighbourhood Teams (NT) - The Integrated NT SystmOne unit roll out continues with a several Specialist Nursing Services due to migrate between March 2023 and September 2023. These are: Parkinsons, Adult Epilepsy and Tissue Viability Service including Cancer related Lymphoedema.

Assure

• Yorkshire Smokefree Barnsley - Extract taken from Barnsley Council website regarding the successful figures for Yorkshire Smokefree Barnsley:
"Barnsley's stop smoking services are the second-best nationally for helping people to successfully quit. From April 2021 to March 2022, NHS Yorkshire Smokefree Barnsley helped 72% of local smokers who set a quit date to successfully stop smoking. This sees our stop smoking services coming out on top across Yorkshire and the Humber."
• Yorkshire Smokefree Calderdale - The vaping pilot contract has now been signed by both SWYPFT and Yorkshire Cancer Research to enable clients to use a vape to quit smoking. The vape will be supplied by the company Totally Wicked.
• Resuscitation Service – agreement in principle for additional Band 6 Resuscitation Officer to support increased training requirements by Resuscitation Council UK guidelines.
• Stroke – Life after Stroke coordinator role now out to advert; this is a new role and will be part of the SWYPFT Barnsley Integrated Community Stroke Team and will be an additional link between our service and The Stroke Association.
• Childrens physical health services – Our first multi-disciplinary team group safeguarding supervision session has been booked for late March. Staff from each of our children's services will be in attendance. This supervision will be offered to staff every 12 weeks in addition to their existing safeguarding supervision arrangements.
• ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) – originally introduced in 2016 by the National Resuscitation Council this has been gradually improved and rolled out across the UK. Already adopted by many neighbouring trusts with more to follow in the coming months. In Barnsley the acute Hospital (BHNFT) are starting to use the ReSPECT process and form from 15th March. Patients will be discharged into SWYPFT care with these forms. A Barnsley partnership group is in place supporting implementation, communication, governance and shared learning across the Integrated Care System for Barnsley Place. It is planned that all partners will adopt in full by the end of 2023. For SWYPFT there will be full introduction of ReSPECT in May/June as a whole Trust. For Barnsley teams, interim standard operating procedures (SOPs) have been developed to ensure staff are aware how to support patients where a ReSPECT plan is in place, during the first phase of the roll out. SOPs and frequently asked questions (FAQs) are being shared with all teams and via the intranet and standard communication routes.
• Priory Campus – Barnsley Healthcare Federation (BHF) have secured ownership of the Priory Campus property – this will provide opportunities for collaborative working along with the impending move towards housing the Urgent Community Response (UCR) team with other Out of Hours (OOH) services including IHeart 365 and Home Visiting Service. This will progress the Alliance partnership, strengthening the working relationship with BMBC Central Call and Reablement, Virtual Ward and Right Care Barnsley.
• Tissue Viability - 5-month secondment has commenced supported by SWYFPT Tissue Viability Service in Barnsley Hospital NHS Foundation Trust Tissue Viability Service. This will promote joint working across community and secondary care, aiming to strengthen partnerships, develop joint pathways, and provide supporting evidence for the Integrated Care Board Barnsley project of developing a district wide wound care policy.
• Registered Mental Health Nurse (RMN) Professional Lead - successfully appointed to this new role – candidate will commence in post in new financial year.

Attention Deficit Hyperactivity Disorder (ADHD) / Autistic spectrum disorder (ASD) services:

Alert/Action

• Friend & Family Test – Friends and family test is 78%. The Quality and Governance lead is undertaking focused improvement activity and this represents a significant rise in performance compared to previous months.
• Reducing Restrictive Practice Interventions training remains under threshold at 74.1%%, however this has improved from previous months as more courses have become available.
• Calderdale AQP (Any Qualified Provider) for all-age neurodiversity has now launched.

Advise

Bradford Autism Pathway - Collaboration with Bradford District Care Foundation Trust
• The Waiting list project is progressing as planned.
• The new autism electronic referral system has launched across Bradford and Craven.
• Two of the posts required to deliver the sustainable pathway in Bradford have been filled.
• Since the approval of the service specification in January mobilisation is being implemented.
ADHD Waiting Lists - Remains a high priority for the service with cases being triaged and prioritised using data available.

Assure

• All KPI targets met.
• Changes made to ADHD pathway are working well.
• Relationship with Bradford working very well.
• Some commissioners requesting pathway innovations and business cases are being prepared.
• Excellent levels of supervision and appraisal across the team.

Learning disability services:

Alert/Action

Community Services
• Workforce review will be concluded over the next 3 weeks.
• Service will be undertaking a community improvement programme; first draft proposal has been developed and is currently being finalised prior to implementation.
• Some movement across localities within the LD medical workforce has been necessary to ensure a good spread of consultants to meet service need and ensure the service reliance on a locum workforce is reduced.
• Focused work on waiting lists continues this is due to current capacity issues relating to vacancies. Mitigating actions are in place.
ATU (Assessment & Treatment Unit)
• Horizon improvement programme continues to make progress.
• Recruitment to posts which were previously shared posts (with Bradford)
• Delayed transfers of care are currently at 21.60% and reflects system challenges in provision of bespoke packages of care to meet complex needs.

Advise

Community & ATU (Assessment & Treatment Unit)
• Plan to increase engagement with service users and carers now in place post Covid.
• Appraisal rates within the service at end of February were 70.4%. this is under Trust expected levels of 80% - work continues to focus on ensuring these are planned in.
• There are a number of mandatory training subjects that are in amber: reducing restrictive intervenitions has increased up to 78.7%, Cardio pulmonary rehabilitation 75.4%, Food Safety 76.3%, Information Governance 85.3%, Supervision 66.67% - work contiues to take place within teams to increase compliance for these training areas.

Assure

Assessment and treatment unit (ATU)

• Recruitment continues to progress.
• Robust plans in place to address mandatory training, supervision, and appraisal shortfall and progress is being monitored closely.
• Peer support worker now appointed for Horizon ward.

Community

• Waiting list mitigation includes more frequent data cleansing and the establishment of an early alert system which will help teams to potentially avoid delays in appointments.
• Annual health checks across all 4 localities are continuing to improve.
• Although recruitment challenges remain, some further key posts have now been recruited to including the Calderdale nurse lead, intensive support team nurse lead, dietician and Wakefield occupational therapist.

Forensic services:

Alert/Action

• Acuity remains high – Service has two service users (in medium secure) who have waited a protracted amount of time to be transferred to high secure this has impacted on patient flow.
• Concerns raised by the West Yorkshire Commissioning hub – regarding the Learning Disability and Womens pathway, the service is working with colleagues to provide appropriate assurance.
• Bed Occupancy levels in all areas are reporting below the 90% threshold – Newton Lodge 88.6%, Bretton 94.31%, Newhaven 93.75%.
• Sickness absence/covid absence – remains above the care group target at 8.1%.
• Vacancies & Turnover – Turnover remains high 13.7%. Recruitment & Retention remains a priority within the service.
• % of Service Users on CPA with a formal review within the previous 12 months remains below the 90% target at 87.07% remedial action in place to address this and small numbers also impact on reported percentage.

Advise

• Work continues to assimilate Forensic Child and Adolescent Mental Health Services (FCAMHS) into the West Yorkshire Provider Collaborative.
• Mandatory training overall compliance remains good across all areas: Newton Lodge – 89.5%, Bretton – 87.5%, Newhaven –88.6. Hotspots across the service are Food Safety, Information Governance, Local Induction and Safeguarding Adults (Newhaven only) - focus remains on increasing complaince for these subject areas.
• The roll out of Trauma Informed Care is going well and training sessions for staff have commenced with some staff having completed all 4 modules. Phase 2 of the roll out will be discussed in April.
• The West Yorkshire Provider Collaborative held a stakeholder event to discuss the future of Forensic Community Services.
• Appraisal & Supervisionof staff within the service remain a priority.
• The well-being of staff also remains a priority within the service.

Assure

• No delayed transfers of care recorded across all three services.
• High levels of data quality across the Care Group (100%).
• 100% compliance for HCR20 risk assessments being completed within 3 months of admission.
• Friends and family test is 80%
• All Equality Impact Assessments across Forensic Services have been completed for 23/24.

Adults and Older People mental health:

Alert/Action

• Acute wards have continued to manage high levels of acuity and have been impacted by covid outbreaks.
• We have had high occupancy levels across wards and capacity to meet demand for beds remains difficult.
• Workforce challenges have continued.
• The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, however overall the numbers have not materially reduced.
• We are working actively with partners to reduce the length of time people who are clinically ready for discharge spend in hospital and to explore all options for discharge solutions / alternatives to hospital care.
• We are taking part in the 100 Day Discharge Challenge and working at Integrated Care Board level to look at improvements and collaborative approaches across a range of measures.
• Demand into the Single Point of Access (SPA) and capacity issues have lead to ongoing pressures in the service, workforce challenges are continuing to compound these problems and have been increasing.
• SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment has been at risk of being delayed in all areas.
• Community teams are continuing to experience significant workforce challenges.
• We currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success.
• We have action plans in place for certain teams and continue to be proactive and innovative in our approaches to recruitment and workforce modelling.
• All areas are focussing on improving performance for FIRM risk assessments, which remains under target in all areas for those on CPA who have had a staying-well plan within 7 days and those who have had a formulation within 7 days.
• We have set up a trajectory of improvement to full performance by the end of Quarter 4.

Advise

• Senior leadership from matrons and general managers remains in place across 7 days.
• We are currently reviewing weekend working for senior managers to ensure we can build a sustainable model going forward that offers the required support to front-line 24/7 services.
• Intensive work to consider how we maintain quality and safety on our wards and improve the well-being of staff and service users and encourage recruitment and retention is underway.
• We are actively expanding creative approaches to enhance service user experience and the general ward environments. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.
• Work continues in front line community services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home.
• This includes providing robust gatekeeping, trauma informed care and effective intensive home treatment.
• We are participating in the trustwide work on how we measure and manage waits in terms of consistent data and performance measurement.
• We continue to work in collaboration with our places to implement the community mental health transformation.
• We remain concerned that the new roles within primary care networks will draw experienced staff from our resources.
• We recognise the key role of supervision and appraisal in staff wellbeing and are ensuring time is prioritised for these activities and that where we need to improve action plans are in place.
• We continue to work towards required concordance levels for CPR training and aggression management - this has been impacted by some issues relating to access to training and levels of did not attends.
• We are working closely with specialist advisors and we also have plans in place across inpatient services to ensure appropriately trained staff are on duty across all shifts at all times.

Assure

• Our Perinatal Service has been awarded Accreditation by the Royal College of Psychiatrists Perinatal Quality Network.
• We are performing well in gatekeeping admissions to our inpatient beds.
• We are looking at specific input into inpatient areas to support rapid improvement with trauma informed approaches, targeting female wards in the first instance.
• Friends and Family Test – remains positive and above threshold for all areas.

Communications, Engagement and Involvement

- Consideration of our external comms in relation to the pre-election period, which has now started
- Planning for the Excellence awards on 4 May 2023
- Our Year report being drafted
- External award submissions, including Parliamentary awards, HSJ, Nursing
- ReSPECT promotion
- Promotion of #allofusimprove
- Working on QI toolkit for the intranet
- Suicide prevention strategy launch support, and intranet pages refresh
- Quality strategy review, and communications support to launch
- Planning to implement the new brand name for IAPT – Talking Therapies
- Older peoples inpatient mental health transformation, internal and external comms and planning
- Promotion linked to staff recruitment and retention
- Trauma Informed practices programme support
- Patients Know Best comms planning and warm up messages
- Compassionate principles promoted
- Keep in Mind Kirklees website development
- New website forms for services

Engagement, Equality and Volunteering Update

- Equality and involvement annual action plans for 2023/2024 now signed off by EII Committee at the March meeting
- A Trust wide framework to support staff to review equality data is now being evaluated for use by our BI/PI teams to build on what is already in place
- Monthly themed lunch box talks –focus on Young carers
- The 'All of You' equality data collection campaign continues to improve data collection for equality
- The Older peoples service transformation is moving towards a formal consultation. Consultation documents, plan, full equality impact assessment and outline business case are now being developed. Formal consultation planned for launch after Purdah in Spring 2023
- All of You: Race forward is now to be delivered through a programme approach, a 3 month plan to launch has been approved at the first meeting in March
- The Flair survey has now closed. The final response rate is 23%.. A paper on how we will review the data and early sight of findings will be shared with EMT this month.
- The Trust wide approach to involvement is nearly ready to launch. The training modules to deliver 3 x 2-hour training sessions have been tested this month. A comms plan is now being developed for a full launch in April 2023 and a payment policy is being developed.
- The quarterly insight report was developed this quarter and shared with executive management team to identify a 'you told us we listened' response.
- An 'Electronic Equality impact assessment' is in the final stages of development with the support of information management and technology (IM&T) colleagues. .
- The offer to deliver enhanced training for equality, diversity and inclusion has now been approved and the team are currently looking at resourcing the work so it can be delivered to over 500 senior people across the Trust.
- The volunteer service continues to progress a large-scale piece of work in Barnsley to support community teams with volunteers is underway and 17 new volunteer managers are due to receive training to support these roles.
- Volunteer to career is progressing. Work to understand the befriending role within the Trust will be co-designed and shared with the Trusts operational management group for comment.

Overall Financial Performance 2022/23

Executive Summary / Key Performance Indicators

Performance Indicator		Year To Date	Forecast 2022 / 23	Narrative
1	Surplus / (Deficit)	£3.7m	£3.2m	The position reported here is as per the System financial performance measure. A deficit of £0.6m has been reported in February 2023. The year to date surplus is £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan.
2	Agency Spend	£8.9m 4.4%	£9.9m	The Trust allocation of the overall West Yorkshire Integrated Care Board (ICB) 2022 / 23 agency cap is £7.8m. Performance is measured against both this and also as a percentage of total pay expenditure. Year to date expenditure is £8.9m which is £1.8m more than cap.
3	Overhead Costs	15%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	Financial sustainability and efficiencies	£5.4m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	Cash	£81.8m	£79.7m	Cash in the bank remains positive for both the year to date and forecast.
6	Capital	£4.3m	£7.6m	The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme.
7	Better Payment Practice Code	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

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

System-wide monitoring

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. They have developed better and more convenient services, invested in keeping people healthy and out of hospital and set shared priorities for the future. The Trust sits within two ICS footprints, West Yorkshire and Harrogate, and South Yorkshire and Bassetlaw. This section of the report outlines the metrics that are in place across both ICS footprints along with system performance.

West Yorkshire and Harrogate Partnership

The Partnership finalised and published its five year strategy in March 2020. This document included 10 'big ambitions' – 10 measures that reflect what is important to the Partnership, and by which progress will be measured. These 10 items are:

1 - Increase the years of life that people live in good health in West Yorkshire and Harrogate compared to the rest of England. We will reduce the gap in life expectancy by 5% (six months of life for men and 5 months of life for women) between the people living in the most deprived communities compared with the least deprived communities by 2024.

2 - We will achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (approx. 220,000 people). In doing this, we will focus on early support for children and young people.

3 - We will address the health inequality gap for children living in households with the lowest incomes. This will be central for our approach to improving outcomes for 2024. This will include halting the trend in childhood obesity, including those living in poverty.

4 - By 2024 we will have increased our early diagnosis rates for cancer, ensuring at least 1000 more people will have the chance of curative treatment.

5 - We will reduce suicide by 10% across West Yorkshire and Harrogate 2020/21 and achieve a 75% reduction in targeted areas by 2022.

6 - We will achieve at least 10% reduction in anti-microbial resistance infections by 2024, by for example reducing antibiotic use by 15%

7 - We will achieve a 50% reduction in still births, neonatal deaths, brain injuries and a reduction in maternity morbidity and mortality by 2025.

8 - We will have a more diverse leadership that better reflects the broad range of talent in West Yorkshire and Harrogate, helping to ensure that the poor experiences in the workplace that are particularly high for black, Asian and minority ethnic (BAME) staff will become a thing of the past.

9 - We will aspire to become a global leader in responding to the climate emergency through increased mitigation, investment and culture change throughout our system.

10 - We will strengthen local economic growth by reducing health inequalities and improving skills, increasing productivity and the earning power of people and our region as a whole.

The Partnership have developed an approach to measurement and quantification, this was presented to the West Yorkshire & Harrogate Health and Care Partnership Board in September 2021. The approach identified reporting would be done annually into the partnership board and would be a mixture of quantitative data which will allow us to track delivery of the ambition progress over time; quantitative data on measures which it is anticipated will make a positive impact on the ambitions – but which can be measured more frequently; and key activities and actions we are taking which we believe will make the biggest difference in delivering the objective.

South Yorkshire and Bassetlaw Partnership

The South Yorkshire and Bassetlaw integrated care system produce a range of performance information each month. This includes a delivery report which includes information pertaining to restoration of elective services, urgent and emergency care, hospital and out of hospital, and primary care activity. For mental health services performance data regarding CAMHS access, out of area bed placements and IAPT is shown. All IAPT standards are currently being met and the dementia diagnosis rate is above standard. However children and young people waiting time targets are not being achieved.

Publication Summary

This section of the report identifies any national guidance that may be applicable to the Trust.

Department of Health and Social Care
NHS public health functions agreement 2022 to 2023. This guidance contains information about NHS England's objectives and funding arrangements as it commissions public health services. It sets out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services. The services currently commissioned in this way are: national immunisation programmes; national population screening programmes; child health information services; public health services for adults and children in secure and detained settings in England; and sexual assault services.

Click here to read the guidance

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

Bed availability and occupancy data: Q1 2022/23, NHS England, 2 March 2023

Children and young people with an eating disorder collection: Q1 2021/22, experimental statistics, NHS England, 2 March 2023

Diagnostic waiting times and activity: November 2022, NHS England, 2 March 2023

Mixed sex accommodation breaches: December 2022, NHS England, 2 March 2023

NHS stop smoking services in England: April 2022 to June 2022, NHS Digital, 2 March 2023

NHS vacancy statistics, England: April 2015 - December 2022, experimental statistics, NHS Digital, 2 March 2023

Referral to treatment waiting times statistics for consultant-led elective care: November 2022, NHS England, 2 March 2023

Community services statistics: December 2022, NHS Digital, 7 March 2023

Mental health services monthly statistics: performance December 2022, provisional January 2023, NHS Digital, 9 March 2023

Friends and Family Test data (January 2023)

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Finance Report

Month 11
(2022 / 23)

www.southwestyorkshire.nhs.uk

With **all of us** in mind.

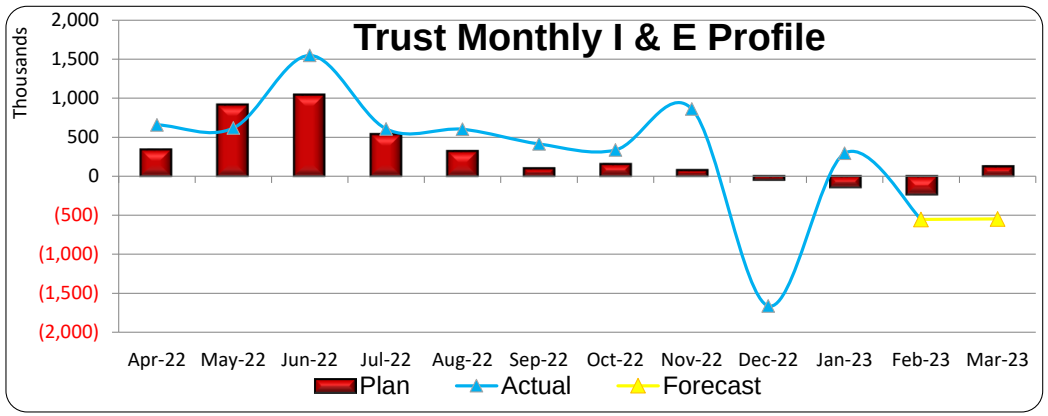
1.0	Executive Summary / Key Performance Indicators			
Key Performance Indicator		**Year To Date**	**Forecast 2022 / 23**	**Narrative**
1	**Surplus / (Deficit)**	£3.7m	£3.2m	The position reported here is as per the System financial performance measure. A deficit of £0.6m has been reported in February 2023. The year to date surplus is £3.7m which is £0.7m higher than planned. The surplus is forecast at £3.2m in line with plan.
2	**Agency Spend**	£8.9m 4.4%	£9.9m	The Trust allocation of the overall West Yorkshire Integrated Care Board (ICB) 2022 / 23 agency cap is £7.8m. Performance is measured against both this and also as a percentage of total pay expenditure. Year to date expenditure is £8.9m which is £1.8m more than cap.
3	**Overhead Costs**	15%		This key performance indicator is a measurement of corporate / overhead costs as a percentage of income for the year to date.
4	**Financial sustainability and efficiencies**	£5.4m	£6.4m	As per the NHS Operating Framework the Trust revised annual plan submission included a sustainability and efficiency requirement of £6.4m. This is being managed within the overall financial position and for the year to date, and forecast, is in line with plan.
5	**Cash**	£81.8m	£79.7m	Cash in the bank remains positive for both the year to date and forecast.
6	**Capital**	£4.3m	£7.6m	The capital forecast for 2022 / 23 has been reduced following Trust Board agreement to pause a major scheme. This revised position reflects current assumptions on timescales, costs and deliverability and has been agreed within the context of the West Yorkshire ICB capital programme.
7	**Better Payment Practice Code**	95%		This performance is based upon a combined NHS / Non NHS value and demonstrates that 95% of all invoices have been paid within 30 days of receipt.

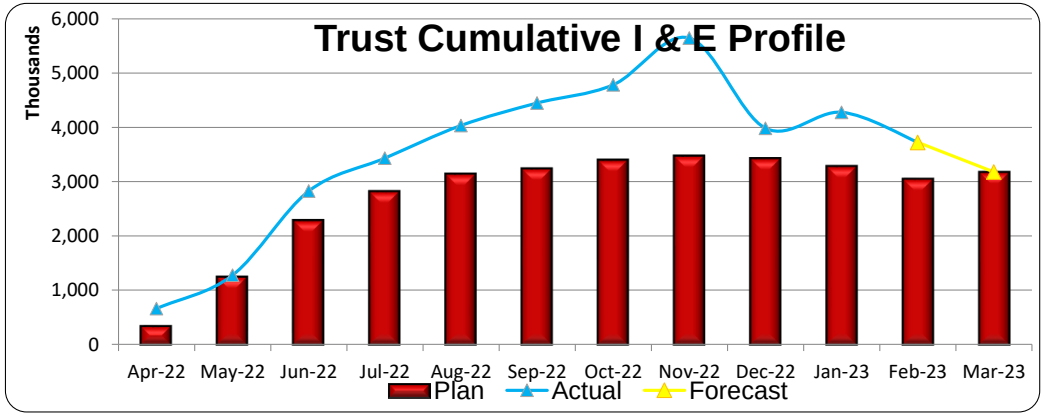
Red	Variance from plan greater than 15%, exceptional downward trend requiring immediate action, outside Trust objective levels
Amber	Variance from plan ranging from 5% to 15%, downward trend requiring corrective action, outside Trust objective levels
Green	In line, or greater than plan

2.0 Income & Expenditure Position 2022 / 2023

Trust Financial Position

Budget Staff	Actual worked	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Budget	Forecast	Forecast Variance
WTE	**WTE**	**WTE**	**%**	**£k**	**£k**	**£k**		**£k**	**£k**	**£k**	**£k**	**£k**	**£k**
				20,477	20,452	(25)	Healthcare contracts	224,883	219,780	(5,103)	245,470	240,256	(5,215)
				9,336	10,631	1,295	Other Operating Revenue	100,298	105,102	4,804	109,879	115,558	5,679
				29,813	**31,083**	**1,270**	**Total Revenue**	**325,181**	**324,882**	**(299)**	**355,349**	**355,814**	**465**
5,123	4,727	(396)	7.7%	(20,334)	(19,719)	614	Pay Costs	(213,374)	(202,087)	11,287	(233,711)	(221,225)	12,486
				(9,173)	(11,450)	(2,277)	Non Pay Costs	(102,453)	(113,199)	(10,746)	(111,616)	(125,116)	(13,500)
				0	0	0	Gain / (loss) on disposal	0	820	820	0	820	820
				0	0	0	Impairment of Assets	0	(787)	(787)	0	(787)	(787)
5,123	**4,727**	**(396)**	**7.7%**	**(29,507)**	**(31,170)**	**(1,663)**	**Total Operating Expenses**	**(315,827)**	**(315,253)**	**574**	**(345,327)**	**(346,308)**	**(981)**
5,123	**4,727**	**(396)**	**7.7%**	**306**	**(87)**	**(393)**	**EBITDA**	**9,354**	**9,629**	**275**	**10,022**	**9,506**	**(516)**
				(482)	(466)	16	Depreciation	(5,365)	(5,390)	(25)	(5,847)	(5,869)	(23)
				(179)	(267)	(88)	PDC Paid	(1,969)	(1,959)	10	(2,148)	(2,129)	19
				120	266	146	Interest Received	1,032	1,445	413	1,150	1,670	520
5,123	**4,727**	**(396)**	**7.7%**	**(235)**	**(554)**	**(319)**	**Surplus / (Deficit)**	**3,052**	**3,724**	**672**	**3,178**	**3,178**	**(0)**
				0	(19)	(19)	Depn Peppercorn Leases (IFRS16)	0	(210)	(210)	0	(229)	(229)
				0	0	0	Revaluation of Assets	0	2,225	2,225	0	2,225	2,225
5,123	**4,727**	**(396)**	**7.7%**	**(235)**	**(573)**	**(338)**	**Surplus / (Deficit)**	**3,052**	**5,739**	**2,687**	**3,178**	**5,173**	**1,996**





Income & Expenditure Position 2022 / 23

February 2023 financial position is a deficit.
Year to date is a surplus of £3.7m.

The Trust revised financial plan, submitted June 2022, is a surplus of £3.2m. This is mainly profiled at the start of the year with workstreams such as recruitment and retention of workforce having an impact on the position in Q3 and Q4.

NHS England - monthly submission

The actual financial performance as reported here is consistent with the monthly return made to NHS England and also to that reported into the West Yorkshire Integrated Care System (ICS). This declaration is also included within the self certification section of the return.

Income

The majority of income continues to be received through block payment arrangements with any variances to plan agreed by exception. Income in February 2023 is in line with plan.

Pay

The expenditure pay run rate has been impacted by a number of one off / non recurrent adjustments over the past months; expenditure has increased in February. Overall the WTE run rate has continued to increase. Substantive worked WTE is partially due to continued recruitment but also includes additional hours worked by substantive staff. This has helped to reduce bank usage in month but is not currently considered as a sustainable stepped change.

Recruitment and retention workstreams continue and estimated impacts will be included in forecasts and feed into annual planning processes.

Non Pay

Non Pay spend continues to be predominately Adult Secure Collaborative spend. Inflationary pressures, on areas such as utilities and catering / food costs, continue to be mitigated as far as possible within the overall financial position.

The in month deficit position has been driven by one off costs including increases to dilapidation provisions.

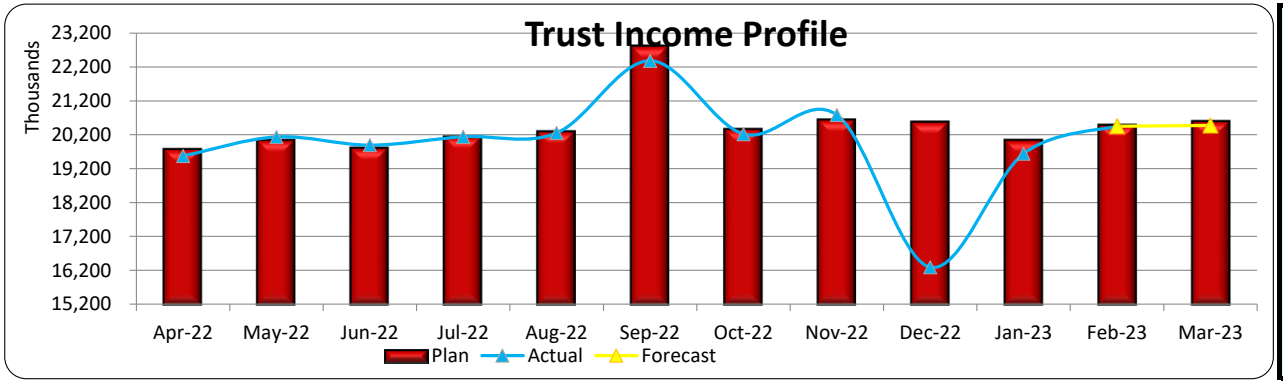
2.1 Income Information

Within the Trust Income and Expenditure position clinical revenue is separately identified. This is income received through contracts to provide clinical services. This does not include other income which the Trust receives such as contributions to training, staff recharges and catering income. This is included as other operating income.

The vast majority of income continues to be received from local commissioners (formerly CCGs, now Integrated Care Boards (ICBs)). For 2022 / 23 a hybrid of the previous year's financial regimes are in place. Formal contracts have resumed and are in place for all of the major commissioners. The financial element remains a block based upon national calculations and tariff changes. The same variation process as 2021 / 22 remains which means that investment in services will be added to contracts as and when agreed.

The block values have been calculated to include all income from NHS commissioners. This includes payment for clinical services, staff recharges and recharges for projects etc. from those organisations although this income is shown as other operating revenue within the Trust income and expenditure position.

Income source	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k	Total 21/22 £k
NHS Commissioners	17,501	18,083	17,285	17,878	18,049	19,848	18,099	18,498	18,270	18,173	18,320	18,376	**218,382**	**199,439**
ICS / System / Covid	854	854	854	854	854	854	854	854	(3,146)	854	854	854	**6,243**	**15,258**
Specialist Commissioner	242	324	320	325	319	356	429	331	324	342	343	343	**3,999**	**45,733**
Local Authority	433	454	484	427	429	460	446	449	463	419	432	437	**5,334**	**5,172**
Partnerships	422	422	395	413	345	399	309	447	232	496	385	385	**4,651**	**7,580**
Top Up / ERF	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**287**
Other Contract Income	124	(0)	555	246	258	470	84	206	146	(642)	118	82	**1,648**	**708**
Total	**19,576**	**20,136**	**19,893**	**20,143**	**20,254**	**22,387**	**20,221**	**20,785**	**16,289**	**19,643**	**20,452**	**20,476**	**240,256**	**274,176**
21/22	20,679	20,725	20,039	20,358	21,057	22,784	24,206	24,485	24,831	24,657	23,559	26,796	**274,176**	



February 2023 income is in line with plan and discussions continue with all commissioners to ensure there is an agreed position ahead of the financial year end and ensure that all invocies are raised and paid.

Contract discussions for 2023 / 24 are continuing with an aspiration to sign contracts by 31st March 2023. Based on wider system considerations this could potentially be delayed. To date mental health investment standard has not been agreed between the Trust and commissioners.

2.2 Pay Information

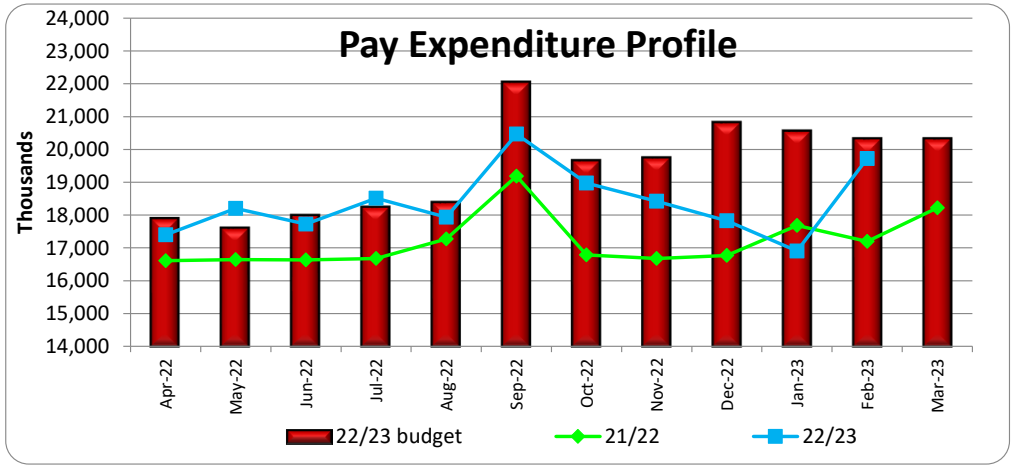
Our workforce is our greatest asset and one in which we continue to invest in, ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 85% of our budgeted total expenditure (excluding the Adult Secure Collaboratives). Trust priorities include a focus on the health and wellbeing of this workforce.

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

Staff type	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
Substantive	15,672	16,136	16,033	16,399	16,217	18,386	16,937	16,570	16,078	14,704	17,586		**180,718**
Bank & Locum	986	1,145	985	1,161	1,004	1,229	1,261	1,058	1,016	1,273	1,314		**12,430**
Agency	740	920	711	950	716	849	775	797	735	928	818		**8,940**
Total	**17,397**	**18,201**	**17,728**	**18,510**	**17,937**	**20,464**	**18,972**	**18,425**	**17,828**	**16,905**	**19,719**	**0**	**202,087**
21/22	16,610	16,641	16,637	16,675	17,273	19,187	16,781	16,674	16,769	17,684	17,199	18,220	**206,351**

Bank as % (in month)	5.7%	6.3%	5.6%	6.3%	5.6%	6.0%	6.6%	5.7%	5.7%	7.5%	6.7%		6.2%
Agency as % (in month)	4.3%	5.1%	4.0%	5.1%	4.0%	4.1%	4.1%	4.3%	4.1%	5.5%	4.2%		4.4%

WTE Worked	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	Average
Substantive	4,130	4,109	4,129	4,148	4,162	4,153	4,222	4,223	4,228	4,235	4,274		**4,183**
Bank & Locum	251	294	252	307	259	272	313	264	272	329	297		**283**
Agency	148	141	149	142	137	175	158	149	170	160	156		**153**
Total	**4,530**	**4,545**	**4,530**	**4,597**	**4,559**	**4,600**	**4,693**	**4,636**	**4,670**	**4,724**	**4,727**	**0**	**4,619**
20/21	4,461	4,455	4,396	4,447	4,494	4,494	4,489	4,450	4,482	4,559	4,532	4,591	**4,488**



Pay expenditure run rate has been impacted over the past 3 months by numerous one off adjustments (spend reductions). None have been reported in February 2023 so this could be considered the normal current run rate.

There has been a positive trend, albeit gradual, of increasing substantive WTE worked across the year. For February there is a stepped increase of 39 WTE. Across the Trust this is a combination of some new starters but also an increase in overtime. This has helped to reduce the bank WTE worked in month. This trend will continue to be monitored.

Agency has continued at a high level with additional information provided on page 8.

2.2 Agency Expenditure Focus

Agency spend is £818k in February.
Year to date spend is £8,940k.

Agency costs have a continued focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below. The Trust has also included an additional key performance indicator for 2022 / 23 linked to agency as a proportion of the overall workforce.

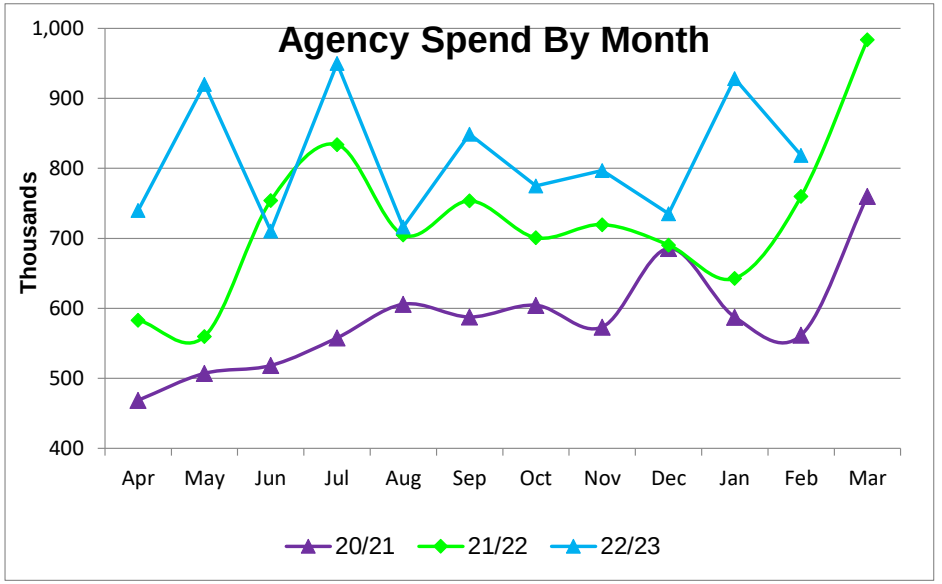
The financial implications, alongside clinical and other considerations, continues to be a high priority area. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible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

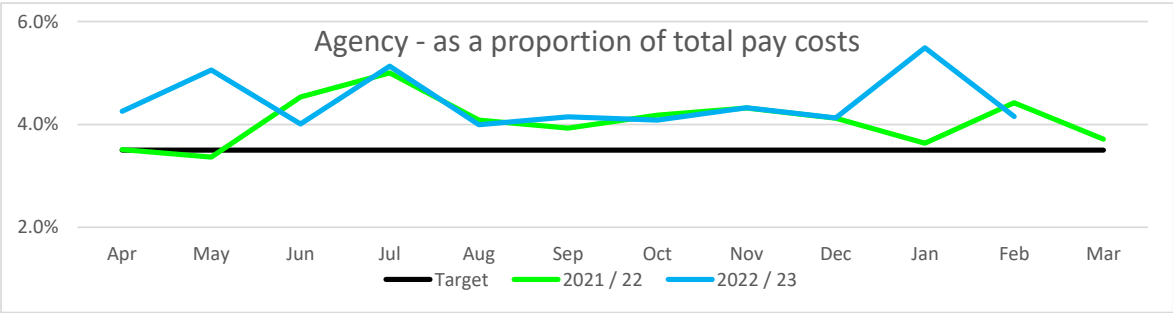
Under the NHS Single Oversight Framework, expected maximum agency levels have been set at an Integrated Care Board (ICB) level for 2022 / 23. Within this overall limit an allocation of £7.8m has been set for the Trust. Current forecasts are that this will be exceeded by c. £2.3m and therefore action plans to support delivery of this system target are required.

The Trust is already focussed on this as part of the wider workforce strategy as it's often seen as the last resort and the least cost effective but in some cases is the only viable option for ensuring continuity of safe services.

Although overall expenditure is less than last month, the main areas of expenditure, supporting inpatient wards (adult and Forensics) have increased again in month. There has also been an increase in CAMHS agency suage. Although the pay analysis indicates an increase in recruitment it is forecast that a requirement of agency staff will continue for the rest of the year. To date registered and unregistered nursing staff accounts for £4.8m of spend whilst medical staffing represents a further £3.0m.

In addition to the £7.8m target, focus has returned to non clinical agency usage. To date the Trust has spent £328k on admin and clerical staff in order to support service delivery.





From 1st April 2022 a new key performance indicator has been included within the Trust Integrated Performance Report that highlights the proportion of total Trust pay costs which are agency.

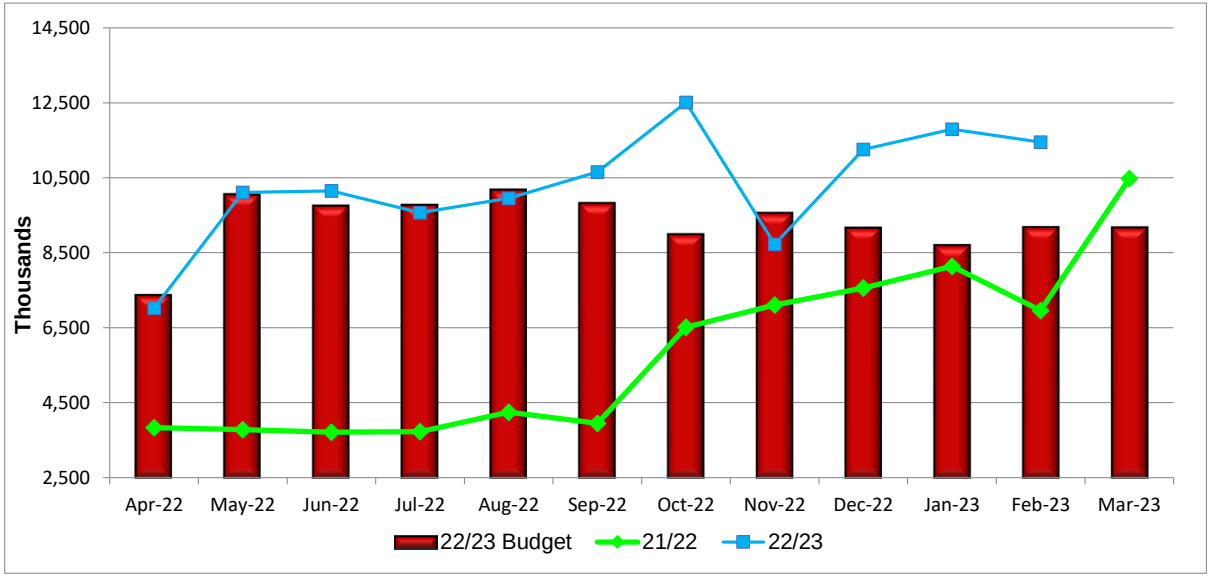
A revised cumulative target, based on the £7.8m target, of 3.5% has been set and monthly performance is shown on the left. Performance in February 2023 was 4.2% with cumulative year to date position of 4.4%. The national target for 2023 / 24 is to be 3.7%.

2.3 Non Pay Expenditure

Whilst pay expenditure is the majority of all Trust expenditure, non pay expenditure also presents a number of key financial challenges. This analysis focuses on non pay expenditure within the BDUs and corporate services, and excludes capital charges (depreciation and PDC) which are shown separately in the Trust Income and Expenditure position.

Non pay spend	Apr-22 £k	May-22 £k	Jun-22 £k	Jul-22 £k	Aug-22 £k	Sep-22 £k	Oct-22 £k	Nov-22 £k	Dec-22 £k	Jan-23 £k	Feb-23 £k	Mar-23 £k	Total £k
2022/23	7,025	10,112	10,148	9,568	9,952	10,655	12,511	8,729	11,253	11,795	11,450		**113,199**
2021/22	3,834	3,783	3,712	3,729	4,246	3,949	6,512	7,107	7,556	8,140	6,961	10,478	**70,008**

	Budget Year to date	Actual Year to date	Variance
Non Pay Category	**£k**	**£k**	**£k**
Drugs	3,147	3,048	(99)
Establishment	7,325	9,098	1,774
Lease & Property Rental	6,767	6,911	144
Premises (inc. rates)	5,223	5,741	517
Utilities	2,046	2,203	158
Purchase of Healthcare	9,232	10,708	1,476
Lead Provider Collaborative	59,059	61,533	2,474
Travel & vehicles	4,003	3,638	(365)
Supplies & Services	6,186	6,460	274
Training & Education	2,311	1,889	(423)
Clinical Negligence & Insurance	945	938	(6)
Other non pay	(3,791)	1,031	4,822
Total	**102,453**	**113,199**	**10,746**
Total Excl OOA and Drugs	**90,074**	**99,443**	**9,369**



Key Messages

As per previous updates the major influence on Trust non-pay expenditure over the past year has been the implementation of the Adult Secure Collaboratives. For West Yorkshire this was in October 2021 and South Yorkshire went live from 1st May 2022. Budgets, and actual expenditure reflect this increase.

Other headlines include continued underspends against budget on the travel and training lines. Travel is expected to continue and will be reviewed as part of the annual planning process whilst there is a lot of procurement activity currently on training and education especially relating to CPD funded courses.

Other non pay includes all other items not categorised into the above headings. As such this covers a wide range of items and budgets held centrally. Major areas of spend include audit fees, consultancy costs, Trusts costs as part of linked charities including Creative Minds and the Fieldhead Museum.

2.3 Out of Area Beds Expenditure Focus

The heading of purchase of healthcare within the non pay analysis includes a number of different services; both the purchase of services from other NHS trusts or organisations for services which we do not provide (mental health locked rehab, pathology tests) or to provide additional capacity for services which we do. From October 2021 this also includes the West Yorkshire Adult Secure Provider Collaborative and South Yorkshire Adult Secure Provider Collaborative from 1st May 2022.

Due to it's volatile, and potentially expensive nature, the non-pay focus has been on out of area bed expenditure. In this context this refers to spend incurred in order to provide clinical care to adult acute and PICU service users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key reasons are highlighted below.

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

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

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

Out of Area Expenditure Trend (£)

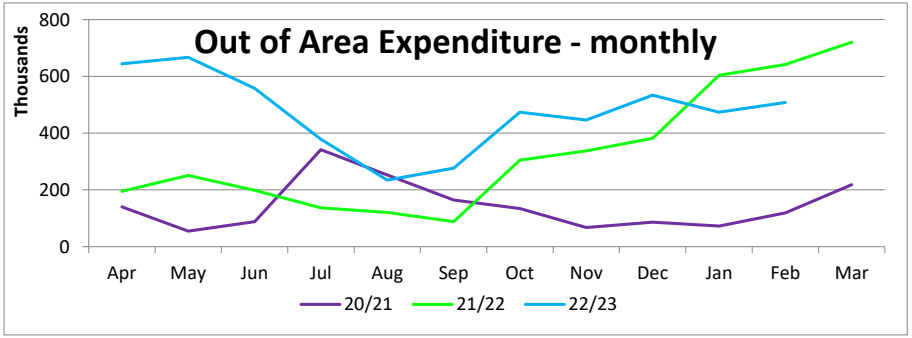
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
20/21	141	55	88	342	253	164	135	68	86	73	119	218	**1,741**
21/22	195	251	199	137	121	88	305	337	382	604	641	720	**3,981**
22/23	644	667	557	378	235	276	474	446	534	474	508		**5,194**

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
20/21	110	54	120	305	147	76	111	105	148	124	100	126	**1,526**
21/22	221	313	316	223	261	409	422	460	555	653	498	690	**5,021**
22/23	484	512	587	479	355	292	523	606	520	568	548		**5,474**

Bed Day Information 2022 / 2023 (by category)

PICU	427	417	446	379	247	204	235	270	327	348	398		**3,698**
Acute	57	95	141	100	108	88	288	336	193	220	150		**1,776**
Total	484	512	587	479	355	292	523	606	520	568	548	0	**5,474**



Inpatient services have continued t experience sustained levels of demand and therefore out of area placements have continued at a high level.

At the end of February 2023 there were 20 (up from 18 in January 2023) indiviudals in out of area beds; 7 in acute and 13 in PICU. Previous forecast trajectories had been based on 16 placements and as such is causing additional

Actions continue to minimise the impact, financially and operationally, from out of area placements. Repatriation (or discharge if appropriate) happens at the earliest possible opportunity.

3.0 Statement of Financial Position (SOFP) 2022 / 23

Balance Sheet / Statement of Financial Position (SOFP)	2021 / 2022 £k	Actual (YTD) £k	Note
Non-Current (Fixed) Assets	107,352	162,097	1
Current Assets			
Inventories & Work in Progress	189	189	
NHS Trade Receivables (Debtors)	973	2,241	4
Non NHS Trade Receivables (Debtors)	921	993	4
Prepayments	2,174	2,206	2
Accrued Income	816	2,445	3
Asset held of Sale	1,500	1,500	
Cash and Cash Equivalents	81,368	81,791	Pg 13
Total Current Assets	**87,941**	**91,364**	
Current Liabilities			
Trade Payables (Creditors)	(39,400)	(42,812)	5
Capital Payables (Creditors)	(1,790)	(510)	6
Deferred Income	(6,480)	(2,948)	
Other Liabilities (IFRS 16 / leases)		(52,880)	1
Total Current Liabilities	**(47,670)**	**(99,149)**	
Net Current Assets/Liabilities	**40,271**	**(7,785)**	
Total Assets less Current Liabilities	**147,623**	**154,312**	
Provisions for Liabilities	(7,716)	(4,896)	8
Total Net Assets/(Liabilities)	**139,907**	**149,416**	
Taxpayers' Equity			
Public Dividend Capital	45,624	45,624	
Revaluation Reserve	13,156	15,603	
Other Reserves	5,220	5,220	
Income & Expenditure Reserve	75,907	82,968	7
Total Taxpayers' Equity	**139,907**	**149,416**	

The Balance Sheet analysis compares the current month end position to that at 31st March 2022.

1. There has been a stepped change in the value of Trust assets from 1st April 2022 with the value of Trust leases (as per IFRS 16) now included. This is offset, in part, by the other liabilities line now added to this presentation.

2. As forecast, prepayments are continuing to reduce as the year progresses.

3. Accrued income remains higher than normal with the majority related to the Adult Secure collaboratives relating to rechargable activity and additional income expected from NHS England.

4. NHS debtors are higher than plan, this is due to invoices relating to the Adult Secure collaboratives, discussions are ongoing to resolve these ahead of year-end.

5. Creditors continue to be managed and the Trust continue to pay 95% of valid invoices within 30 days.

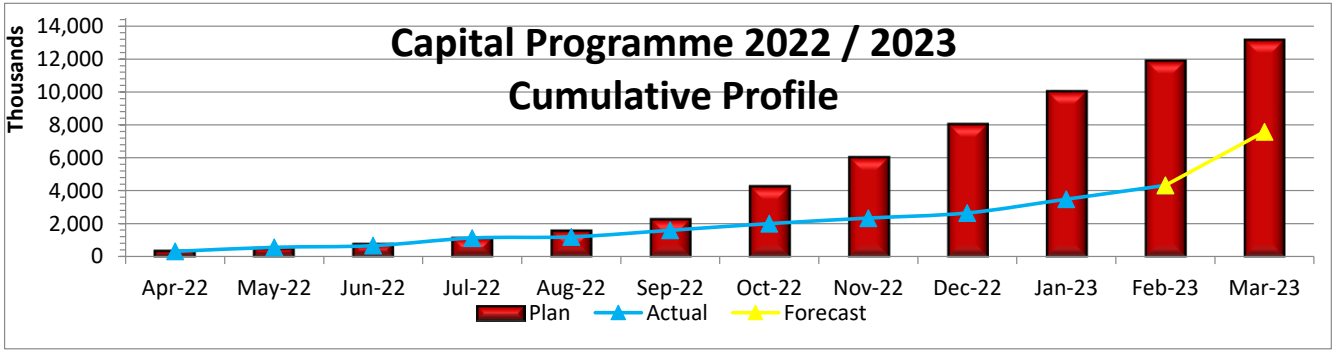
6. Capital creditors remain low due to the schemes currently underway in the capital programme. This is forecast to increase at year end.

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

8. As planned the value of Trust provisions has reduced during 2022 / 23. This is through redundancy, VAT risk and legal provisions.

3.1 Capital Programme 2022 / 2023

Capital schemes	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k
Major Capital Schemes						
Bretton Centre	7,500	6,593	619	(5,974)	619	(6,881)
OPS transformation	500	500	472	(28)	700	200
Maintenance (Minor) Capital						
Clinical Improvement	745	645	212	(433)	700	(45)
Safety inc. ligature & IPC	1,065	975	300	(675)	575	(490)
Compliance	700	700	820	120	1,447	747
Backlog maintenance	350	300	126	(174)	436	86
Sustainability	350	300	0	(300)	82	(268)
Plant & Equipment	550	509	72	(437)	138	(412)
Other	0	0	763	763	744	744
IM & T						
Digital Infrastructure	450	450	491	41	1,502	1,052
Digital Care Records	40	36	28	(8)	31	(9)
Digitally Enabled Workforce	375	375	61	(314)	130	(245)
Digitally Enabling Service Users & Carers	65	65	0	(65)	65	0
IM&T Contingency	100	100	0	(100)	56	(44)
Lease Impact (IFRS 16) VAT Refunds	354	344	358	14	358	4
TOTALS	**13,144**	**11,892**	**4,321**	**(7,571)**	**7,582**	**(5,562)**



Capital Expenditure 2022 / 23

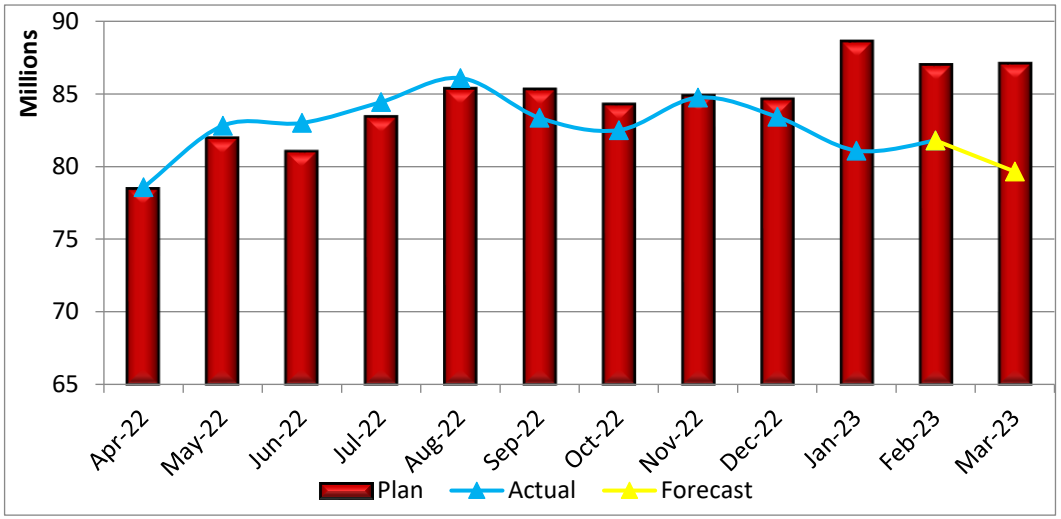
The Trust capital programme forms part of the overall West Yorkshire ICS capital plan. For 2022 / 23 the Trust component is £13.144m.

As per previous months each individual scheme has been assessed for deliverability by 31st March 2023 and this is reflected in the forecast position.

The majority of the variance to plan remains the paused Bretton Centre scheme.

Capital plans are being developed for 2023 / 24 and these will be agreed within the Trust and based upon allocation of capital funding within the West Yorkshire ICB.

3.2 Cash Flow & Cash Flow Forecast 2022 / 2023

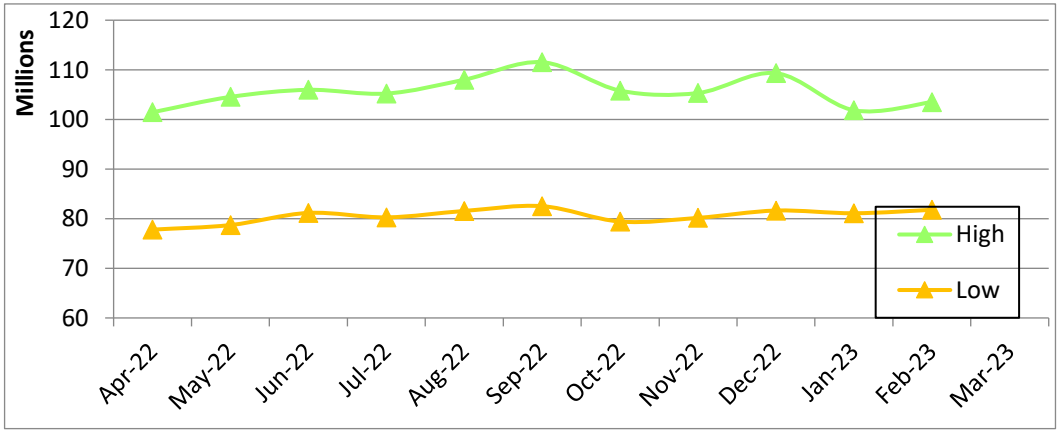


Cash remains positive.

The Trust cash position remains strong and is forecast to remain throughout the year. This has improved from previous months due to the revised capital forecast.

Risks will be identified as part of future reporting as and when they arise.

	Plan £k	Actual £k	Variance £k
Opening Balance	76,454	81,368	
Closing Balance	86,954	81,791	(5,163)



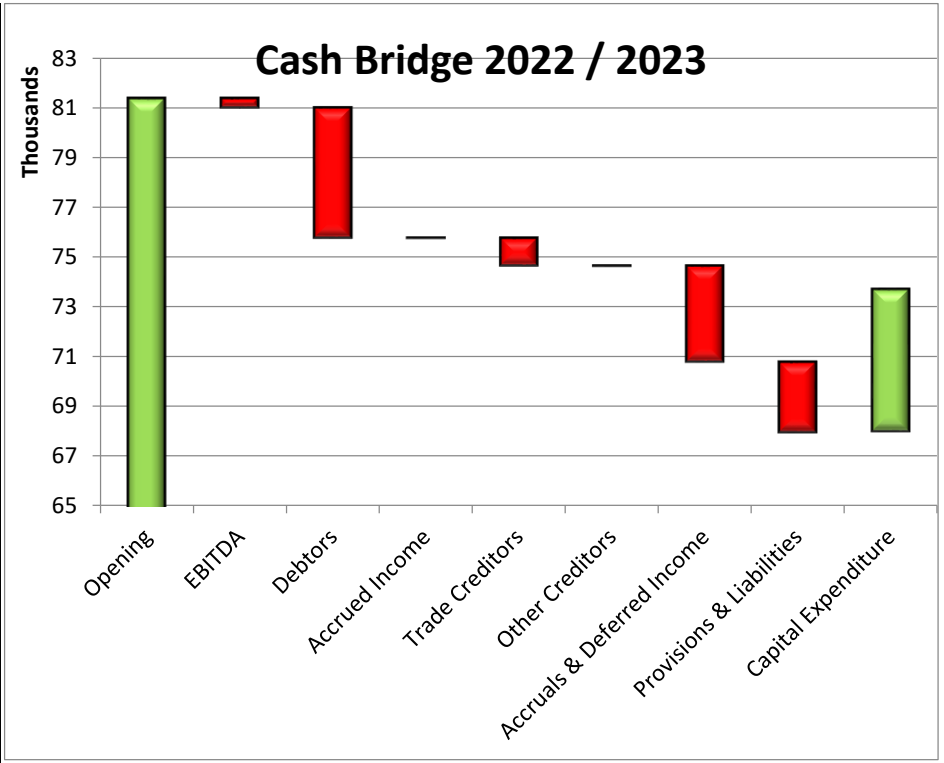
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £103.5m
The lowest balance is: £81.8m

This reflects cash balances built up from historical surpluses.

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	**76,454**	**81,368**	4,914	
Surplus / Deficit (Exc. non-cash items & revaluation)	17,182	16,806	(376)	
Movement in working capital:				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,225	(3,000)	(5,225)	
Trade Payables (Creditors)	2,250	1,142	(1,108)	
Other Payables (Creditors)	0		0	
Accruals & Deferred income	0	(3,865)	(3,865)	
Provisions & Liabilities	0	(2,820)	(2,820)	
Movement in LT Receivables:				
Capital expenditure & capital creditors	(10,048)	(4,321)	5,727	
Cash receipts from asset sales		2,319	2,319	
Leases	(458)	(6,314)	(5,856)	
PDC Dividends paid	(1,074)	(971)	103	
PDC Dividends received			0	
Interest (paid)/ received	407	1,445	1,038	
Closing Balances	**86,940**	**81,791**	**(5,149)**	



The table above summarises the reasons for the movement in the Trust cash position during 2022 / 2023. This is also presented graphically within the cash bridge.

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

Cash receipts include both overage on Castleford, Normanton & District Hospital and the sale of the Keresforth site.

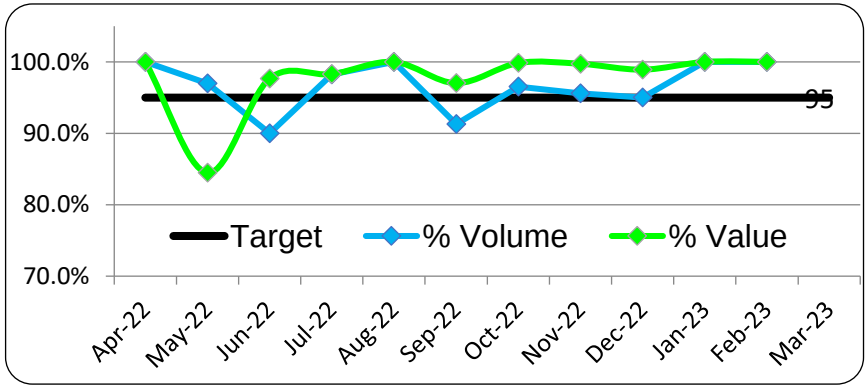
4.0 Better Payment Practice Code

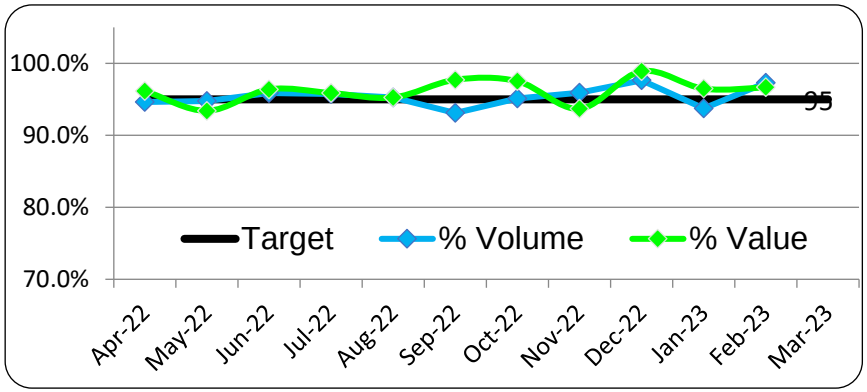
The Trust is committed to following the Better Payment Practice Code; payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Performance continues to be positive although work continues to ensure that no issues remain outstanding and that systems work efficiently.

NHS	Number %	Value %
In Month	100%	100%
Cumulative Year to Date	97%	99%

Non NHS	Number %	Value %
In Month	97%	97%
Cumulative Year to Date	95%	96%





4.1 Transparency Disclosure

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

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

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

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

Invoice Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
21-Feb-23	Purchase of Healthcare	AS Collaborative	Nottinghamshire Healthcare NHS Trust	1000056735	2,555,213
22-Feb-23	Purchase of Healthcare	Wakefield	Mid Yorkshire Hospitals NHS Trust	1600022692	900,000
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4705	698,342
09-Feb-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998823	571,562
01-Feb-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGWYS30	544,330
31-Jan-23	Purchase of Healthcare	AS Collaborative	Bradford District Care NHS Foundation Trust	202981	499,350
01-Feb-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007677	334,267
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4706	298,108
27-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118904	293,365
01-Feb-23	Purchase of Healthcare	AS Collaborative	Waterloo Manor Ltd	HO NHS LS 269	281,548
01-Mar-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS08	185,000
01-Feb-23	Purchase of Healthcare	AS Collaborative	Cygnet Health Care Ltd	CYGSYS07	185,000
20-Feb-23	Staff Recharge	Trustwide	Mid Yorkshire Hospitals NHS Trust	1600022664	174,441
23-Jan-23	Purchase of Healthcare	AS Collaborative	Cheswold Park Hospital	4701	174,431
01-Feb-23	Purchase of Healthcare	AS Collaborative	Partnerships In Care Ltd	D510007671	135,958
01-Feb-23	Purchase of Healthcare	AS Collaborative	Rotherham Doncaster & South Humber Mental He	0000093515	134,624
23-Jan-23	NHS Recharge	Calderdale	Calderdale & Huddersfield NHS Foundation Trust	4710177208	84,821
21-Feb-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	323212	73,539
31-Dec-22	Drugs	Trustwide	Lloyds Pharmacy Ltd	113137	69,355
24-Jan-23	Purchase of Healthcare	Trustwide	Northorpe Hall Child & Family Trust	10879	65,590
31-Jan-23	Drugs	Trustwide	Lloyds Pharmacy Ltd	113771	64,465
09-Feb-23	Purchase of Healthcare	AS Collaborative	Leeds & York Partnership NHS Foundation Trust	998822	63,771
31-Jan-23	Drugs	Trustwide	Bradford Teaching Hospitals NHS Foundation Tru	323013	63,399
01-Feb-23	Purchase of Healthcare	AS Collaborative	Mersey Care NHS Foundation Trust	72484554	46,230
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889579	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889580	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889581	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889582	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889583	46,200
12-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889584	46,200

13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889693	46,200
14-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402890155	46,200
22-Jul-22	Staff Recharge	Trustwide	Sheffield Health & Social Care NHS Foundation T	2100118369	45,753
10-Jan-23	Staff Recharge	Kirklees	Kirklees Council	8607721205	45,250
27-Jan-23	Purchase of Healthcare	AS Collaborative	Sheffield Health & Social Care NHS Foundation T	2100118906	45,091
02-Feb-23	Utilities	Trustwide	Edf Energy Customers Ltd	000014499722	40,409
21-Dec-22	Purchase of Healthcare	Barnsley	Family Lives	2378	39,709
15-Feb-23	Purchase of Healthcare	Barnsley	Family Lives	2410	39,709
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998819	32,871
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998820	32,871
09-Feb-23	Staff Recharge	Trustwide	Leeds & York Partnership NHS Foundation Trust	998821	32,871
31-Jan-23	Purchase of Healthcare	Trustwide	Nouvita Ltd	9685	32,513
13-Feb-23	Utilities	Trustwide	Totalenergies Gas & Power Ltd	29191506823	31,126
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889790	30,850
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889791	30,850
13-Feb-23	Computer Hardware	Trustwide	Dell Corporation Ltd	7402889792	30,850
16-Jan-23	MFDs	Trustwide	Annodata Ltd	1303831	30,627
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Surrey Ltd	WOK0273681	29,850
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	MAS0273469	29,543
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0273339	29,543
09-Feb-23	Furniture & Fittings	Trustwide	Drive Devilbiss Healthcare Ltd	0001865317	27,288
31-Jan-23	Purchase of Healthcare	Trustwide	Cygnet Health Care Ltd	WKE0273337	26,691

4.2 Glossary

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

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

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

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

* Surplus - Trust income is greater than costs

* Deficit - Trust costs are greater than income

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

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

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

* In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.

* Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.

* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.

* CDEL - Capital Departmental Expenditure Limit. This refers to the amount of capital set by Her Majesty's Treasury each year which the whole of the NHS must remain within for capital expenditure.

* ICS - Integrated Care System.

* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.

Appendix 2 - Statistical Process Control (SPC) Charts Explained

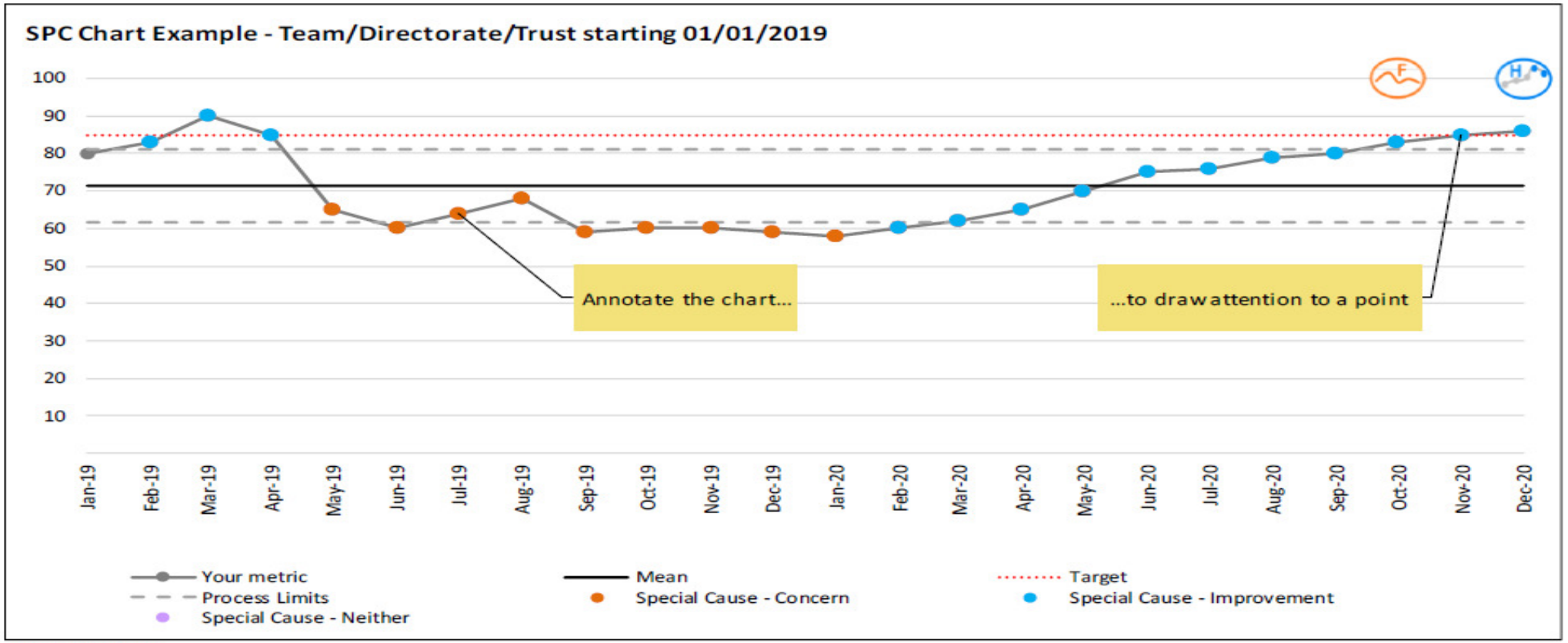
An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

	Variation Icons **The icon which represents the last data point on an SPC chart is displayed.**						**Assurance Icons** **If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.**		
ICON									
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2 - Statistical Process Control (SPC) Charts Explained



Observations

Based on the data from latest calculation date (data point 1 - 01/01/19).

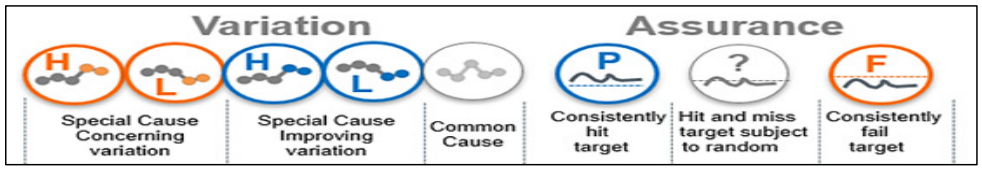
Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control.There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a sigificant change in the process. This process is not in control.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a sigificant change in process. This process is not in control.

Glossary

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

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

SPC Chart Icon Summary



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

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

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.1

Private/Public paper:	**Public**		
Title:	**Trust wide Incident Management Report Quarter 3 2022/23, incorporating Learning from Healthcare Deaths reporting for the period 1 April 2022 to 31 December 2022**		
Paper prepared by:	Helen Roberts, Patient Safety Specialist		
Paper presented by:	Darryl Thompson, Chief Nurse/ Director of Quality and Professions		
Purpose:	This report provides information in relation to all incidents recorded in Quarter 3 2022/23 and more detailed information regarding serious incidents. It also provides assurance that learning from healthcare deaths arrangements are in place. The report provides cumulative data for 2022/23 deaths. The learning from healthcare deaths section of this report will also be published on the Trust website.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work		
BAF Risk(s):	1.3 Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve. 2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents. 2.3 Increased demand for services and acuity of service users exceeds supply and resources available leaving to a negative impact on quality of care		
Any background papers / previously considered by:	This paper has been reviewed in detail at Clinical Governance and Clinical Safety Committee. Previous quarterly reports have been submitted to Trust Board, along with annual reports.		
Executive summary:	This report was produced by the Patient Safety Support Team and shows the data for incidents. Detailed quarterly reports are produced and shared with the care groups. Data is also available at service line/team level via the Datix incident reporting system. All managers have access to Datix dashboards to interrogate data further. • In Quarter 3 22/23, 3,671 incidents were reported, which is within normal variation. We continue to see a high proportion of incidents (97%) with no or low harm or where they were external incidents, demonstrating a continued positive culture of risk management. • The number of falls increased in October 2022 which affected the overall figure for Q3. Specialist advisors analysed the data and care records and reported that this was due to an increased number of falls for a small number of patients in older people's mental health wards. Care has been reviewed in these cases and was appropriate given the complexity of the		

	individuals. Monitoring will continue through our new role of Falls Co-ordinator who commenced in post in February 2023. • Violence and aggression (physical contact) against staff by patients has increased in Quarter 3. Analysis has shown increases in a small number of wards with one seeing a large rise; this is related to a small number of complex patients. • Serious Incidents (SIs) did not include any apparent suicides in Quarter 3. There were four SIs reported, with two category 3 pressure ulcers where there were identified lapses in care, an information governance breach, and one violence against a staff member incident. Investigations are underway for all cases. • The actions from incidents are managed at Care Group level. The patient safety support team produces information on completion of action plans from serious incidents and these are monitored through the operational management group. Work has been completed to develop a standardised approach across the care groups for monitoring serious incident action plans, based on existing good practice. • In Quarter 3 2022/23, three SI investigations were completed, which identified 15 actions for improvement to address contributory factors. • Record keeping remains one of the top themes we see arising from SI investigations. This learning is incorporated into the Risk Assessment and Care Planning Improvement Group. • The increase of incidents reported in the quarter, whilst within normal variation, is driven by an increase in yellow, amber, and red rated incidents in Quarter 2 and 3. This rating relates to the potential risk and has not impacted on the actual harm. All amber and red incidents are reviewed at the weekly Clinical Risk Panel. • Learning from incidents is disseminated locally within Care Groups, and more broadly via learning events, publications, and inclusion in Trust communications. **Learning from healthcare deaths** • The Learning from healthcare deaths report provides figures on the number of deaths reported and reviewed, and the review processes undertaken. • The report shows a Statistical Process Control chart of all reported deaths (by reported date) between 1/1/2021 and 31/12/2022. There is natural variation in the data but no areas of special cause variation that require further exploration. • Over the year 2022/23 to date, there were 17 inpatient deaths reported. There were no inpatient deaths relating to Learning Disability Services. **Risk appetite** • Risk identified – the Trust continues to have a good governance system of reporting and investigating incidents including serious incidents and of reporting, analysing, and investigating healthcare deaths. • This report covers assurance for compliance risk for health and safety legislation and compliance with CQC standards for incident reporting. This meets the risk appetite –low and the risk target 1-6. • The clinical risk – risk to service user/public safety and risk to staff safety which is again low risk appetite and a risk target of 1-6. • Financial or commercial risks - Reputational risks, negative impact on perceptions of service users, staff, commissioners. Risk appetite

	• Cautious/Moderate 4-6
Recommendation:	**Trust Board are asked to RECEIVE the report**

South West Yorkshire Partnership NHS Foundation Trust

Trust wide Incident Management Report

Quarter 3 2022/23

Incorporating Learning from Healthcare Deaths reporting for the period 1 April 2022 to 31 December 2022

Report prepared by Patient Safety Support Team

January 2023

Contents

1. Introduction

This report has been prepared by the Patient Safety Support Team to bring together Trust wide information on incident activity during Quarter 3 2022/23 (01/10/2022 to 31/12/2022) including reported serious incidents and Learning from Healthcare Deaths.

Please note that figures within this report may vary from the individual Care Group reports due to re-coding/grading changes of incidents whilst producing the reports from a live system.

This report refers to Care Groups, however, Datix has not yet been updated to align to the new Care Groups therefore data is currently shown by Business Delivery Units (BDUs). Work has been started to map BDUs to Care Groups on Datix.

2. Incident Reporting Analysis

This report has overall figures for incident reporting. In Quarter 3 (01/10/2022 to 31/12/2022) there were 3671 incidents reported, a small increase on Quarter 2 (3,599). Incident reporting rates remain within normal variation.

97% of all incidents reported on Datix are classed as “low” or “no harm”. This shows a positive culture of risk management, low or no harm incidents reported mean action taken proactively at an early stage before harm occurs).

Headlines

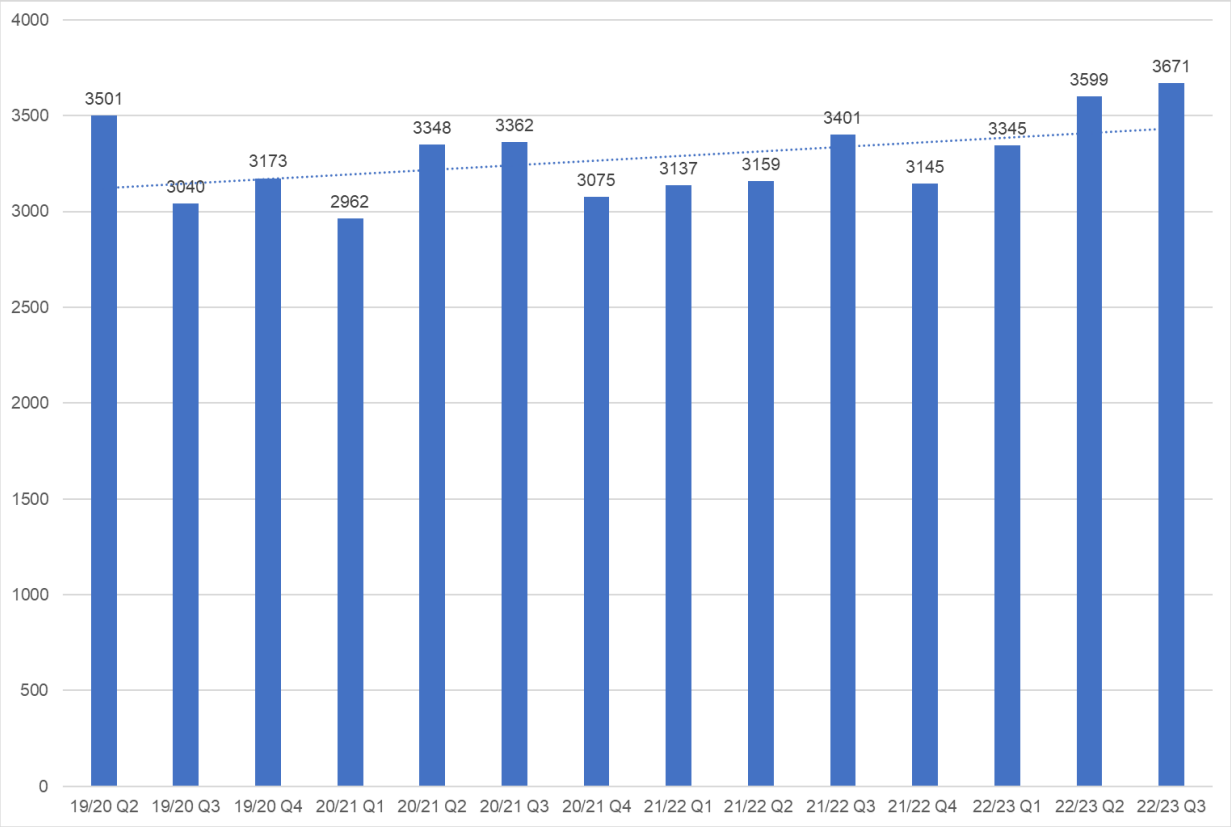
Quarter 3 2022/23 Headlines

- **3671** incidents reported
- **Reporting rates remain within normal variation**
- **97%** of incidents remain **no/low harm**
- High reporting rate with high proportion of no/ low harm is indicative of a positive safety culture

Figure 1 below shows the pattern and number of incidents reported by quarter in the Trust from Q2 2019/20 to Q3 2022/23, revealing an upward trend (this could be attributed to raising awareness regarding the importance of reporting incidents, a small number of service users with complex health needs and an increase in the number of falls in our older people’s inpatient wards, which has been further reviewed), however the rate fluctuates as would be expected

with the nature of incident reporting. Direct comparisons between Care Group data should be viewed with caution as it does not provide a like for like comparison.

Figure 1 Comparative number of incidents reported by financial quarter Q2 2019/20 to Q3 2022/23



Severity

Incidents that occur within the Trust will have different levels of impact and severity of outcome. The Trust grades incidents in two ways.

The degree of harm is used by all Trusts to grade the actual level of harm to ensure consistency of recording nationally. When staff report incidents, they will complete the degree of harm to rate the actual harm caused by the incident. Where this is not yet known, they will rate this as what they expect the harm level to be. It will be reviewed and updated at a later point. This differs from the incident severity (green, yellow, amber, red), which is how we grade incidents locally in the Trust. Incident severity considers actual and potential harm caused and the likelihood of reoccurrence (based on the Trust's risk grading matrix).

Figure 2 All incidents reported Trust wide between 01/01/2022 – 31/122022 by severity and financial quarter

	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
Green	2098	2279	2371	2395
Yellow	884	870	1006	1027
Amber	148	178	198	223
Red	15	18	24	26
Total	**3145**	**3345**	**3599**	**3671**

In Figure 2, yellow incidents in Quarters 2 and 3 appear to have a higher number than in Quarter 1. Analysis of the data shows that on average, we usually see around 28% of all incidents in a quarter graded as yellow, and this remains the case in Quarters 2 and 3. The percentage of each severity against the total for the quarter remains relatively consistent but may appear higher where the total for the quarter is higher. As described above, severity relates to potential risk and actual harm. When reviewing incidents by the actual harm caused, 97% of all incidents resulted in no or low harm or were unrelated to care within the Trust. All amber and red incidents are reviewed at weekly Clinical Risk Panel, including details of the manager's 48-hour review, which gives an overview of the summary of care, and enables the manager to raise any early learning, concerns, and good practice. This informs the level of review required and can result in subsequent regrading of incidents.

Patient Safety Support Team regularly review red incidents and deaths to ensure that the severity grading is as accurate as it can be when the incident is reported to ensure thorough review (e.g., risk panel) and when further information is received.

As an example of regrading of incidents, in the Quarter 2 2022/23 incident report, it was reported there were 32 red incidents. This figure has now reduced to 24. In Quarter 3, there were 26 red incidents (at 12/01/2023). This data is live data at the point of producing the report. The incident may be initially graded red for several reasons. An example would be a death (for all healthcare deaths we encourage staff to report on Datix) which later is updated as natural causes or where the individual has not been involved with Trust services for over six months so this may be re-graded and not reported on Strategic Executive Information System (StEIS), it can take some time to get this information. Most red incidents do not meet the criteria for a serious incident (see section 6).

Please see Appendix 1 for the breakdown of all incidents reported Trust-wide between 01/01/2021 – 31/12/2022 by severity, using statistical process control (SPC) charts to give a context to any variance. Although not revealed in the data in a quarter compared to the total number of incidents in that period, when looked at over a 24-month period, we see there were two areas of special cause variation revealed in the data. In November 2022 there were more amber incidents and in December 2022 there were more red incidents, both figures were higher than would have been expected, compared with the last 24 months. It should be noted that the total number of incidents in Quarter 3 was higher than most in the 24-month period.

Since November 2022 to the date of this report, the patient safety support team have had reduced capacity due to absence, and consequently the number of incidents reviewed and approved has been impacted. This process is one way that we identify incidents which need regrading or where there may be duplication. In addition, other cross checks have been affected. Regarding deaths, as referred to above may also be a factor, we are also experiencing delays in receiving causes of death which again impacts on regrading. Work will be scheduled to understand if there are other reasons, with the data being refreshed periodically during Quarter 4 and reported on in the combined annual / Quarter 4 incident report.

Figure 3 shows the severity breakdown for Quarter 3 by Care Group (where possible we have tried to align BDU's to Care groups to align the data).

Figure 3 All incidents reported Trust wide between 01/01/2022 – 31/12/2022 by severity and Care Group

Care group	BDU	Green	Yellow	Amber	Red	Total
Mental health inpatient and community care group	Mental Health Inpatient Services	1037	486	59	1	1583
	Kirklees Community Mental Health Services	64	28	11	6	109
	Wakefield Community Mental Health Services	59	25	6	9	99
	Calderdale Community Mental Health Services	32	14	6	5	57
Forensic care group	Forensic Service	446	196	27	1	670
Barnsley Integrated care group	Barnsley General Community Services	427	117	80	1	625
	Barnsley Community Mental Health Services	74	42	18	2	136
Learning Disability and Adult ASD/ADHD care group	Learning Disability services	198	83	11	0	292
	ADHD and Autism services	1	1	0	0	2
CAMHS and Children's care group[1]	CAMHS Specialist Services	39	28	5	0	72
Trust wide (Corporate support services)		18	7	0	1	26
	Total	**2395**	**1027**	**223**	**26**	**3671**

Type and Category of incidents

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

The Patient safety support team review incident data monthly through the production of the Integrated Performance Report (IPR) and clinical risk report for Operational Management Group (OMG). Where we identify any potential changes in incident reporting patterns, these are raised with the relevant specialist advisor for investigation and/or explanation, as they also review patterns and trends. We have dedicated time to review incident types using statistical process control to look for changes in data.

[1] Barnsley Children's services current remain within Barnsley General Community Services

Figure 4 Type of incident reported in Quarter 3 by Care Group

Care group	Barnsley Integrated care group		Mental health inpatient and community care group				Forensic care group	Learning Disability and Adult ASD/ADHD care group		CAMHS and Children's care group[1]	Trust wide (Corporate services)	**Total**
	Barnsley Community Mental Health Services	Barnsley General Community Services	Calderdale Community Mental Health	Kirklees Community Mental Health	Wakefield Community Mental Health	Mental Health Inpatient	Forensic Service	Learning Disability services	ADHD and Autism services	CAMHS Specialist Services		
Violence and Aggression	14	10	11	10	10	525	306	233	1	3	0	1123
Care Pathway, Clinical and Pressure Ulcer Incidents	23	432	3	5	4	65	4	0	0	6	0	542
Self-Harm	11	26	8	9	11	249	36	1	0	5	0	356
Medication	16	58	7	18	10	141	39	4	0	2	2	297
All Other Incidents	7	17	3	4	7	108	66	11	0	5	0	228
Slips, Trips and Falls	4	22	2	1	2	170	14	0	0	0	0	215
Health and Safety (including fire)	5	15	0	6	5	91	55	17	0	5	8	207
Safeguarding Adults	9	23	8	16	7	29	18	9	0	0	0	119
Security Breaches	0	5	1	3	6	22	71	2	1	1	5	117
Death (including suspected suicide)	21	5	11	20	28	2	0	9	0	1	0	97
Legislation and Policy	5	0	0	1	0	69	20	0	0	0	0	95
Missing/absent service users	1	0	0	0	1	48	6	0	0	0	0	56
Information Governance Incidents	6	3	0	7	3	6	5	2	0	13	6	51
Safeguarding Children	4	2	2	4	2	4	1	0	0	29	0	48
Sexual Safety incident	1	0	0	0	0	24	22	1	0	0	0	48
IT Related Issues	8	5	1	5	3	6	1	3	0	2	5	39
Infection Prevention/Control	1	2	0	0	0	24	6	0	0	0	0	33
Total	**136**	**625**	**57**	**109**	**99**	**1583**	**670**	**292**	**2**	**72**	**26**	**3671**

Figure 5 Trust-wide Top 10 most frequently reported incident categories (01/01/2022 – 31/12/2022)

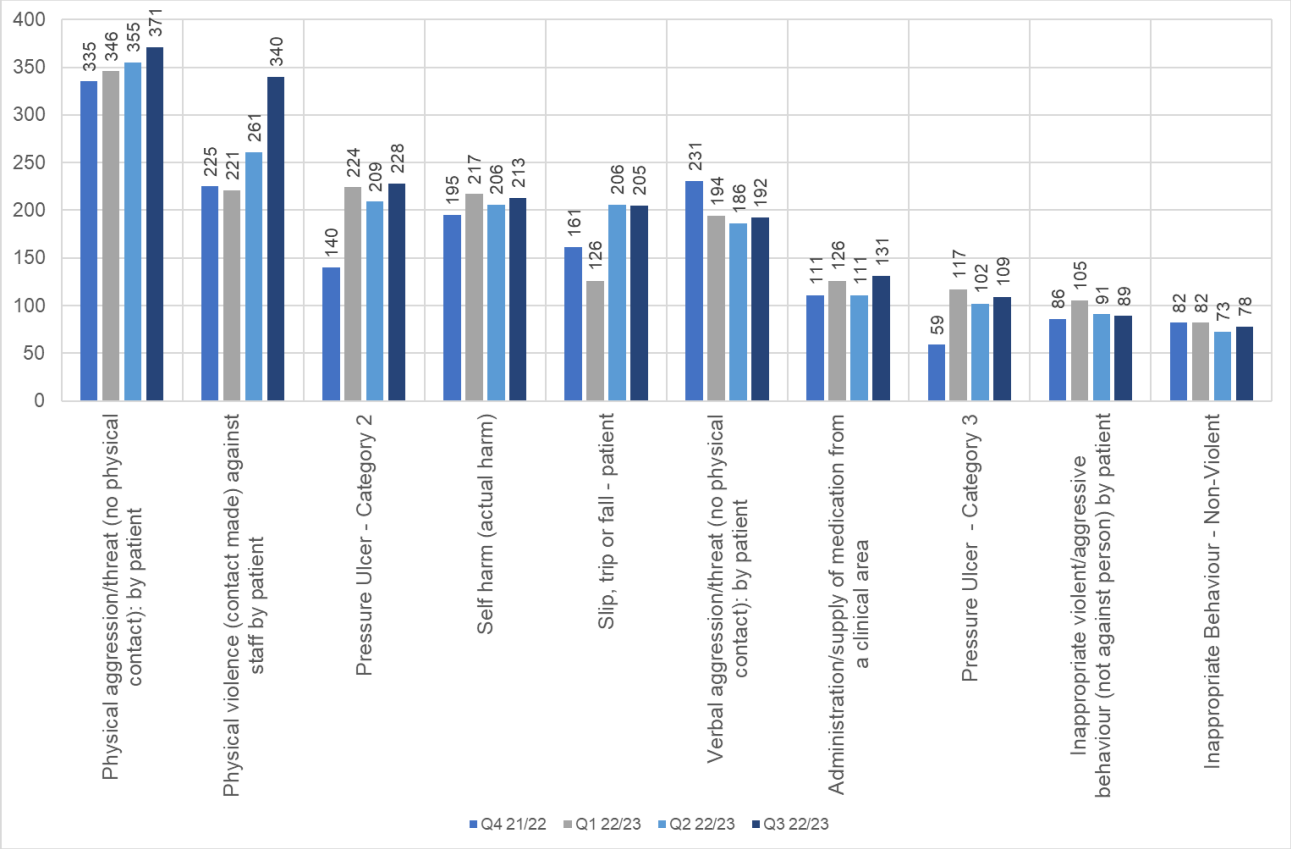


Figure 5 shows that in Quarter 3 2022/23 physical aggression/threat (no physical contact) by patient remained the highest reported category of incident. This has risen over the last four quarters but represents incidents where violence and aggression were prevented from escalating to the point of physical contact and when analysed further, this was primarily attempted violence by patients towards staff. Some inpatient wards have seen increases, where others have reduced.

The second highest category is 'physical violence (contact made) against staff by patient – this has increased in the last two quarters. Most of these incidents are without weapons. A small number of wards have seen increases (Horizon had the largest increase [Q2 87 to Q3 154] and others with small increases were Appleton, Clark, Melton and Poplars wards).

Category 2 Pressure ulcers remain in the top 10, and analysis of these incidents shows that 59 of the 228 incidents developed under the care of the Trust (26%). Also, 162 incidents developed under other providers care (care home/acute hospital) or in the patient's own home. These are reported on Datix to enable thorough review of our care, capturing our actions taken and escalation to the responsible organisation where required. There are a further 7 pressure ulcer incidents currently pending updates. This is similar with Category 3 pressure ulcers; of the 109 incidents, 48 developed under the care of the Trust [44%], and 61 under other providers/own home. Please note, all pressure ulcers that develop whilst the person is in the care of the Trust are reviewed using a root cause analysis model, to ensure any lapses in care are identified. This is then reported in the integrated performance report.

Patient falls rose in Quarter 2 which then remained at a similar level in Quarter 3. Most falls relate to patients falling on level surfaces, being found on the floor, or falling from their bed or chair. Analysis by our falls specialist revealed that a higher number of incidents were attributable to a very small number of individuals on older people's wards. All care plans are updated and reflect the complexity of individual presentation. Falls Risk Assessment Tools

(FRATs) and Post Falls Protocols are regularly completed. Most falls for the individuals resulted in no injury in these cases. The specialist advisor has noted that care was appropriate given the complexity of the individuals. The Trust has a new falls coordinator starting in February who will closely monitor data and support services.

Reporting to National Reporting and Learning System

The Trust uploads patient safety incidents[2] (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 since 2004. All Patient Safety Incidents go through an internal management review and governance processes before being uploaded to NRLS. Data can also be refreshed if details change.

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 were the affected party (e.g., violence against staff incidents). These are not reportable to NRLS as the harm/potential harm was not to a patient. The NRLS scores the **actual** degree of harm caused, as opposed to including potential harm as collected locally via Severity.

As reported previously, Learn From Patient Safety Events (LFPSE) is a new national system that is being introduced to replace:

- National Reporting and Learning System (where we send our patient safety incidents)
- Strategic Executive Information System [StEIS] (where we report Serious Incidents)

NHS England have recently extended the transition timescales as below:

A) **By 31/03/2023** - to have our Datix test system updated with the LFPSE functions - an upgrade to carry out this change took place on 21/12/2022 and testing is due to be commenced in March 2023.
B) **By 30/09/2023** - to go live with Datix LFPSE recording - this will be implemented following thorough testing, consultation and training related to (A) above.

In Quarter 3 2022/23, 1160 incidents were reported to the National Reporting and Learning System (as at 12/1/2023) compared to 1672 in Quarter 2. This totals 5825 in the year to date (2022/23).

[2] 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.

Learning from incidents

Learning Library

We have continued to use the #allofusimprove Learning library (our repository of information from a range of sources of learning from experience). Latest content is available here Access further details here

Content added to the Learning Library in Quarter 3 is as below (please see Appendix 2 for further details of the SBAR's).

SBAR Learning Review involving deaths where Clozapine is prescribed.docx

SBAR Sexual safety.docx

SBAR SI learning 2021.17811.docx

Recirculated: Recording escape incidents November 2018.docx

Inappropriate use of Toaster bags.docx

Greenlight alerts

Greenlight alerts have been created to provide a way to share important information and learning related to medication safety. Greenlight alerts are available on the intranet

Bluelight Alerts

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

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

The Bluelight alerts circulated in Quarter 3, are available on the intranet and below:

Bluelight alert 59 - 16 December 2022 - E-burn e-cigarette fire risk

Bluelight alert 58 - 12 December 2022 - Shower head fixed ligature point (with Blu Tack)

Bluelight alert 57 - 9 November 2022 - CES key fault

Bluelight alert 56 - 4 November - Using Chlorine based solutions safe and effectively to decontaminate blood and body spills

Bluelight alert 55 - 4 November 2022 - ligature risk from collapsible shower rails

Bluelight alert 54 - 3 November 2022 - Ligature risk from piano door hinge

Learning from Serious Incidents

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

Learning from Healthcare Deaths

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

Incident reports

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

3. Trust wide Serious Incident (SI) Report[3]

Background context

Serious incidents are defined by NHS England as:

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

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

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

- the unexpected or avoidable death of one or more patients, staff, visitors, or members of the public

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

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

- serious harm to one or more patients, staff, visitors, or members of the public or where the 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 sets of *Never Events*[5].

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

National Update

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

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

There are three major changes arising from the NHS Patient Safety Strategy relating directly to Incident reporting and management. Both projects were delayed during Covid 19 but now underway. These are:

- New Learning from Patient Safety Events (LFPSE) – this will be a new section of Datix incident reporting system and will replace NRLS and StEIS systems. Please see information in this report in the section Reporting to National Reporting and Learning System for further information.
- New Patient Safety Incident Response Framework (PSIRF) - will replace the Serious Incident Framework. The final documentation has been published and we are progressing through a 12-month transition period before going live in Autumn 2023.
- Patient Safety training has been approved by Executive Management Team. There will be a mandatory element for all staff (level 1) and level 2 essential to job role. The first year of implementation will be monitored and progress reported thought the Clinical Governance group before the mandatory status is applied to ESR. We are now exploring requirements for level 3 training for investigators, and training on engagement and involvement in patient safety incidents.

Investigations

Investigations are initiated for all serious incidents in the Trust to identify any systems failure or other learning, using the principles of systems analysis. The Trust also undertakes a range of reviews to identify any themes or underlying reasons for any peaks. Most serious incidents

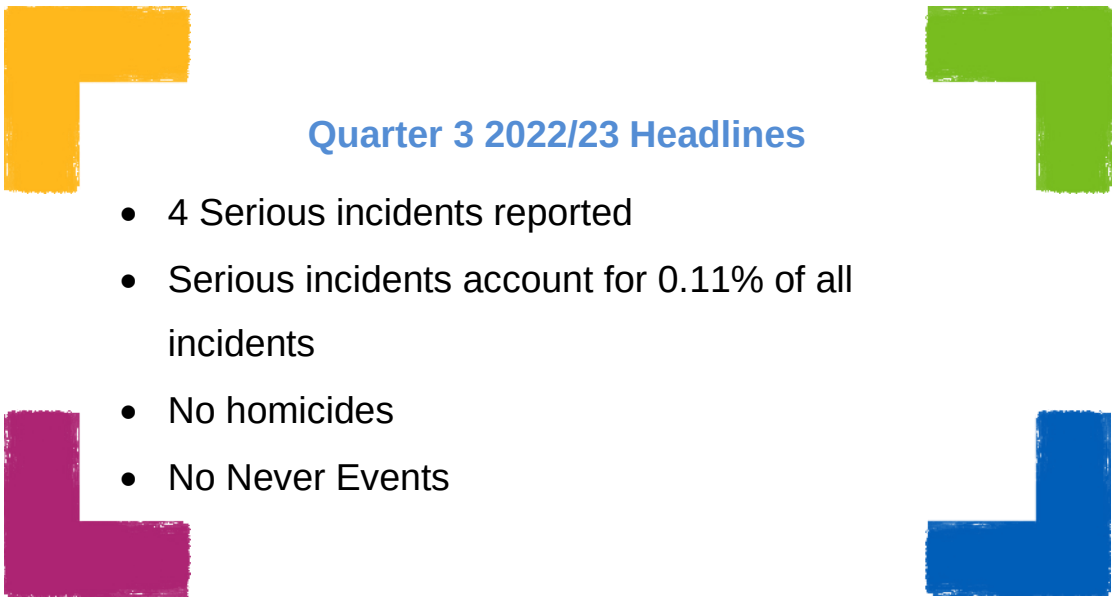
[5] NHS Improvement. Never Event policy and framework 2018
[6] https://improvement.nhs.uk/resources/patient-safety-strategy/

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 such as where significant care and service delivery issues are identified.

Serious Incidents reported during Quarter 3 2022/23

Headlines

During Quarter 3 2022/23, there were **4 serious incidents reported** to the relevant commissioning body (e.g., Integrated Care Boards, provider collaborative) via the NHS England Strategic Executive Information System (StEIS) as shown in figure 6.



Never Events[7] are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. There were **no 'never event'** incidents reported by the Trust in Quarter 3 2022/23. The last Never Event reported by the Trust was in 2010/11. A revised list of Never Events came into effect on 01/02/2018. This is available on the Trust intranet.

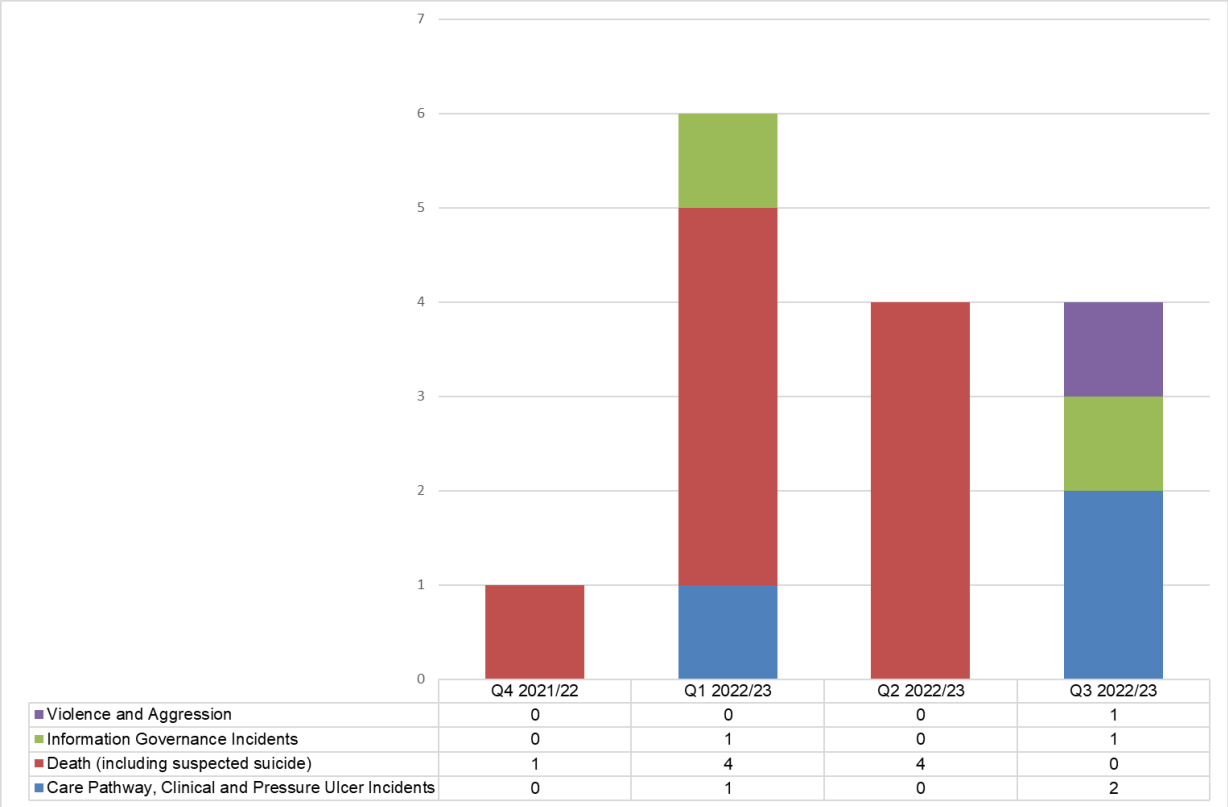
Figure 6 Serious incidents (StEIS) reported to the Commissioner by financial year and quarter up to 31/12/2022 (2018/19 – 2022/23)

Financial Quarter	18/19	19/20	20/21	21/22	22/23
Quarter 1	8	12	8	8	6
Quarter 2	9	12	11	5	4
Quarter 3	10	8	8	8	4
Quarter 4	17	15	6	1	
Total	44	47	33	22	14

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

Figure 7 shows a breakdown of the 14 serious incidents in a rolling 12-month period (01/01/2022-31/12/2022) by the type of incident and the month reported. The number of SIs reported in any given period can vary and given the relatively small numbers involved and the broad definition of an SI, it can be difficult to identify and understand the reasons for this. However, it is important that any underlying trends or concerns are identified through analysis.

Figure 7 Types of All Serious incidents reported on STEIS in the 12-month period (01/01/2022 – 31/12/2022)



	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Violence and Aggression	0	0	0	1
Information Governance Incidents	0	1	0	1
Death (including suspected suicide)	1	4	4	0
Care Pathway, Clinical and Pressure Ulcer Incidents	0	1	0	2

All serious incidents are subject to a manager's review within 48 hours of reporting. This is to enable any themes/trends /issues to be identified early and as close to services as possible. Figures 8 and 9 show the SIs reported in the quarter by the team, type, Care Group (or equivalent) and incident category.

Figure 8 Serious incidents reported by team and Care Group during Q3 2022/23

	Barnsley General Community Services	Trust wide (Corporate support services)	Forensic Service	Total
Neighbourhood Team - Dearne (Barnsley)	1	0	0	1
Information Governance Team	0	1	0	1
Neighbourhood Team - North (Barnsley)	1	0	0	1
Bronte Ward, Newton Lodge, Forensic	0	0	1	1

Total	2	1	1	4

Figure 9 Serious incidents reported by category and Care Group during Q3 2022/23

	Barnsley General Community Services	Trust wide (Corporate support services)	Forensic Service	Total
Pressure Ulcer - Category 3	2	0	0	2
Information governance policy not followed	0	1	0	1
Physical violence (contact made) against staff by patient	0	0	1	1
Total	2	1	1	4

Serious Incident Investigations completed during Quarter 3 2022/23

This section of the report focusses on the serious incident investigation reports that were completed and submitted to the relevant commissioner during Quarter 3 2022/23. Please note this is not the same data as those reported in this period as investigations take several months to complete. The term 'completed' is used in this section to describe this.

Headlines

- **3** SI Investigation reports have been completed
- **10** SI investigations closed by the Commissioners
- **14** SI investigations remained under investigation (as at 12/1/2023)
- From the completed investigations, the top action themes were:
  1 Record keeping
  2 Staff education, training & supervision
  3 Team/service systems, roles, and management

The Trust works to the national guidance on serious incident reporting and management (Serious Incident Framework 2015, NHS England). The 2015 framework included a 60 working day timescale for completion of investigations. However, during the Covid 19 pandemic, this timescale was suspended by NHS England. NHS England acknowledge that organisations may have a back log of cases to address (because of the pandemic) and have therefore agreed to keep this suspension in place. Instead, we have been advised to move towards agreeing timescales with families, in line with the new requirements with the new Patient Safety Incident Response Framework (PSIRF) which is currently being explored. We are in the process of reviewing our processes to accommodate this change for existing Serious incident investigations and to establish methods of reporting.

As a Trust, we have continued to investigate serious incidents throughout the pandemic. All investigations have continued to progress, and new serious incidents have been allocated to lead investigators, demonstrated in the five investigations that have been completed during Q2 and sent to commissioners. Meetings, interviews, and family contacts take place through initial telephone / letter contact and meetings are either virtual or face to face depending on preference of those involved.

We try to complete SI investigations in a timely manner; however, we have the support of commissioners to complete a quality report above a timely report. The Trust requests extensions from commissioners where required to agree revised dates and the investigators also keep families informed. Examples of reason for extensions may include complexity of the investigation, family questions, staffing issues, sign off of reports and development of action plans.

Of the 14 investigations that are underway (as at 12/1/2023), these are at different stages of progress. This is reported weekly into Clinical Risk Panel and progress is monitored at the weekly investigator meeting. Five of the 14 cases under investigation remain within the 60 working day timeframe. The other 9 cases have passed the 60 working days for a number of reasons, including family engagement in the SI process, including listening to the family's voice to defer discussions about investigation process until after festive or anniversary dates, and ensuring families have sight of the draft report before organisational approval; absence within the team and newly recruited investigators. There are plans in place to complete the remaining investigations as soon as possible. Families are kept informed of any delay.

Staff support

There are a range of support mechanisms in place to support staff involved in or affected by serious incidents. The service has the responsibility to provide support, this is explored through the investigation process and any unmet needs are shared with the service.

Our staff support arrangements will be reviewed as part of our preparations for the Patient Safety Incident Response Framework that will go live in Autumn 2023. We are currently reviewing the documentation.

Serious Incident learning and themes

During Quarter 3 2022/23, 3 investigations were completed and sent to the commissioners. There were 15 separate actions made to improve the system or process to prevent recurrence. These 3 investigations all took longer than the 60 working days to complete. In addition to the reasons stated above, one case involved providing the report in a different format to suit the family needs. All 3 investigations were commenced during the pandemic, which did impact on completion timescales.

This excludes a standard recommendation to share learning. This is to support learning being shared across the teams, service, Care Group, Trust, and wider health economy. These recommendations have been removed from the analysis below.

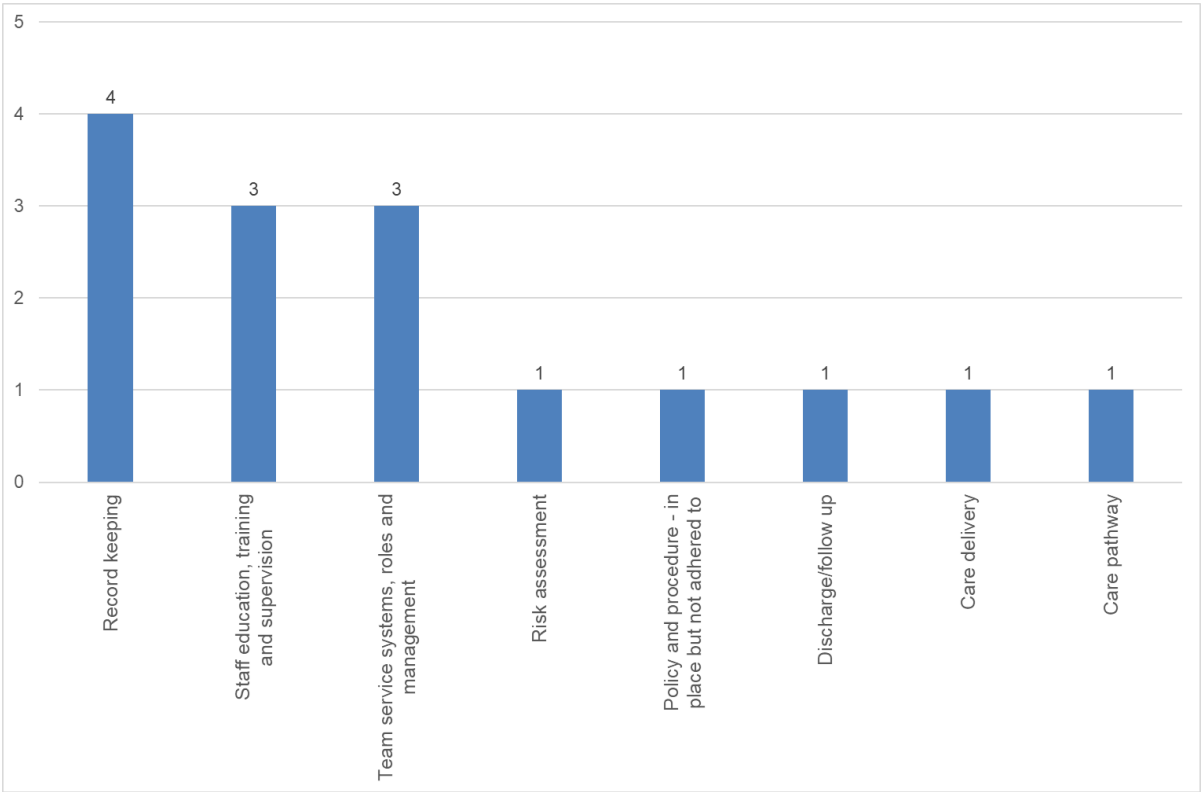
Categorisation of recommendations/actions

In analysing the actions, it is not always straightforward to identify which theme an action should be included in - some do not easily fit into any theme, and some could be included under more than one. The analysis undertaken has included each action under the issue/theme that seemed the best match. To gain consistency, the theming of actions is undertaken by the Lead Serious Incident Investigators.

Many actions take some time to implement. These are monitored through the Operational Management Group and Care Group governance groups.

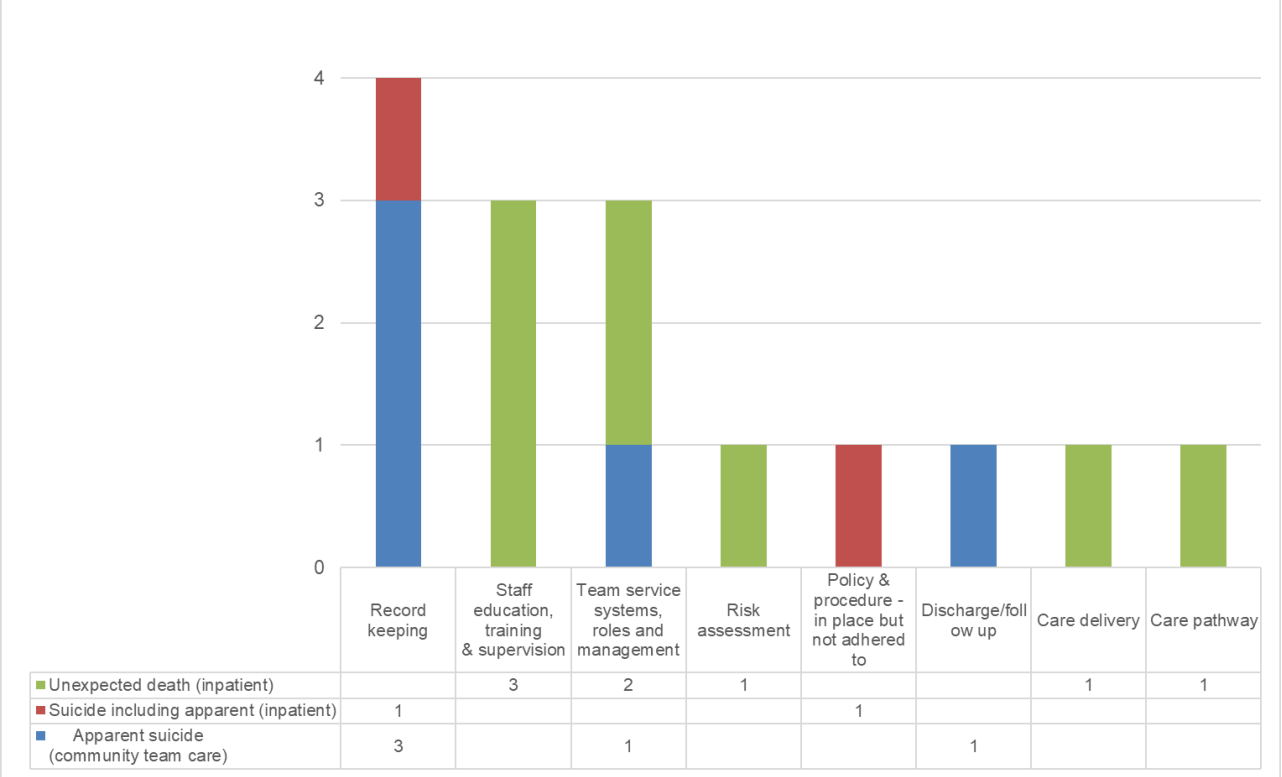
Figure 10 shows the action themes arising from the 3 serious incidents completed and sent to commissioners during Quarter 3 2022/23.

Figure 10 Quarter 3 2022/23 completed Serious Incident investigations, by action theme



As shown in Figure 11, 7 of the actions came from investigations into apparent suicides (2 cases). The themes from these are shown in the graph.

Figure 11 Comparison of action themes from completed Serious Incident investigations in Quarter 3 2022/23, by action theme and serious incident type



Top themes this quarter:
An overview of recommendations from serious incident investigations completed in Q3, are detailed below by action theme:

Record keeping	
Contemporaneous recording	Staff should be reminded that when a retrospective clinical entry is made, they should document that it is a retrospective entry
	Reinforce with medical teams the importance of recording discussion with patients regarding medication
	Reinforce with the Intensive Home-Based Treatment Team the importance of contemporaneous record keeping and to avoid significantly late entries as far as possible.
Operational policy	Review the process for completion of the psychiatric assessment template on System One where a duty doctor is undertaking the admission

Staff education, training, and supervision	
Operational policy	In-patient services should provide assurance that all staff are booked onto appropriate Cardiopulmonary Resuscitation/Basic Life Support/Immediate Life Support training, in line with Trust policy.
Suicide Prevention	The Trust re-launches the Suicide Prevention Strategy, following its review, this should include details of all information and resources available to staff and provide regular updates for staff.
Induction	All staff working within the Trust should: a. Complete the Trust resuscitation training regardless of whether they have completed it at another Trust as policy varies between trusts. b. The Resuscitation training should inform staff that the Trust does not provide a hospital crash response in the event of cardiac arrest.

Team/service systems (relating to roles and management)	
Standard Operating Procedures	Each ward/team should have the appropriate Emergency Response Procedure for that area attached to/within their emergency bag/Automated External Defibrillator (AED) for staff to follow/consult in an emergency.
	The Trust to review its access permissions to include emergency access to on-call doctors.
Risk Assessment and Management	Reinforce with teams that in circumstances where there is no consent to share with family and carers this does not preclude the service encouraging and hearing concerns from them regarding risks.

Risk assessment	
Monitoring compliance	a) In-patient service should review the quality of information recorded in the risk statements within the current service user's observation and engagement care plans to ensure that evidence of risk assessment is included as per the Inpatient Engagement and Observation and Clinical Risk Assessment, Management and Training Policies and that this is included within a schedule of monitoring and action planning. b) As part of the previous recommendation, in-patient service should include, as part of the risk statement, evidence that the risk assessment has included consideration of removal of means.

Care pathway	
Care planning	In-patient services should ensure that staff are aware of policy that the minimum standard for care planning would be to co-produce with the service user and copies should be offered to all service users and carers (where applicable).

Policy and procedure - in place but not adhered to	
risk assessment	The service needs to provide assurance that when a service user has a fall whilst an inpatient both a Falls Risk Assessment Tool (FRAT) assessment and the Post Fall Protocol Records should be completed in line with Trust and National Policies.

Care delivery	
Monitoring compliance	As part of the ongoing quality assurance monitoring processes dip sample of current Enhanced Pathway patients should be conducted to: a) Identify the number of patients who have been involved with and provided with/offered a copy of the care plan/staying safe plan. b) Identify the number of care plans that have been reviewed in a timely manner, and that this information be used to help shape improvements in collaborative care planning.

Learning and Improvement

We have developed methods of sharing actions from SI investigations with policy leads to aid changes that may be required:

- Investigators contact policy leads to raise issues and discuss when identified
- Data from all themes from actions is extracted from Datix on a three-monthly basis as a data resource for policy leads to use through the Trust's Clinical Policy Ratification Group.
- The Patient Safety Support Team and the Quality Improvement Assurance Team to arrange a meeting to discuss an audit in 2022/2023 to understand the impact and outcome of the learning and to consider as part of our Patient Safety Incident Response Framework developments.

Top themes

There are ongoing pieces of work in the Trust to address some of the SI themes including the Risk Assessment and Care planning improvement group.

The Patient Safety Incident Response Framework (PSIRF) implementation by Autumn 2023 will bring the requirement to have clear improvement plans for specific areas which may

include areas such as themes from SIs. The work for PSIRF began in September 2022 following the launch of the final documents. We have a 12-month transition process to work through before going live.

4. Learning from Healthcare Deaths Report Annual Cumulative Report 2022/23 (covering the period 1/4/2022 – 31/12/2022)

1.1. Background context

1.1.1. Introduction

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

Most people will be in receipt of care from the NHS at the time of their death and experience excellent care from the NHS for the weeks, months and years leading up to their death. However, for some people, their experience is different, and they receive poor quality care for reasons which may include 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 to maximise learning.

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

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

The Trust has a representative from the Patient Safety Support Team who attends the Regional Mortality Meeting which are held quarterly. This meeting facilitates the dissemination of good practice around learning from deaths with sharing of processes that other trusts have in place to review deaths and improve care.

1.1.2. Scope

The Trust has systems that identify and capture the known deaths of its service users on its electronic clinical information system and on its Datix system where the death requires reporting.

The Trust Learning from Deaths policy sets out how deaths should be responded to, which deaths are reportable, how we should engage families and how reportable deaths will be reviewed. Each reported death that meets the scope criteria is reviewed in line with the three levels of scrutiny the Trust has adopted in line with the National Quality Board guidance:

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

1.1.3. Next Steps

Our work to support learning from deaths continues, and includes:

- We will have a Family Liaison Professional post advertised shortly.
- Regional Mortality Meetings have been re-established hosted by the Improvement Academy to share best practice in relation to the scrutiny/review/learning from deaths
- The Northern Alliance of mental health trusts has recently been re-established and we provided representation.
- We continue to review best practice and national guidance for inclusion in future iterations of the Trust's Learning from Deaths policy and being open policy alongside national developments with the Patient Safety Incident Response Framework.

1.2. Annual Cumulative Dashboard Report 2022/2023 covering the period 1/4/2022 – 31/12/2022

Figure 12 Summary of 2022/32 Annual Death reporting by financial quarter to 31/12/2022*

Reporting criteria		2021/22 total	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	2022/23 Total
1	Total number of deaths reported on SWYPFT clinical systems where there has been system activity within 180 days of date of death**	3609	800	657	669		2166
2	Total number of deaths reported on Datix by staff (by reported date, not date of death) and reviewed	405	96	89	101		286
3	Total Number of deaths which were in scope	308	68	57	60		185
4	Total Number of deaths reported on Datix that were not in the Trust's scope	97	27	32	41		100

*Dashboard format and content as agreed by Northern Alliance group

**Data extracted from Business Intelligence Dashboards. Data is refreshed each quarter so figures may differ from previous reports. Data changes where records may have been amended or added within live systems

As shown in Figure 1, row 2 shows that 101 deaths were reported on Datix during Q3. Deaths reported are mainly deaths of those who have died in the community. All reported deaths are reviewed to understand if the death meets the critieria for being in scope for mortality review using the 3 Levels as described earlier.

Figure 2 below shows a Statistical Process Control chart of all reported deaths (by reported date) between 1/1/2021-31/12/2022. There is natural variation in the data as you would expect. There are no areas of special cause variation that require further exploration.

Figure 13 Statistical Process Control Report of all deaths reported 1/1/2021 – 31/12/2022 by date reported

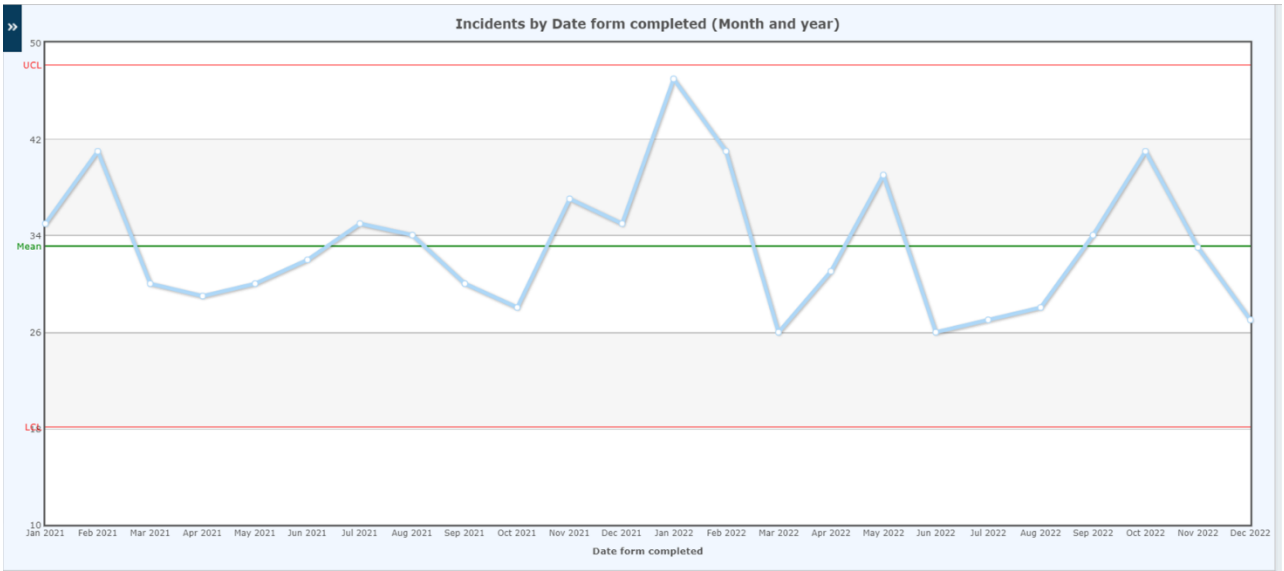


Figure 14 Breakdown of the total number of in scope deaths reviewed in 2022/23 by service area by financial quarter

Financial quarter - date reported	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 Services	Learning Disability & ADHD/Autism services	CAMHS Specialist Services	Total
22/23 Q1	1	10	10	13	19	7	0	8	0	68
22/23 Q2	5	7	9	10	18	4	0	3	1	57
22/23 Q3	5	5	5	16	19	2	0	8	0	60
22/23 Q4										
Total	**11**	**22**	**24**	**39**	**56**	**13**	**0**	**19**	**1**	**185**

The death of any patient with a Learning Disability has to be reported to the Learning Disability Mortality Review Programme (LeDeR). It should be noted that the figures may not tally with the figures above. This is because we identify Learning Disability not just through the reporting team, but by a field on Datix to determine if any patient who died had a learning disability irrespective of where they were cared for. Figure 3 above shows there were 11 deaths reported by Learning Disability teams (all community).

Figure 15 Summary of total number of all in scope deaths in 2022/23 by the mortality review process

Financial quarter - date reported	Level 1: Certified	Level 2: Case note review		Level 3: Investigation						
	Death certified	Manager's 48-hour review	Structured Judgement Review	Learning Disability Mortality Review (LeDeR)	Serious Incident Investigation	Service Level Investigation	Significant Event Analysis (SEA)	Specialist Root Cause Analysis	Safeguarding review	Total
22/23 Q1	11	40	6	8	2	1	0	0	0	68
22/23 Q2	3	37	8	2	4	2	0	0	1	57
22/23 Q3	0	49	6	2	0	1	0	0	2	60
22/23 Q4										
Total	**14**	**126**	**20**	**12**	**6**	**4**	**0**	**0**	**3**	**185**

Figure 4 above shows the total number of all in scope deaths in 2022/23 to date. The numbers of deaths in scope for Q3 (n=60).

There was one Structured Judgement Review in Q2 which was also reported to LeDeR.

In line with national reporting of deaths, we are required to separate our reporting of in scope deaths into learning disability deaths and all other deaths.

Figure 5 below shows all deaths where the patient is recorded as not have a learning disability and what level of review was completed. All deaths reported have the Manager's 48 hour review completed to ensure we have considered the care and treatment we have provided leading up to a death, although if there is another review process followed, this will be what is reported on.

Figure 5 shows a higher number of cases where the Manager's 48 hour Review has been accepted as the mortality review process than would be expected. On checking the data, a high proportion of the deaths have been certified but this has not be captued in the data. A piece of work will be undertaken to address this to show those certified.

Figure 16 Summary of total number of in scope deaths in 2022/23 by the Review process (excluding Learning Disability deaths)

Financial quarter - date reported	Level 1: Certified	Level 2: Case note review		Level 3: Investigation					
	Death certified	Manager's 48-hour review	Structured Judgment Review	Serious Incident Investigation	Service Level Investigation	Significant Event Analysis (SEA)	Specialist RCA	Safeguarding review	Total
22/23 Q1	11	40	6	2	1	0	0	0	60
22/23 Q2	3	34	7	4	2	0	0	1	51
22/23 Q3	0	42	6	0	1	0	0	2	51
22/23 Q4									
Total	**14**	**116**	**19**	**6**	**4**	**0**	**0**	**3**	**162**

Figure 6 below shows that the number of learning disability deaths and their status of being reported to the Learning Disability Review Programme (LeDeR). The 9 deaths pending reporting to LeDeR are being addressed, some of which relate to the death of people with a learning disability under the care of General Community services.

Figure 17 Summary of total number of Learning Disability deaths in 2022/23 which were in scope

Financial quarter - date reported	Reported to LeDeR	Reported to LeDeR by another organisation	Decision not to report on LeDeR	Pending reporting on LeDeR	Total
22/23 Q1	8	0	0	0	8
22/23 Q2	2	0	1	3	6
22/23 Q3	0	0	0	9	9
22/23 Q4					
Total	10	0	1	12	23

Figure 7 below shows that over the year 2022/23 to date, there were 17 inpatient deaths reported. There were no inpatient deaths relating to Learning Disability Services.

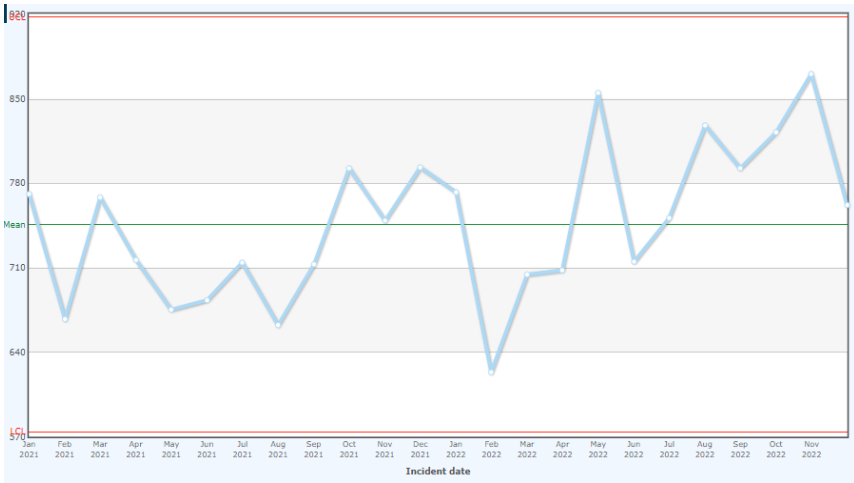
Figure 18 Trust wide Inpatient deaths in 2022/23 by date reported

BDU	Ward	Financial quarter - date reported				Total
		Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	
Mental Health Inpatient Services	Ashdale Ward	0	0	1		**1**
	Poplars Unit, Wakefield	1	0	1		**2**
	Beechdale Ward, The Dales Unit	2	1	0		**3**
	Crofton Ward (OPS), Wakefield	2	2	0		**4**
	Willow Ward - Barnsley	1	0	0		**1**
	Ward 19 (OPS)	1	1	0		**2**

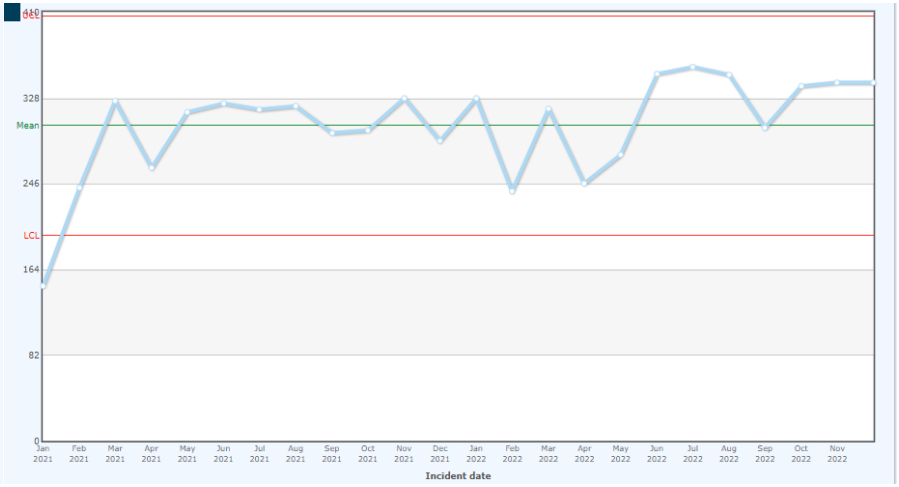
Barnsley General Services	Neuro Rehab Unit	0	0	3		**3**
	Stroke Unit	0	0	1		**1**
Total		**7**	**4**	**6**		**17**

Appendix 1 - All incidents reported Trust wide between 01/01/2021 – 31/12/2022 by severity SPC charts

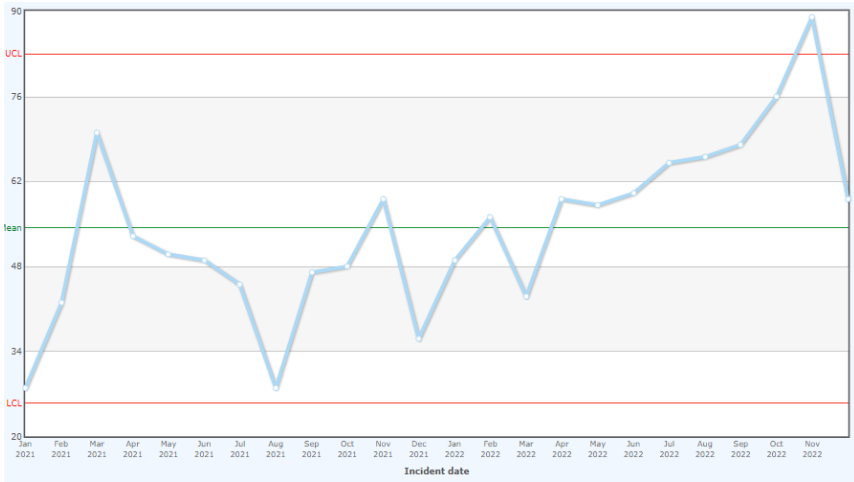
SPC chart for green severity



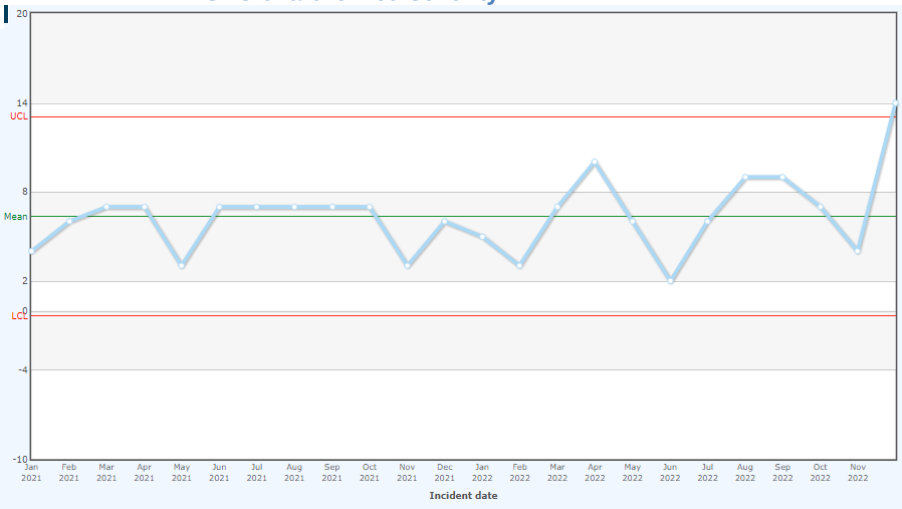
SPC chart for yellow severity



SPC chart for amber severity



SPC chart for red severity



.

Appendix 2 – Learning Library summaries Quarter 3 2022/23

Title	Summary	Link to full content
Deaths where Clozapine is prescribed	The Trust's Clinical Risk Panel commissioned a review of four Structure Judgement Reviews and one Serious Incident Investigation following the deaths of five service users where clozapine had been identified within the formal Cause of Death. On reviewing the five deaths no recurrent themes or actual overdose from clozapine have been identified but there is identified learning – available in the document.	SBAR Learning Review involving deaths where Clozapine is prescribed.docx
Sexual safety	The Trust is committed to supporting the 'sexual safety' for all within our clinical environments, service users, staff, and visitors. Sexual safety is defined as feeling safe from any unwanted behaviour of a sexual nature. A sexual safety incident can happen to anyone, of any sex, sexual orientation, or gender identity. Such an incident can cause significant lasting distress to the person and have a negative effect on their recovery and long-term outcomes. People need to be kept safe and their privacy and dignity should be maintained at a time that, for many, is the most vulnerable point in their lives.	SBAR Sexual safety.docx
Learning from a Serious Incident	A Serious incident investigation took place following the death of a service user. This communication is to share some of the key findings identified in the investigation and highlight areas identified for improvement, lessons learned, and any areas of notable good practice.	SBAR SI learning 2021.17811.docx
Recording escape from fabric of building incidents	Guidance was issued in 2018. A decision was made to reissue this guidance to staff. There are three types of occasion when a patient who is absent or missing from the ward should be recorded on Datix as incidents. These are: 1. Patients on leave who do not return when agreed (AWOL) 2. Patients who abscond when on escorted leave (Abscond) 3. Patients who leave the fabric of the building/unit/ward without agreement (Escape) This document has been prepared to advise on the severity of incidents where patients escape from the fabric of the building/ward.	Recirculated: Recording escape incidents November 2018.docx
Inappropriate use of toaster bags	Despite control measures that the Trust has implemented over the years to reduce the number of Unwanted Fire Signals associated with toasters, the number of incidents across SWYPFT remains high. Following investigation into each of these unnecessary incidents the	Inappropriate use of Toaster bags.docx

	main cause appears to be either complacency or the inappropriate use of toasters. Learning from outside the Trust is shared in this document regarding the use of 'Toaster Bags' which were being used to separate gluten free bread to prevent cross contamination of the bread in toasters for their coeliac patients.	

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.2

Private/Public paper:	Public		
Title:	**Strategic Overview of Business and Associated Risks**		
Paper presented by:	Salma Yasmeen – Deputy CEO/Director of Strategy & Change		
Paper prepared by:	Salma Yasmeen – Deputy CEO/Director of Strategy & Change Sue Barton – Deputy Director of Strategy & Change		
Purpose:	This report provides an analysis of the current business and associated risks for the Trust. It is based on a review of the PESTLE (political, economic, socio-cultural, technological, legal and environmental factors) and SWOT (strengths, weaknesses, opportunities and threats), organisational risk register (ORR), Board Assurance Framework (BAF).		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	N/A.		
Any background papers / previously considered by:	The analysis was presented to Private Trust Board in February 2023. This document indicates connections with the ORR, BAF and developing priorities for 2023/24.		
Executive summary:	The document contains a full copy of the Trust's PESTLE and SWOT, together with a summary on a slide set for ease of reference of the key issues that will inform our ongoing work to clarify the priorities for 23/24. The PESTLE and SWOT analysis indicates that the Trust's strategy, strategic objectives and priority areas of work are still relevant. What will need to be further clarified is the emphasis and focus. There is strong alignment with the PESTLE register and the BAF and ORR suggesting that these key processes are identifying the same issues in the environment. In addition, there is strong alignment between the SWOT and the strategic objectives, indicating that our priority programmes of work are building on the Trust's strengths to capitalise on opportunities and address the weaknesses whilst minimising the threats. This provides additional assurance to the Trust Board on the strategy and the mechanisms we are using to deliver it.		
Recommendation:	**Trust Board is asked to RECEIVE the report.**		

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Strategic Overview of Business and Associated Risks

February 2023

Salma Yasmeen, Director of Strategy/Deputy Chief Executive

With all of us in mind.

1. Purpose of the Report

This report provides an analysis of the current business and associated risks for the Trust. The analysis was last presented to the Trust Board in February 2022. This report provides an update since February 2022 which is based on a review of the PESTLE (political, economic, socio-cultural, technological, legal and environmental factors) and SWOT (strengths, weaknesses, opportunities and threats), organisational risk register (ORR), Board Assurance Framework (BAF) and the agreed priority areas of work.
The main body of the document references the current key issues identified within the PESTLE and SWOT and considers the implications of these for the Trust. The full PESTLE and SWOT registers are presented in Appendix A for reference. Appendix B contains those items which were in the version considered in February 2022 and which it is proposed to remove.
Previous versions of this report have been used as a basis for identifying and setting priority areas of work for 2020 to 2023. This analysis provides an opportunity to check these and to ensure that the Trust's strategy, the long-term plan, recovery and financial sustainability plans are aligned and addressing the key issues and associated risks. It also provides an opportunity to commence consideration of the priority areas for 2023 to 2024.

2. Information and Analysis

There is a natural and coherent alignment between and across the content of the Trust's SWOT and PESTLE analyses, ORR, BAF and priority programmes. This report identifies the indicative connections between these, however, strict alignment and correlation of content is not practical due to the complex and non-linear nature of our external environment.

Our PESTLE and SWOT registers are attached at Appendix A. The registers gather information including:

- **The date when the entry was first added to the register.**
  This is referenced to help indicate where long term issues may require additional and specific attention.
- **The date the record was last updated** to ensure register entry is current and valid.
- **Crossreference to the Trust organisational level risk register (ORR)** through identification of the number of the relevant risk to enable alignment between the ORR and this document.
- **Cross reference to the BAF** through identification of the relevant section of the BAF to enable alignment between the BAF and this document.
- **Cross reference to the Trust's strategy and strategic objectives** using colour coding for the relevant strategic objective to indicate how this issue links into the current strategy and priority areas of work.

All items on the registers have been reviewed and updates and additions made since the last report to Trust Board are indicated in blue text and are indicated with a blue 'tick' (✓) in the relevant 'updated this time' field. Any parts of entries that are no longer applicable are indicated with text crossed out, for example, ~~like so~~. Any entries that are considered no longer applicable are included in Appendix B with the rationale for this decision indicated.

3. PESTLE Key current issues

Our PESTLE register contains an analysis of the macro environment (external forces) that impact on the Trust's ability to plan and operate.

The main current issues are set out in the table below. The reference number relates to the reference in the full PESTLE in Appendix A.

Table one Key current PESTLE issues

Category	Ref.	Description
Political	1.6	The impact of the global Covid 19 pandemic has altered the quantum and focus of public spending, which underpin NHS budget projections. Demand for services is increasing. Inability to meet the competing demand of responding to the impact of the pandemic and restoration drives will need to remain a focus.
Political	1.13*	Unrest in response to pay awards across several unions leading to strike action which will impact on service delivery and staff morale.
Political & Economic	1.14*	Inflation and volatility in the building sector means that Capital planning is difficult and costs are increasing. The capital regime and approach means that we are not always able to adapt to this volatile environment.
Economic	2.12	Economic impact of the Covid 19 pandemic, Brexit and Russian/Ukrainian conflict leading to recession and pressure on public sector finances in the UK. Rising inflation, cost of energy and disruption to supplies as well as longer term impact of funding for public services. This has an impact on the spending available for the NHS and on individuals across our communities. The increasing cost of living ~~risks~~, including the increased risk of fuel poverty in some of our communities, contributing to widening inequalities and impact on people in lower income communities including some of our staff.
Socio-Cultural	3.1	The longer-term effects of the pandemic on people's health e.g. mental health and long covid as well as societal attitudes towards mental health increasing recognition of widespread prevalence and relevance in the lives of all and potentially removing the societal stigma of mental health conditions. Together with the NHS long term plan for services for young people, the likely uptake and demand for MH services and the whole system response has the potential to increase the likelihood of people seeking help, thereby increasing demand, but also potentially increases likelihood of people seeking help earlier increasing opportunities for effective early intervention.
Socio-Cultural	3.7	Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. Equality, Involvement, Communication and Membership Strategy revised with insight from extensive involvement and engagement. Associated action plans detail work to be undertaken to further strengthen the Trust approach.
Socio-Cultural	3.9	The global pandemic has exposed significant health and wider inequalities which require work with partners across all our systems to address.
Technological	4.2	Digital technologies, and the continued direction of travel in public service towards "digital by choice" are a key enabler for change. In addition, "political will", individuals and communities drive demand for health and care providers to keep pace with their use of technology in other aspects of their lives. This increasing demand and expectation for digitally enabled services requires significant focus and emphasis on expanding sustainable digital transformation and change capabilities. This has been adopted by the Trust and is central to the digital strategy. The Trust has established a modern and resilient infrastructure to support agile working. The use of NHS apps and digital technology is emphasised in the NHS LT Plan and the What Good Looks Like (WGLL) framework. The Trust is also working with partners at place and, at wider ICS system level as part of the WY&H and SY&B ICSs. The Trust is also implementing the Patient Knows Best solution for people to access their own records. The pandemic has led to a step change in the use of digital approaches across the whole organisation.
Legal/ Regulatory	5.9	The Trust is to provide evidence that it has mitigated against or addressed health inequalities in both the provision and restoration of services. In line with our Public Sector Equality Duty, Equality Duty, NHS constitution and the Health and Social Care Act.
Environmental	6.4	Work has commenced across the ICSs to look at the wider determinants of sustainability. The Trust has a Board approved green plan and a Social Responsibility and Sustainability Strategy with supporting action plans. Five headline initiatives have been developed as areas of focus for this work.

4. SWOT Key current issues

Our SWOT register contains an analysis of the internal capability of the Trust as well as opportunities and threats that the external environment poses for the organisation. These are presented under the headings of:

- Strengths: characteristics of the Trust that gives it an advantage over others
- Weaknesses: characteristics of the Trust that places the Trust at a disadvantage relative to others
- Opportunities: elements in the environment that the Trust could exploit to its advantage

- Threats: elements in the environment that could cause challenge for the Trust

The main **current issues** are set out in the table below. The reference number relates to the reference in the full SWOT in Appendix A.

Table two Key current issues in SWOT

Category	Ref.	Description
Strength	1.12	Our partnership relationships and the way in which we conduct ourselves when working collaboratively and co-producing with others demonstrates a real focus on the needs of the people who use our services and on partnerships, and this was noted as a strength in the recent CQC report. Care Quality Commission (CQC) visit overall rating of good including well-led review, Partnership working acknowledged to be strong. This has been further enhanced through the refresh of the Equality, Involvement, Communication and Membership Strategy and action plans that deliver the objectives of the strategy. Audit undertaken in 2021 by internal auditors and found the Trust could demonstrate significant assurance with some low-risk areas identified for improvement. All of which were achieved by December 2021.
Strength	1.18	The Trust has made significant investment in modern and high-quality estates and digital infrastructure, evidenced by hubs such as Drury Lane and the development of the Unity Centre; agile working; and the Trust-wide SystmOne implementation. Digital infrastructure has been further developed during the pandemic. Our digital journey and approach has been recognised in an NHS Confederation publication titled 'Integration and Innovation in action: virtual care'.
Strength	1.35	Significant progress made on developing Trustwide approach to equalities and inequalities including data and insight including BI interactive tool, EQIA, and community reports.
Weakness	2.1	There are some Trust services where access to help can be too slow and needs to improve and there is a risk that peoples' experience will be adversely affected because of waiting for treatment - in particular child neuro-developmental waits. This requires changes within services as well as improvements supported by commissioners to achieve the right level of capacity.
Weakness	2.11	Persistent reoccurring issues from serious incidents such as record keeping, risk management and co-production of care plans with service users requires a systematic approach to improvement.
Weakness	2.13	Out of area bed usage has increased during the pandemic. An improvement plan is in place and will need systemic focus going forward. This leads to both quality of care and financial impacts.
Opportunity	3.1	We have an opportunity to become a national leader in shaping the future provision of low and medium secure forensic mental health, born out by the selection of SWYPFT as regional lead provider in forensics.
Opportunity	3.27	Opportunity with developments in Integrating Care to explore new arrangements in each place e.g. building on what we are already achieving in 'hosting' Alliances and provider collaboratives to strengthen joined up care and support to individuals, families and communities.
Opportunity	3.32	Opportunity through the new social responsibility and sustainability strategy to add greater social value in places working with partners and to reduce inequalities.
Opportunity	3.33	Opportunity to improve data quality, including equality data for anyone who works in or uses our services, collection and use of data and insight to improve services and reduce inequalities. Improved data quality on inequalities in a service context will enable a more focused approach to addressing health inequalities.
Opportunity	3.35	Opportunity to further expand our role in Wakefield place, and to take on further responsibilities for commissioning of adult mental health services through the Mental Health Alliance.
Opportunity	3.37	Opportunity to gain Teaching Trust status to demonstrate our commitment to supporting training and development of the workforce, being a great place to work and ensuring quality care.
Threat	4.8	Threat of cyber-attack impacting on operational continuity and stakeholder confidence. Increased threat from cyber-crime impacting on NHS bodies – resulting in additional continuous cost of defence and prevention, and heightened risk of disruption to service provision and/or theft of personal data. Russian/Ukrainian conflict has increased potential threat levels.
Threat	4.12	There is a threat to the safety and quality of current services, ability for future development in services, and the effective delivery of the Trust's strategy due to recruitment challenges, retention concerns and national shortages of staff, especially clinical staff.
Threat	4.25	There is an increased demand for services after the Covid-19 pandemic. This is both an increase in numbers of people referred and an increase in acuity and represents a threat to our ability to meet this demand.
Threat	4.31	Threat of increased staff fatigue due to requirements placed on staff during the pandemic and with the continuing vacancies. This will have an impact on current and future staff wellbeing and affect recovery and reset. service delivery and performance.

5. Analysis and Implications – So what?

The PESTLE and SWOT analysis indicates that the Trust's strategy, strategic objectives and priority areas of work are still relevant. There is strong alignment with the PESTLE register and the BAF and ORR suggesting that these key processes are identifying the same issues in the environment. In addition, there is strong alignment between the SWOT and the strategic objectives indicating that our priority programmes of work are building on the Trust's strengths to capitalise on opportunities and address the weaknesses whilst minimising the threats. This provides additional assurance to the Trust Board on the strategy and the mechanisms we are using to deliver it.

However, the purpose of undertaking this detailed work is to ensure that the current environment is understood and responded to via analysis of the external environment and the internal capability of the Trust. This is particularly important for the key issues which have been identified in sections three and four above. Consequently, additional work has been undertaken to consider those areas identified as key in tables two and three to be sure that these are being addressed and that we have actions in hand to address the issues identified within our analysis. This is presented in the table below.

Table three Actions and notes

Action	**Notes**
Use the identified strength of being well placed in each of our localities and in 2 ICSs to seize opportunities to further develop alliances and collaboratives.	**Identified as a Priority area of work** led by Director of Strategy and Director of Provider Development.
Tackle health inequalities through a sustained and comprehensive programme of work internally and through links into partnership work on this agenda. This work includes the development and delivery of improved information and analytics in health inequalities and builds on the strength of the progress made on developing Trust wide approach to equalities and inequalities	**Equality, Involvement, Communication and Membership Strategy** and associated action plans in place. Work to improve data quality, including equality data for anyone who works in or uses our services, collection and use of data and insight to improve services and reduce health inequalities has been **identified as a priority area of work.** Agreed social responsibility and sustainability strategy with supporting action plans describe actions to support sustainable communities.
Improve risk assessment, co-production of care plans and record keeping using a systematic approach to improvement.	Identified as a **priority area of work** as a workstream of with a plan in place and resources identified.
Take a variety of actions to reduce out of area bed use which impacts on both quality of care and finances. Use learning from previous, successful work in this area.	Identified as a **priority area of work** as a workstream of with a plan in place and resources identified..
Understand the changes in demand and acuity. Address services where there are significant waiting times and service pressures threatening to affect safety, quality treatment times and recovery.	Identified as **priority areas of work** with plan and resources in place to support services such as CAMHs and Inpatient areas.
Address threat to wellbeing of staff as continuing pressures and significant vacancies add to the sustained and prolonged period of uncertainty through Covid-19.	Identified as a **priority area of work** under Great place to work with plan and resources in place.
Address shortages of staff, including clinical staff, recruitment challenges and retention concerns that pose a threat to the safety and quality of service delivery and wellbeing of staff and service users.	Identified as a **priority area of work** as a workstream of Great place to work with plan and resources identified..

The pandemic has led to a step change in the use of digital approaches across the whole organisation. Continue to build on this so that digital developments support improved quality for our service users and staff.	Identified as a **priority area of work**. and as a thread through all other appropriate priorities.
Respond to the increase in challenges for public sector finances through continuing work to ensure we provide value for money in all that we do.	Identified as a **priority area of work** as a workstream of improving resources.

The information in this table provides assurance to the Board that there are actions in hand to address the issues identified within our analysis.

6. Summary and recommendations

This document provides an analysis of the current business and associated risks for the Trust, in January 2023. It has been produced as a check that the Trust's strategy, the long-term plan, annual plans, recovery planning and financial sustainability plans are aligned and addressing the key issues and associated risks. The analysis demonstrates that this is the case and provides assurance that our current priority areas of work have been developed to address the issues identified.

This document also provides a foundation for development of the plans and priority areas for 2023 to 2024.

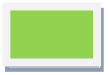
Trust Board is asked to:

- Receive the report and note the contents and use this as the basis for the discussion at the strategy board.

Appendix A – Full PESTLE and SWOT

Key: Link to strategic objectives colour coding

 Improve Health

 Improve Care

 Improve resources

 Great place to work

To note, items from the full PESTLE and SWOT registers presented in this Appendix which also feature in Section three or Section four of the main body of the report are indicated with a * following the reference number

PESTLE

Below is an analysis of the macro environment (external forces) that impact on the Trust's ability to plan and operate:

Category	Ref.	Description	Date First Added	Date Last Updated	Updated this time?	Cross ref with ORR	Cross ref with BAF	Link to Strategic Objectives
Political	1.1	The NHS Long Term Plan (LTP) was introduced in January 2019. It builds on the vision and ambition set out in the five year forward view (5YFV) with greater emphasis on better access to mental health services to help achieve the government's commitment to parity of esteem between mental and physical health; better integration of health and social care so that care does not suffer when patients are moved between systems; greater emphasis on collaboration through Integrated Care Systems (ICS) place based intervention; greater role for primary care and community services focusing on the prevention of ill-health so people live longer, healthier lives; and with a strong focus on workforce and technology. SWYPFT have a strong position given SWYPFT engaged well in the production of the LTP and used our membership of both the mental health network of NHS Confed and NHS Providers to engage. We also used our roles in our ICSs to influence messages and engagement with systems which was very relevant.	Mar 19	Jan 21		695	1.1, 1.2	

Political	1.4	Continued emphasis on collaborative place-based approaches to improvement and associated changes in organisational form such as integrated care systems and partnerships indicate a shift away from market-based drivers of improvement. The Trust is playing a key role in each of the partnerships that are emerging and developing for the places in which we provide services to mitigate the risk on quality and sustainability of services. Our mental health offer is well regarded with the establishment of Mental Health Provider Alliance in Wakefield and strengthened partnership arrangements in Calderdale, Kirklees and provider alliance in Barnsley.	Pre Apr 16	Jan 23	√	812	1.1 1.2	
Political	1.6*	The impact of the global Covid 19 pandemic has altered the quantum and focus of public spending, which underpin NHS budget projections. Demand for services is increasing and inability to meet the competing demand of responding to the impact of the pandemic and restoration drives will need to remain a focus.	Jan 21	Jan 23	√	1530	3.1	
Political	1.7	The NHS Long Term Plan requires commissioners to grow investment in mental health services faster than the NHS budget overall, aligned to specific service requirements that will be common across all districts. Ongoing contractual growth is in line with mental health investment standard, recognises demographic growth and some specific service pressures. Mental health investment standard funding provided by each commissioner in line with national requirements.	Jan 21	Jan 23	√	275	3.1	
Political	1.8	Assessment of place-based plans in each Integrated Care System (ICS) will take place as part of the annual planning process. Inputting into the development of place based plans in all four places.	Jan 21	Jan 23	√	812	1.1,1.2	
Political & Economic	1.9	Additional demands being placed on Trust resources during the year over and above planning assumptions, particularly in respect of place-based developments and transition to system working at operational and clinical level. Ongoing engagement through place based Integrated Care Partnerships to agree capacity and resources to deliver on agreed change programmes.	Jan 21	Jan 23	√	1511	3.1	
Political	1.10	Further development of the ICBs and the development of places and provider collaboratives in place and at scale. Changes to commissioning arrangements, an increasing role for each place and variations in local priorities could lead to service inequalities across the footprint. The Trust is involved in each place response, the development of provider collaboratives and shared governance arrangements.	Jan 21	Jan 23	√	812	1.1 1.2	

Political	1.11	The NHS Long Term Plan includes ambitious targets and developing transformation plans for Community Mental Health services.	Jan 22	Jan 23	√	522	1.4	
Political	1.12	In February 2022, the government published The Levelling Up White Paper: Health and social care integration: joining up care for people, places and populations which sets out how the government will spread opportunity more equally across the UK giving everyone, in all parts of the UK, the same opportunities to make the most of their lives. Tackling the wider determinants of health will be crucial for levelling up to be a success. This will impact on place priorities and demonstrably on Trust priorities to ensure we are considering the levelling up and inequalities agendas in our work.	Mar 22	Mar 22		1689 1511	3.1	
Political	1.13 *	Unrest in response to pay awards across several unions leading to strike action which will impact on service delivery and staff morale.	Jan 23	Jan 23	√	1758	4.3	
Political & Economic	1.14 *	Inflation and volatility in the building sector means that Capital planning is difficult, and costs are increasing. The capital regime and approach means that we are not always able to adapt to this volatile environment.	Jan 23	Jan 23	√	1585	3.1	
Political	1.15	Increased scrutiny and high-profile media reporting on the NHS system and it's delivery. This includes regular highlighting of pressures and impacts related to access, waiting times, capacity to deliver and reports of system failures.	Jan 23	Jan 23	√		4.2	
Economic	2.1	Changes in funding outlined in the NHS Long Term Plan supports collaboration and parity of esteem between Mental Health, Learning Disabilities and Physical Health with a strong emphasis on tackling inequalities and prevention.	Jan-17	Oct-19		522	3.1	
Economic	2.2	Increased impact of market forces on vulnerabilities in NHS markets for staff and flexible bed capacity. Experienced through agency usage and costs (mitigated by agency cap) and independent sector bed-day prices. NHSE and HMRC interventions continue to impact.	Oct-16	Mar-19		1151 1319	3.1	
Economic	2.3	The impact of NHS financial control measures on both commissioners and providers – particularly around control totals, agency caps, etc. There is stronger financial interdependence across health systems through integrated care systems-level control totals, as underlined in the FYFV and in the NHS long term plan.	Oct-16	Mar-19		522	3.1	
Economic	2.4	Impact of current employment market for many staff groups, manifesting in buoyant agency market, driving cost growth for Trusts in excess of plans and 'cap'. Risk that wards are not adequately staffed, leading to increased temporary staffing and potential negative impact on quality of care provided. Potential threat of losing staff (more specifically lower graded staff) to other sectors for higher pay.	Oct-16	Jan 23	√	1151	4.1	

Economic	2.5	Major Cost Improvement Programme requirements of financially challenged health and social care providers leading to sub-optimal approaches to pathways and partnerships within local health economies and unintended consequences associated with services stopping/failing and risk of deterioration in quality of care provided.	Jul-16	Jan 23	√	275	3.1 1.1	
Economic	2.6	The planned increase in funding to support the LTP, particularly with a 'guarantee' that investment in primary, community and mental health care will grow faster than the level of growing overall NHS budget. There is a risk that the Trust's financial viability will be affected because of changes to national funding and additional recurrent costs as a result of the Covid-19 pandemic which are being mitigated through the annual planning process and continued external engagement and communications with stakeholders.	Jul-16	Jan 21		522	3.1	
Economic	2.7	All NHS staff groups are experiencing the pressures of high inflation and are demanding significant pay uplifts, from a financial planning perspective for 23/24 the Trust is instructed to plan for a 2% uplift to pay costs whilst negotiations continue with Government, any agreed pay award above 2% will result in additional funding for the Trust. It should be noted that due to the high pay to non pay ratio this Trust has, which is typical of community and MH Trusts, it is likely there would still be a local funding shortfall to the Trust.	Sep-17	Jan 23	√	522	3.1	
Economic	2.8	The viability and maturity of the third sector to operate fully in the competitive market place impacts on the degree of flexibility that the Trust can partner to provide flexible and diverse services within health enabling us to reach into and benefiting communities. The third sector is particularly affected by financial constraints making it more vulnerable.	Apr-18	Jan 23	√	275	1.1 1.2 1.3	
Economic	2.11	At present, demand and capacity issues across West Yorkshire and nationally have meant that children and young people requiring a CAMHs bed are temporarily located in a bed assigned for adults. Development of a new CAMHs inpatient facility in Leeds for West Yorkshire has now been completed and Red Kite View opened in January 2022. Planned investment outlined in the Long-Term Plan can support improvements to services. Transformation funding through the ICSs to support MH community services and children and young people's services have been secured.	Mar-19	Jan 22		1368	3.3	
Economic	2.12	Economic impact of the Covid 19 pandemic, Brexit, and Russian/Ukrainian conflict leading to recession and pressure on public sector finances in UK. Rising inflation, cost of energy and disruption to supplies as well as longer term impact of funding for public services. This has an impact on the spending available for the NHS and on individuals across our communities. The increasing cost of living, including the increased risk of fuel poverty in some of our communities and the tightening of funding, contributing to widening inequalities and impact on people in lower income communities including some of our staff.	Jan 21	Jan 23	√	522	3.2	

Economic	2.13	In Sept 2021, Build Back Better plans announced to increase funding for health and social care over next 3 years by a new tax, the Health and Social Care Levy. Concerns raised regarding the challenges associated with transferring revenue to social care and whether or not the funding will be sufficient to address wider issues in the care sector.	Jan 22	Jan 22		522	3.1	
Socio-Cultural	3.1*	The longer-term effects of the pandemic on people's health e.g. mental health and long covid as well as societal attitudes towards mental health increasing recognition of widespread prevalence and relevance in the lives of all and potentially removing the societal stigma of mental health conditions. Together with the NHS long term plan for services for young people, the likely uptake and demand for MH services and the whole system response has the potential to increase the likelihood of people seeking help, thereby increasing demand, but also potentially increases likelihood of people seeking help earlier increasing opportunities for effective early intervention.	Jan-17	Jan 22		1530	2.3	
Socio-Cultural	3.2	Impact of demographic change on the demand for services and on workforce age profiles.	Pre Apr 16	Mar-19		1132	2.3	
Socio-Cultural	3.3	Changing expectations of services, greater expectation of personalisation, higher standards of customer service and responsiveness, greater level of co-production. Policy makers and commissioners expect more self-care and emphasis on prevention all supported by the NHS long term plan. This requires changes in workforce requirements with new skills, new roles, and new psychological contracts at work. Risk of not being able to recruit qualified clinical staff and impact of medical workforce retention / turnover in certain specialities and assessment is being mitigated through recruitment and retention strategy. This includes safer staffing review, development of new roles such as Advanced Nurse Practitioner, and an international recruitment campaign.	Pre Apr 16	Mar-19		1151	4.3	
Socio-Cultural	3.4	The national shortages of clinical staff is affecting the Trust's ability to recruit suitably qualified clinical staff which impacts on: the safety and quality of our services and the effective delivery of the Trust's strategy, particularly in the ability for future development in services and increases our expenditure on bank and agency staff to fill the shortage gap.	Feb-18	Jan 23	√	1151	4.1	
Socio-Cultural	3.6	The benefits of new health approaches – social prescribing, self-management, co-production, asset-based approaches (placing people's skills, networks and community resources alongside their needs to improve care and support) are helping to reduce dependency on health professionals and encourage sustainable development of a community's health. This has been acknowledged in our Involvement and equality strategy and the Social Responsibility and Sustainability strategy and annual plans for our charities that enable us to deliver this aspect.	Apr-18	Jan 23	√	695	1.2 1.3 1.4	

Socio-Cultural	3.7*	Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. Equality, Involvement, Communication and Membership Strategy revised with insight from extensive involvement and engagement. Associated action plans detail work to be undertaken to further strengthen the Trust approach.	Jan 21	Jan 21		1157 1531 695	1.3 1.4	
Socio-Cultural	3.8	Social and community impact of pandemic on poverty, domestic violence, safeguarding, employment which will have an impact on the complexity and number of people requiring help from our services, particularly mental health.	Jan 21	Jan 21		1132 695	2.3	
Socio-Cultural	3.9*	The global pandemic has exposed significant health inequalities which require work with partners across all our systems to address.	Jan 21	Jan 21		1132 695 1689	1.2 1.3 1.4	
Socio-Cultural	3.10	The Build Back Better policy paper sets out a number of proposed changes to how people pay for social care and the social care charging framework, including the introduction of a cap and changes to capital limits.	Jan 22	Jan 22		275 695	1.2 1.3 1.4	
Technological	4.1	Increased threat from cyber-crime impacting on NHS bodies – resulting in additional continuous cost of defence and prevention, and heightened risk of disruption to service provision and/or theft of personal data. (mitigated by business continuity plans). Russian/Ukrainian conflict increased potential threat levels.	Jan-17	Mar 22		1080	2.4	
Technological	4.2*	Digital technologies, and the continued direction of travel in public service towards "digital by choice" are a key enabler for change. In addition, "political will", individuals and communities drive demand for health and care providers to keep pace with their use of technology as in other aspects of their lives. This increasing demand and expectation for digitally enabled services requires significant focus and emphasis on expanding sustainable digital transformation and change capabilities. This has been adopted by the Trust and is central to the digital strategy. The Trust has established a modern and resilient infrastructure to support agile working. The use of NHS apps and digital technology is emphasised in the NHS LT Plan and the What Good Looks Like (WGLL) framework. The Trust is also working with partners at place and, at wider ICS system level as part of the WY&H and SY&B ICSs. The Trust is also implementing the Patient Knows Best solution for people to access their own records.	Pre Apr 16	Jan 23	√	1585	3.3	
Technological	4.3	Inequalities in technology access, literacy and acceptance are slowly being eroded, but persist as a factor impacting on service design and access. Technology inequalities mirror broader socio-economic inequalities, and as such are of relevance to deliver the Trust's mission and objectives. Inequality in access to technology is impacting on service user choice of assessment and treatment. The Trust is actively working across the health and care ecosystem with partners to reduce the digital divide.	Jul-16	Jan 22		695 1689	1.4	

Technological	4.4	Continued growth in use of social media by a wide range of demographic groups, changes the way in which customer experience and service quality is evaluated – becoming more open, faster and comparable. Technology is also supporting the speed in which we receive friends and family feedback, as we use text messages and handheld devices.	Pre Apr 16	Jan 23	√	695	1.3	
Technological	4.5	Technology enables improved access and use of data – telehealth/remote monitoring of vital signs, self-reported well-being etc. Creates a different dialogue between service user and healthcare service provider – supports personal control, education, self-care and movement towards coaching approaches. As supported in the Long term plan.	Pre Apr 16	Mar-19		695	1.2 1.3	
Technological	4.6	Interoperability of clinical systems and enhanced analytical functions (population health management, data warehouses, big data etc.) support evidence-based care at system level and in relation to integrated care planning at an individual level. Creates demand for cross-organisational platforms for integrated working. The LTP and success measures within the WGLL framework accelerates opportunities to integrate and standardise health care information across care systems and actively supports collaborative digital opportunities across the regions. Following the work undertaken to implement and optimise the Trust's clinical record system, SystmOne, the Trust is now able to share service users' records to other health organisations via SystmOne.	Pre Apr 16	Jan 22		1530	2.1	
Technological	4.7	Platform technology potentially allows Trusts to widen the range of offers available to service users e.g. digitally held personal records from which to access correspondence, complete assessments and access care plans etc., mobile apps, enables more peer to peer support, promotes innovation and provides data on choice. The Trust is utilising digital innovations such as Chat Pads on ward areas.	Jul-16	Jan 23	√	1530	2.1	
Technological	4.8	Increased use of communications technology for consultation – engagement of carers/ Multi-Disciplinary Teams etc. Investment in technology has enabled clinical activity with service users to continue in a remote/agile manner during the pandemic via video consultation solutions. Support for service users via schemes such as virtual visitors and recovery college online activities have been set up using digital technology.	Pre Apr 16	Jan 21		1530	2.1	
Technological	4.9	The provision of agile/hybrid working (using communications and information technologies to enable staff to work in ways which best suit their needs) offers the capacity to help the Trust become a more responsive, efficient and effective organisation, ultimately improving performance. Covid-19 pandemic and the need for social distancing ~~has~~ required significant investment in technology to enable remote working by a large proportion of the workforce. This has led to a step change increase in agile working and opportunities in support of the sustainability agenda.	Apr-18	Jan 21		695 522	3.3	

Legal/ Regulatory	5.1	Increased pace of movement towards new organisational forms and partnership vehicles suitable for place-based solutions (e.g. Integrated Care System, Multi-specialty Community Provider) and for service line specific collaboration (e.g. mental health). Gap emerging between regulatory and legal frameworks and the intended future structures for integrated place-based care provision.	Jan-17	Mar-18		812	1.1 1.2	
Legal/ Regulatory	5.2	The NHS LTP places greater emphasis on choice and parity of esteem between mental health and physical health.	Mar-18	Mar-19		695	1.1, 1.2	
Legal/ Regulatory	5.3	The review of the Mental Health Act 1983 (2007), commenced in May 2017. It was followed by the publication of the Independent Review led by Sir Simon Wessley in 2019 with the Government accepting most of the recommendations for reform and changing the way that care to people under the Act is delivered. The government hosted a public consultation that closed on 21 April 2021 on a set of proposals to reform the Mental Health Act to help shape future legislation, service approaches, and modernise the act's principles and values. A new Draft Mental Health was published 27th June 2022 which has since passed through the Pre-Legislative Scrutiny stage with the Joint Committee publishing their report on 19th January 2023. The Bill suggests the requirement for expansion of the mental health and social care workforces, infrastructure to support the roll out of these reforms, and work to promote practical and cultural change across the system, through such initiatives as the Quality Improvement Programme and the Patient and Carer Race Equality Framework.	Mar-18	Jan 2023	√	695 1545	1.1 1.2 1.4	
Legal/ Regulatory	5.4	The amended Mental Capacity Act (deprivation of Liberty safeguards) received Royal Assent on the 16th of May 2019. The implementation date has been delayed due to the Covid 19 pandemic and concerns as to the content of the Draft Cde of Practice and associated Regulations. We are awaiting the Code of Practice and Regulations on the understanding that the Government aims to lay these before Parliament some time before the end of Spring. No implementation timetable has been set at this time. Work has begun on a gap and impact analysis for the Trust to support an implementation plan.	Apr-18	Jan 2023	√	773 1545	2.3	
Legal/ Regulatory	5.5	The national view to develop an NHS estates strategy to achieve best value from NHS estate; target the sale of surplus or inefficiently used NHS property; release land to build new homes on NHS land; support the realisation of the LTP and enable clinical transformation to deliver world class care have brought changes to the Trusts estate strategy.	Apr-18	Jan 21		522	3.3	
Legal/ Regulatory	5.6	There is a legal regulatory framework provided through health and safety legislation for employers to provide employees with a safe and secure workplace in which to work. The legal remedies to provide appropriate management specifically on aggression and violence and on manual handling for the Trust are considerable.	Jan-17	Jan 23	√	1545	4.3	

Legal/ Regulatory	5.7	In May 2021, a new CQC strategy and approach was introduced which also looks at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.	Mar 22	Mar 22		695	1.1	
Legal/ Regulatory	5.9*	The Trust is to provide evidence that it has mitigated against or addressed health inequalities in both the provision and restoration of services. In line with our Public Sector Equality Duty, Equality Duty, NHS constitution and the Health and Social Care Act. The revision of EDS2 will be implemented over the coming year and require a more systemic approach to evidencing statutory duties.	Jan 22	Jan 23	√	1689	1.1, 1.2,1.4	
Environmental	6.1	Change in travel patterns as part of new service models and technological change – e.g. more home-based care but fewer trips back to base. More support staff using video conferencing. Travel has been further reduced due to changes in working because of the pandemic.	Pre Apr 16	Jan 21		522	3.2	
Environmental	6.2	Opportunities around renewable energy are emerging. The Trust has built this into the revised Green Plan. COP 26, COP 27 and a range of climate change networks and guidance have raised awareness of the climate agenda. NHS Trusts have carbon reduction targets and reporting requirements.	Pre Apr 16	Jan 23	√	522	3.2	
Environmental	6.3	Climate change is something that affects us all, both now and in the future. Several local authorities across the Trust footprint have declared a climate emergency and have prioritised environmental sustainability. The Trust is a partner in these activities to support local improvements to be more environmentally sustainable. Work has commenced on environmental sustainability across the ICS which we are a part of. Work continues as part of the Board approved green plan to address the Net Zero agenda at the Trust.	Oct-19	Jan 23	√	522	3.2	
Environmental	6.4*	Work has commenced across the ICSs to look at the wider determinants of sustainability. The Trust has a Board approved green plan. and a Social Responsibility and Sustainability Strategy with supporting action plans. Five headline initiatives have been developed as areas of focus for this work.	Jan 22	Jan 23	√	695	3.2	

SWOT

In the context of an analysis of the external environment and the Trust's strategic objectives and priorities, the following strengths, weaknesses, opportunities and threats are highlighted:

Please note, the cross-reference columns for the ORR and BAF have been blanked out for the strengths and opportunities sections as they are not relevant

Category	Ref.	Description	Date First Added	Date Last Updated	Updated This Time?	Link to Strategic Objectives
Strength	1.1	Compelling model for alternative capacity – Creative Minds, Recovery Colleges, Arts & Health, Social Prescribing and Altogether Better is well aligned to LTP direction and offers opportunities for partnership in local place-based solutions such as ICS. The Trust's linked charity Creative Minds has been announced as a winner in a Europe-wide 'challenge' focused on different ways to empower communities to improve their health. Creative Minds is one of eight winners in the Reimagining Community Health Challenge.	Pre Apr 16	Jan 23	√	
Strength	1.2	Clarity of approach to management of partnerships and contractual relationships with other providers, and track record of integrated teams and multi-agency joint delivery, is a strength in formation of integrated care systems.	Jul-16	Jan 22		
Strength	1.3	Partnership track record and place-based delivery structure underpinned by clear FT governance arrangements including plans to fully engage and mobilise an active public membership – all key for system leadership and place based integrated care partnerships. A range of executive and board arrangements with trusts, commissioners, and other stakeholders in each of the place we operate.	Oct-16	Jan 21		
Strength	1.4	Developing partnerships with neighbouring providers of mental health and learning disability services, aligned to achievement of ICS aims. For example, the Trust has worked with partners in West Yorkshire to agree lead provider collaboratives for eating disorders, CAMHS and secure care. The Trust is Lead Provider for secure care in West Yorkshire and South Yorkshire. Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract.	Oct-16	Jan 23	√	
Strength	1.5	'Centres of excellence' within services recognised internally and externally, examples include: Our adult attention deficit hyperactivity disorder (ADHD) and autism service received the prestigious ACOMHS accreditation awarded by the Royal College of Psychiatrists. Our Calderdale memory assessment service being accredited by the Royal College of	Jan-17	Jan 22		

		Psychiatrists for the care they provide to local people with memory problems or dementia and their families. The Trust was accredited as a Veteran Aware NHS organisation by the Veterans Covenant Healthcare Alliance (VCHA).				
Strength	1.6	Clear commitment to the Trust's mission, good values base, and increased understanding and alignment around strategic priorities within all parts of the Trust Staff 'living the values' as evidenced through values into excellence awards.	Jul-17	Jan 21		
Strength	1.7	Integrated approach to quality improvement ensures quality drives everything we do. The Trust's integrated change framework supports innovation, change and improvement and programmes to develop capability and capacity are in place with 'allofusimprove'. This has enabled us to deliver change with 250 trained improvement facilitators.	Jul-17	Jan 23	√	
Strength	1.8	The Care Quality Commission report confirmed that staff treat people with kindness, care and compassion, and that we are respectful and warm.	Jul-16	Jan 21		
Strength	1.9	Our Care Quality Commission report in 2016, and again in 2019, highlights the outstanding features of end of life care services provided by the Trust. It also highlights consistent good ratings in most services.	Jul-16	Oct-19		
Strength	1.10	Our Care Quality Commission report (2019) highlights that more than 87% of the individual ratings are good or outstanding and 12 of our 14 core services are rated Good The overall rating for the Trust improved to GOOD. CQC rated effective, caring, responsive and well-led as good.	Jul-16	Oct-19		
Strength	1.11	The Trust has a Board agreed workforce strategy and action plan which is in line with the NHS People Plan governed by the Workforce and Remuneration Committee (WaRC) of the Board and has strong partnership links to the WY&H ICS Local Workforce Action Board, LWAB and South Yorkshire and Bassetlaw workforce group. Workforce planning is an integral part of the Trust's service line and financial planning process and is developed through a robust engagement process with clinical, operational, professional staff and staff side. Our culture of supporting those with which we work, Trust's commitment to staff health and wellbeing, our work with and supporting service users and carers and volunteers and the activities of 'allofusimprove'- all contributes to the Trust being a great place to work.	Jul-16	Jan 21		
Strength	1.12*	Our partnership relationships and the way in which we conduct ourselves when working collaboratively and co-producing with others demonstrates a real focus on the needs of the people who use our services and on partnerships, and this was noted as a strength in the recent CQC report. Care Quality Commission (CQC) visit overall rating of good including well-led review, Partnership working acknowledged to be strong. This has been further enhanced through the refresh of the Equality, Involvement, Communication and Membership Strategy and action plans that deliver the objectives of the strategy. Audit undertaken in 2021 by internal auditors and found the Trust could demonstrate significant assurance with some low-risk areas identified for improvement. All of which were achieved by December 2021.	Jul-16	Jan 22		

Strength	1.14	Recognition of our services through local, regional, and national awards raises the profile of the Trust and celebrates outstanding achievements. In 2022: our Barnsley tissue viability service won Gold at the Journal of Wound Care World Union of Wound Healing Societies Awards in the 'Cost-effective Wound Management' category. The Trust's serious incident review process was accredited by the Royal College of Psychiatrists. Figures revealed that the top five locations in Yorkshire and the Humber with the highest success rates for quitting smoking are all areas supported by the Trust's Yorkshire Smokefree service. The Trust's early intervention in psychosis teams were named as some of the best performing in the country by the National Clinical Audit of Psychosis (NCAP). We were awarded the Carer Confident benchmark of Level 2 Accomplished. We achieved Level 3 (Leader) Disability Confident status.	May-18	Jan 23	√	
Strength	1.15	Partnership working by the Trust with the 3rd sector VCS (voluntary and community sector) and faith sector aiming to improve access to services and ensure those from our most deprived neighbourhoods have equal access to pathways of care, for example, partnership working with Nova and Living Well Service in Wakefield. Additional work to identify key partners in VCS and faith sector has taken place resulting in 200+ groups and individuals organisations identified as partners. Work to strengthen these relationships continues.	Jan-19	Jan 22		
Strength	1.16	The occupational health team have introduced a proactive process to support staff to manage distress caused by work and was noted as best practice in the recent CQC report. Staff health and wellbeing support has been further strengthened throughout the pandemic.	Aug-19	Jan 22		
Strength	1.17	There are positive indicators that SWYPFT is a great place to work. WRES data indicates improvements in some areas; we have a diverse Trust board; staff networks established such as BaME, LQBTQ+, Disability and Staff carers network; excellent staff side relations; agile and flexible working; and established leader and manager development pathways.	Aug-19	Oct-19		
Strength	1.18*	The Trust has made significant investment in modern and high-quality estates and digital infrastructure, evidenced by hubs such as Drury Lane and the development of the Unity Centre; agile working; and the Trust-wide SystmOne implementation. Digital infrastructure has been further developed during the pandemic. Our digital journey and approach has been recognised in an NHS Confederation publication titled 'Integration and Innovation in action: virtual care'.	Aug-19	Jan 23	√	
Strength	1.19	The Trust is taking active steps to support local improvements to be more environmentally sustainable. For example, to reduce waste and help the environment by reducing the use of single use plastics across all catering, encouraging use of electric cars and electric car charging points added to Fieldhead site. The Social Responsibility and Sustainability strategy builds on this foundation with key actions in place to take this forward.	Aug-19	Jan 23	√	
Strength	1.20	Range of integrated services now delivered through an Alliance Contract. The service provides an integrated pathway for patients in Barnsley delivered by SWYPFT, Barnsley CCG, Barnsley Hospital NHS Foundation Trust, Barnsley Healthcare Federation, and the Local Authority. Pulmonary Rehab pathways, and Stroke provision, are also both provided	Aug-19	Jan 23	√	

		via integrated pathways.				
Strength	1.21	The Trust has supported a reduction in smoking prevalence. We have worked in partnership to develop a proposal for implementation of QUIT across the ICS.	Aug-19	Jan 21		
Strength	1.22	SWYPFT have continued delivery of the schools' flu programme in Barnsley. We have also helped deliver a successful vaccination programme through the alliance in Barnsley.	Aug-19	Jan 23	√	
Strength	1.23	Most of the feedback on our Friends and Family Test is positive and this has been maintained over several years.	Jan 21	Jan 21		
Strength	1.24	The Trust has an Equality, Involvement, Communication and Membership strategy and supporting annual action plans to ensure an integrated approach to delivering on the strategic objectives. The approach is insight driven and offers a joined-up approach to delivering equality and involvement in its broadest sense. Our Approach has been showcased at regional and national learning events and we have continued to place level approaches that are aligned to ours.	Jan 21	Jan 23	√	
Strength	1.26	Quality Improvement culture becoming embedded and good examples have emerged on safety huddles, reducing restricted practices, flu vaccination programme, out of area bed, edischarge and patient flow.	Jan 21	Jan 23	√	
Strength	1.27	Strength in our work on Creativity and arts in health. Lead on the development of a system wide approach in Calderdale. Working with the National Centre for Creativity and Health and supporting the establishment of the WY ICS Creative Health hub aligned to the WY mayoral priorities.	Jan 21	Jan 22		
Strength	1.28	Using data and insight in place and within the Trust to understand the population we serve. This includes working with our communities to capture voice and ensure greater involvement. Working with partners to align our approaches, use the data and insight we already have to plan collaborative activities to increase reach into our grassroots communities.	Jan 22	Jan 22		
Strength	1.29	Developing a framework to support the Trust wide equalities dashboard using the core 20 plus 5 approach and Kings fund framework, aligned to our partners in WY and SY ICS, and using the internally developed interactive equalities tool to drive targeted reduction in health inequalities.	Jan 22	Jan 22		
Strength	1.30	Equality Impact Assessments (EIA) processes which ensure our services are culturally sensitive, appropriate and relevant. Acting against impacts and co-designing improvements. Also capturing and monitoring equality data using SystmOne, ESR to inform person centred care by a reflective work force and capturing experience.	Jan 22	Jan 22		

Strength	1.31	Strong approach to capturing insight and building capacity for involvement. For example, engaging with our communities using volunteering, TWOCAN to create pathways into our Trust for employment, developing carers passports, increasing peer support workers, and building capacity and capability through development sessions and diversity training.	Jan 22	Jan 22		
Strength	1.32	In Barnsley we are part of a formal Health and Care Alliance with the GP federation which is providing a vehicle for increased integration of primary and community care services. It is a unique approach that brings primary and secondary care services together to create a seamless package of care for local people. This means local GPs, nurses, healthcare staff and other professionals bringing community and mental health services together to ensure that everyone receives the highest possible quality of care This is being shared as best practice regionally and nationally.	Jan 23	Jan 23	√	
Strength	1.33	Established governance in place in order to ensure separation of the Trust's commissioning responsibilities from its role as a provider of services, where appropriate.	Jan 23	Jan 23	√	
Strength	1.34	Developing expertise and experience in provider collaboratives and alliances as either a host or a partner. This means we can be a strong and influential partner.	Jan 23	Jan 23	√	
Strength	1.35*	Significant progress made on developing Trust wide approach to equalities and inequalities including data and insight including BI interactive tool, EQIA and community reports.	Jan 23	Jan 23	√	
Strength	1.36	The mental health museum in Wakefield provides information and artifacts that detail the history of mental health, dating back over 200 years since the Stanley Royd Asylum was first established in the same grounds as the museum is based. The museum also reaches out to local schools, community groups and individuals and runs events and courses to highlight the changing approach to mental health through the ages.	Jan 23	Jan 23	√	
Strength	1.37	Our Trust recognises the importance of maintaining good physical health as well as positive mental wellbeing. Our Unity Centre in Wakefield and Dales wards in Halifax have gyms and exercise equipment, funded through our EyUp! Charity which supports service users to stay well. We also run physical health programmes, including Watsu water therapy in Wakefield. In addition, our Move More SWYPFTly programme supports staff to exercise and live healthily.	Jan 23	Jan 23	√	
Weakness	2.1*	There are some Trust services where access to help can be too slow and needs to improve and there is a risk that people will be adversely affected because of waiting for treatment - in particular child neuro-developmental waits. This requires changes within services as well as improvements supported by commissioners to achieve the right level of capacity.	Pre Apr 16	Jan 23	√	
Weakness	2.2	In common with other Trusts we experience difficulties in ensuring that we have the right workforce across many disciplines. e.g. staff grade doctors, ward-based nursing staff, Psychological Wellbeing Practitioners in Improving Access to Psychological Therapies.	Pre Apr 16	Jan 22		

Weakness	2.3	Our most recent CQC Report from August 2019 highlights that there is a requirement to improve our adult acute inpatient and PICU services and CAMHS service. And overall, we need to improve our 'Safety' from requires improvement.	Jul-16	Oct-19		
Weakness	2.6	In some of our place based/integrated care system discussions with partners, our broad geography can be portrayed as a lack of 'belonging' to each specific place and community.	Apr-17	Mar-18		
Weakness	2.7	The Trust has a number of contracts with Local Authorities and a small number with ICB places that may still be subject to competitive market testing upon expiry of current contracts. The majority of "core" Trust services are now considered as part of a system approach and so the risk posed by competitive testing is present but diminished.	Feb-18	Jan 23	√	
Weakness	2.8	The CQC report 2019 identified that Children and young people were waiting over 18 weeks to receive treatment in some areas. There were significant delays in accessing assessment for children and young people with autism spectrum disorder in all locations that offered this service. Improvement has been noted from waiting list initiatives in Wakefield and Barnsley. Calderdale and Kirklees neurodevelopmental pathways still have excessive waits and are now included in the CAMHS improvement work. Impact of covid on waiting lists is evident.	Aug-19	Jan 22		
Weakness	2.9	The clinical record system, SystmOne, requires further focused work, through an optimisation work programme, to ensure the system is used consistently to support reduction in clinical variation and the full benefits are enabled to be realised across the Trust e.g there are some residual data quality issues about how SystmOne is used. Plans are in place and progress can be evidenced.	Oct-19	Jan 21		
Weakness	2.10	Whilst there has been some progress made in developing model hospital and data warehouse tool with roll-out of dashboards covering additional services and metrics being completed in March 2020, there is limited actual use of benchmarking information in the Trust.	Jan 21	Jan 21		
Weakness	2.11*	Persistent reoccurring issues from serious incidents such as record keeping, risk management and co-production of care plans with service users requires a systematic approach to improvement.	Jan 22	Jan 22		
Weakness	2.12	Workforce challenges are manifesting in difficulties achieving mandatory training targets, appraisal compliance and leading to a reliance on agency staff.	Jan 23	Jan 23	√	
Weakness	2.13*	Out of area bed usage has increased during the pandemic. An improvement plan is in place and will need systemic focus going forward. This leads to both quality of care and financial impacts.	Jan 23	Jan 23	√	

Opportunity	3.1*	We have an opportunity to become a national leader in shaping the future provision of low and medium secure forensic mental health, born out by the selection of SWYPFT as regional lead provider in forensics in both West Yorkshire and South Yorkshire.	Jan-17	Jan 23	√	
Opportunity	3.2	The integrated nature of our organisation, with reach into several localities across many different services, means we are well placed to play a leading role in the changing shape of health and care provision, in which further integration is anticipated, of both a place based and a service-specific nature. We are leading and partners in a number of alliances which will further support integration.	Pre Apr 16	Jan 23	√	
Opportunity	3.3	By fully rolling out our devolved approach to leadership, we can empower and inspire more people and continue becoming an employer of choice and delivering great results in partnership with our service users.	Jan-17	Mar-19		
Opportunity	3.4	We can use the learning from our stakeholder engagement work on brand and strategy to forge excellent relationships with primary care as the bed rock of place-based care systems. Our connections into Primary Care Networks provides a vehicle to do this.	Jan-17	Jan 21		
Opportunity	3.5	The Trust's priority programme to make the Trust a better place to work has the opportunity to understand the key challenges faced by the services regarding workforce and the changes in workforce required to meet increasing service demands and acuity levels through maximising productivity and new ways of working. We can use our skills in health and wellbeing and health coaching to support our revised workforce strategy with a focus on retention and wellbeing. This will enable us to focus on actions to address staffing shortfalls that lead to agency use.	Jan-17	Jan 21		
Opportunity	3.7	We have an opportunity to transform the approach to the delivery of our services through innovation that makes greater use of our unique approaches e.g. Creative Minds, Recovery Colleges, Arts & Health, Social Prescribing and Altogether Better. We have commenced work to embed these approaches as an integral part of our offer in inpatient and community services and could be a national exemplar.	Jan-17	Jan 23	√	
Opportunity	3.8	The result of our Care Quality Commission inspection provides opportunities to improve from 'good to outstanding.'	Apr-17	Oct-19		
Opportunity	3.9	We can use our strategic aim of co-production to explore arts and health, sports, and health and wellbeing tender and bid opportunities.	Mar-18	Mar-18		
Opportunity	3.10	There is an opportunity for the Trust to implement the NHS long term plan and help shape the ambitions for improvement in the NHS.	Aug-18	Jan21		
Opportunity	3.11	We continue to pursue collaborative partnership working by the Trust with 3rd sector organisations such as 'Live Well Wakefield', and the opportunities presented through the development of primary care networks, aligning our services to be well placed to meet changing population and workforce requirements.	Mar-19	Oct-19		

Opportunity	3.13	Opportunity to build capability to enhance capacity for change within the organisation to meet strategic objectives through programme such as IHI and Board development programmes.	Mar-19	Oct-19		
Opportunity	3.14	Opportunity to be leader/exemplar in equality and inclusion and employer of choice in region. Ensuring our Staff equality networks have significant involvement in developing measures to ensure we comply with the Workforce Race Equality Standard, Workforce Disability Equality Standard and to improve diversity.	Oct-19	Oct-19		
Opportunity	3.17	Through the ICS's digital strategies, there is the opportunity to actively support and participate in collaborative digital opportunities across the regions and places as appropriate. This provides an opportunity to collaboratively address cyber security.	Oct-19	Jan 23	√	
Opportunity	3.19	There is an opportunity to explore the way we offer care and support to people living with mental health, learning disabilities and autism so we can identify opportunities to improve physical health and to increase the number of physical checks for people living with learning disabilities and autism.	Oct-19	Oct-19		
Opportunity	3.20	There is the opportunity for greater involvement in regional networks and peer mentoring relationships in our local areas as they implement personal health budgets (PHBs).	Oct-19	Oct-19		
Opportunity	3.21	There is an opportunity to work with staff from the 'hot spot' areas identified through staff survey, to improve staff health and wellbeing at work.	Jan 21	Jan 21		
Opportunity	3.22	There is an opportunity to capture the learning from new ways of working adopted throughout the covid19 pandemic and incorporate the learning into recovery and long-term planning.	Jan 21	Jan 21		
Opportunity	3.23	There is an opportunity to review use of Trust infrastructure such as estates and technology, and support adoption of new ways of working following changes resulting from covid 19 pandemic and ensure these are reflected in refreshed strategies	Jan 21	Jan 23	√	
Opportunity	3.24	Opportunity to develop an understanding of clinical and operational interdependencies and minimum volumes for high quality care. With potential to review staffing mix and safer staffing levels following new ways of working implemented during covid 19 pandemic. Opportunity to re-think models of care and develop new roles.	Jan 21	Jan 21		
Opportunity	3.25	Opportunity to explore new ways of working which can reduce waiting lists delaying treatment and recovery, and activity to reduce admissions and plans to reduce length of stay, following new ways of working implemented during covid 19 pandemic.	Jan 21	Jan 21		
Opportunity	3.26	Opportunity with the confirmation of continuation of the Mental Health Investment Standard and the subsequent continued investment in Mental Health services and a basis for working with Primary Care Networks	Jan 21	Jan 21		

Opportunity	3.27*	Opportunity with developments in Integrating Care to explore new arrangements in each place e.g. Building on what we are already achieving in 'hosting' Alliances and provider collaboratives to strengthen joined up care and support to individuals, families and communities.	Jan 21	Jan 23	√	
Opportunity	3.28	Opportunity to support operational services to reset inclusively using the codesigned recovery toolkit and the insight gained from staff and service users surveys.	Jan 22	Jan 22		
Opportunity	3.29	Opportunity to enable working effectively, improved estate utilisation and application of digital technology by adopting the enabling working effectively framework, underpinned by learning from covid pandemic, the hybrid working policy and corporate service help available to support changes in practice.	Jan 22	Jan 22		
Opportunity	3.30	Opportunity to ensure organisational leaders develop and embed clear leadership standards, strengthen race forward and equality guardian roles and further develop an inclusive culture, to help sustain an equality competent organisation that demonstrates inclusive and diverse leadership.	Jan 22	Jan 22		
Opportunity	3.31	We have established partnership with universities and opportunity to strengthen these through innovation and research links as well as through training and development opportunities. There is a specific opportunity to work with Huddersfield University with regard to the development of a Health Innovation campus.	Jan 22	Jan 23	√	
Opportunity	3.32*	Opportunity through the new social responsibility and sustainability strategy to add greater social value in places working with partners and to reduce inequalities.	Jan 22	Jan 22		
Opportunity	3.33*	Opportunity to improve data quality, including equality data for anyone who works in or uses our services, collection and use of data and insight to improve services and reduce inequalities. Improved data quality on inequalities in a service context will enable a more focused approach to addressing health inequalities.	Jan 22	Jan 23	√	
Opportunity	3.34	Opportunity to become a regional leader in shaping the future provision of Forensic CAMHS provision, through SWYPFT as regional lead provider of these services.	Jan 23	Jan 23	√	
Opportunity	3.35*	Opportunity to further expand our role in Wakefield place, and to take on further responsibilities for commissioning of adult mental health services through the Mental Health Alliance.	Jan 23	Jan 23	√	
Opportunity	3.36	Opportunity to further develop and deliver an integrated community services offer in Barnsley.	Jan 23	Jan 23	√	
Opportunity	3.37*	Opportunity to gain Teaching Trust status to demonstrate our commitment to supporting training and development of the workforce, being a great place to work and ensuring quality care.	Jan 23	Jan 23	√	

Opportunity	3.38	Using data and insight in place and within the Trust to understand the population we serve. This includes working with our communities to capture voice and ensure greater involvement. Working with partners to align our approaches, use the data and insight we already have to plan collaborative activities to increase reach into our grassroots communities.	Jan 23	Jan 23	√	
Threat	4.1	Loss of autonomy arising from failure to achieve key financial and service delivery measures – resulting in increased regulatory attention, increased ICB scrutiny and diversion of effort away from progressive activities.	Jan 22	Jan 23	√	
Threat	4.2	~~If~~ Place based 'integrated care' systems and changes to contracting could be a de-stabilising factor requiring a step change reduction in organisational cost base, and therefore a threat to viability. Risk of loss of business impacting on financial, operational, and clinical sustainability.	Jan 22	Jan 23	√	
Threat	4.3	Impact of continued austerity on public spending (particularly Local Authorities) leading to additional unplanned pressures on the Trust. This manifests in terms of additional demand for Trust mental health services (e.g. because of benefit restrictions). The financial position of Councils is substantially challenged; this could impact on support for vulnerable people who are service users (or potential service users) of our services.	Pre Apr 16	Jan 23	√	
Threat	4.5	Data quality and information governance issues may lead to regulatory action and reputational damage.	Pre Apr 16	Sep-17		
Threat	4.6	Threat that the under-delivery of cost improvements reduces funding available for investment in required capital schemes including IM&T.	Jan-17	Sep-17		
Threat	4.7	Threat that the under-delivery of cost improvements impacts negatively on cash flow, necessitating undesirable urgent cost control measures, and negatively impacting on key operating measures that trigger regulatory action.	Apr-17	Oct-17		
Threat	4.8*	Threat of cyber-attack impacting on operational continuity and stakeholder confidence. Increased threat from cyber-crime impacting on NHS bodies – resulting in additional continuous cost of defence and prevention, and heightened risk of disruption to service provision and/or theft of personal data. Russian/Ukrainian conflict has increased potential threat levels.	Apr-17	Mar 22		
Threat	4.9	The Trust's control total is set as part of the WY&H ICS. A change in system performance across the ICS may impact the shared control total which in turn may then have an impact on the Trust.	Apr-17	Oct-19		
Threat	4.10	Trust's reputation could be adversely affected by long waiting lists delaying treatment and recovery.	Feb-18	Feb-18		
Threat	4.12*	There is a threat to the safety and quality of current services, ability for future development in services, and the effective delivery of the Trust's strategy due to recruitment challenges, retention concerns and national shortages of staff, especially clinical staff.	Feb-18	Jan 22		

Threat	4.14	Non, or late, submission of statutory returns could result in non-compliance with constitution and licence.	Feb-18	Oct-18		
Threat	4.15	The ageing workforce who can retire in the next five years brings a potential loss of knowledge, skills, and experience.	Mar-18	Mar-18		
Threat	4.16	The impact of universal credit has the potential for some groups to lose out financially due to reduced benefits income or delays in claims for benefits may have an increased negative affect on people's mental health and therefore an increased pressure on Trust resources. This places greater emphasis on the need to continue to work with partners and Health and Wellbeing Boards to address the wider determinants of health and social care. This threat has increased due to the pandemic.	Mar-18	Jan 21		
Threat	4.17	Cuts to Citizens Advice (CAB) funding is reducing the numbers of people that CAB can help with problems such as debt, benefits, housing and employment worries therefore potentially increasing people's mental health problems, the knock on affect to mental health services.	Mar-18	Mar-18		
Threat	4.18	Cuts in local authority budgets, and social care budgets specifically, could adversely affect health services, particularly in delays in discharges from hospital, due to problems accessing social care services. Reduction in Local Authority budgets negatively impacting on financial resource available to commission staff / deploy social care resource.	Mar-18	Jan 21		
Threat	4.19	The development of integrated care and services and the development of Primary Care Networks aligned to neighbourhoods will require the Trust to realign its services in each place and clarify and strengthening the Trust's role within primary care networks and partnerships. There is a threat of a lack of capacity to support partnership working across a wide geography.	Jul-18	Jan 21		
Threat	4.20	Continuing numbers of people being placed out of area leading to financial pressures for the Trust. The position with PICU out of area beds remains an issue. All financial risk for out of area bed costs currently sits with the Trust.	Jul-18	Jan 21		
Threat	4.21	Significant progress that has been made in response to the CQC action plan does not improve CQC ratings.	Apr-19	Oct-19		
Threat	4.22	Impact on financial performance of non-delivery of Cost Improvement Programmes (CIPs), non-recurrent CIPs, out of area placements, reductions in cash, and regulator intervention, could impact on our ability to improve services and meet our objectives.	Apr-19	Jan 21		
Threat	4.23	WRES/WDES data worsens; staff survey data worsens; widening gender and ethnicity pay gaps occur which have a negative impact on making this a great place to work.	Oct-19	Oct-19		

Threat	4.24	Failure to reduce CO2 emissions and use of single-use plastics results in the Trust not achieving its environment sustainability targets.	Oct-19	Oct-19		
Threat	4.25*	There is an increased demand for services after the Covid-19 pandemic. This is both an increase in numbers of people referred and an increase in acuity and represents a threat to our ability to meet this demand.	Jan 21	Jan 23	√	
Threat	4.26	There is a threat to the wellbeing of staff during the sustained and prolonged period pressure through Covid-19 and now due to workforce challenges. Increased risk in the number of staff experiencing burnout.	Jan 21	Jan 23	√	
Threat	4.27	There is a threat of serious harm occurring to service users from Covid-19.	Jan 21	Jan 21		
Threat	4.28	The integrated nature of our organisation, with reach into several localities across many different services, means we are sometimes viewed as not fully belonging to a particular place.	Jan 21	Jan 21		
Threat	4.29	There is a threat that Primary Care Networks will pursue different service models in each place, creating uncertainty & impacting on Mental Health in-patient demand adversely.	Jan 21	Jan 21		
Threat	4.30	There is a threat that with the Mental Health Investment standard and the subsequent increase in posts that we will not be able to recruit into some posts. There is an inadequate workforce pipeline to support recruitment in the Trust, the ICSs and nationally. This means that we are competing for the same scarce resource.	Jan 21	Jan 23	√	
Threat	4.31*	Threat of increased staff fatigue due to requirements placed on staff during the pandemic and with the continuing vacancies. This will have an impact on current and future staff wellbeing and affect service delivery and performance.	Jan 21	Jan 23	√	
Threat	4.32	Threat of losing staff (more specifically lower graded staff) to other sectors for higher pay.	Jan 22	Jan 22		
Threat	4.33	Restrictions on Trust ability to spend our cash reserves on capital projects means we may be unable to meet our capital plans.	Jan 23	Jan 23	√	
Threat	4.34	Concern that national priorities will focus on acute and primary care due to pressures within these systems and therefore there will be less attention paid to Mental health, Learning disability and general community services.	Jan 23	Jan 23	√	

Appendix B Items from PESTLE and SWOT February 2022 to be removed

PESTLE

Category	Ref.	Description	Date First Added	Rationale for removal
Economic	2.9	The Carter report published in May 2018 leading to increased discussions on unwarranted variations and productivity in mental health services and community health services. This provides increasing opportunities to address the issues raised in the report along with increased focus on efficiencies.	Jul-18	Carter report now 5 years old and therefore out of date
Socio-Cultural	3.5	The provision of effective health and wellbeing services are a significant contribution to the political ideology of social solidarity, initially proposed by Nye Bevan, which allows people to cope with life situations, have more choices, cope better with anxiety and depression and therefore improve confidence, motivation and wellbeing and sustain engagement in life of those people beyond the boundaries of illness.	Apr-18	Philosophical statement that will not change
Legal/ Regulatory	5.8	The Department of Health and Social Care (DHSC) has formally announced (9 November 2021) that it was the intention of parliament to require individuals undertaking CQC regulated activities in England to be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. However, following consultation which ran from 9 to 16 February 2022, where 90% of respondents supported revoking of Vaccination as a Condition of Deployment (VCOD), this was formally revoked. The regulations revoking VCOD in all health and social care settings will come into force on 15 March 2022.	Mar 22	VCOD revoked

SWOT

Category	Ref.	Description	Date First Added	Rationale for removal
Strength	1.25	Effective implementation of SystmOne for mental health and ongoing programme of optimisation is showing positive results.	Jan 21	SystmOne now fully embedded
Weakness	2.5	We have made improvements, but we continue to make unnecessary and avoidable Information Governance breaches which undermine service user, commissioner, and regulator confidence and trust.	Jul-16	IG performance has improved
Opportunity	3.6	We can use the replacement of our clinical records IT system for mental health as	Jan-17	No longer an opportunity as SystmOne in

		an opportunity to improve quality, safety, and efficiency; and to create a system fit for the integrated place based systems of care envisaged in our integrated care partnerships and integrated care system plans.		place and embedded
Opportunity	3.15	The activities undertaken by the internal priority programme provide the opportunity to deliver against ICS plans to reduce all inappropriate adult acute out of area placements by 20/21 and improve therapeutic offer and reduce average length of stay to 32 days or fewer by 23/24.	Oct-19	No longer an opportunity due to increasing requirement for out of area beds following the pandemic
Opportunity	3.18	There is the opportunity to further develop and deliver an integrated community services offer in Barnsley. Provider Partnership agreed with GP federation and governance established.	Oct-19	Opportunity realised therefore moved to strength
Threat	4.4	Threat of decommissioning of services may result in loss of services and financial income.	Jan-17	General threat which has not manifested over the 6 years it has been identified

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.3

Private/Public paper:	**Public**		
Title:	**Review of the Risk Appetite Statement**		
Paper presented by:	**Adrian Snarr – Director of Finance, Estates and Resources**		
Paper prepared by:	**Julie Williams - Deputy Director of Corporate Governance** **Andy Lister - Head of Corporate Governance**		
Purpose:	To review the risk appetite statement which outlines the level of risk Trust Board is prepared to tolerate.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	All		
Any background papers / previously considered by:	Risk Management Governance Framework (including Risk Appetite Statement) was approved by Trust Board in April 2022. The Corporate/Organisational Risk Register is received quarterly by Trust Board. Risk Appetite session facilitated by 360 Assurance (internal auditor) with Trust Board on 9 January 2023 Circulated to EMT members for comments in March 2023		
Executive summary:	**Background** Trust Board acknowledges that the services provided by the Trust cannot be without risk and it ensures that, as far as is possible, this risk is minimised. The Trust does not seek to take unnecessary risks and determines its approach and its appetite for risk to suit the circumstances at the time. Risk appetite can be defined as the amount of risk, on a broad level, that an organisation is willing to accept in the pursuit of its strategic objectives. The Risk Appetite Statement sets out Trust Board's strategic approach to risk-taking by defining its boundaries and risk tolerance thresholds and supports delivery of the Trust's Risk Management Governance Framework. The Director of Finance, Estates and Resources is the responsible director for the Risk Appetite Statement. Trust Board is committed to reviewing the risk appetite statement annually. **Review**		

	On 9 January 2023, 360 Assurance (the Trust's internal auditor) held a risk appetite session with Trust Board, following which a full review of the Risk Appetite Statement has taken place. The attached paper provides an updated Risk Appetite Statement for approval which continues to be aligned to the *'Good Governance Institute risk appetite for NHS Organisations'* matrix, last updated in May 2020. In summary the recommended material changes following consultation are: <u>Clinical Risks</u> • Amendment of the heading to include "clinical or **healthcare practice**" • Addition: **Risks to meeting recognised clinical and/or environmental standards e.g. Care Programme Approach, recording keeping, infection, prevention and control and NICE guidance** <u>Business Risks</u> • Amended: Reputational risk, negative impact on perceptions of service users, staff, **and the wider system, including commissioners and providers (in carrying out the role of lead/coordinating provider for services across West and/ or South Yorkshire),** and the public • Amended: Environmental risk, not having appropriate Estates and Facilities **structures and systems** to deliver high quality, modern safe services <u>Compliance Risks</u> • Amended: Risk of failing to comply with **NHS England** requirements impacting on the Trust's license • Added: **Risk of failing to comply with Fire Safety (England) Regulations 2022** • Added: **Risk of failing to comply with data security protection toolkit standards, including meeting cyber essentials standards** • Added: **Risk of failing to comply with our statutory responsibilities under the Equality Act 2010, especially the Public Sector Equality Duty (PSED) and the Health and Social Care Act 2022.** • Removed: **Meeting its statutory duties of maintain expenditure within limits agreed by Trust Board** – removed as covered in risk appetite for financial risks <u>Financial Risks</u> • Added: **Risk of impact of wider financial system pressures on the Trust's ability to deliver its own operational and financial plan** <u>Strategic Risks</u> • Added: **Delivering the Trust social responsibility and sustainability strategy in line with the NHS long term and green plans** • Added: **The risk the Trust fails to innovate and fulfil its strategic ambitions** • Added: **Ensuring that equality, involvement and inclusion is central to everything the Trust does to reduce inequalities, tackle stigma and eliminate discrimination**.

	The 360 Assurance session with Trust Board on 9 January 2023 included discussions around the defined four broad areas of risk which have been used to frame the Trust's risk appetite statement and Board agreed the current categories of risk are fit for purpose. A voting questionnaire was also used to test the Boards level of risk appetite in relation to different categories of risk. On review of the outcome of this session, the risk appetite thresholds remain unchanged.
Recommendation:	**Trust Board is asked to REVIEW and APPROVE the updates to the Trust's Risk Appetite Statement.**

10.3 Appendix 3 – Risk appetite statement

Risk Appetite, definition, and purpose
Risk appetite can be defined as the amount of risk, on a broad level, that an organisation is willing to accept in the pursuit of its strategic objectives. It goes to the heart of how an organisation does business and how it wishes to be perceived by its key stakeholders. The amount of risk an organisation is willing to accept will depend on the business it is in, its systems and policies and the internal and external environment it is facing.

A risk appetite enables Trust Board to formally communicate to the organisation the level and type of risks it is willing to accept to achieve the Trust's mission, strategic objectives and organisational priorities. It will assist decision-makers in understanding the degree of risk to which they are permitted to expose the Trust whilst encouraging enterprise and innovation. The Public Accounts Committee (PAC) supports well managed risk-taking, recognising that innovation and opportunities to improve public services often requires risk taking, providing the organisation has the ability, skills, knowledge, and training to manage those risks well. The statement of risk appetite is by its nature dynamic, and its drafting will be an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust will review its risk appetite at least annually as part of the review of its Risk Management Strategy.

Process
It is recognised that the Trust may have limited influence on external factors that can impact on the Trust's ability to manage a risk down to the risk target. A risk target is just that: a target the Trust is trying to manage down to; however, on occasions the Trust may have to revise that target to the least worst option. The Executive Management Team, through its regular review of the organisational and the Operational Management Group through its review of care group risk registers, will consider if there is a likelihood of a risk not being managed down to the right level. A risk exception report will go to the relevant committee or forum of Trust Board (as set out in their Terms of Reference) setting out the actions being taken and the consequences of managing the risk to a higher risk appetite level. Through EMT, a scan across care group and directorate registers of both risks scoring below 15 and above 15 (before mitigation) will allow any themes / hot spots to be identified, mitigating actions agreed and referral to the appropriate committee / forum of the Board as applicable.

Trust Board will review its activities at the quarterly Business and Risk meeting, ensuring any risks, emerging risks, changes in activities or key risk indicators are reviewed in accordance with the risk appetite of Trust Board. This may involve taking considered risks into account where the long-term benefits outweigh any short-term losses. The impact of these risks will be reflected through the Board Assurance Framework.

The Trust's Risk Management Strategy sets out the Trust's risk scoring approach, which is based on the likelihood of an event happening multiplied by the consequence of the action. When considering risk appetite and areas of risk the Trust will take into consideration any potential impact on inequalities, maintaining a low threshold in this regard.

Risk appetite target scores
We have reviewed and defined our risk appetite in line with the *'Good Governance Institute risk appetite for NHS Organisations'* matrix update published in May 2020 and aligned to the Trust's own risk assessment matrix as shown in the table below.

Note: The target score is that after the risk has been mitigated through relevant action plans.

Good Governance Institute matrix	Risk appetite Level	Risk target score (range)
None: Avoidance of risk and uncertainty is a key organisational objective	**None**	**Nil**
Minimal: (ALARP: As low as reasonably possible) Preference for ultra-safe delivery options with low inherent risk and only for limited reward potential	**Low**	**1-3**
Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward.	**Moderate**	**4-6**
Open: Willing to consider all potential delivery options and choose, whilst also providing an acceptable level of reward (and VFM)	**High**	**8-12**
Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)	**Extreme**	**15-20**
Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.	**Extreme**	**25**

Application

Within our Risk Management Governance Framework, we have defined the following four broad areas of risk which have been used to frame the Trust's risk appetite statement. *Note: The risk appetite and risk targets noted are indicative and for discussion at Trust Board.*

Clinical risks: Risks arising as a result of clinical or healthcare practice(s) or those risks created or exacerbated by the environment, such as cleanliness or ligature risks.	**Risk appetite Minimal/low-Cautious/moderate**	**Risk target 1-6**
• Risks to service user/public safety. • Risks to meeting recognised clinical and/or environmental standards e.g Care Programme Approach, recording keeping, infection, prevention and control, and NICE guidance • Risks to staff safety • Risks to meeting statutory and mandatory training requirements, within limits set by the Board.		

Business risks: Risks which might affect the sustainability of the Trust or its ability to achieve its plans, such as inability to recruit or retain an appropriately skilled workforce, damage to the Trust's public reputation which could impact on commissioners' decisions to place contracts with the organisation.	**Risk appetite Open/high**	**Risk target 8-12**
• Reputational risk, negative impact on perceptions of service users, staff, and the wider system, including commissioners and providers (in carrying out the role of lead/coordinating provider for services across West and/ or South Yorkshire), and the public • Workforce risk, inability to attract and retain appropriately qualified staff to deliver Trust plans. • Environmental risk, not having appropriate Estates and Facilities structures and systems to deliver high quality, modern safe services		

- Missed opportunities, the Trust fails to identify opportunities for growth impacting on business sustainability and development.

Compliance risks: Failure to comply with its licence, CQC registration standards, or failure to meet statutory duties, such as compliance with health and safety legislation.	**Risk appetite Minimal/low-Cautious/moderate**	**Risk target 1-6**
• Risk of failing to comply with NHS England requirements impacting on the Trust's license • Risk of failing to comply with CQC standards and potential of compliance action. • Risk of failing to comply with health and safety legislation • Risk of failing to comply with Fire Safety (England) Regulations 2022 • Risk of failing to comply with data security protection toolkit standards, including meeting cyber essentials standards • Risk of failing to comply with our statutory responsibilities under the Equality Act 2010, especially the Public Sector Equality Duty (PSED) and the Health and Social Care Act 2022. • Risk •		

Financial risks: Risks which might affect the sustainability of the Trust or its ability to achieve its plans, such as loss of income.	**Risk appetite Minimal/low-Cautious/moderate**	**Risk target 1-6**
• Financial risk associated with plans for existing/new services as the benefits for patient care may justify the investment • Risk of breakdown in financial controls, loss of assets with significant financial value. • Risk of impact of wider financial system pressures on the Trust's ability to deliver its own operational and financial plan		

Strategic risks: Risks generated by the national and political context in which the Trust operates that could affect the ability of the Trust to deliver its plans.	**Risk appetite Open/High**	**Risk target 8-12**
• Delivering transformational ensuring a safe place to receive services and a safe place to work. • Developing partnerships that enhance Trusts current and future services. • Delivering the Trust social responsibility and sustainability strategy in line with the NHS long term and green plans • The risk the Trust fails to innovate and fulfil its strategic ambitions • Ensuring that equality, involvement and inclusion is central to everything the Trust does to reduce inequalities, tackle stigma and eliminate discrimination		

Reviewed and approved by Trust Board:

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.4

Private/Public paper:	**Public Paper**		
Title:	**Infection Prevention & Control Board Assurance Framework**		
Paper prepared by:	Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions		
Paper presented by:	Darryl Thompson, Chief Nurse/ Director of Quality and Professions		
Purpose:	To provide an update on the Trust's Infection Prevention & Control Board Assurance Framework (IPC BAF)		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources		
	Make this a great place to work		
BAF Risk(s):	1.4 Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. 2.2 Failure to create a learning environment leading to lack of innovation and to repeat incidents		
Any background papers / previously considered by:	Previous IPC BAFs and IPC updates have been received by Clinical Governance and Clinical Safety Committee and Trust Board. This update was received verbally at the March Clinical Governance and Clinical Safety Committee.		
Executive summary:	The Trust has a responsibility to produce an IPC BAF and report against this as part of the annual reporting procedures. This paper outlines the current position in relation to submitting the 2023/24 IPC BAF, which has been delayed due to regional and national consultation. Feedback from this consultation is due in March 2023, in preparation for implementation in April 2023. The Trust have systems in place to keep us in line with the current IPC BAF requirements and we continue to be involved in the NHS England regional meetings in the interim. **Next Steps** • Await the guidance from the regional and national working group, expected March 2023. • Update our IPC BAF in line with the guidance, expected April 2023. • Present to the IPC Trust Action Group and Executive Management Team for sign off, expected May 2023. • Present the new IPC BAF to Clinical Governance Clinical Safety Committee and Trust Board, expected June 2023. **Risk Appetite** This meets the clinical risk appetite – low and the risk target score 1-6.		
Recommendation:	**Trust Board are asked to RECEIVE this update**		

South West Yorkshire Partnership NHS Foundation Trust

Trust Board
March 2023

Report Title:	Infection Prevention & Control Board Assurance Framework update
Report By:	Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions
Action:	To receive

Executive Summary

Purpose

The purpose of this paper is to provide an update on the Trust's Infection Prevention & Control Board Assurance Framework (IPC BAF).

Background

The Trust has a responsibility to produce an IPC BAF and report against this as part of the annual reporting procedures.

NHS England developed the IPC BAF to help providers assess themselves against Public Health England's national guidance. The intention is that the framework is used as a source of internal assurance that quality standards are being met and maintained.

The IPC BAF legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. Previous years IPC BAFs have been structured around the 10 criteria set out in the Health and Social Care Act Code of Practice on the prevention and control of infections by health service providers, which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In our Trust we have used the tool to:

- Provide assurance to trust board that organisational compliance has been systematically reviewed.
- Identify areas of risk and highlight the mitigating actions we have in place

Production of 2023/24 IPC BAF

A regional and national group have been tasked with updating the current IPC BAF, which is mainly respiratory focussed, due to the impact of COVID-19 in recent years. The Trust has been represented in this group and they are due to feed back their findings by the end of March. There has been a slight delay of the delivery of the new BAF due to staffing and operational pressures regionally and nationally impacting on the working group. The new IPC BAF will be more generic in terms of infectious agents and alignment to the Code of Practice on the prevention and control of infection and the Health and Social Care Act.

The new proposals have been out to consultation and the closing date for feedback was 9 March 2023. The working group are hoping this framework will be finalised by the end of

March to implement from April 2023.

The Trust's Assistant Director of Nursing, Quality and Professions with infection prevention and control in their portfolio has consulted with the IPC NHS England (NHSE) regional meeting around the expectations for Trusts whilst awaiting the updated national guidance. The advice from this group was to wait for the new IPC BAF, to ensure it covered all IPC requirements.

The Trust have systems in place to keep us in line with the current IPC BAF requirements and continue to be involved in the NHSE regional meetings in the interim.

Next Steps

- Await the guidance from the regional and national working group, expected March 2023
- Update our IPC BAF in line with the guidance, expected April 2023
- Present to the IPC Trust Action Group and Executive Management Team for sign off, expected May 2023
- Present the new IPC BAF to Clinical Governance Clinical Safety Committee and Trust Board, expected June 2023

Recommendations

Trust Board are asked to RECEIVE this update.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.5

Private/Public paper:	**Public**		
Title:	**Update on the Care Plan and Risk Assessment Improvement Group**		
Paper prepared by:	Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions Vicki Whyte, Change & Innovation Partner		
Paper presented by:	Darryl Thompson, Chief Nurse/ Director of Quality and Professions		
Purpose:	The purpose of this paper is to update the Trust Board of the care plan and risk assessment improvement group. The paper outlines the progress to date and the next steps.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work		
BAF Risk(s):	1.3 Lack of or ineffective communication and engagement with our communities, service users and carers could result in poor service delivery that does not meet the needs of the populations we serve. 2.1 The increasing demand for strong analysis based on robust information systems means there is insufficient high-quality management and clinical information to meet all of our strategic objectives. 3.4 Failure to embed new ways of working and develop digital and creative innovations resulting in reduced inability to meet increasing demand and less efficient service provision.		
Any background papers / previously considered by:	Previous papers have been presented to Executive Management Team (EMT) and Clinical Governance and Clinical Safety Committee (CGCSC) In November 2022 which outlined the planned approach and engagement. Earlier versions of this paper have been reviewed in EMT and CGCSC in February 2023.		
Executive summary:	This paper outlines the progress to date of the care plan and risk assessment improvement group in the completion, coproduction and recording of care planning and risk assessments. A working group has been established to develop a programme which will steer and drive improvements within care planning and risk assessments aligned to the quality improvement process and model for improvement. This will meet regularly to review the progress of the improvement group and shape any changes to the engagement programme aligned to the improvement group.		

	A care planning and risk assessment improvement group has also been established and includes stakeholders from across the Trust, including service user and carer representatives. There is positive engagement in the improvement work. As the problem is further defined and understood, measures are being put in place which will support improved experience of service users, carers, clinical colleagues and improvements in our reported performance. This work will continue to take a staged approach, the scope of which includes: • Identify and test improvements to person-centred care planning • Identify and test improvements to person-centred risk assessments • Develop and test a metric that accurately reflects coproduction of care planning • Develop and test a metric that accurately reflects risk assessments • Embed record keeping as a key part of this work to ensure provision of readily accessible data that supports assurance and improvement against standards. Regular highlight reports will be submitted as part of the priority programme reporting to EMT and CGCSC. Trust Board are asked to note the complexity of this challenge, but using a focused improvement methodology, there is confidence that the actions that are being put in place will be the correct actions for sustained and meaningful improvement. **Update since EMT/ Committee** A further improvement group meeting has taken place where the aim, drivers and change ideas have been shared and agreed (this will be presented in the next update). A presentation on the current impact of the improvement group will be taken to EMT in April 2023. **Care Planning:** • IPR for January 2023 indicated continued improvement at 50.5 percent of service users receiving care under the care programme approach (CPA) reported as being offered a copy of their care plan. • As of 14 March 2023, performance is reported as 65.2%. **Clinical Risk Assessment:** • As of 14 March 2023, the percentage of people with a risk assessment/staying safe plan in place within 24 hours of in-patient admission is reported as **87.7%** • As of 14 March 2023, the percentage of people with a risk assessment/staying safe plan in place within 7 working days of first contact with a community mental health team is reported as **68.4%** • There will be a focus on the clinical risk assessment trajectory will be in the next update to the Executive Management Team in May 2023.
Recommendation:	**Trust Board are asked to RECEIVE this update**

Trust Board
Care Plan and Risk Assessment Improvement group
March 2023

1. Purpose of report

To update Trust Board on the progress and next steps for the Care Planning and Risk Assessment Improvement Group, chaired by the Deputy Director of Nursing, Quality and Professions and supported by the Integrated Change Team. The improvement group's aim is to 'deliver safe care, including our quality priorities, to improve the completion, coproduction and recording of care planning and risk assessments.

2. Background

As part of the 2022 priority programme refresh, a new priority programme was added entitled 'deliver safe care including our quality priorities to improve coproduction of care plans and risk assessments.' The scope of the priority programme was phased to include:

- **Phase One** – development of a structured quality improvement methodology to include the key stages and tools that can be used to support at each stage with the methodology to be signed off by the newly established Quality Improvement Group.
- **Phase Two** – to apply each stage of the quality improvement methodology to an improvement programme on co-production of care plans and risk assessments including development of new appropriate metrics.

The vision for the priority programme was that a structured quality improvement process and methodogy would be in place and could be used to implement improvements to coproduction of care plans and risk assessments and the programme of work used as an exemplar quality improvement programme to share and spread across the Trust during 2022/23.

3. Progress to date

3.1 Structured Quality Improvement Process

The care planning and risk assessment improvement group are using the six-step structured quality improvement process as a framework for the approach to this work.

The process includes the following stages:

- Identify
- Understand
- Plan and generate ideas
- Test
- Implement
- Share and spread

Two workshops have been held, to identify and understand the problem (step 1 of the framework). The group considered the following questions:

- What is the problem?
- What does good look like?

Initial analysis of 'the problem' has identified the following themes from the engagement to date:

- Service users – acuity / understanding / language and literacy
- Staff – confidence / understanding / skills / capacity / bank and agency
- Systems – SystmOne / digital solutions
- Processes – accessibility / printing

Initial analysis of 'what good looks like' has identified the following themes from the engagement to date:

- Capture voices – service user / family / carer / other professionals
- Language – simple / non-jargon / represent values
- Systems – mandatory fields / reminders / prompts
- Processes – digital solutions/ tablets

3.2 Engagement

Engagement within the care plan and risk assessment groups has been positive, with 20 to 30 people in each session, and this has included a wide range of Trust employees, including clinical, managerial and support services. Each session has generated lots of discussion, positive challenge and creativity in the approach to thinking differently.

Discussions have taken place formally within the group and informally within sessions such as 'A tea for quality' (a drop-in engagement session facilitated by the Deputy Director of Nursing, Quality and Professions to provide an opportunity for colleagues to share ideas, identify areas for improvement and celebrate areas of high quality). Colleagues from across services (who are not formal members of the improvement group) have also shared information and intelligence about their experience of practice, demonstrating colleagues are aware of the work being driven by the improvement group and taking an interest in becoming involved.

4. Data and Metric

Care planning

Within the Integrated Performance Report (IPR) the metric that is monitored regarding care planning is as follows: 'Percentage of service users receiving care under the care programme approach structure (CPA) offered a copy of care plan'. The IPR data from December 2023 is as follows. Data shows that both the target of 80% and trajectory of an improvement of 10% month on month is not yet being achieved.

Target	Trajectory	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
80%	10% month on month	33.5%	36.1%	38.2%	42.8%	44.3%	43.8%	44.1%

A new person-centred care planning metric was implemented in SystmOne (the electronic care records system) in October 2022 as an interim position to capture how many care plans have been co-produced and shared. The metric is a single response that asks: “Has the plan of care been developed collaboratively with the service user.”

Initial analysis of the data from w/c 16th January 2023 suggests that in the three months since its implementation there are only 156 individual service users where this has been completed in SystmOne. Work to improve this figure within each of the care groups is underway.

To improve this performance, a spreadsheet has been sent fortnightly to General Managers and Quality and Governance Leads, giving total numbers of service users on CPA who have been offered or given a copy of their care plan, with the new ‘Collaborative Plan of Care’ questionnaire this metric and the report will be replaced. From the start of February 2023, a new report to General Managers and Q&G Leads has provided a breakdown at team level of service users without the ‘collaborative plan of care’ questionnaire and who have not been offered a copy of their care plan

The current process allows for the old metric and the new interim metric to be used at the same time as a transition phase; learning from feedback and the earlier lack of improvement in performance has identified that having two options caused confusion for clinical colleagues.

The third care plan and risk assessment improvement group took place on the 31 January 2023, the focus of which was data recording, collection, and performance measures. Within this session the group discussed and agreed a plan to:

- **Remove the ‘Offered a Copy’ tick box on each Core Care Plan**

  To simplify the process, ensuring that any newly created care plan will no longer provide the option above
- **Make changes to the IPR reporting**

  Meaning that reporting in the IPR will combine the ‘offered a copy’ and ‘plan of care was developed collaboratively’ metrics for service users on CPA for a period of time to allow full transition to the new ways of working
- **Develop a new ‘Collaborative Plan of Care’ dashboard.**

  Updated daily, the dashboard will report whether the collaborative plan of care has been completed and shared, with drill down to service line, team, care coordinator and individual service user. This also includes communicating the changes to teams clearly and effectively to avoid further confusion and complication.

Clinical risk assessment

A deep dive into risk assessment data has already been completed and improvement measures put in place across all services in order to improve performance. Data has highlighted issues such as data quality, service pressures, pathway systems and technical issues. Rapid improvement work undertaken to date has demonstrated some improvement. However, given the breadth of exploration required at this stage regarding care planning the focus will remain on identifying and testing improvements to person

centred clinical risk assessments and developing and testing a metric that accurately reflects the risk assessment process.

5. Proposed Next Steps

5.1 Alignment and Connections

Work to align the Care Planning And Risk Assessment Improvement Group with the established CPA Planning Group (a group focused on our response to the national changes in the Care Programme Approach process) is underway. The CPA Planning Group will continue to work on developing a new standardised care plan utilising the evidence and intelligence sourced from the improvement programme. Governance will continue through the Improvement Programme to the Clinical Governance Group and on to Committee.

5.2 Quality Improvement Process

QI Stage	Action	Deliverable(s)	Timescale
Identify	Continue to use key quality improvement tools to engage with frontline staff on wards across the Trust to identify the problem. Develop problem statement, aims statement and establish primary and secondary drivers in the development of a driver diagram.	**Ward visits scheduled and delivered.** **Problem statement developed.** **Driver diagram completed.**	**January-February 2023**
	Weekly download of data to identify all service users assigned to a care co-ordinator whose Systmone record identifies the care plan is not completed collaboratively. Weekly email to be sent to each Care Co-ordinator asking them to update record. Monitoring of improvement.		**March 2023**

6. Summary

Engagement in the Care Plan and Risk Assessment Improvement Group has been positive to date and momentum continues. Progress is being made in identifying

improvements to care planning processes and further work is underway to improve the metrics. This work will now be brought together and structured under the umbrella of a quality improvement programme.

Regular highlight reports will be submitted as part of the priority programme reporting to EMT and committee. Quantitative performance of risk assessment and care planning will continue to be overseen by the Operational Management Group, with qualitative performance overseen by the Clinical Governance Group.

Please note, this remains a challenging position with regards to the potential of a significant short-term improvement in the metric that we report in the IPR. However, using a focused improvement methodology, there is confidence that the actions that are being put in place will be the correct actions for sustained and meaningful improvement.

7. Recommendation

Trust Board to NOTE the content of this report.

Paper prepared by
Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions
Vicki Whyte, Change & Innovation Partner

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 10.6 – Assurance from Trust Board Committees

Collaborative Committee	
Date	7 February 2023
Presented by	Mike Ford, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	**Alert:** • Ongoing quality issues remain across a number of providers, but remedial actions are in progress • Contracts have still not been finalised for 22/23; options are being explored to close off this matter. **Advise:** • The Committee approved 1st April 2023 as the go-live date for the Forensic CAMHS Provider Collaborative for which SWYFT is the Lead Provider. • The Terms of Reference are being reviewed to ensure that the work is meeting the overall purpose of the Committee. **Assure:** • The Committee continues to receive reporting across the following areas from both collaboratives; o Finance o Contracting o Quality o Risk • Further work is taking place to ensure consistency of reporting across both collaboratives and the access to the same data sets
Approved Minutes of previous meeting/s for receiving	6 December 2022 (presented in private due to being commercial in confidence)

Clinical Governance and Clinical Safety Committee	
Date	14 March 2023
Presented by	Nat McMillan Non-Executive Director (Chair of the Committee)
Key items to raise at Trust Board	**Alert:** • The Impact of Junior Doctors' industrial action and assurance to date that it is being managed safely. • Issues and concerns highlighted through the Trio report around pockets where the culture needs to improve and is not aligned with expectations. A need to triangulate this and use it as learning to inform the overall Organisational Development work and impact. • We continue to be made aware of the increase in acuity and demand and overall, operational pressures. The committee was made aware of the Improving Access meetings taking place in April to investigate the demand and acuity in more detail.

	Advise: • QIA process being re-established in anticipation of the cost improvement programme. • PSIRF and patient safety update • Connection and Learning from the QMV programme. • IPC BAF deferred as awaiting guidance and expected to be June 2023. • The committee wants to make the board aware of some excellent clinical leadership and services with congratulations to the Perinatal Team for receiving the Chief Nursing Officer for England (CNO) award and receiving accreditation of the Royal College of Psychiatrists Perinatal Quality Network standards. Further recognition and congratulations to the Calderdale Memory Service for achieving the Memory Service National Accreditation Programme (RCPsych). **Assure:** • Continued working with Partners across the system such as Mid Yorkshire and sharing practice around ligature risks and the environment. • The committee discussed the RRPI sub-group and the improved compliance rate around training which is now 80.4%. Further assurance was requested in the annual report around the experience of the service users to be included when it reports in July 2023 • Quality Monitoring visits and the programme of repeat visits – Johnson, Horizon, Elmdale and Ashdale to gain assurance around follow up on actions and evidence of impact and improvement where appropriate. • Sexual Safety report and appropriate actions and investigations • The Quality Strategy is recommended for approval at the next Trust Board.
Approved Minutes of previous meeting/s for receiving	10 January and 7 February 2023 (attached)

Members' Council	
Date	24 February 2023
Presented by	Marie Burnham, Chair (Chair of Committee)
Key items to raise at Trust Board	**Key points** • Members' Council approved the update to the Constitution, Standing Financial Instructions and Scheme of Delegation. • Members' Council approved their objectives from 1 April 2023 until the 31 March 2025. • Members' Council approved the review of the Chair and Non-Executive Directors' remuneration. • Members' Council approved the re-appointment of Non-Executive Directors. • Members' Council approved the re-appointment of Lead Governor. • Members' Council received a presentation on the Trust proposal to become a Teaching Hospital. • Members' Council received the process for the Chair's appraisal in 2023.

Approved Minutes of previous meeting/s for receiving	9 December 2022 (attached)

Mental Health Act Committee	
Date	7 March 2023
Presented by	Kate Quail (Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	**Alert:** • Received S136 exception report – continues to be an area of challenge - balancing the need to admit to busy wards with need to make space available in 136 suites. Assurance that there is Multi-Disciplinary Team support to people in 136 suites. **Advise:** • Briefing on fixed penalties of £8,000 from CQC to Trusts elsewhere for failures around consent. • Independent Hospital Managers – report of strong partnership working between Hospital Managers and the Trust ensuring patients' rights upheld. 5 concerns and 1 compliment were raised by the Hospital Managers in Q4 which were investigated and resolved. 4 new Independent Hospital Managers going though induction. • MHA Code of Practice group - Draft terms of reference agreed. **Assure:** • **CAMHS and Adult Services** - joint working for a young person detained to the acute trust. Assurance that even in extremely complex situations, staff are doing the right thing & keeping service users and staff safe. Strong joint working across boundaries between our Trust and acute Trust. • **Gap analysis on Trust position re new Liberty Protection Safeguards and the Mental Capacity Act (MCA/LPS)** – Assurance this is now included in existing governance processes and working groups, with 9 key Trust workstreams, e.g., consent to treatment provisions, and identified Trust groups leading. Financial implications regarding Court of Protection activity and staff training. National changes will be October 2023 earliest. • **Briefing on the Select Committee Report**; Draft Mental Health Bill - The Mental Health Act code practice group is embedding this into practice. • **Briefing CQC Monitoring the MHA 2021/22 annual report**. National report. Assurance gained on Trust's position in relation to Report's key findings. • **Annual governance** - Reviewed MHAC self-assessment of effectiveness, considered and approved MHAC Annual Report, Annual MHAC Workplan and MHAC Terms of Reference, with minor amendments agreed and noted. • **Performance Monitoring information Q4** – Overall, good assurance of compliance. o Of note - Section 132 patient rights compliance rate – now 99% for formal patients (up from 92% last quarter, & up from 45% 50% in recent years). Compliance rate for informal patients is similarly improved - now 92% and for those in the community also improved and now 87%.

	• **Assurance from Mandatory Training compliance (standard is 80%).** MCA/DoLS training compliance - 93% MHA training compliance – 91%. • **Community Treatment Order annual compliance summary report -** December 2022 (Quarter 3) – received and recommendations for improvement approved • **Cancellation of S17 Leave Report –** February 2022 (Quarter 3) o Of note **-** compliance increase in Forensic services**,** from **38%** in Q3 **2021/22 to 87% in Q3 2022/23.** o WAA / OPS and Rehab maintaining a consistent compliance rate at 98%. o MHA Offices worked consistently and effectively in supporting clinical services with robust processes in place. Compliance rate of page 2 stands at 100% due to the work undertaken by the MHA Offices. • **Care Quality Commission MHA visits** actions & updates – Assurance that actions and recurring themes have an action plan or improvement workstream with improvement work and action taking place. **Discussion and review of Risk Registers –** reviewed Organisational Risk Register (ORR) risks identified as having a potential impact on the application of the MHA. Noted impact of staffing pressures on use of the MHA. New ORR Risk – 1217 – that the Trust has insufficient capacity for change to meet its own and system-wide objectives. Assurance this is aligned to /overseen by People and Remuneration Committee (PRC). PRC Chair sits on MHAC. Currently no risks on Mental Health Act Committee risk register
Approved Minutes of previous meeting/s for receiving	1 November 2022 (attached)

Equality, Inclusion and Involvement Committee	
Date	14 March 2023
Presented by	Marie Burnham, (Chair of Committee)
Key items to raise at Trust Board	**Alert:** • Following a recent publication on the rise in restraint predominantly in black males, the Trust needs to compare figures for BAME people in our services to understand if this reflects our own Trust figures. • A recent Government report states that there is a significant increase in young people with a mental health issue. The report states a rise from 1 in 6 young people to 1 in 4. We need to understand what this means for our own Trust looking at CAMHS capacity, access and waiting times. • Flair survey is now closed. The Trust achieved a 23% return rate. Work to understand what the results are telling us will be presented to EMT with a clear action plan to further support our commitment to racial equity. • Annual action plans for Equality and Involvement have now been signed off for 2023/2024 **Advise:** • Care group update: Adults and older people mental health services reported on the care group work to ensure EI&I is embedded. The

	group reported on work with IM&T and Health Intelligence on developing and improving accessibility and usage of reports and dashboards to address health inequalities. Raising awareness of reporting and how to address incidents against staff, addressing building access, maintaining physical health checks and involving service users, carers and families in developing a care programme approach with a continued focus on the transformation of older people services. • EDS2 grading for the Trust is identified as 'achieving' following the grading for goals 3 and 4 as 'developing' and a stakeholder panel review of goals 1 and 2 in January with a theme of waiting times and focus on LD scored as 'achieving.' The report and final overall grading have now been submitted to NHSE/I and published on our website. The Trust are now planning for the delivery of the new EDS2022 which will commence in April 2023. • A focus on the LGBT staff network achievements and progress was presented by Donna Somers**,** chair of the LGBT network. The presentation provided an overview of the achievements of the staff network, which included an increase in membership, gender neutral toilets and involvement in the 'all of us' artwork project. Key messages were to address ESR recording and focus on reducing micro aggressions experienced by staff through awareness raising and training. • The Human Rights policy was reviewed and accepted but work to consider the application of the policy across the Trust and how it may support our sustainability and social responsibility strategy need to be considered. • An update on the campaign 'all of you' demonstrated the work which has taken place throughout the year to raise awareness of improving equality data recording of both staff and people who use services. The campaign has increased the overall recording of equality from 59% at the start of 2022 to 70% in 2023. **Assure:** • The EI&I exception and highlight report provided assurance that the Trust has delivered on the Trust wide strategy action plans 2022/2023 for both equality and involvement – achieving 189 Trust wide actions and carrying 7 over into 2023/2024. • National, local and regional updates which include legislation and publications are presented at every EIIC. The Committee remain assured that the Trust is embedding any recommendations, good practice and policy or legislative changes through the action planning process and wider Trust. • Progress on the Equality dashboard and metrics continues using case studies to evidence the use of the data to identify areas of improvement. The workforce data focuses this quarter on LGBT staff and shows a significant improvement in attracting staff (4.2% of our workforce) so we are reflective of our communities (current baseline 3.7%). • WRES and WDES reports presented and identified some challenges with the data. Looking at how these reports provide assurance to wider Trust efforts rather than standalone reports **Risks discussed:** • Risk register was reviewed, and updates included. All updates were agreed as providing assurance on risks assigned to the Committee. As part of the review, the Committee also agreed to the reduction in risk score for Risk 1689. The risk score for 1689 was currently at 12

	but now reduced to 9 to reflect control measures in place to mitigate against the risk of addressing health inequalities.
Approved Minutes of previous meeting/s for receiving	14 December 2022 (attached)

Finance, Investment & Performance Committee	
Date	20 March 2023
Presented by	David Webster, Non-Executive Director (Chair of Committee)
Key items to raise at Trust Board	**Alert:** • (For discussion by the Board) – agency working group is now established to address overspend vs national target. This group feeds into the Board via OMG and EMT, but overlaps a number of committees (FIP, CGCS, PRC). Therefore a risk that it gets missed at a committee and NED oversight level. Would like a discussion and guidance from the Board on which committee will own the oversight of this given the importance. • Out of area bed spend is greater this year than recent years which provides a challenge into 2023/2024 • For 2023/2024 our cost improvement plan is less the average, so may receive push back based on expected national position. Nevertheless, moving into a CIP focus will require a mindset shift for the Trust given this hasn't been necessary since Covid. **Advise:** • Reviewing risks, no immediate pressure on financial sustainability, however, capital spend is looking like it will become more challenging. A plan will be coming to Board shortly around this. • Bank Of England rates have now crossed the 3.5% threshold for the Trust to investigate better savings options. The team will look into this after year end, ensuring that any option ensures security of the funds, therefore taking a prudent and careful approach. • 2023/2024 plan was approved, noting there are a number of financial challenges embedded that must be achieved to deliver this • Annual review of workplan, terms of reference and annual report of committee effectiveness were carried out **Assure:** • Deficit in the month of February is in line with expectations, as it is resulting in the Trust continuing to track towards the original year end expectation, with the Trust expected to land very close to Budget.
Approved Minutes of previous meeting/s for receiving	23 January 2023

People and Remuneration Committee	
Date	21 March 2023
Presented by	Nat McMillan (Non-Executive Director) on behalf of Mandy Griffin - Chair
Key items to raise at Trust Board	**Alert:** • The committee agreed with the new risk that has been added as a result of ongoing pressures and challenges and the risk to a ward culture which could lead to patient harm. • The committee agreed with the risk scoring around the Industrial Action and the dynamic management of the risk being increased but reduced by the time of this committee. • The appraisal rate is improving at 69% however it is still below our target. • The committee agreed to the Annual Workforce Equity Report being deferred to May's meeting and the work programme reflecting this timing going forward. There is no risk to this change and it is for information only to the board. • FTSU report for Q4 has changed on the work programme and will come to the May meeting and this timing going forward. As above there is no risk around this deferment and it is for information only. **Advise:** • The committee heard from one of our team supporting International nurses and were delighted and assured to hear about the excellent pastoral care and the provision of internal OSCEs. • The committee received an update on the flu vaccination which has closed at 64%. This is below the CQUIN target although we benchmark higher than our comparators across the region. • The workforce IPR continues to evolve and improve with further work to be undertaken to continue to triangulate and provide deep dive analysis for further assurance. **Assure:** • The committee received the Safe Working Guardian report for Q3. The committee is keen to continue to learn and listen from our junior doctors although no significant concerns raised through exception reports. • The committee has requested a deep dive around Inpatients workforce data through the lens of what action is being taken. • The committee received a high-level report on the staff survey results and the process around communication and actions across the teams and organisation. • The committee received the Annual Gender Pay Gap and asked for the next level of assurance around the action plan i.e. milestones and ownership. • The committee was assured around the ongoing quarterly report of the Workforce Plan (part of the Operating Plan) to monitor risks around delivery. • The Agency Scrutiny Group has been established and the board will be advised on the governance route into committees.
Approved Minutes of previous meeting/s for receiving	17 January 2023 – attached

Note: assurance from the Charitable Funds Committee is provided to the Corporate Trustee for charitable funds.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of Clinical Governance and Clinical Safety Committee held on 7 February 2023 Via MS Teams

Present:	Darryl Thompson (DT)	Chief Nurse / Director of Quality and Professions (Lead Director)
	Marie Burnham (MB)	Chair of the Trust (Chairing in NM absence)
	Dr Subha Thiyagesh (ST)	Chief Medical Officer
	Carol Harris (CH)	Chief Operating Officer
In attendance:	Carmain Gibson-Holmes (CGH)	Deputy Director of Nursing, Quality and Professions
	Leanne Wilkinson (LW)	CAMHS ReACH Team (item 6)
	Sarah Harrison (SH)	PA to Chief Nurse (author)
	Julie Williams (JW)	Assistant Director of Corporate Governance & Risk
Apologies:	Nat McMillan (NM)	Non-Executive Director (Chair of the Committee)
	Kate Quail (KQ)	Non-Executive Director
	Yvonne French (YF)	Assistant Director of Legal Services

CG/23/27 Welcome, introductions and apologies (agenda item 1)

The Chair, Marie Burnham (MB) welcomed everyone to the meeting, invited introductions and noted the apologies, as above. Due to the apologies of two Non-Executive Directors the meeting was not quorate. We agreed to proceed on the understanding that we would not be able to make recommendations or approvals. Of note, it was agreed that going forward we would take two items into a new private section of the committee, these being the Complex Case Review Report and the verbal Serious Incident Update. This is due to the confidential clinical nature of their content. These will be minuted separately and not forwarded for publication via Trust Board.

CG/23/28 Declaration of interest (agenda item 2)

The Committee noted that there were no further declarations over and above those made in the annual return to Trust Board in March 2022 or subsequently.

CG/23/29 Minutes of previous meeting held on 10 January 2023 (agenda item 3)

The notes were approved as an accurate record. Pending quoracy for formal approval.

It was RESOLVED to APPROVE the minutes of the meeting held on 10 January 2023.

CG/23/30 Matters Arising (agenda item 4)

The action log was reviewed and there were no further updates received.

Trust Board Actions

Items raised at Trust Board:

- Nil.

CG/23/31 Review of Committee Related Risks, including a focus on COVID-19 related risks – update following Board discussion (agenda item 5)

Darryl Thompson (DT) gave an update of the Committee related risks aligned to the Committee:

- DT highlighted the rewording of RISK 905 which now included a focus on quality. The risk was around the local ability to get staff on the ground. RISK ID 1614 was in relation to the national ability to get staff on the ground. No further updates in terms of changes and amendments.

The Committee RECEIVED the update, NOTED the update.

CG/23/32 Staff / Team Story – Leanne Wilkinson, CAMHS REACH Team (agenda item 6)

Leanne Wilkinson (LW) from the CAMHS ReACH Intensive Home Base Treatment Team (IHBTT) joined the meeting to share the work of the team. They had received an excellence award for all their hard work in their area. LW shared a presentation with the group.

The Committee gave extremely positive feedback about the presentation from LW and felt it was very powerful. especially the messages of hope.

CGH highlighted how much the team deserved the excellence award for all their hard work and noted how the right recruitment played a huge part in the team's success and passion.

Subha Thiyagesh (STHi) echoed the above of the powerful presentation and asked:

- What the length of stay was for a young person.
- If there was psychology input to support the formulation.
- What was it that was working as only 10% re-present to services post discharge and therefore this could be used in other parts of the Trust.

LW noted that she was working with the business intelligence team to explore length of stay for the pathway. Recovery was generally eight weeks.

Generally, out of the 10% that had represented for recovery, three had self-harmed, and this had been scrutinised and broken down with IHBTT highlighting gaps in other areas. LW stated that the team worked because they have the right people with the right passion and values.

SThi asked if they had parent peer support within the team. At the moment they do not so this is something they would like to consider.

Carol Harris echoed the message of the great presentation and the powerful message. CH wanted to know about the pressures and demand on the team as Core CAMHS resources were being pulled towards the crisis part of the service, and whether this affected LW's team.

LW informed that in November some staff had left and to maintain the service they needed to look at different ways of working including a rota for the wider CAMHS services to help support. They are on with recruitment at the moment.

The Committee thanked LW for her time and all the hard work of the team.

CG/23/33 Chief Nurse / Director of Quality and Professions update report (agenda item 7)

The paper was taken as read and DT highlighted that the key points:

DT noted

- The complaints response and the ongoing work to making improvements.
- No current outbreaks of COVID-19
- Access to outside space in mental health in-patients. This was discussed in last Committee. DT received assurance the next day that the gap in the fence was not a factor in patients accessing the outside space, and patients were observed by a member of staff due to existing challenges in the security of some of our outside spaces. MB queried why the gap in the fence could not be fixed and DT noted the extreme pressure on the estates team and advised that the gap was quite small, could be used for contraband purposes but was not large enough for a person to pass through.
- DT noted an update in the report in relation to incidents of violence and aggression and the increase in particular in Kirklees, to give assurances that the patient safety support team are trying to get a comparable nationally to check incident rates. Also, a meeting has been booked with Emily Parry-Harris – Consultant in Public Health to discuss perception of incidents in Kirklees.

The Committee RECEIVED the update.

CG/23/34 Quality Accounts Production Update (agenda item 8)

Carmain Gibson-Holmes informed the Committee that the guidance for the Quality Account production for 2022/23 had not yet been released, however the Trust was not expecting much change. Data was still being collated on this basis to prepare.

The Committee NOTED the update.

CG/23/35 Waiting List Management Report (agenda item 9)

Carol Harris (CH) gave a brief update to the Committee.
The report had been through several versions and was developed alongside the improvement work to get all the data around service user waits onto SystmOne.

There had been issues with data that had been included with no context and inconsistencies with reporting frequencies this had now been addressed.

CH advised that adult ADHD had been used as an example which included more detail and depth and the roll out of that was being explored further. It also included some additional equality analysis.

CH advised that this was a report for assurance and not operational detail, and the more they come to understand the data received the more issues come to light. However, improvements are being made and more work is being undertaken.

MB asked in terms of the national waiting list initiative for elective services – was there national criteria of how data should be captured. CH stated that it was not collated in the same way and we do not have the same instructions on electives for mental health and have individual standards.

Dave Campbell-Hemming. Locality Manager (MH, LD and Autism) from the West Yorkshire ICS will be pulling together the business intelligence leads to undertake benchmarking in relation to waiting list measures, which will be built into the IPR to and why.

MB noted that the acute sector had service waiting times but mental health have locality wating times by service.

CH went on to pick out some service highlights which were contained in the report.

- Barnsley CAMHS have made improvements and are maintaining this.
- Crisis and eating disorders are still very pressured.
- CAMHS Neuro-development service are delivering increased commissioned activity for assessments.

MB noted that the above was worrying and CH assured that close work with the Commissioners was underway to be clear about what best standards practice are.

MB liked the report and could see that it had evolved.

The Committee RECEIVED and NOTED the update report.

CG/23/36 CQC Improvement Plan and MHA Visits / Fundamental Standards of Care (agenda item 10) (the paper for this section is now called Quality and Regulatory Oversight Update Paper)

CGH informed the Committee that this was a follow up paper from the one received last month. This paper is a work in progress.
Key points to note.

- Quality monitoring visits schedule for January, February, March and April. The two visits planned for January 2023 were to the North Kirklees Enhanced Team 1 and Ryburn Ward in the Bretton Centre.
- Since 1 January 2023, 14 presentations regarding CQC processes have been delivered to Care Groups on:
    - The current CQC inspection strategy

- The Single Assessment Framework and what to expect when this is launched
- Preparation for any potential inspection

- The number and nature of CQC enquiries increased in January 2023.

- An update from the CQC in response to the pressures within the NHS and support they are offering and measures to increase capacity in both adult social care and the NHS, the CQC will be adjusting their regulatory activity for the rest of winter.

- Highlights from the recently published CQC Mental Health Act annual report.

- Feedback from quality aspects of a recent Mental Health Act inspection visit.

MB queried whether the nine routine enquiries from the CQC was a normal amount for the Trust to receive. CGH advised that the number can fluctuate however five of the nine enquires related to Elmdale Ward.

MB stated that DT and herself participated in the QMV visit to Horizon and still did not feel assured that the actions from that visit were being picked up and queried the process post visit. CGH informed that post visit feedback is given to the clinical and operational teams who then create an action plan which sits within the local governance processes which care group links support.

MB noted some challenges from that visit and queried whether they should be highlighted to this Committee or Trust Board. DT noted that on the agenda for the Clinical Governance Group (CGG) was the item 'QMV actions oversight', to discuss the need to keep a more central view of the actions. This will form part of any escalation to this Committee and potentially then Board if required.

CH went on to note that there was a detailed action plan from that Quality Visit which was being overseen by Emma Cox, Associate Director of Nursing, Quality and Professions, and this was included in the TRIO report. The governance process for this is through CGG, and it was also noted in operational management group and then to EMT.

DT noted the QMVs were discussed in the Members' Council Quality Group meeting and two had been arranged where no one in the meeting were aware. DT has asked the team to review and ensure governor and non-executive director invitations are being sent.

Positive feedback received from MB about the level of assurance from this report.

The Committee RECEIVED and NOTED the report.

CG/23/36 Care Group Quality and Safety Report (agenda item 11)

CH reported that this was an opportunity for the Executive Trio to share with Committee an overview of the key issues impacting the quality and safety of service delivery across the Trust. CH highlighted the following:

- Draft report from Royal College of Psychiatrists following a peer review in Forensics. Committee to note that the report had several inaccuracies that need addressing. This was now being worked through.

- NHS England have provided a new policy guide to inpatient care which the service improvement group will consider. An update to Committee will be provided once further information has been received.
- Clinical supervision – we are currently looking at processes for quality assurance and the monitoring of this, and will report progress to Committee once available.
- Impending industrial action is also causing concerns and challenges in the Trust.
- MHA Committee – admissions process animation video will be coming out very soon.

MB noted this as a good report

The Committee RECEIVED and NOTED the update.

CG/23/37 Trust Wide Serious Incident Quarterly Report Q3 (agenda item 12)

CGH gave a brief update to the Committee

- The report contained the overall figures for incident reporting. In Quarter 3 there were 3,671 incidents reported, a small increase on Quarter 2. Incident reporting rates remain within normal variation.

- 97% of all incidents reported on Datix are classed as “low” or “no harm”

- All risks continue to be monitored through the weekly Clinical Risk panel.

- In Quarter 3, physical aggression/threat by patient remained the highest reported category of incident. This has risen over the last four quarters but represents incidents where violence and aggression were prevented from escalating to the point of physical contact.

- The second highest category was physical violence (contact made) against staff by patients, this had increased in the last two quarters.

- Category 2 pressure ulcers remain in the top 10, and analysis of these incidents showed that 59 of the 228 incidents developed under the care of the Trust.

- Patient falls rose in Quarter 2 which remained at a similar level in Quarter 3.

- A new falls coordinator to start in February 2023, who will continue to monitor the incidents.

- Record keeping remains one of the top themes we see arising from serious incident investigations

MB thanked CGH for the update and asked if there was anything of pressing concern. CGH stated that evidencing the impact of the changes that have been made remains a challenge, which was further mentioned in a report later in the agenda.

MB noted that pressure incidents and pressure ulcers were a concern and could be associated with bad care. CGH noted that previous papers had discussed this and external pressures such as the cost-of-living crisis and some partnership pressures that were being faced and acuity of care were all factors and were being closely monitored. MB stated that

these have occurred under our care.

DT responded that even though they might have occurred whilst receiving care from the Trust, this does not automatically mean that there were any lapses in our care. Reviews are always undertaken to identify any lapses in care, and part of that was ensuring completion of the Waterlow risk assessment which assesses a person's vulnerability to the development of a pressure ulcer. Mobility, hydration and nutrition are also factors to consider.

MB queried whether the lapses in care correlate to low staffing levels, sickness levels, wards & areas etc. CH advised that the first thing that would be asked was whether it related to staffing and also to note that the above was in relation to physical health community services and not inpatient wards. The tissue viability and leadership teams are fully informed on the situation.

DT highlighted that the Trust are also working with partners in the system on a Barnsley- wide wound care policy

The Committee RECEIVED and NOTED the update.

CG/23/38 Committee Annual Report (agenda item 13)

Deferred to the March Committee meeting as it not due at Audit Committee and Trust Board until April.

The Committee NOTED the update.

CG/23/39 Internal Audit Reports as appropriate (agenda item 14)

Nil.

CG/23/40 Annual Nurse Revalidation Report (agenda item 15)

CGH gave a brief update to the Committee in relation to the above. CGH informed that this was a rolling three-yearly process undertaken by all registered nurses, midwives and nursing associates. The Trust has not had a person who has failed to revalidate in the time period and there were no lapses in registration.

MB noted that this was exceptional.

The Committee RECEIVED and NOTED the update.

CG/23/42 Update of the Care Plan and Risk Assessment Improvement Group (agenda item 17)

CGH noted that the paper outlined the progress to date of the care plan and risk assessment improvement group.

- Two workshops have been undertaken to date and attendance and engagement in this has been strong.
- A small working group had been established to develop a programme which will drive improvements within care planning and risk assessments, aligned to the quality improvement process and model for improvement.

- A care planning and risk assessment improvement group had also commenced and included stakeholders from across the Trust and will include service user and carer representatives.
- Regular highlight reports will be submitted as part of the priority programme reporting to EMT and committee.
- This remains a challenging position with regards to the potential of a significant short-term deterioration in the care plan metric that is reported in the IPR as we move from the old metric to the new.
- Next steps will be to look at system requirements.

The group acknowledged that the position was concerning. DT acknowledged this as a wicked problem and there is a need for a system / metric that the Trust can have confidence in. DT would like to give assurance to the Committee the commitment to undertake an assurance-based approach, focusing on the clinical practice of care planning and risk assessment, not a sole focus on the reporting of performance.

MB queried whether care plans were still part of the handover process for nurses on shifts. CGH noted that this is some of the work of the improvement group and will address what is the art of care planning, CGH agreed that something had been lost in the transition to electronic care record systems. However, the Trust retains its paper handover system.

There was an agreement by the group that there was a need to simplify the process.

CGH feels that a positive impact will be had once the six improvement steps have been followed and that services and teams are fully engaged in getting this process right.

MB felt assured and would like to see the process as it develops.

The Committee RECEIVED and NOTED the update.

CG/23/43 Medical Education Strategy (agenda item 18)

SThi noted that this was here for information and will be taken as read.

The group noted this is a good strategy.

The Committee NOTED the update.

CG/23/44 Mandatory Training Report (agenda item 19)

CGH provided a brief update to the Committee regarding the mandatory training report, including a deep dive into Care Group data.

The Trust sets targets for compliance at 80% or higher for all mandatory training subjects. Post-pandemic compliance for mandatory training has been challenging and three areas have struggled to recover:

- Cardiopulmonary Resuscitation
- Food Safety
- Reducing Restrictive Practice

Each Care Group has provided details of how they monitor and manage the oversight of mandatory training compliance and the actions in place to mitigate risks.

An action plan has been developed as part of a recent deep dive into two of the above subjects and measures are taking place to ensure clinical teams are appropriately staffed and training teams have the right resources to meet demand

MB asked in relation to the three main areas noted above whether there was something specific in those areas that isn't being done. CH noted that one theme was that staff had to physically attend in person for the training and this wasn't always feasible due to access, and also having to leave wards / caseloads / teams etc.

The Committee NOTED the update.

CG/23/45 TENDABLE (agenda item 20)

DT informed that this was the new electronic audit system that had been commissioned.

This presentation had previously been through the digital strategy group and the clinical governance group.

This was being led by the Matrons within mental health in-patient services and feedback received so far is that it feels to be a much smarter way to auditing. This system will give live information of the quality standards, and notably was a request from Matrons and therefore an example of improvement driven from the front line. MD asked whether SystmOne would feed into this system and DT informed that this was a standalone tool around quality. It could also be applied in different areas including pharmacy and community.

The Committee thanked DT for the update and information.

The Committee RECEIVED and NOTED the update.

CG/23/46 Our Learning Journey Report (agenda item 21)

CGH gave a brief update to the Committee. CGH informed that:

- The incident management process supported the drive to reduce harm and learn from incidents to reduce risk and prevent recurrence in the future.
- 23 serious incident investigations were reported during the year and sent to the commissioners.
- The 23 serious incidents generated 127 associated actions.
- Actions may be assigned to several teams from any one reported incident.
- All investigations include an action to share learning.
- The most frequent three action themes arising from all serious incident investigations were record keeping, risk assessment and staff education, training, and supervision

MB acknowledge the great report and was glad to see the Trust learning from experience.

The Committee NOTED the report.

CG/23/47 Quality Strategy update (agenda item 22)

CGH noted that this item was to receive, will next be presented to the Strategy Trust Board in February, before formal sign off in Trust Board in March. Comments from this committee to be fed back to CGH and DT.

The Committee RECEIVED and NOTED the update.

CG/23/48 Reports from Formal Sub-Committees (agenda item 23)

Drug & Therapeutic (agenda item 23.1)
No further update.

Infection, Prevention & Control (agenda item 23.2)
No further update.

Joint Safeguarding (agenda item 23.3)
No further update.

Reducing Restrictive Physical Interventions (agenda item 23.4)
The updated was received and noted.

Improving Clinical Information Governance Group (agenda item 23.5)
The updated was received and noted. DT also informed of the group of a new national App that was rolled out nationally in primary care from November 2022 onwards, which enables people to review any correspondence sent by our staff to a GP. Information could be flagged as confidential if deemed harmful to individuals. It was reported that GP's have been also sharing progress notes with patients as GPs as part of the shared record, and that this is outside of any ability to view documents via the App.

This has brought challenges for individuals and also damage to the understanding of the App, as there has been confusion that service users seeing all progress notes was through the App. Specific comms is being considered in relation to this and discussions with the ICS.

Clinical Governance Group (agenda item 23.6)
The updated was received and noted.

Tissue viability

Variance discussed in access to service for our mental health in-patients, depending on which Place they are staying

Mr G homicide, sharing learning

Feedback from one of the Care Group governance groups with regards to sharing practice and their response to the Mr G homicide learning event, which evidences a flow of information from the central patient safety team out to the Care Groups.

Clinical Ethics Advisory Group (agenda item 23.7)
No further update.

QUIT (agenda item 23.8)
The updated was received and noted.

Safer Staffing (agenda item 23.9)
No further update.

Physical Health (agenda item 23.10)
The updated was received and noted.

CG/23/50 Issues and items to be brought to the attention of Trust Board and other Committees (agenda item 25)

MB suggested the following could be included for the triple A report to Board:

Alert:

- Care plan and clinical risk assessment update. Update on the work of the improvement group was received, with recognition of care plan performance that may potentially drop with the move over to the new metric. Focus remains on the clinical process of care planning and risk assessment, not solely the performance metric.

Advise:

- The committee was updated about our work in the Patient Safety Support Team and contact with Public Health colleagues in Kirklees re the incident rate in Kirklees Place
- The wording of Risk 905 was reviewed re: the change in wording to have more of a quality focus.
- Update was received around quality monitoring visits and contact with the CQC, including the quality outcomes of a CQC Mental Health Act Visit.
- The Quarter 3 Trust-wide serious incident report was reviewed in preparation for it being presented at Board.
- The Our Learning Journey annual report was reviewed, to show insights and learning from incidents
- The draft Quality Strategy was noted, to be reviewed in greater detail in Strategic Board, when more Board members are present.

Assure:

- Assurance was given re: access to external areas for inpatients, and how this was not hindered by the presence of a small gap (big enough to pass contraband through) under one of our fences.
- The waiting list management report was received by the group, showing strong progress in our understanding of waiting lists, and also clarity where current demand is very significantly above what would be expected and is commissioned for.
- Annual nurse revalidation report was received – all nurses who needed to revalidate in 2022 did so.
- The annual learning from incidents report was reviewed, with positive feedback about how it presents our data and learning
- The complex case report and verbal serious incident update were included in a private session held at the end of the committee.
- Minutes from 10 January 2023 were reviewed and recommended for approval when the next committee meeting is quorate.

CG/23/51 Risk Register review (agenda item 26)

There was nothing to report for this item.

CG/23/52 Work Programme (agenda item 27)

Noted.

CG/23/53 Date of next meeting

The next meeting will be held on 14 March 2023.

Glossary

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

South West Yorkshire Partnership NHS Foundation Trust

Minutes of the Members' Council meeting held at 09.30 on 9 December 2022

Hybrid meeting
Large Conference Room, Fieldhead Hospital, Wakefield
and Microsoft Teams

Present:	Marie Burnham (MBu)	Chair
	Bob Clayden (BC)	Public - Wakefield
	Jackie Craven (JC)	Public - Wakefield
	Dylan Degman (DDe)	Public – Wakefield
	Daz Dooler (DDo)	Public – Wakefield
	Laura Habib (LH)	Staff – Nursing support
	Tony Jackson (TJ)	Staff – Non-clinical support
	John Laville (JL)	Public – Kirklees (Lead Governor)
	Helen Morgan (HM)	Staff – Allied Health Professionals
	Beverley Powell (BP)	Public – Wakefield
	Elaine Shelton (ES)	Appointed – staff side organisations
	Phil Shire (PS)	Public – Calderdale
	Nik Vlissides (NV)	Staff – Psychological therapies
	Tony Wilkinson (TWi)	Public – Calderdale
In attendance:	Mark Brooks (MBr)	Chief Executive
	Mike Ford (MF)	Senior Independent Director
	Carol Harris (CH)	Chief operating officer
	Carmain Gibson-Holmes (CGH)	Deputy Director of Nursing, quality and professions
	Greg Moores (GM)	Chief people officer
	Erfana Mahmood (EM)	Non-Executive Director
	Mandy Rayner (MR) (previously Griffin)	Non-Executive Director/ Deputy Chair
	Darryl Thompson (DT)	Chief Nurse and Director of quality and professions
	David Webster (DW)	Non-Executive Director
	Julie Williams (JW)	Deputy Director of Corporate Governance, performance and risk
	Andy Lister (AL)	Head of Corporate Governance/ Company Secretary
	Asma Sacha (AS)	Corporate Governance Manager (Author)
Apologies:	<u>Members' Council:</u>	
	Bill Barkworth (BB)	Public – Barnsley (Deputy lead governor)
	Cllr Howard Blagbrough (HB)	Appointed – Calderdale Council
	Keith Stuart-Clarke (KSC)	Public - Barnsley

Cllr Brenda Eastwood (BE)	Appointed – Barnsley Council
Gary Ellis (GE)	Appointed – Mid Yorkshire Hospitals NHS Trust
Jackie Ferguson (JF)	Appointed – Wakefield Council
Claire Den Burger-Green (CDBG)	Public - Kirklees
Warren Gillibrand (WG)	Appointed – University of Huddersfield
Adam Jhugroo (AJh)	Public - Calderdale
Andrea McCourt (AMc)	Appointed – Calderdale and Huddersfield NHS Foundation Trust
Cllr Mussarat Pervaiz (MP)	Appointed – Kirklees Council
Susan Spencer (SS)	Appointed – Barnsley Hospital NHS Foundation Trust

Attendees:

Natalie McMillan (NMc)	Non-Executive Director
Kate Quail (KQ)	Non-Executive Director
Sean Rayner (SR)	Director of provider development
Adrian Snarr (ASn)	Executive Director of finance, estates and resources
Dr Subha Thiyagesh (ST)	Chief medical officer
Salma Yasmeen (SY)	Deputy Chief Executive/ Director of strategy and change

MC/22/58 Welcome, introductions and apologies (agenda item 1)

Marie Burnham (MBu) formally welcomed everyone to the meeting, apologies were noted as above. The meeting was quorate and could proceed.

MBu reported that the meeting is being recorded to support minute taking. The recording will be deleted once the minutes have been approved (it was noted that attendees of the meeting should not record the meeting unless they had been granted authority by the Trust prior to the meeting taking place). Attendees who were joining virtually were kindly requested to remain on mute, unless speaking.

It was RESOLVED to RECEIVE the welcome, introductions and apologies as described above.

MC22/59 Declarations of Interests (agenda item 2)

Andy Lister (AL) informed the Members' Council that there was one newly appointed governor, Elaine Shelton (ES) and she has not declared any interests at this time.

It was RESOLVED to NOTE the individual declarations from governors.

MC22/60 Minutes of the previous Members' Council meeting held on 16 August 2022 (agenda item 3)

David Webster (DW) reported he has been incorrectly noted as apologies for the meeting. It was agreed to correct this.

Action: Corporate Governance Team to amend the minutes of the 16 August 2022

It was RESOLVED to AGREE the minutes of the Members' Council meeting held on 16 August 2022 as a true and accurate record with the noted amendments.

MC/22/61 Matters arising from the previous meeting held on 16 August 2022 and action log (agenda item 4)

MC/22/51b – Quality Account
Darryl Thompson (DT) reported this action point is in relation to future planning for the Quality Account and his team will work on producing a summary version of the Quality Account.

MC/22/51c – Adam Jhugroo's (AJh) query on waiting list
Carol Harris (CH) informed the Members' Council that she has not received the information for the query on the waiting list. MBu asked the corporate governance team to contact AJh.

Action: Corporate Governance Team

MC/22/52a – Governors involvement and sustainability champions
Andy Lister (AL) reported governors will be contacted in relation to being sustainability champions after the strategy has been launched in January 2023.

MC/22/52a – Equality on referrals and waiting lists
It was noted that the work on waiting lists is still ongoing and this will be discussed at a future Members' Council Quality Group as a focused topic of discussion at a future Members' Council meeting.

MC/22/54 – Health inequalities
It was noted that this topic is being considered for the agenda for the Members' Council Quality Group in February 2023.

MC/22/54- Update on CAMHS
It was noted that this topic is being considered for the agenda for the Members' Council Quality Group in February 2023.

MC/22/38 – Nominations Committee terms of reference amendments prior to the recruitment of the Associate Non-Executive Directors
It was noted that the recruitment of Associate Non-Executive Directors was discussed at the Nominations Committee on 8 November 2022. The amended terms of reference will be presented to the Committee as part of committee effectiveness review in 2023.

MC/22/14 – Adam Jhugroo's query on waiting lists
It was agreed that this was the same query as action log MC/22/52a and that this could be merged with the latest action point.

Action: Corporate Governance Team

It was RESOLVED to NOTE the Action log of the Members' Council.

MC/22/62 Chair's report and feedback from Trust Board (agenda item 5)

MBu asked for the paper to be taken as read to allow more time for discussion items and asked for any questions.

MBu welcomed newly appointed governor, ES who is representing staff side organisations.

The Annual Members' meeting took place on the 18 October 2022 at the Digital Media Centre in Barnsley where John Laville (JL) joined remotely and looked at the key highlights from 2021/2022.

MBu informed the Members' Council that there is a Board Development programme in place for the Board now that it is fully established, the first development day will take place on the 20 December 2022. MBu informed the Members' Council that the rest of the report highlights work undertaken by the Non-Executive Directors who continue to support the Trust.

It was resolved to NOTE the Chairs' report.

MC/22/63 Chief Executive's Comments on the operating context (agenda item 6)

MBr Chief Executive, informed the Members' Council that since the Annual Members' Meeting in October 2022, there have been a number of changes in Government which has resulted in a period of uncertainty.

There is a new Secretary of State for Health, and the Chancellor also has a background in health, having been the Secretary of State for Health.

The initial Autumn statement has been released and there will be an extra £3.3 billion invested in the NHS next year and the following year, there will be discussions regarding this later this afternoon as part of our joint meeting, but this money will not come close to offset inflation.

MBr said there has been recent media scrutiny of NHS Trusts service provision in light of the recent documentaries which focused on mental health shortcomings in Manchester and Essex.

The Trust has been horrified by what was portrayed on television and as an organisation, the Trust have been looking at internal assurance for the quality of services on the inpatient wards.

This has shown that we need to ensure the Trust is maintaining a strong culture of reporting, so that people feel free to speak up if they are made aware of anything adverse, and there are systems and processes in place where there are concerns. MBr suggested this could be a topic for further discussion in more detail in a future meeting.

Action: Corporate Governance Team to add Patient Safety and Culture as a focus item for a future Members' Council meeting

MBr discussed the impact of Covid-19 on the Trust and noted the figures have plateaued over the last 6 – 8 weeks, with between 25 – 30 people off work. To put this into context in early January 2022, there were around five hundred people off sick with Covid-19. Although these figures have improved, Covid-19 has not gone away and there are pressures in partner Trusts.

MBr commented that in our neighbouring Acute Trusts, there are more people hospitalised currently with flu and therefore the Trust have been promoting the importance of the vaccine for both flu and the Covid-19 booster.

MBr said since July 2022 when the Integrated Care Boards (ICB) became live statutory bodies, the Trust has been working closely in partnership with each of our places (Kirklees, Calderdale, Wakefield and Barnsley). The Trust have a successful partnership with primary care in Barnsley two weeks ago the Trust hosted a visit from the Chief Executive of the South Yorkshire ICB. He was incredibly impressed with our teams in Barnsley.

MBr highlighted that the Trust also has a really successful mental health alliance in Wakefield and all the other places, and this will help the Trust shape the services for the future.

MBr said the Trust had two unannounced Care Quality Commission (CQC) visits just over a week ago. CQC visited two of the older people's inpatient wards and their views were largely positive. There were a few aspects raised that the Trust has taken an action on, but overall, the CQC were satisfied with what they had seen.

MBr said the Trust also received media attention around 2 weeks ago due to an outstanding serious incident which went to coroners' court. This case sadly involved a person losing their life. The Trust was mentioned in the media as a result of providing care for the deceased individual at the time. Tony Wilkinson (TWi) asked about the actions and timescales following this case and whether governors would have the chance to input.

TWi reported it is vital that it is identified what the services in the Manchester area were not doing, so the Trust can learn from this. MBr explained that an investigation into Edenfield will be completed in Manchester. Once it is made public our Trust can review and identify any learning for ourselves. This can be shared with governors, providing them with an opportunity to input to how we respond. The timing for completion of any investigation is not yet known to us.

Action: Darryl Thompson (DT) to update the governors once the investigation into Edenfield is complete and liaise with the corporate governance team to brief and engage with the members' council

Daz Dooler (DDo) asked whether people should be contractually obligated to speak up about adverse events happening around them in the workplace.

Greg Moores (GM) reported depending on people's professional background, some people are already obligated to speak up and there are Freedom To Speak Up Guardians (FTSU) in the Trust and a whistleblowing policy.

MBr reported the Trust recently had around 140 reports for investigation through the FTSU Guardian. MBr said he also receives reports from individual staff members. Although the reporting is taking place, the Trust is unsure whether it is happening consistently.

MBr said the Trust is incredibly diverse in-service provision and geography and there are areas where quality of services are superb and other areas whether it is not up to the same standard. It is about ensuring all services are working to the same standard and for people to feel comfortable that they can speak up.

Beverley Powell (BP) reported she has been recently doing work on psychological safety this is being discussed nationally as well. BP said she recently attended a neonatal conference and there were lots of requests about pieces of work on psychological safety.

GM agreed and noted this is a really important work on psychological safety. The NHS staff survey asks about speaking up and the data is positive, but some people are afraid to speak up and there is a need to understand why.

Bob Clayden (BC) said he knows some staff do not have faith in the FTSU Guardian system. BC asked how the Trust can persuade them to work with the team.

MBr asked whether we could have a conversation with these individuals confidentially. BC said he felt they would be reluctant to take up this offer.

MF reported there has been a lot of work during FTSU month in November, which included communications to all the teams and to encourage them to speak up.

MF said the Trust are tightening up the processes which includes reducing response times and he has not seen the evidence to suggest that people should not speak up.

MF said the FTSU process works in a way that would not cause any detriment to the individual. MF said he was happy for staff to reach out to him personally and he would be happy to support them.

John Laville (JL) said people are afraid to speak up and he provided an example of a member of staff being afraid to speak up against their manager.

MF explained that the FTSU Guardian will receive a request of this nature and then liaise with the individual or service best placed to deal with it. If it is a case of bullying and harassment, this would be reviewed, and an investigation will be carried out and action taken.

MBu acknowledged that the element of fear may not be removed completely but the Trust needs to create a positive environment so that people can speak up when something is wrong.

Phil Shire (PS) said anonymity is an issue because people can feel victimised, and it is known in the NHS that whistle-blowers can be victimised and PS feels it is a culture within the NHS.

Julie Williams (JW) said the new national policy (coming in next year) is moving away from the term whistleblowing and replacing this with speaking out. JW said she is happy to do a wider session as corporate lead for FTSU with the governors.

GM said there are Union representatives and Respect Champions who staff can approach.

Elaine Shelton (ES) said staff are worried they may lose their job if they speak up and they are frightened, so the key is about psychological safety, and work needs to be done in this respect.

Action: Corporate Governance Team to arrange a freedom to speak up development day for governors.

It was resolved to NOTE the Chief Executives comments on the operating context.

MC/22/64 Members' Council Business Items (agenda item 7)

MC/22/64a Governor Feedback (item 7.1)

JL reported community groups were very active pre-covid and have not re-formed and if they had re-formed, participation levels are lower and activity levels are not the same.

JL said in Kirklees there are issues with autism support and Children and Adolescent Mental Health Services (CAMHS) waiting lists. He said on the positive side there were good reports from the Learning Disability Team and the Core Team in Kirklees.

JL said a new governor gave positive feedback about our Annual Members' meeting and the Trust was very welcoming.

JL reported staff continue to be under pressure, which includes recruitment and retention.

JL noted there are some areas where support staff are leaving after a few weeks due to expectations of the job, and not fully realising what the job entails.

JL said there were mixed messages about learning and development whereas some Managers were very supportive towards staff attending training.

JL said there were some staff who were working hard and working throughout their breaks at times to ensure work was completed. He stated there is feedback that some people have had good appraisals and others are not to the same standard.

JL said he has met with the governors virtually and has discussed governor objectives which will be explored further in the afternoon session.

DDo thanked JL and highlighted that it was important to note that it was important that staff took adequate breaks for their wellbeing.

CH agreed that breaks are very important and staffing ratios are challenging. CH said every week there are operational management meetings, where they review the unused training packages for professional development and encourage managers to encourage staff to take up the training. This needs to be balanced with staffing issues across the Trust and the impact of leaving a ward short of staff or having no cover. The Trust are ensuring staff are rested and are also ensuring there are staff provided across the inpatient and community services.

Laura Habib (LH) said it had been raised in the Board meeting and the Race, Equality and Cultural Heritage (REACH) Staff Network celebration event about equity of learning. She said she has been involved in some engagement sessions especially with nursing support colleagues, and it was identified there were some blockages, but other staff did not know the training for which they could apply. LH said there is some improvement, and this is being supported by the learning and development team.

Mandy Rayner (MR) said there have been discussions around appraisal quality and after speaking with GM, there have been changes to the electronic system to try and make the appraisal process more efficient to ensure the appraisal goes ahead.

JL said governors are also supporting the Quality Monitoring Visits (QMVs). JL said he completed a recent visit to the Chippendale ward, and it was very positive, there was positive feedback from staff and patients.

TWi stated there are not enough staff and if this does not change in the near future, will there be services that will not be provided due to understaffing.

MBu said this is a national and a local issue.

MBr said the Trust is currently able to provide all its services but the staffing issues are resulting in issues with waiting times.

MBr said there is a need to ensure the Trust is appraisal and supervision compliant, and there is recognition that the next few months will be tough and especially with the cost-of-living crisis. MBr said the Trust may have to slow pace on some services, but the issues relate to access and waiting times.

BP said as a public governor she was invited to the REACH celebration event on the 3 October 2022, and they looked at developing people. There was a wide group of staff present and there were key note speakers attending as well. BP said well done to the REACH staff network for inviting her and it was important for this great work to continue. BP said the event had a good turn out and the Trust should be commended on this.

MBu and MBr agreed that this was a fantastic staff network, and they are doing great work.

It was resolved to RECEIVE the governor feedback.

MC/22/64b Assurance from Members' Council groups and Nominations Committee (to be taken as read, submit questions in advance) (item 7.2)

The governors were presented with a paper to provide assurance to the Members' Council that the Members' Council Co-ordination Group, Quality Group, and the Nominations Committee were fulfilling their duties in accordance with their terms of reference. MBu noted that no questions had been submitted about the papers and they can be taken as read.

It was RESOLVED to RECEIVE the Assurance from Members' Council groups and Nominations committee.

MC/22/64c Governor appointments to groups and committees update (item 7.3)

Andy Lister (AL) explained that when there are vacancies for the Members' Council groups, an email is sent out to all governors for self-nominations. AL reported one self-nomination has been received from Sue Spencer, appointed governor for Barnsley Hospital NHS Foundation Trust to be a member of the Members' Council Quality Group. This is uncontested, and Sue Spencer has automatically filled the vacancy. He explained any remaining vacancies will continue to be circulated for self-nominations.

It was RESOLVED to RECEIVE the update on appointment to Members' Council groups and committees.

MC/22/64d Associate Non-Executive Director update (item 7.4)

GM explained the proposal to establish and appoint two new Associate Non-Executive Director posts which has already been discussed in the Members' Council meeting in February 2022.

GM reported discussions have been held within the Trust's Executive Management Team and funding has been approved to establish the two posts on a recurrent basis. He said although they would sit on Trust Board, they are non-voting posts, and they cannot chair committees, but it is about getting experience of a Board and helps with succession planning.

GM explained that this paper explains the recruitment process. He explained the Trust has funding in place and Members' Council were asked to approve the salary of £8,000 per annum with a 2-year term of office and the commencement of the recruitment process.

BC asked whether the Associate Non-Executive Directors will have more responsibility in relation to place based tasks and whether this will form a part of their job description.

GM explained specifics have not yet been discussed, but it is something that will be looked at.

MBu reported there is a lot of pressure on Non-Executive Directors with place based working and the Trust will be looking at workload and it will also include succession planning.

MBu said the new posts will also look to increase diversity on the Board.

DDo asked whether it could include a lived experience role, MBu said yes this would be taken into consideration.

Action: GM to consider within the job description and advert.

It was resolved to APPROVE the Associate Non-Executive Director positions

MC/22/64e Patient experience annual report (item 7.5)

DT presented the patient experience annual report for 2021/22 with a particular focus on complaints. There has been a recommendation from Trust Board to look at the report from a broader perspective, from customer experience beyond complaints and compliments.

The report has been discussed and approved by the Clinical Governance and Clinical Safety Committee on the 19 July 2022 and then went for approval to Trust Board on the 26 July 2022. DT noticed a typo on the executive summary in relation to the dates.

Action: DT to resubmit the executive summary to the Corporate Governance Team who will update the papers.

DT explained this paper identifies complaint trends and themes. There is also a focus on local resolutions so where we have an informal complaint or concern raised, 76% of those 370 we have received were resolved within two working days. He explained the report is incredibly detailed and gives information about the FTSU Guardian and narrative about the compliments received by the Trust. The Trust is reviewing the timescales, so a quality response is sent back to the complainant in an adequate timescale. The timescale is challenging at the moment and there is a quality review taking place to ensure we can resolve any issues over the coming months.

MBu asked when the timescale review will be concluded. DT reported the current trajectory is March 2023.

BC enquired about the trial on response times based on the complexity of the complaint that was paused because of the pandemic. BC asked if the trial will be conducted again.

DT said the Trust is going back to review this and look at what a good quality response looks like and what would be a reasonable timescale for delivery. The Trust has learnt from this and is looking at new priority targets.

BC asked what restricted access was.

DT reported this is defined as unreasonableness in either frequency of contact (some people calling many times a day) or looking at a timescale to be agreed Sometimes a complainant may take months to agree a terms of reference to their complaint and on this occasion, it would be recommended that they seek support from an advocate to agree a way forward and identify what we will investigate. The Trust also takes guidance from the Parliamentary Ombudsman.

BC said he was still unsure what restricted access meant. MBu said it is about how to work a way forward with a persistent complainer.

BC asked whether we would restrict their contact to the Trust. DT explained that the Trust would not investigate the same issue again but to advise them to approach the ombudsman for advice.

Phil Shire (PS) explained he has read the family and friends section of the report and there would be value in comparing the data to national figures which will enable us to benchmark against other Trusts.

PS noted the report shows the lowest satisfaction areas are CAMHS and ADHD.

DT explained this can be a result of waiting times, but it can also be about expectations and diagnosis.

MBr reported in relation to ADHD, roughly 50% of referrals are confirmed diagnosis and 50% do not meet the criteria.

BP thanked DT and acknowledged a lot of work had gone into producing this report. She asked whether faith and belief can be captured and whether there was any correlation with complainants.

DT stated the focus had been on ethnicity rather than faith and belief and as part of the planning going forward the Trust is going to work with a panel of service users and members of the public to review complaints to ensure our colleagues in customer services are reviewing the complaints with their viewpoint but also to look more broadly as to how they might be viewed.

DT reported faith and belief can be considered as part of this work as well.

BP noted there can sometimes be challenges in relation to cultural or religious expectations and having different experiences.

JL reported national data does exist for friends and family.

DT explained each organisation will report their own data.

JL asked about redefining complaint response times and he asked who will decide this, whether this will be the team or service users.

DT explained that the complaint responses go through a process of management then executive TRIO (Darryl Thompson, Subha Thiyagesh and Carol Harris) before it goes to the Chief Executive for final sign off to ensure we have accurately responded and in a compassionate tone.

The Trust has also worked with a quality improvement specialist to look at how this can be improved.

JL asked whether the complainants could give feedback.

DT said the Trust can learn from feedback from complainants and although we have engaged with some complainants, we can look to do this more and will discuss this with the team.

MBu said complainants can feedback on their experiences and whether they feel satisfied they are being listened to.

DT said he will look into this. JL asked about the timescales of the plan as to when the review will happen and the next steps. DT said there is an action plan in place.

Action: DT to discuss with his team in relation to learning from complainant feedback and feedback on complainant experience.

MF said the NHS guidelines specifies for a complaint to be responded to within 6 months, but the Trust target is 40 days and there are pressures on response times, MF said we can look at the timescales due to pressures on staff.

JL stated he felt the 6 months' timescale is unreasonable.

MBu said the process is under review and DT will bring this back to a future Members' Council meeting.

Action: DT to feedback to Members' Council in 6 months' time in relation to timescales of complaint responses and target days.

DDo said he has read some response letters which he felt could be improved and explained that this is where the Trust may have got it wrong, DDo reported he is happy this is currently under review.

It was RESOLVED to RECEIVE the patient experience annual report.

MC/22/64f Incident management annual report (item 7.6)

DT presented the incident management annual report 2021-22, noting it has considered in detail at the clinical governance and clinical safety committee (CG&CSC) and the Trust Board.

DT highlighted around 13,000 incidents were reported in year. He stated 97% of all incidents resulted in no-harm or low-harm to service users and staff or were external to the Trust's care. A high level of incident reports, including less severe incidents, is an indication of a strong safety culture.

DT stated that the trends have changed over time, the incidents rates are holding steady and the proportion of low harm or no harm has remained consistent. The top-rated category is aggression interaction from service users to colleagues.
There was a significant discussion around pressure ulcers in our Barnsley community services during the Clinical Safety and Clinical Governance Committee and these had arisen due to environmental changes, with the warmer weather.

BC stated he understands complaints are categorised and asked whether comments are also categorised.

DT reported complaints are categorised, to indicate what level of work is required and the complexities of the investigation and how many questions are being asked.

BC asked whether things were being overlooked because they were coming in as comments rather than complaints.

DT said comments are still be reviewed, and any concerns are often resolved informally.

MBr left the meeting.

PS asked about the serious incidents.

DT highlighted that they were not all clinical and there could be a serious incident in other areas such as information governance.

PS said he can see that the numbers of serious incidents had fallen since 2017 and currently there are twenty-three serious incidents which were investigated and asked what the reason is for the downward trend.

DT reported historically there has been a lower threshold and the Trust has aligned its threshold with national expectations.

PS said the findings of the incident report have many common themes and these have also been picked up at the Quality Monitoring Visits (QMVs).

DT agreed, noting supervision and training is being managed but and the report breaks the detail down further on page 157.

MF said the themes and quality improvement programmes are being monitored so there is a linkage, and the findings are not being lost and the reporting is flowing up into the Boards priorities. MF said this also links in with the detailed Integrated Performance Report (IPR).

LH said there is a lot of work taking place regarding lessons learned from incidents, such as safety huddles. BC asked about page 176 noting the findings total column does not add up correctly. DT said he will review this and update it.

Action: DT to review and submit the updated version of the report.

JL asked why not all suicides are reported as a serious incident.

DT said there are national definitions of serious incidents, and all incidents go through the weekly clinical risk panel. He explained if the Trust is confident in the initial review of care a serious incident investigation may not be required.

MR stated the Non-Executive Directors have attended the clinical risk panel and are assured all incidents are being thoroughly reviewed and categorised. AL reported families are also engaged in the process.

It was RESOLVED to RECEIVE the incident management annual report

MC/22/64g Members' Council elections – process (item 7.7)

AL updated the Members' Council on election process for 2023. He informed governors Civica manages the election process on behalf of the Trust. This is to make sure that the elections are managed impartially and fairly and that the process is independent and transparent. He stated elections are held in accordance with the Model Election Rules which are included as an appendix within the Trust's Constitution.

AL stated that the team have written to around 8,000 members to ask them to update their equality data and to improve engagement with them.

AL stated since the Annual Members' meeting, engagement with members has been positive and the email and letter responses received have been positive. The website will also be updated to reflect this.

AL said letters will go out to all governors next week to advise further on the process and to inform governors if their term is coming to an end.

MBu has spoken to JL about continuing to promote membership of the Trust and the role of the Members' Council.

BC said he has received the membership equality form by e-mail, and he found it difficult to select and tick the boxes. It was acknowledged that this was a fault in the form, and this will be rectified for the next stage of the process. BC also said he had requested paper copies of the forms but had not received this. AL stated the corporate governance team will send him copies.

Action: Corporate Governance team to contact BC and to send him paper copies of the Membership forms.

BC asked about the voting age, AL stated he needed to review the constitution and model election rules to provide governors with a definitive answer.

Action: AL to check the voting age and the minimum age of a governor.

It was RESOLVED to RECEIVE the update on the Members' Council election process.

MC/22/64h Review of Members' Council Objectives planning (item 7.8)

JL said recent meetings with the governors have focused on the Members' Council Objectives. JL said the future objectives from April 2023 have been discussed and consideration given to whether they should be structured against the Trust values, or around CQC domains.

JL reported diversity and inclusion has also been included and it was highlighted that engagement with young people needs to improve and it was discussed with Warren Gillibrand (WG), Appointed governor for the University of Huddersfield, whether he knew of any young persons who may want to get involved.

JL said DDo is also working within Wakefield services with young people, and this will be one of the themes.

JL said governors will be continuing with the work which has been successful. JL said formal community engagement needs further work JL noted the Members' Council Objectives will be in place from the end of February 2023 and will start from 1 April 2023.

PS said he feels Members Council needs to revisit the area meetings and how they can be as effective as possible.

PS said some of the groups had broken down due to the pandemic and place based working is important and there is a need to link governors to place. MBu agreed and noted there will be discussions about this in the afternoon session.

It was RESOLVED to RECEIVE an update on the review of the Members' Council Objectives.

MC/22/64i Integrated Performance Report (item 7.9)

MR presented the Integrated Performance Report, Performance and Finance update, Quarter 2 – 2022/23

She explained that the first two slides explain the performance metrics and the Trust is maintaining its performance despite staffing challenges. There is a red metric in the placement of children and young people in adult inpatient wards is a concern and has been discussed at Board where it was noted that appropriate safeguarding measures were put in place.

MR explained there is concern with staff turnover even though there is slight improvement, exit interviews are also taking place to establish why staff are leaving the Trust.

MR explained the Board have discussed out of area placements to ensure systems are in place to manage and unblock barriers to discharge, so this limits out of area placements and ensures repatriation as quickly as possible.

MR noted safer staffing figures and reported the Trust is conscious that gaps are being filled with temporary staff and unregistered staff. This is being monitored and there is a need to maintain the quality of staff.

95% of incidents reported in September 2022 resulted in no harm or low harm.

MR said there was a slight improvement across the Board against the national metrics and although the maximum 6 week wait for diagnostic procedures is currently marked as red, there is an improvement from 68.9% in Q4 2022 to 95.9% in Q2 2023 and we hope to push to 100% in the next quarter. MR said the third column shows Q1 21/22, but it should be Q1 22/23.

Action: Corporate Governance to contact the Performance and Information team to amend the document.

MR explained that staff in post at the end of the quarter has increased by 7.2 Whole Time Equivalent (WTE) since Quarter 1 2022/23. MR said the Trust is focused on recruitment which includes recruitment of international nurses and retention of existing staff.

MR said sickness/absence rates are 4.9%, which is above target but holding steady compared to neighbouring Trusts. MR highlighted there is a high agency spend but this is appropriate spending this to deliver safe services.

MR explained the Trust is in surplus of £4.3m with a good cash flow.

DDo asked about the out of area beds, he asked how many people from out of area were in Trust beds.

CH explained there were very few, but she could not state the exact figure in the meeting. CH said the Trust would not turn people away in an emergency.

DDo said he has been made aware that patients were brought from North Yorkshire to Wakefield A&E but then transferred to SWYPFT.

CH said if they come from Pinderfields hospital then the Trust liaison team will assess and then liaise with the North Yorkshire teams, but in an emergency the Trust would look after them in the first instance.

AJh asked about staffing, bank, and agency staff. He said a key part of that of using agency staff is the culture on the wards.

AJh asked about the training of agency staff and how does the Trust monitor the culture of these staff.

MBu reported the Trust assurance system was discussed earlier in the meeting.

AJh said he has been made aware of a member of bank staff who was booked on a ward but had no ongoing training and wanted to know what the process was.

GM explained bank staff have the same mandatory training as substantive staff and it is ongoing training.

MBu said we can ask DT to call him after this meeting to provide further reassurance if needed.

Action: DT to contact AJ to speak to him about his concerns in relation to the use of bank and agency staff.

PS explained £4.9m seems to be a high amount to be spending on agency staff.

MBu stated it is a national problem and reported the Trust agency spend against other Trusts are low.

JL noted the out of area beds figure and he asked how many people that was.

CH reported approximately 16 to 17 people are placed in a beds out of area at the moment.

CH said out of area is not necessarily classed as out of locality.

JL said it was disappointing to see performance for CAMHS waiting lists had dropped. MR reported numbers have gone back up since this report.

MBu thanked MR for presenting the report.

It was RESOLVED to RECEIVE the Integrated Performance Report.

MC/22/65 Any Other Business (agenda item 8)

None.

It was RESOLVED to NOTE any other business.

MC/22/66 Closing remarks and work programme (agenda item 9)

It was RESOLVED to RECEIVE the work programme for 2022/23

MC/22/67 Date of next Members' Council meeting (agenda item 10)

Friday 24 February 2023 (hybrid meeting)

Future dates:

- Tuesday 9 May 2023
- Tuesday 15 August 2023
- Friday 29 September 2023 – Annual Members' Meeting
- Friday 17 November 2023 (including Joint Trust Board and Members' Council)
- Tuesday 20 February 2024

It was RESOLVED to RECEIVE the work programme for 2022/23

Close of Members' Council meeting

MC/22/68 Private Item – Governors only with Mike Ford
Minutes of the 16 August 2022, Chairs Appraisal (agenda item 11)

It was RESOLVED to APPROVE the private minutes dated 16 August 2022.

MF closed the private session of the meeting.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of the Mental Health Act Committee Meeting held Virtually via Microsoft Teams on 1 November 2022

Present:	Kate Quail	Non-Executive Director (Chair)
	Dr Subha Thiyagesh	Chief Medical Officer (lead Director)
	Mandy Griffin	Non-Executive Director
	Darryl Thompson	Chief Nurse / Director of Quality & Professions
Apologies:	Members	
	Erfana Mahmood	Non-Executive Director
In attendance:	Julie Carr	Clinical Legislation Manager
	Mike Ford	Non-Executive Director (observing)
	Yvonne French	Assistant Director, Legal Services
	Chris Lennox	Director of Services
	Claire Strachan	Head of Quality: Children's Services & General Manager Adel Beck SCH and Wetherby YOI CAMHS (item 2)
	Carly Thimm	Mental Health Act / Mental Capacity Act Manager
	Gordon Walker	Independent Associate Hospital Manager, Chair of the Hospital Manager Forum
	Sarah Millar	PA to Chief Medical Officer (author)

MHAC/22/41 Welcome, Introductions and Apologies (agenda item 1)
The Chair, Kate Quail (KQ) welcomed everyone to the meeting. The apologies, as above, were noted.

It was noted that due notice had been given to those entitled to receive it and that, with quorum present, the meeting could proceed.

There were no declarations of interest to record.

MHAC/22/42 The Act in Practice (agenda item 2)
MHAC/22/42a CAMHS – the service user journey, legal frameworks and collaborative care planning (agenda item 2.1)
Presentation from Claire Strachan (CS) on CAMHS – the service user journey, legal frameworks and collaborative care planning.

CS shared a case study as a follow up to the presentation at the previous Mental Health Act Committee (MHAC). The case study related to a 17 year old female who had been detained in the secure CAMHS estate.

CS described an incident where the young person had deliberately ingested metal items as a form of self-harm. She was taken to the acute hospital for assessment and treatment and on x-ray, the metal objects were reported to be in her lungs which was noted to be potentially life threatening. However, the junior doctor who treated her felt that she had capacity to refuse treatment and, as such, she was discharged.

CS reported that a CAMHS psychiatrist had already assessed the young person and felt that she lacked capacity to make those decisions because of her neuro developmental difficulties. A multi-agency meeting was therefore convened to agree a plan. CS talked through the collaborative care plan approach and the lessons learned. CS added that in this case, the metal object was found to be in the young person's bra and not in their lung. The bra had not been removed during x-ray for dignity reasons.

Darryl Thompson (DT) indicated that this was a really complex situation and highlighted the good use of all appropriate legal processes to keep the young person at the centre of decision making.

Subha Thiyagesh (ST) agreed that this had been a good example of person-centred care. ST raised three queries:

1. Is the collaborative care plan working.
2. Is there anything else we need in relation to training for the acute hospital and the service.
3. Could CS share a little more about Deprivation of Liberty Safeguards (DoLS) in Secure CAMHS.

CS advised that the collaborative care plan was indeed working and would be a regular occurrence at Wetherby YoI. CS added that the teams often call upon different expertise in the Trust when care planning, eg Reducing Restrictive Physical Intervention (RRPI) in the case of restrictive care plans.

In relation to training, CS indicated that enhanced Mental Capacity Act (MCA) training is something that needs to be investigated for senior clinicians and on-call managers and had been discussed recently.

CS advised that she had not seen an application for DoLS in Secure CAMHS and in certain situations such as a 3:1 observation, which could come under DoLS, the secure providers would be leading on that rather than SWYPFT. Yvonne French (YF) added that deprivation of liberty under the Mental Capacity Act (MCA) would be for those aged 18 years and above. In the case of Secure CAMHS, it would be a deprivation of liberty under the Children Act or court authority.

Julie Carr (JC) raised that legal services had been involved in this case and indicated that it may be necessary to approach the Court of Protection in relation to issues around parental responsibility and overriding capacity decisions. JC added that the acute hospital, Harrogate District Hospital in this case, was working with solicitors and with our Trust on a collaborative basis although the acute trust would lead on any court application. JC went on to say that all relevant paperwork had been prepared including a psychiatric report setting out how the young person's condition and background affect their decision making.

Mike Ford (MF) referred to the decision by the junior doctor that the patient had capacity to refuse treatment and queried whether we could have challenged that decision at the time to avoid a complex situation. CS advised that when a 17 year old can articulate their views,

they are assumed to have capacity. However, in this case, the doctor might not have appreciated how the individual's background, situation and complex mental health needs could affect their decision making. CS added that the young person had been escorted to hospital by prison officers and healthcare staff had only raised concerns when she arrived back. It was noted that the incident had happened on a weekend and there was a lack of knowledge between the people involved at that time. This had been escalated to on-call managers and Chris Lennox (CL) queried whether the understanding and knowledge would have been with consultant medical colleagues on call rather than an operational manager.

There had been some concerns raised that the junior doctor's decision could have been risky but that they had not escalated it via their own liaison team. ST indicated that there should be systems and processes in place to effectively work through the interface between acute and mental health in such complex scenarios. ST noted, however, that there is a challenge around training and keeping it up to date given the turnaround of junior doctors in acute settings. ST went on to say that capacity decisions are situation specific so not bound by a psychiatric report prepared at a different point in time. However, if we have a good care plan in place with clear background information, that could help in this type of situation.

KQ asked why there was no information in the young person's care records in relation to their LD diagnosis and specific needs and queried how this information would get shared with other parties as part of a person-centred approach and to support colleagues in the acute trust. CS advised that healthcare staff were not in attendance at the acute hospital.

Gordon Walker (GW) referred to his career in an acute setting and being asked a lot as a senior on-call about capacity. GW expressed disappointment that there still appeared to be a lack of knowledge about mental health legislation amongst acute colleagues and that a basic radiograph appeared to have been used to assert that the metal object was in the young person's lung without performing a lateral x-ray.

KQ indicated that it was good to hear how the secure CAMHS team had worked positively and collaboratively with YF and colleagues in this case. KQ thanked CS for the presentation and highlighted how she valued the person-centred approach of CS and others involved in the care of this young person. CS will pass that on to her team.

MHAC/22/43 Legal updates (agenda item 3)

MHAC/22/43a DoLS activity annual report (agenda item 3.1)

JC advised that a Ministry of Justice annual report on national DoLS activity is produced using data returns from the local authorities. JC reported that SWYPFT compares favourably against the national picture.

MF raised that whilst the Trust looked favourable against the average, we were reporting that we were not meeting the requirements. JC advised that the applications had met the requirements but not the 21 day standard. It was noted that it is the local authority that had not completed the assessments within 21 days, (not SWYPFT), with the average length of time for completion being 38 days. JC assured Committee that whilst individuals were awaiting their DoLS assessment and outcome, the Trust would continue to treat the person with capacity assessments, reviews and ward rounds, etc.

JC indicated that during the 21 days, people's circumstances often changed and they no longer required a DoLS application. The Mental Health Act (MHA) office was keen to do some work around why Trust staff were putting in applications in the first place and considering whether changes to a care plan, for example, could help to avoid a DoLS

application. As part of next steps, clinical services are being asked to review each discontinued DoLS application to determine if any lessons could be learnt and possibly reduce the rate of discontinued applications.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/22/43b Gap analysis MH Bill (agenda item 3.2)
JC referred to a paper that had been requested by MHAC and had also been taken to an Executive Management Team (EMT) meeting.

JC summarised that the Draft Mental Health Bill had now entered the stage of Pre-Legislative Scrutiny and the Joint Committee were required to consider it and report in 6 weeks' time. The Bill would then be introduced to parliament in the new year.

JC advised that the key changes from the Draft Bill were arranged under 13 headings with a summary under each of the proposed changes. JC added that the detail behind this was in the full document which sets out the current legislation, the proposed change, the impact on the Trust and who would be affected.

It was noted that the 4 principles that each change is informed by remain the same, being choice and autonomy, least restriction, therapeutic benefit and the person as an individual.

Mandy Griffin (MG) noted the huge amount of proposed change and queried if the Trust has the capacity and skills to implement those changes. JC advised that a business proposal had been prepared in relation to the plans for implementation. JC added that the government have said implementation would possibly be in stages, however we do not know what would be included in each stage.

YF advised that the MHA department does have the necessary skills and knowledge to be able to implement the changes and there are already elements of best practice being demonstrated within SWYPFT that can be shared with partners. YF added that the business case would enhance the skills of existing staff and aim to expand capacity to carry out this important work which would also be included in planning for various parts of the organisation including finance, recruitment and training.

MF suggested grading each section to easily identify how compliant we are with each and to possibly include capacity and demand as part of the Organisational Risk Register (ORR). KQ agreed that it would be helpful to move towards a tabular RAG rated form although noted that additional capacity would be needed to progress this work.

ST referred to discussions at EMT where the huge amount of work was acknowledged and noted that EMT supported the extra time and resource for the legal team to be able to get the Trust to a place where we can meet the requirements which include legal, compliance and statutory elements. ST added that SWYPFT are well prepared so far and noted that there are no central Integrated Care System (ICS) leads for this important work.

ST also referred to the potential impact on our inpatient workforce which is already under significant pressure and how we need to consider now how we can make inpatient roles more attractive ahead of the MHA changes.

KQ raised that Committee had received assurance at each meeting in relation to how the Trust is preparing for the MH Bill and the Code of Practice group are overseeing the work with input from other groups such as Operational Management Group (OMG) and EMT.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/22/44 Feedback from partners (agenda item 4)

MHAC/22/44a Independent Hospital Managers feedback and Forum notes 4 October 2022 (agenda item 4.1)

The Committee received the notes of the Mental Health Act Managers' Forum meeting from 4 October 2022 which were taken as read.

GW reported that relationships between the Hospital Managers and the Trust, in particular with the MHA office, were very positive and any minor issues that crop up are dealt with efficiently. KQ thanked GW for working with colleagues to cultivate those good working relationships.

MHAC/22/45 Minutes/Actions (agenda item 5)

MHAC/22/45a Minutes of previous meeting held on the 16 August 2022 (agenda item 5.1)

DT raised that his title had been noted incorrectly and should read Chief Nurse / Director of Quality & Professions. Sarah Millar (SM) will make the change to the final version.

Action: Sarah Millar

It was RESOLVED to APPROVE the notes of the meeting held on 16 August 2022 as a true and accurate record of the meeting save for the above amendment.

MHAC/22/45b Action points (agenda item 5.2)

The action points were noted and all had been completed.

MHAC/22/46 Risk Registers (agenda item 6)

MHAC/22/46a Consideration of items from the organisational risk register relevant to MHA Committee (agenda item 6.1)

JC advised that one risk had been added following the last Board meeting which related to possible industrial action. It was noted that this had been graded as amber.

The remaining 8 risks that were applicable to MHAC and had a potential impact on our ability to comply with MHA legislation were all graded as red or amber.

MF queried where these risks sit if not in MHAC and KQ advised that other committees hold the responsibility for them. It was noted that YF receives a full copy of the ORR after each Board meeting so has access to full details of each risk. KQ indicated that by acknowledging those risks that could have a MHA consequence had helped to strengthen links between committees.

MG raised that it was useful to understand the potential impact of the risks on our MHA compliance and Committee is assured that ownership sits elsewhere.

ST advised that YF reviews any new emerging risks and current risks to consider if there is anything that needs to be brought into this Committee. YF also attends other committee meetings to provide a link with MHAC and identify if there are any gaps, which would be flagged with the executive trio.

It was RESOLVED to RECEIVE the update and to NOTE the current Trustwide corporate/organisational level risks relevant to this Committee.

MHAC/22/46b Mental Health Act Committee risk register (agenda item 6.2)
Committee noted that there were currently no MHAC risks.

It was RESOLVED to RECEIVE and NOTE the update.

MHAC/22/47 Statistical information use of the Mental Health Act (MHA) 1983 and Mental Capacity Act (MCA) 2005 (agenda item 7)
MHAC/22/47a Performance report - Monitoring Information Trust Wide July – September 2022 (agenda item 7.1)
The report was noted and CL highlighted the following:

- There is new benchmarking data which shows that nationally, 47.4% of admissions to adult acute beds in 2021/22 were for patients who were detained at the point of their admission. This was a decrease from the 2020/21 figure. There had also been a decrease in SWYPFT at 44% of MHA admissions in 2021/22, down from 49.2% in 2020/21.
- The highest rates of MHA admission in Quarter 2 were in Calderdale, with the lowest rates in Kirklees and Wakefield.
- The average length of stay for Section 2 patients had decreased by 0.6 days in Quarter 2.
- Section 3 length of stay in Quarter 2 stands at 128 days, which is a slight decrease on Quarter 1.
- The Forensic service had seen a small reduction in admission activity over the past quarter.
- 59% of all uses of Section 5(2) reviewed in Quarter 2 resulted in detention in comparison to Quarter 1 activity which recorded 69%. CL noted that these figures were not material enough to indicate variations in practice but would be monitored.
- There had been a decrease in appeals to Hospital Managers, with 21 appeals received in Quarter 2.
- There was also a reduction in applications for Tribunals.
- Section 49 activity remains stable with 10 new requests received.
- There were 152 assessments in 136 suites. This was noted to be a reduction on the previous quarter, however given the growing numbers seen prior to that, the situation was no less pressured.
- Ethnicity data had seen an improvement, however we are still seeing some groups being over or under represented.
- There were 3 admissions under the MHA of under 18s to the Trust in Quarter 2 including a 14 year old on Ward 18 for almost 3 weeks.
- There had been an increase in the use of internal transfer.
- CTO activity remains balanced.
- 36 SOAD reports had exceeded the CQC 1 month standard in Quarter 2, however all affected patients had an appropriate Section 62 certificate in place to authorise ongoing treatment.
- 10 new MCA enquiries were received in Quarter 2 and 3 reports were submitted and closed.
- There were 6 applications for DoLS authorisations made in Quarter 2.
- There were 2 CQC notifiable deaths in Quarter 2. Both were older females and cause of death in both cases was confirmed as natural causes.

- 8 civil section exceptions were reported in Quarter 2. This was an increase of 2 from the previous quarter and all have been dealt with.
- There were 36 consent to treatment exception reports in Quarter 2.
- 8 exception reports for Section 136 were noted in Quarter 2. 2 of these were as a result of the Barnsley suite being unavailable, 2 were due to the suites being used as an admission bed as no adult beds were available nationwide, 3 were as a result of CAMHS patients being admitted under 136 and on one occasion the suite was being used as a seclusion area. CL noted that CAMHS admissions should not be reported as an exception as 136 is an all age facility. This information will be presented differently going forward.
- There had been improvements in how Section 17 leave was being taken and recorded. 98% of granted escorted leave had been taken on general wards and 81% in Forensic services. Reasons for leave being cancelled are clearly documented and any themes identified would be escalated through general management processes.
- MHA formal complaints in Quarter 2 had all either been dealt with informally of were in the complaints process. One was noted to be a misunderstanding.
- IMHA monitoring in Calderdale had reported a good standard of service.
- Patient Rights monitoring had indicated a compliance rate of 92% for formal patients and just 7% for informal. CL advised that the MHA office had followed this up with wards and the figures had now improved. This had also been added to the inpatient improvement plan. CL confirmed that the detained figure had increased from 92% to 98%, informal from 7% to 91% and CTOs had also increased from 70% to 89%.
- MCA/DoLS (100% non-clinical/93.8% clinical) and MHA (90.9%) training figures were well above the 80% target.

MG raised that the mandatory training figures should be highlighted as an improvement and achievement. MG suggested including a trajectory in relation to Section 17 leave in Forensics on how the service plans to improve the figure to over 90%. CL will add something for the next meeting.

Action: Chris Lennox

KQ agreed that that would be helpful given that leave would likely be a focus of a CQC well-led review. KQ queried whether there had been any message out to staff about the 7% compliance rate in relation to patient rights. YF advised that MHA office staff had spoken with the wards and the picture had vastly improved. YF noted that informal rights were a Code of Practice rather than a legal requirement. YF went on to say that the CQC would check to see if patients had been given their rights in situations of cancelled Section 17 leave, for example, and in those cases, the MHA office would not be there to remind the ward staff. Matrons have been advised that this is the type of thing the CQC would look for.

CL indicated that often, rights are being read but there are pressures around accurately recording that. Carly Thimm (CT) reported that awareness posters had been put in ward areas, which may have improved the compliance rates. These also promote the need to give rights on an ad-hoc basis. CT added that the 4 MHA offices in the Trust would issue up to 107 reminders in one day to inpatient areas so there is also some pressure there. KQ indicated that there is proven to be a lot of value in the MHA office reminders and compliance would drop without them

It was RESOLVED to RECEIVE and NOTE the monitoring report.

MHAC/22/48 CQC compliance actions (agenda item 8)

MHAC/22/48a MHA/MCA Code of Practice oversight group feedback (agenda item 8.1)

The update was taken as read and YF highlighted that 6 policies had been reviewed. These had only required very minor amendments and updates to the EIAs. The updated policies would now go to EMT for approval. YF also reported that reducing restrictive practice had good oversight from the Matrons and this was progressing really well.

YF referred to the draft Terms of Reference shared with the agenda and asked for any comments to be sent to her.

Action: All

KQ asked who would formally ratify the Terms of Reference and YF advised that this would be agreed with DT and ST. YF will bring the final version to Committee for information.

MF queried if there was cross-over with the gap analysis work referred to earlier in the meeting. YF advised that this Code of Practice group would have responsibility for grading compliance against the key changes, as suggested by MF. Updates would then be reported to MHAC through the minutes.

It was RESOLVED to RECEIVE and NOTE the activity and to REVIEW and COMMENT on the draft Terms of Reference for the Code of Practice group.

MHAC/22/49 Audit and Compliance Reports (agenda item 9)

MHAC/22/49a Hospital Managers annual review (agenda item 9.1)

JC reported that 14 Hospital Managers had had an annual review and been re-appointed for a further year. JC referred to the sad passing of Santokh Khangura who had been a Hospital Manager with the Trust since 2001. All Hospital Managers who were active during Covid had received a Covid medal and Santokh's had been given to his family.

JC advised that recruitment of more Hospital Managers was underway with a plan to appoint by the end of the year. GW raised that having only 14 Hospital Managers was a problem for the MHA office when trying to arrange for 3 people to sit on the panels. JC indicated that an interview date would be set shortly and the recruitment process would include meaningful involvement from service users.

MG noted the plans for a rolling recruitment programme and queried how many additional Hospital Managers were needed. JC advised that an additional 10 would be helpful to avoid delaying and compromising people's rights. GW added that, given each Hospital Manager has to do 10 panels per year, an additional 10 people would be about right. Any more than that and individuals would not have enough panels to keep up their competency.

KQ highlighted that the Trust was striving to increase the diversity of Hospital Managers and this would form part of the recruitment process.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/22/49b Community Treatment Order annual summary report (agenda item 9.2)

CT presented this report which was taken as read. CT highlighted that overall Trust compliance had improved over recent years but was still below target at 70% against the 80% compliance rate set by the MHA Committee. It was noted that the records which were

not compliant were as a result of rights not being given, the wrong rights being recorded or incomplete records.

CT reported that SWYPFT has a lower death rate amongst those on a CTO than the national average. There were also more males than females on a CTO and whilst nationally the use of CTOs has increased, the Trust has decreased its use of CTOs.

CT referred to implementation of the community whiteboards to assist the community teams in ensuring compliance as well as reducing pressure on both the MHA office and the service in dealing with high volumes of emails.

KQ thanked CT for the update and advised that MHAC receives a quarterly update on CTO compliance and it had been agreed to take an additional in-depth look annually and benchmark our data against the national picture. KQ added that the focus had been on inpatient services up until recently when the focus had moved to community services where it is more difficult to give rights depending on appointments, etc.

It was RESOLVED to RECEIVE the briefing and to NOTE the next steps identified.

MHAC/22/50 Care Quality Commission visits (agenda item 10)

MHAC/22/50a Visits and summary reports Quarter 2 including BDU actions from previous visits (agenda item 10.1)

JC reported that there had been two CQC Mental Health Act visits in Quarter 2 and one summary report received.

JC referred to previous discussions on how the CQC are triangulating actions and advised that a triple A update would be going to the Clinical Governance Group tomorrow to explain why there are discrepancies.

It was noted that an outstanding overdue action relating to Mid Yorks ICE access for patient Covid results had been resolved and closed.

KQ referred to recurring themes across the Trust that may need a QI approach to resolve. DT advised that of the four recurring themes, only reiteration of rights directly related to MHAC. The others around care planning, risk assessments and staffing were quality focused and were being picked up as part of the CQC updates to Clinical Governance Group.

It was RESOLVED to RECEIVE the update and NOTE the progress of the actions following CQC visits.

MHAC/22/51 Key Messages to Trust Board and other Committees (agenda item 11)

No issues identified for other Trust Board Committees. The key issues to report to Trust Board were agreed as:

Alert

- Huge amount of work involved in preparing for MHA changes. Plans to RAG rate our compliance against each area of change.

Advise

- Act in Practice
- Legal briefings

Assure

- Code of Practice Terms of Reference and oversight of the work being done to provide assurance to Committee
- Performance monitoring information Q2
- Risk Registers – discussed and noted staffing pressures
- CQC visits – actions and updates
- Annual Hospital Managers review – recruitment process and programme.

KQ will finalise the triple A update for Board and share with ST for comments. MF suggested sharing it with the other Non-Executive Director members of MHAC for information.

MHAC/22/52 Work programme (agenda item 12)

The work programme was noted.

MHAC/22/53 Date and time of next meeting

The next Committee meeting will be held on 7 March 2022, 2.00pm to 4.30 pm via Microsoft Teams.

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Minutes of Equality, Inclusion and Involvement Committee held on
14 December 2022
Via Microsoft Teams

Present:	Marie Burnham (MBu)	Chair of the Trust (Chair of Committee)
	Salma Yasmeen (SY)	Director of Strategy (Lead Director)/Deputy Chief Executive
	Mike Ford (MF)	Non-Executive Director
	Erfana Mahmood (EM)	Non-Executive Director
	Mark Brooks (MB)	Chief Executive
Apologies:	Darryl Thompson (DT)	Director of Nursing, Quality & Professions
In attendance:	Rachel Irwin (RI)	PA to Director of Strategy/Deputy Chief Executive (author)
	Dawn Pearson (DP)	Communications, Engagement, Equality and Inclusion Lead
	Sue Threadgold (ST)	Deputy Director
	Aboobaker Bhana (AB)	Equality & Involvement Manager
	David Webster (DW)	Non-Executive Director
	Mike Garnham (MG)	Health Intelligence Analyst/Information Manager
	Darren Dooler (DD)	Governor
	Zahida Mallard (ZM)	Equality & Engagement Manager
	Chris Lennox (CL)	Deputy Director of Operations
	Elaine Shelton (ES)	Disability network Chair & Staff Side Chair/Covid Lead
	Gillian Cowell (GC)	Carers staff network Chair/Carer Support Worker
	Hazel Murgatroyd (HM)	Interim Head of People Experience
	Tony Wright (TW)	Sustainability Change Manager
	Sarah Leason-Hurley (SLH)	Quality & Governance Lead
	Donna Somers (DS)	LGBT+ staff network Chair/Ward Manager
	Nomagugu Ndhlovu (NN)	Associate Quality and Governance Lead
	Lindsay Jensen (LJ)	Deputy Chief People Officer
	Sophie Hempsall (SH)	Associate Director for Nursing and Professions
	Melissa Harvey (MH)	General Manager
Apologies Attendees:	Claire Hartland (CH)	HR Business Manager
	Paul Brown (PB)	HR Business Partner
	Manreesh Bains (MBa)	BAME network Chair/Consultant Clinical Psychologist
	Catherine Musagedi (CM)	Staff Side Lead for Equalities
	Carmain Gibson-Holmes(CGH)	Deputy Director of Nursing, Quality and Professions
	Greg Moores	Chief People Officer

Section 1 – Standing Opening Items

EIC/22/70 Welcome, introductions and apologies (agenda item 1)
The Chair, Marie Burnham (MBu), welcomed everyone to the meeting. Apologies were noted.

EIC/22/71 Declarations of Interest (agenda item 2)
None.

EIC/22/72 Minutes of previous meeting held on 20 September 2022 (agenda item 3)
The minutes were agreed as an accurate record.

It was AGREED to APPROVE the minutes as an accurate record of the meeting held on 20 September 2022.

EIC/22/73 Matters arising from previous meeting and action log (agenda item 4)
None.

EIC/22/74 Actions from Trust Board (agenda item 5)
No specific points raised at Trust Board.

EIC/22/75 Review of Committee related risks and any exception reports as required (agenda item 6)
Salma Yasmeen (SY) confirmed 3 key risks had been reviewed and the updates/tracked changes had been highlighted on the paper.

Risk 1531 will be reviewed more fully after the winter period but had considered whether to merge this as part of an overall risk around supporting staff with protected characteristics around flu etc.

Mark Brooks (MB) confirmed that the EMT scheduled for tomorrow included a review of risks and he felt that there was more work to do on some of the actions, particularly the red HR ones.

Mike Ford (MF) mentioned Risk 1157 regarding the reestablishment of a BAME talent pool and having a truly diverse workforce and asked what was happening with regard to other talent pools for other protected characteristics. SY confirmed that the talent pools which were being established would follow a whole series of things being planned for the new year, including a deep dive survey and inclusive conversations across the organisation. The WRES and WDES data clearly showed the gaps in the organisation and with the other planned pieces of work should inform what our talent pool focus and emphasis should be e.g., disability and working carers (data not currently collected for this).

MB felt the wording for the risk probably needed to change and include diverse and representative workforce **at all levels**.

The Committee DISCUSSED and COMMENTED on the current Trust-wide corporate/organisational level risks relevant to this Committee.

EIC/22/76 Context report – National, ICS and Trust level (agenda item 7)
SY confirmed the report had been provided for information and to reassure Committee that papers and bigger pieces of work were reviewed and that anything which might have an implication for the Trust locally, regionally or nationally was fed through a whole range of mechanisms including EMT where appropriate and OMG. The only thing which appeared to be missing (due to it coming in after the papers had been prepared) was a review into another public service body around the treatment of staff from BAME communities (currently being reviewed).

MF commented on the volume of information in the paper and hoped that we weren't having to change our policy/strategy/action plan every time a new paper came out. SY confirmed that so far there hadn't been anything which had come out which required a change of strategic direction.

The Committee NOTED the contents of the context report.

Section 2 – Insight, feedback and programme updates

EIC/22/77 Staff Network Report (agenda item 8)

Hazel Murgatroyd (HM) advised in the absence of Paul Brown (PB) that the paper had been provided to update Committee on the staff networks.

Gillian Cowell (GC) mentioned a point raised earlier in the meeting about not collecting working carer data. GC advised that they had been working hard on this over the last 18 months, had a system in place and been working with NHS England and ESR who had promised on two occasions that the portal for staff to self-identify as a carer and also as having a staff carers passport would be up and running in December – not heard anything further.

MF mentioned there was a figure given for the membership of the LGBT+ network and he wondered if it was possible to have a table detailing the current number of members in each of the networks to consider as a percentage of people who declare against that characteristic. The annual report mentions that we have thriving staff networks but he just wanted to sense check against the numbers. SY felt that the staff networks should be a safe space to support change and people should be able to opt in and out and that all were at different stages of maturity. SY confirmed they could do this but a larger group didn't necessarily mean it was thriving. MF agreed but having some way of understanding how they are getting on would be useful. HM advised that some of the membership of those groups was not purely those who declared as having that particular protected characteristic – there are allies in those groups so the numbers may not be accurate. Tools are however available to assess the maturity of networks.

The Committee NOTED the update.

Carers Network Presentation

GC highlighted the salient points of her presentation: -

- Video 'setting the scene' available to watch.
- Statistics provided on staff carers – in certain age groups, this increases over time and adds to the need for us to have staff carer networks at the Trust.
- Overview of staff carers network – members haven't really changed from the beginning which needs addressing - recruitment campaign will take place to sell the benefits of being involved in the staff carers network from a steering group point of view and not just from a member's point of view. It has been challenging to recruit people.
- Over 60 attendees with a distribution list of over 41 staff carers.
- Need to continue to increase visibility which might be easier now able to do face to face and welcome events. Getting two or three new members from each welcome event.
- Currently on the intranet with all the other staff networks and showcasing the work in animated newsletters.
- Intend to increase membership three-fold over the next 18 months depending on whether we can get staff carers to self-identify at the Trust as being a staff carer and having a staff carers passport.
- Will be launching staff carer awareness training in January – this will include not just training around unpaid carers but includes staff carers so hopefully it will highlight the importance of the networks.
- Looking to make carers legally one of the ten protected characteristics.
- Supporting HR with special needs policies from feedback from members.

- Became carer confident organisation – only 3 NHS Trusts hold this accolade at Level 2 and we are hoping to be the first to achieve Level 3 status.
- Influencing changes to ESR nationally with respect to being able to self-identify as carers. Have escalated this issue to EMT and Greg Moores (GM) will also provide support with regard to this documentation.
- Continue to deliver wellbeing sessions.
- Deliver 1-1 support.
- Vision for next year is to continue to grow and be shaped by our staff carers, hold quality improvement sessions to consider what's working and what's not, to be visible throughout the Trust and recruit a robust steering group that are truly representative of the workforce, to have real data on staff carers and staff carer passports and continue to share experiences of what it is like to work in the organisation with the Trust Board.
- Video on Kez's story available to watch.

MBu thanked GC for her presentation and said that the work she was doing was phenomenal. MBu thought the welcome event/marketplace was very useful for the promotion of all the networks. SY also thanked GC and acknowledged the work done by herself and Aboobaker Bhana (ABB) over the last couple of years and that it was important to keep the momentum going on this agenda and hopefully work through a process to provide GC with more certainty around her role. EM also thanked GC and recognised the challenges from the presentation, particularly IT related.

The Committee NOTED the presentation.

EIC/22/78 Commitment to Carers updated (agenda item 9)
ABB had provided an annual update on the work undertaken to support unpaid carers and staff carers.

- We were the first organisation to have the Carers Charter, making three commitments – to support carers with information and signpost them, train our staff to be more carers aware and continue to have carers as equal partners in everything we do by giving them a voice. Currently meeting all objectives within the charter and more.
- The carers network has now received Level 2 accreditation and is hoping to achieve Level 3. Still need to work out the issues with the IT system for staff to be able to self-register as carers and get the help they need.
- Will continue to grow our carers passports and our ambition is to have a carers champion in every team and service – currently have 40+ carers champions but would like to grow this to 150 over the next two years.
- Have a thriving carers network and are influencing local authorities and councils with their carers strategy.
- Have been commended in the work we do around carers in the Calderdale strategy and also in Barnsley and working in partnership with Kirklees to look at theirs also. The ambition is to go for the Triangle of Care accreditation.

EM asked about the challenges in the carer groups and how we can see these through a diverse lens when we know women are expected to do the carer roles, there are different expectations within BAME communities and different expectations from other protected characteristics. EM wondered if we were able to break this down so we can provide a more focused level of support. ABB confirmed that if the care is diverse, then the offer is diverse but it's not possible to capture all this detail in the report. They are always also looking at hidden carers and using their networks (have 70 different stakeholders). One area which requires more focus is young carers and especially those who are part of children's services.

MB was pleased to see that we were providing staff carers awareness training in quarter 1 next year but wondered if the level of awareness across the organisation was consistently understood as there were previous inconsistencies in terms of awareness and how carers requirements were met. Also, the paper mentioned our interaction with West Yorkshire ICS but it didn't' mention South Yorkshire. ABB confirmed that the initial module they had for staff awareness training for managers on ESR wasn't fit for purpose so had co-produced it with staff carers. ABB felt there was now a good understanding generally. Had also looked at areas where things hadn't gone well and which we can learn from ie. serious incidents. One of the main reasons was the lack of communication on engagement with carers which could have resulted in some incidents being mitigated.

ABB wasn't sure about South Yorkshire. MBu didn't feel we were doing enough in South Yorkshire due to the lack of information. MB confirmed that he would have a conversation outside the meeting with ABB and GC about strengthening our relationship with South Yorkshire ICB on the agenda for supporting carers, including sharing good practice from our Trust and ensuring a Trust wide approach to staff and carers.

Action: Mark Brooks, Gillian Cowell & Aboobaker Bhana

GC confirmed there were inconsistencies across the Trust and the training and Triangle of Care will help bridge the gap and highlight how each area is doing and how they need to improve. Along with this, the training being delivered in January will be bespoke to each area. GC has a meeting with Triangle of Care shortly.

The Committee NOTED the update.

EIC/22/79 Care Group Highlight Report (agenda item 10)
DP confirmed the paper had been provided for Committee to highlight the work going on in our care groups – in this case, a collection of work being undertaken in Barnsley focusing on the integrated services care group and mental health services (11 mental health services and 28 community services) addressing areas around inequalities ie. EyUp! project around making sure people know it's OK to stammer, the work they are doing with Trans Barnsley, adjustments around easy read and access for people with a learning disability and different forms of digitisation and who may be able to access these and who may not.

Lots of involvement work ongoing led through the recovery colleges and peer support workers. Very positive from the Barnsley system about how they are addressing inequalities and supporting involvement in the community.

MB felt the report was excellent and demonstrated the breadth of work taking place and the positives in terms of the focus to reduce inequalities. He did however feel there was a gap around race in the report and wondered if we should include next time.

EM mentioned the protected characteristics covered a wide breadth of people but didn't necessarily cover people suffering from social mobility and her worry was that the people of Barnsley might not necessarily fall into the protected characteristics in the same way ie. not a large BAME community but there are still a lot of inequalities and asked if we captured this data. SY advised that the business intelligence tool covers right down to area with deprivation index and currently are developing some easy tools to help services to access this data. Local authority and the ICS in Barnsley (Joe Minton) have some excellent data around health inequalities which they are sharing with us. EM felt it was really helpful to have this business tool and would be good to capture this across our cohorts. SY advised that a lot of the work we are doing with partners is very advanced and there was a large presentation which she could

send to EM which showed the amount of work happening in Barnsley place. EM confirmed she would like to see this information.

Action: Salma Yasmeen

Zahida Mallard (ZM) mentioned ethnicity – new census data has started to come out from South Yorkshire and there has been quite a shift for the BAME community – the health integration team do a lot of work with asylum seekers and refugees who are dispersed into Barnsley and that this community experience barriers trying to access our services.

The Committee NOTED the contents of the Care Group highlight report.

EIC/22/80 Patient/public story/campaign (film) (agenda item 11)

DP shared a film about Jacob who had a learning disability, demonstrating how a creative approach can be meaningful for people like himself.

The Committee NOTED the film.

Section 3 – Strategy and Policy

EIC/22/81 Equal Opportunities in Employment Policy (agenda item 12)

SY advised that the policy had been reviewed, refreshed, been to the networks and was signed off in October by EMT.

MF mentioned that the introduction stated **staff group to whom it applies: All staff within the Trust** and wondered what our position was around bank and agency staff and what consideration we gave to them in terms of equal opportunities. SY confirmed that legally this should apply right across the board and most organisations are required to have a policy – it's mandatory. HM confirmed that the agencies they work with and procure services from are based on the values of our Trust and they have to adhere to employment legislation. MF asked if we looked at their policies to ensure they aligned with our values and policies. ZM also didn't think we linked into the next agenda item ie. sustainability e.g., using locally based agencies and the profile of bank and agency staff isn't always meeting the needs of the clients accessing our services.

ZM also mentioned that this year in regard to the WRES, they will be asking for further data (medical WRES is coming in as well as WRES data broken down for bank staff). SY confirmed this would be an area of work for us in the future to clarify where we are as an organisation.

EM agreed the policy was better than she had seen at other places and met the statutory requirements, however, the ambitions were quite strong and wondered how we measured them. SY confirmed that the detail was picked up as part of the Workforce & Remuneration Committee but possibly could ask for assurance from that Committee or from GM around this particular area and discuss at a future meeting.

The Committee NOTED the policy.

EIC/22/82 Social responsibility and sustainability strategy update (agenda item 13)

Tony Wright (TW) firstly commented on the point ZM had made about sustainability, confirming it did connect to the work of the social responsibility and sustainability policy and they are looking at a sustainability impact assessment and whether this could be a social responsibility impact assessment. We already have equality impact assessments but clear this is something we need to look at and would be happy to be included in any future discussions.

A driver diagram had been provided covering the three main objectives which he hoped was clear and self-explanatory.

- Delivery mechanisms, governance and reporting.
- Strategy – commence work on headline initiatives.
- Establish change approach.

An action plan had been developed with input from colleagues across the Trust focusing on quality improvement approach.

Achievements to date: -

- TW had been appointed to the role in September after Board agreed the strategy in July.
- Board agreement that social responsibility and sustainability would be a Trust priority.
- Development of a plan for the launch of the strategy – MB keen for formal launch and this is planned for January to include Ihub challenge, knowledge exchange and a takeover of an extended EMT in March.
- Support from Comms regarding drafting a communications and marketing plan.
- Support from Alexis Ritchie to draw up a draft plan for involvement.
- Agreement that an additional excellence award will be awarded for Social Responsibility and Sustainability.
- Funding received for a pilot scheme for e-bikes. Had an excellent response to this already on Ihub. Meeting with Barnsley Cycle Hub to get some feedback from them.
- Agreement that we will plant an additional 500 trees in Trust grounds in January 2023.
- Excellent connection made with Kate Dewhirst and pharmacy team around the over-prescribing steering group and Debs Teale has provided some input.
- Identification of areas of good practice in:
    - Barnsley Integrated Community Equipment store
    - The Mental Health Museum

Excellent partnership working with a number of our areas: -

<u>ICS level</u>
- South Yorkshire ICB Sustainability Group.
- West Yorkshire ICS Climate Change Operational Network.

<u>Barnsley</u>
- Barnsley Positive Climate Partnership.
- Signed Trust up to Barnsley Affordable Warmth Charter.

<u>Calderdale</u>
- Calderdale Climate Action Plan Consultation.

Not as far on with connecting with Kirklees and Wakefield but in discussions.

TW thanked his Manager, Sue Barton, for her support and also SY who has encouraged and supported him from day one. MBu thanked him for consolidating everything into this report and presenting so concisely and quickly to Committee bearing in mind he had only been in post for a short time.

ABB asked how we made sure that our money was invested in our communities. TW confirmed that social value procurement was a key headline initiative identified in the strategy and will give this specific focus. Each one of the five headline initiatives has a named lead and Tony Cooper from procurement is working closely with them.

The Committee NOTED the policy, AGREED the proposed action plan and AGREED the frequency of reporting required against the action plan.

Section 4 – Performance Reports

EIC/22/83 Equality dashboard (agenda item 14)

SY explained that the dashboard continued to evolve and develop and remained a work in progress. Decided at a previous meeting to have a themed focus on the workforce element in the dashboard each quarter. This time, the focus was on disability.

Continued to develop some of the key areas of data and insight related to the Core20PLUS5 so now have information about specific services we look at as part of our IPR i.e., IAPT broken down by ethnicity and deprivation.

Had included a summary of some of the work we are doing and how we are starting to use data to drive improvement and change.

MBu felt the graphics were helpful.

DP confirmed that they had now included the new Core20PLUS5 for children and young people so their metrics were defined within the dashboard – more work to do to understand what this means and the dashboard will need to be updated based on this.

MF asked what the timetable was for this to become a complete dashboard and on the disability numbers around recruitment likelihood, there are some charts which go into the IPR about recruitment likelihood and whether these were based on the same data but shown in a different way. DP confirmed they were using the same information that comes through the workforce team to ensure a consistent approach.

SY confirmed that this dashboard was iterative at present as still responding to national developments. As we started the dashboard, we got clarity on Core20PLUS5 and now we have the Core20PLUS5 for children and young people so will build this in and also we are testing how useful the data is and how best to have a conversation about this at different levels.

Lindsay Jensen (LJ) confirmed wider discussions take place at People's Committee around disability, they look at the work around how this is integrated and also look at wider diversity and the other things which impact on all our groups.

MF noted this was only a 5-minute item on the agenda and asked which meeting looked at the data and the actions which come out of the data. SY confirmed that time was limited for this item due to the length of the agenda but it was now in a good place and can start making sense of the data and using it and that the sub-committee deals with the operational, joining up, driving and delivery and also the priorities go via EMT. We now have a clearer lens on the workforce data through this dashboard. We can now start to see how our services are being used by different protected characteristics and we have some waiting list data. The business intelligence team have done a huge amount of work on this and we now need to use it to drive some of the changes and to check the changes are making a difference.

The Committee NOTED the development of the dashboard.

EIC/22/84 Equality, Involvement, Communication and Membership strategy implementation action plan highlight report (agenda item 15)

DP had provided a report on the work being undertaken against the strategy action plans for equality, inclusion and involvement and some of the highlights achieved. This also included

information on equality impact assessments and training compliance. In a positive position for all.

Two actions were progressing but hadn't been completed by the dates agreed – a toolkit to capture patient stories and the reimbursement of expenses policy. DP confirmed to Committee that she would need to adjust the completion date to March 2023 for both actions which was agreed.

Highlights: -

- Making transgender policy live by working with Trans Barnsley group who are going to do an easy read guide.
- Work progressing on Race Forward by putting it under #Allofyou to help think about the broader way of addressing race in our system.
- Work around hate crime awareness which ABB has helped to deliver and these sessions have been well received within service settings.
- Lots of work around involving people – interpreting, translation and transcribing policy and working with our communities and workforce who are providing insight and feedback about how to improve this.
- Progressing our asset-based approach to involvement – on track to deliver sessions in the new year.

Apart from the two actions previously highlighted, on track to deliver the action plans before March.

EM mentioned that there had been a couple of presentations at the Annual Members meeting around equality and diversity and asked what more could be done to support governors with this. DP confirmed there was a programme of work ongoing at present where we are refreshing the database in partnership with the corporate team – looking to see who's a member and then actively target where we know there are gaps, ensuring we get a representative membership in our places. Once we then come to recruitment, we have a diverse pool to ensure we reach the right people. This will be concluded in March and hopefully included in the highlight report.

The Committee NOTED and COMMENTED on the report and APPROVED the recommendations.

Staff survey

LJ advised that the results had been received from Quality Health on Friday – still under embargo. 50.4% response rate from Trust substantive staff - an increase from 43% last year. Currently working through the feedback and data. Incentive scheme to complete the survey to win an iPad was well received. This year also undertook a survey with bank staff and had a 27.9% return. This was quite low but it was the first time it had been done and once the responses are looked at, we can start to understand what they are telling us around their experiences of working in the organisation.

HM confirmed the results had been impressive and had had approximately 500 more completed responses than the previous year. MBu advised that most people are happy with a 15% response rate so these results are quite significant. MBu asked when it was possible to share the results and presumed EMT looked at them first and an action plan was then created. LJ confirmed they were embargoed from a national point of view but not internally so will start working on these and then do a deep dive for each team and will go back to EMT and the Board early next year.

Inclusive leadership and development programme update
LJ updated on the work being undertaken with Monique, who is supporting us around a programme around race and also developing a survey for next year – work ongoing. The new diversity, inclusivity and belonging lead will also support this work. Trying to come up with a plan to help us move forward around getting this embedded in terms of our leadership programmes.

EM felt that some of our leadership and development programmes lacked traction or lost some momentum. LJ confirmed there were a lot of established leadership programmes doing well. Have struggled during covid to engage leaders. Need to make sure what we have is sustainable and need to make sure these are fully researched and more embedded going forward. It is a challenge releasing people from services. HM confirmed there will be a review of the leadership and development programmes, looking at the challenges and also widening access to make more inclusive.

The Committee NOTED the updates on the staff survey and inclusive leadership and development programmes.

EIC/22/85 Equality Delivery System 2 (EDS2) update/planning for EDS3 (agenda item 16)
ZM confirmed the theme requested by West Yorkshire ICB for Goals 1 and 2 this year would be waiting times and learning disabilities. Have arranged for two stakeholder events to undertake the grading exercise in the new year. Once these have been done along with grading for Goals 3 and 4, a small group made up of MBu, MB, DP and SY will look at the overarching grading and this will then be uploaded and submitted to NHSE.

Had an initial internal meeting with some of our different directorates and departments yesterday around starting the work around EDS2022.

With regard to Goals 3 and 4, SY confirmed the survey had been carried out, receiving just over 200 responses (not sure of the protected characteristics) and recommending we are achieving on being an inclusive organisation. As a Committee, we need to confirm whether we feel we are achieving on those elements or developing for the workforce components. SY advised that from looking at the WRES and WDES data and some of the issues discussed earlier in the meeting that we were developing rather than achieving.

MF felt it was generous to say we were achieving on Goal 3 from looking at the numbers as too many in the undeveloped and developing so would be more comfortable with achieving on Goal 4 and developing on Goal 3.

LJ agreed with SY.

MBu asked Committee for their thoughts and it was agreed that we were developing against Goals 3 & 4.

ZM confirmed that we will be peer reviewed next year on the new scheme.

The Committee NOTED the update and AGREED that we were developing against Goals 3 & 4.

EIC/22/86 Equality Standard update (WRES & WDES) (agenda item 17)
LJ provided an update: -

- Continuing to focus on inclusive recruitment with positive appointments.

- Disability staff network - reasonable adjustments moving in right direction.
- Only just published the annual action plans for WRES & WDES.

The Committee NOTED the update.

EIC/22/87 Internal Audit Reports (agenda item 18)
Nil.

Section 5 – Annual Items
EIC/22/88 Equality, involvement, communication and membership Annual Report for Trust Board (agenda item 19)
SY presented the draft annual report which set out what we know about the Trust and where we are this year. In the Appendix, there were a whole list of actions, interventions and progress made against them and very specific changes we have introduced to try and improve key objectives. Hoping this year's report will be interactive on our web site so that people can see the objective and what we have delivered against it. Still in draft and will be going to EMT tomorrow. Any comments and feedback would be greatly welcomed by email by the end of the month to DP and SY.

Action: All

DP confirmed that they had done a lot of work to simplify the content as the aim was to make it an accessible easy read version and were working with the people directorate to create links where we know there is insight and information. The governors diversity statistics are currently being updated and wont' be ready until the end of the month.

DP will share the final draft with Committee members by email for approval prior to it being uploaded. SY confirmed that a forward would also be required by MBu/MB so this will also be drafted and sent by email.

Action: Dawn Pearson

MF felt it was a great report, specifically about where we are and where we have been and that we just needed to ensure everyone was happy with the future information.

EIC/22/89 Committee strategy session (agenda item 20)
SY advised that the presentation set out the work from this year which requires a continued focus next year. It contained some developmental aspects (might be area of focus but not yet set out how we are going to tackle it), slides to remind about the shift in culture we are trying to create and the approach now established and in place around how we are addressing inequalities, the action plan with key actions against the objectives, specified outcomes which are set out in the strategy and what the measures are.

The discussions will hopefully then feed into the final action plans which will be co-produced and agreed with the staff networks and other partners across the organisation which will come back to the meeting in March.

Committee were asked:-

- Do we have the right emphasis and focus?
- Is there anything additional we should consider?
- Is there anything missing?
- What more do we need to do to create the right conditions to develop an inclusive culture and Trust?

EM felt it looked really good and was a lot better than previous years, just wondered if we needed more on service users.

MF asked how this interfaced with our health inequalities priorities and ambitions and whether they needed to be reflected in some of the priorities. SY confirmed the approach set out is health inequalities but it is also about us moving towards equity. This is built on what we are doing already which we know needs to continue, the action and emphasis based on the insight and data we have but we will be co-producing and checking feedback from all the networks and Members' Council discussions. MF also supported EM's challenge that the balance and emphasis on service users should be stronger.

SY advised that the areas of focus will need to continue as they build on what we have been doing this last year and connect to the protected characteristics and things we still need to deliver on. SY couldn't see these changing radically. SY asked MF and EM for an example of a focus on service users as most of this was about service users. EM said that we now had more meaningful data around service users, as could be seen from the dashboard, and wondered if we could improve one of these statistics i.e., waiting times. SY confirmed that waiting times was a key area of focus and agreed we should pick an area and make sure we can demonstrate change – this work is happening at present.

MB felt the balance was right but it just might be down to how we present it and the order as the service user actions come more towards the end - should explore where we see ourselves and shift the emphasis onto the actions so we are making meaningful change and this should be our focus for next year and could be more prescriptive on the specific outcomes. MF advised he was happy with MB's view about the balance and that revising the order may help. Also, it's difficult to spot what's missing and whether there was a way to check we had covered all the areas. SY explained that some of the things we have to do as the data and insight tells us and this year has been about setting up processes, the approach, raising awareness and understanding which we need to continue with and start highlighting specific outcomes. SY advised that we can always add in year.

Darren Dooler (DD) mentioned the approach and culture section and communities co-producing solutions but asked if these were national or from a specific community as Wakefield didn't have a vast difference in equality and equity but certainly did from a financial point of view so national poverty and guidance didn't meet the needs of individuals from specific communities. DP advised that we were trying to ensure we had the right infrastructure in place to look at things more closely and the ambition is that we want to make sure we have the right tools to equip teams and services to start doing this themselves so this is where the real change will happen at a service level. We now have a tool to digitally record the actions from equality impact assessments to understand who is doing which actions and in which services and where the impact would be in terms of our groups. Have enhanced training for Managers to roll out so that people can do this work and have the right tools to do so.

SY advised that Creative Minds and our recovery colleges invest in communities and listen to what they want and respond in a responsive way each year. SY accepted DD's point about inequity in terms of finance and hoped to address this via working with partners, local authority and elected members, housing partners, educational institutions and we also now have involvement and insight happening in the organisation but currently no standardised way for this but DP is working on an asset-based approach.

Feedback to DP and SY required on this over the next couple of weeks from everyone. MBu mentioned the staff survey and that we should also include anything relevant from the results.

Action: ALL

The Committee NOTED the presentation.

Section 6 – Governance

EIC/22/90 Governance (agenda item 21)

Nil.

Section 7 – Standard Closing Items

EIC/22/91 Review of risks (agenda item 22)

No further risks identified.

EIC/22/92 Work Programme and agreement of Committee meeting dates and work programme for following year (agenda item 23)

The work programmes and meeting dates were approved.

EIC/22/93 Items to bring to the attention of Trust Board or other Committees (agenda item 24)

The assurance form would be completed for Trust Board.

EIC/22/94 Any Other Business (agenda item 25)

MF mentioned the earlier discussion around agencies and their policies and wondered whether this required a change to our risk register or not. MB suggested this be picked up outside of the meeting as an action as it may form part of an existing risk and may not be a new risk.

Action: Mark Brooks

EIC/22/95 Date of next meeting (agenda item 26)

The next meeting will be 14 March 2023.

South West Yorkshire Partnership NHS Foundation Trust

Finance, Investment & Performance (FIP) Committee
Monday 23 January 2023
Virtual meeting, via Microsoft Teams

Present	**Apologies**
Rob Adamson (RA) Carol Harris (CH) Leslie Hewitt (Item 9) Natalie McMillan (NM) Nick Phillips (NP) Adrian Snarr (AS) David Webster (DW) (Chair) Julie Williams (JW) Mel Wood (Item 9)	Greg Moores (GM) Kate Quail (KQ)

Item no.	Item/area	Progress and actions/decisions	Lead	Action
1	Meeting behaviours	David Webster (DW) (Chair) opened the meeting and advised members that the meeting would be recorded for audit and record purposes.	DW	
2	Welcome and apologies	DW welcomed everyone to the meeting Apologies were received from Greg Moores and Kate Quail	DW	
3	Declarations of interest	There were no declarations of interest.	DW	
4	Notes/minutes of previous meeting	The notes/minutes from the FIP meeting held on 21st November 2022 were presented. The FIPC reviewed and APPROVED the minutes of 21st November 2022	DW	
5	Matters arising and Action Log	**Actions to remain open** Action 144 - AS fed comments back to team and they are looking at revising summary sheet with a view to stripping out some of the detail to make it clearer. AS to bring update back to March meeting Action 142 – Investment Appraisal, AS to review work plan with a view to bringing updated spreadsheet back to future meeting. **Actions to close** Risk 129 Risk 138	AS	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		Risk 140 Risk 141 Risk 143 - It was agreed we have a good process in place clinically as numbers of placements are not increasing. DW recommended that this be closed by FIP and picked up in further discussions with commissioners.		
6	Action delegated from Board (new standing item)	DW stated there were no actions to report	DW	
7	Committee related risks	AS presented the review of committee related risks stating there were no real changes since the committee were last updated and that the two significant risks remain. Risk 1114 - AS advised that this will be reviewed once they get into the planning round. He explained there will be a requirement for a high level of cost savings, he felt the Trust were in a reasonably good position for the next financial year on this so will not change the risk level. Risk 1585 - AS advised this risk will also be reviewed further when we get to the planning round. He advised there is some risk, and this may be more challenging, AS stated, this risk will be subject to review once we have an indication of the system capital resources available to us. **The Finance, Investment and Performance Committee DISCUSSED the current Trust-wide corporate/organisational level risks, relevant to this Committee and were ASSURED that the current risk level is appropriate.**	AS	
8	Financial performance	RA presented Month 9 key headlines:- • The Trust planned surplus for 2022/23 remains £3.2m and the focus remains on managed delivery of this target • Pay - At beginning of year had workforce assumptions of how quickly we could recruit into posts, this has not happened at the rate expected, we are currently seeing a positive increase in worked WTE, this includes a steady increase each month in substantive. As of December, the trust had 139 more people working for us than the year before, so it is moving in a positive direction. • Agency - this is our one red KPI (key performance indicator) which continues at a high rate and more than we would have spent in each of the previous 2 years on agency staff. RA remarked that we are aware we are running at a run rate that is higher than is set as a target, but we understand the reasons behind this.	AS	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Non-pay - no real change and the same trend as in previous months. RA confirmed that next year they will look at reporting the adult collaboratives slightly differently as it does significantly impact on the non-pay spend and trend. He explained the main pressure for non-pay remains OOA, there has been an increase in spend in month even though the bed days have gone down slightly, which is as a result PICU beds which are higher bed day rates than the acute beds. • Capital position – RA confirmed the Trust is reporting £13m • Cash remains positive and we continue to pay people as quickly as possible. RA replied that as of December 2022 the correct capital position had been reported to both the ICB and NHS England and the ICB have recognised that as part of their consolidated position. DW commented that previously when there had been an increase in OOA beds NHS England had come to investigate, he asked if there was any chance they could revisit as the numbers are continuing to rise. CH replied that there has been no indication that NHS England would want to revisit and that this is a standard trend that other trusts are also seeing. She advised the committee that there was lots of activity and initiatives taking place across the ICS. AS commented that although there is nothing definitive in the planning guidance for next year there are quite a few references to a desire to reduce OOA spend, and similarly some of our Place leads are looking at their financial positions. AS commented that the reality of the ICB position is that most of the Mental Health Trusts are in a similar positionHe confirmed the mental health investment standard is still valid for next year, so from a financial point of view it looks slightly odd that we have a surplus and they are going to give us a 6-7% uplift on the MHIS that we will struggle to spend in the totality of what we need to do, so it does draw attention to us and other mental health trusts. AS assured the committee that the executive team are working hard to ensure the message is clear outside the organisation as to why we are where we are. NM remarked that the agency spend is an increasing trend overall and if we look at it over the months is it more costly to cover a shift with agency rather than bank and locums. RA replied no this is not the case and nurses cost about same, he explained it is the medics that are the real premium cost elements. He stated 99% of the Trusts nursing staff are through a block arrangement with Sugarman as an agency and all within capped rates and all comparable. He remarked that some medics are very costly indeed. NM asked would it be fair to make some kind of assumption that predominantly agency spend is around medics. RA replied no not really, and although there is not a breakdown provided within this report, a breakdown is provided to OMG by categories and care groups, and there is around £3m for medics, £3m for nursing and £3m for others, and only 23 medics are in that £3m.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		NM remarked that she was trying to triangulate this for the People committee, and she felt there was something about this committee doing a deep dive into agency to ascertain if there are particular groups that are leading to these costs. CH stated that one of the most disappointing areas of agency spend is our non-registered healthcare support workers, she said this is an area that we do need to look at further with a view to growing the bank so there is no need for agency usage. She commented that healthcare support workers are easy to recruit to and although we do not carry a huge number of vacancies, we should not carry any. AS confirmed that Greg Moores has established an agency committee working group and the intent is for that group to find out who our high-cost medics are, how long they have been with us, and what is the plan to recruit into those positions. He remarked that you cannot deal with the totality of agency all in one go until you start focussing on high cost/long term agency workers, and this is currently being worked through. He confirmed that this information is available, and it is about bringing it all together and having a plan that deals with some of this, which is quite challenging. AS remarked that some neighbouring mental health trusts are struggling significantly more with locum medics, to the point where it is starting to compromise their service delivery, and although it is quite expensive it is not compromising our Trusts service delivery. RA asked if it would be useful if the detailed agency report came to FIP for information purposes to show the committee the breakdown of conversations. DW replied that it would be worth seeing if this relates to one of the KPI targets we are missing, following this the committee can then decide if they want to see it at every meeting or periodically. **ACTION: RA to provide detailed agency report at March meeting** RA commented that one thing that stands out for him is the impact on the plan and if we look at our current run rate, we will breach next years cap unless we can take action on some of this, so it is about how this links into planning. AS remarked that there is an interesting point here in that we can quite easily get our spend within the cap if we start saying no to agency recruitment, but it would then impact on the People Committee and the Clinical, Governance & Clinical Safety Committee so it would merely go off our agenda and onto somebody else's so he felt sharing a report that is consistent across these committees might be a good idea as we have to try and get the balance right. He stated we do expect NHS England to pay more interest in this next year, as they have changed their methodology for how the cap is calculated and if we carry on with the same run rate we would exceed it again, so we need to understand what our strategy is for the year ahead. **Financial Forecast** RA presented the M9 Financial Forecast stating that the year to date and forecast positions are driven by a number of key factors and that the report included current forecast positions, by care group, and scenarios which will impact on the overall forecast position.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		Key headlines:- • The forecast continues to be reported externally as £3.2m which is in line with plan and any changes to this would need to be agreed both internally and also within the ICB in line with NHS England protocols. • Year to date position remains driven by workforce. WTE worked has increased again in month but due to vacancies continues to be underspent against plan month on month. • Out of Area placements remain volatile and higher than previously forecast. Work ongoing to ensure other forecast spend, such as training, is incurred prior to 31st March 2023. • Run rates and additional central adjustments suggest that a forecast surplus greater than £3.2m will be achieved. • Although financial pressures continue the most significant driver remains pay expenditure and the impact on the overall forecast position • The financial plan which was revised in June 2022 to reflect a £3.2m surplus will not be adjusted to take account of changes in costs and funding related to the national pay awards actioned in September 2022 or the NI rate changes in November 2022 AS commented that the key point is that the Trust was given additional funding by NHS England which was not expected He confirmed that there are still discussions to be had and some things at the end of the year that will require judgment and some subjectivity, and these have to stand up to external audit scrutiny. . He explained the external audit community by and large through Covid has been looking out for organisations being prudent,. . AS remarked he was quite clear that a proportion of the money that came from NHS England is for the South Yorkshire Collaborative and therefore we have to find a way for it to flow into South West Yorkshire. He explained if we did nothing it would just increase our surplus and that would be for the benefit of West Yorkshire and that does not feel like the right thing to do particularly given some of the financial challenges in that patch and conversely the mental health trusts in South Yorkshire are struggling financially. AS confirmed, we are trying to look at what we can appropriately carry forward into next year so that we have some financial headroom and this does come with its challenges. Our biggest challenge financially is that we have not got staff coming into the organisation at the rate we hoped for and that has provided the financial upside. NM commented that if, with the surplus this year the Trust decided they wanted to give staff a voucher with all the retention issues we currently have, would it still need to go through the Treasury, even with Board approval. AS replied, that at this level it would. RA remarked that the Trust have paid a voucher this year which was within the limits that we can make decisions on. He explained there is currently lots of scrutiny around the managing public money public document NM remarked that it is disappointing as it constrains what Boards can do, and with all the current issues we have around workforce and trying to do things to help people with cost of living and other issues,		**RA**

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		RA remarked that the Trust are still exploring what we can do within the terms and conditions which might mean we can still use this and manage the year end position overall. **Collaborative financial updates** RA provided the update stating the report shows there are financial pressures in the CAMHs Collaborative that is hosted by Leeds and York Partnership, and adult eating disorders has small surpluses, and this is forecasted for the rest of the year. He stated there are also large surpluses in the adult secure collaborative which the Trust host, and if all this plays out there will be a risk and reward share which will mean some of the funding will go out to the 3 NHS Trusts in West Yorkshire. He explained there is lots of ongoing work to try and mitigate that pressure. RA commented that the paper also identifies some additional money that came from NHS England for the Adult Secure Collaboratives which we were not expecting and will flow into the risk share and will obviously have an impact on our forecast. RA remarked that he was conscious there was not a huge level of detail in the paper as this is discussed in greater detail in the Collaborative Committee. DW commented that he was quite happy to see this level of detail as the key focus for this committee is the costings. AS confirmed that South Yorkshire are also in surplus for the reasons that RA highlighted, and we do not have a risk share in South Yorkshire. He explained these are really volatile services where the vast majority of patients are commissioned on a cost per case and a small number by cost, so whilst it is all looking good this year if we have a bad year next year we could run into deficit, so we are still pursuing a risk share across the whole of South Yorkshire with the other Collaboratives which is progressing AS explained that we have also additionally set the South Yorkshire Collaborative a challenge of understanding how they can make best use of that surplus as we run into the end of this financial year.. DW commented that given the West Yorkshire side is within the adult secure which we look after is this currently sat in our figures as a surplus or has it been distributed out already. RA replied that we are assuming it has been spread out, so the Collaborative year-to-date position is break even and this is partly why we need to develop the board report and treat it slightly differently by separating it out, and we are currently working on this.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
9.	IPR Development Plan update and rebuild demonstration	JW explained that she thought it would be really helpful for the committee following discussions at the previous meeting around the process that is taking place in terms of the IPR if Leslie Hewitt demonstrated how the system worked. JW asked the committee if they had any questions on the update paper before LH demonstrated the system. NM remarked that we have talked a lot about the IPR, and it is good to see progress and good to see the incremental progress from an assurance point of view as a NED. JW commented that in the well led aqua review they did feel that our IPR was robust, so we are starting from a good place and now looking at how we can further develop it and do further analysis. MW explained that the demo is specifically looking at the inhouse automation of the IPR, as currently there is a lot of resource going into the IPR and various different data sources feeding into this. She explained that we are looking to streamline this and make it as automated as possible which will hopefully help make the production of the report more efficient. Also, that there is a lot of additional functionality that will give benefit to the different groups that review the IPR. MW stated there will be decisions that need to be made further down the line in regard to access level. LH proceeded with the demonstration MW commented that at the moment we have predominantly concentrated on the national metrics section of the IPR as that is data within our control and sits within our data warehouse, we also have a development plan to look at all the other areas of the IPR and look at bringing in other elements of data from other systems that we have across the organisation. AS explained that the system is being built using all the NHS England toolkits and we have looked at a few Trusts that are doing this live now and we think we are on the right path. He stated automation is the key so we do not spend a disproportionate amount of time validating and we can draw some meaningful conclusions out of it rather than just trying to understand how it is being constructed which is what we spend a bit of time doing now. NM thanked LH for the demonstration stating it is great in terms of Board and NEDs to receive assurance about the quality of the source data and how we are using it operationally and at board level. NM commented that it is critical to get the narrative right. She gave an example recently where people had used the narrative to explain what was already shown in the data, she remarked the Board can read the data and what we want to know is the expert analysis, so it is very important to get quality of narrative correct. NM felt there was also something about Board discipline around not asking for too much data, and if we want meaningful data we need to be specific about what metrics we want to see that will enable us to have the right conversation. NM agreed with AS that she did not think it would be a good idea to give Board the ability to click through, she remarked that the Board should not require this kind of access. NM asked if the plan was to use the IPR more dynamically at FIP as presently it is not taken through other committees and that it currently only goes to Board every 3 months.	AS	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		AS replied yes that is the plan as the FIP meeting is closest in proximity to the board meeting, so automating it should free up some time, he stated that further discussions need to take place around whether we are presenting to Board and then undertaking deep dives through FIP. NM thanked everyone for all the hard work LH asked the committee if they would like to see a snapshot of the data for every month that does not change. AS replied from a Board point of view that would be very helpful. JW agreed with the snapshot, she felt if would also be helpful for CH and her senior team to drill down into the data following the report to Board to see if anything has significantly moved, as if there is a delay in data being entered it could look quite bleak when presented to Board but then 4 days later when people have caught up on the data entry it could look better so she felt there is a way of finding what is required operationally and what is required for Board and this needs to be worked through with the service directors when we get to that point. DW agreed with the snapshot approach and that the document looked really good and although he felt it was natural for everyone to want to drill down further into the data, he did not feel that this was the right thing to do at Board. JW commented that there is a lot of enthusiasm around this work, not only in her team but within operations and corporate directorates for making sure we have the fundamentals of the IPR right.		
10.	Draft Operating Plan	AS stated, that following a half day session with executives last week there are some comms to manage across the organisation as we move into next year and there is a need to pitch it right. He explained what finance have done is rolled forward the figures and applied all the planning assumptions to them. He stated significant factors for the Trust are pay and what we model around the pay award and what the overarching NHS efficiency assumptions are. He explained when we work all of that through it takes us towards a fairly challenging Cost Improvement Plan, not just because of the number, but because of the fact we have not actively engaged in cost improvement for the past two years through Covid. He stated we have to reintroduce the discipline of CIPs and efficiencies, and we can mitigate this by some of the decisions we take as part of planning. He remarked that one of the most critical things we need to debate and get right is having robust and realistic figures around workforce trajectories. LK stated that the Trust received the priorities and operational planning guidance prior to Christmas and finance have been working through this with the key focus being around recovering services and then making progress against the long-term plan. She explained that as AS had stated earlier workforce trajectory is a key element and there is a lot of focus around triangulating workforce activity and finance plans. LK confirmed the overall NHS funding settlement includes an additional £3.3bn in both 2023/24 and 2024/2025, and the Trust are awaiting some additional confirmation around some of the SDF funding and that plans will be updated accordingly when this is received.	AS	

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		LK stated that prior to Christmas the Trust was expecting a tariff decrease and it has now been confirmed that this will now be an uplift. She stated that there is an expectation that we will reduce agency spend to 3.7% of the total pay bill and although the first draft does exceed this, it was discussed at the session last week and discussions are underway as to how we will get back to that target. LK explained there was also a lot of focus in terms of running costs within the guidance. LK commented in terms of the national timetable within the system it does not quite fit our internal governance timetable so there is a need to agree something outside of our usual meetings. AS stated, we are going to have to arrange an additional FIP meeting in advance of the Board meeting to sign off all of this. DW confirmed he was supportive of this. LK confirmed that finance is still awaiting confirmation of the final submission to the ICS ahead of the final deadline in March. LK confirmed that an efficiency value has been included to enable a breakeven position. LK confirmed there was no new investment income for 2023/24 bids. In relation to vacancy factor AS stated it was too big a number and it needs to be smaller, and that we have been putting off some of the difficult conversations because we haven't had to because of Covid, and we cannot recruit. He remarked that following discussions at EMT last week it was agreed that we escalate some of these conversations to the Board. NM asked in relation to funded establishment is this proportionate across all the organisation or are there particular hotspot teams where the funded establishment is significantly unaffordable. AS replied this is a very good question but also a very difficult one to answer as what we have done is work by need and risk, so for example there are unfunded posts in some of our inpatient units and they are there for a quality and safety point of view but they are above establishment. He explained we then have an offset somewhere else in the organisation that is in effect contributing to that and that is how we end up with the net vacancy factor. He stated that work needs to be undertaken to formalise this He stated this is a large piece of work and that is why we need to flag the profile of it now as we move into the next financial year, that that we have a good period of time to address it. JW agreed that it did need adding to the risk register, and also the BAF as it presents a risk to the Trust of not achieving our strategic objectives. CH commented that it is predominantly community vacancies that are generally reported on the risk register in the majority of mental health teams and as AS stated it was over establishment on inpatient wards that we needed to review the funding for. . She explained we are not holding any clinical posts at all, and the challenges in recruitment have helped in terms of being able to staff inpatients over the last few years.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		LK commented that a key point to note is that this is a planning assumption and workforce triangulation is going to be key in terms of getting into the detail and making sure that workforce and financial plans are aligned. She explained that workshops have been held operationally and they have had good representation from finance, workforce, and other HR colleagues to ensure everyone is working from the same data set, also as a further validation check the ICS will be issued with a triangulation tool which they will share with each Trust in early February. LK stated that to predict our anticipated workforce throughout 2023/24 we have assumed the growth in WTE of 3%, and this would require significant recruitment to cover both the growth and the turnover, this is based on the current experience of this year. AS remarked that this quite rightly is the baseline position for the opening plan and although we do not know what will happen around the MHIS, this usually requires us to increase our headcount. He explained what we have seen this year is that we have increased the number of people working within the organisation, but it has not impacted on the vacancy rate because our funded establishment has increased by broadly the amount of the MHIS, and that will happen to some degree as we move into 2023/24. AS stated, there is a challenge around increasing our workforce within the organisation but to some extent that will allow us to stand still, and we have not quantified any additional risk around the MHIS recruitment yet, but this is being discussed with GM and his team. RA stated that traditionally the Trust spend the MHIS, and what Trusts are finding is that by filling those posts they are creating vacancies elsewhere which is causing the underspend. LK remarked that corporate services has been called out in the national guidance as an area of focus and there are further reviews on this to review the investment asks and prioritise these, and as AS mentioned earlier we have not committed to any of these. LK commented that the current draft includes an OOA of £3.3m for 2023/24. AS remarked that the view from EMT was that this was an over ambitious target to get down to that level and we may need to revise the spend trajectory upwards. In relation to the CIP programme AS confirmed that the list detailed was one created by the finance team and so we do not have final buy in or ownership on this but wanted to stimulate a debate. LK confirmed capital plans are still being worked through and we currently exceed the allocation that has been set for us as a Trust so again we need to revisit this and prioritise internally. LK stated finance are working towards the next planned EMT session in mid-February ahead of the ICS deadline so further reviews will take place with each of the care groups and then the focus will be on the prioritisation of new investments and the CIP programme that we think is realistic to put in place.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		AS remarked that we continue to iterate this plan so that we can present something that is ready for approval both here and at Board and the aim is for a balanced plan. He explained the reality is we will come under significant pressure in the system to do better than balance, i.e., a surplus, which is what we had in this year's plan and the year before. He explained as we are now, we believe we will have challenges to get to balance and we will have to convince our partners in the system that balance is a challenge for us. Realistically we will still be viewed as being in a comfortable position with a 3% efficiency, so we just need to understand what our position is going to be on that moving forward. DW remarked that 3% will be higher when an updated OOA plan has come forward. AS replied, this could be the case, but we have also fully put through all the investments, and we might not choose to fully fund all of those so this will also scale it back. DW asked in terms of the different parts of investment where we have struggled to recruit, are there any of these that we may be at risk of losing. AS replied that there has to be some risk and there is always the possibility that MHIS might say if you cannot fully utilise the funding and you cannot recruit then we will give this to someone who can. JW commented that she had heard that if there is any increase in the pay award that it would be fully funded. AS replied yes and that although it was fully funded last year the Trust had still been left with a £1.5m cost pressure. JW stated in terms of the governance around this are we going to have a separate CIP steering group in terms of making sure the programme has overall oversight. AS replied yes that is the plan. RA remarked that he thought OMG had overall responsibility for CIPs as per the terms of reference, as discussed at the OMG meeting this week. CH stated that although the terms of reference are specific, they can always be changed if people do not think this is the right way. AS stated, that it was important that CIPs discussions do not dominate OMG and detract them from the rest of their business, also that some support might be required around programme management. He said it is very important that we have a clear discipline and project infrastructure to support this. NM commented on the timeline around the submission and particularly about the engagement of the budget holders and the ownership and how do board members get some assurance from this committee once this is complete that budget holders understand they are accountable to deliver this. AS replied that LK is working in parallel with Izzy Worswick and through CH's operational group all the care group directors have been involved. He confirmed that Chris Lennox is the main point of contact with the care groups and attended EMT to feed in, and it is important the LK & IW stay close to CL and the care group directors to ensure it is refined over the next couple of weeks. NM stated she did not envy the task of trying to help people to understand the need for efficiencies as it is hard anyway but even harder when you are reporting a surplus and when members of staff are under the pressure they are under we recognise that this must be really difficult to manage. AS commented we need to think really hard about the comms for that reason and whilst it is very challenging we need to ensure we pitch it right across the organisation.		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		NM stated that as a Board it is really important that collectively we are really clear about the messaging particularly when NEDs are doing walkabouts, as it is the kind of issue that will be raised, which is expected, so we need to ensure there is a collective and consistent message. CH remarked we have spent a lot of effort in trying to reassure our staff that we are not keeping staffing levels short just so we can save money and she agreed it does need to be communicated carefully. She stated that it will not come as a surprise to OMG colleagues as RA has been really clear at the meeting that we are looking for CIPs and that the Covid funds will not go on forever. She stated that we have already asked them to start thinking about if there are any spend to save schemes they can put in place now to take pressure off next year and allow us to think through efficiencies, so people are already thinking about how we can work in a more effective and efficient way. RA commented that from his perspective part of the messaging he is trying to get across in OMG is that it is value for money rather than cost cutting and efficiency and so messaging is key. **ACTION: AS to arrange extra FIP meeting to allow sign off of operational plan** **ACTION: AS/JW to add £15m vacancy factor to risk register & BAF** AS commented that this has been a really helpful conversation and this is one of the areas that will go in the AAA report to Board but one that needs to be discussed in the private session as this is the first cut of the figures. DW remarked he would note this accordingly.		**AS** **AS/JW**

Item no.	Item/area	Progress and actions/decisions	Lead	Action
11.	Capital Update	NP provided the update stating the report has been timed at month 9 of the year and reflects a major shift in the outturn for capital that the Trust is declaring to the ICB (Integrated Care Board). NP explained In year costs are projected to be £660k which is a reduction of £6,840k The Priestley scheme has been enhanced in content and will now outturn at £700k in year, and part of this was increased costs NP explained that the minor capital plan outturn figure has increased from £3.5m to £4.3m and a large part of this is an increase in the door programme, also some changes in terms of IFRS 16 reporting, particularly around leases at the Princess Royal. He stated that following a lot of focus work with the team he has received a high level of assurance that this is a deliverable figure. NP confirmed that the report on Bretton is currently being formulated, once received the proposals will be brought back via FIP and Board. NP confirmed that Capital and Digital are a similar scenario where some expenditure has been brought forward and Paul Foster has worked closely with his team and again we have a high level of assurance that this is deliverable. NP confirmed there has been a lot of work from an IT perspective undertaking and completing the re-procurement of the IT services contract. Now this has concluded, this allows for progressing several areas within the digital and IT infrastructure capital domains at pace. The plan remains to fully expend the digital/IT 22/23 capital allocation. The month 9 rebase of the capital plan represents a significant shift in projected outturn and potentially impacts substantially on the plan for 23/24 which is heavily oversubscribed at ICS level. NM asked NP if there should have been an Appendix that provides assurance with the report. NP apologised stating there should, and he agreed to send it to JW for circulation after the meeting. **ACTION: NP to circulate Capital Appendix to FIP members**	AS	**NP**

Item no.	Item/area	Progress and actions/decisions	Lead	Action
12	Horizon Scanning	AS remarked that most of the Horizon Scanning has formed part of the planning discussion that has just taken place. The year-end forecast position for the ICB seems to be steadying so people are broadly within the plan parameters that could potentially give some advantages to this system. He explained the only real incentive is the potential for availability of additional capital, so if systems hit their revenue plans there is £300m capital to be redistributed nationally across the 42 ICBs, a number of those ICBs will not be hitting their financial plans. AS stated, he is not currently aware of the detail of how this will flow through to the ICB/ICS for onward transition to any organisations within, but he felt this is a positive for hitting the plan and we will be going through the same level of scrutiny as we always do when we submit our plans to the ICB and the regional teams. AS confirmed, there was lots going on around the industrial unrest but that he was not picking anything up around settlements. AS confirmed the Trust are planning for a 2% pay award. He stated that NHS England will always reiterate it is just a planning assumption and that they have funding to take it up to 3%. He remarked if the pay review body award more than 3% this will be a financial pressure across the NHS. AS confirmed there is a lot of noise around Capital in the system with capital leads starting to build some evidence that locally controlled capital is utilised well and spent in year, and that capital that is ringfenced at NHSE or Treasury slips, and that is when it causes problems. He remarked we will be pushing for local autonomy with capital which is going to be hard. AS explained, there are a couple of hospitals in our region that are end of life, one being Airedale Hospital which is a RAAC (reinforced autoclaved aerated concrete) hospital and is at the top of the tree for a large capital investment, and also Bradford District care Trust, as some of their mental health facilities are critically in need of investment. AS confirmed that Capital is going to continue to be a real hot topic.	JW	
13.	Workplan	AS remarked that because we have reduced the frequency of FIP meetings we have posed a few challenges for people that were on reporting cycles and that we could not quite get to fit into FIP. He asked DW if it would be okay to update him at their next 1:1 on the ones that have fallen out of cycle to see how we can get them back in and deliver papers on time. **ACTION: AS/DW to review workplan and feed back to committee**		**AS/DW**
14.	Any other business	There was no other business to discuss	AS	
15.	Confirmations	**Meeting effectiveness** It was agreed that the meeting had been effective, and thanks was also given to those who prepared reports. **Significant issues to report to the Board of Directors** **Advise**		

Item no.	Item/area	Progress and actions/decisions	Lead	Action
		• Continuing with surplus, achieving against CIP but it is non recurrent savings, got good amount of scope for next year. • MHIS generally good, challenge is working with Place to see what other options are available • Negative position in the month due to the one-off support, underlying even though £0.4m surplus • Agency continues above target. Agency group set up to review • Efficiencies are key to the forecast • Longer term capital going to be a challenge • Annual report, draft timetable developed based on previous year **Alert** • OAA continues to increase, no indication this is going to come under scrutiny • Key area, we need to look at reducing forecast (p) • Agency spend 2023/24 is predicted to be well in excess of the cap (p) • £15m gap if we are fully resourced (p) • Impairment on Bretton Centre (p) **Assure** • Update on IPR development • Updated forecast on capital reduction now shared with ICB • CIP responsibility, setting up group to give extra focus • In year trading position, and discussion around support (p)		
16.	Next meeting	**Next meeting** Monday 20 March 2023 10-12.30 Via MS Teams		

South West Yorkshire Partnership NHS Foundation Trust

Minutes of People and Remuneration Committee
17th January 2023
11:00 – 13:00
Virtual Teams Meeting

Present	
Mandy Rayner (MR)	Non-Executive Director (Chair)
Mark Brooks (MB)	Chief Executive
Marie Burnham (MBU)	Chair of the Trust
Natalie McMillan (NM)	Non-Executive Director

In attendance	
Greg Moores (GM)	Chief People Officer
Andrew Broadhead (AB)	Associate Director of People Development
Richard Butterfield (RB)	Interim Head of Recruitment and Resourcing
Carol Harris (CH)	Chief Operating Officer
Lindsay Jensen (LJ)	Deputy Chief People Officer
Jules Williams (JW)	Deputy Director of Corporate Governance
Tony Wilkinson (TW)	Public Governor
Tamara Goddard (TG)	Senior Mental Health Practitioner
Hazel Murgatroyd (HM)	Interim Head of People Experience
Chloe Hoyland (CLH)	PA to Chief People Officer (Author)

Apologies	
Diane Taylor (DT)	Associate Director of People Operations

PRC/23/01 Welcome, Introductions and Apologies (agenda item 1)

MR welcomed everyone to the meeting including introductions. Apologies were received from Diane Taylor. At the meeting today was Tony Wilkinson, Public Governor who was attending to observe the meeting.

It was noted that the meeting was quorate and could proceed.

PRC/23/02 Declaration of Interests (verbal item) (agenda item 2)

There were no declarations over and above those made in the annual return to Trust Board in March 2022.

PRC/23/03 Minutes of the meeting held on (agenda item 3):

- 8th November 2022 (attached)

The Committee confirmed that the above minutes were an accurate reflection.

The Committee RESOLVED to APPROVE the above minutes of the meeting held on 8th November 2022.

PRC/23/04 Matters arising (agenda item 4)

PRC/22/86 Freedom to Speak Up – FTSU will continue to report officially into PRC but will also be linked with CGCS.

WRC/22/36 Occupational Health – Confirmed this action relates to the wider IPR work that is being undertaken.

All other items are on the agenda.

The Committee NOTED the actions from the previous meeting.

PRC/23/05 Staff Stories (agenda item 5)

LJ introduced TG and said TG was here to share with the Committee her experience of the internal transfer scheme, 73 people in the Trust have used this scheme since it launched 2 years ago.

MR welcome TG to the Committee.

TG shared with the Committee that she qualified as a staff nurse in 2022 and started her career at St Luke's in Huddersfield. When the ward was closed TG moved with the team to Halifax and has been a staff nurse on Ashdale for 21 years. However, given the climate and the pressure on the wards TG fancied a change and completed the internal transfer form to transfer to a job on the same band (band 6) in the SPA team. She said the process was seamless from start to finish and the whole experience has been positive.

RB asked TG is there anything we could do any better, TG confirmed her experience was great but does know of a colleague who is finding it a little more difficult being able to be released. However, TG doesn't think many people in the Trust are aware that this opportunity is available in the Trust.

GM asked having done so many years in the same job how has the change been, TG said it was very daunting but has been supported well by her wider team and management and really likes the work.

TG highlighted how nice it is to be in an established well experienced team.

MG thanked TG for her time.

The Committee NOTED and COMMENTED on the update from Tamara Goddard, Senior Mental Health Practitioner.

PRC/23/06 Integrated Workforce Report (agenda item 6)

AB presented the report highlighting the number of substantive staff continues to rise with a small percentage increase this month of 3.4 WTE. Vacancies has risen by 38 with 934 vacancies. Turnover has reduced by 1.6% since April 2022 currently at 10.15% projecting at 13.4%. Absence has increased by 0.4% both in month and YTD. Estates and facilities absence has reduced with targeted work. Stress related absence continues to be the number one reason overall. Rolling appraisals has increased but not in line with the trajectory of 77.5% it is currently 69.24%. AB highlighted that EMT are overseeing this with regular reports as well as OMG. CAMHS and Children's Care Group performed above their trajectory. Two areas, inpatients and Wakefield services have reduced their compliance, the reason for this is expiries are outweighing the completions which is being managed closely.

Mandatory training current target, we are above compliance at 89.16%, OMG continue to receive hot spot reports and three out of our current 17 are reporting below target which is CPR, food safety and RRPI which will be discussed in a later paper. Work has been undertaken on local induction which we sighted as reported rather than completed, there are 306 members of staff that haven't reported compliance around their local induction. We have targeted these staff which has resulted in a slight increase and we continue to get these into completion. Going forward we are hoping for this to be picked up at onboarding stage with a digital solution.

MR highlighted how her main challenge is appraisals and the ongoing appraisal compliance rate.

MBU emphasised how it would be helpful to the Committee to have a breakdown of which care group, service line, or ward should we have most concerns about.

MR confirmed how the Executive summary for the workforce IPR needs to describe the key hot spots across service areas, care groups and include actions taken with some supporting narrative.
GM assured the Committee that when the People Business Partner roles are in post, their role will be to work closely with the care groups to understand the people issues and metrics, understand the hotspots and will be able to work with Carol and her team to offer support and actions.

LJ highlighted that we will be using other data as well as the Workforce IPR to help us understand what is happening and what we need to do going forward.

CH emphasised what GM said and recognised that there is work that needs to be undertaken in terms of appraisals, sickness, and several of the workforce indicators including supervision. However, CH wanted to remind the Committee of the environment that our bed base services are working in. We have high levels of acuity, high incidents, particularly with people with protected characteristics, it is one of those areas that if you as a staff member are not feeling 100% your only option is to go off sick.

NM highlighted her concern of how likely it is that we are going to get these appraisals completed and to think about how we might approach it differently to take into account the pressures. NM would like to hear what we are doing, how are we listening to our staff and how can we help them to complete their appraisals.

GM said the main feedback we have had from staff; is around the design of the digital appraisal system, and the requirement of three different steps prior to meeting to discuss the appraisal. This has now been stripped back and now being done in the one meeting / conversation. Things are slowly improving given the current pressures.

NM wanted to take the opportunity to put to the Committee their view on risk appetite around employment tribunals. And would be interested in having this conversation. She explained we are talking a lot about risk around closed cultures, and we need to have an open culture. We

need to think and discuss what does this looks like, are we going to tackle behaviours and is there going to be support to do that. It is an indicator potentially around how much we are really challenging behaviours and what we tolerate.

GM agreed the above would be a welcomed agenda item at a future Committee.

AB highlighted the challenges around the timing of the data for the IPR, it has been identified that the data sources that feed the IPR are not readily available until certain points of the month, and this may result in the report not being ready until quite near to the Committee meeting. It was agreed this would be looked at outside of the Committee.

MR summarised there is some work to be done around pulling out the hotspots by Care Group particularly focusing on some of the in-patient services that also include LD and forensics. There are still ongoing concerns about appraisal numbers and the Committee would like to request more in depth information about how we are supporting staff to have their appraisal.

Action: AB

Further work to be done on the IPR especially around pulling out the hotspots by Care Group focusing on the in-patient services. More in depth information is required about how we are supporting staff to have their appraisal**.**

Action: GM / MR

GM / MR to confirm when they would like to have an agenda item on 'Risk appetite around employment tribunals'.

The Committee NOTED and DISCUSSED the key points of the integrated Workforce Report

PRC/23/08: Mandatory Training Trust Compliance Targets (agenda item 8)

AB presented the paper which responded to the issue of whether our compliance target should be increased to 90% and discussed the target in terms of risk appetite and risk management. Benchmarking data on what other trusts are currently doing is highlighted in the paper. AB highlighted we need to build exceptions into our reports that will help us with compliance.

Currently 14 of our subjects comply at 80% that would take us down to eight if we moved the compliance target to 90%. We have a further two subject areas that are in the approval process which would take us to 19 compliance subjects.

NM highlighted it is difficult to quantify what the exclusions are and would like to know what the sickness is, what is the maternity and what is the exclusion rate across the organisation. We should have our mandatory training target in line with our other targets. It is hard to have a view on what the target rate should be if we don't know what the exclusion percentage is. AB confirmed that would be a piece of work that would need undertaking on the principle of what the parameters of exclusions should be.

GM in terms of setting the target we need to think about what the right target is based on current circumstances. We need to apply the same logic as appraisals. MG commented are we making it too scientific that a 90% target does take into account the average exclusions that most trusts experience. The target and the stretch are the important bit to ensure our staff are upskilled and capable of doing their role.

MB said that there was a need for more information to both understand the impact and recognising the current operational environment we are working in, so his view was that the Committee is unable to make a decision on this today, if we do elect to increase the aspirational targets, we need to have a meaningful pathway to get there.

The Committee agreed that consideration of a higher aspirational target is the right thing to do but there are other things to consider before we can make a recommendation to EMT. This paper needs wider engagement at both OMG and EMT then come back to PRC in March or May 2023 dependent of the outcome from OMG.

Action: GM / AB

The Committee NOTED and COMMENTED on Mandatory Training Trust Compliance Targets.

PRC/23/09 Reducing Restrictive Physical Interventions, Cardiopulmonary Resuscitation and Safeguarding Mandatory Training - Deep Dive Review (agenda item 9)

The paper has been taken as read by the Committee. AB confirmed the Committee is asked to approve the action plan, AB highlighted the two subjects of concern are Reducing Restrictive Physical Interventions (RRPI) and Cardiopulmonary Resuscitation (CPR). Safeguarding has been broken down into two areas of adults and children, the main focus is how we maintain the current level of compliance.

NM highlighted how the compliance around RRPI was discussed at the Quality Committee last week and the Committee has requested an update in February and March's Committee to see whether the actions that have been taken and the action plan is having an impact.

MB confirmed the issues have been raised at EMT and it was agreed we need to increase room capacity and a challenge has been put to the Moving Forward Group to see if there is a way that we can increase room capacities to complete more staff training and to think about the risks around not completing RRPI and CPR training. MB mentioned the length of time for the RRPI training isn't going to improve quickly, this is something we will need to see a steady improvement on.

MR stated this all forms part of the compliance target and what that means for everything rather than individuals.

MB said that it was helpful for the Committee to be aware of the situation and actions. MR confirmed this will be on the triple A report as being escalated and reviewed at Clinical Governance and Clinical Safety Committee (CGCS).

As Chair of the Committee MR requires an informal update in February 2023 ahead of PRC in March for oversight.

Action: AB

The Committee NOTED and COMMENTED on the Reducing Restrictive Physical Interventions, Cardiopulmonary Resuscitation and Safeguarding Mandatory Training - Deep Dive Review

PRC/23/10 Flu Vaccination Update (agenda item 10)

MR confirmed the Committee took the paper as read.

LJ highlighted we are at 63% of frontline staff that are vaccinated overall, we know It has been a challenging year and had a challenging target, given where we are at now, we know we are not going to achieve the 90% target despite our best efforts, however we are continuing to promote the flu vaccinations up until the end of February. We know that most people tend to have their flu vaccine before Christmas and this is shown in our data as since then the uptake has reduced.

Clinics are still available for staff to book; we have our local leads promoting in their areas and proactively going onto wards.

We did have a challenge around IG, a member of staff complained that we shared some of their data, so we have had to work through that which did pause some of the proactive work to ask managers to encourage their team members who hadn't had a vaccine. When we have compared ourselves to other Trusts, we are doing everything they are and actively pursuing all avenues to get staff to have the vaccine.

To summarise we are continuing to promote this however, as it states in the paper if we can get to 70%, we will be in a better position.

MG highlighted even if we do not hit 70% this may have a financial impact.

MBU asked why staff were not having the vaccine.

MB said when you compare the benchmarking data across the country, acknowledge there is an impact of mandating of vaccines from last year, we are slightly above national averages for flu uptake for a Trust of our size. We have done a lot in terms of communication and want to emphasise we are ahead in terms of flu vaccines. MB confirmed the target will be 80% next year.

GM informed the Committee that planning for the flu season next year is due to start in April and the learning from this year's season will be taken into consideration.

MR confirmed she is confident as a Trust we have done everything we can, but we do need to keep pushing to try and get as many staff vaccinated and as close to 70% as possible.

The Committee NOTED and SUPPORTED the update on Flu Vaccination Update

PRC/23/11 Cost of living support for staff (agenda item 11)

HM confirmed the paper reflects what we are doing as an organisation in terms of support offers and employment packages around cost of living. It is a regular agenda item at EMT, the approach we took is looking at where we are now, what else can we do and refence what is happening at local and national level.

Key areas to highlight from that paper; we did work in partnership with key internal stake holders particularly our finance team around the best use of public monies and working within the regulations around that, so where we may have an ambition to something more generous for our employees the rules of use of public monies didn't allow us to do so. Some positives were the vouchers we gave colleagues at Christmas as a good will gesture. We continue to be connected across the system and at Place level around what other offers are happening and update ours as appropriate for us.

HM informed the Committee one of the big products that came out of this work is the financial wellbeing information packs which is linked in the paper. This summarises all the support and resources that are available for our staff and connects them to credible resources. We have done a soft launch with comms, and we are starting to build a robust communication plan to make sure it goes out and connects people with the resources available**.**

MR questions if people are brave enough to ask for help, are we doing enough to create an environment where people feel comfortable to ask for help. HM mentioned a report from WY ICB which highlighted how to recognise signs of financial stress. We need to test out are people

aware of the resources available and what else people may need. We can explore this as we move forward.

LJ mentioned we have hard data around wage stream and its take up by staff and so far there are several hundred that have signed up to this. We also need to link in with our staff networks for feedback. We need to think about how we equip managers with the tools to recognise signs of staff who may need support.

NM said its great everything we are doing however, we need to think about how people are accessing the resource. A wellbeing pack or handouts targeted at all levels would be useful. HM confirmed we are exploring all the different things and opportunities to do this.

MR would like an agenda item later in 2023 to review where we are and see if it is supporting staff in the way we would like.

Action: HM

Update and assurance to be given to the Committee on how the cost of living has landed with staff to be given at PRC in May.

The Committee NOTED and SUPPORTED the Cost-of-living support for staff

PRC/23/12 Wellbeing offer review (agenda item 12)

HM said first of all, this is a work in progress to ensure we rationalise and streamline our wellbeing offer to staff. We have developed a number of different objectives to support the wellbeing offer and are using some clear guiding principles around building accessible high quality and credible resources around health and wellbeing for staff at both individual and collective team level.

HM said often we describe health and wellbeing as what is wrong rather than what is right, we are trying to create a culture of wellbeing rather than a culture of sickness. We wanted to look at the review and design of the content we currently have around health and wellbeing. She said two key areas looked at were, resourcing and working in partnership with the occupational health team and have had some conversations particularly around accessibility.

Key call outs from this report are currently there are 11 different topic areas that are not necessarily mutually exclusive, we have tried to simplify this so that all of our staff know where to go, it is recognisable and easy to navigate. We have landed on four key areas where will look at health and wellbeing (1) Physical health (2) Mental health (3) Financial wellbeing (4) social wellbeing.

MR would like to know at what point does this become a completed tool. HM said in February something should be available on the intranet.

The Committee NOTED and SUPPORTED the Wellbeing offer review

PRC/23/13 Great Place to Work Strategy Delivery Plan Nov 22 – March 24 (agenda item 13)

GM presented the final Great Place to Work Delivery Plan for approval from the Committee. GM confirmed the plan has had wider circulation at EMT and OMG. This is the tactical operational delivery plan for the work of the People Directorate to deliver the Great Place to Work Strategy. There is a separate strategic cross cutting piece of work that we are working on with Sue Barton

and Salma Yasmeen's team. There is a big focus on recruitment and retention, staff wellbeing and staff engagement.

MBU highlighted that the plan was energising for our organisation however when you are talking about a measure it would be good to have what outcome you expect.

MR raised there is a lot of items down to be completed by June 2023 which may need looking at in a more realistic time frame.

The Committee NOTED and SUPPORTED Great Place to Work Strategy Delivery Plan Nov 22 – March 24.

PRC/23/14 Agency Scrutiny Group Terms of Reference (agenda item 14)

MR confirmed the Committee is here to review and approve the terms of reference. RB highlighted within our OMG group there is regular finance report and a key risk across the Trust is our agency spend and a need to review, monitor and scrutinise what we are going to do regarding this.

Two meetings of the group have taken place so far, we have tasked ourselves to identify those high agency costs areas such as medics who have been on agency for a long period of time and question why followed by creating action plans for managers/leads to look at alternatives.

Where possible look at changing agency spend to bank and offer bank contacts where possible. The second is to look at larger staff groups of high spend such as nursing and admin. We are also working with an external company (Liaison Contingent Workforce) who have worked with a number of Trusts to review and offer recommendations on reducing our spend and improving efficiencies. We will be also undertaking a deep dive particularly around our master vendor contracts and agency framework rates and look at how we can improve.

MR confirmed this Committee is concerned with the workforce impact/implications and not the cost implications as that sits with FIP however it is important for us to have processes in place that demonstrate we use our funding, cost effectively.

The Committee REVIEWED and APPROVED the Agency Scrutiny Group terms of reference.

PRC/23/15 Freedom to speak up Terms of Reference (agenda item 15)

JW informed the Committee in the Summer of 2022 there was an AQUA review in readiness for Well led and they confirmed we had met all of the previous internal audit actions in regard to FTSU but also communicated the need to keep a focus on governance, particularly around FTSU. This proposed new group takes account of that recommendation/feedback and ensures we have the right people to learn lessons and gain understanding of why people speak up and ensure we put actions in place from individual cases.

The group also supports us in preparing for the new national policy around making sure we have a robust governance structure in place which we need to be compliant in by January 2024. JW flagged in the organisation Darryl Thompson is the lead for whistleblowing and FTSU sits with JW. She said in the new national policy there is no such thing as whistle blowing, it is talking about FTSU and that is to take away the stigma around whistleblowing. Darryl Thompson will be the lead executive director supported by JW.

JW confirmed this is new to the corporate governance structure and will help us prepare for the new national policy. Meetings with Mike Ford as the senior independent director for Speaking Up will continue so that he has oversight and ensures we are following due processes.

NM commented we need to look at who is raising concerns, their diversity/demographics and NM would expect information to triangulate with the Quality Committee as and when required to pick up the lessons learnt.

MR confirmed the Committee are approving the Freedom to speak up Terms of Reference with the strengthening of the above comment from NM.

The Committee REVIEWED and APPROVED the Freedom to speak up Terms of Reference terms of reference.

PRC/23/16 Retention of Student and Trainees (agenda item 16)

MR confirmed the Committee has taken the paper as read and confirmed the Committee are here to approve the recommendations around the tracking and data that we need to understand why we are not recruiting more. AB presented the paper confirming this is our current position and highlighted currently this data is not held within the Trust. AB highlighted HEE (Health Education England) don't track where students, following their training, end up starting their employment. We need to develop an internal mechanism to track conversation and retention of students and trainees, therefore this paper shows the work we need to do to achieve this.

MBU commented how collecting this data should be something we do routinely. GM commented on how we need to be tracking this data, speaking to students and trainees ensuring they have opportunities to give honest feedback. This is in our delivery plan, and we will work together to overcome the organisational complexities as this is something categorically that we need to measure. We need to know how many people we are training and how many of those we are keeping hold of, and this can be reported back to this Committee.

MR summarised there was acknowledgement this data hasn't been captured this way in the past, going forward we support the recommendations to ensure we are capturing the data and that it will be reported back to the Committee.

CH commented that it would be helpful if we had a conversation with the universities about identifying that these are SWYPFT students and we need to build a better relationship to support future employment opportunities.

The Committee REVIEWED and Supported the recommendations regarding the Retention of Student and Trainees

PRC/23/17 Recruitment Plan (agenda item 17)

RB highlighted key points from the Recruitment Plan, with the understanding that this report doesn't factor in some of the operational planning and workforce planning assumptions that are included in the separate annual planning process, nor does it factor in the financial action plans.

In summary we have 89 WTE and have increased our staff by 1.5% overall. International nurse recruitment continues over the next 12 months and is expected to double in terms of numbers with approximately 90 new starters. Assessment centre recruitment is going to be monthly we have seen 70 people go through the assessment centre in the past two weeks with positive feedback. The assessment centre is based around three areas (1) Recruitment of HCSW (2)

Substantive HCSW and nurses (3) Wider apprenticeship programme. We are looking at doubling our recruitment avenues from what have built on 2022.

MBU commented how she would like to see when people have applied to our organisation as part of recruitment process how long it takes to process a recruitment application, and whether we are willing to recruit to people without their DBS check but under supervision, there is no mention of this in the Recruitment Plan. RB commented in addition to this plan we are working on a recruitment report which will give us that data i.e., length of time to hire.

MB said we need to get into the detail at operational level, it is about skills and experiences where we are fundamentally short. We need to challenge the high dependency on international nursing recognising it has had a positive impact, but we need to ensure all our recruitment programmes have a positive impact.

The Committee NOTED and SUPPORTED the Recruitment Plan

PRC/23/18 Onboarding update Verbal (Agenda item 18)

Verbal update given by RB we have the Genius onboarding system which is linked to our wider recruitment solution in terms of NHS Jobs 3. Currently the system is in the testing phase which we are planning to speed up and looking at starting with clinical staff rollout at the end of February. Training is being undertaken for all recruitment staff and there will be a clinical generic run though to see how it works. This system should be live by the end of February and an update will be given at the March PRC meeting.

Action: GM

The Committee NOTED the Update on Onboarding

PRC/23/19 People Directorate Structure and Recruitment Update (Agenda item 19)

GM verbally updated the Committee highlighting the difficulty with recruiting into roles, despite going through Indeed, LinkedIn and looking outside the NHS, we have not appointed to three out of the four posts so far. GM assured the Committee that despite not recruiting into these posts it is the right decision to ensure we recruit the right people with the right skills who share our values. Interviews for the HR business partner roles will be completed by the second week of February.

The Committee NOTED the Update People Directorate Structure and Recruitment

PRC/23/21 Workforce Risk Register (Agenda item 21)

GM verbally update the Committee confirming both LJ & GM have detailed conversations with Asma Sacha around our risks. Our two current highest risks are around staff wellbeing and recruitment and retention.

The Committee agreed they are assured that the level of risk is correct, and the controls and mitigations are appropriate.

The Committee NOTED the Update on the workforce risk register

PRC/23/22 Annual work programme ((Agenda item 22)

NM highlighted given the conversations around FTSU in this Committee we only have the FTSU annual review on once and the FTSU reports once. The formality of reporting from the FTSU steering group should be on the annual work programme.

It was agreed that MR and GM will amend the annual work programme to include FTSU steering group update as a standing item for all PRC meetings.

Action: MR/ GM

The Committee NOTED the Update on the Annual work programme

PRC/23/23 (Agenda item 23 Actions from Trust Board)

MR confirmed there are no actions from the Trust Board.

PRC/23/24 Matters to report to the Trust Board and other Committees (agenda item 17)

The key points to report to Trust Board and other Committees are as follows:

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
To escalate an issue that requires further discussion or action: 1. The progress on appraisal compliance has not met the agreed trajectory for this month. Compliance currently stands at 63% the target was 77.5%. Inpatients (including Forensics and LD) are giving course for concern. The committee asked what extra support could be given to improve these service areas. 2. Absence has risen in month to 6.3% with a YTD of 5.3%, putting the trust under additional staffing pressures. Improvements have been made in Inpatients and Estates and Facilities but still remain high. 3. The Flu vaccine up take for frontline staff currently stands at 63% well below the target of 90% set before Christmas. The CQUIN threshold starts at 70% this is still believed to be a stretch. The Committee was informed that the trust is not an outlier the take up is a national problem. However, funds received through this CQUIN is currently at risk 4. There is some concern on the trusts ability to deliver on its mandatory training compliance. Demand currently exceeds the capacity to deliver and needs addressing.
Advise:
To highlight an issue that may require further monitoring (by the Committee) over a period of time: 1. The Committee requested more detail around the key issues and challenges across all service areas. There was a request that the executive summary of the Workforce IPR for this committee is used to describe these services and what is being done to support change/progress 2. 2 reports were received by the Committee on mandatory training one to review the trust overall compliance target and the other was a review of RRPI, CPR and safeguarding compliance. More work was needed before a decision could be made whether to increase the overall trust compliance to 90%, this will be discussed with OMG and EMT. Due to the consistent non-compliance of RRPI and CPR the committee has asked for a progress report at the next committee in March, however this will also be discussed at CGSC in February.

3. The Committee received an update on the support packages that are available to help staff through the cost-of-living challenges. The report was received by the Committee who asked for an update on the uptake at the next meeting.
4. A wellbeing update was received around the progress and update of the current offering, it is expected that the intranet will be updated by the end of February. The Committee asked for some assurance on how people who don't always have time to access the intranet will be aware of this offering.
5. A number of papers were received in relation to recruitment and retention:
   - Retention of Students
   - Recruitment and retention plans
   - Recruitment Plan on a page.

Assure:

1. The Committee was made aware that we currently have 6 suspended members of staff relating to 5 separate incidents. The Committee was given assurance that all cases were being managed closely, with a focus on timeline and conclusion.
2. The Great Place to Work Strategy delivery plan for 2023/24 was presented to the Committee providing measures and completion dates, this will be monitored as a standing agenda item.
3. Terms of reference were approved for the Agency Scrutiny and Management group and the Freedom to Speak Up steering group both introduced to provide strengthened governance for these two key areas. It was also agreed that FTSU would become a standing agenda item on this Committee.

Risk Register:

1. The Committee received the detail around all risks associated with the PRC. Controls and mitigation had been updated for all 4 risks, the committee was assured the current risk level was appropriate.

PRC/22/139 Any Other Business (agenda item 18)

No other business was raised.

PRC/22/140 Date and Time of next meeting (agenda item 19)

The next meeting will take place on the 21st March 2023 at 09:30 – 11:30 via MS Teams.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 11.1

Private/Public paper:	**Public**		
Title:	**South Yorkshire Integrated Care System (SY ICS) Update including Mental Health, Learning Disability and Autism Provider Collaborative (MHLDA)**		
Paper presented by:	Mark Brooks - Chief Executive Salma Yasmeen - Director of Strategy & Change/Deputy Chief Executive		
Paper prepared by:	Salma Yasmeen - Director of Strategy & Change/Deputy Chief Executive Izzy Worswick – Associate Director, Provider Collaboratives & Planning		
Purpose:	The purpose of this paper is: • To update the Trust Board on key developments in SY ICS and the SY MHLDA provider collaborative and linked programmes. • To update on partnership developments in Barnsley.		
Strategic objectives:	Improve Care	✓	
	Improve Health	✓	
	Improve Resources		
	Make this a great place to work		
BAF Risk(s):	• 1.1 The new NHS landscape of integrated care boards, place-based partnerships and provider collaboratives could lead to changes and variations in local priorities resulting in service inequalities, and differences in our offer in each place. • 1.2 The focus on integrated care models at place may result in unwarranted variation and differences in standards and could potentially impact the sustainability of smaller specialist services. • 3.2 Failure to develop strong relationships with integrated care systems, places, and provider collaboratives results in services that do not meet local needs or are unsustainable.		
Any background papers / previously considered by:	The Trust Board receive regular updates on the progress and developments in the SY ICS, including the development of the provider collaborative.		

Executive summary:	From 1 July 2022, NHS South Yorkshire Integrated Care Board (ICB) took on the commissioning responsibilities of clinical commissioning groups and will lead the integration of health and care services across South Yorkshire. The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative continues to develop. Work continues with our partners in Barnsley to evolve and develop place-based partnership governance arrangements. We have continued to develop the partnership with primary care as part of the recently formed Health and Care Alliance. A business plan is being progressed, and work has commenced on the priorities including improving annual health checks for people with learning disabilities and mental health, frailty and ageing well, and improving early mental health support for people in the community. **Risk Appetite** This update supports the risk appetite identified in the Trust's organisational risk register and will need to be kept in view as the SY ICS and MHLDA Provider Collaborative develops. New risks may emerge.
Recommendation:	**Trust Board is asked to NOTE the SY ICS update.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023

Agenda item – 11.1 South Yorkshire update including South Yorkshire Integrated Care System (SY ICS)

1. Introduction

The purpose of this paper is to update the Trust Board on key developments in the South Yorkshire Integrated Care System (SY ICS) and the South Yorkshire Mental Health, Learning Disability & Autism Provider Collaborative (SY MHLDA) and linked programmes, and also on partnership developments in Barnsley.

The paper summarises key developments from recent Integrated Care Board (ICB) and place-based meetings.

2. South Yorkshire Integrated Care Partnership

South Yorkshire Integrated Care Board

Member	Chief Executive
Items discussed	Update from meeting of 1st March 2023 Key items discussed included: • Patient story – this focused on children and young people, and the support provided to young people in the criminal justice system in Barnsley. • CEO report – operational pressures have eased since December, although they remain challenging. There has been much focus on operational and financial planning during the last month. The South Yorkshire Acute Federation have been named as one of nine national Provider Collaborative Innovators. Industrial action has been well managed so far – there was a lot of concern regarding what at the time was forthcoming action by junior doctors. • Place reports –examples of innovations were shared by each place. The mental health think tank event in Rotherham was highlighted as being successful. A good practice example in Barnsley was shared, with the Psychological Engagement Team recognised as best practice nationally with their support to people who have self-harmed and attempted suicide. • NHS South Yorkshire strategy and planning update - the refreshed strategy has now been to the Integrated Care Partnership Board and Integrated Care Board meetings. A launch will take place before the end of March 2023. • NHS South Yorkshire 2023/24 Operational Plan- intensive work has been taking place on financial plans. The position is very challenging.

	• Integrated Performance Report – timeliness of mental health, learning disability and autism (MHLDA) data was raised. Good progress is being made on physical health checks. • Population health and health inequalities – stroke. There was positive feedback about the stroke services at Kendray. • Pharmacy, optometry and dentistry commissioning transfer update provided. Final decision to be made at the end of March. • Specialised Commissioning – Joint Working Agreement with NHS England was agreed. • Development of a Healthy Lives Expert Panel was agreed. • Commissioning policies consolidation- agreed to harmonise (level up) gluten free and IVF policies. • Minor updates to the scheme of delegation agreed. • Committee effectiveness and terms of reference to be reviewed in the coming months to ensure they are achieving what is expected of them.
Date of next meeting	Next meeting scheduled for 3rd May 2023.
Further information:	https://southyorkshire.icb.nhs.uk/our-information/meetings-and-papers

3. South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative

Member	Chief Executive
Items discussed	Update from meeting of 15th March 2023 Key items discussed included: • The patient story covered the patient journey through the adult mental health services at Rotherham, Doncaster and South Humber (RDaSH). • The base data from the collaborative into the South Yorkshire integrated care system joint forward plan was provided. Consideration was given to how this can be summarised and made accessible for staff, service users, families and carers. • There was recognition of the challenge facing integrated care boards of having to deliver a 30% cost saving over the next two years and what this could mean for the collaborative. • The communication and engagement plan was received. • An outline of the inpatient quality transformation programme was provided. • An initial draft of the integrated performance report structure and layout for the collaborative was provided. • The final version of the joint working agreement and Terms of Reference for the Committees in Common

	were agreed and can now be taken to Trust Boards for approval.
Date of next meeting	Next meeting scheduled for 10th May 2023.

4. Barnsley Place

Barnsley Place Committee & Barnsley Place Partnership Board

Member	Chief Executive and Chair
Items discussed	<u>Update from development session on 23rd February 2023</u> • Reducing inequalities in Barnsley- a presentation was given on the Barnsley place inequalities approach and areas of focus. The Barnsley Health and Care Partnership Three Tier Framework for Addressing Health Inequalities plan was shared. - Tier 1. Increasing the engagement, opportunities, services and support to address the key drivers of health inequalities for people in need and making every contact count - Tier 2. Improving all health and care services in such a way that they are targeted to greatest need and reduce inequalities in care - Tier 3. Influence the wider influences on health, by becoming the best anchor institutions and network we can be and advocating for health equity across all sectors. • The Barnsley Place Plan- areas of focus were shared which generally build on work in progress. The importance of next understanding what partners are doing to contribute to delivery of the plan, and what we might focus on at system level to add value to what we are doing separately was discussed.
Date of next meeting	Next meeting scheduled for 30th March 2023

Barnsley Place Partnership Delivery Group

Member	Director of Strategy and Change/Deputy Chief Executive
Items discussed	<u>Update from meeting on 14th March 2023</u> Key items discussed included: • Programme highlights exceptions reporting- no new exceptions were reported. • Place Plan update- it was updated that a development session was held with the Place Committee. Priorities were supported with suggestion to consider how impact of the plan is measured. The plan has been discussed

	with the 2030 Board and Stronger Communities Partnership and supported. • Financial Plan update- an update was shared which presented a challenging picture. • Intermediate Care Review- the review has commenced. • Feedback from Barnsley 2030 Board.
Date of next meeting	Next meeting scheduled for 21st March 2023

Barnsley Community Health and Care Alliance

Member	Chief Executive, Chair and Director of Strategy and Change/ Deputy Chief Executive
Items discussed	The Barnsley Health and Care Alliance has not met since the last meeting in January, as the planned meeting for March was stood down. <u>Update from meeting on 25th January 2023</u> Agenda items included: • Deep Dive – Severe Mental Illness (SMI) health checks. o Work has taken place with practices to ensure SMI registers are validated. o A joint post is in place to support service users on SMI register to come forward for Covid vaccine, flu jabs and annual health checks and to work with GP practices on SMI registers. o Trained health and wellbeing coaches are using patient friendly accessible letters and developed blue box devices to deliver SMI annual reviews. • Frailty & Dementia - Highlight Report. o SWYPFT's Memory Services have commenced using the Rockwood Frailty Tool. o Work has commenced to identify patients accessing SWYPFT services who have dementia diagnosis and a frailty level recorded. o Dementia champions are being developed. o Design Code work is being progressed with a carer playbook informing first set of actions. • Learning Disability (LD) health checks: highlight report. • Adult Social Care reform agenda and care homes. • Key messages for Place Based Delivery Group. • Planned time out for the Alliance in March to agree future plans. • First newsletter developed to share across system.
Date of next meeting	A workshop is planned for April 2023.

Barnsley Health and Wellbeing Board

Invited observer	Director of Strategy and Change/ Deputy Chief Executive
Items discussed	Update from meeting on 2nd February 2023 Agenda items included: • Barnsley Health and Wellbeing Board draft Terms of Reference- the updated Terms of Reference have now been formally adopted. • South Yorkshire Integrated Care Strategy- Health and Wellbeing Board members considered and approved the contents of the Integrated Care Strategy for South Yorkshire. • Barnsley 2030 - Healthy Barnsley thematic update- an update was provided to describe the work of the Barnsley 2030 Board to date, particularly in relation to the Healthy Barnsley theme. Interconnectivity between the Barnsley 2030 Board and the Health and Wellbeing Board was discussed. • Creativity and wellbeing update and planning for Creativity and Wellbeing week 2023 update- commitment was given to support the next Creativity and Wellbeing Week in May. • Better Care Fund Report • ICP Strategy
Date of next meeting	The next meeting to be confirmed.
Minutes	Papers and draft minutes (when available): https://barnsleymbc.moderngov.co.uk/ieListMeetings.aspx?CommitteeId=143

Recommendation

To receive papers and note updates from SY ICB and Barnsley place.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 11.2

Private/Public paper:	**Public**		
Title:	**West Yorkshire Health & Care Partnership (WYHCP) including the Mental Health, Learning Disability and Autism Collaborative and place-based partnerships update.**		
Paper presented by:	Salma Yasmeen - Director of Strategy and Change/Deputy Chief Executive Sean Rayner - Director of Provider Development		
Paper prepared by:	Izzy Worswick – Associate Director, Provider Collaboratives & Planning		
Purpose:	The purpose of this paper is to provide an update to the Trust Board on the West Yorkshire Health and Care Partnership focusing on developments that are of importance or relevance to the Trust. The paper also includes an update on key developments in the three districts in West Yorkshire that the Trust provides services (Calderdale, Wakefield, Kirklees).		
Strategic objectives:	Improve Care	√	
	Improve Health	√	
	Improve Resources	√	
	Make this a great place to work	√	
BAF Risk(s):	• 1.1 The new NHS landscape of integrated care boards, place-based partnerships and provider collaboratives could lead to changes and variations in local priorities resulting in service inequalities, and differences in our offer in each place. • 1.2 The focus on integrated care models at place may result in unwarranted variation and differences in standards and could potentially impact the sustainability of smaller specialist services. • 3.2 Failure to develop strong relationships with integrated care systems, places, and provider collaboratives results in services that do not meet local needs or are unsustainable.		
Any background papers / previously considered by:	Strategic discussions and updates on the West Yorkshire Health & Care Partnership developments and place-based developments have taken place regularly at Trust Board.		

Executive summary:	From 1 July 2022, NHS West Yorkshire Integrated Care Board (ICB) took on the commissioning responsibilities of clinical commissioning groups and will lead the integration of health and care services across West Yorkshire. Work continues in each of the places that make up the partnership to evolve and develop place-based partnership governance arrangements. The Trust has continued to work with partners in each of its places to support the development of place-based arrangements.

Recommendation:	**Trust Board is asked to:**
	
	• **Receive and note the update on the development of Integrated Care Systems and collaborations:**
	  ○ **West Yorkshire Health and Care Partnership;**
	  ○ **Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees.**
	
	• **Receive the minutes of relevant partnership boards/committees.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023

Agenda item 11.2

West Yorkshire Health & Care Partnership (WYHCP) - including the Mental Health, Learning Disability and Autism Collaborative and Place-Based Partnerships Update

1. Introduction

The purpose of this paper is to provide an update to the Trust Board on the West Yorkshire Health and Care Partnership (WYHCP), focusing on developments that are of importance or relevance to the Trust. The paper also includes an update on key developments in the three districts in West Yorkshire that the Trust provides services (Calderdale, Wakefield, Kirklees).

From 1 July 2022, NHS West Yorkshire Integrated Care Board (ICB) took on the commissioning responsibilities of clinical commissioning groups and will lead the integration of health and care services across West Yorkshire.

The partnership continues to develop the governance arrangements, which remain in development after 1 July and will need to be reviewed and adapted as they bed in. Formal reviews will be at 12 and 18 months which have been built into all aspects of the arrangements.

All nomination and appointment processes to the Board include a commitment to improve the diversity of the Partnership's leadership and to ensure a spread of representation across places. Work continues in each of the places that make up the partnership to evolve and develop place-based partnership governance arrangements. The Trust has continued to work with partners in each of its places to support the development of place-based arrangements.

The paper summarises key developments from recent ICB and place-based meetings.

2. West Yorkshire Health and Care Partnership

Key updates from key meetings of the West Yorkshire Health and Care Partnership are summarised below.

West Yorkshire Integrated Care Board

Member	Mental Health, Learning Disability and Autism services are represented by Sara Munro, Chief Executive of Leeds and York Partnership NHS Foundation Trust, as partner member of the Integrated Care Board
Items discussed	<u>Update from meeting of 17th January 2023</u> This was the fourth meeting of the Integrated Care Board. Agenda items included: Private session: • Impacts of Planning Guidance. • System finance and associated risks/impact and consequences of Local Authority budgets. Public session: • Focus on workforce. • Chair and Chief Executive's reports. • Board Assurance Framework. • Integrated Performance Dashboard including financial performance. • Corporate Risk Register. • Committee Alert, Advise and Assure (AAA) Reports. • Winter update. • Covid-19 Enquiry. • Refreshing the West Yorkshire Integrated Care Strategy and developing an approach to delivery. • Financial Scheme of Delegation – proposed amendments. <u>Agenda for upcoming meeting on 21st March 2023</u> • Chair and Chief Executive's reports. • Board Assurance Framework- for approval. • Focus on VCSE. • Integrated Performance Dashboard including financial performance. • Winter performance update. • Corporate Risk Register. • Committee Alert, Advise and Assure (AAA) Reports. • Strategy and planning update. • Financial planning 2023/24. • Pharmacy, optometry, dental (POD) delegation. • Specialised commissioning. • Policies.
Date of next meeting	Next meeting scheduled for 21st March 2023.
Further information:	<u>NHS West Yorkshire ICB Board meeting - Tuesday 21 March 2023 :: West Yorkshire Health & Care Partnership</u>

West Yorkshire Health & Care Partnership Board

Member	Chief Executive
Items discussed	Update from meeting of 7th March 2023 Agenda items included: • Current context. • Tackling health inequalities for black, asian and minority ethnic communities and colleagues- an update was provided on the progress made on the delivery of the Tackling Health Inequalities for Black, Asian and Minority Ethnic Communities and Colleagues Review and subsequent action plan specifically focusing on improving safe access to work for ethnic minorities in West Yorkshire and ensuring the Partnership's leadership is reflective of communities. • Partnership's Five Year Strategy – A final draft of the strategy was shared, which reflected the comments provided by place-based Health and Wellbeing Boards since the December 2022 update. This was approved. A public launch of the strategy will take place post-election. Work is also currently underway to develop the plans to deliver the strategy through the Joint Forward Plan which will be owned by the West Yorkshire Integrated Care Board. • Partnership's Climate Change Strategy- a draft of the strategy was shared and members of the Board asked to provide comments. It is intended to continue to engage with partners across the system with a view to finalising the document later in Spring 2023.
Date of next meeting	Next meeting scheduled for 6th June 2023.
Further information:	Further information about the work of the Partnership Board is available at: https://www.wyhpartnership.co.uk/meetings/partnershipboard Meeting papers are available here: West Yorkshire Health and Care Partnership Board meeting - Tuesday 7 March 2023 :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)

West Yorkshire Mental Health, Learning Disability and Autism Partnership Board

Member	Director of Provider Development, Chief Operating Officer and Medical Director
Items discussed	Update from meeting of 16th March 2023 Key items discussed included: • Chair's update. • Place-based complex case arrangements. • Adult mental health workstreams. • Older people's mental health workstream. • Wakefield Mental Health Alliance- a presentation regarding next phase of the Wakefield Mental Health Alliance was shared, including opportunities to consider development of a more formal Wakefield place-based Collaborative for adult mental health services, with delegated budget accountability. Partners to arrange a learning session to share Place developments. • Neurodiversity workstream. • Maternal mental health workstream. • Mental Health Wellbeing Hub. • Planning, performance and funding- the West Yorkshire Mental Health, Learning Disability & Autism Programme Draft 2023/24 Plan was shared.
Date of next meeting	Next meeting scheduled for 20th April 2023.

Wakefield

The Trust continues to be a pro-active partner in the Wakefield District Health and Care Partnership (DHCP) and associated work, leading in specific areas, for example, the Wakefield Mental Health Alliance.

Wakefield District Health and Care Partnership Committee

Member	Chief Executive (deputy - Director of Provider Development)
Items discussed	Update from meeting on 24th January Key items discussed included: • Report from the Chair of the Provider Collaborative. • Public health profiles - child obesity and the latest data from the National Child Measurement Programme. • Partnership Delivery Plan and NHS operational planning. • Developing our delivery plan 2023-26 and NHS. Operational Planning Guidance 2023-24. • Financial planning principles.

	• Adult Learning Disability Plan for Wakefield District 2022/24. • Quality update. • Finance update. • Winter resilience update. The Committee had a development session (in person) on 2 March 2023. The aim of the session was to consider: • Developing our place plan and progressing towards our vision – setting the context. • How will we support people in communities- our emerging model of care. • What Business Intelligence capability and capacity do we need as a partnership to support our vision.
Date of next meeting	Next meeting scheduled for 23rd March 2023.
Further information	Meeting papers are available here: Committee meetings - Wakefield District Health & Care Partnership (wakefielddistricthcp.co.uk)

Wakefield Provider Collaborative

Member	General Manager, Wakefield Community Services
Items discussed	Update from meeting on 7th March 2023 Key items discussed included: • Monthly Alliance spotlight – Children's Programme. • Escalations from alliances/programmes – Mental Health Investment Standard priorities 2023/24. • Integrated Unplanned Care business case update. • Power BI: population health tool. • Partnership outcomes framework. • Independent Sector providers. • Overview of system pressures. • Escalations.
Date of next meeting	Next meeting scheduled for 18th April 2023.

Wakefield Mental Health Alliance

Member	Director of Provider Development (Chair), with Trust representative as a member.
Items discussed	Update from meeting on 15th March 2023 • MHA Dashboard - an overview of performance was given. • Standing item updates. ○ Mental Health Emergency Dept Strategy Group. ○ Psychology T&F. ○ Emotional well-being procurement. ○ Older People and Dementia Group. ○ Community Mental Health Transformation. ○ VCSE funding coordination group. • 2023/24 Prioritisation process discussion and recommendations. • 2023/24 Planning update. • Combatting Drugs Partnership update. • Partner updates. • Wakefield Provider Collaborative. • Wakefield District Health and Care Partnership feedback. • Wakefield Health And Wellbeing Board feedback. • West Yorkshire ICS MHLDA Programme feedback. • Alliance forward planning.
Date of next meeting	Next meeting scheduled for 19th April 2023.

Wakefield Health and Wellbeing Board

Member	Chief Executive (deputy - Director of Provider Development)
Items discussed	Update from meeting on 9th March 2023 The agenda was focused on Health and Wellbeing Priorities. Key items discussed included: • Children and young people- a presentation was given by Vicky Schofield, Corporate Director, Children and Young People, plus colleagues from the Wakefield Families Together Partnership including Trust staff. • Overview and Scrutiny Committee papers.
Date of next meeting	Next meeting to be confirmed (will be confirmed at Annual Council in May 2023)
Further information	Papers and draft minutes are available at: http://www.wakefield.gov.uk/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

Calderdale

SWYPFT is a strong partner in delivering the Calderdale Vision 2024 and Calderdale Cares. We have continued to work with partners to develop a place-based approach.

Calderdale Cares Partnership Board

Member	Chief Executive
Items discussed	Update from meeting on 26th January 2023 • Spring Hall Group Practice/ Rosegarth Surgery practice merger- the merger was approved subject to conditions including the inclusion and acceptance of appropriate contractual conditions to manage and mitigate risks raised in the process following receipt of the application to merge, and further engagement and commitment to maintaining/improving service levels. • Citizen's story. • Deep dive: Workforce- examples were shared of how teams in health and care are working together and how a one workforce approach is being used to attract staff. • Place Lead report. Thanks were extended to all staff in the health and care sector for their work over Christmas and New Year given the significant pressures that had been experienced. There was recognition of the Trust's leadership on creative approaches. • Social care discharge funding proposals. • Risk register. • Place Quality and Safety Report- safeguarding reports were received. Calderdale Children and Young People Special Education Needs Annual Report received. • Place Finance Report- on track to deliver against plan this year. Next year will be challenging. • Place Performance Report- out of area bed usage in mental health was highlighted as a challenge. The initiation of discussions with regard to the development of a Mental Health Alliance was noted in the report. • Place Committee work plan. • Matters for escalation. • Papers for information: Calderdale Clinical and Professional Forum.
	Next meeting scheduled for 30th March 2023.
Further information	Further information and meeting minutes can be found here: Home - Calderdale Cares Partnership

Calderdale Cares Community Programme Board

Member	Deputy Director Strategy and Change
Items discussed	Update from meeting of 9th March 2023 Items discussed included: • Highlight reports- it was noted recruitment issues have impacted on Mental Health Transformation progress but this remains on track. • Calderdale Cares Community Programme Board workshops updates: • Entity- it has been agreed to establish an 'entity' workshop to work on legal contracting, commissioning and funding frameworks. Neighbourhood Development – the subgroup met last week. • Clinical Strategy and Estates- support is coming from National Association of Primary Care to undertake this work. • Progressing a strengths-Based/Community-led support approach- a West Yorkshire research piece was shared with the group. Recommendations from this will feed into neighbourhood work and community-led support approach • Podiatry pathway – a presentation was shared. PCN referral podiatrists working well.
Date of next meeting	Next meeting is scheduled for 13th April 2023
Further information	Papers are available on the Future NHS platform for those with an account. https://future.nhs.uk/CalderdaleCCPBoard/view?objectId=36472912 Accounts can be set up at: https://future.nhs.uk/system/register

Calderdale Health and Wellbeing Board

Invited Observer	Director of Nursing & Quality
Items discussed	Update from meeting of 9th March 2023 • Update on membership of the Board. • Health and Wellbeing Strategy - update on Developing Well Report. The Calderdale Wellbeing Strategy 2022-27 sets out ambition that children aged between the ages of 6 and 25 should have hope and aspiration. In January 2022 the Developing Well strategic board was established to drive and coordinate work to achieve this ambition. Progress of this work was outlined. • 2023 Calderdale Community Information Directory briefing- a paper was shared and supported to develop a Calderdale Community Information Directory (CID), as part of an integrated digital platform, to support Calderdale's communities.

	• Health and Care priorities update.
Date of next meeting	Next meeting scheduled for 6th April 2023.
Further information	Papers and draft minutes are available at: https://calderdale.moderngov.co.uk/mgCalendarMonthView.aspx?GL=1&bcr=1 https://calderdale.moderngov.co.uk/ieListDocuments.aspx?CId=148&MId=2732&Ver=4

Kirklees

The Kirklees Delivery Collaborative is now meeting on a regular basis.

The Kirklees Mental Health Alliance continues to meet and progress workstreams. Governance arrangements for the Alliance have been aligned to the new Kirklees place governance arrangements from 1 July 2022.

Kirklees ICB Committee

Member	Chief Executive (deputy – Director of Provider Development)
Items discussed	Update from meeting on 8th March 2023. Items discussed included: • People story. • Kirklees Urgent Community Response Service review and future recommendations. • Discharge update. • Update on the development of the Kirklees Health and Care Plan. • Kirklees Financial Plan update. • Accountable Officer's Report. • Kirklees Place Quality Report. • Finance and Contracting Report. • Performance Report against Key Performance Indicators for 2022/23. • High Level Risk Report. • Committee work plan.
Date of next meeting	Next meeting scheduled for 10th May 2023.
Further information	Further information and papers are available at: Kirklees ICB Committee papers - NHS Kirklees Clinical Commissioning Group (kirkleeshcp.co.uk)

Kirklees Integrated Health and Care Partnership Forum

Member	Director of Provider Development
Items discussed	Update from meeting of 2nd March 2023 Items discussed included: • Everybody Active – Getting Kirklees moving: Benefits of physical activity and how our Health and Care Partnership can embrace and embed it in our work- a presentation was shared. • Cost of living challenges: Further update on implications of cost-of-living challenges- a presentation was given summarising the work being undertaken and the resources available for support across Kirklees. A Tackling Poverty Partnership meets every 8 weeks to co-ordinate the work, with all organisations invited to attend. • Work plan.
Date of next meeting	Next meeting scheduled for 6th April 2023.

Kirklees Health and Wellbeing Board

Invited Observer	Director of Provider Development
Items discussed	Update from meeting of 19th January 2023 Key agenda items included: • Implementing the Kirklees Health and Wellbeing Strategy progress report - an update on the implementation of the Health and Wellbeing Strategy was provided to the Board. • Kirklees Health and Wellbeing Strategy priorities - mental wellbeing update. • Kirklees Health and Wellbeing Strategy priorities - healthy places. • Kirklees Health and Wellbeing Strategy priorities - connected care & support. • Refresh of the West Yorkshire Partnership's Five-Year Strategy - working draft and Joint Forward Plan approach.
Date of next meeting	Next meeting scheduled for 30th March 2023
Minutes	Papers and draft minutes (when available): https://democracy.kirklees.gov.uk/ieListMeetings.aspx?CId=159&Year=0

Kirklees Delivery Collaborative

Member	Director of Provider Development
Items discussed	Update from meeting on 6th March 2023 Key agenda items included: • Community Nursing – progress to address capacity Issues. A presentation was given by Locala which summarised the work being undertaken in their Community Nursing Service. • Virtual ward – medium to longer term planning. A presentation was given which summarised the work on virtual wards. • VCSE integration and engagement update- this was noted and supported.
Date of next meeting	Next meeting scheduled for 3rd April 2023.

Kirklees Mental Health Alliance

Member	Director of Provider Development (Co-Chair), with Trust representative as a member.
Items discussed	Update from meeting on 20th February 2023 • Patient stories. • Crisis transformation deep dive. • Programme highlight reports (by exception only). • Strategic developments- WY MHLDA Partnership Board, Sharing Voices and SWYPFT peer support pathway. • Forward Plan.
Date of next meeting	Next meeting scheduled for 3rd April 2023

Recommendations:

Trust Board is asked to:

- **Receive and note the update on the development of Integrated Care Systems and collaborations:**
    - **West Yorkshire Health and Care Partnership;**
    - **Local Integrated Care Partnerships - Calderdale, Wakefield and Kirklees.**
- **Receive the minutes of relevant partnership boards/committees.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 11.3

Private/Public paper:	**Public**		
Title:	**Specialised NHS-Led Provider Collaboratives and Alliances - Update**		
Paper presented by:	Adrian Snarr - Director of Finance, Estates and Resources Sean Rayner - Director of Provider Development Salma Yasmeen - Director of Strategy and Change/ Deputy Chief Executive		
Paper prepared by:	Izzy Worswick – Associate Director, Provider Collaboratives & Planning		
Purpose:	The purpose of this paper is to provide the Trust Board with: 1. An update on key developments within the West Yorkshire and South Yorkshire and Bassetlaw Specialised NHS-Led Provider Collaboratives and key priorities that are of relevance to the Trust. 2. An update on the Phase 2 Provider Collaboratives.		
Strategic objectives:	Improve Care	✓	
	Improve Health	✓	
	Improve Resources	✓	
	Make this a great place to work		
BAF Risk(s):	• 1.1 The new NHS landscape of integrated care boards, place-based partnerships and provider collaboratives could lead to changes and variations in local priorities resulting in service inequalities, and differences in our offer in each place. • 1.2 The focus on integrated care models at place may result in unwarranted variation and differences in standards and could potentially impact the sustainability of smaller specialist services. • 3.2 Failure to develop strong relationships with integrated care systems, places, and provider collaboratives results in services that do not meet local needs or are unsustainable.		
Any background papers / previously considered by:	Strategic discussions and updates on Provider Collaboratives and developments have taken place regularly at Trust Board.		
Executive summary:	**West Yorkshire Specialised NHS-Led Provider Collaboratives** In West Yorkshire, the Trust is Co-ordinating Provider of the Adult Secure Provider Collaborative, and a partner in the Children and Young People Mental Health (CYPMH) inpatient services (Tier 4) and Adult Eating Disorder (AED)		

	Provider Collaboratives, for which Leeds and York Partnership NHS Foundation Trust (LYPFT) is the co-ordinating provider. All West Yorkshire Collaboratives continue to experience staffing challenges, and this issue has been a focus, with connections made to integrated care system (ICS) workstreams to support. Pressures have resulted in reduced capacity/ activity across all three West Yorkshire Provider Collaboratives. The Adult Secure Provider Collaborative Board has continued to meet and progressed among a range of items: • Development and prioritisation of patient pathways in West Yorkshire- work on the Community Pathway has been a key focus. • Repatriation plans for patients placed out of area (West Yorkshire) and outside of natural clinical flow. • Involvement in national work to revise the secure service specifications. • Support for improvement plans at Cygnet Bierley, and Waterloo Manor. For the 11 months to February 2023 the collaborative operated with a financial surplus. **South Yorkshire and Bassetlaw Provider Collaboratives** In South Yorkshire and Bassetlaw, the Trust is Co-ordinating Provider of the Adult Secure Provider Collaborative. The Provider Collaborative Oversight Group for the collaborative is in place, ensuring oversight of the Trust's commissioning responsibilities which reports into the Trust's Collaborative Committee. The draft 'Lead Provider' contract has been shared with the Trust by NHS England/Improvement, and discussions with NHS England & Improvement (NHSE/I) are ongoing, pending outcome of ongoing negotiations with Independent Sector partners. For the 11 months to February 2023 the collaborative operated with a financial surplus. Risk share discussions continue with partners in South Yorkshire. **Phase 2 Provider Collaboratives** Discussions continue regarding phase 2 provider collaboratives, specifically Forensic CAMHS (FCAMHS) and Perinatal Mental Health Services across Yorkshire and Humber. There is support from colleagues across the region in the Trust taking on the 'co-ordinating provider' role for FCAMHS. NHSE/I have developed a standard operating procedure (SOP) to support with operationalising the FCAMHS recommendations, coproduced with experts by profession and experience.

	The Trust has undergone a process of 'due diligence' and have developed a Memorandum of Understanding (MOU) to support a transition period of handover from NHSE to the West Yorkshire Provider Collaborative Commissioning Hub. A recommendation of go live of 1st April 2023 was supported by the Collaborative Committee on 7th February 2023 and Trust Board on 28th February 2023, subject to the MOU with NHSE being in place. This is being progressed. Within West Yorkshire, Leeds and York Partnership NHS Foundation Trust (LYPFT) has been identified as coordinating provider for Perinatal Mental Health services (using the agreed set of principles), because LYPFT currently provides the full pathway of care and across the appropriate geography. In November 2022, NHSE/I published the Perinatal Provider Collaborative selection process. LYPFT will submit an expression of interest in March 2023. The relevant papers for this Expression of Interest are shared for reference with the Trust Board in the Private Board agenda, this is a consistent approach with partner Trust Boards. **Risk Appetite** The development and delivery of Provider Collaboratives is in line with the Trust's risk appetite.
Recommendation:	**Trust Board is asked to:** **Receive and note the Specialised NHS-Led Provider Collaboratives update.** **Note the Leeds and York Partnership NHS Foundation Trust proposal papers to be coordinating provider for perinatal services are a Private Trust Board item.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023

Agenda item 11.3

Specialised NHS-Led Provider Collaboratives and Alliances - Update

1. Introduction

The purpose of this paper is to provide an update to the Trust Board on the Specialised NHS-Led Provider Collaboratives, focusing on developments that are of importance or relevance to the Trust. The paper includes updates on the West Yorkshire and South Yorkshire & Bassetlaw Provider Collaboratives where the Trust is a Co-ordinating Provider or partner, and a brief update on the national Phase 2 Provider Collaboratives.

2. Phase 1 Provider Collaboratives

In **West Yorkshire**, Provider Collaboratives have been established for national Phase 1 services:

- Adult Low and Medium Secure Services - co-ordinated by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Children and Young People Mental Health (CYPMH) inpatient services (Tier 4) - co-ordinated by Leeds and York Partnership NHS Foundation Trust (LYPFT).
- Adult Eating Disorder Services - co-ordinated by LYPFT.

In addition to being Co-ordinating Provider for Adult Secure, the Trust is a partner in both the Adult Eating Disorder and CYPMH Provider Collaboratives.

The Adult Eating Disorder Collaborative went live on 1st October 2020, and the CAMHS and Adult Secure Collaboratives 1st October 2021 (with transitional support from NHSE/I until 31st March 2022).

In **South Yorkshire and Bassetlaw**, Provider Collaboratives have also been established for all national Phase 1 Services:

- Children and Young People Mental Health (CYPMH) inpatient services (Tier 4) - co-ordinated by Sheffield Children's Hospital.
- Adult Eating Disorder Services - co-ordinated by Rotherham Doncaster and South Humber NHS Foundation Trust.
- Adult Secure Services - co-ordinated by SWYPFT.

The Adult Eating Disorder and CYPMH Provider Collaboratives went live on 1st October 2022, and the Adult Secure Provider Collaborative on 1st May 2022.

Although the South Yorkshire Integrated Care System does not now include the Bassetlaw population, for the purpose of the Phase 1 services the Provider Collaboratives continue to include the Bassetlaw population. Hence Bassetlaw is still included in the title.

3. Phase 1 Provider Collaboratives - West Yorkshire

Recent developments for all West Yorkshire Provider Collaboratives include:

- Implementation of quality surveillance process(es) for out of area placements, resulting in better oversight of the care delivered to those originating from West Yorkshire.

- Further development of Standard Operating Procedures (SOPs) for all West Yorkshire Provider Collaboratives.

- Implementation of a new approach to contract meetings. “Service Review Meetings” have been initiated and now include a deep dive narrative/presentation by providers. It is anticipated this will complement data collection for quality oversight.

- Understanding the new Patient Safety Incident Response Framework (PSIRF). The Commissioning Hub held its first Commissioner-led PSIRF oversight group in February 2023, and are working with providers to map out existing commissioner oversight arrangements and to clarify plans for future commissioner oversight.

All Provider Collaboratives continue to experience staffing challenges (medical and nursing), and this issue has been a focus, with continued support from West Yorkshire integrated care system (ICS) recruitment and retention workstreams. Pressures have resulted in reduced capacity/ activity across all three West Yorkshire Provider Collaboratives.

3.1 West Yorkshire Adult Secure Provider Collaborative

The Adult Secure Provider Collaborative Board has continued to meet and progressed among a range of items:

- Development and prioritisation of patient pathways in West Yorkshire- work on the Community Pathway has been a key focus.
- Repatriation plans for patients placed out of area (West Yorkshire) and outside of natural clinical flow.
- Involvement in national work to revise the secure service specifications.
- Support for improvement plans at Cygnet Bierley, and Waterloo Manor.

For the 11 months to February 2023 the collaborative operated with a financial surplus.

Due to ongoing staffing challenges (medical and nursing), one provider paused to admissions for a period of several weeks. A restoration planning meeting took place in January to understand wider pathway challenges and opportunities for mutual aid. Following successful locum recruitment to medical posts, the provider has now re-opened to admissions within the agreed (8 weeks) timescale.

SWYPFT, in its role as Lead Provider, have been carrying out visits to each of the in-area partners in order to review how the collaborative is operating, and any learning from the first 18 months as a collaborative.

There has been a focus on progressing the 2022/23 Lead Provider Contract Variation. This has now been agreed, and will be progressed to signature. Once this has been signed, 2022/23 contract variations with in-area partners will be progressed to signature.

The most recent meeting of the Collaborative Committee of the Trust Board took place on 7th February 2023, with a further meeting planned for 4th April 2023.

3.2 West Yorkshire Adult Eating Disorders Provider Collaborative

There have been ongoing challenges regarding the physical health monitoring for Adult Eating Disorder patients under the care of the Provider Collaborative (CONNECT Community). Short and medium-term options to address this are being developed.

Due to current staffing challenges, the Provider Collaborative have continued to adopt an interim admission process to consider the acuity of each admission and ability to manage complex care. This has resulted in a lower occupancy, and a further risk of increased out of area admissions (currently at 4). An action plan is in place to address the staffing challenge.

3.3 West Yorkshire Children and Young People's Mental Health (Inpatient) Provider Collaborative

Due to current staffing challenges, Red Kite View continues to operate at reduced occupancy. A restoration and re-occupancy plan has been developed, with regular status reports being generated and shared. Nevertheless, this has resulted in increased use of out of area beds.

4. Phase 1 Provider Collaboratives - South Yorkshire

4.1 South Yorkshire Adult Secure Provider Collaborative

The Collaborative went 'live' on 1st May 2022, with the Trust as 'Co-ordinating Provider'.

Key areas of focus have included the following:

- Governance structures are in place, with co-ordinated attendance from SWYPFT as Co-ordinating Provider. The Commissioning Hub is fully established.
- The Provider Collaborative Oversight Group for the collaborative provides oversight of the Trust's commissioning responsibilities. This reports into the Trust's Collaborative Committee.
- The draft Co-ordinating Provider contract has been shared with the Trust by NHS England/Improvement. This has been reviewed by the Commissioning Hub and discussions with NHSE/I are ongoing, pending outcome of negotiations with Independent Sector partners.
- Risk share discussions continue between providers.

Due to ongoing negotiations between NHSE, the Commissioning Hub and one of the independent sector partners in South Yorkshire, the Trust has been unable to sign the Lead Provider Contract at this stage.

For the 11 months to February 2023 the collaborative operated with a financial surplus.

5. Phase 2 Provider Collaboratives

The following services were intended to be part of Phase 2 of the Provider Collaboratives Programme:

- Adult Secure: Adult Low and Medium Secure Acquired Brain Injury and Deaf Services, Women's Enhanced Medium Secure Services, High Secure Services.
- Children and Young People's Mental Health Services (CYPMHS): Children's (Under 13s), CYPMHS Medium Secure and CYPMHS Medium Secure LD Services, Deaf CYPMHS, Forensic CYPMHS.
- Specialist Services: Obsessive Compulsive Disorder and Body Dysmorphic Disorder Services, Tier 4 Personality Disorder Services, Non-secure (Acute) Deaf Services.
- Perinatal: Specialist inpatient services and associated teams (e.g. outreach).

NHSE undertook consultation for phase 2 Adult Secure and CYPMH services. Following consultation, Adult Low and Medium Secure Acquired Brain Injury and Deaf Services, Women's Enhanced Medium Secure Services will continue to be commissioned directly by NHS England and Improvement (NHSE/I) with a national ring-fenced budget. NHSE/I remains accountable and is responsible for the commissioning of these services but delegates specific functions to placing or host Lead Providers.

Work is underway to consider how the services reviews for Medium Secure CYP and Under 13s can be aligned to developing a PC approach.

The National Specialised Commissioning Team have determined that Obsessive Compulsive Disorder and Body Dysmorphic Disorder Services, Tier 4 Personality Disorder Services, Non-secure (Acute) Deaf Services are not appropriate for a Provider Collaborative approach at this time.

In West Yorkshire, the Trusts who comprise the WY MHLDA collaborative have agreed a set of principles to determine which Trust is our preferred option to be the co-ordinating provider ('lead provider' in NHS England terminology) for particular services that might have commissioning responsibility delegated from NHS England or the WY Integrated Care Board, which has guided discussions.

5.1 Forensic CAMHS

The National Specialised Commissioning Team engaged CYPMH Lead Providers and regional colleagues to discuss recommendations for Forensic CAMHS (FCAMHS).

The national direction is that Forensic CAMHS services should be commissioned through CYPMH provider collaboratives. However, the Trust and our regional Specialised Commissioning Team have advocated nationally that the existing Yorkshire and Humber regional FCAMHS service works well as it is and that there is effectively a lead provider model already in place, with SWYPFT as co-ordinating provider.

An options analysis was considered at the May meeting of the West Yorkshire Specialised Mental Health Learning Disability and Autism Programme Board and support gained for SWYPFT to be 'co-ordinating provider' for FCAMHS across Yorkshire and Humber due to the fact SWYPFT currently provides the full pathway of care and across the appropriate geography.

This planned approach was outlined to wider partners across Yorkshire and Humber in a letter from Keir Shillaker and Sarah Sams on behalf of the WY Mental Health, Learning Disability and Autism (MHLDA) Collaborative in August 2022. Support for this approach has been confirmed, subject to a Board with equal membership of all key partners being established to oversee the quality assurance, service delivery, planning, finance, and positive impact of the Forensic CAMHS service across the region. It is envisaged this will build on the existing FCAMHS Board.

The Head of Mental Health North East and Yorkshire Region, NEY Specialised Commissioning Team (NHSE/I) has confirmed that the Community FCAMHS recommendation was approved at the National Provider Collaborative Oversight Group and National Specialised Mental Health and Learning Disability Programme of Care Board, and work will commence to implement FCAMHS Provider Collaboratives.

NHSE/I have developed a standard operating procedure (SOP) to support with operationalising the FCAMHS recommendations, coproduced with experts by profession and experience, which has now been published.

The Trust has undergone a process of 'due diligence' and have developed a Memorandum of Understanding (MOU) to support a transition period of handover from NHSE to the West Yorkshire Provider Collaborative Commissioning Hub.

A recommendation of go live of 1st April 2023 was supported by the Collaborative Committee on 7th February 2023 and Trust Board on 28th February 2023, subject to the MOU with NHSE being in place.

5.2 Perinatal Mental Health

At national level, it has been approved that the NHS-Led Provider Collaborative model is implemented for Specialised Perinatal Mental Health services (Mother and Baby Units and Community) through joined up commissioning. The preferred approach being suggested is that NHS-Led Provider Collaboratives for Perinatal are delegated the full commissioning budget, both from regional Specialised commissioning teams and ICSs.

Within West Yorkshire, Leeds and York Partnership NHS Foundation Trust (LYPFT) has been identified as coordinating provider for Perinatal Mental Health services (using the agreed set of principles), because LYPFT currently provides the full pathway of care and across the appropriate geography.

This planned approach was outlined to wider partners across Yorkshire and Humber in a letter from Keir Shillaker and Sarah Sams on behalf of the WY Mental Health, Learning Disability and Autism (MHLDA) Collaborative in August 2022. There are collective concerns across the region regarding process/expectation, availability of data and the importance of retaining local responsibility for community perinatal provision, and discussions with NHSE are ongoing.

In November 2022, NHSE/I published the Perinatal Provider Collaborative selection process. Lead Provider (coordinating provider) applications were invited. At the meeting of the West Yorkshire Mental Health and Learning Disability Programme Board in January 2023 it was confirmed the deadline for the application has been extended until March 2023. An expression of interest has been developed by LYPFT, with input from partners via the Perinatal Partnership Board. The relevant papers for this Expression of Interest are shared for reference with the Trust Board in the Private Board agenda, this is a consistent approach with partner Trust Boards.

Recommendation:

Trust Board is asked to:

Receive and note the Specialised NHS-Led Provider Collaboratives update.

Note the Leeds and York Partnership NHS Foundation Trust proposal papers to be coordinating provider for perinatal services are a Private Trust Board item.

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 12.1

Private/Public paper:	**Public**		
Title:	**Use of Trust Seal**		
Paper presented by:	Adrian Snarr - Director of Finance, Estates and Resources		
Paper prepared by:	Andy Lister - Head of Corporate Governance		
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	N/A		
Any background papers / previously considered by:	Quarterly reports to Trust Board.		
Executive summary:	The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance and Resources of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive. The Trust Seal has been used three times since the last report to Board in November 2022: • Extension of the lease for the Priestley Unit, Fox View & Cullingworth Street, Dewsbury District Hospital (Mid Yorkshire Hospitals NHS Trust) • Transfer agreement relating to the sale of the Keresforth Centre to the secretary of state for levelling up, housing and communities. (Signature witnessed by the Deputy Chair in the Chair's absence) • Licence to charge in relation to Airedale health centre. The Trust owns Airedale health centre. A lease was assigned to the current tenant in 2020		

	and a charge was placed on the title by Lloyds Bank. A charge should not have been placed without the Trust's consent and the licence is retrospective consent. (Following agreed constitutional changes in January 2023 signature witnessed by company secretary)
Recommendation:	**Trust Board is asked to NOTE the update to the Trust Seal since the last report in November 2022.**

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Trust Board 28 March 2022
Agenda item 13.1

Private/Public paper:	**Public**		
Title:	**Estates Strategy Update**		
Paper presented by:	**Adrian Snarr - Director of Finance, Resource and Estates**		
Paper prepared by:	**Nick Phillips - Deputy Director of Estates and Facilities**		
Purpose:	This paper is an update paper on the progress of the development of the Trust Estate Strategy to date and is also designed to appraise Board of the wider Integrated Care System (ICS) estate strategy progress. The paper also covers how aligned estate strategies should improve access to capital funds.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	1.4 Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. 3.4 Failure to embed new ways of working and develop digital and creative innovations resulting in reduced inability to meet increasing demand and less efficient service provision		
Any background papers / previously considered by:	There has been extensive consultation on the new estate strategy with engagement with staff groups, the Operational Management Group (OMG) and individual heads of service. In addition, the Board have been appraised of progress in a series of updates and an engagement exercise was undertaken as part of the last update in June 2022. A series of engagements with service users have also been undertaken. Staff side have been consulted as part of the wider engagement process. The above engagement is referenced in the Equality Impact Assessment (EIA) which has been produced in accordance with the Trust's latest standards.		
Executive summary:	The existing Trust estate strategy has been extended whilst the strategy which will cover 2023 to 2033 is finalised. The only major scheme still to be concluded as part of the existing strategy is the Bretton Centre refurbishment. It is important to note the significant changes to the estates landscape that have occurred since the current strategy was put in place, most notably the changes within the capital regime and its impact on Foundation Trust freedoms.		

	The nationally mandated requirement for all provider organisations to remain within a system capital limit has compromised the Trust's ability to proceed with the Bretton Centre refurbishment, it will also be a key consideration in the renewed estates strategy so we can match our ambition with funding streams. The Finance Investment and Performance Committee (FIP) Chair has asked for a training session for members of the committee to understand how the NHS capital regime operates, so they can better understand the potential constraints it imposes upon the Trust. The refreshed strategy remains as a draft document and is to be reviewed by the Executive Management group in March, with a plan to present to Board in the spring/early summer of 2023. The new strategy is a plan for ten years and will be refreshed during this period based on clinical priorities. The strategy will underpin the clinical strategies defined by the Trust. The new strategy will need to be aligned to the emerging Integrated Care System (ICS) estates strategy which has not been received in detail to date, therefore the strategy may require a number of iterations over the next few years. The benefits of strong alignment to an ICS strategy are seen as: • An aligned strategy will improve the overall ICS estate capital control. • Increased opportunity for access to ICS and strategic capital. • Improved short, medium and long term capital planning. • Increased opportunities for cooperation on mental health strategic schemes. • Improved access to any future capital from central government. • SWYPFT schemes being considered as part of central planning on new hospitals, this is particularly important for any review of inpatient services. Some of the emerging themes from the analysis of our current estate are: • The adoption of agile working whilst beneficial in terms of an affordable and correctly configured estate is putting pressure on meeting space • Investment in Trust owned inpatient wards has resulted in a modern fit for purpose bed base. However, work on future ward sizes may impact on this as the move towards smaller ward sizes is implemented. • There are pressures on space, although much of the community-based estate is only intensively used for part of a week • The non-trust owned bed base is generally of a much lower quality than the owned estate leading to issues around parity of esteem, safety and the ability to make plans even in the medium term An estates strategy would be expected to cover three main components: • Where are we now? • Where do we want to be • How do we get there?

	The baseline reviews of our estate which covers location, condition, space utilisation and service portfolio is well developed as are the key themes of where we want to be. As described earlier some of the constraints within the capital regime means the third component is more challenging as we match ambition for our patients and staff to the economic reality of the funding regime.
Recommendation:	**The Trust Board is asked to NOTE the update on the existing strategy and progress towards key milestones and NOTE the development of the new estates strategy and some of the emerging themes.**

South West Yorkshire Partnership NHS Foundation Trust

Trust Board 28 March 2023
Agenda item 13.2

Private/Public paper:	**Public**		
Title:	**Quality Strategy 2023-2026 (draft)**		
Paper prepared by:	Sarah Whiterod, Associate Director of Nursing, Quality and Professions Carmain Gibson-Holmes, Deputy Director of Nursing, Quality and Professions		
Paper presented by:	Darryl Thompson, Chief Nurse/Deputy Director of Quality and Professions		
Purpose:	The Quality Strategy outlines key principles which will support the Trust to deliver quality and continuous quality improvement across services. Improving quality is at the heart of everything we do, the Quality Strategy is a tool to support the delivery of quality. The draft Quality Strategy is presented alongside a one-page summary of what you need to know.		
Strategic objectives:	Improve Health	✓	
	Improve Care	✓	
	Improve Resources	✓	
	Make this a great place to work	✓	
BAF Risk(s):	Risk1.4: Services are not accessible to nor effective for all communities, especially those who are most disadvantaged, leading to unjustified gaps in health outcomes or life expectancy. Risk 2.1: The increasing demand for strong analysis based on robust information systems means there is insufficient high-quality management and clinical information to meet all of our strategic objectives. Risk 2.2: Failure to create a learning environment leading to lack of innovation and to repeat incidents.		
Any background papers / previously considered by:	Operational Management Group – 28 December 2022 Quality Improvement Group – 11 January 2023 Executive Management Team – 12 January 2023 Clinical Governance Group – 24 January 2023 Member's Council Quality Group – 6 February 2023 Clinical Governance and Clinical Safety Committee – 7 February 2023 Trust Board (private) – 28 February 2023 Clinical Governance and Clinical Safety Committee – 14 March 2023		
Executive summary:	This revised Quality Strategy reflects the changes made since the previous strategy in 2018 and reflects our current position, builds upon progress to date, and outlines our ambitions for the future of quality within the Trust. The Quality Strategy aims to describe how the Trust will continue the journey to becoming outstanding by describing: • how we measure quality • how we celebrate when we get it right • how we learn and make changes when improvements are required.		

With **all of us** in mind.

	The Quality Strategy has been written through a process of engagement and consultation with service users, carers, staff, and partner agencies. The strategy outlines the current quality priorities and how we will measure and understand our performance against them, accepting these may change and develop during the life of the current strategy to ensure they are relevant for today and ready for tomorrow. The current priorities for 2022/23 are: • Equality, inclusion and equity • Safe and responsive care • Health, wellbeing and experience of staff These current Quality priorities interrelate the Trust's strategic priorities. The Quality Strategy has three main aims: 1. Delivery the quality priorities, both current and future and be flexible in ensuring that these are fit for purpose and reflective of need. 2. Embed quality improvement across the organisation to support our journey to be a Trust that delivers outstanding care. 3. Monitor and identify success, though measuring, reflecting and ensuring we have robust systems in place to understand where a have led to improvements in quality. To achieve these aims we are continuing with the rollout of the quality improvement initiative #allofusimprove. Work is underway to embed and strengthen the Trust's quality management system, further supporting a culture of continuous improvement. The priorities for organisational development are: 1. Strengthen the Trust's Quality Management System 2. Improve the use of data, specifically embed Statistical Process Control 3. Continue to build capacity and capability for improvement 4. Ensure that planning is service-centred and has a holistic quality focus 5. Culture of self-development, learning-based delivery, systematic implementation The Quality Strategy has an approved Equality Impact Assessment which has been signed off/graded as 'Achieving'.
Recommendation:	**Trust Board are asked to APPROVE the Quality Strategy 2023-2026**

#allofusimprove
and be outstanding

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Our Quality Strategy 2023-2026
what you need to know

Improving quality is at the heart of everything we do. Quality delivers outstanding care and is what will make our Trust a great place to work for all our staff. Together we can create a culture that looks to always improve.

Our Quality Strategy aims to:

- Deliver our quality priorities
- Support our journey to becoming outstanding
- Measure and understand where we have made improvements and where we can do better, against our quality priorities

Our quality priorities for 2022/23 are:

- Equality, inclusion and equity
- Safe and responsive care
- Health, wellbeing and experience of staff

What our Trust will do:

- Continue to build capacity to allow us to improve
- Make sure that our plans are focused on services and always have a spotlight on quality
- Create a culture that helps people develop, learn and deliver quality improvement
- Build on how we use data to help us decide what to do
- Improve our quality management system

What all of us can do:

- Share the ambition for quality improvement and help be part of a culture that always looks to learn and improve
- Talk to us, and each other – share what works well, what doesn't work and could be improved
- Know that every one of us can make a difference to improve quality - you have the permission to go ahead and drive quality improvement – no matter your role or area of work.

To find out more, search 'Quality Strategy' on the intranet.

If you require a copy of this information in any other format or language please contact your line manager or your healthcare worker at the Trust.

With **all of us** in mind.

JOB NO 3162 FEB23

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Quality strategy
2023-2026

With **all of us** in mind.

Contents page

Executive summary

We intend to create a culture where we continuously improve. Our culture is a key part of making sure we develop safety, improve experience and be more responsive to the people we serve, by delivering outstanding care every day. To make this happen, we will continue to embed quality improvement at the heart of everything we do. We will work in partnership with the people we care for, families, carers, staff and the public, in developing the quality of our services and ensure we can monitor, measure and understand where quality improvement is already happening and where improvement is needed.

We are committed to improving quality. We want our services to be outstanding, and be a great place to work, to attract and retain a highly skilled workforce.

Respecting diversity, promoting equality, and working to understand and reduce health inequalities across our communities, will help to ensure that everyone receives safe and responsive care.

Our Quality Strategy has three main aims:

1. deliver the quality priorities, both our current priorities and future priorities, and be flexible in what our priorities are to make sure that they are always fit for purpose and reflective of need.
2. embed quality improvement across our organisation to support our journey to becoming a Trust that delivers outstanding care.
3. monitor and identify success, though measuring, reflecting and ensuring we have robust systems in place to understand where there have been improvements in quality, and where we could do better.

To achieve our aims and build a culture of continuous improvement we will continue to rollout our quality improvement initiative #allofusimprove alongside:

1. strengthening our Trust Quality Management System
2. improving the use of data, specifically embedding Statistical Process Control
3. continuing to build capacity and capability for improvement
4. ensuring that planning is service-centred and has a holistic quality focus
5. building a culture of self-development, learning-based delivery and systematic implementation.

We will strengthen our Quality Management System by balancing quality planning and quality improvement with quality control to deliver more effective quality assurance.

At the same time, the people we care for, families, carers, staff and our communities will have a strong voice to help shape improvements and understanding around what quality might mean to them.

We have delivered a number of quality improvements across our Trust. Our Quality Strategy will help to formalise these and support involvement at all levels of our organisation in delivering outstanding quality across all our services.

We want our staff, and people working with our Trust, to know that they are essential, valued, and empowered to deliver services which improve health, improve care, improve resources, and make our Trust a great place to work.

The work outlined in our Quality Strategy is underpinned by our Trust's vision, mission and values.

Our three-year strategy is the plan by which we will continue our journey to achieve our ambitions and be outstanding in all we do.

Thank you to every one of our staff for your commitment to quality improvement, and for all the work we know you will continue to do to bring our Quality Strategy into everyday practice.

Darryl Thompson

Chief nurse

Director of quality and professions

1. Introduction

1.1. Vision, purpose, and guiding principles

South West Yorkshire Partnership NHS Foundation Trust (our Trust) is a large organisation rooted in the areas we serve. The care and services we provide make a vital contribution to the health and wellbeing of local people and our communities. We always aim to deliver care in line with our vision to provide outstanding physical, mental and social care in a modern health and care system and our mission to help people to reach their potential and live well in their communities.

Everything we do is underpinned by the need to deliver high quality care and to understand the impact of changes, both those within our control and those that we have a statutory obligation to deliver. Our Quality Strategy builds on the strong commitment of our Trust to quality. It is aligned to our Trust vision, mission, values and strategic priorities.

Our vision

To provide outstanding physical, mental and social care in a modern health and care system

Our mission

We help people reach their potential and live well in their community

Our values

We put the person first and in the centre

We know that families and carers matter

We are respectful, honest, open and transparent

We improve and aim to be outstanding

We are relevant today and ready for tomorrow

Quality is about how well our services and activities support people to achieve their best possible outcomes and have the best possible experience. Our approach is informed by the National Quality Board's shared single view of quality:

- The quality of health and care matters because we should all expect care that is consistently safe, effective and provides a personalised experience.
- This care should also be delivered in a way that is well-led, sustainable and addresses inequalities.
- This means that it enables equity of access, experiences and outcomes across health and care services.

Within our Quality Strategy there are key principles which will support our Trust to deliver quality and continuous quality improvement across our services. In developing these principles, we have reflected on where we are now, the progress made to date whilst also identifying current challenges. The Quality Strategy will support our delivery of high-quality care and how we understand the impact of what we deliver.

Nationally, Trusts that deliver services which are recognised as outstanding build quality and continuous improvement into everything that they do, from the delivery of frontline services to operational management, through to systems and processes. It is recognised that a focus on quality improvement takes time to embed and become part of everyday care delivery.

Our Trust has a strong focus on delivering quality at all levels and we have made significant progress in quality improvement. We acknowledge that we need to do more to embed a quality improvement culture across our organisation, placing quality improvement as part of everyday practice. We want to engage staff at all levels and in all professions to feel confident and supported to use techniques to design, develop, implement and review changes which support the continuous improvement of services for all people who need them across our diverse communities.

Our Quality Strategy will seek to add value and avoid duplication, defining how all our services, activities and future planning will be delivered. Our Quality Strategy aligns, builds on and integrates with existing Trust strategies, policies and procedures, with quality being the underpinning focus of all that we do.

1.2. Alignment with other Trust strategies and local, regional, and national strategies

The diagram below demonstrates the strategic alignment of our Quality Strategy with other internal, local, regional and national strategies.

The following strategies have been developed by our local Integrated Care Boards (ICBs). These are still in draft form and are subject to change.

The West Yorkshire Health and Care Partnership Five Year Strategy has four strategic objectives:

1. reduce health inequalities
2. manage unwarranted variations in care
3. secure the wider benefits of investing in health and care
4. use our collective resources wisely.

The strategy also has ambitions for the people of West Yorkshire. These include:

- improving health outcomes, including reducing suicide by 10% by focusing on health inequalities and the impact of suicide;
- tackling health inequalities with an aim of a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population;
- more diverse leadership across West Yorkshire
- enhancing productivity and value for money; supporting broader social and economic development.

The South Yorkshire Integrated Care Partnership Strategy has three overarching goals:

1. live healthier and longer lives
2. experience fairer outcome
3. have access to quality health and wellbeing support and care.

These are supported by four shared outcomes:

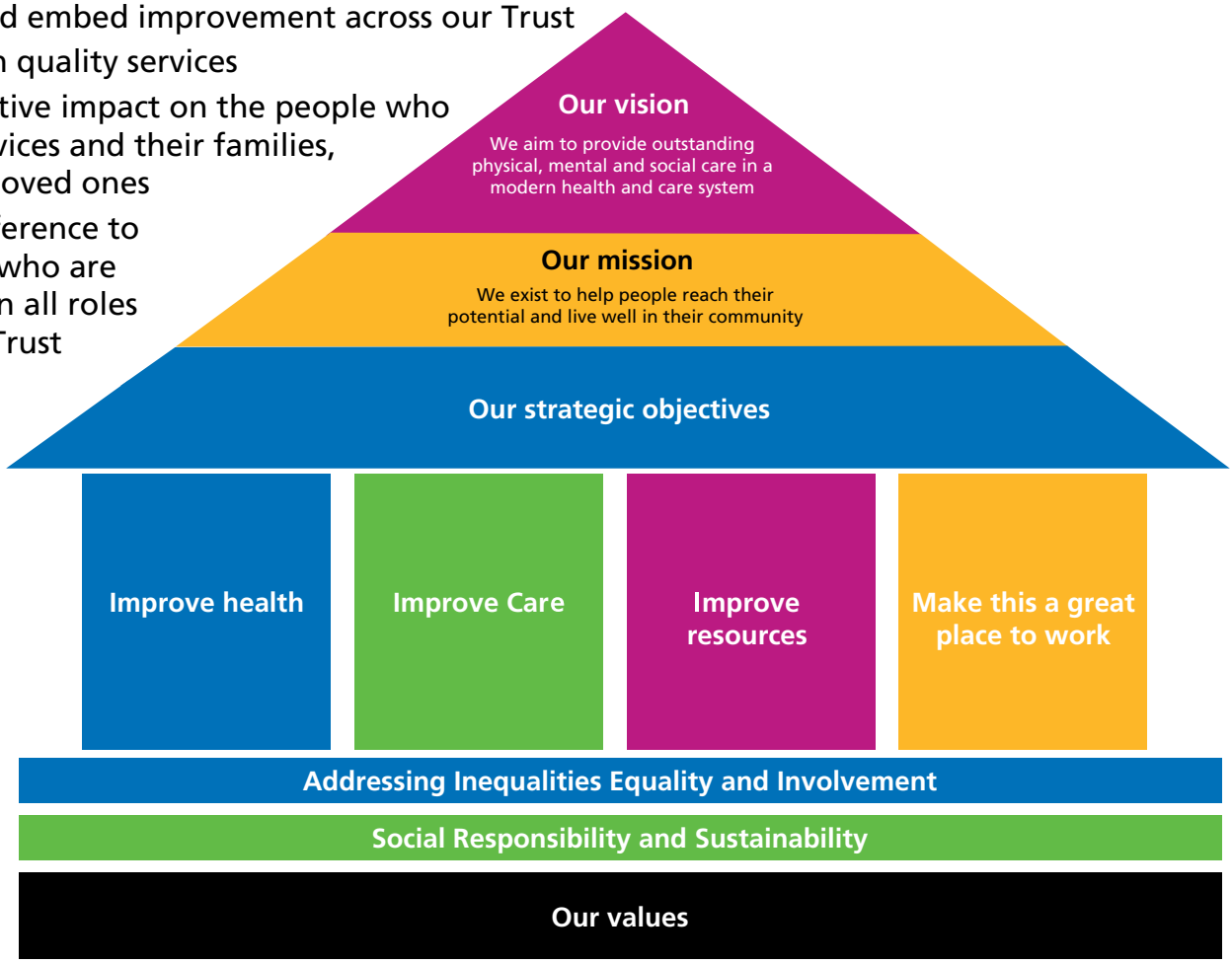
- children and young people have the best start in life
- people in South Yorkshire live longer and healthier lives and the physical and mental health and wellbeing of those with the greatest need improves the fastest
- people are supported to live in safe, strong and vibrant communities
- people are equipped with the skills and resources they need to thrive.

Our Quality Strategy will be locally interpreted to ensure that it fits with place-based and localised delivery plans and strategic ambitions. It is recognised that these will vary across each of our places and service lines.

1.3. Strategic objectives and current quality priorities

The delivery of quality and quality improvement is underpinned by our Trust values (shown in figure 3). These values have been used throughout our Quality Strategy to describe how we will:

- improve and embed improvement across our Trust
- deliver high quality services
- have a positive impact on the people who use our services and their families, carers and loved ones
- make a difference to colleagues who are employed in all roles across our Trust



1.4. The current situation

Our previous Quality Strategy was developed in 2018, since then there have been significant changes in health and care.

Changes to NHS commissioning organisations

The Health and Care Act (2022) introduced statutory Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs) in July 2022. This has meant that there are changes in how services are required to work together, and the metrics that providers should deliver against.

The impact of Covid-19 and the increased cost of living

The COVID-19 pandemic has significantly impacted ways of working and delivery of services across the wider health and care system. It has also contributed to widening health inequalities, increased waiting times for treatment and lower levels of staff wellbeing.

Across our communities we see the impact of both Covid-19 and the increased cost of living on health inequalities and people living with poor mental health and with learning disabilities. Evidence shows the widening gap in good health, and the continued impact on wellbeing, for people who live with mental health difficulties. This shows that people are struggling more with day to day living, increased poverty levels, with young people shown to be the most affected (MIND 2021).

People with a learning disability have also found that less support has been available since the Covid-19 pandemic, that they have lost skills and experienced a negative change in their physical health (Warwick University 2021).

At the same time people, with physical health needs have been disproportionately impacted by Covid-19. All aspects of stroke treatment and care has been affected (Stroke Association 2020), including delays in treatment, access to rehabilitation and ongoing support to support stroke survivors to rebuild their lives. Loss of physical fitness and an increase in falls for older people (over the age of 65) has been a major impact of the Covid-19 lockdown restrictions, social isolation and shielding (gov.co.uk 2021), with older people in the most deprived groups more affected.

The increased cost of living is in itself considered to be a health crisis, alongside an economic one (health.org.uk 2022), as it negatively affects inequalities. It is expected that there will be an increase in:

- people becoming malnourished due to the being able to afford sufficient food,
- development or exacerbation of respiratory diseases from poorly heated homes, which again affects the most vulnerable
- stress, anxiety and depression as people worry about being able to pay bills, feed their families and heat their homes
- associated physical health conditions, such as high blood pressure and an increase in pressure sores.

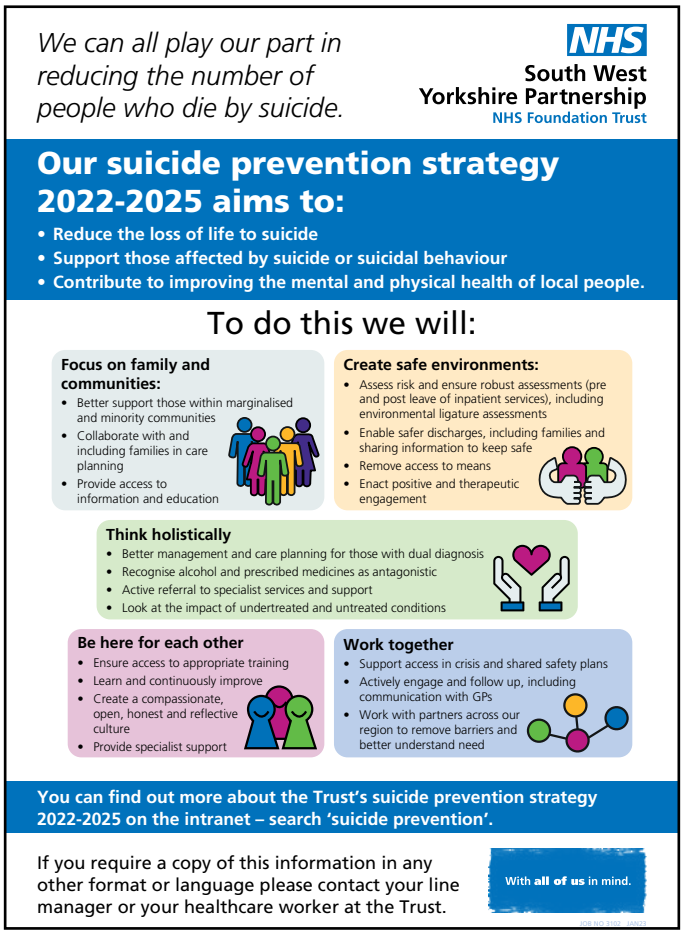
Challenges in other health and social care services

Social care capacity is a current challenge which is felt across the health and care system. The urgent and emergency care system continues to feel unprecedented pressures. In addition, there is an increased demand for services and an increase in the acuity of people being seen and treated through our community services, mental health services and child and adolescent mental health services, with children worrying more, sleeping poorly and poor nutrition due to increasing poverty.

Suicide prevention

We know that living with serious mental health difficulties has an impact on a person's physical health. People have an increased risk of suicide and other identified issues of poverty, homelessness, social isolation and unemployment. Pinpointing geographical areas most at risk, supported by our Social Responsibility and Sustainability Strategy, will help the drive for improvement across our Trust and enable us to deliver changes which are based on need.

Our Trust Suicide Prevention Strategy (2022 – 2025) sets out the aims and objectives of our Trust to meet its zero-suicide ambition, recognising that suicide is preventable and not inevitable. The strategy aims to reduce the loss of life to suicide, support those affected by suicide or suicidal behaviour and work in partnership with other NHS and social care providers and our local voluntary sector communities to contribute to improving the mental and physical health of our patient population. The strategy has a broad range of objectives and strategic goals which are grouped into five areas of focus: families and communities, creating safe environments, thinking holistically, being here for each other and working together.



1.5. How our Quality Strategy fits with national policy

Our Quality Strategy fits with a number of key national policies to ensure that we align with national aims and ambitions. An overview of these policies can be found in figure 4.

NHS Long Term Plan (2019) - outlines priorities for the NHS including improving the quality of services and new models for the delivery of care, more options for patients, better, more timely suppport and reducing health inequalities. The **Long Term Plan** is currently being updated and any changes/additions will be considered within the context of our Quality Strategy.

NHS Patient Safety Strategy (July 2019) - sets out what the NHS will do to achieve its vision to continuously improve patient safety. Patient safety is integral to quality in healthcare, alongside effectiveness and patient experience.

Care Quality Commission (CQC) - a new single assessment framework has been launched by the CQC which focusses on 5 key questions (Safe, Effective, Caring, Responsive, Well-led). Each of these is underpinned by a number of quality statements.

The IHI Triple Aim - this focuses on 3 key domains, Population health, Experience of care and reducing costs.

CORE20PLUS5 - NHS England approach to supporting the reduction of health inequalities at both national and system level. This focuses on key clinical areas of health inequalities including people living with severe mental illness, chronic respiratory disease and smoking cessation. An approach for children and young people focusses on asthma, diabetes, epilepsy, oral health and mental health.

1.6. Partnership working

Partnerships and strong relationships help us to hear the voices of our communities, to understand in a meaningful way what matters to people, and appreciate what it is like to live within the areas that we serve. It means that our approach to delivering quality is driven by our people for our people.

Our approach to involvement is driven by the people we work with and our communities. It includes consideration for how we involve others in the work we do and the decisions we make, and how we ensure our methods and approaches are reflective of, and suitable for, the people we serve. We are committed to understanding the needs of our people and communities through all the work we do, recognising the importance of learning and responding to feedback and people's experiences.

One of our key values is to put the person first and in the centre, recognising that families, carers and loved ones all matter too. We will identify the individuals we need to reach and work with them to establish and understand the best ways to engage, recognising that there are people who do not use our services at the moment but may need them in the future. We will also involve people who have a shared or common interest (such as staff networks, service user, carer, family and friends groups) to enable a sense of connection, belonging and contribution.

We will put communities at the centre of our work to deliver quality. This includes valuing the history and strength of communities and valuing the power of place based, locality based, or neighbourhood level interventions alongside personalisation of community need.

Engaging in this way allows us to understand and explore with our stakeholders:

- what we are doing well and need to do more of
- where changes are needed and what good would look like
- how a change has been implemented and what the outcomes were.

Underpinned by statutory requirements outlined in 'Working in partnership with people and communities', the Health and Social Care Act and the NHS Constitution our Trust will use appropriate methods and approaches to communicate with and gather feedback from each unique stakeholder.

1.7 Examples of how we have enhanced quality

- The Catering Production Manager and Catering Lead Dietitian in Wakefield have created, updated, improved and expanded the variety and choice of meals for breakfast, lunch, evening, desserts, snacks and out of hours provision. This was completed for the daily menu along with menus for cultural, religious, therapeutic, and lifestyle considerations, with a particular focus on the International Dysphagia Diet Standardisation Initiative (IDDSI). The changes reflect verbal and observational feedback collected via newly established routes from service users, such as the 'you said, we did' framework, and multi-professional clinical and non-clinical inpatient staff.
- A review of the quality of our Trust discharge and initial appointment letters to ensure they reflect and are in line with the Trust values, have a friendly, welcoming tone and are informative without being overwhelming. This process will continue with all Trust letters to ensure they reflect our culture of compassionate care.
- The introduction of a text message service for Friends and Family Tests and the launch of CHATpads to collect patient experience data on inpatient units.
- A research study has been undertaken to explore experiences of suicide among communities from different South Asian backgrounds. It identified approaches to improve access and appropriateness of services to prevent suicide and support those bereaved by suicide.
- The introduction of 'awareness to culture and diversity' training introduced for our staff.
- The Staff Carers Network (SCN) was founded in November 2020, following a carers matter event earlier in the year to support the production and embedding of the staff carers passport. One of the key themes revealed from the event was the need to establish a staff working carers network. Staff carers will be able to self-declare that they are a carer and add this to their Electronic Staff Record (ESR).
- A number of new roles have been created which support improving quality and service user experience. These include:
  - Family Liaison Officer within the Patient Safety Support Team
  - Making Data Count within the Integrated Change Team
  - Carers and Project Management Officer within the Equality and Inclusion Team.

Our Quality Account highlights other improvements that have been made over the last year.

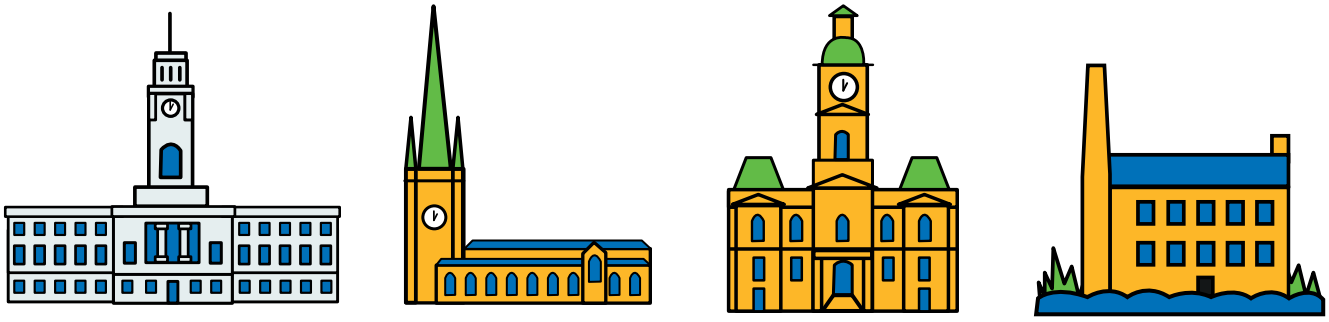
2. Who we are and who we serve

2.1. Public, service users and communities

Most of the care we provide is delivered in local communities. A map of the area we serve can be found in figure 5.

Our mission as a Trust is to help people reach their potential and live well in their communities. We employ over 4,500 staff, in both clinical and non-clinical support services, who work hard every day to make a difference to the lives of service users, families and carers. How we work is as important to us as what we do, and our values really matter to us.

Within the West Yorkshire Integrated Care System (ICS) we cover three (out of five) place-based partnerships (called 'places') – Kirklees, Calderdale and Wakefield. Within the South Yorkshire ICS we cover one (out of four) places - Barnsley.



2.2 What our data shows

2.2.1. Our communities

- Calderdale has the highest number of young people aged 0-15 years (19.6% of the population).
- Barnsley has the highest population of working age adults (26% of the population) and older population (60+) (23.8% of the population).
- Christianity and Islam respectively are both the highest reported religion and belief.
- White British people make up 87% of our regions' local authority population, more than the national average of 81%.
- The main and fewest minority ethnic groups include:
  - Black or Black British people (1%, less than the national average of 3%)
  - Asian or Asian British people (8%, equal to the national average), with Kirklees having the highest proportion of Asian people (16%, more than the national average of 7%)
- People who report living with a disability ranges from 8% to 13% in the communities we cover (the national average is 4%)

This tells us we need to make sure that we:

- deliver care and treatment which meets the needs of each of our places, based on their reported needs.
- have a workforce which reflects the people we serve, ensuring our communities feel represented.
- have networks and forums where people can tell us their stories and share their experiences – to help us understand different views and perspectives.
- make our services inclusive and accessible to all those who need them and that we have the mechanisms to understand what we can do to promote equity.
- deliver services that are flexible and adaptable to meet those with additional or complex needs.

2.2.2. Service user experience

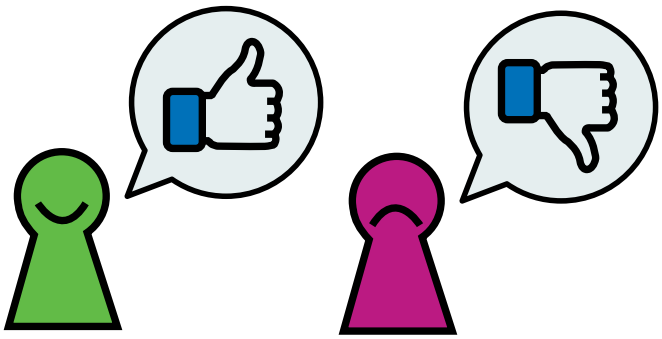
Service user experience is regarded as one of the key indicators of quality in healthcare provision. It is closely linked with the two other indicators of quality: clinical effectiveness and service user safety. Good service user experience is associated with improved clinical outcomes and contributes to people having control over their own health. We also know that positive staff experience is fundamental to ensuring good service user experience. We use service user experience feedback to drive quality improvement and help us to understand where improvements are needed.

2021-22 feedback from service user experience:

- Patient experience surveys – In 21/22 the Trust had 44 individual patient experience surveys across the Trust in which 2,492 views were collected across 96 services. 1,262 of these were from service users, 460 were from carers and 212 were from other types of respondents. These showed a high level of satisfaction with the services we provide, including feeling safe, listened to and involved with care.
- Friends and Family Test responses - 85% of respondents rated the service they received as 'very good' or 'good' (94% for community services and 81% for mental health services). There were 11,353 responses.
- Mental health community service user survey – this is conducted each year by an external provider on behalf of the CQC. A total of 1,250 service user details were provided and 202 of these responded to the survey. The most recent survey showed an improvement in some questions, including knowing who is in charge of care and treatment, and a decline in other areas, including having enough time to discuss needs and treatment. We scored better than the average for mental health services in 'how service users' care is organised' and 'decisions being made together.'
- Mental health inpatient survey – this is conducted every two years by a contracted external provider. 42/216 people contacted responded. Positive areas include being treated with dignity and respect and staff listening to service users. Areas for improvement included involving service users in discussion about care and treatment.

This feedback tells us we need to:

- find creative and innovative ways to gather service user and carer feedback about our services
- continuing doing what we do in aspects of care delivery where we have positive feedback and good outcomes, learning from this and sharing learning across our Trust
- learn where things have not gone well and understand how to do things better
- continue to encourage people to tell us what works and what does not
- co-produce and collaborate for best outcomes and services which meet the needs of our service users.



2.2.3. Carers

- there are around 160,000 unpaid carers across our Trust footprint.
- the impact of Covid-19 has led to an increase in the number of people with caring responsibilities in our communities
- our Trust has invested in resources and support for staff and those who use our services, including the co-produced carers charter and carers passports
- over 70 staff are a part of our Staff Carers Network.

This tells us we need to:

- continue to develop staff carers networks to support our workforce
- continue to develop easy ways to identify people who are unpaid carers in our communities
- ensure we listen to the voices of the people who use our services and those who support them when we develop or make changes to our services
- ensure our workforce are skilled in identifying and supporting carers and know where to signpost people who need support.

2.2.4. Our workforce

- our Trust employs over 4,500 staff
- our staff profile has a comparable White British representation to the local demographic (89%)
- mixed race staff are under-represented by 0.05%, staff from Black backgrounds are over-represented by 2.4% and South Asian staff are under-represented by 2.67%
- 38.9% of staff are aged 50 or over.

This tells us we need to:

- take good care of our most valuable asset – our workforce
- make our Trust a great place to work so we can attract people to choose us as their employer
- consider succession planning and developmental roles
- be open in our approach to flexible working options to retain and support our staff who may wish to change their working patterns to accommodate a work life balance
- undertake Equality Impact Assessments to ensure we are being inclusive
- recruit fairly and equitably, and apply this to giving our staff opportunities for development, training, and promotion
- celebrate differences and encourage people to bring their whole self to work.

2.2.5. Incident data

Service user safety is one of the key domains for understanding quality, Monitoring and learning from incidents is vital in supporting improving quality in the services we provide.

- April 2021 – March 2022:
  - there were 12,807 incidents reported
  - 97% of incidents resulted in no/low harm
  - 23 serious incidents were reported, accounting for 0.17% of all incidents. Most common themes were record keeping, risk assessment and staff education, training and supervision
  - no never events
  - high reporting with a high proportion of no/low harm is indicative of a positive safety culture
  - data on protected characteristics is incomplete on incident reports but is improving year on year.

This tells us we need to:

- continue to develop an open and just culture
- further develop our positive safety culture
- ensure learning is taken from incidents and use this to shape future quality improvements
- continue to understand why things go wrong and seek to improve
- encourage sharing and reporting of protected characteristics data and information
- implement the new patient safety incident response framework (PSIRF) in line with national directive.

2.3. Our assets

We have many assets to build on in taking forward this strategy. These include:

- a clear **commitment to quality and excellence**, demonstrated by our workforce, expressed in our Trust values, lived throughout the organisation and enhanced by our leadership approach.
- a **strong emphasis on quality and safety** with clear strategies and work programmes which address a comprehensive definition of quality.
- emphasis on a **culture of delivering excellence** and supporting staff development, along with celebrating successes and championing change.
- development of a **culture of psychological safety** across the organisation, which supports learning and improvement, including attention to supporting openness, anti-racism statements, interventions to address bullying and harassment and a no blame environment.
- our commitment to become a **trauma informed organisation**, recognising the experiences of service users, carers our workforce and communities, the impact that trauma can have and our role in also minimising opportunity for trauma as far as possible.
- our **linked charities and Recovery Colleges** and the alternative capacity and opportunities they offer for health and wellbeing improvements, partnership and local place-based solutions – empowering our people and enabling them to shape the future of their communities.
- partnership **working with the third sector** strategically and in terms of delivery, recognising we are stronger together, for example working with Nova and the Living Well Service in Wakefield.
- a valuable resource of **over 150 volunteers** making a difference every day to the lives of our service users, families, carers and loved ones, and supporting the essential work of our workforce and bringing diversity and experience to our workplace
- a **well-developed Integrated Change Framework** which sets out our proportionate approach to delivering both simple and complex change.

2.4. Where we are now

What our regulator says

At our last inspection in 2019, 87% of our services were rated as **good**. The 'safe' domain required improvement and a **Quality improvement strategy** was developed to address concerns that were raised.

What our colleagues say

Staff survey

79% of staff say that care of patients and service users is our Trust's top priority.

7.6/10 We are compassionate and inclusive

5.4/10 We are always learning

Great place to work survey

61% felt they can make improvement happen

Our Initiatives

- From November 22 we will begin using digital questionnaires to collect Patient Reported Outcome measures (PROM) to support service users to be fully involved in decisions about their care.
- 24 International nurses have joined us this year with recruitment continuing.
- Electronic Prescribing and Administration of Medications (EPMA) rolled out across the Trust.

What our service users and communities say

Our Friends and Family test feedback shows us rated as 'good' or 'very good' by 80% of people (average across care groups).

Complaints

Clinical treatment and staff values and behaviour are common themes for complaints.

Compliments (2021/22)

The Trust received 307 compliments.

Our improvement journey #allofusimprove

- 200 colleagues have completed the Institute for Healthcare Improvement (IHI) basic certificate in Quality and Safety.
- Development of an Improvement network.
- Coaching and support from experts.

Incidents and reporting

April 20-March 22

- 12807 incidents reported
- 97% resulted in no/low harm
- Work to improve recording of protected characteristics for people involved in incidents.

2.5. Challenges and enablers to delivery of the strategy

Delivering any strategy requires knowledge of the challenges and enablers to delivery. Our Trust has a good understanding of what enables our delivery of quality and where we are faced with challenges:

- our enablers are - our staff, our people, and our shared passion to get it right for our communities.
- our challenges are - recruiting staff, meeting the demand of our communities, and managing the acuity which can impact on delivering services the way in which we aspire to.

The following actions will support the delivery of our Quality Strategy:

Making sure there is the right capacity and resource to drive action. Our Trust is committed to keeping services and service users safe given the pressures on the workforce and the increased acuity and demand. We acknowledge the challenge we face to ensure capacity and resource, particularly in the context of a system which continues to be in recovery from Covid-19. This pressure within our services will continue, however, there is opportunity to improve quality through the work that we do every day.

Continuing to support staff health and wellbeing. We will be there for all our staff. We know that they are critical to creating a quality improvement movement that becomes business as usual and embedded in our Trust culture and behaviours. This will remain a focus but could be impacted through challenges which arise in service delivery and safety.

Building in diverse and representative voices. These voices will be needed from our staff, the people we care for, families, carers and loved ones. We will reflect these voices in our decision making, building open and trusted routes for dialogue.

Working to engage with and hear the voices of carers. Carers and unpaid carers support our service users and we need to make sure that they are actively and meaningfully contributing to service developments which improve quality. This action links strongly with the Equality, Involvement, Communication and Engagement Strategy.

Establishing an ethos of creativity, innovation and responsive decision making. This will break down barriers to action and empower staff and to do so at a pace that builds momentum.

We recognise that this is not a static agenda nor a quick fix, but a l**ong term, continuous improvement approach that is agile** and has staggered actions towards priorities. We will need to ensure that this improvement journey continues to align with the changing priorities across the NHS that impact our services and external challenges which are beyond the scope of our control.

We will also ensure that the delivery of this strategy also supports tackling **health inequalities**, including within the management of waiting lists and providing services which are equitable across our geography and our communities.

We will also build in time for **review and adaptation**. This will mean we can pro-actively plan and horizon scan, rather than deliver quality improvement in services in a reactive way.

3. Delivering high quality care

3.1. Our definition of quality

Quality is about how well our services and activities support people to achieve their best possible outcomes and for them to have the best possible experience. Our approach to quality is informed by the National Quality Board's shared single view of quality as shown in figure 7:

The quality of health and care matters because we should all expect care that is consistently safe, effective and provides a personalised experience. This care should also be delivered in a way that is well-led, sustainable and addresses inequalities. This means that it enables equity of access, experience and outcomes.

A high performing organisation ensures that its understanding of quality and its improvement work is driven from the service-user and service model perspective rather than by assurance. Assurance is rigorous, proportionate and supportive, delivering accountability. Improvement happens in the daily work of frontline staff as much as in projects, using a systematic, structured approach to designing, testing, and reflecting on changes (our approach, outlined in more detail later, is based on the Model for Improvement, plan, do, study, act (PDSA) cycle). Improvement requires a step back (even briefly), problem framing and coming up with creative solutions. These aspects might be described as a culture of self-development and learning-based delivery.

Understanding variation through the use of data over time, both operationally and in performance review (including the use of methods such as Statistical Process Control) is critical. Other data is also captured routinely captured to enhance learning, including stories of individual service-users, teams and improvement work.

3.2. Feedback – public, service users and stakeholders

Feedback from our key stakeholders is really important. To further develop our understanding of quality and the impact on our Quality Strategy, we engaged with and gathered feedback from:

- Operational Management Group (OMG)
- Quality Improvement Group
- Executive Management Team (EMT)
- Clinical colleagues
- Voluntary, community and social enterprises (VCSE)
- Members Council Quality Group
- Healthwatch
- Trust volunteers
- Service users and carers networks and forums

All feedback from stakeholders has been considered and incorporated into our Quality Strategy. We fully recognise how valuable this feedback is in shaping our vision of quality, and how we deliver on it.

3.2.1. Public involvement

We wanted to develop our Quality Strategy with the person first and in the centre. This will help us ensure that our approach is inclusive and maintains a focus on people, families, carers and loved ones first. Developing our strategy with the voice of people who use our services at the centre will ensure that our approach is inclusive and maintains a focus of the person first and on families and carers.

The key themes from all our findings were about defining:

- quality of access
- quality communication and information, and,
- quality service delivery.

Each of these themes are defined in more detail below:

Quality of access is defined as:

- people getting the right support when they need it
- timely advocacy and support
- faster access to mental health services and a reduction in waiting times
- more support for people with Autistic Spectrum Disorder (ASD) / Attention Deficit Hyperactivity Disorder (ADHD)
- reduction in waiting times for children to access mental health support
- adaptable and flexible enough services to meet the needs of different communities and individuals
- reducing inequality by investing in targeting deprivation and funding mental health services so they can support those who need it most.
- reducing racial disparities by learning from lived experience and their experience of seeking mental health support, coproducing new approaches to service delivery
- mental health crisis services which are available 24/7, 365 days a year
- working with primary care so they can better support and understand mental health
- joined up services.

Quality communication and information is defined as:

- more information about the help and support available
- an honest, trusting, reciprocal relationship with our Trust
- a relationship based on ongoing communication and information
- a human-to-human relationship built on dignity and respect
- feeling valued
- communication in plain jargon free language
- listening and responding in a timely manner.

Quality service delivery is defined as:

- a blended service offer – not all digital
- being accountable and demonstrating real improvements through complaints, concerns, compliments, and friends and family tests
- addressing inequality in services and having staff who reflect the local population and have a good gender balance
- a service offer that is culturally and spiritually appropriate
- estates that are bright and welcoming, accessible, clean, and comfortable with free accessible parking
- co-produced care planning
- valuing the role of carers and ensuring that all carers (adult, child, and parent) are supported and considered alongside the patient
- carers want to be supported to balance caring and work roles
- investment in peer support workers within service settings

The Engagement and Equality Report of findings is available alongside our Quality Strategy on the intranet.

3.2.2. Internal stakeholders

We also value feedback from our staff. As part of the development of our Quality Strategy, we asked staff what quality means to them. The key themes are summarised in the word cloud below:

3.3. CQC Single Assessment Framework

Our definition of quality aligns with the CQC's single assessment framework on how services are assessed and rated. The single assessment framework, introduced in 2022, continues to use five key questions - safe, effective, caring, responsive, well-led - with each key question being further broken down into topic areas and quality statements. The quality statements define what good care looks like and how services and providers need to work together to plan and deliver high quality care. These statements underpin the aims and key initiatives of our Quality Strategy.

The table below gives some examples of how we evidence quality in the work we do and how we monitor and assure ourselves of quality, identify quality improvements and measure the impact of any improvement. (Further details of meanings can be found in the glossary).

Key Question – CQC single assessment framework	Quality statement theme – defining what good care looks like and how services and providers need to work together to plan and deliver high quality care	Examples of evidence – how we evidence quality in the work we do
Safe "Safety is a priority for everyone, and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation."	• Learning culture. • Safe systems, pathways and transitions • Safeguarding • Involving people to manage risks • Safe environments • Safe and effective staffing • Infection, prevention and control • Medicines optimisation	• Clinical risk panels • Specialist advisors • Quality Monitoring visits • Safecare • Tendable audit system • Member of local Safeguarding Boards and Safeguarding Strategic Operational subgroups
Effective "People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Services work in harmony, with people at the centre of their care. Leaders instil a culture of improvement, where understanding current outcomes and exploring best practice is part of everyday work."	• Assessing needs • Delivering evidence-based care and treatment • How staff, teams and services work together • Supporting people to live healthier lives • Monitoring and improving outcomes • Consent to care and treatment	• National Institute of Health and Care Excellence (NICE) guideline oversight • Networks and forums • A good governance structure • Partnerships and relationships with community providers • Making data count

Key Question – CQC single assessment framework	Quality statement theme – defining what good care looks like and how services and providers need to work together to plan and deliver high quality care	Examples of evidence – how we evidence quality in the work we do
Caring "People are always treated with kindness, empathy and compassion. They understand that they matter and that their experience of how they are treated and supported matters. Their privacy and dignity is respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them. This includes supporting people to live as independently as possible."	• Kindness, compassion and dignity • Treating people as individuals • Independence, choice and control • Responding to people's immediate needs • Workforce wellbeing and enablement	• Complaints, feedback and compliments • Care planning • Occupational health • People directorate • Carers networks • Service user participation groups
Responsive "People and communities are always at the centre of how care is planned and delivered. Their health and care needs of people and communities are understood, and they are actively involved in planning care that meets these needs. Care, support and treatment is easily accessible, including physical access. People can access care in ways that meet their personal circumstances and protected equality characteristics."	• Person-centred care • Care provision, integration and continuity • Providing information • Listening to and involving people • Equity in access • Equity in experiences and outcomes • Planning for the future	• Performance measures and Key Performance Indicators • Integrated Performance Report (IPR) • Action plans and improvement groups • You said, we did • Interpreters • Easy Read information • Disabled friendly buildings • Personalised care planning • Family and carer support
Well-led "There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of peo-ple who use services and wider communities, and all leaders and staff share this. Leaders proactive-ly support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities."	• Shared direction and culture • Capable, compassionate and inclusive leaders • Freedom to speak up • Workforce equality, diversity and inclusion • Government, management and sustainability • Partnership and communities • Learning, improvement and innovation • environmental sustainability – sustainable development	• A strong set of values and a clear mission • Great place to work • Guardians and champions • Service user and carer involvement and co-production • Leaderships and management development • Partnerships and alliances • PSIRF

3.4. Our quality improvement journey so far

A strategic review focussed on our current position with quality improvement across our Trust (carried out between July and October 2021), looking at qualitative and quantitative information available from our Board and performance reports, CQC feedback and strategies. Engagement with a wide range of staff also supported the review, including quality specialists, frontline staff and our Trust Board.

The stocktake examined the following:

- how quality and quality improvement is understood and implemented
- what is already in place
- what progress is being made
- what potential there is for the future and for further progress

The stocktake applied a Quality Management System (QMS) lens and an Organisational Strategy for Improvement (OSIM) capability framework.

The following headlines from our journey so far have helped to shape the direction of our Quality Strategy and contributed to the aims and objectives we have set for 2023 – 2026.

- Demonstrable progress has been made and our Trust has strong foundations for quality improvement.
- Work on culture supports psychological safety, inclusion and autonomy, with application of the principles of co-production. Cultures of psychological safety support improvement and innovation, and a positive experience of work for staff.
- There is clarity of purpose, high-level goals and work underway to implement these improvements.
- There is evidence that a systematic, learning-based approach to change is being applied in places and that its introduction has shifted how people think and act, and has improved staff engagement, inclusion and more sustainable outcomes.
- Results are monitored and reviewed in relation to quality standards at all levels, with organisational priorities providing a framework to keep quality and performance goals in the centre and work aligned to delivering priorities.
- Work is underway to develop clinical systems that will offer frontline staff real-time information and dashboards to track performance more easily.
- There are effective systems and structures for quality management, with a particularly strong system for quality assurance (and risk management), focused on clinical effectiveness and safety but also incorporating other dimensions of quality.
- Improvement sits within a clear, proportionate change framework which supports autonomy in frontline teams, and is aligned with the use of a specified Quality Improvement (QI) methodology.
- Organisational goals are clearly communicated to support alignment of planning through our Trust and performance review and management.
- Quality improvement is being strengthened through training in improvement philosophy and methods and by embedding it in daily work and improvement projects.
- There is some capability to apply Statistical Process Control to understand performance.
- Broader improvement capability is being developed in human factors and reliability, how to create psychologically safe environments, management and leadership, inclusion and co-production.

3.5. Quality Strategy Aims

Our Quality Strategy has three interconnected aims. They have been developed using the evidence base, insight and drivers which have been outlined so far. Our aims are to:

- deliver our **quality priorities, both current and future**
- develop our Trust to support our journey to **outstanding**
- **be able to measure and understand** where improvements have been made, understand the impact and support regular review of progress against our quality priorities.

Aim 1 Ensure delivery of the Quality Priorities to embed safe, responsive and equitable services	**Aim one:** the change programmes that will be delivered to support the current and future quality priorities a. Safe and responsive care b. Equality, inclusion, and equity c. Health, wellbeing, and experience of staff
Aim 2 Continue to embed quality improvement to support our journey to outstanding	**Aim two:** continue to create conditions which allow organisational change that will support the journey to outstanding through embedding continuous quality improvement across the organisation. #allofusimprove
Aim 3 the collection and analysis of data, feedback and service user/ carer experiences to understand and measure the impact of any changes, celebrate what is good and allow for timely review of what is needed.	**Aim three:** the collection and analysis of data, feedback and service user/carer experiences to understand and measure the impact of any changes, celebrate what is good and allow for timely review of what is needed.

3.6. Aim one: ensure delivery of the quality priorities to embed safe, responsive and effective services

We set our quality priorities as part of our annual review of strategic priorities. These contribute to achieving our Trust vision and mission, and service-related priorities that will ensure we are delivering high quality care and support every day.

The process includes review of, and feedback on, an analysis of our current context and performance both internally and externally (including drawing together views of our staff and our learning from the Quality Account). This involves:

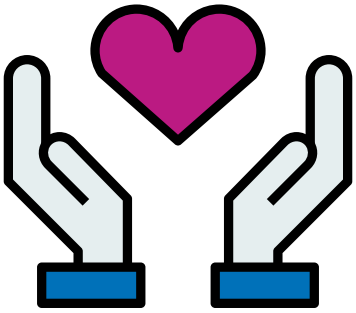
- a review of progress including feedback from regulators and stakeholders
- staff and service user experience
- a review of serious incident intelligence
- the Organisational Risk Register, and,
- consideration of our key strategic documents including our Sustainability and Social Responsibility Strategy and the review of quality improvement at our Trust.

Following our analysis for 2022/23, there is a consensus on the following key quality issues:

- keeping services and service users safe given the pressures on the workforce and increased acuity and demand
- supporting staff health and wellbeing
- tackling health inequalities, including within the management of waiting lists.

Although these priorities are identified at a strategic level, we recognise they will be understood and interpreted based upon local intelligence and service user need in each team, service, place and care group. The priorities are likely to require change or adjustment through the life of our Quality Strategy. The very nature of being quality driven and using QI methodology to identify and address priorities means any additional or changed priorities will still be aligned to our overarching Quality Strategy, our agreed and shared quality priorities, and aligned to our definition of quality. Any identified changes to the current priorities will be presented and agreed through our governance processes.

An outline of how the current quality priorities for 2022/23 will be delivered can be seen in figure 7. These are high level plans and more detailed action plans to support delivery of the strategy will be developed. These action plans will contain more detail about how and when changes and improvements will be seen and monitored.



Safe and responsive care

Aim	Primary drivers	A snapshot of our key initiatives for delivery	Monitoring improvements	What patients/ service users say when we get it right
Our goal: • to deliver quality improvements to support clinical safety and reduce risk. • To empower, support and enable people to make safe choices. • Provide a positive experience which is personalised and shaped by what matters to people.	This will be achieved through the following: • Clinical risk assessment and risk management. • Co-produced care planning. • Clinical record keeping. • Learning from incidents. • Reducing waiting times and supporting people while they wait. • Improving the Inpatient environment and care. **TRUST STRATEGIC PRIORITY AREA:** **IMPROVE CARE**	Implementation of Patient Safety Incident Response Framework	Serious incident reporting numbers, themes, and review against the PSIRF implementation plan	"I owe you my life. Without your help and the way, you worked with me I wouldn't be here today. Every smile and every tool I have is down to you. I thank you for everything you have given me and thank you for the work you do day in and day out."
		Introduce volunteer support roles to support waiting well and post discharge service users.	Patient experience reports and friends and family test results.	
		Use technology to support improvements to risk assessment and care planning.	Monitoring themes from incidents, complaints relating to care planning.	
		Continue with the rollout of SafeCare	Monitoring waiting times and waiting lists.	
		Improving clinical record keeping across all service areas	CQUIN performance measures.	
		Revising the Care Programme Approach process	Achieving accreditation for services, e.g., Patient Safety and Restraint Reduction Network.	
		Run Trustwide learning events in response to emerging themes from serious incidents		

Equality, Inclusion and Equity

Aim	Primary drivers	A snapshot of our key initiatives for delivery	Monitoring improvements	What our staff say about how we get this right
Our goal: • to deliver high-quality care which is accessible to everyone and achieving high-quality outcomes for all. • Deliver care which is designed to improve the health and wellbeing of a population and is inclusive and addresses inequalities. • Provide a positive experience which is personalised and shaped by what matters to people.	Ensure that equality, inclusion, and equity is central to everything we do through providing person-centred care which promotes inclusive, culturally and gender sensitive services. **TRUST STRATEGIC PRIORITY AREA:** **IMPROVE HEALTH**	Monitor and understand health inequality data across our geography.	Customer service comments, complaints and compliments.	"My ambition for the people I help through my work is that they will be free to live their lives authentically. This will help their daily thoughts to be positive, free from worry and full of hope for the future."
		Increase co-production of care plans, problem solving and improvement	Friends and Family Test responses	
		Development of patient experience representatives across our Trust.		
		Introduce the Triangle of Care to support better involvement of carers and families in care planning	Mental health community survey	
		Develop processes for collecting equality data within quality initiatives	Staff and member surveys	
		Embed staff training and supported related to equality and diversity into all aspects of quality improvement	Serious incident learning reports	
		Develop a practical way to collate actions as a result of feedback received.	Mental health inpatient surveys	
		Ensure feedback mechanisms are accessible to users, carers, and families.		

Health, wellbeing, and experience of staff

Aim	Primary drivers	A snapshot of our key initiatives for delivery	Monitoring improvements	What patients/ service users say when we get it right
• Working in partnership with leaders to shape a values led culture of engagement, wellbeing and effectiveness to drive sustainable organisational performance and deliver high quality care • We provide inclusive learning opportunities which support personal and professional growth, skill development and career progression • We build a culture of psychological safety where staff feel confident to speak up when they have concerns and are supported afterwards.	Deliver wellbeing offers and implement initiatives to support staff wellbeing Become a Trauma Informed Organisation. Plan, recruit, and retain staff, develop new roles. Identify innovative and supportive ways to retain effective levels of staffing in services. Shape a culture of belonging, inclusion, compassion and engagement through collective leadership **TRUST STRATEGIC PRIORITY AREA:** **MAKE THIS A GREAT PLACE TO WORK**	Improving accessibility and communication of our health and wellbeing offer.	Employee survey data and insights	**Patient quote:** "I know I need to be in hospital, but I don't want to be. I can see that staff are trying their best and that does help; I know someone is always there if I need them." **Staff quote:** "If it wasn't for someone noticing that I needed support, I wouldn't have gotten the help I got when I did and would have likely got worse and been off sick"
		Continued focus on psychological and physical health and the prevention of illness	Exit interviews	
		Roll out menopause support		
		Recruitment of staff dietician	Recruitment and retention numbers	
		Become a Trauma Informed Organisation		
		Further embed the wellbeing champions, equity guardians, civility and respect champions	People Metrics	
		Continuing focus on developing a sustainable workforce.	Workforce Equality Data (WRES/WDES/EDS)	
		Embed a robust CPD programme		

3.7. Aim two: embedding quality improvement across the organisation

3.7.1. Priorities for organisational development

The strategic review of quality improvement identified five drivers of improvement at an organisational level:

1. strengthen our Trust's Quality Management System
2. improve the use of data, specifically embed Statistical Process Control
3. continue to build capacity and capability for improvement
4. ensure that planning is service-centred and has a holistic quality focus
5. promote a culture of self-development, learning-based delivery, systematic implementation

This will make a difference to our service users, families, carers and loved ones by:

- enabling their voice to be the driver for our change
- ensuring all feedback received is analysed and used when we make decisions
- ensuring the people who have direct contact with a service user or carer can make the changes they request, or report what is needed
- providing our Trust with better data to show the impact we have made and how it has improved quality
- ensuring services are a good fit for the needs our communities

This will make a difference to all our staff by:

- empowering staff to make changes that make a difference to them and their work
- empowering staff to support and deliver quality improvement within their role, and teams
- encouraging and promoting high quality delivery of services
- inspiring our people to be the best they can be
- celebrating the positive difference our staff have on the work of our Trust.

This will make a difference to our communities and partnerships by:

- ensuring any improvements are aligned to the needs of our communities
- allowing for monitoring and review throughout our partnerships
- ensuring we are fit for today and ready for tomorrow
- promoting quality within our services and supporting improvements across the wider health and care system.

3.7.2. Strengthening our Trust's Quality Management System

A Quality Management System supports delivery of quality services and continuous improvement. In line with established and evidence-based quality management systems, the model has four interrelated parts which need to be balanced and proportionate. The different elements of quality management come together to create assurance.

This model supports both the operational challenge of ensuring services are meeting needs and standards, and the strategic issue of delivering transformational improvement, adapting and evolving to improve outcomes and reduce inequality.

The Quality Management System is outlined in the diagram below.

We will strengthen our Quality Management System by developing quality planning and quality improvement to ensure there is a balance between these activities and quality control. This will deliver more effective quality assurance. The diagram below illustrated how we will do this.

Plan for Quality

Design interventions and services for populations using insight. Includes service models, pathways, policy and processes, roles and capability, culture, resources, capacity and demand standards and performance indicators to manage the service effectively. Design enabling strategies.

Control for Quality

Daily/weekly/monthly operational routines: huddles and team-based communication,reflective practice, supervision and appriasal, risk management, audit, complaint handling. real-time operational and performance monitoring.

Improve for Quality

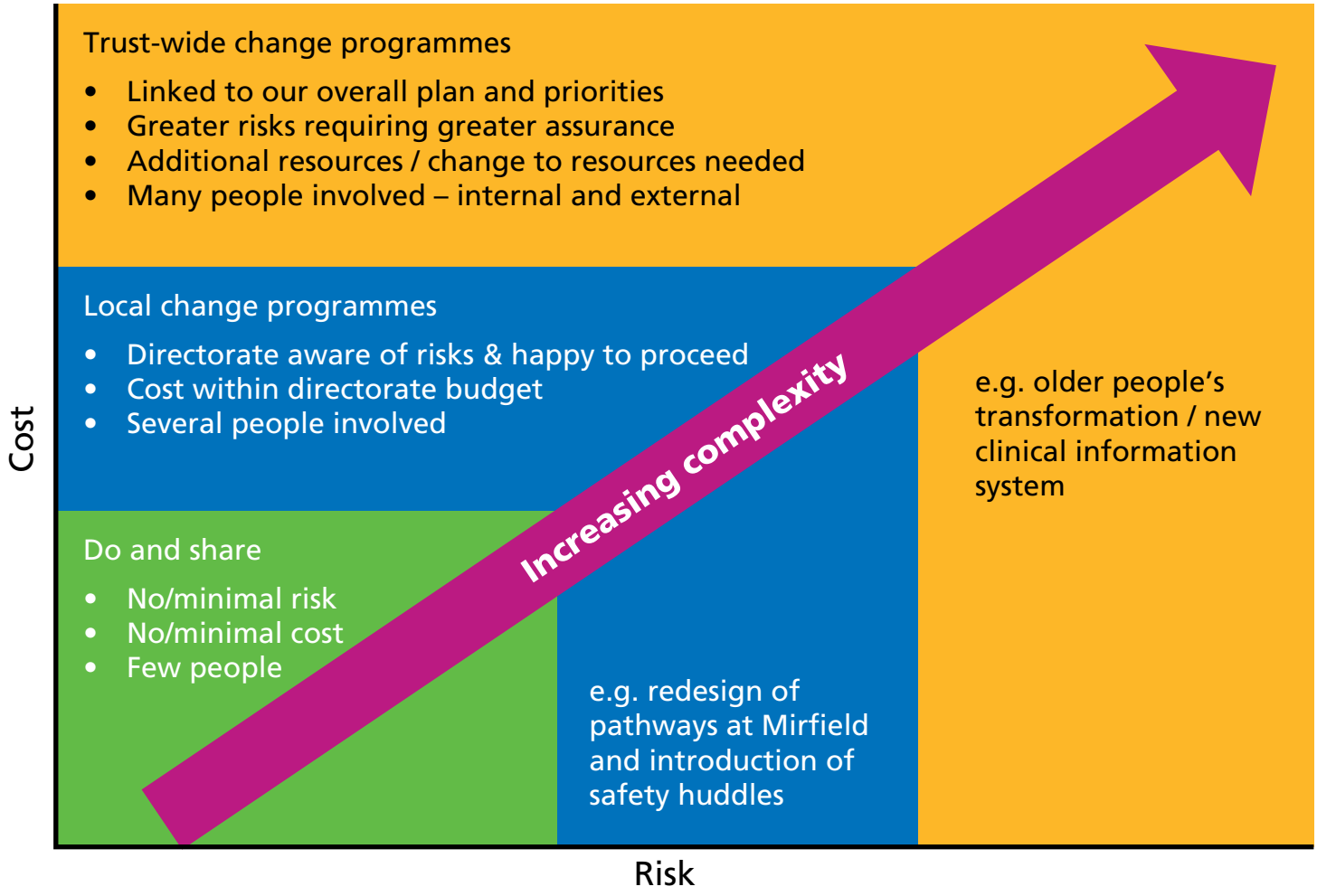
Make continuous improvements to processes and systems using structured and iterative methods such as the Model for Improvement. Test ideas using data, implement and embed. Spread. Understand variation and assess performance/context to identify breakthrough priorities.

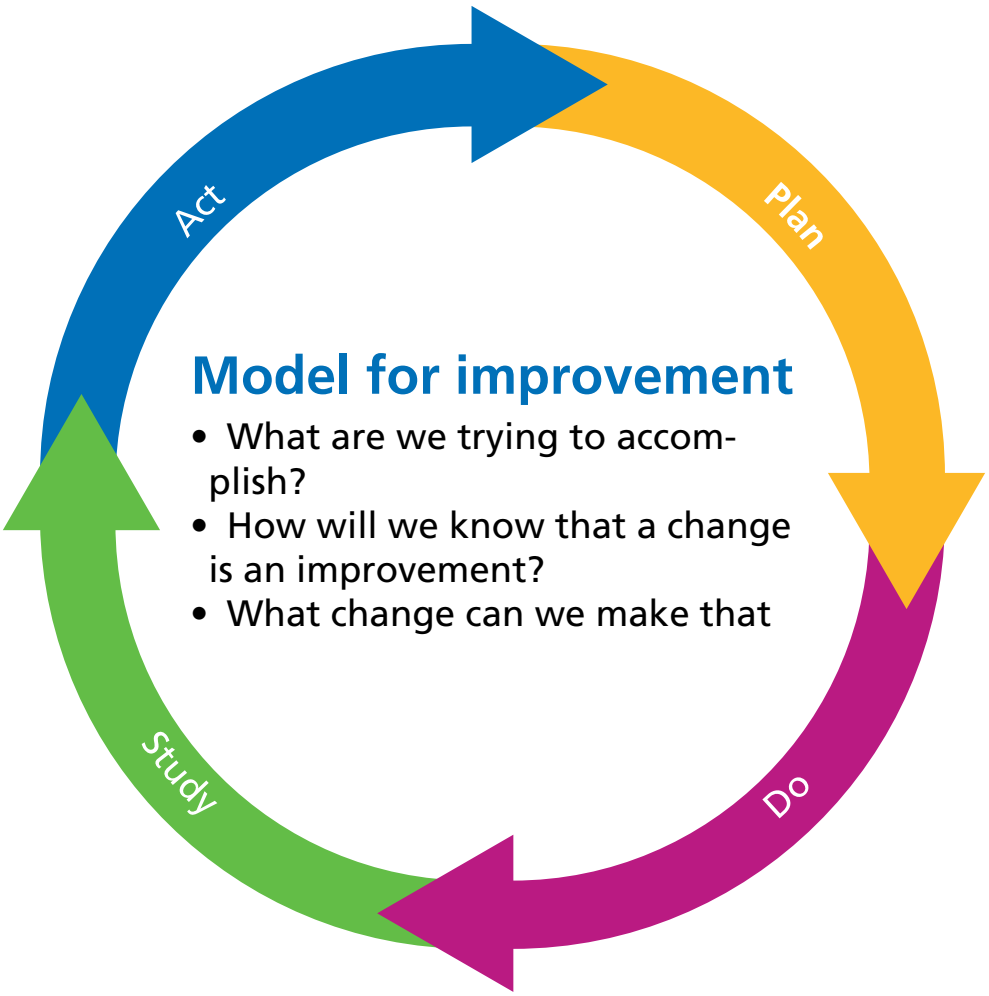
Assure for Quality

Assurance comes from a system where the different parts of planning, control and improvement are working effectively together.Review performance internally and with external partners taking account of planning, control and improvement. Identify opportunities to improve the QMS working as a whole

Our priority programme, #allofusimprove aims to ensure that quality improvement happens as near to people who use our services as possible. Our approach is based on an accessible improvement framework (the Model for Improvement, Associates in Process Improvement[1]) with a strong focus on engagement and involvement and a culture of compassion and learning.

Improvement work is governed by our integrated change framework which ensures increased levels of oversight linked to the complexity of the improvement work we are doing. It helps to ensure that change is managed proportionately and supports our staff and teams to lead continuous improvement.


Trust-wide change programmes
• Linked to our overall plan and priorities
• Greater risks requiring greater assurance
• Additional resources / change to resources needed
• Many people involved – internal and external
Local change programmes
• Directorate aware of risks & happy to proceed
• Cost within directorate budget
• Several people involved
Do and share
• No/minimal risk
• No/minimal cost
• Few people
Increasing complexity
e.g. redesign of pathways at Mirfield and introduction of safety huddles
e.g. older people's transformation / new clinical information system
Cost
Risk


Act
Plan
Do
Study
Model for improvement
• What are we trying to accomplish?
• How will we know that a change is an improvement?
• What change can we make that

3.7.3. #allofusimprove

This priority programme is based on a model that links to our governance structure and includes:

- **improvement facilitators**: a distributed network who are confident in applying core improvement methods and can support change in their own team and more widely
- **quality improvement learning**: access to effective learning for all staff, to support understanding and embedding quality improvement as part of everyday work
- **improvement experts**: coaching and support across our Trust from a dedicated team of experts
- **quality improvement process**: a standard six step process that can be used at all scales of change with relevant methods and tools for improvement work aligned with our learning offer. This will support quality improvement initiatives to be consistently delivered and support people with knowing what they need to do.
- **improvement network**: access to a network and a hub (the i-hub) which allows people to connect, share and collaborate.

#allofusimprove progress so far

Since the previous Quality Strategy, we have focused on developing improvement facilitators throughout our Trust. During the Covid-19 pandemic we shifted to offering virtual Quality Improvement training, commissioning the Institute for Healthcare Improvement Certificate in Basic Certificate in Quality and Safety. Over 200 people in our Trust have completed the certificate.

Our aim for #allofusimprove is to develop confidence in our improvement facilitators and experts to apply quality improvement methods. This will lead to more evidence of quality improvement methods in our work, including the use of the Model for Improvement on the frontline of care.

There are four drivers in our Quality Strategy to build this confidence:

1. developing capacity for improvement in staff and service users, specifically in facilitators, experts and leaders
2. Strengthening our capability building and support offer with practical quality improvement booster training sessions, coaching support and action learning
3. embedding #allofusimprove in induction, appraisals and the electronic staff record (ESR)
4. increasing participation in the Improvement Network and developing i-hub to support engagement and connection.

Our primary measures of success for embedding quality improvement are:

- the number and distribution of people who have participated in quality improvement learning activities, including training
- improvement in confidence (self-efficacy) in applying quality improvement methods
- evidence of use of quality improvement methods in improvement work
- membership of the Improvement Network and attendance at sessions
- further development in the use of i-hub to support improvement.

3.8 Aim three: monitoring and identifying success

3.8.1. Measure and understand

All initiatives to improve quality will need to be monitored to help us understand the impact on service users, carers, staff and our Trust as a whole. Not all changes will impact all these groups, and this will need to be clear at the start of an initiative. In line with quality improvement methodology, it is vital to outline how impact will be monitored and measured to form part of any change.

There are a number of measures which will be useful in helping to monitor and identify success. Some examples of these are:

- **Outcome measures** - reflect the impact on people who use our services and show the result of improvement work. An example could be the number of patient safety incidents related to a specific theme.
- **Process measures** - reflect the way systems and processes work to deliver the outcome you want. An example could be percentage compliance with hand washing, or the percentage of people who use our services who had a person-centred care plan.
- **Balancing measures** - reflect what may be happening elsewhere in the system as a result of the change. This impact may be positive or negative. For example, you may want to know what is happening to service users post discharge from the service - if re-admission has increased then you might want to question whether, on balance, you are right to continue with the changes or not.

There are a large number of data collection and feedback mechanisms which will enable us to monitor, analyse and review what is happening and if there are improvements in quality. These have been outlined throughout the strategy. We recognise that we might need to add to our methods for data collection and feedback may need to change to ensure that all views are considered.

Delivery of the strategy day to day will be led by all our Trust employees, volunteers and partners. Delivery of quality requires:

- commitment and passion from all who deliver our Trust services
- buy-in and delivery of the strategy from everyone who is employed by or supports our Trust in care delivery (including support services), setting our vision and priorities and reviewing care and treatment
- all our Trust colleagues to hold themselves and each other accountable to our Quality Strategy enabling us to be able to confidently assure our service users, carers, partners and regulators of the quality we deliver. They are the ones who will see, feel and experience quality at every level, and where this does not meet expectation, we are trusted to seek to improve.

3.8.2. What we expect will be successful for our Trust

As improvements embed, our ambition is that a number of areas will look different as a result of improvement work. Some of these may take 18 months to two years to become evident but being aware of them will enable everyone to see success from the work that is done as a result of the strategy.

We expect success to be shown in the following key areas across our Trust:

- improved and more aligned planning with service reporting that better supports service delivery and staff and service user wellbeing and experience.
- progress made with key issues including, care planning and risk assessments, person centred care, equality and diversity, innovation and staff wellbeing.
- effective management of safety issues.
- improved integrated performance reporting on quality domains.
- wider use of statistical process control (SPC) charts and use of data for storytelling and improvement.
- more use of quality improvement in change and evidence of utilising process for improvement across clinical services.
- improved staff confidence in quality improvement and utilising quality improvement methodology.
- staff feeling more supported to make improvements happen and an improved ability to evaluate small scale changes to contribute to large scale improvement.
- greater connectivity across our Trust in relation to quality issues and quality improvement.

Identifying success within our services and places will start with individual teams and services, spreading through place, our Trust and regionally. Our ambition is to be recognised as outstanding both locally, regionally and nationally in our delivery of quality services that improve the lives of the people and communities we serve.

3.8.3. Oversight and assurance

This strategy is subject to Trust Board approval with delivery monitored through the Trust's Executive Team. The Chief Nurse / Director of Quality and Professions will be accountable for the delivery of this strategy. This will be supported by the Executive Director of Strategy and Change in respect of quality improvement related aspects. Day to day support will be provided by other executive directors, deputy directors and care groups, championed by our Trust Chair and the non-executive directors.

Implementation of the strategy will the responsibility of the Directorate of Nursing, Quality and Professions with support and partnership working with the Integrated Change Team, who lead on the #allofusimprove initiative. Delivery will be monitored through Clinical Governance Clinical Safety Committee with assurance and action plans provided to Clinical Governance group on a quarterly basis.

4. Conclusion

We are confident that by implementing our Quality Strategy and continuing to put service users at the heart of everything we do, our services will be safe and responsive, equitable and inclusive, promote health and wellbeing, and provide a positive experience. By working hard to foster a culture of continuous improvement, by empowering colleagues and service users to make the changes they want to see, we will continue to improve health, improve care and improve the use of resources. We will monitor the implementation of this strategy closely and ensure #allofusimprove.

Notes

Notes

If you require a copy of this information in any other format or language please contact your healthcare worker at the Trust.

إذا كنت تحتاج إلى نسخة من هذه المعلومات بأي صغة أو لغة أخرى، فيرجى الاتصال بأخصائي الرعاية الصحية الخاص بك في أمانة الصحة الوطنية (Arabic)

Pokud požadujete kopii těchto informací v jakémkoli jiném formátu nebo jazyce, kontaktujte svého zdravotnického pracovníka z Trust. (Czech)

چنانچه اگر شما به یک نسخه از این اطلاعات در هر قالب یا زبان دیگری نیاز دارید، لطفاً با کارمند مراقب بهداشت خود در بنیاد (Trust) تماس بگیرید. (Farsi)

Si vous avez besoin d'une copie de ces informations dans un autre format ou dans une autre langue, veuillez contacter votre professionnel de santé au service national des soins médicaux (NHS). (French)

Ja jums ir nepieciešama šīs informācijas kopija jebkādā citā formātā vai valodā, lūdzu, sazinieties ar savu Trasta veselības aprūpes darbinieku. (Latvian)

如果您需要以任何其他格式或语言版本获取此信息，请与您的国民健康服务医疗保健工作者联系。(Mandarin)

Jeśli potrzebuje Pan(i) kopii tych informacji w innym formacie lub języku, prosimy o kontakt z pracownikiem służby zdrowia. (Polish)

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿਚ ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਇਕ ਕਾਪੀ ਦੀ ਜ਼ਰੂਰਤ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਟਰੱਸਟ ਵਿਚ ਆਪਣੇ ਸਿਹਤ ਸੰਭਾਲ ਕਰਮਚਾਰੀ ਨਾਲ ਸੰਪਰਕ ਕਰੋ. (Punjabi)

اگرآپ کوان معلومات کی ایک نقل کسی اورشکل یا زُبان میں چاہیے تو برائے مہربانی ٹرسٹ پراپنے ہیلتھ کیئر ورکرسے رابطہ کریں۔ (Urdu)

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Trust Board annual work programme 2023-24

	Business and risk
	Performance and monitoring
	Strategic Board Meeting
✘	Item deferred

Note that some items may be verbal

Agenda item / issue	25 Apr	30 May	27 June	25 July	22 Aug	26 Sept	31 Oct	28 Nov	19 Dec	30 Jan	27 Feb	26 Mar
Standing Items												
Welcome, Introduction and Apologies	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘
Declarations of Interest	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘
Minutes from the previous meeting	✘		✘	✘		✘	✘	✘		✘		✘
Action log and matters arising from previous meeting	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘	✘
Service User/Staff Member/Carer Story	✘		✘	✘		✘	✘	✘		✘		✘
Chair's remarks	✘		✘	✘		✘	✘	✘		✘		✘

Agenda item / issue	25 Apr	30 May	27 June	25 July	22 Aug	26 Sept	31 Oct	28 Nov	19 Dec	30 Jan	27 Feb	26 Mar
Chief Executive's Report	✘		✘	✘		✘	✘	✘		✘		✘
Questions from the public (item 3)	✘		✘	✘		✘	✘	✘		✘		✘
Any other business (public and private)	✘		✘	✘		✘	✘	✘		✘		✘
Risk and Assurance												
Board Assurance Framework	✘			✘			✘			✘		
Corporate / organisational risk register	✘			✘			✘			✘		
Strategic overview of business and associated risk											✘	✘
Review of Risk Appetite statement							✘					
Complex Incidents update (private session)	✘		✘	✘		✘	✘	✘		✘		✘
Serious Incidents quarterly report (public)			✘			✘		✘				✘
Risk assessment of performance targets, CQUINS and System Oversight Framework and agreement of KPIs (when published)			✘									
Assurance from Trust Board committees and Members' Council	✘		✘	✘		✘	✘	✘		✘		✘
Guardian of safe working hours annual report	✘											
Workforce Equality Standards						✘						
Medical appraisal / revalidation annual report						✘						
Ligature Annual Report								✘				
Freedom to Speak Up Annual report (July Annual report and January 6 monthly update)				✘						✘		
Medical Education Annual Board report								✘				

Agenda item / issue	25 Apr	30 May	27 June	25 July	22 Aug	26 Sept	31 Oct	28 Nov	19 Dec	30 Jan	27 Feb	26 Mar
Data Security and Protection toolkit	✘ (update)		✘									
Annual report and accounts (including Quality Account for 2022)		✘										
Annual Governance Statement	✘											
Equality and diversity annual report							✘					
Serious incidents annual report			✘									
Health and safety annual report			✘									
Patient Experience annual report			✘									
Sustainability annual report						✘						
Premises Assurance Model (new annual report 2021)			✘									
EPRR Compliance report						✘						
IPC BAF												✘
Integrated Care Systems and Partnerships												
South Yorkshire update including the South Yorkshire Integrated Care System (SY ICS)	✘		✘	✘		✘	✘	✘		✘		✘
West Yorkshire update including the West Yorkshire & Health & Care Partnership (WYHCP)	✘		✘	✘		✘	✘	✘		✘		✘
Provider Collaboratives and Alliances	✘		✘	✘		✘	✘	✘		✘		✘
Performance reports												
Integrated Performance Report (IPR)	✘		✘	✘		✘	✘	✘		✘		✘
Safer Staffing report	✘							✘				
System Oversight Framework (when released)			✘									

Agenda item / issue	25 Apr	30 May	27 June	25 July	22 Aug	26 Sept	31 Oct	28 Nov	19 Dec	30 Jan	27 Feb	26 Mar
Service Line Performance report (private – under review)	✘		✘	✘		✘	✘	✘		✘		✘
Strategic Direction												
Board Development		✘			✘				✘		✘	
Covid-19 Reflections		✘			✘				✘		✘	
Horizon Scanning – Focus On		✘			✘				✘		✘	
Investment Appraisal Framework (private)	✘						✘					
Strategic Objectives												✘
Trust Board Annual Work Programme											✘ (draft)	✘
Operational Plan (private)										✘ (draft / private)	✘ (draft / private)	✘ (draft / private)
Five-year plan (for review November 2023)								✘				
Governance												
Constitution (including Standing Orders) and Scheme of Delegation (if required)							✘					
Compliance with NHS provider licence conditions and code of governance (now changed due to new corporate governance code – to be confirmed)												
Going Concern Statement	✘											
Assessment against NHS Constitution				✘								
Audit Committee annual report including committee annual reports and terms of reference	✘											
Use of Trust Seal			✘			✘		✘				✘
Strategies and Policies												
Digital strategy (including IMT) **update**							✘					

Agenda item / issue	25 Apr	30 May	27 June	25 July	22 Aug	26 Sept	31 Oct	28 Nov	19 Dec	30 Jan	27 Feb	26 Mar
Estates strategy **update**										✘		
Policy on Policies *(April 2023)*	✘											
Standards of Conduct in Public Service Policy (conflicts of interest)	✘											
Customer Services policy *(June 2023)*			✘									
Equality, Involvement, Communication and Membership Strategy *(October 2023)*							✘					
Estates strategy (full)				✘								
Learning from Healthcare Deaths Policy *(January 2024)*										✘		
Workforce strategy *(March 2024)*												✘
Digital Strategy (full) *(March 2024)*												✘
Trust Board declaration and register of fit and proper persons, interests and independence policy *(March 2024)*												✘

Policy / strategy review dates:

- Trust Strategy *(reviewed as required)*
- Standing Financial Instructions *(delegated approval authority to Audit Committee, reviewed as required)*
- Treasury management strategy and policy (delegated approval authority to Audit Committee, reviewed as required)
- Constitution (October 2023) (if required)
- Equality, Involvement, Communication and Membership Strategy (October 2023)
- Emergency Preparedness Resilience and Response Policy (November 2025)
- Customer Services Policy *(to be confirmed)*
- Digital Strategy *(next due for review in March 2024)*
- Estates Strategy *(July 2023)*
- Learning from Healthcare Deaths Policy *(next due for review in January 2024)*
- Organisational Development Strategy *(deferred)*
- Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) *(April 2023)*
- Procurement Strategy
- Quality Strategy *(March 2026)*

- Risk management governance framework *(next due for review in April 2025)*
- Standards of Conduct in Public Service Policy (conflicts of interest) *(next due for review in September 2025)*
- Sustainability and Social Responsibility Strategy *(July 2025)*
- Trust Board declaration and register of fit and proper persons, interests and independence policy *(next due for review in March 2024)*
- Workforce Strategy *(next due for review in March 2024)*
- Research and Development Strategy *(October 2025)*