



With all of us in mind

**Trust Board (performance and monitoring)**  
**Tuesday 22 September 2015 at 9:00**  
**Rooms 49/50, Folly Hall, St. Thomas Road, Huddersfield, HD1 3LT**

## **AGENDA**

- 1. Welcome, introduction and apologies** (verbal item)
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 21 July 2015**
- 4. Assurance from Trust Board committees**
  - 4.1 Audit Committee 7 July 2015
  - 4.2 Clinical Governance and Clinical Safety Committee 16 June and 8 September 2015
  - 4.3 Mental Health Act Committee 4 August 2015
  - 4.4 Remuneration and Terms of Service Committee 13 and 24 July 2015
  - 4.5 Changes to Audit Committee terms of reference
- 5. Chair and Chief Executive's remarks** (verbal item)
- 6. Transformation update** (to follow)
- 7. Performance reports month 5 2015/16**
  - 7.1 Performance report month 5 2015/16 (to follow)
  - 7.2 Finance report month 5 2015/16 (to follow)
  - 7.3 Exception reporting and action plans
    - (i) Child and adolescent mental health services progress report
    - (ii) Safer staffing
    - (iii) Making service user and carer feedback more inclusive
- 8. Governance matters**
  - 8.1 Well-led governance review
  - 8.2 NHS Constitution

**9. Use of Trust seal**

**10. Date and time of next meeting**

The next meeting of Trust Board will be held on Friday 23 October 2015 in the boardroom, Kendray, Barnsley, S70 3RD.



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## Trust Board 22 September 2015 Agenda item 2

<b>Title:</b>	<b>Declaration of interests by the Chair and Directors of the Trust</b>
<b>Paper prepared by:</b>	Director of Corporate Development on behalf of the Chair of the Trust
<b>Purpose:</b>	To ensure the Trust continues to meet the NHS rules of Corporate Governance, the Combined Code on Corporate Governance, Monitor's Code of Governance and the Trust's own Constitution in relation to openness and transparency.
<b>Mission/values:</b>	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 undertaken annually supports this.
<b>Any background papers/ previously considered by:</b>	Annual declaration made by the Chair and Directors of the Trust April 2015.
<b>Executive summary:</b>	<p>The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor require Trust Board to receive and consider the details held for the Chair of the Trust and each Director, whether Non-Executive or Executive, in a Register of Interests. During the year, if any such Declaration should change, the Chair and Directors are required to notify the Company Secretary so that the Register can be amended and such amendments reported to Trust Board.</p> <p>Trust Board receives assurance that there is no conflict of interest in the administration of its business through the annual declaration exercise, received in April 2015, and the requirement for the Chair and Directors to consider and declare any interests at each meeting.</p> <p>There are no legal implications; however, the requirement for the Chair and Directors of the Trust to declare interests on an annual basis and for Non-Executive Directors to declare their independence is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution. There is also a requirement for the Trust to assure itself that members of its Board meeting the fit and proper person requirements.</p> <p>Declarations made by new and existing Directors are as follows.</p> <p><u>Non-Executive Director – Rachel Court</u> Magistrate Governor, Calderdale College</p> <p><u>Non-Executive Director – Charlotte Dyson</u> Marketing consultancy work for Royal College of Surgeons, Edinburgh (from September 2015)</p> <p><u>Non-Executive Director – Jonathan Jones</u> Trustee, Hollybank Trust (from 1 October 2015)</p>
<b>Recommendation:</b>	<b>Trust Board is asked to CONSIDER the declarations, particularly in</b>

	<b>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.</b>
<b>Private session:</b>	Not applicable



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**Minutes of Trust Board meeting held on 21 July 2015**

<b>Present:</b>	Ian Black Laurence Campbell Charlotte Dyson Julie Fox Jonathan Jones Helen Wollaston Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Director of Nursing, Clinical Governance and Safety Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance
<b>Apologies:</b>	None	
<b>In attendance:</b>	Nette Carder Rachel Court Kate Henry Chris Jones Sean Rayner Diane Smith Dawn Stephenson Karen Taylor Bernie Cherriman-Sykes	Interim District Service Director, CAMHS and Forensic Services Non-Executive Director (designate) Interim Director, Marketing, Engagement and Commercial Devel. Non-Executive Director (designate) District Service Director, Barnsley and Wakefield Director of Health Intelligence and Innovation Director of Corporate Development District Service Director, Calderdale, Kirklees and Spec. Services Board Secretary (author)
<b>Guests:</b>	Chris Hollins	Publicly elected governor, Wakefield

**TB/15/46 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. There were no apologies. IB introduced David Ogden, Therapy Manager, Art, at Newhaven, who supported the presentation of Dean's story to Trust Board. Dean could not be present due to illness but his inspirational film was shown to Trust Board.

Following Dean's story, IB thanked Helen Wollaston (HW) on behalf of Trust Board for her support and contribution over the last six years, which has helped the Trust to be where it is today. He then welcomed Rachel Court (RC) and Chris Jones (CJ) who would take up Non-Executive Director positions on 1 October 2015 and 1 August 2015 respectively.

**TB/15/47 Declaration of interests (agenda item 2)**

The following declarations were made over and above those made in April and June 2015 and considered by Trust Board.

Name	Declaration
<b>NON-EXECUTIVE DIRECTORS</b>	
Rachel Court	Non-Executive Director, Leek United Building Society. Chair, NHS Pensions Board (to note – this is a public appointment) Chair, PRISM (the charity's purpose is primarily educational but does a small amount of healthcare work with young people, primarily avoidance of teenage pregnancy)
Julie Fox	Seconded from HMI Probation (Ministry of Justice) to Youth Justice Board Advisory Board Member for Peer Power, a social justice

Name	Declaration
	organisation supporting young people
<b>CHIEF EXECUTIVE</b>	
Steven Michael	Removal of the following from June 2015. <ul style="list-style-type: none"> <li>➤ Member, Leeds University Centre for Innovation in Health Management</li> <li>➤ Member, Leeds University Centre for Innovation in Health Management International Fellowship Scheme</li> </ul>

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that RC had signed the declaration of independence for Non-Executive Directors and made a declaration that she meets the fit and proper person requirement.

**TB/15/48 Minutes of and matters arising from the Trust Board meeting held on 30 June 2015 (agenda item 3)**

It was **RESOLVED to APPROVE the minutes of the public session of Trust Board held on 30 June 2015 as a true and accurate record of the meeting.** There were no matters arising.

**TB/15/49 Chair and Chief Executive's remarks (agenda item 4)**

IB began by commenting on the session prior to the meeting with Deloitte to feedback from the independent review of the Trust's governance arrangements, which was very positive and constructive. Deloitte will issue a formal report and 'rating', which the Trust will be able to use to benchmark against other Trusts that have been through the same process. He also commented on the following.

- Board-to-Boards have been held with Calderdale and Huddersfield NHS Foundation Trust and Locala.
- As previously reported, the Trust has been involved with Locala in a bid for community services in Kirklees (Care Closer to Home). This was successful and Locala has been identified as the preferred provider with the Trust as a partner.

The Chief Executive (SM) covered the following in his remarks.

- Financial settlements for local authorities will present a significant challenge for the Trust, particularly if the outcome is a reduction in social care provision. The Trust is working closely with local authorities in its area and will need to align its transformation programme very closely as no assumption can be made of the social care contribution. The first challenge is the tender of 0-19 health and wellbeing services in Barnsley. The Trust held a very constructive meeting with Barnsley Council to build a working platform on a number of issues.
- In the Budget, £8 billion was committed by the Government (albeit in the last year of this Parliament) to the NHS in return for £22 billion of efficiency savings. This represents a huge challenge for the NHS, particularly as investment is towards the end of this Parliament.
- The Trust's involvement in Vanguard bids to develop and promote new models of care continues. The Trust is involved in three pilots (one in the upper valley in Calderdale and two in Wakefield). The bid in west Wakefield has successfully attracted £14 million of funding over four years. The Trust is also involved in a network bid across West

Yorkshire for urgent and emergency care. SM was part of the team that presented the bid the previous week to NHS England with partners, demonstrating a strong cross-agency approach.

- SM has met with seven MPs to date (Jo Cox (Labour, Batley and Spen), Mary Creagh (Labour, Wakefield), Dan Jarvis (Labour, Barnsley Central), Holly Lynch (Labour, Halifax), Jason McCartney (Conservative, Colne Valley), Barry Sheerman (Labour, Huddersfield) and Paula Sherriff (Labour, Dewsbury)). Child and adolescent mental health services (CAMHS) has been a recurring issue across MPs in Calderdale and Kirklees. The discussion with MPs has provided the opportunity to clarify the Trust's position in services for children and to demonstrate how it can contribute to the national agenda.
- Monitor and the Trust Development Authority will be jointly led working closely together in partnership to form NHS Improvement.

From the Chancellor's Budget, IB also highlighted the 1% public sector pay cap. As yet, there is no real detail to assess the implications for the Trust beside that the Treasury will allocate 1% per annum to the NHS for this.

## **TB/15/50 Strategic overview of business and associated risks (agenda item 5)**

Alex Farrell (AF) took Trust Board through key issues for the Trust in terms of its strategic direction and external environment.

### Political

- There is an increasingly 'hands-on approach' to the NHS from the Government.
- Uncertainty on what 'parity of esteem' means for mental health and what this would mean for the Trust.
- Increasing emphasis on system-wide working and the expectation that, in some areas, this will be mandated.
- The continuing attention on CAMHS both from the public and commissioners.

### Economic

- The expectation that the NHS will find £22 billion in efficiency savings.
- Continued uncertainty for specialist commissioning procurement and, in the interim, no additional service developments can be commissioned.
- Position of local authorities and how the Trust can work closely with councils as well as understanding what changes mean for the Trust socially and culturally.
- Continued demographic change.
- Changing public expectations.

### Technical

- Facilitating the sharing of information between agencies and how governance and legal issues around this can be addressed.
- Communication with service users and carers using technology.

### Legal/regulatory

- Monitor/Trust Development Authority merger.
- Future pricing and changes to mechanisms and structures.

### Environmental

- Use of technology to support sustainability.

Future reports to Trust Board will build on this assessment and set the context for business and risk meetings. SM commented that he attended a meeting with partners to look at the devolution agenda. In terms of health, this could include areas such as the approach to mental health urgent and emergency care across West Yorkshire.

Charlotte Dyson (CD) asked if the reports would also show how the Trust can mitigate or address issues identified. AF responded that it would.

## **TB/15/51 Performance reports month 3 2015/16 (agenda item 6)**

### TB/15/51a Performance and finance reports (agenda item 6.1)

Tim Breedon (TB) raised the following in relation to service delivery and quality.

- Development of the Quality Accounts will continue to be monitored through the Clinical Governance and Clinical Safety Committee and he suggested including the areas measured in the Accounts in the performance report.
- The Trust is consistently reporting over 100% of full rates for safer staffing; however, there are some occasions where rates have fallen below desired levels and these have been reviewed on a case-by-case basis.
- The external review of Horizon Centre is complete. An action plan will be developed and will be presented to the Clinical Governance and Clinical Safety Committee in September 2015.
- TB also reported on a complex service issue currently on Horizon, which is providing considerable challenge for the Trust's governance systems. An update will be presented to the Clinical Governance and Clinical Safety Committee. The Trust is working with the commissioner and NHS England to provide care for the individual. The Care Quality Commission (CQC) is aware.
- The newly established Quality Improvement Group held its first meeting on 8 July 2015.
- Managing violence and aggression training is currently reporting 'red'. TB assured Trust Board that a plan is in place to improve performance, focussing on clinical services before a move to support services.

AF took Trust Board through the key points relating to the Trust's financial position.

- The Trust has achieved a financial risk rating of 4 against a planned rating of 4.
- The income and expenditure position is on track; however, CQUIN performance is not included. The Q1 position will be included in the month 4 report with a deterioration in the position expected.
- The year-to-date position is a small surplus of £0.16 million, which is £0.82 million ahead of plan due to underspend on pay.
- At month 3, the cost improvement programme is £0.19 million (9%) behind plan. This has been offset by release of provisions. Currently, £1.3 million (14%) of the plan remains rated as 'red', after mitigation.

AF confirmed that the full-year cost improvement programme is £9.6 million with £8.2 million identified, which means a £1.4 million shortfall. Work over the next two months will confirm how much can be realised and what will be substitutions. The plan will be achieved but some will be non-recurrent. The overall risk is currently £2.5 million, which includes £1.1 million of savings classed as 'red'. TB confirmed that substitutions will be considered through the Quality Impact Assessment process and reported through the Clinical Governance and Clinical Safety Committee.

- Capital spend to June 2015 is £2.28 million, which is £0.41 million (15%) behind plan. The Trust is confident of achieving the year-end capital spend and key business cases will be presented in September 2015. Laurence Campbell (LC) asked if there was any update on the position with Aberford Field. Alan Davis (AGD) confirmed that an update had been sent to the Estates Forum. The purchase of the Trust land was to go through the Miller Homes Board approval process in July 2015 and there is an expectation that the Exercise Notice will be served towards the end of the month with completion 20 working days thereafter.

- The cash position is £30.18 million, which is £1.32 million behind plan reflecting pressures in the system and how organisations are managing cashflow. LC asked whether local authorities operated to the same payment code as the Trust. AF responded that the current position is being escalated within the organisation currently. LC also asked if the £500,000 CQUIN risk is considered in the forecast. AF responded that it is included in provisions.

LC asked if there were any themes in the sickness absence figures. AGD responded that the sickness absence target was re-visited by the Remuneration and Terms of Service Committee. Using benchmarking, the Committee agreed 4.4% was a more realistic but stretching target across the Trust but with improvement trajectories across all BDUs. Forensic BDU is a key area and musculo-skeletal and stress are the two main reasons for absence. For the Committee, changing the target does not mean the level of importance is diminished and work must continue to bring sickness absence down. Julie Fox (JF) commented that there was evidence of excellent practice in occupational health and HR processes during a recent disciplinary hearing.

#### TB/15/51b Customer services report Q1 2015/16 (agenda item 6.2)

Dawn Stephenson (DS) introduced this item and began by highlighting a new publication from the Department of Health, "Making NHS patient feedback more inclusive", which will come through Trust Board processes in September 2015.

CD asked if the Trust asks service users whether their complaint was successfully resolved. DS responded that not all complaints can be resolved satisfactorily, for example, if an individual disagrees with a diagnosis; however, the Trust does try to work with complainants to ensure they are supportive of the Trust's response. JF commented that the increase in formal complaints was a concern. She also asked District Service Directors for assurance in relation to the increased delay in resolving complaints. Sean Rayner (SR) responded that any delays were usually due to capacity issues and will be addressed within the BDU. Karen Taylor (KT) concurred.

Jonathan Jones (JJ) asked how feedback is collated and whether there was a social media opportunity. DS responded that the Trust encourages individuals to use alternative media but feedback does tend to be by card or letter. There are ways the Trust can improve its use of social media and encourage people to use alternative methods.

SM commented that the first view of the Trust performance on the NHS Choices website is not positive but there is good feedback in this report not reflected on the site. He would like to see a plan at Trust Board to outline how the Trust will encourage more balanced reporting of the Trust. HW suggested monitoring the use of Twitter for feedback. DS confirmed that the Customer Experience Group includes customers/users of services.

SM also commented that, given recent feedback from a Chief Executive of a stakeholder organisation, he would like to see a regular update on areas affecting the Trust currently for stakeholders.

IB asked District Services Directors to identify which complaints they saw as most significant for their areas. Nette Carder (NC) responded that most of the CAMHS complaints focused on how the service is delivered not what is delivered. This is demonstrated in the action plan for commissioners. SR identified communication between providers and KT record keeping, which remains a priority.

#### TB/15/51c Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 6.3(i))

NC took Trust Board through the progress report for Calderdale and Kirklees.

HW asked for an update on recruitment. NC responded that delays were not an internal process issue but due to availability of suitable candidates in the market; it is, therefore, unlikely that the Trust will recruit to all vacancies at once.

SM commented on the following.

- His recent visit to CAMHS showed a huge difference in the team, which is now very obviously well-led and there is a very different feel in terms of motivation and resilience.
- MPs are concerned and seeking detailed assurance around CAMHS, particularly ASD referrals.
- There is potential to explore training of front-line practitioners and the Trust will discuss with Huddersfield University how this can be taken forward.
- Commissioners have agreed for the Trust to use parity of esteem monies for development of the CAMHS crisis service and to tackle changing demographics.

IB added that he had had positive feedback from a Kirklees Councillor regarding the area and that he felt much better informed. JF commented that she will visit Barnsley CAMHS early in September 2015.

Adrian Berry (ABe) commented that, compared with other CAMHS across the country, this Trust is actually doing quite well, but that was no reason for complacency in the Trust's approach. On visiting the service recently, he found a very different atmosphere. He added that the quality network provided by the Royal College is worth approaching for a peer review but the Trust must not rely on it totally.

**It was RESOLVED to NOTE the progress report.**

TB/15/51d Exception reports and action plans – Update on data quality (agenda item 6.3(ii))

AF commented that the point of the paper was to provide assurance regarding data quality in the future. TB added that, for clinical record keeping, the top ten themes emerging from the Quality Improvement day with a focussed action plan has been developed and will be presented to the Clinical Governance and Clinical Safety Committee. HW commented that this has been an issue for the Trust for some time and she would like to see a much tighter grip on action to address.

**It was RESOLVED to NOTE the report.**

TB/15/51e Exception reports and action plans – Annual equality and inclusion report looking back to 2014/15 and forward to 2015/16 (agenda item 6.3(iii))

HW commented that each of the four priorities will have measureable outcomes with an identified Director lead monitored through reporting to the Equality and Inclusion Forum. DS added that there will also be an externally facing document to summarise the Trust's approach and priorities.

**It was RESOLVED to NOTE the progress made during 2014/15 and the key areas for focus on 2015/16.**

**TB/15/52 Nursing strategy and nurse re-validation (agenda item 7)**

AF commented that nursing spans more organisations than just this Trust and there must be links and synergies the Trust could make with others. She asked how this would be approached. TB responded that it is included in the strategy but does not have a high profile. JF commented that she would like to see the strategy be more explicit in terms of diversity, both in the communities the Trust serves and the staff it employs. HW commented that she would like see the strategy explain how the Trust will address and mitigate the risk

posed by demographic changes, particularly how it will work in partnership. TB responded that this may be more suited to inclusion in the workforce plan but he accepted the challenge.

In relation to nurse re-validation, ABe was asked how this corresponded to medical re-validation. He responded that it does present a risk for the Trust, some individuals may not be able to evidence compliance and there have to be systems in place to capture information; however, it is not the same as medical re-validation either in principle or in practice.

AGD commented that there will be an issue in relation to clarification of who is the 'employer' for bank staff and some unintended consequences such as the impact on terms and conditions if individuals are unable to retain nursing status due to their level of practice hours. What constitutes 'practice' will also need to be clear.

AGD added that, under the Care Certificate requirements, all clinical support workers are required to undertake a period of induction off ward areas, which has implications for resourcing and cover within services.

**It was RESOLVED to APPROVE the nursing strategy and NOTE plans to meet new nurse re-validation requirements.**

#### **TB/15/53 Monitor return quarter 1 2015/16 (agenda item 8)**

The following areas will be added to the report before submission:

- an update on CAMHS;
- a claim to the NHS Litigation Authority;
- information governance information;
- the review of the Horizon unit;
- an update on the well-led review; and
- a summary of serious incident information.

Subject to these additions, **it was RESOLVED to APPROVE the submission and exception report to Monitor.** IB asked that the final version of the report is circulated to Non-Executive Directors for information.

#### **TB/15/54 Assurance framework and organisational risk register 2015/16 (agenda item 9)**

DS introduced this item and confirmed that more work to develop the framework will be undertaken following the well-led review and sharing of best practice.

She highlighted an addition to the risk register in relation to local authority commissioning in light of the continued funding cuts. The risk posed around the transformation programme has been separated to reflect the Trust's own transformation programme, its implementation and staff engagement, and then the wider health economy transformation, and engagement and alignment with commissioners. DS also confirmed that the Executive Management Team (EMT) considered the suggestion to include a risk around nurse re-validation. On the advice of the Director of Nursing, EMT agreed that this did not present a sufficiently high risk currently to place on the register and that the position would be reviewed when guidance is issued in September 2015. IB commented that he was nervous of waiting until guidance is issued given the significant numbers of staff involved. SM responded that, in his view, the unclear position places the Trust at even greater risk. Until mitigating action can be identified through clarity on the proposals, he would like to see the risk included.

IB also asked if the Trust's financial position in relation to its cost improvement programme, capital receipts and presentation of the end-of-year outturn to Trust Board in October 2015 should be included on the register. AF responded that the current position would not result in a risk rating of 15 or above.

**TB/15/55 Date and time of next meeting (agenda item 10)**

The next meeting of Trust Board will be held on Tuesday 22 September 2015 in rooms 49/50, Folly Hall, Huddersfield.

Signed ..... Date .....

DRAFT



## Trust Board 22 September 2015 Agenda item 4 – assurance from Trust Board Committees

### Changes to Committee membership (Non-Executive Directors)

From 1 August 2015, Committee membership has been agreed by the Chair of the Trust as follows. The Chair will review Non-Executive Director membership of both Committees and Forums in January 2016.

#### **Audit Committee**

Laurence Campbell (Chair)

Chris Jones

Jonathan Jones

Alex Farrell (Deputy Chief Executive/Director of Finance) attends the Committee as lead Executive Director. Dawn Stephenson (Director of Corporate Development) also attends the Committee in her role as Company Secretary.

#### **Clinical Governance and Clinical Safety Committee**

Ian Black

Charlotte Dyson

Julie Fox (Chair)

Adrian Berry (Medical Director), Tim Breedon (Director of Nursing and lead Executive Director), Alan Davis (Director of Human Resources and Workforce Development) and Dawn Stephenson (Director of Corporate Development and in her role as Company Secretary) are members of the Committee.

#### **Mental Health Act Committee**

Julie Fox (Chair)

Chris Jones

Jonathan Jones

Adrian Berry (Medical Director), Tim Breedon (Director of Nursing and lead Executive Director) and Dawn Stephenson (Director of Corporate Development and in her role as Company Secretary) are members of the Committee.

#### **Remuneration and Terms of Service Committee**

Ian Black (Chair)

Rachel Court

Jonathan Jones

Steven Michael (Chief Executive) is a non-voting member of the Committee and Alan Davis (Director of Human Resources and Workforce Development) attends as lead Executive Director.

#### **Charitable Funds Committee**

Ian Black

Laurence Campbell

Julie Fox (Chair)

Tim Breedon (Director of Nursing) and Alex Farrell (Deputy Chief Executive/Director of Finance and lead Executive Director) are also members of the Committee.

#### **Trust Board Forums**

##### Equality and Inclusion

Ian Black (Chair)

Julie Fox

Steven Michael

Adrian Berry

Tim Breedon

Alan Davis

Dawn Stephenson (Lead Dir.)

*With BDU representation from:*

Sean Rayner and Karen Taylor

##### Estates

Ian Black

Jonathan Jones (Chair)

Steven Michael

Adrian Berry

Alan Davis (Lead Dir.)

Alex Farrell

##### IM&T

Ian Black (Chair)

Laurence Campbell

Jonathan Jones

Steven Michael

Tim Breedon

Alan Davis

Alex Farrell (Lead Dir.)

*With BDU representation from:*

Sean Rayner and Karen Taylor

## Committee assurance

### Audit Committee

<b>Date</b>	7 July 2015
<b>Presented by</b>	Laurence Campbell
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"><li>➤ Alignment of Director objectives (assurance for Trust Board that Committees have the opportunity to influence Directors' objectives to ensure these reflect priorities and risks identified by Committees).</li><li>➤ Approach to write-off of site development costs.</li><li>➤ Changes to Audit Committee terms of reference (agenda item for this Trust Board meeting).</li><li>➤ Service line reporting (detailed analysis to be presented to October Trust Board).</li><li>➤ Reference costs (assurance to Trust Board that it can approve the submission was provided at the July meeting).</li><li>➤ Internal audit of culture and reporting of audit 'ratings'.</li><li>➤ Review by the Remuneration and Terms of Service Committee of the internal audit report on Leadership Development.</li></ul>

### Clinical Governance and Clinical Safety Committee

<b>Date</b>	16 June and 8 September 2015
<b>Presented by</b>	Julie Fox
<b>Key items to raise at Trust Board</b>	<p><i>NB key items from June minutes taken at Trust Board in June 2015.</i></p> <ul style="list-style-type: none"><li>➤ Child and adolescent mental health services</li><li>➤ Independent report on Horizon Centre and Trust action to address recommendations</li><li>➤ Safer staffing</li><li>➤ Care Quality Commission inspection preparation</li></ul>

### Mental Health Act Committee

<b>Date</b>	4 August 2015
<b>Presented by</b>	Julie Fox
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"><li>➤ Mental Capacity Act and Deprivation of Liberty Standards consultation.</li><li>➤ Care Quality Commission clinical and estate follow up reports and closure of actions.</li><li>➤ Local authority pressures in the system as a result of reduced funding.</li><li>➤ Ethnicity reporting.</li></ul>

### Remuneration and Terms of Service Committee

<b>Date</b>	14 July 2015
<b>Presented by</b>	Ian Black
<b>Key items to raise at Trust Board</b>	<ul style="list-style-type: none"><li>➤ Continued monitoring of sickness absence performance and sickness absence target for 2015/16.</li><li>➤ Directors' performance related pay scheme for 2015/16.</li><li>➤ Clinical Excellence Awards</li></ul>



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## Minutes of Audit Committee held on 7 July 2015

<b>Present:</b>	Laurence Campbell	Chair of the Committee
	Jonathan Jones	Non-Executive Director
<b>Apologies:</b>	<u>Members</u>	
	None	
	<u>Others</u>	
	Paul Hewitson	Director, Deloitte
	Paul Thomson	Partner, Deloitte
<b>In attendance:</b>	Rob Adamson	Head of Finance
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Tony Cooper	Head of Procurement
	Mark Dalton	Manager, KPMG
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Julie Fox	Non-Executive Director
	Mark Johnson	Interim Deputy Director of Finance
	Clare Partridge	Director, KPMG (Head of Internal Audit)
	Laura Scrafton	Assistant Manager, Deloitte
	Dawn Stephenson	Director of Corporate Development
	Danni Sweeney	Senior Associate, Deloitte (observer as part of well-led governance review)

### **AC/15/48 Welcome, introduction and apologies (agenda item 1)**

The Chair of the Committee (LC) welcomed everyone to the meeting. The apologies, as above, were noted.

### **AC/15/49 Minutes of the meeting held on 22 May 2015 (agenda item 2)**

It was **RESOLVED** to **APPROVE** the minutes of the Audit Committee held on 22 May 2015 as a true and accurate record of the meeting.

### **AC/15/50 Matters arising from the meetings held on 7 April and 22 May 2015 (agenda item 3)**

7 April 2015

#### AC/15/11 Annual penetration testing of IT systems (agenda item 3.1)

Alex Farrell (AF) reminded the Committee of the Trust's current position that no PEN testing would be commissioned in 2015 but would be scheduled as soon as transition work to Phoenix is complete. Peter Aspinall (PA) had asked if there were any processes that could be applied to provide additional assurance in the interim, such as an internal or external audit perspective; however, AF questioned the value of an audit at this point. She would review the regularity of testing to change to an annual exercise once the transition is complete. The Committee was supportive of AF's view.

#### AC/15/25 Alignment of Director objectives (agenda item 3.2)

LC commented that he would attend a Remuneration and Terms of Service Committee to discuss PA's concerns raised at the last meeting and feedback to the Committee as appropriate.

**Action: Laurence Campbell**

22 May 2015

AC/15/42 Write-off charges – treatment in Accounting Policies (agenda item 3.3)

AF confirmed that the declaration in the accounts was in line with the Trust's Accounting Policies. The circumstances in 2014/15 were rare and she would suggest, therefore, in terms of coming to a true and fair value in the future, agreement of the approach with the Trust's external auditor prior to inclusion in the accounts. Deloitte was supportive of the suggested approach. AF confirmed that this relates to site development costs, what is written-off and what is capitalised.

#### **AC/15/51 Approval of Charitable Funds annual report and accounts 2014/15 (agenda item 4)**

Rob Adamson (RA) confirmed that the numbers presented are consistent with those in the consolidated annual accounts approved by the Audit Committee on 22 May 2015. There were a number of minor changes as follows.

- On page 23, note f, the second sentence has been deleted and “The salary costs of the Creative Minds support worker, as shown in note 7, is included in the costs of charitable activities and are solely charged to the Creative Minds designated fund.” added at the end.
- On page 26, note 6, the heading was changed from “Patient Education & Welfare” to Service User Education & Welfare.
- Also on note 6, the salaries line was removed from the table.
- On page 26, note 7, after “There are no employees ...”, the sentence “These staff costs solely relate to the Creative Minds support worker and included in the costs of charitable activities shown in note 5.” has been inserted.

LC commented that revenue has declined dramatically and he would like to see an explanatory note in the accounts. Julie Fox (JF) commented that the charity is spending more than it is receiving and the Charitable Funds Committee is trying to address this through promotional activity and encouraging staff to join the staff lottery. RA added that there were additional funds received in 2013/14 in relation to Creative Minds, therefore, the difference is quite considerable for 2014/15.

Jonathan Jones (JJ) asked where the accounts go when finalised. This was confirmed as the Charity Commission and the report will be circulated to appropriate stakeholders, the Members' Council and at the annual members' meeting.

**It was RESOLVED to DELEGATE AUTHORITY to the members of the Committee to approve the final version of the accounts.**

#### **AC/15/52 Review of process to develop the assurance framework (agenda item 5)**

JJ asked how the Trust would know the process is working. Dawn Stephenson (DS) responded that there is an evidence-based trail reported to Trust Board, through exception reporting, through the Chief Executive's quarterly reviews with Directors and through the Monitor quarterly exception reports. JJ asked how Trust Board would derive assurance using integrity of data coming from RiO as an example. DS responded that assurance would come through, for example, the internal audit of data quality, Quality Accounts, national minimum data set submissions, skills and qualifications of the performance and information team, clarity on the expectations of clinical staff supported by clinical leadership, the Data Quality Steering Group, and interpretation of data all of which would be included in the assurance framework report to Trust Board. Assurance is also derived from the annual

review by internal audit of the assurance framework and triangulation of risk, performance and governance at the Audit Committee.

**AC/15/53 External agencies policy register report (agenda item 6)**

This item was deferred.

**AC/15/54 Audit Committee terms of reference (agenda item 7)**

It was **RESOLVED to APPROVE** the proposed changes to the Committee's terms of reference.

**AC/15/55 Service line reporting and reference costs (agenda item 8)**

Service line reporting

LC asked if there were milestones for 2015/16. AF responded that the Trust would expect to see evidence that service line reporting is embedded in operational services. She suggested a report to October's meeting on the progress and development of a pricing strategy.

**Action: Alex Farrell**

JJ asked when the end point would be. AF responded that the review of the annual plan will look at service contribution, link to opportunities to review direct costs and triangulation with operational efficiencies and differential contribution resulting in a series of developments for BDUs at service line emerging. LC asked if there would be a presentation to Trust Board on the outcome and AF responded that development of a pricing strategy will build on the service line reporting approach and enable a consistent approach with commissioners. JJ commented that he would like to see an analysis of pricing/contribution for service lines in each BDU and what the optimum would be. It was agreed this would come to the Audit Committee and Trust Board in October 2015.

**Action: Alex Farrell**

Reference costs

AF clarified that the Committee was not being asked to approve the reference costs but to confirm the principles and standards. Assurance for the Committee was included in the paper, which AF took the Committee through. LC was assured that the data extracted was correct and the calculations aligned with the methodology. He accepted that the Committee was not being asked to verify the integrity of the data. However, he remained concerned, particularly as some areas, such as caseload, rely on clinical practice. AF responded that such areas are within the remit of the Data Quality Steering Group and the example used is also addressed through the current caseload review. She suggested bringing a report to the Committee in October 2015 on the summary findings of where the Trust needs to review data, how this is being addressed, benchmarking and trajectory for improvement.

**Action: Alex Farrell**

Clare Partridge (CP) commented that it is commendable that this Trust is discussing these issues at the Audit Committee and that it has been identified as an area for review by internal audit. The management team is bringing issues to the Committee with action plans in place and this is an approach not always seen in other Trusts.

**The Committee AGREED it could provide assurance to Trust Board on the costing process to support the reference cost submission.**

**AC/15/56 Currency development (agenda item 9)**

Mark Johnson (MJ) provided an update on currency development. AF confirmed that the indicative targets are Trust targets.

**AC/15/57 Triangulation of risk, performance and governance (agenda item 10)**

The report was noted.

**AC/15/58 Treasury management update (agenda item 11)**

The report was noted.

**AC/15/59 Internal audit progress report (agenda item 12)**

In her introduction, CP highlighted a report from KPMG from the banking sector on culture and suggested that this could be useful for the Trust alongside the outcome of the well-led review. She would review with management and bring a proposal back to the Audit Committee.

**Action: KPMG**

She also commented on internal audit 'ratings'. There are a series of core reviews, which underpin the Head of Internal Audit Opinion. These are complemented by risk-based reviews, which, by their nature, are areas of improvement for the Trust and how the outcome of these is reflected to the Committee has been raised as a concern. She suggested that the quarterly update separates more clearly the two audit areas to show how the Head of Internal Audit Opinion is influenced. She also suggested reflecting management expectations of the outcome of risk-based audits in reports. AF added that the scope for risk-based audits should also include an articulation of what the risk is and the potential impact. Mark Dalton (MD) added that this would ensure internal audit provides as much added value as possible.

**Progress report (agenda item 12.1)**

MD took the Committee through the progress report. Three reports were presented from 2014/15 internal audit programme:

- leadership development, which received significant assurance with minor improvement opportunities;
- patients' property, which received partial assurance with improvements required;
- transformation (which is still at the draft stage), which is expected to receive significant assurance with minor improvement opportunities.

He added that the 2015/16 programme is on schedule.

It was suggested that the leadership development audit should also be presented to the Remuneration and Terms of Service Committee.

**Action: BC-S to raise with Chair**

JJ commented that he would be interested to know how much of the report is historic and also a comparison with other Trusts. MD responded that the Leadership and Management Development Strategy has now been presented to, and approved by, Trust Board and, therefore, the position may be different to the time when the audit was undertaken.

### Patients' property

The Committee was alerted to three incomplete recommendations in relation to understanding of policies, understanding processes for undeposited property and understanding processes for deposited property. AF responded that the main actions were to review the policy and disclaimer, and to roll-out to BDUs. The policy was completed in December 2014 but presentation to the Executive Management Team was delayed; therefore, there was limited opportunity for BDUs to implement the revised policy. Management, therefore, needs to be more sensitive to scheduling of recommendations in future. She assured the Committee that work is ongoing within BDUs to implement and address the audit findings and she would like internal audit to re-test implementation when BDUs have had an opportunity to implement the revised policy. She also confirmed that the issue of the revised policy has been supported by communication with staff.

CP commented that this is a cultural issue. There is a general desire by staff to look after patients' property but not necessarily to the Trust's policy, which was the rationale for the limited assurance opinion given as a result of the first audit rather than a 'no assurance' opinion. AF added that BDUs will work through practice governance coaches to improve the position supported by random spot checks and unannounced visits.

It was noted that the three incomplete recommendations in the tracker report relate to the patients' property audit discussed above.

### Technical update (agenda item 12.2)

The technical update was noted.

### Internal audit charter (agenda item 12.3)

The charter was noted. It was suggested that the protocol is updated to reflect the risk-based approach taken to internal audit.

**Action: KPMG**

## **AC/15/60 Counter fraud (agenda item 13)**

### Annual report 2014/15 (agenda item 13.1)

CP explained that MD would assume the counter fraud role for the Trust for 2015/16. MD then took the Committee through the report.

JJ asked whether there was a feel for how much counter fraud activity has saved the Trust. MD responded that NHS Protect has asked local counter fraud specialists to anticipate savings and he will review activity to include in the report to October's meeting.

**Action: KPMG**

### Standards for Providers 2015/16 (agenda item 13.2)

MD commented that the NHS Protect view of an amber rating is that the Trust meets the standards and overall the Trust has no red ratings. A green rating represents good practice and is often difficult to achieve. AF commented that the review had been cross-referenced with the external assessment reported in October 2013. There is only one area where there is a potential mis-match in relation to proactive liaison with other organisations and agencies (standard 2.3). The Trust is raising with NHS Protect the question of whether it could be included in NHS Protect protocols with other organisations.

She went on to comment that the outcome against the standards will be used as a baseline to prioritise counter fraud activity supported by responses to the staff counter fraud awareness survey, which will be built into the fraud plan.

#### **AC/15/61 External audit update (agenda item 14)**

Laura Scrafton (LS) reported that, following on from the annual report and accounts work, Deloitte has undertaken its independent examination of charitable funds.

#### **AC/15/62 Procurement report (agenda item 15)**

Tony Cooper (TC) took the Committee through his report. He commented that, for temporary staffing, the aim is to establish and introduce a neutral vendor arrangement for both clinical and non-clinical staff. The outcome of the comparison of waivers and tenders thresholds with that of other Trusts was noted.

JJ asked what procurement savings were included in the Trust's cost improvement programme. TC responded that £100,000 was included recurrently and £100,000 non-recurrently. Of this, £20,000 has been realised to date. Temporary staffing will be the biggest component and he agreed to include in more detail in future reports.

**Action: Tony Cooper**

#### **AC/15/63 Losses and special payments report (agenda item 16)**

The report was noted. The Committee agreed it would be helpful to record the time when incidents happen and, if fraud or theft were involved, more contemporaneous narrative and recording would also be useful.

**Action: Rob Adamson**

#### **AC/15/64 Items to report to Trust Board (agenda item 17)**

These were agreed as:

- alignment of Director objectives;
- approach to write-off of site development costs;
- changes to Audit Committee terms of reference (for September Trust Board);
- service line reporting (to October Trust Board);
- reference costs (to provide assurance to Trust Board that it can approve the submission);
- internal audit of culture and reporting of audit 'ratings'; and
- suggestion that the Remuneration and Terms of Service Committee reviews the internal audit report on Leadership Development.

#### **AC/15/65 Date of next meeting (agenda item 18)**

The next meeting will be held on Tuesday 6 October 2015 at 14:00 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

#### **AC/15/66 Any other business (agenda item 19)**

Request to waive Standing Financial Instructions – revised form for tender and quotation waivers

AF suggested the form should be 'road tested' and issued to staff with guidance notes. Reporting to the Committee will remain the same.



## Minutes of Clinical Governance and Clinical Safety Committee held on 16 June 2015

<b>Present:</b>	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair of the Trust (Chair)
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Dawn Stephenson	Director of Corporate Development
<b>Apologies:</b>	Ian Black	Chair of the Trust
<b>In attendance:</b>	Karen Batty	Assistant Director, Nursing, Clinical Governance and Safety
	Nette Carder	Interim BDU Director, CAMHS and forensic services (to item 10)
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Charlotte Dyson	Non-Executive Director
	Ryan Hunter	Transformation Programme Manager (for item 12)
	Dave Ramsay	Deputy Director Operations (for item 9)
	Danni Sweeney	Senior Associate, Deloitte (observer as part of well-led governance review)
	Karen Taylor	BDU Director, Calderdale, Kirklees and specialist services

### **CG/15/39 Welcome, introduction and apologies (agenda item 1)**

The Chair (HW) welcomed everyone to the meeting. The apology, as above, was noted.

### **CG/15/40 Minutes of the previous meetings held on 21 April and 12 May 2015 (agenda item 2)**

It was **RESOLVED** to **APPROVE** the minutes of the meetings held on 21 April and 12 May 2015.

### **CG/15/41 Matters arising (agenda item 3)**

There were three matters arising.

#### CG/15/13 Service users into employment

It was noted that the Equality and Inclusion Forum will agree equality priorities for 2015/16 at its next meeting on 13 July 2015 with an update to this Committee in September 2015.

**Action: Dawn Stephenson**

#### CG/15/32 Pharmacy strategy

Adrian Berry (ABe) confirmed that the Strategy would be presented to the Executive Management Team in July 2015 and the Committee in September 2015.

**Action: Adrian Berry**

#### CG/15/33 Ethnicity coding

Tim Breedon (TB) clarified the discrepancy in ethnicity coding between the Quality Accounts and the analysis reported to the Mental Health Act Committee raised by this Committee at the last meeting. He explained that the Quality Accounts measure includes 'not known' responses, which the Trust is working to eliminate and ensure ethnicity is recorded.

## **CG/15/42 Quality impact assessment of cost improvement programme on Trust services (agenda item 4)**

A formal report will be presented to the Committee in September 2015 for quarter 1 and a summary of progress presented to Trust Board as part of the quarter 1 performance report in July 2015.

**Action: Mike Doyle**

TB confirmed there is an update on performance against the financial plan at the weekly Operational Requirement Group meeting. For 2015/16, a combined 'rating' for finance/achievability and quality was issued for each cost saving. There are no immediate concerns; however, it is early in this financial year. TB highlighted three key areas for robust monitoring in relation to twelve-hour shifts, safer staffing and the programme's dependency on service transformation activity. He also commented that this is the third year of the assessment process, which has improved in its robustness and depth, and was commended by Deloitte in its review of the 2015/16 financial plan.

## **CG/15/43 Sub-groups – exception reporting (agenda item 5)**

### **Item 5.1 Drugs and therapeutics**

ABe highlighted:

- new legislation in relation to driving whilst under the influence of certain drugs and information provided to service users regarding the implications; and
- an audit of clinic rooms over the summer under the Medicines Code.

### **Item 5.2 Health and safety**

Alan Davis (AGD) alerted the Committee to a review of the role of the Health and Safety Steering Group and the link with the Emergency Planning, Preparedness and Resilience TAG with a view to bringing the two together given the amount of overlap. This would include increased representation from BDUs. He also provided a clear rationale for the retention of two area groups feeding into the Steering Group.

He added that the health and safety annual report will be presented to Trust Board in June 2015.

### **Item 5.3 Infection Prevention and Control**

The report was noted.

### **Item 5.4 Safeguarding**

TB highlighted the following in relation to safeguarding children and young people.

- Section 11 audits (self-assessment of Trust arrangements to provide assurance to local safeguarding boards) are underway. It was agreed to bring an example to the Committee to demonstrate how assurance is provided.

**Action: Mike Doyle**

- There has been a retrospective review in Wakefield of a number of child exploitation cases over the last seven years, which the NHS has been asked to contribute to. The Trust is taking legal advice on its position due to issues around sharing of personal information and the confidentiality of some information the Trust holds. The Trust does want to be part of the review but participation is not straightforward.
- AGD commented that an 80% target for mandatory training is helpful to apply across a broad area; however, it may mask areas where 100% compliance is needed, such as specialist children's services. It was agreed to report these areas separately in the next report.

**Action: Mike Doyle**

- It was agreed to bring a report on the outcome of the independent review of safeguarding within the organisation to the meeting in September 2015 with a response to any recommendations and agreed actions.

**Action: Tim Breedon**

TB highlighted the following in relation to safeguarding vulnerable adults.

- PREVENT training is in place, which targets core groups across the organisation. Julie Fox (JF) suggested providing an outline of the training for Trust Board.

**Action: Mike Doyle**

#### Item 5.5 Managing aggression and violence

TB reported that a detailed review is underway following the challenges to the application of Trust policies and procedures one individual on the Horizon Centre with particular circumstances is presenting. He assured the Committee that governance processes remain in place and the Care Quality Commission (CQC) has been informed.

HW commented that instances of patient on staff violence have increased in Calderdale and Kirklees and was assured this will be reviewed at the Managing Aggression and Violence TAG with an update back into the Committee.

**Action: Tim Breedon**

TB also agreed to confirm the methodology for the calculation of the range figure for reporting.

**Action: Tim Breedon**

Charlotte Dyson (CD) asked whether the Trust measures against other Trusts. TB responded that there is some opportunity through the safety thermometer but not otherwise. HW suggested look at benchmarking in the TAG's annual report.

**Action: Mike Doyle**

### **CG/15/44 Incident management (agenda item 6)**

#### Incident management annual report 2014/15 (agenda item 6.1)

TB took the Committee through the key points in the summary report. He reported no obvious themes by team or category. In response to an observation from Ian Black (IB) (who provided comments on agenda items to the Chair), TB assured the Committee that, although it does not grade Trust incident reports, Barnsley Clinical Commissioning Group (CCG) does provide significant and robust scrutiny of reports submitted by the Trust. It was suggested that this should be explained further in the report.

**Action: Tim Breedon**

The Committee asked for the report to include the following, although appreciated that full analysis in some areas would not be available for the Trust Board report on 30 June 2015:

- further work to review timing of incidents and whether there are any trends;
- an explanation that safer staffing work included a review of incidents, and peaks and troughs;
- an analysis of length of time from discharge;
- an explanation that the Trust is now required to report any incidents involving patients discharged within the last twelve months (as opposed to six months) and any impact this has had on reportable incidents, if any;
- an analysis of how many incidents involved an individual subject to the Mental Health Act;

- an analysis of gender and how the Trust acknowledges and addresses any differences in its delivery of services;
- an analysis of increase in suicides in 2014/15 or reference to a focussed piece of work through Clinical Reference Group, which will be reported back to the Committee;
- reference to working with other agencies to develop a holistic approach to suicide prevention as part of development of the Trust's Suicide Prevention Strategy and its fit with the Patient Safety Strategy;
- reference to the increase in the number of reports with no recommendations as a positive outcome reflecting that the Trust is learning from incidents and staff are working to prevent incidents happening;
- an analysis of the 'spike' in incidents in May 2014 and what can be learnt from this.

**Action: Tim Breedon**

JF asked whether the increase in suicides is a national trend. ABe responded that this is not yet known. There is an opportunity for comparison through the National Confidential Inquiry but the data will then be two years' old.

### **CG/15/45 Care Quality Commission (agenda item 7)**

#### **Outcome of 'mock' Care Quality Commission visit to rehabilitation and recovery services in Calderdale and Kirklees (agenda item 7.1)**

Karen Batty (KB) reported that a mock CQC visit had been undertaken at Lyndhurst (Calderdale) on 1 June 2015. The safe, caring and well-led strands were found to be good; however, there were areas for concern in relation to responsiveness and effectiveness. The improvements the Trust has made to the building and leadership arrangements has improved the environment and the service provided to service users.

IB asked whether the Committee should lead on the planning for the CQC inspection. TB responded that:

- an internal process is in place and the Trust is applying the same principles as its response to the Francis Report utilising existing systems and processes to ensure the Trust meets national standards;
- there is already a CQC Co-ordination Group in place, which will map activity in relation to key standards and identify gaps;
- a 'quality forum' day will be held on 8 July 2015 to undertake a self-assessment to inform an action plan, which will be introduced by the Chief Executive relating his experience as Chair of a CQC visit team;
- the action plan will be presented to the Committee in September 2015 for scrutiny with a strategic level exception report to Trust Board in September/October 2015.

**Action: Tim Breedon**

The action required during the twenty-week notice period is part of the above work and will include identification of information to be sent to the CQC for its desk-top review.

#### **Care Quality Commission Mental Health Act visits – clinical and environmental (agenda item 7.2)**

##### **Clinical issues**

TB confirmed there were no issues to raise with the Committee and he confirmed the report would be updated to reflect the current position (it was noted that the report reflects the position at the time of reporting to the Mental Health Act Committee). The Committee asked for the report to reflect 'red' items in future with an explanation of the action the Trust is taking to address the position.

**Action: Tim Breedon**

### Environmental issues

AGD commented that, as with the clinical issues report, there is a timing issue, which he will seek to address for the next meeting.

**Action: Alan Davis**

He confirmed that remedial work at Castle Lodge has been completed. Occupancy is reducing and observation windows have been put into rooms that are used. An operational policy will be put in place to ensure that service users are only admitted to these rooms.

### **CG/15/46 Report and action plan from Security Management Service compliance visit (agenda item 8)**

AGD highlighted five key actions agreed as a result of the visit findings to:

1. incorporate the NHS Protect Strategy into the Trust's Strategy to create a single document;
2. incorporate a Crime Reduction Survey and risk-based approach into Trust's Strategy;
3. review the Lockdown Policy;
4. review the Trust's policy on publicising sanctions taken; and
5. develop a policy to recovering financial losses incurred due to thefts and criminal damage.

He commented that 4. and 5. are difficult areas for the Trust but there is a general view that the Trust can do more in relation to both.

### **CG/15/47 Child and adolescent mental health services (CAMHS) (agenda 9)**

Dave Ramsay, Deputy Director Operations and on secondment to CAMHS, took the Committee through the report. Nette Carder (NC) confirmed that investment in the crisis service should facilitate a better service and also enable the Trust to better manage other parts of the service; however, it will not solve all issues in the recovery plan. It will make a fundamental difference in Calderdale and Kirklees but the service will still operate in the context of rising demand and the national waiting list position.

Nationally, commissioners are required to develop and submit transformation plans for CAMHS by September 2015. JF suggested that the Trust should discuss with commissioners a bigger system role for education and prevention and this could be part of the Trust's role. Dawn Stephenson (DS) commented that one-third of children do not go further than the Choice appointment. NC responded that a flow-chart is to be developed to provide clarity on what is referred and where, which should help reduce referrals and, in particular, inappropriate referrals. DS added that clarity is needed on the different tiers of provision and what and where GPs should refer. The title 'CAMHS' implies a generic service provided by one provider, which is not the case.

The Committee noted the proposed dashboard and asked for the following to be included:

- trend lines for referrals;
- numbers of agency staff;
- national benchmarking where available and reliable;
- Friends and Family Test (it was noted that the outcome is generally positive when people are seen; however, waiting lists remain a big issue);
- outcome measures.

NC also confirmed that a joint communications strategy has been agreed with commissioners as part of the summit discussions with formal escalation processes clearly in place.

**CG/15/48 Horizon review (agenda 10)**

Karen Taylor (KT) took the Committee through the report. KT advised that new leadership arrangements in learning disability service are having a positive impact in Horizon. The Committee also noted that the issues raised by commissioners had not been identified by the Trust's internal visit programme, which had included Horizon. The Committee asked that any learning from the investigations at Horizon be fed into the process for internal visits.

**Action: Tim Breedon**

TB commented that there will be a further review when the Trust is at a point where day-to-day running of the service is where it should be of why this position was reached in the first place. He confirmed that both commissioners and the CQC are aware of the position and the Trust will share the action plan, which it was agreed to bring to the next meeting. The position will also be noted in the quarter 1 return to Monitor.

**Action: Karen Taylor/Tim Breedon**

**CG/15/49 Outcome of data quality workshop and improvement plan (agenda 11)**

TB informed the Committee that the workshop is now scheduled for 8 July 2015 and the improvement plan will be presented to the next meeting. This will include the 'top ten' issues and how these will be addressed.

**Action: Tim Breedon**

**CG/15/50 Transformation – rehabilitation and recovery (agenda item 12)**

Ryan Hunter, Transformation Programme Manager, took the Committee through the report.

The Committee expressed a degree of frustration at the length of time taken to come to a view of the short-term strategy for the existing patients and bed-base and the longer-term strategy. The Committee understood and appreciated that the service provided is complicated and the Trust has also to manage commissioner expectations. It was noted that, now the Trust has moved to implementation planning, the position should begin to move more quickly. The position at Castle Lodge was explained and the Committee was assured that the Trust will continue to provide a safe service.

It was agreed to receive an update on the short-term plan in September 2015 with an outline of the plan and timescales for the medium- to long-term. The Committee was assured that a communications and engagement strategy is in place and this will be included as part of the update in September 2015.

**Action: Karen Taylor**

**CG/15/51 National audit on schizophrenia – Trust action plan (agenda item 13)**

This item was deferred to September's meeting.

### **CG/15/52 Quality (agenda item 14)**

Quality Accounts 2014/15, consideration of Deloitte report and plan for 2015/16 (agenda item 14.1)

The Deloitte report was noted. Three recommendations were made, two of which are complete with the recommendation relating to seven-day follow up complete by the end of the summer.

The plan for 2015/16 was noted. The Committee also noted that reporting in 2015/16 will be more streamlined and integrated with regular quality reporting, which will provide ongoing information to inform the report at the year-end.

Quality improvement strategy (agenda item 14.2)

The verbal update was noted.

Francis Report update (agenda item 14.3)

HW suggested that TB considers whether the Francis into Action Group should be included in the group mentioned under the previous item with a specific item on the agenda to ensure the profile is maintained. TB agreed that the Francis into Action Group would meet prior to the evaluate progress, identify where key actions are monitored and progressed, and consider links with other fora.

**Action: Tim Breedon**

Nursing strategy

Comments were welcomed on the tabled paper. The strategy will be launched in September 2015.

HW asked that the strategy links with the workforce strategy, particularly in relation to the implications of the potential shortage of nursing staff and what the Trust can do to address the situation on its own and in partnership with others.

Trust response to the Lampard report into the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile

The tabled paper was noted as a comprehensive description of the systems and policies the Trust has in place to address the recommendations in the report.

### **CG/15/53 Issues and items to bring to the attention of Trust Board (agenda item 15)**

Issues were identified as:

- the annual serious incidents report;
- child and adolescent mental health services;
- the report on the Horizon Centre; and
- rehabilitation and recovery.

### **CG/15/54 Date of next meeting (agenda item 16)**

The next meeting will be held on Tuesday 8 September 2015 at 14:00 in rooms 49/50, Folly Hall, Huddersfield.

TB ended the meeting by thanking HW for taking the Committee forward and for her support in improving and strengthening the Committee's arrangements, particularly at a strategic level.

## Minutes of Clinical Governance and Clinical Safety Committee held on 8 September 2015

<b>Present:</b>	Ian Black	Chair of the Trust
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair of the Trust (Chair)
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
<b>Apologies:</b>	Dawn Stephenson	Director of Corporate Development
<b>In attendance:</b>	Nette Carder	Interim BDU Director, CAMHS and forensic services (item 9)
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Mike Doyle	Deputy Director, Nursing, Clinical Governance and Safety
	Chris Jones	Non-Executive Director
	Dave Ramsay	Deputy Director Operations (item 9)
	Karen Taylor	BDU Director, Calderdale, Kirklees and specialist services

### **CG/15/55 Welcome, introduction and apologies (agenda item 1)**

The Chair (JF) welcomed everyone to the meeting, her first as Chair of the Committee. She welcomed Charlotte Dyson (CD) as a new member of the Committee and Chris Jones (CJ) as part of his induction as a Non-Executive Director. The apology, as above, was noted.

In relation to papers for the Committee, JF asked that abbreviations are set out in full on first presentation in reports.

### **CG/15/56 Minutes of the previous meeting held on 16 June 2015 (agenda item 2)**

It was **RESOLVED** to **APPROVE** the minutes of the meeting held on 16 June 2015.

### **CG/15/57 Matters arising (agenda item 3)**

There were four matters arising.

#### CG/15/43 Section 11 audits (agenda item 3.1)

The example audit report included in the papers was noted. Committee members were asked to raise any questions or issues with Mike Doyle (MD). MD provided assurance on the systems and processes in place in relation to safe recruitment procedures. CJ asked how a Non-Executive Director would know these arrangements were working. Tim Breedon (TB) responded that arrangements are triangulated with other mechanisms, such as independent safeguarding reviews and the level of incident reporting.

#### CG/15/43 Managing aggression and violence (agenda item 3.2)

A paper was tabled for information setting out how the Trust benchmarks management of aggression and violence. It was noted that the Trust tends to be an 'average' performer. MD commented that it is difficult to learn from better performing Trusts as the national benchmarking exercise is confidential. The Trust does have 'ambition' in terms of improvement and has a number of stretching targets in place for the reduction of harm. The Trust shares best practice and has done much work to reduce violence and aggression,

including work as part of national initiatives. MD added that serious incidents in relation to service user violence on staff are very rare.

Following a question from the Chair of the Trust (IB), MD agreed to review the benchmarking information in terms of severity as well as the number of incidents.

**Action: Mike Doyle**

#### CG/15/43 PREVENT training

A paper was tabled for information and Committee members were asked to raise any questions or issues with MD.

#### CG/15/49 Data quality improvement plan update (agenda item 3.3)

TB commented that the focus of the improvement plan is on the role of data quality and collection and its impact on clinical quality improvement in line with the Trust's open and transparent approach. At the Quality Improvement Group next week, the approach will be re-launched within BDUs through the 'trio' arrangements. TB added that the Trust is already beginning to see improvements through the targeted approach through 'trios'. He will bring a further update to the Committee as part of the Quality Improvement Review.

**Action: Tim Breedon**

#### **CG/15/58 Quality impact assessment of cost improvement programme on Trust services (agenda item 4)**

MD took the Committee through the report, referring particularly to the ongoing monitoring, specifically of 'red' and 'poor' Quality Impact Assessment (QIA) ratings. A further report will be presented at quarter 3 (February 2016 meeting).

**Action: Mike Doyle**

IB commented that this was a good report providing a good level of assurance. He asked why some areas received no information to provide an assessment. MD responded that, in most cases, it is too early to assess or provide evidence of the impact as these are longer-term cost savings.

JF asked why K05 (early intervention team managers) remains 'green'. Karen Taylor (KT) will confirm the position but assured the Committee that substitutions will have been found and this particular cost saving will have been removed. She was asked to bring an explanation under matters arising to the next meeting.

**Action: Karen Taylor**

CD asked what would happen if no substitute was available for a cost saving with an adverse quality impact assessment. TB responded that it would be a matter for the Executive Management Team (EMT) to consider and agree appropriate action.

#### **CG/15/59 Sub-groups – exception reporting (agenda item 5)**

##### Drugs and therapeutics (agenda item 5.1)

ABe highlighted the following.

- A review of clinical guidance has begun to ensure it reflects national guidance and best practice unless there are areas within the Trust where different arrangements are specifically needed.
- Three audits are underway for data collection on Attention Deficit Hyperactivity Disorder (ADHD), learning disability services prescribing and mood stabilisers. Action plans will be presented to the Drugs and Therapeutic TAG when developed.

- Although Trust processes are in place to minimise Trust prescribing of toxic anti-depressants, some service users are prescribed such drugs by their GP and it is difficult for the Trust to challenge or change this. Arrangements are in place to raise this with the Area Prescribing Committee for prescribing practice to be changed.
- A pilot has begun in Calderdale and Kirklees for non-medical prescribing linked to advanced nurse practitioners.
- A review of the membership of the TAG has begun, including development of a Chair's action protocol, which will speed up decision-making.

#### Health and safety (agenda item 5.2)

Alan Davis (AGD) reported the intention to merge the Health and Safety and Emergency Planning TAGs given the overlap of the two agendas to allow a more streamlined approach and stronger representation at senior level from BDUs. He also assured the Committee that the Trust does learn from incidents outside the Trust and shared best practice with arrangements and business continuity tested annually. He agreed to feedback on the exercise in November 2015.

**Action: Alan Davis**

#### Infection Prevention and Control (agenda item 5.3)

The report was noted.

TB updated the Committee on the water issue at Mount Vernon, Barnsley. On 13 August 2015, Legionella was found in non-drinking water at Mount Vernon and a decision was made not to admit patients to wards 4 and 5 as a precaution although there was no requirement to move patients following a risk assessment. Water treatment was instigated and filters are now in place, which has had corresponding issues for water pressure. Monitoring continues before Mount Vernon can be re-opened to admissions. AGD commented that, for a longer-term solution, the Trust will install a more permanent dosing plant until the future of Mount Vernon is confirmed. He added that this demonstrates the issues facing the Trust in respect of older buildings.

IB asked if the water situation in Lancashire had any implications for the Trust. AGD responded that it did not but the Trust would also be affected by water quality issues outside of its control.

AGD will bring the outcome of the patient-led assessments of the care environment (PLACE) reviews to the next meeting.

**Action: Alan Davis**

#### Safeguarding (agenda item 5.4)

The report was noted.

#### Managing aggression and violence (agenda item 5.5)

The report was noted and it was also noted that information on the measurement of key performance indicators and benchmarking was taken under agenda item 3.2.

### **CG/15/60 Incident management (agenda item 6)**

#### Incident management report Q1 2015/16 (agenda item 6.1)

TB advised the Committee that new guidance on reporting has been issued by NHS England and the Trust is also working with the Coroner's Office to align processes. TB and Adrian Berry (ABe) are reviewing Trust arrangements and will bring back the outcome to the Committee in due course.

**Action: Tim Breedon/Adrian Berry**

TB also confirmed that a more detailed analysis of serious incidents will be presented to the next meeting and this will include a further analysis of incidents in Kirklees and incidents that occur within seven-days of a last contact with the Trust. It was also suggested that the information on learning lessons should provide more explanation of the statistics presented.

**Action: Tim Breedon**

The Committee noted that 72% of suicides on the Trust's patch will not have had contact with secondary mental health services and are not, therefore, subject to detailed investigation. TB and ABe have raised this with the Coroner who took the point on board. This will be an area for further discussion.

### **CG/15/61 Care Quality Commission (agenda item 7)**

#### Action plan for the Care Quality Commission inspection visit (agenda item 7.1)

The report was noted.

#### Care Quality Commission intelligent monitoring (agenda item 7.2)

MD took the Committee through the report and explained the connection to the previous item. He also provided assurance in relation to 'elevated' risks. The Trust does have two weeks to respond to the monitoring report, which it did on this occasion; however, no change was made by the CQC.

#### Care Quality Commission Mental Health Act visits – clinical and environmental (agenda item 7.3)

##### Clinical issues

It was noted that the 'red' item in relation to Trinity 1 at Fieldhead has been escalated to the clinical lead to action.

##### Environmental issues

AGD advised that the outstanding action in relation to locking devices is currently with the service to review options.

### **CG/15/62 Quality Governance Framework (agenda item 8)**

TB presented this item on behalf of Dawn Stephenson (DS) and the report was noted.

### **CG/15/63 Child and adolescent mental health services (CAMHS) (agenda 9)**

Nette Carder (NC) introduced this item and advised that the report had been broadened to include all CAMHS across the Trust. She highlighted the following.

- There is a national requirement for commissioners to produce transformation plans with which the Trust is involved.
- The Trust has successfully bid for children and young people's IAPT services in Wakefield.
- The Trust is currently working to develop an eating disorder services across the Trust.

Dave Ramsay (DR), Deputy Director Operations and on secondment to CAMHS, then took the Committee through the report, particularly in relation to performance against key performance indicators.

IB asked whether the 'summit' arrangement in Calderdale and Kirklees would be replicated in Barnsley. NC responded that there is a task and finish group established in Barnsley; however, the issues with CAMHS in Barnsley are different and would not necessarily

necessitate 'summit' arrangements. An update on the Trust's services was presented to Barnsley Council's Overview and Scrutiny Committee in March 2015 and the task and finish group does work in the same spirit with commissioners. In Calderdale and Kirklees, it is hoped that this month's meeting will be the last 'summit' in its current form although the Trust would not want to lose the spirit of partnership working. TB added that Calderdale and Kirklees Safeguarding Board will receive an update on Trust CAMHS from commissioners and there will be a re-presentation to Overview and Scrutiny in December/January.

*Ian Black left the meeting (although was present for agenda item 11, which was taken before agenda item 9).*

JF commented that the Autism Spectrum Disorder (ASD) figures appear disproportionate in Calderdale. NC responded that this reflects the difference in responsibility for holding waiting lists between districts. Further communications and engagement on waiting times for parents will be undertaken jointly with commissioners.

JF commented that she took assurance from the report and that the level of detail was very helpful. She thanked NC and DR for their attendance at the meeting.

#### **CG/15/63 Horizon review (agenda 10)**

KT took the Committee through the report. It was agreed to receive a verbal update on progress against the action plan in November 2015 and a more detailed update in February 2016 to outline positive progress and key risks.

**Action: Karen Taylor**

JF commented that this raises a wider issue of how the Trust ensures another 'Horizon' does not happen. TB responded that there is a range of activity to preclude this, such as:

- CQC visits;
- new leadership and management arrangements;
- transformation work, which has clarified the focus and purpose of the service;
- triangulation with other indicators and intelligence, such as the staff wellbeing survey and HR key performance indicators.

JF suggested enhancing the opportunities for students and new members of staff to raise concerns. AGD added that staff also have a responsibility to raise concerns and a duty of care to patients.

#### **CG/15/64 Clinical audit and practice effectiveness annual and progress reports (agenda 11)**

A brief thematic analysis of the 'red' rated areas will be presented to the November meeting.

**Action: Mike Doyle**

#### **CG/15/65 Outcome of independent review of safeguarding arrangements and Trust response (agenda item 12)**

The report was noted and it was agreed the Committee would receive an update in February 2016. TB was asked to take the action in relation to the Named Doctor role to ensure the application of the Mental Capacity Act/Deprivation of Liberty Standards to the Mental Health Act Committee.

**Action: Mike Doyle/Tim Breedon**

**CG/15/66 Review of implementation of twelve-hour shifts (agenda item 13)**

The report was noted. There will be an annual review in December 2015, which will report to the Committee in February 2016.

**Action: Mike Doyle**

**CG/15/67 Safer staffing (agenda item 14)**

The report and the positive progress on this initiative were noted. The safer staffing work and reporting was considered to be a very useful exercise for this Trust and the Committee asked for this to remain in place with continued monitoring.

**CG/15/68 Transformation – rehabilitation and recovery (agenda item 15)**

KT outlined the current position, particularly discussions with commissioners. There will be a further update in February 2016.

**Action: Karen Taylor**

**CG/15/69 Quality Improvement Strategy (agenda item 16)**

Quality improvement strategy monitoring (agenda item 16.1)

The report was noted.

Quality Accounts 2015/16 (agenda item 16.2)

TB advised there were no evident concerns to raise with the Committee and the report was noted.

Equality priorities (agenda item 16.3)

TB presented this item on behalf of DS and it was noted that this agenda will now be covered by the Trust Board Equality and Inclusion Forum. DS will ensure that any appropriate risks or concerns are brought back to the Committee.

**Action: Dawn Stephenson**

**CG/15/70 National audit on schizophrenia – Trust action plan (agenda item 17)**

The report and action plan were noted. A progress report will come to the Committee in April 2016.

**Action: Adrian Berry**

**CG/15/71 Pharmacy strategy update (agenda item 18)**

The report was noted. The Committee asked that the options appraisal for tender of dispensing services comes to a future meeting prior to presentation to Trust Board.

**Action: Adrian Berry**

**CG/15/72 Creating a smoke-free environment (agenda item 19)**

The report was noted. It was agreed to bring a verbal update to November's meeting on the implementation and the outcome of a review of implementation in February or April 2016.

**Action: Adrian Berry**

### **CG/15/73 Issues and items to bring to the attention of Trust Board (agenda item 20)**

Issues were identified as:

- child and adolescent mental health services;
- the report on the Horizon Centre;
- safer staffing; and
- CQC inspection visit preparation.

### **CG/15/74 Date of next meeting (agenda item 21)**

The next meeting will be held on Tuesday 3 November 2015 at 14:00 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

### **CG/15/75 Any other business**

*To note – this item was taken after agenda item 3.*

#### **IT virus incident 27 August 2015**

A paper was tabled to update the Committee on the virus incident and action taken by the Trust. No major problems were identified as a result of the clinical information system (RiO) being offline; however, as contingencies are already in place for occasions when RiO is unavailable for routine maintenance, staff were able to utilise these successfully. AGD advised that the incident will be used as a learning exercise as part of an emergency planning review, particularly in terms of learning for any impact of a longer time period without IT systems. JF commented on staff maturity in terms of working through the problems without impacting on patient care.

AGD was asked to bring the outcome of the emergency planning review (scheduled for 28 September 2015) to the next meeting, particularly reporting on lessons learned. The incident will also be included in quarterly and annual incident management reports.

**Action: Alan Davis**



With all of us in mind

Minutes of the Mental Health Act Committee Meeting held on 4 August 2015

Table listing attendees and their roles: Present (Julie Fox, Adrian Berry, Tim Breedon), Apologies (Jonathan Jones, Dawn Stephenson), Attendees (Anne Howgate), and In attendance (Shirley Atkinson, Laurence Campbell, Julie Carr, Bernie Cherriman-Sykes, Alwyn Davies, Charlotte Dyson, Yvonne French, Bronwyn Gill, David Longstaff, Ian Priddey, Stephen Thomas).

MHAC/15/29 Welcome, introduction and apologies (agenda item 1)

Julie Fox (JF) welcomed everyone to the meeting. The apologies, as above, were noted. It was noted that the meeting was not quorate and that no decisions could be made by the Committee; however, the Committee would still agree actions in order to take business forward.

MHAC/15/30 The Act in practice (agenda item 2)

Customer Services (agenda item 2.1)

Bronwyn Gill (BG) gave a presentation on the Trust's customer services function.

Charlotte Dyson (CD) asked how learning lessons for BDUs is communicated. BG responded that communication is a fundamental part of the investigation toolkit to identify any learning actions, which are reported quarterly. Learning is shared through attendance at BDU governance meetings and action is owned by BDUs to take forward.

JF commented that the increase in complaints should be seen positively as it demonstrates a good and constructive process in an open and transparent culture where people feel able to complain. BG added that the Customer Service Excellence review and accreditation commended the structured process within which individuals can provide feedback.

MHAC/15/31 Legal update/horizon scanning (agenda item 3)

Update on service users on Newton Lodge and Horizon Centre

The purpose of this item was to provide an update on two individuals within Trust services. Adrian Berry (ABe) updated on a bespoke care package currently provided to a 45 year old

male with complex mental health issues and ASD. The patient was admitted in October 2014 on a temporary basis following a serious incident involving a member of staff in another Trust. The Care Quality Commission (CQC) is content with the care and treatment and efforts continue to find an alternative placement which the host commissioner is prepared to fund. Care is currently funded separately by NHS England and agency staff are used to backfill Trust staff providing care.

Tim Breedon (TB) updated the Committee on a young man admitted to the Horizon Centre with complex care needs for learning disability and ASD. Enhanced review arrangements are in place in relation to seclusion. The longer-term plan is to move the service user to a less restrictive environment but there is no obvious next step currently.

JF asked whether this impacted on the Mental Health Act statistics and figures or if it was recorded separately. TB responded that it can be separated for the Trust's own purposes but any external reporting will include both individuals.

#### Mental Capacity Act and Deprivation of Liberty Standards consultation

The consultation was launched by the Law Commission on 7 July 2015. Julie Carr (JC) took the Committee through a brief summary of the consultation document. The Trust will submit a response by the closing date of 2 November 2015. Committee members were invited to send comments to JC to inform the Trust's response by the end of September 2015 and a copy of the response will be included in the papers for the next meeting.

**Action: Julie Carr**

Stephen Thomas (ST) commented that this has quite considerable resource implications for local authorities.

#### Use of Section 17 leave for treatment of a physical disorder

The briefing was noted by the Committee.

#### Prevention of future deaths report re: Mr X Her Majesty's Coroner for the Northern District of Greater London 6 January 2015

The outcome of two Coroner's hearings and the implications for the Trust was noted. CD asked what happens to learning from cases such as these. Yvonne French (YF) responded that it would depend where the notice is sent, for example, the Department of Health or NHS England. She agreed to follow up and report the response back to the Committee.

**Action: Yvonne French**

#### **MHAC/15/32 Minutes from the previous meeting held on 5 May 2015 (agenda item 4)**

The Committee approved the minutes from the meeting held on 5 May 2015 and will formally approve at its next meeting on 10 November 2015.

**Action: Julie Fox (for the agenda)**

#### **MHAC/15/33 Matters arising from previous meeting (agenda item 5)**

The updates contained in the action point list were noted. There were four matters arising.

#### MHAC/15/17 Election arrangements

The feedback from the arrangements put in place for the General Election in May 2015 was noted. The Trust arrangements would include any future referenda.

MHAC/15/20 Mental Health Act Section definitions

Information on the Sections was noted.

MHAC/15/24 CQC reportable deaths

The report was noted.

MHAC/15/24 Section 136 suites

Information on the use of Section 136 suites by district will be presented to the next meeting.

**Action: Tim Breedon**

The Committee noted that the Vanguard bid for urgent and emergency care across West Yorkshire was successful and will offer support to the appropriate use of Section 136 suites.

**MHAC/15/34 Compliance and assurance (agenda item 6)**

Mental Health Act Committee annual report to Trust Board (agenda item 6.1)

To be taken in February 2016.

**MHAC/15/35 Compliance and assurance – Transformation update (agenda item 7)**

TB commented that the information presented represents the Trust's position currently and is subject to discussion and negotiation with commissioners. Changes to rehabilitation and recovery services will result in changes to the use of the Act in Calderdale, Kirklees and Wakefield. There will be no impact in Barnsley as an enhanced community support service is already in place. The Committee noted the potential impact on future monitoring reports.

**MHAC/15/36 Compliance and assurance – Audit and compliance reports (agenda item 8)**

Patients' rights Section 132 (agenda item 8.1)

The Committee welcomed the new format of audit and compliance reporting as requested by the Chair of the Trust at the last meeting.

Five recommendations were made in relation to the Section 132 audit:

- to include the giving and reiteration of Section 132 rights in revised training for the Mental Health and Mental Capacity Acts, and Deprivation of Liberty Standards and in receipt and scrutiny of papers training;
- to include the role of Independent Mental Health Advocacy (IMHA) in the training;
- to roll-out the RiO facility for recording of rights Trust-wide with RiO V7;
- to review the Trust's policy against the revised Code Of Practice; and
- to retain the audit of Section 132 on the Committee work plan.

It was noted that there are gaps in the audit for Barnsley as some information is not collected. This will be addressed with the move to RiO.

JF asked if it had been helpful to have the involvement of the Quality Improvement and Assurance Team. JC confirmed it had been very helpful.

JF also asked what will be done about units that did not respond. TB responded that this would be picked up with Deputy BDU Directors. The Committee asked that an additional recommendation be included for Deputy BDU Directors to report back to the next meeting to advise on the position. It was noted that the return for Chantry had been received but too

late for inclusion. The Committee was keen to receive assurance that the audit has not been ignored and patients' rights are being met.

**Action: Julie Carr**

## **MHAC/15/37 Compliance and assurance – Care Quality Commission Visits (agenda item 9)**

### Recent visits (agenda item 9.1)

The two monitoring visits to Newhaven, Fieldhead, Wakefield (3 November 2014) and Clarke ward, Kendray, Barnsley (16 April 2015) were noted. The areas requiring further action were also noted.

### Outstanding actions/progress report (agenda item 9.2)

The Committee noted that Alan Davis was unable to attend this meeting.

### Environmental issues

The Committee was pleased that the remaining estate issues had been completed. JF asked if there would be a facility within the community hubs to hold Hospital Managers and Tribunal hearings. TB was asked to raise this with Alan Davis for feedback to the next meeting, copied to Jonathan Jones as Chair of the Estates Forum

**Action: TB to raise with Alan Davis**

### Clinical issues

JF asked for any revised dates for completion to be included in the report. She also asked that use of the gym remains 'amber' until service user access is in place.

**Action: Yvonne French**

In relation to physical health monitoring through integration of RiO and SystmOne, Trust doctors will visit a Trust that has a workable system. ABe and TB were asked to provide an update to the next meeting and the Committee asked that this action is rated 'amber'.

**Action: Adrian Berry/Tim Breedon**

## **MHAC/15/38 Monitoring Information (agenda item 10)**

### Monitoring information Trust-wide April to June 2015 (agenda item 10.1)

JF asked for information on 'other groups' reported in the Mental Health Act monitoring: ethnicity. The Committee was also concerned at the level of 'not known/not disclosed' category. JF asked if this could be split to identify those who have declined to disclose as opposed to those not asked. TB will also check on arrangements within RiO and advise the Committee.

**Action: Yvonne French/Tim Breedon**

For the November meeting, the Committee asked to receive a presentation on the outcome of the six month study of admissions to Ward 18.

**Action: Tim Breedon**

The number of Hospital Managers' hearings cancelled was noted and the Committee questioned whether there was anything the Trust could do to reduce the number given the time and effort involved.

### Local authority information (agenda item 10.2)

The format and definition for reporting criteria is now complete. The Committee was keen that local authorities can report statistics; however, it appreciated the constraints and pressures being worked under. TB commented that he was unsure how local authorities

could gain the assurance they need without collation of information. All local authority representatives reported increases in activity.

Ian Priddey (IP) commented that there is a commitment from Calderdale Council to train more Approved Mental Health Professionals (AMHP), which will help alleviate current pressures.

ST commented that work is ongoing with the Police to raise awareness for the Section 136 suite. There was also some uncertainty in relation to the street triage service in Wakefield.

#### Hospital Managers' Forum June 2015 (agenda item 10.3)

The Forum notes from June 2015 were noted. David Longstaff (DL) commented that there had been excellent feedback from the training provided and the Forum would welcome the presentation from BG on customer services. Concerns raised by Hospital Managers following Hearings are passed to the Mental Health Act Administration Team, which requests a formal response. The Trust also writes to clinicians if a compliment is forthcoming from Hospital Managers as a result of a Hearing.

#### Compliments/complaints/concerns in relation to the Mental Health Act April to June 2015 (agenda item 10.4)

The report was noted.

#### **MHAC/15/39 Partner agency update (agenda item 11)**

##### Local authority (agenda item 11.1)

No further items were raised.

##### Acute health care (agenda item 11.2)

Alwyn Davies (AD) commented on the CQC report into crisis services in Barnsley (which TB confirmed had been reported into the Clinical Governance and Clinical Safety Committee). The Committee asked for it to be presented in November 2015.

**Action: Tim Breedon**

#### **MHAC/15/40 Key messages for Trust Board (agenda item 12)**

The key issues to report to Trust Board were agreed as:

- Mental Capacity Act and Deprivation of Liberty Standards consultation;
- CQC clinical and estate follow up reports and closure of actions;
- local authority pressures in the system as a result of reduced funding; and
- ethnicity reporting.

#### **MHAC/15/41 Any other business**

IP commented that, in Calderdale if the view that the AMHP work cannot be met in terms of local authority duties, it could form a possible reason to remove AMHPs from community mental health teams (CMHTs) to ensure local authority duties are met. This needs more emphasis in partnership meetings and an acknowledgement that local authority AMHPs work within CMHTs not for CMHTs.

#### **MHAC/15/42 Date of next meeting (agenda item 13)**

The next meeting will be held on Tuesday 10 November 2015 from 14:00 to 16:30 in the Boardroom, Kendray, Barnsley.



With all of us in mind

## Minutes of the Remuneration and Terms of Service Committee held on 13 July 2015

<b>Present:</b>	Ian Black Jonathan Jones Helen Wollaston Steven Michael	Chair of the Trust (Chair) Non-Executive Director Deputy Chair of the Trust Chief Executive
<b>Apologies:</b>	None	
<b>In attendance:</b>	Alan Davis Charlotte Dyson Julie Fox Bernie Cherriman-Sykes	Director of Human Resources and Workforce Development Non-Executive Director Non-Executive Director Integrated Governance Manager

### **RTSC/15/34 Welcome, introduction and apologies (agenda item 1)**

The Chair (IB) welcomed everyone to the meeting. There were no apologies.

### **RTSC/15/35 Minutes of the meetings held on 21 April and 22 June 2015 (agenda item 2)**

It was **RESOLVED** to **APPROVE** the minutes from the previous meetings held on 21 April and 22 June 2015.

### **RTSC/15/36 Matters arising from the meetings on 21 April and 22 June 2015 (agenda item 3)**

#### RTSC/15/22 Leadership and management development strategy

The Strategy was approved by Trust Board on 30 June 2015 and a plan is in place to implement year 1 actions, including development of leadership and management competencies. The Chief Executive (SM) commented that 'How the organisation runs: part 3' is under development. Alan Davis (AGD) added that the Investors in People feedback has been positive with the Trust seen as strong in its values-based approach, which is a real achievement.

#### RTSC/15/31 Directors' performance related pay scheme

SM confirmed performance related pay awards with Directors on an individual basis and provided feedback. The outcome has been well received as a fair evaluation that met expectations. IB commented that this Trust is the only Trust to have a performance related pay scheme amongst Trusts in Yorkshire and the Humber and it is, therefore, an unusual approach. AGD commented that, over the years, Trusts have abandoned such schemes; however, the Trust's scheme with its clear, strong link to organisational objectives means it is robust and defensible. SM added that the quarterly reviews with Directors and the summary at the year-end feels balanced and appropriate, particularly in this climate. He also confirmed that, as far as he is aware, Directors will accept their award. It is seen as part of the remuneration package and Directors' basic salary takes account of performance related pay.

### **RTSC/15/37 Human resources exception report (agenda item 4)**

#### Sickness absence

The Committee considered the paper on the sickness absence target for 2015. Jonathan Jones (JJ) asked whether there was a 'scientific' rationale for the 4.4% figure. AGD

responded that the figure retains the challenge and focus on sickness absence, which has been slightly reduced over recent months. SM added that it provides an operational imperative for continued improvement. IB commented that if improvement of the sickness absence figure was included in BDU Directors' objectives, it would provide assurance to the Committee that this is still a priority. Julie Fox (JF) commented that maybe the Trust should consider a three-year approach of 4.4% to 4.25% to 4% as she was concerned that this would be seen negatively by staff as it increases the previous target. It was agreed this should be considered further in budget setting for 2016/17.

**Action: Alan Davis**

**It was RESOLVED to APPROVE a 4.4% target as it represents a proxy for the top quartile of Trusts with personal objectives in place in relation to the target for operational Directors showing a declining year-on-year aspiration.**

#### Staff wellbeing survey

AGD commented that, having undertaken the survey for a number of years, the Trust is now able to establish trends, which will allow development of key performance indicators (KPIs), particularly around staff engagement. The next survey will be undertaken in September/October 2015, which will then provide sufficient data to develop the KPIs, which will come back to the Committee.

**Action: Alan Davis**

#### **RTSC/15/38 Director structures (agenda item 5)**

##### BDU organisational form

SM reminded the Committee that part of Nette Carder's (NC) remit was to advise on the optimum structure for this area of operational delivery. The proposal presented establishes a specialist services BDU encompassing forensic services, learning disability services, child and adolescent mental health services (CAMHS), pharmacy services, attention deficit hyperactivity disorder (ADHD) services, dietetic services and forensic CAMHS. NC will stay in post until a substantive appointment is made and handover complete. This supports SM's original position not to make a substantive appointment at the start and to allow NC to establish the role, to make improvements, which are now recognised, and advise SM on the optimum permanent solution.

Helen Wollaston (HW) asked if this mix of services was a recognised one within the NHS. SM responded that organisations such as this Trust are varied and, therefore, there is not really an organisational comparison; however, the mix of services is comparable in terms of the type of clinical risk involved and requires a sound management skill set. He would not propose such an arrangement if the leadership and management arrangements underneath Director level were not in place and stable, strong and robust. The key will be to test the market. He confirmed the post will be externally advertised and it will be an external appointment. The post would also be non-voting.

JF commented that there could be a perception amongst staff that management at the top of the organisation is increasing whilst staff numbers are reducing at lower levels. SM responded that this post is a like-for-like replacement for the forensic BDU director.

SM also confirmed that he would expect an appointment to be made at the end of October 2015 with NC leaving at the end of 2015 but this may be extended to Easter 2016. IB commented that he would not want this role to be 'vacant' given, amongst other things, the potential Care Quality Commission (CQC) visit and risk in relation to the services.

SM went on to comment that there is a clear 'grouping' of Directors:

- voting (that is, Executive Directors);
- BDU Directors (operational Directors); and
- other Directors, who carry a functional remit within the Quality Academy.

JJ commented that this also provides an opportunity to improve the BME/gender profile at a senior level and is a consideration to be taken into account in the appointment process.

**The Committee supported this approach.**

Consideration of the corporate response to the current internal and external challenges

SM explained the background and rationale for his proposal. IB asked for the Committee's views on SM's proposal and, following a discussion, both JJ and HW felt more time and thought was needed to be assured of the right steps being taken. Given these views, IB, therefore, suggested allowing more time for consideration and a review of the position with a view to re-convening the Committee. It was agreed to re-convene the Committee to discuss the proposal further after the Members' Council meeting on 24 July 2015.

**RTSC/15/39 Very Senior Managers' pay – national developments (agenda item 6)**

The Trust is required to make a return to the Department of Health in relation to Very Senior Managers' (VSM) pay, particularly that paid over the Prime Minister's salary only of £142,000, and provide a rationale for the basis of its remuneration framework. The issue is likely to remain high on the agenda nationally for some time; however, the Trust does need to be able to recruit and retain staff at a senior level.

AGD went on to comment that there is potential to move some Directors back onto Agenda for Change/national pay system at Band 9 and he will bring a proposal to the next meeting.

**Action: Alan Davis**

The complexity of the pension scheme and tax position means there are a number of individuals who may decide to leave as the position is uncertain. The Trust will bring in expert support to provide advice on pension arrangements at senior and consultant level. This will allow informed discussion with individuals on their future and succession planning.

The Committee previously agreed redundancy arrangements for Directors as that provided under Agenda for Change with a cap of 8% of the Chief Executive's salary. AGD was now suggesting a move to the lower level of a cap at £80,000. **The proposal was supported by the Committee.**

IB commented that the response from NHS Providers was noted and its approach was probably more robust than the Trust's view. There was no short-term constraint for the Trust as a result of the national position but may become so in the future.

**RTSC/15/40 Directors' performance related pay scheme 2015/16 (agenda item 7)**

AGD explained that the scheme for 2015/16 has been developed along the lines of previous years with a number of changes, which he went on to outline.

- A fourth gateway objective around staff and stakeholder engagement has been included, based on the staff wellbeing and engagement surveys, feedback from external stakeholders, including from the well-led review, and service user and carer feedback.

- For gateway 2 (effective governance, maintaining compliance and service quality), if the Trust has a full Care Quality Commission inspection, no performance related pay would be paid unless the Trust is assessed as 'good' or 'outstanding'.
- The gateway award would have three levels:
  - Level 1 – achievement of all four gateway objectives would result in a performance award of 5% plus individual awards up to 5%;
  - Level 2 – achievement of three gateway objectives would result in a performance award of 2% plus individual awards up to 5%;
  - Level 3 – achievement of less than two gateway objectives would result in a performance award of 1% plus individual awards up to 5%.

IB asked for clarification of level 3 as he was not convinced the Trust should be paying an award if less than two gateway objectives were achieved. AGD confirmed that this should read "achievement of two gateway objectives". If only one gateway objective is achieved, no performance awards would be made.

HW questioned the actual measures in relation to engagement and asked whether these can be quantified. AGD responded that this would form part of the development of KPIs based on the results of the wellbeing survey.

SM commented that the scheme rewards performance above what is expected not for doing the job really well or effectively.

JF asked where equality and inclusion came into the scheme. SM responded that this was a good challenge. The Executive Management Team time out on 16 July 2015 will see Directors' objectives finalised and it will feature in a number of individual Director objectives.

**It was RESOLVED to APPROVE the performance related pay scheme for 2015/16, the four gateway objectives and level of awards (with the above clarification) and the control mechanisms.**

#### **RTSC/15/41 Clinical Excellence Awards**

AGD confirmed that the revised scheme proposed had the full support of the Medical Director and had been discussed with British Medical Association representatives. HW asked AGD to ensure the scheme required consultants to demonstrate links with Trust objectives. JF added that she would like to see promotion of equality and inclusion included and IB asked that there is a requirement to update applications every five years.

Subject to the above considerations, **it was RESOLVED to APPROVE the revised Clinical Excellence Award scheme for medical consultants.**

#### **RTSC/15/42 Redundancy business cases (agenda item 9)**

**It was RESOLVED to APPROVE the redundancy business cases presented.**

#### **RTSC/15/43 Any other business (agenda item 10)**

##### Public sector pay cap

The committee acknowledged the announcement in the Budget that public sector pay would be capped at 1%; however, it is not certain how this will translate in terms of to pay to staff. This represents a significant constraint on the organisation and its autonomy as a foundation trust. This may also signal a move by the Government towards locally-based and funded

pay awards and Trust Board may want to consider whether this should be placed on the organisational risk register.

National living wage

AGD confirmed that this would affect a small number of staff currently at the old living wage and the Trust will be looking to move to bring these staff to this new level, which represents an approximate cost of £38,000. The Committee agreed to the Trust's commitment to pay staff the living wage as a minimum.

**RTSC/15/44 Date of next meeting**

The next meeting will be held on Tuesday 13 October 2015 at 14:00 in the Chair's office, Block 7, Fieldhead, Wakefield. The Committee will re-convene this meeting after the Members' Council on 24 July 2015.

DRAFT



## Minutes of the re-convened Remuneration and Terms of Service Committee held on 24 July 2015

<b>Present:</b>	Ian Black Jonathan Jones Helen Wollaston Steven Michael	Chair of the Trust (Chair) Non-Executive Director Deputy Chair of the Trust Chief Executive
<b>Apologies:</b>	None	
<b>In attendance:</b>	Alan Davis Bernie Cherriman-Sykes	Director of Human Resources and Workforce Development Integrated Governance Manager

### **RTSC/15/38 Director structures (agenda item 5 continued)**

#### Consideration of the corporate response to the current internal and external challenges

IB began by saying that a number of questions had been raised by JJ and HW at the meeting on 13 July 2015. SM commented that the feedback received from JJ via email on 14 July 2015 had been helpful. **The Committee was supportive of the proposals.**



With all of us in mind

## Trust Board 22 September 2015 Agenda item 4.5

<b>Title:</b>	<b>Audit Committee terms of reference</b>
<b>Paper prepared by:</b>	Director of Corporate Development on behalf of the Chair of the Audit Committee
<b>Purpose:</b>	To ensure that Committee terms of reference continue to reflect best practice and remain fit for purpose, providing assurance to Trust Board on areas within their remit.
<b>Mission/values:</b>	The mission and values of the Trust reflect the need for the Trust to be open and transparent. Committee terms of reference support this.
<b>Any background papers/ previously considered by:</b>	Audit Committee minutes.
<b>Executive summary:</b>	<p><b>Introduction</b></p> <p>In January 2015, at the request of the Audit Committee, it received a presentation from Deloitte on Audit Committee effectiveness and best practice. The Committee compared well against best practice and a number of actions were identified by the Company Secretary for further development. These were agreed with the Chair of the Committee and included a small number of suggested revisions to the terms of reference.</p> <p>The Chair of the Committee asked for a review of the existing terms of reference with recognised best practice (Healthcare Financial Management Association Audit Committee Handbook and NHS Providers Foundations of Good Governance) and the existing terms of reference were found to be fit for purpose against both. However, the Chair was keen that the amendments suggested by Deloitte were considered.</p> <p>At its meeting on 7 July 2015, the Committee supported a proposal to amend its terms of reference and recommend approval to Trust Board to:</p> <ul style="list-style-type: none"> <li>- include a stronger narrative around scrutiny of the effectiveness of control arrangements and arrangements for staff to confidentially raise concerns with specific reference to the Trust's arrangements for staff in place and assurance on the effectiveness of such arrangements;</li> <li>- include a statement on the Committee's responsibility to develop and implement a policy on the provision of non-audit services by the Trust's external auditor;</li> <li>- clarify the Committee's role and relationship with the Members' Council, as articulated in Monitor's Code of Governance.</li> </ul>
<b>Recommendation:</b>	<b>Trust Board is asked to APPROVE the proposed amendments to the Audit Committee terms of reference as outlined above.</b>
<b>Private session:</b>	Not applicable

# Transformation Programme

## Board Update Report 22<sup>nd</sup> September 2015



With all of us in mind

# The Transformation Programme – Roles and Responsibilities

The table below summarises the accountabilities and responsibilities of all major roles in the programme and also indicates the day job of those fulfilling those roles in the programme. Executive Directors play key roles in the leadership and delivery of the Programme and there are clear links to operational delivery and clinical quality and safety throughout.

**Table 2 – Transformation Programme roles and responsibilities**

<b>Transformation Programme Role</b>	<b>Organisational Role</b>	<b>Responsibilities</b>
Senior Responsible Owner	Chief Executive	Executive accountability for the programme, direction and leadership. Accountable to Trust Board.
Accountable Governance Executive	Deputy Chief Executive	Executive accountability for programme governance and infrastructure including PMO. Accountable to the SRO.
Accountable Clinical Executive	Medical Director and Director of Nursing and Quality	Executive accountability for clinical safety and quality in transformed services. Accountable to the SRO.
Accountable Resource Executive	Director of Finance and Director of Human Resources	Executive accountability for resources used, and achievement of sustainable financial and workforce positions. Accountable to the SRO.
Work Stream Owner	BDU Directors	Executive accountability for delivery of a work stream within the programme. Accountable to the SRO.
Work Stream PMO Lead	PMO Programme Managers	Responsible for PPM support to the work stream and providing assurance to EMT. Accountable to Work Stream Owner and to Accountable Governance Executive
Project Owner	BDU Deputy Directors	Responsible for delivery of one or more projects within the programme. Accountable to the Work Stream Owner
Project Clinical Lead	Various	Responsible for clinical safety and quality in transformed services. Accountable to the Project Owner and the Accountable Clinical Executives
Project Manager	Various	Responsible for day to day delivery and management of a project. Accountable to the Project Owner

# Transformation Programme : Workstreams

- Mental Health
- General Community
- Learning Disabilities
- Forensics



With all of us in mind

# Mental Health Transformation

- Mental Health work stream supported by PMO through Ryan Hunter as programme manager and Katie Welburn as Programme support officer

Projects	Acute and Community	Older Peoples Mental Health	Memory Assessment	Rehab & Recovery	CAMHS	Caseload Review/ care pathways & packages
<b>Lead Director</b>	Karen Taylor	Karen Taylor	Diane Smith	Karen Taylor	Nette Carder	Karen Taylor
<b>Deputy Director lead</b>	John Keaveny	Andrea Wilson	Andrea Wilson	Andrea Wilson	Dave Ramsay	John Keaveny
<b>Project Manager</b>	Cheryl Thorne	Vanessa Garrity	Vanessa Garrity	Sam Jarvis	Sarah Cimikoglu	Sheila Lawson
<b>Clinical Lead</b>	Arasu Kuppuswamy Omair Niaz	Subha Thiyagesh	Subha Thiyagesh	David Hunt	vacant	Arasu Kuppuswamy Omair Niaz

- CAMHS clinical leadership to be addressed through operational clinical lead arrangements but requires formalising

# General Community Transformation

- General Community work stream supported by PMO through the following
- Sharon Carter as programme manager
- Sarah Foreman as programme support officer
- Gill Stansfield as project support to Therapies, Childrens, Admin and LTCs
- Tracy Short as project support to Therapies

Projects	Therapies	Children's	Admin	Health and Wellbeing	Long Term Conditions
<b>Lead Director</b>	Sean Rayner	Sean Rayner	Sean Rayner	Sean Rayner	Sean Rayner
<b>Deputy Director lead</b>	Sue Wing	Sue Wing	Sue Wing	Dave Ramsay	Sue Wing
<b>Project Manager</b>	Bob Senior	Michele Tudor	Pat Hunter	Dave Ramsay	Andrea Dauris
<b>Clinical Lead</b>	Keith Sands	Kathryn Padgett	Keith Sands	Keith Sands	Keith Sands

# Learning Disabilities Transformation

- General Community work stream supported by PMO through the following
- Sharon Carter as programme manager
- Sarah Foreman as programme support officer

	Learning Disabilities
<b>Lead Director</b>	Tim Breedon
<b>Deputy Director lead</b>	Denise Donnelly
<b>Project Manager</b>	Jayne Gilmour
<b>Clinical Lead</b>	Tom Jackson

# Forensics Transformation

- Forensic Transformation linked to the National Procurement
- Ryan Hunter as programme manager

	Forensic Services
Lead Director	Nette Carder
Deputy Director lead	Sue Threadgold
Project Manager	Michael King
Clinical Lead	tbc

# Mental Health : Acute and Community

- Vision
- Service Model
- Case for Change
- Progress update



With all of us in mind

# What is the vision?

## To enable people to reach their potential and live well in their community

- Safe and person centred
- Encourage greater control for individuals
- Emphasise recovery and positive outcomes

## To deliver care to services users in a more effective and efficient way

- Improve quality at reduced cost
- Increase links to alternative community based services, promoting partnership working
- Optimise the use of technology
- Use evidence based best practice

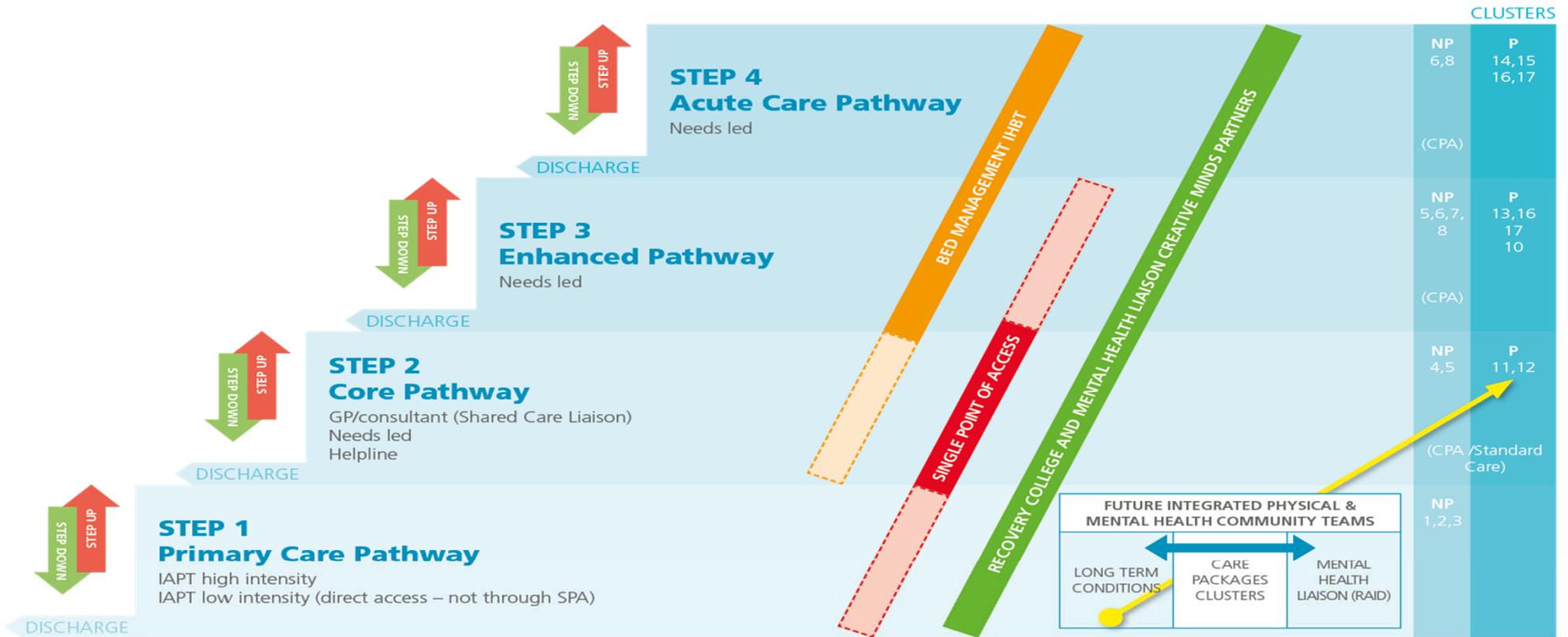
## Mental Health Transformation Vision

### To be a leading provider of recovery-focused mental health care that is developed in partnership with people and delivered in their own homes

#### To help us achieve this, we are:

- Enhancing our community services so that we can care for people in or close to their homes wherever possible
- Providing timely diagnosis and prescribing, so that hospital admissions are a last resort
- Working to reduce the number of hospital beds so that we can invest more in community services, while making sure that beds remain available for all people who urgently need them
- Making sure that people in hospital receive high quality care which helps them to return home as soon as possible

# What is the new service model?



# Case for change – Core Pathway

## **Patient experience:**

- Delay in access
- Repeating assessments
- Lack of clarity regarding signposting
- Poor communication within services
- Multiple hand-off points
- Are my needs being met?

## **Staff experience/ perception:**

- 50-60% of time spent on referrals which do not progress
- High level of referrals

- Difficulty to match demand and responsiveness

## **GP:**

- Poor access to wider services
- People bouncing back
- Complex and multi-team access points
- Signposting

Supporting evidence for changes was presented at MH Summit (Oct 14) and included in all business cases (approved by EMT Apr 15)

# Case for change – Enhanced pathway

## **Patient experience:**

- Not very responsive
- Lack of flexibility
- Long waits for specialists
- Poor continuity of care
- Care plans not always shared
- Care plans not always co-produced
- **The full range of complex clients do not always have needs met (PD clients)**

## **Staff experience/perception:**

- Full caseload- overwhelmed
- Lack of coordinated care
- **Difficulty accessing psychological therapy**
- Poor support to discharge
- Care Coordinator not appropriately involved in decision making with Acute Pathway

## **GP:**

- Difficulty contacting clinicians
- Same process for new and known patients

# Case for change – Acute care pathway

## **Patient experience:**

- Increase likelihood of admissions than least restrictive option
- 70% chance of being admitted to your locality
- Moving around bed case
- Discharge not planned
- Poor continuity of care
- Limited psychological support

## **Staff experience/ perception:**

- Acute system running hot

- Not enough beds

## **Pressured**

- Not able to move patients on
- Little input from community teams

## **GP experience/perception:**

- Either 4 hours/14 days ?24 hours
- Difficulty accessing crisis teams
- Poor communication on discharge

# Where is the project up to?

## Work underway

- Final sign off of Standard Operating Procedure documents
- Draft consultation document **being finalised**
- Development of new workforce structures including sign-off of generic job descriptions
- Financial costing of current and proposed models to evidence cost savings
- Engagement of staff-side and social work colleagues prior to the start of formal consultation

## Next steps

- Formal staff consultation in preparation
- Incorporation into Annual Planning
- Implementation events and initial implementation of new service model in Q1 2016.
- Full implementation / mobilisation of new structure and teams from 1st April 2016

# Mental Health : Rehab and Recovery

- Vision
- Service Model
- Case for Change
- Progress update



# What is the vision?

**The MH Transformation vision is to be a leading provider of recovery-focused mental health care that is developed in partnership with people and delivered in their own homes**

- To help us achieve this, we are:
  - Enhancing our community services so that we can care for people in or close to their homes wherever possible
  - Providing timely diagnosis and prescribing, so that hospital admissions are a last resort
  - Working to reduce the number of hospital beds so that we can invest more in community services, while making sure that beds remain available for all people who urgently need them
  - Making sure that people in hospital receive high quality care which helps them to return home as soon as possible

Rehab and Recovery will achieve this via a 'whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leading to successful community living'

# Principles for Transformation

- Care at home whenever possible
- Least restrictive alternative – always
- Co-production at the centre of care planning and decision making
- Recovery focused as a first principle
- Self-management through creative and innovative approaches and strong links to our Recovery Colleges to build resilience
- Partnerships – to improve the offer where others do things better
- Integration of physical/ mental health services and approaches to support holistic recovery

# We will deliver our Transformation by

- Reducing reliance on beds and finding supported solutions in people's own communities
- Supporting people to have their own address
- Anchoring support for Recovery within our Stepped Care model as part of the Enhanced Pathway to maximise effective use of existing resources and experience and to reduce interfaces and hand offs
- Re focussing the skill mix of our community teams to enable a more recovery focussed offer, particularly around increasing the number of Occupational Therapists and Therapy Assistant posts to support re-enablement and Peer Support Workers to positively use lived experience
- Making this part of our core offer – this will not be a Specialist Team

# Current Model - Structure

## Needs

Specialist Rehab /  
High Dependency

Long Term Complex  
Care

Short Term Complex  
Care (+ step down)

Intensive  
Community Support

## Kirklees

Individual  
placements –  
many out of area

Enfield Down (28 beds)

## Calderdale

Individual  
placements –  
many out of area

Wells House (11  
beds)

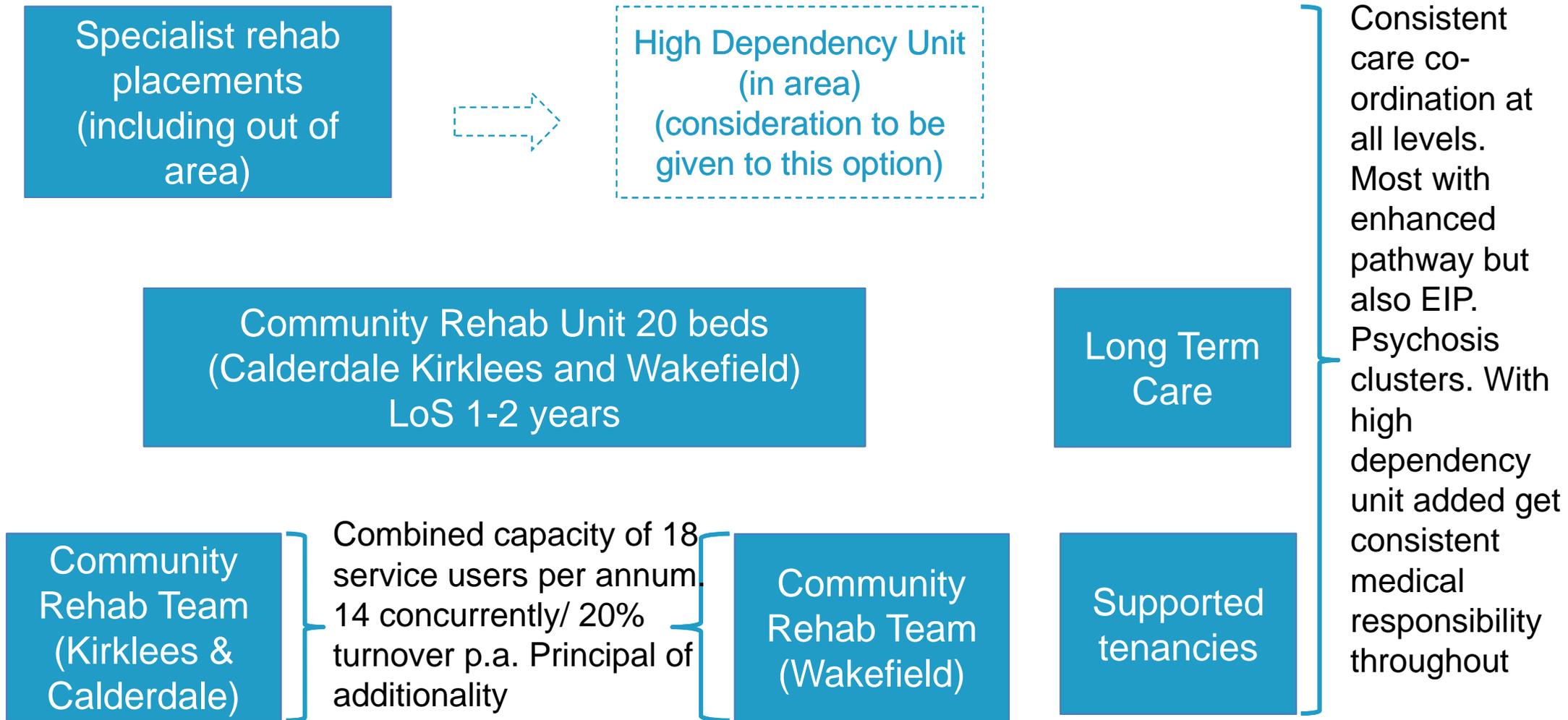
Lyndhurst (14 beds)

## Wakefield

Individual  
placements –  
many out of area

Castle Lodge (14 beds)

# Proposed components of future model



# Where is the project up to?

## Work underway

- Individual Assessments of need for service users currently within bed based services
- Transition to community based model being discussed with Commissioners
- Presentations to Overview and Scrutiny in Calderdale , Kirklees and Wakefield with Commissioners
- Development of new workforce structures and service model for each BDU
- Financial costing of current and proposed models to evidence cost savings
- Engagement of staff-side and staff

## Next steps

- Finalise commissioned service for each CCG and transition path
- Some areas are going faster than others e.g. in Wakefield bed occupancy is lower and alternative community packages expected to reduce bed occupancy to zero during 2015-16
- Complete service model work and implementation programme and align to Annual Planning

# Mental Health : Older People's mental health and memory assessment

- Vision
- Service Model
- Case for Change
- Progress update

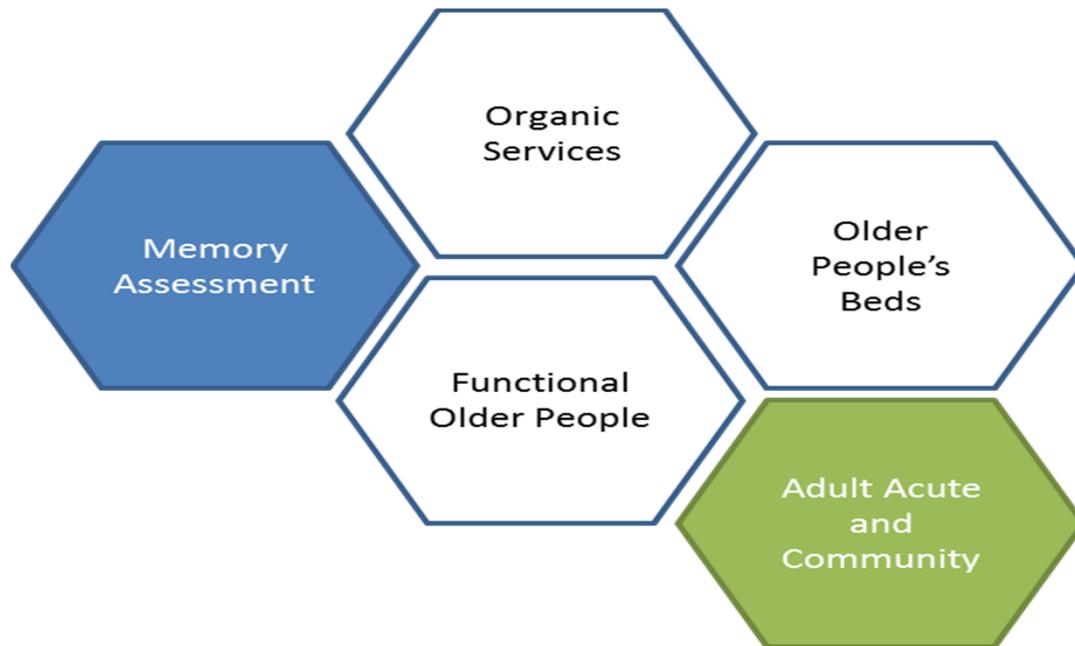


# Mental Health : Older People's mental health and memory assessment

- Less developed than Acute and Community pathway
- Focus in 2014-15 on Memory Assessment – driven by tender activity in Kirklees and revised service specification in Barnsley



# Scope / Interfaces



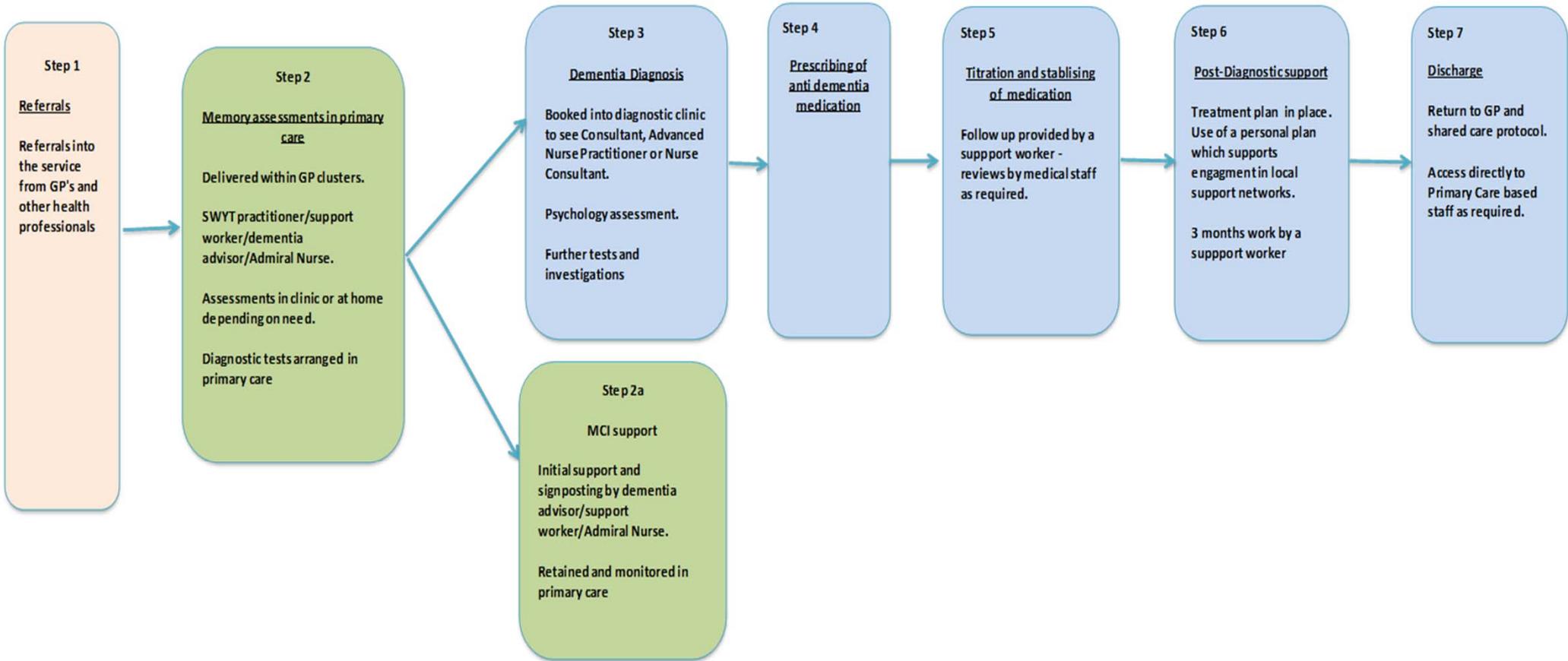
- The project will need to align with changes made in Adult Acute and Community Transformation
- Other Key interfaces:
- Kirklees Care Close to Home
- Calderdale Vanguard and Care Closer to Home
- New Contract in Barnsley review Autumn 2015
- Wakefield Vanguard Site. Provider Network

# What is the vision?

- Vision: Memory Assessment
- For people who may have dementia to receive a thorough assessment within a primary care setting in order to be given an appropriate diagnosis and access appropriate support

## CASE FOR CHANGE

- All localities had different models, workforce and different outcomes
- Transformation programmes therefore an opportunity to explore standardisation of model on best practice and eliminate waste and inefficiency.



# Evidence Base for Best Practice

Standard	Source
SWYPFT memory services will be MSNAP accredited or working towards accreditation.	NHS England Best Practice in Memory Services 2014
All Memory Services will work to meet the demand for the national diagnostic rate target.	NHS England National Target
All those with memory problems will be assessed within 6 weeks of referral to a SWYT Memory Service	MSNAP Standards 2014
All those assessed will receive a diagnosis within 12 weeks of referral	Alzheimer's Society recommended action from Dementia 2014: Opportunity for change
Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.	NICE Dementia Quality Standards 2010
All those diagnosed would have appropriate access to post-diagnostic support	PM challenge 2020 Alistair Burns



# Older People's Mental Health

Launch Event held on 9 September with 40+ staff.

Design Team meetings to commence – late September

Wider stakeholder engagement meetings and events to be held – end October / early Nov.

Discovery Phase to be completed by end November 2015, with current and future position captured, including:

- Baseline service overview including team structures, finance, estates, populations (current and forecast), caseloads.
- Full literature review with good practice identified to support evidence base.
- Service User / Carer / Commissioner viewpoints understood.
- Establish current contracting and business with commissioners and partnerships.
- Emerging model, projects, and options to be established for consideration in design phase.

# Where is the project up to?

## Work underway

- New memory assessment pathway being implemented in each District
- Involves partnership working with Primary Care on agreed protocols
- Evaluation of results against best practice standards
- Joint work with Commissioners on future model through revised specification and tender activity
- This area is probably one of key areas for integration with general community services because of high utilisation of service by elderly population with more than one long term condition.
- Engagement of Staff and partners

## Next steps

- Finalise commissioned service for each CCG and transition path
- Evaluation of outcomes for new model for Memory Assessment Pathway
- Completion of work programme for Older People's mental health to be aligned to Annual Planning

# Mental Health : CAMHS

- Vision
- Service Model
- Case for Change
- Progress update



With all of us in mind

# What is the vision?

**To be a leading provider of mental health care, where children, young people & their families come first**

## CASE FOR CHANGE

- National picture
  - CAMHS Tier 4 report NHS England July 2014
  - Health Select Committee November 2014
  - National Task Force 'Future in Mind'
  - Transformation Plan – extra investment c£2.3m across x4 areas
    - Eating Disorders – detailed guidance
    - CYP-IAPT
    - Improving peri-natal mental health
- Long waiting lists & poor data quality a national problem
- Waiting to 1<sup>st</sup> choice appointment: Barnsley – 11 weeks
- C&K = 4 weeks : Wakefield – 5 weeks

# CAMHS

## Proposed Pathway Service Model

Crisis  
Path  
way

Tier 2-3  
ASD  
Looked After  
Children  
Self Harm  
IAPT  
Early Intervention

Tier 4  
Develop  
ment

### Cross Trust Services

Governance and Leadership, Specialist Clinical  
Expertise, Eating Disorders



# Where is the project up to?

## Work underway

- Engagement of Commissioners through CAMHS summit
- Additional funding agreed for Calderdale and Kirklees to fund crisis service
- Work programme within service to improve access , recording keeping , staff engagement seeing benefits in clarity on waiting times; clear service pathways and consistent recording and submission of clinical information .
- Contribute to joint work with partners to reduce waiting time for the diagnosis of Autistic Spectrum Disorder

## Next steps

- Team level – support for professional practice, focus & productivity.
- Pathway – development of a CAMHS community Trust-wide
- Trust – high profile children & young people’s service – Managing risks and partnerships
- Trust specialty – clinical leadership & management need strengthening
- Align to Annual Planning

# Forensic Services

- Vision
- Service Model
- Case for Change
- Progress update



With all of us in mind

# What is the vision?

- **To be a leading national provider of safe, specialist care, enabling people who need forensic services to safely return to their communities**
- To help us achieve this, we are:
  - Providing forensic services of the highest standard and developing innovative practice that is underpinned by strong clinical governance
  - Making sure that people are cared for in the least restrictive environment that is appropriate and safe, as close to their homes as possible
  - Further developing the range of forensic services that we provide, while remaining flexible to meet changing needs
  - Leading on the development of a forensic Clinical Network

# Service Strategy and model

- The provision of medium and low secure forensic services are a central and core element of the Trust's business. We have a large, modern and well-maintained estate on our Fieldhead site providing 144 beds to those who need a secure hospital environment. The Trust is committed to Forensic services and ensuring that our services deliver what our service users and our commissioners need, both now and in the future.
- We offer 90 medium secure beds – 20 for men with a learning disability and 15 for women. Our low secure facility has 54 beds, 16 of which are for people with a learning disability.
- This breadth of secure provision experience is complemented by support and outreach to enable people to return to their communities - enhanced by our development of a forensic Clinical Network.
- Three elements of service strategy are :
  - Maintain excellent operational performance
  - Secure our position in the market through the national procurement
  - Create flexibility in the service offer to meet service user and commissioner requirements

# Excellent Operational Performance

- We will optimise Length of Stay and Occupancy in order to
  - Enhance outcomes and service user experience
  - Deliver Value for Money
  - Maintain commissioner confidence
  - Maximise our chances in the national forensic procurement
- To do this we will take the following actions;
- Develop a clear understanding of length of stay and occupancy in both Medium and Low Secure – looking not only for best practice, but working on the principle that people should be in the least restrictive environment, whenever it is appropriate and safe to do so.
- Communicate the narrative explaining Length of Stay and Occupancy both within our Trust and with commissioners.
- Develop a clear understanding of our performance on all internal metrics, especially ‘quality of care’ measures, at Micro and Meso levels. Undertake benchmarking (internal and external), and develop meaningful team-level plans for development

# Secure our position in the market

- We will shape the regional forensic market and maximise our chances of success in the national forensic procurement in order to
  - Secure the continued financial viability of our forensic services
  - Support our service users to receive care close to home
  - Enhance the quality of services for more people
- To do this we will take the following actions;
- Work with partners to establish a Forensic Clinical Network to enhance quality, outcomes, and user experience across Yorkshire. This will be a network of potential partners for the delivery of secure services – whether this be primary, community, secondary or third sector organisations.
- Co-produce an operating model with the clinical network, that describes credible management of the whole pathway of care for our service users – aiming to support people closer to their homes and families wherever practicable
- Engage marketing expertise to ensure that the Trust is well positioned to influence and respond to the changing market for forensic services

# Create Flexibility in service model

- We will develop the range of services that we offer in order to
  - Provide a full pathway of care that supports recovery, including clear transitional arrangements into locally commissioned services
  - Meet commissioner needs and is financially sustainable
  - Mitigates risk to income through diversification, building on the skills of our people
- To do this we will take the following actions;
- Work closely with commissioners to understand service requirements
- Develop a better understanding of the market
- Clarify our offer in respect of outreach provision, and secure commissioner support.
- Generate a proactive business development plan in respect of the criminal justice sector, including CAMHS in secure environments and community based liaison and diversion.

# Where is the project up to?

## Work underway

- Scoping of service offer to prepare for national procurement (Q3)
- Submitted joint bid with community provider for forensic CAMHS services in NHSE Yorkshire secure estate .Currently being evaluated by the Commissioner.
- Agreement through West Yorkshire Vanguard group to work on clinical network for forensic services
- Engagement of Staff and partners

## Next steps

- Finalise preparation and partnership offer for expected procurement .
- Completion of work programme to be aligned to Annual Planning

# Learning Disabilities

- Vision
- Case for Change
- Service Model
- Progress update



With all of us in mind

# What is the vision?

- To provide timely and effective specialist health services for people with learning disabilities who need extra help to live safely and well

## CASE FOR CHANGE

- **Reducing resources (less money)**
  - ↓ 11%
- **Increasing demand for specialist LD services**
  - ↑ 7% (population growth, recognition, referrals/pp, imports)
- **Changing demand for specialist LD services**
  - Parents with LD, Substance Misuse, CJS
  - As well as traditional health services for people with LD
- **Need to evolve/modernise delivery of services**
  - Changes to wider LD service landscape: local authorities, other health providers, fewer people in hospital more people in community, Equality Act (2010)
- **Need to improve the quality of services**
  - Winterbourne:
  - “Death by indifference” & “Getting it Right” Charter:
    - **Reasonable Adjustments, MCA**
  - **Current Arrangements are unsustainable**

# Improve outcomes by

## **1. Reduce symptoms of illness & distress:**

- ↓ Symptoms of affective/neurotic/ psychotic disorders etc.
- ↓ Challenging behaviours (Frequency, Severity, Duration)
- ↓ Number of MH diagnoses applicable to the presentation

## **2. Increase functional abilities:**

- ↑ Skills & Abilities (ILS)
- ↑ Engagement with tasks of daily living etc.

## **3. Improve wellbeing & reduce distress:**

- ↑ Insight & understanding
- ↑ Coping, resilience & competence
- ↑ Sense of 'wellness'/happiness/ satisfaction
- ↓ Distress/unhappiness

## **4. Make life better/Improve QoL:**

- ↑ Social & occupational opportunities
- ↑ Engagement in preferred activities
- ↑ Ability to achieve individual goals, hopes and aspirations

# Specific areas we can help

1. Physical Health & Wellbeing
2. Mental Health & Wellbeing (incl. Psychological Needs)
3. Autism Spectrum Conditions
4. Cognitive Decline/Dementia
5. Challenging Behaviour
6. Complex Health Needs
7. Crisis Support (incl. OOH)
8. Supporting Parents with LD
9. Supporting people with LD in contact with the CJS
10. Education, Training & Development of Others
11. Gatekeeping – ‘Diagnostic’ Assessments
12. Providing specialist legal & professional support (Professional Assessment, MHA, MCA, Safeguarding etc.)

# How will we know it has worked

## **1. Service User/Family/Carer**

### **Satisfaction**

*How does the service-user/family/carer/referrer feel about any change/improvement?*

## **2. Outcome Measurement**

*What do validated, standardised evaluation tools tell us?*

## **3. Clinical Evaluation**

*What is the clinician's opinion of any change/improvement?*

## **4. Socio-Political Outcomes**

*Are fewer people admitted to hospital? Are more people living within their local communities.*

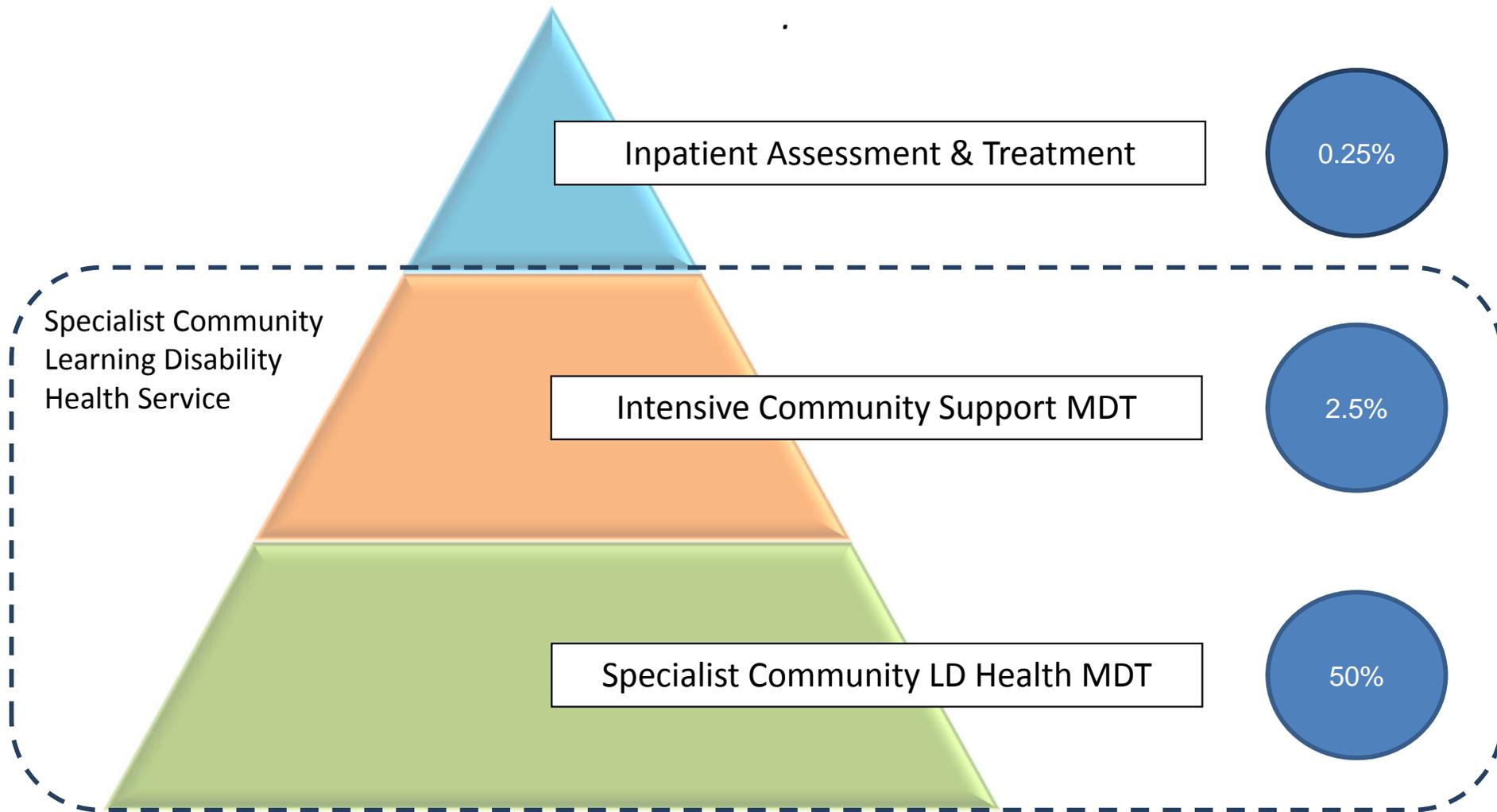
## **5. Service Demand/Reputation**

*Do people want to us to provide specialist services to other people who are unwell and distressed?*

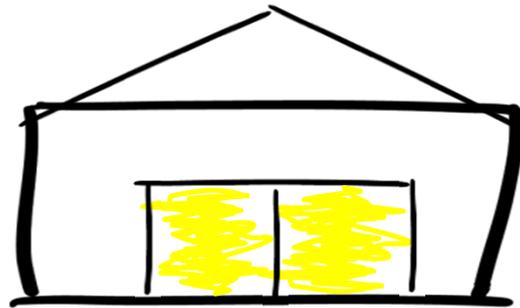
## **6. Feedback**

*Did we receive any comments/compliments/complaints during or after our involvement?*

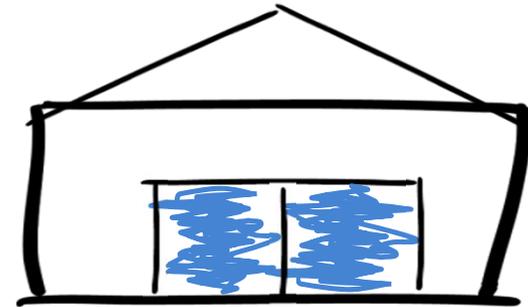
# Stepped-Care model of support



# Organisation of Community & Inpatient Services



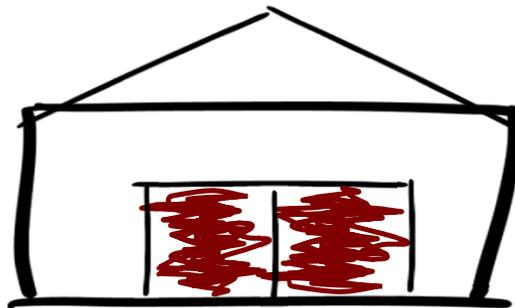
Locality Team Base  
(Calderdale)



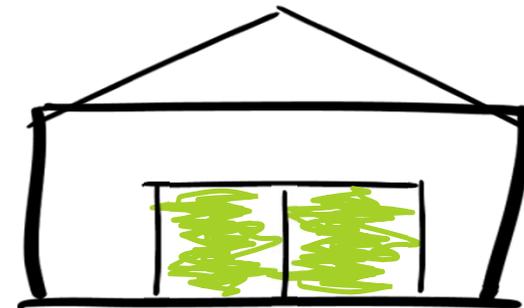
Locality Team Base (Wakefield)



Hospital/Inpatient Unit  
8x Beds



Locality Team Base (Kirklees)

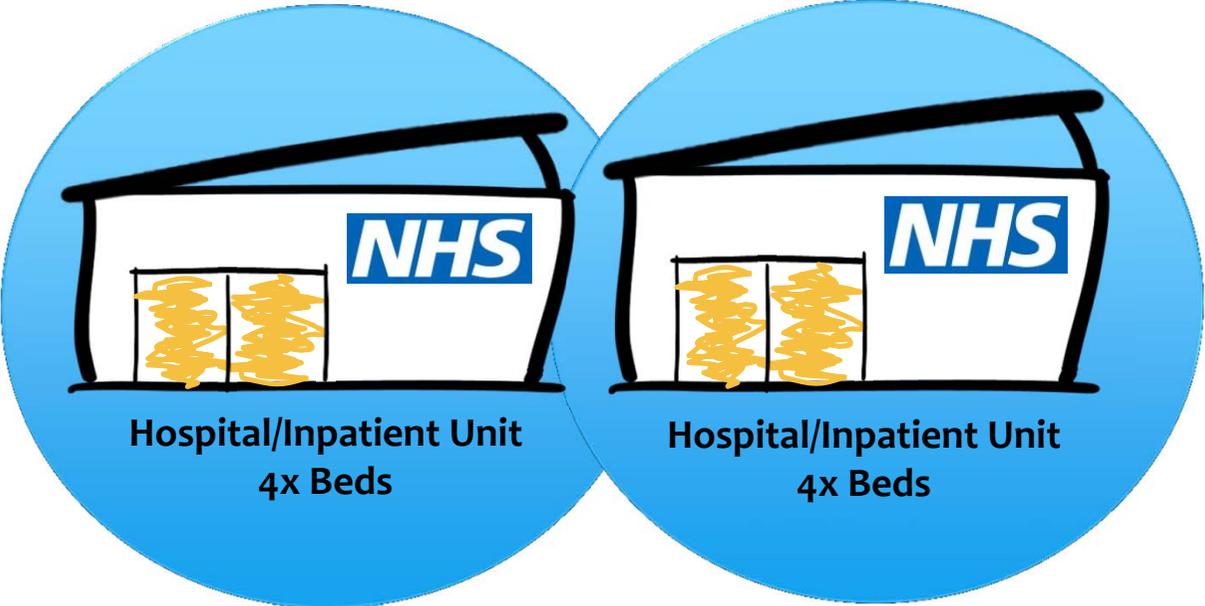


Locality Team Base  
(Barnsley)



With all of us in mind

Co-location of **ALL** community LD health professionals within a single locality base (including those currently based within local authority teams)



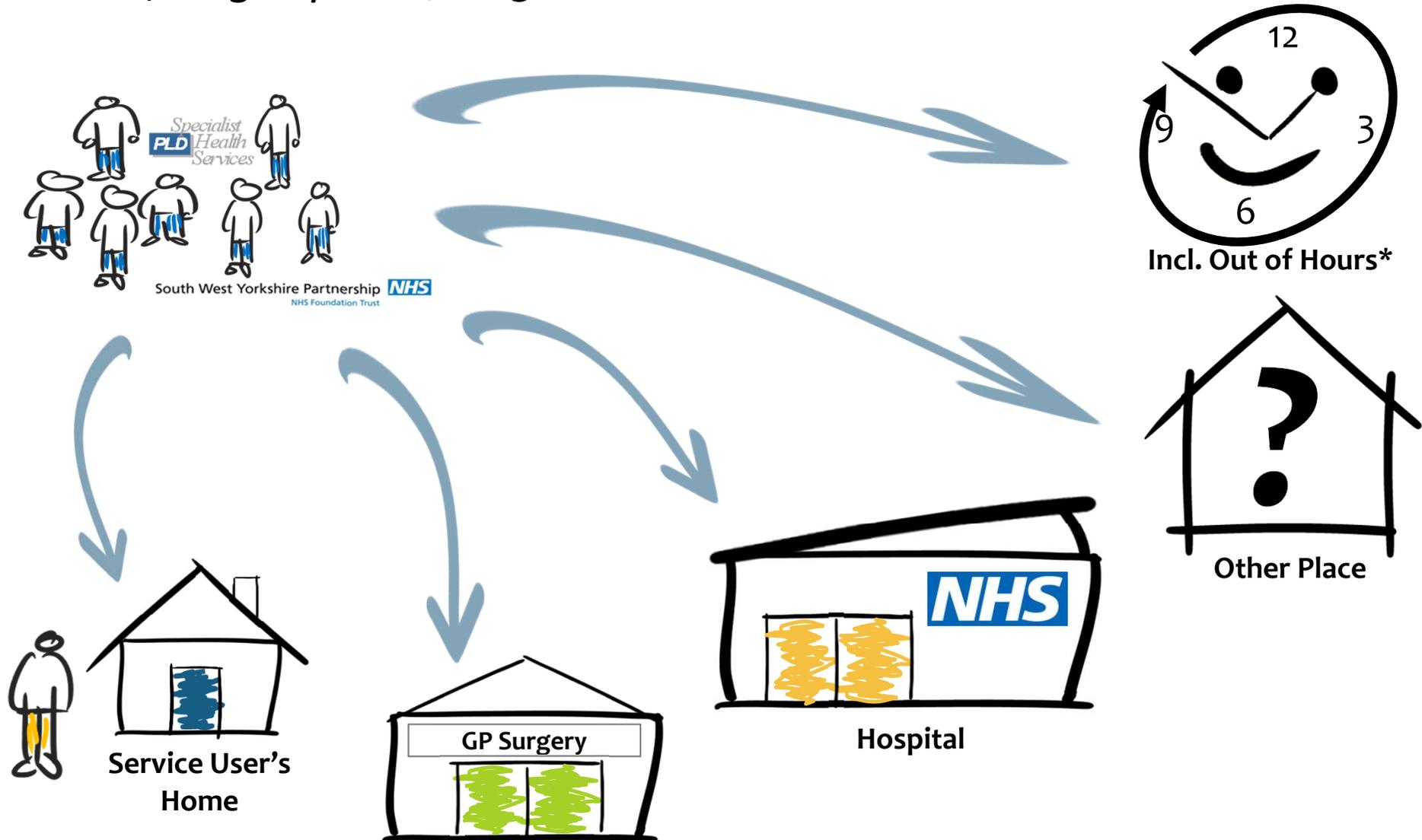
Moving From two Inpatient units to a single unit



With all of us in mind

# Flexible & Responsive Services when needed

*'Right time', 'Right place', 'Right Person'*

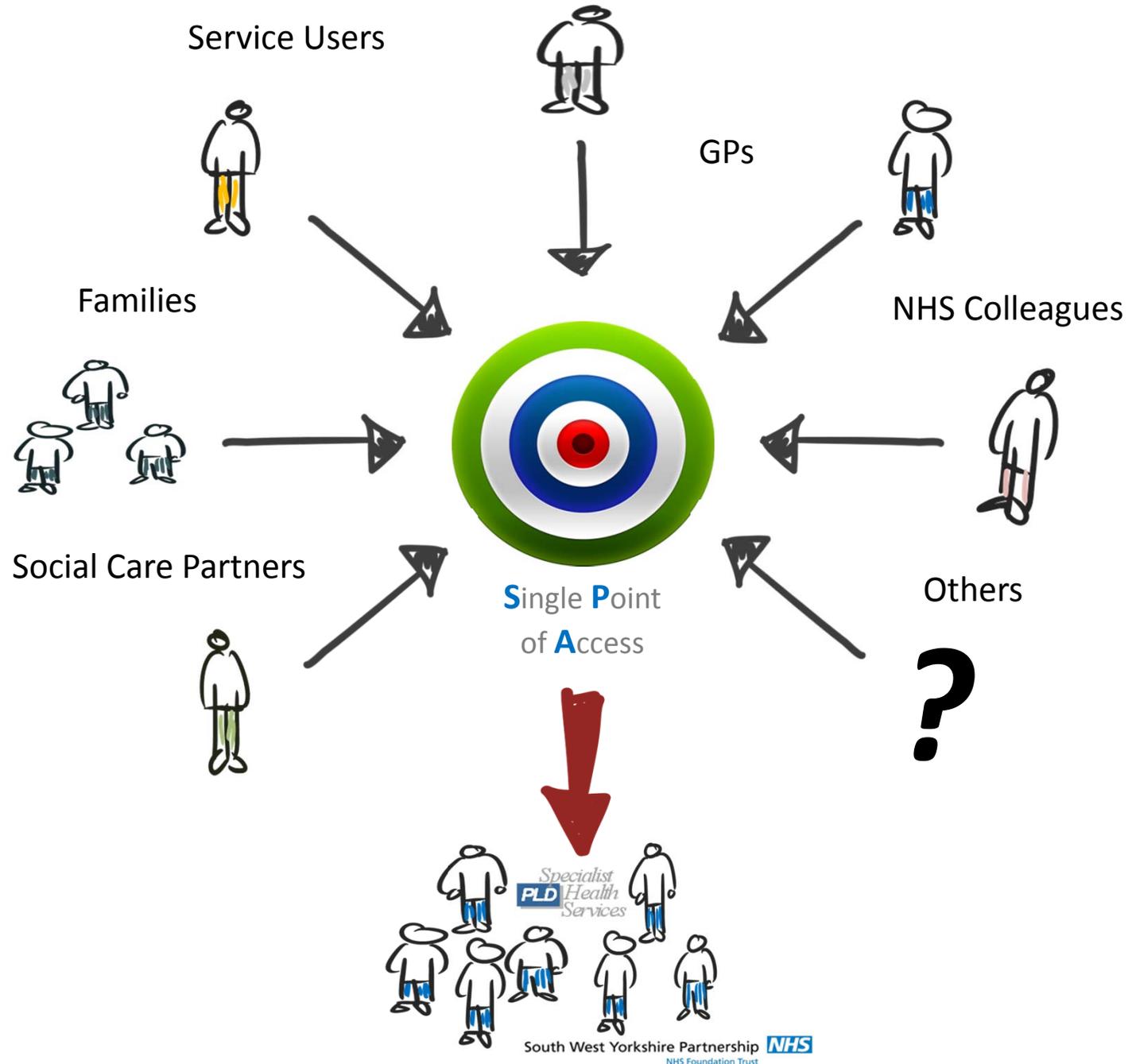


With all of us in mind

\* Intensive Community Support MDTs to provide a basic crisis response service including out of hours

# Single Point of Access

- Local SPA for **all** specialist Learning Disability Health Services within each locality.
- SPA can accept referrals from any source.
- SPA can be shared with other services if required.
- SPA must be able to support 2-week RTA & 18-week RTT standards



# Where is the project up to?

## Work underway

- Completion of service model – finance , activity and service standards and capacity.
- Joint work with commissioners to agree the service specification and model
- Staff engagement in preparation for staff consultation
- Completion of workforce model and job descriptions

## Next steps

- Partners on board but require close communication
- Finance and contracting to be finalised
- District based business cases due for completion in October
- Completion of work programme to be aligned to Annual Planning

# General Community Admin Review

- Vision
- Case for Change
- Service Model
- Progress update



With all of us in mind

**To provide a high quality consistent administrative service aligned to our internal clinical and managerial staff, and providing consistent public facing standards.**

## **Objectives:**

- To have a workforce fit for purpose that is able to meet changing demands.
- To have a supported workforce across a disparate footprint of estate.
- To have clear consistent standards within a core offer.
- To have a centralised booking system for clinical space and room utilisation, which matches up the required administrative support.
- A workforce that uses assistive technology, such as digital dictation and electronic signposting.
- A single management structure for all admin services to enable a more flexible approach to supporting the core offer and provide an improved career pathway.



With all of us in mind

## Aims:

- To have a 'General Operations Central Hub' ( integrated mental health and general community offer on Kendray site).
- To establish an 'Inpatient and Command Team Hub'.
- To establish a number of 'Community Health Centre Hubs' with supported satellite.
- To establish the approach of 'Single Point of Access' (MH, 0-19 yrs., Therapy, Community Nursing).

## Service Model:

- Redefine the workforce in relation to the operating model outlined in our aims for each of the work areas.
- Move from working out of **44 buildings** to a hub delivery model of working from approx. **20 buildings** ( this could be reduced further as agile working is rolled out with clinical staff).



With all of us in mind

# Admin Services Case for change –

- Partner organisations reduced financial resources and service changes impact on shifting support required e.g. LIFT buildings reduced social care input from admin.
  - Need for modernised admin roles that meet the changing needs of the clinical workforce and the way in which they work.
  - Evidence of an inconsistent offer across the locality both in terms of front of house reception services and support to clinical staff.
  - Admin services delivered across a disparate foot print leading to inefficient use of resources.
  - Barnsley BDU administrative support are delivered in a fragmented way as a result of service developments not taking full account of admin service requirements
- and the changing nature of how we do business across a range of community based services.
- These services need to be remodelled, redefined and remarketed to ensure they remain responsive to the changing needs of the clinical services they support and the outward facing service they provide to the public

# Admin Services Progress to date –

- **Outline Business Case to EMT in June 2015**

- **Work in Progress**

Plan for implementation of:

Development of SPA's

- Therapy SPA
- 0 – 19 SPA
- General Community SPA

Integrated Working – Kendray

- Reception and General Office
- Senior Management Team
- Inpatients

Community Hubs

Engagement of Staff and partners

- **Next Steps**

Establishment of task and finish groups working on:

- Communication and Engagement Plans
- Information Technology Systems and Processes
- Estates
- Information Governance
- KPIs & Measures
- Finance
- Workforce
- OD and Skills Development

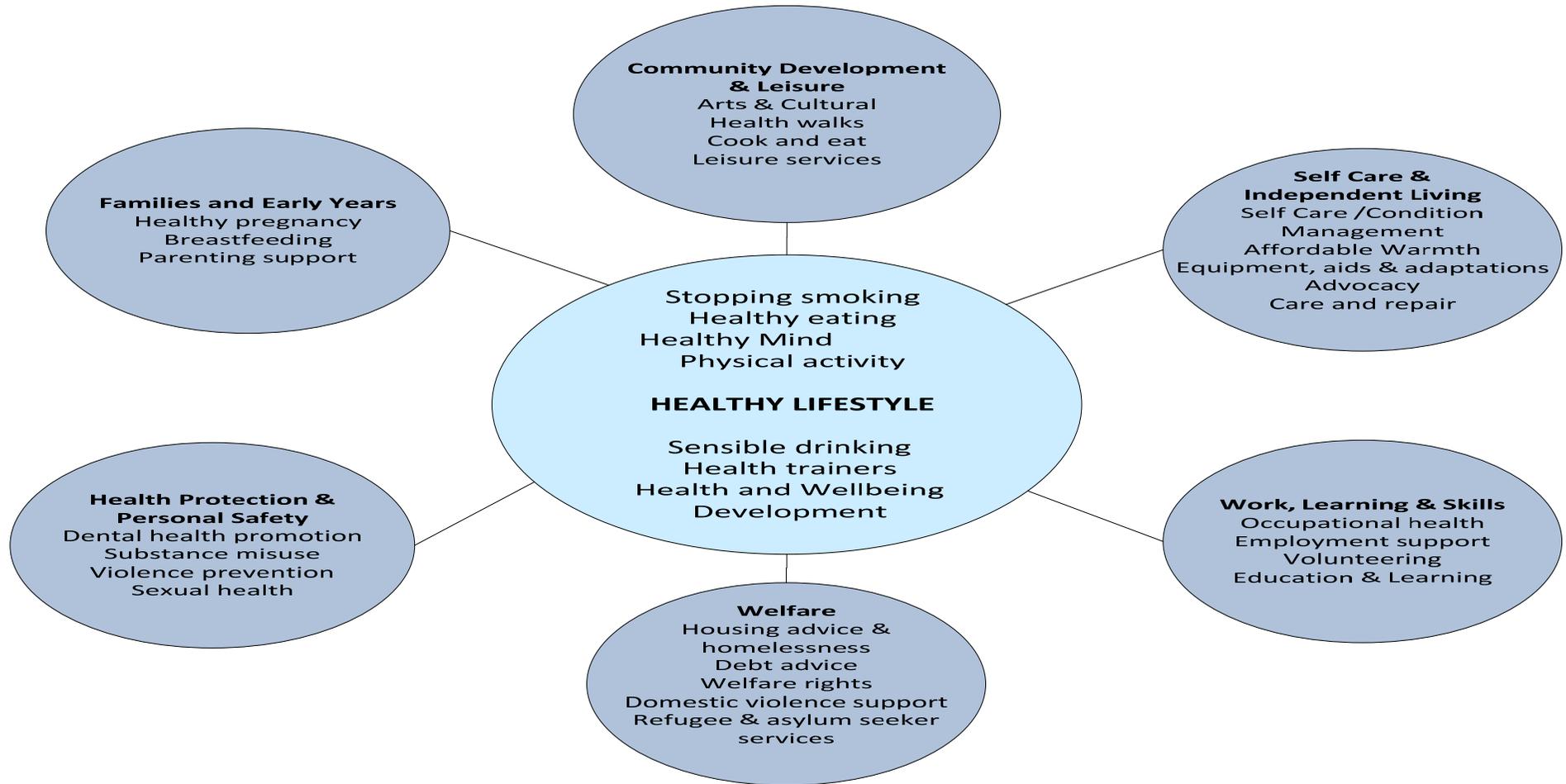
# General Community Health and Wellbeing

- Vision
- Case for Change
- Service Model
- Progress update



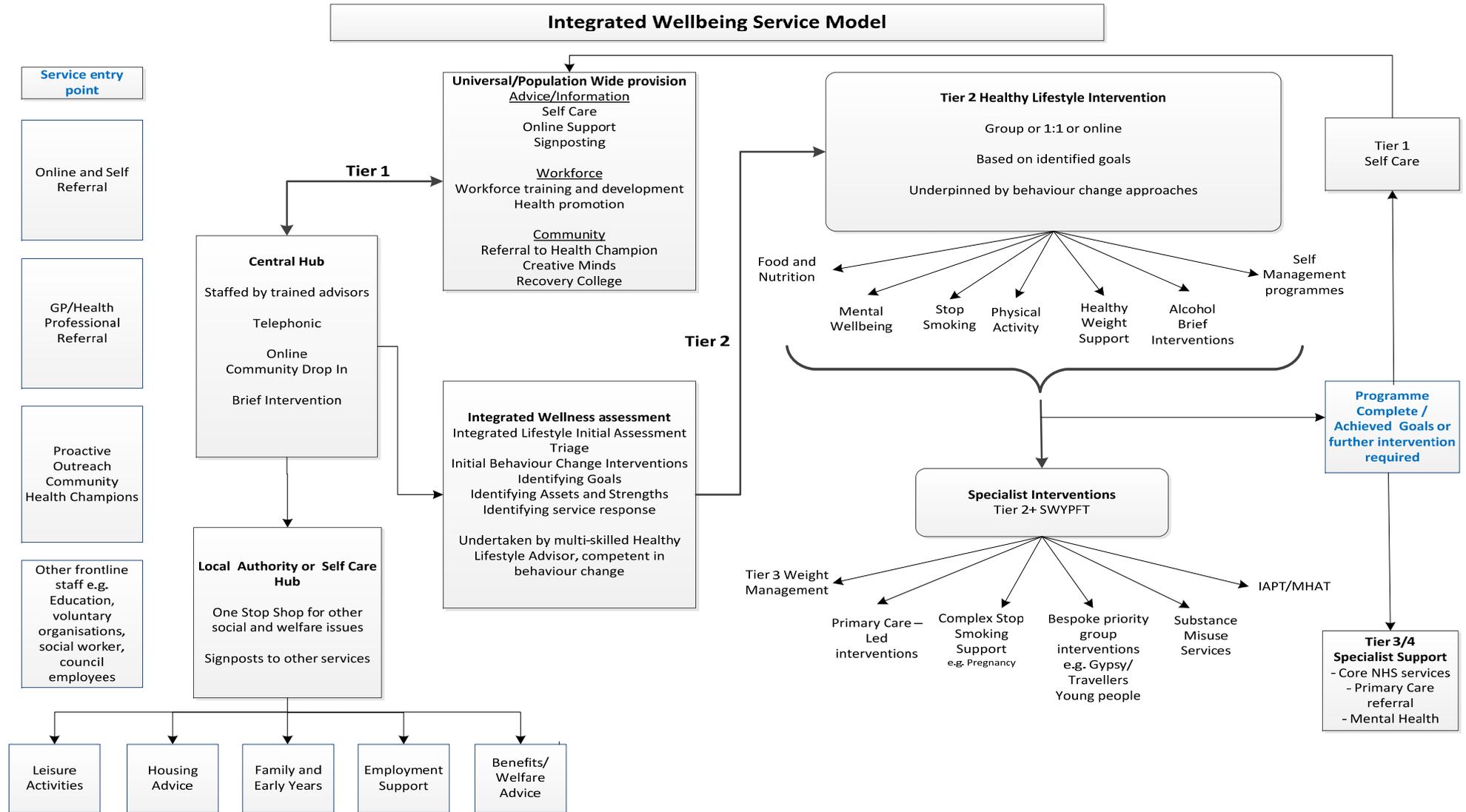
With all of us in mind

## Integrated Wellness Services



With all of us in mind

# Health and Wellbeing Service Model



With all of us in mind

# H&WB Case for change –

- Health and Wellbeing Services are predominantly commissioned by local authorities through Public Health functions.
- The impact of continued austerity on local authorities is leading to significant overall reductions in funding, and increased tendering activity.
- Contracts are increasingly tariff based, rather than 'block' and expectations of activity levels and targeted outcomes are increasingly challenging.
- The market is increasingly emphasising third sector and community organisations as the major providers of these services – in anticipation of accessibility and customer acceptability, and perceived cost.
- This leaves our health and wellbeing services with a risk of fragmentation through tendering, challenging operating margins and an increased risk profile in response to tariff based contracts
- Further more there are some significant changes in public behaviours that impact on longer term stability – most notably the growth in e-cigarettes and anticipated licencing of 'vaping on prescription' as a harm reduction measure.

# H&WB Progress to Date and next steps –

- Thorough examination of service models and service line reporting information.
- Alignment of physical health and mental health ‘wellbeing and recovery’ offers – link IAPT, Creative Minds, Recovery College etc with H&WB
- Clarity of USPs for our clinical H&WB offer – not defined by population segment – able to offer smooth transition through full range of clinical responses etc
- Development of partnership arrangements to support the above offer
- Further exploitation of technological infrastructure that underpins service model to support growth and efficiency
- Development of partnerships with academic institutions and commissioners to develop the evidence base for our more integrated approach – influencing commissioning decisions, particularly with regard to setting of meaningful KPIs

# General Community Long Term Conditions

- Vision
- Case for Change
- Service Model
- Progress update

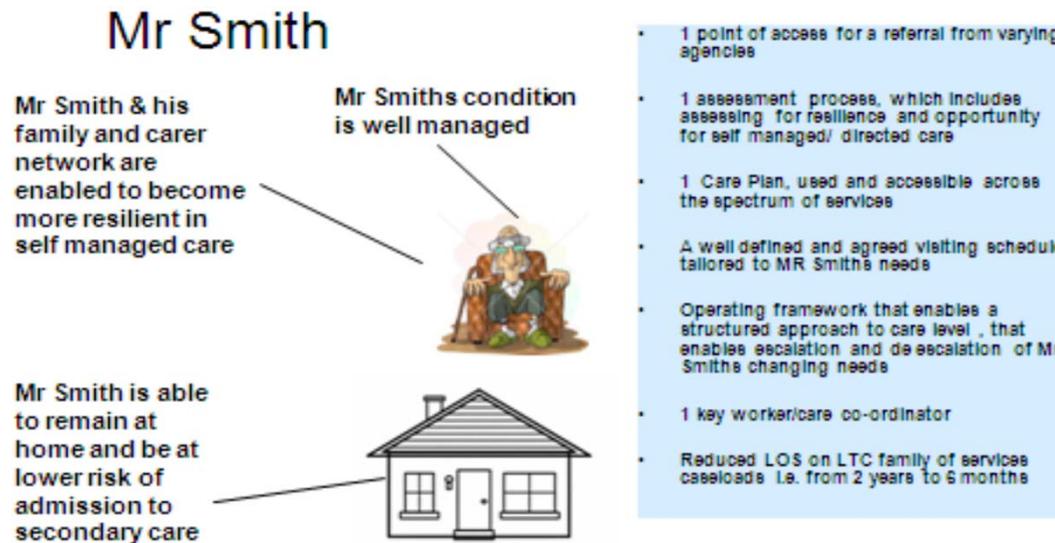


With all of us in mind

# Long Term Conditions Vision

## Service Vision:

'Getting it right for Mr Smith'



To provide a proactive case management approach to supporting people at all levels of the continuum of their disease process from prevention through to end of life care.

Patients should receive an intensive multi-disciplinary care co-ordination approach that supports self-management and supports their pathway to recovery and/or end of life.

## Hypothesis:

- 'Transforming the LTC family of services to work in the improved delivery model of the LTC Operating Framework will reduce service duplication and improve outcomes for patients'.



With all of us in mind

## Objectives:

- Right person, right contact, right place.
- More patients treated at a reduced cost.
- Improving/equipping patients to self-care.
- Workforce fit to meet the needs of patients with long-term conditions.
- Better integration of the LTC family of services.
- Establish a clear Operating Framework.

## Aims:

- To have a single route into the services (in part achieved).
- To have a Single Assessment Process which incorporates the 'Patient Activation Measure' (in place and being evaluated as part of testing phase).
- To have a MDT approach to allocation of Key Worker using the LTC Operating Framework (in place and being evaluated as part of testing phase).
- To have a single LTC Framework that is the model of care delivery (in place and the focus of our internal and external marketing strategy).
- To have a single Care Plan for each patient (early development stages).
- To have a well-defined and agreed visiting schedule tailored to patients' needs (in place and being evaluated in testing phase).
- To have a single IMT spine for the family of LTC services (achieved in part via manipulation of SystemOne by IM&T support staff (currently being evaluated as part of testing phase)).
- To have improved productivity (reduction in duplication and increased skills utilisation).



With all of us in mind

# Long Term Conditions Service Model

- Community-based working in defined localities which align with primary and social care.
- Integrated community nursing and care navigation teams wrapped around the patient.
- Key Worker from within the LTC family of services that co-ordinates individual patient care.
- Provide care closer to home.
- Provide a flexible service that is responsive to fluctuations in demand.
- Have the right skill mix that is able to meet the change in model from Advanced Nurse Practitioner through to Care Navigation in alignment with the LTC Operating Framework.

## COMMUNITY NURSING SERVICES' OPERATING FRAMEWORK

South West Yorkshire Partnership  NHS Foundation Trust		
Barnsley community nursing services' operating framework		
Classification	Definition	Services involved and actions that can be taken
<b>High</b> Patient is unstable/ high complexity/ complex deterioration	Symptoms or needs are unstable or of high complexity. Some unexpected episodes of a deterioration in health with the need to change the care plan. Regular reviews with worsening family distress and or social burden. Condition management and support needed.	<ul style="list-style-type: none"> <li>• Case management will often involve the community matrons or specialist nurses.</li> <li>• Involve clinical contacts face-to-face or non-face-to-face with community matron or specialist nurse.</li> <li>• Assess and instigate social network support.</li> <li>• Key worker adopts role of care co-ordinator across all agencies involved.</li> <li>• Consider telehealth vital sign monitoring to monitor worsening of symptoms to identify the requirement to undertake face-to-face intervention.</li> <li>• Consider care navigation/health coaching to influence positive health-related behaviour change and initiate where appropriate.</li> <li>• Promote and support self-management and ongoing education.</li> </ul> <p><i>Step down to <b>AMBER</b> as condition determines</i></p>
<b>Medium</b> Patient has fluctuating stability/ some complexity/ expected deterioration	Some complexity of symptoms or needs which are mostly met by current care plan at a maintenance level. Occasional exacerbations may require additional management and support.	<ul style="list-style-type: none"> <li>• Ongoing management undertaken by staff nurse in long-term conditions or district nurse involving face-to-face and non-face-to-face contact.</li> <li>• Consider telehealth vital sign intervention for initial six months duration.</li> <li>• Consider care navigation/health coaching services to promote self-management particularly to support medication concordance/requirement to influence positive behaviour change/provide additional disease-related education.</li> <li>• Promote and support self-management and ongoing education.</li> </ul> <p><i>Step up to <b>RED</b> if condition becomes unstable/high complexity</i> <i>Step down to <b>GREEN</b> when condition stabilises/low complexity</i></p>
<b>Low</b> Patient is stable/ low complexity	Symptoms controlled or needs met by current care plan. Discrete short term interventions and support may be needed.	<ul style="list-style-type: none"> <li>• Annual review performed by a district nurse.</li> <li>• Ongoing monitoring provided by Telehealth services.</li> <li>• Promote model of self-management, referring all newly referred/ diagnosed patients to receive care navigation/health coaching services as appropriate.</li> <li>• Refer and utilise other services that are available eg. cardiac and pulmonary rehabilitation.</li> </ul> <p><i>Step up to <b>AMBER</b> / <b>RED</b> as condition determines</i></p>



With all of us in mind



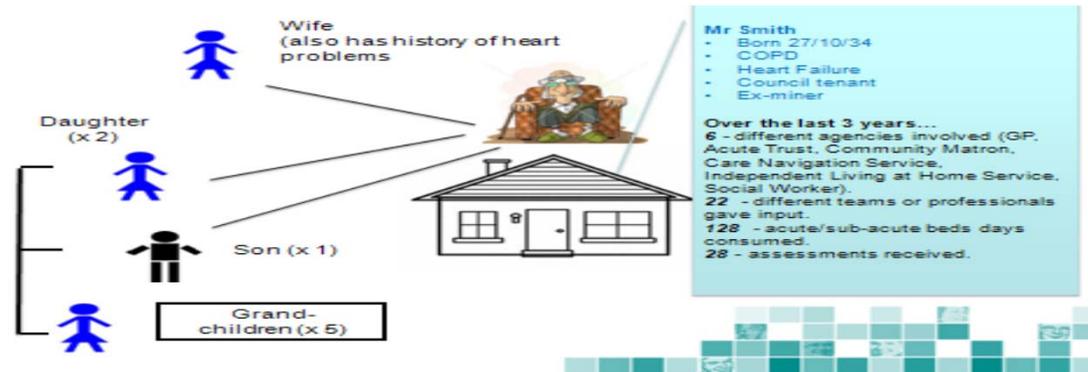
With all of us in mind

# Long Term Conditions Service Model

## Evidence Base for the Model:

- **The strongest piece of evidence is how we approached Mr Smith's care** at the start of our journey which went against everything patients told they wanted and is highlighted in our initial findings with Mr Smith's experience of care.

Mr Smith's current offer and experience



- Changing demographics outlines in Barnsley JSNA, growth in over 65 year population with life-limiting and long-term illness, from **23,611 in 2013 up to 25,237 in 2015**. The Kings Fund (2013) identified that nationally these increases will put an increased strain on community services if they do not change the way they deliver services.
- **The National Outcomes Framework** is explicit in its assumptions that LTC service in the community need to provide an integrated service response in order to contribute to the outcome domains of 'Enhancing the quality of life for people with LTC and ' Helping People to recover from episodes of ill health'
- **The NHS five Year Forward View** (2014) envisions new models of care that break down divides between services, with the aim of patients receiving personalised and co-ordinated care.
- **Monitor** in its report on '**Commissioning better Community Services for NHS Patients**' (2015) outlines that providers need to improve the offer of their community services that works better for patients.
- Growing emphasis on **care closer to home and supported self-directed care** in the community setting, as outlined in the '**Better care Fund**' objectives in relation to modelling our services to enable managing pressure in the system and improve long term stability in relation to patients with complex needs.
- Local increased and changing demand on our services - **26,513 referrals in 2013/14** with a predicted growth of at least **3% year-on-year of referrals**. Using demand and capacity profiling and the JSNA and CCG data sets.
- Fiscal constraints of internal Cost Improvement Programmes and external limit on new resources from Commissioners.
- Reduction in the length of hospital stay and early discharge from hospital.
- Drive to reduce admission and re-admission to hospital settings.



With all of us in mind

# LTCs Case for change –

Nationally the number of people with three or more long term conditions is predicted to rise from 1.9 in 2008 million to 2.9 million in 2018.

The ageing population and increased prevalence of long terms conditions have significant impact on health and social care and may require £5 billion additional expenditure by 2018

([www.kingsfund.org.uk](http://www.kingsfund.org.uk)). The Barnsley JSNA (2012) identifies that there is a growing and increasingly elderly population. There are approximately 231,000 people living in Barnsley, this is predicted to increase to 238,500 by 2015. Indications are that there will be the greatest growth amongst the over 65 year's population, increasing by 20.9% by 2021, currently 20% of the total population are over 65 years of age. There are an estimated 23,611 people over the age of 65 years with at least one limiting long term condition and this is predicted to rise year on year up to 2015 when the estimate will be 25,237, this

alongside the growing elderly population will have a significant burden on both health and social care services.

With this demographic trend we need to ensure we are changing and developing services that meet the future needs of the population.

# LTCs Progress to Date –

## **Work underway**

- Testing phase mapped out and plan in place for start date of 3 month testing from 1st July 2015
- Continue work on reviewing COPD, Diabetes, Tissue viability, Palliative Care & Epilepsy service
- Implementation group well established and working well and plan and timeline agreed for IM&T issues
- Development of outcomes and KPIs for new models of working shared

with LTC project group and clinical lead for comments

- Engagement of Staff and partners

## **Next Steps**

- Complete Testing phase
- Continue with reviews of other service elements
- Self-management workstreams

# Summary

- Mental health work stream – most advanced which is appropriate given this is largest element of service  
New models of service for Acute and Community ; Memory assessment ; Rehabilitation and recovery are planned for implementation in 2015/16 in order to align with Annual Planning and CIP assumptions  
Key enabler is the agreement of commissioners to new service models and the reflection of these in 2015/16 contracts.
- Learning Disability – at Full Business case stage for planned implementation in 2016  
Key enabler is commissioner agreement model and funds flow.
- Forensic – Preparation for national procurement to demonstrate effective operational mode and develop clinical network and pathway approach with partners .
- General Community – Services tested in 2015-16 through tender or service specification – intermediate care; integrated care and 0-19 services. Alignment of work streams with tender activity and Annual Planning for 2016-17





With all of us in mind

# Quality Performance Report

## Strategic Overview

**August 2015**



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# Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for August 2015 information unless stated. The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions.

The Trust continues to improve its performance framework to deliver the Trust IM&T strategy of right information in the right format at the right time. Performance reports are now available as electronic documents that allow the reader to look at performance from different perspectives and at different levels within the organisation.

Performance is reported through a number of key performance indicators (KPIs) using the Trust's balanced score card to enable performance to be discussed and assessed with respect to

- Business Strategic Performance – Impact & Delivery
- Customer Focus
- Operational Effectiveness – Process Effectiveness
- Fit for the Future - Workforce

KPIs provide a high level view of actual performance against target and assurance to the Board about the delivery of the strategic objectives and adhere to the following principles:

- Makes a difference to measure each month
- Focus on change areas
- Focus on risk
- Key to organisational reputation
- Variation matters

# Strategic Overview Dashboard

## Business Strategic Performance Impact & Delivery

1	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green					4
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4					4
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green	Green					4
5	CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G					3
6		CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G					3
7		CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G					3
8		CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G					3
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G					3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	Data Not Avail					4
11	C-Diff	C Diff avoidable cases	C	0	0	0	0	2	0	Data Not Avail					4

## Customer Focus

12	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
13	Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	12% 8/66	14% 6/44	13% 9/69	12% 9/73	12% 5/42	14% 23/179					4
14	Service User Experience	Friends and Family Test	L	TBC											
15	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail					4
16		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail					4
17	FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100% 24/24	100% 17/17	100% 24/24	100% 28/28		100% 65/65					4
18	Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%					4
19	Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%					4
20		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%	100%					4
21		% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%					4

## Operational Effectiveness: Process Effectiveness

22	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position	
23	Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.11%	100%	99.86%	100%		99.70%					4	
24		Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.06%	97%	99.82%	100%			98.35%					4
25		Delayed Transfers Of Care	M	7.50%	2.50%	1.52%	2.03%	1.96%	1.70%	2.01%						4
26		% Admissions Gatekept by CRS Teams	M	95%	93.28%	96.30%	97.20%	100%	95.90%	95.51%						4
27		% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.21%	100%	97.86%	97.70%	95.35%	98.66%						4
28		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	86.57%	97.92%						4
29		Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	108.97%	102%	104.60%	137.50%		104.60%						4
30		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%						4
31		Data completeness: comm services - Referral information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%						4
32		Data completeness: comm services - Treatment activity information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%						4
33		Data completeness: Identifiers (mental health)	M	97%	99.70%	100%	99.62%	100%	99.62%	99.62%						4
34		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	77.63%						4
35		Compliance with access to health care for people with a learning disability	M	Compliant						Compliant						
36		IAPT - Treatment within 6 Weeks of referral	M	75%												
37		IAPT - Treatment within 18 weeks of referral	M	95%												
38		Early Intervention in Psychosis - 2 weeks (NICE approved care package)	M	50%	40.00%	81.82%	58.33%	56.25%	55.56%							
39	Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%		Data Not Avail					4	
40		% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%		Data Not Avail					4	

# Strategic Overview Dashboard

Fit for the future Workplace

41	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
42	Sickness	Sickness Absence Rate (YTD)	L	4.4%	4.80%	5.10%	5.00%	4.80%	4.80%	5.00%					1
43	Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	56.80%					4
44		Appraisal Rate Band 5 and below	L	95%	Avail M6					4					
45	Vacancy	Vacancy Rate	L	10%											4
46	Mandatory Training	Aggression Management	L	80%	73.70%	73.65%	75.83%	77.04%	78.89%	75.83%					1
47		Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	84.87%					4
48		Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	86.31%					4
53		Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	69.00%					1
50		Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	82.82%					4
51		Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	92.67%					4
52		Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	84.14%					4
53		Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	86.00%					4
54		Moving & Handling	L	80%	71.80%	73.66%	75.31%	77.40%	79.32%	75.31%					1

KEY	
4	Forecast met, no plan required/plan in place likely to deliver
3	Forecast risk not met, plan in place but unlikely to deliver
2	Forecast high risk not met, plan in place but very unlikely to deliver
1	Forecast Not met, no plan / plan will not deliver
CQC	Care Quality Commission
M	Monitor
C	Contract
C (FP)	Contract (Financial Penalty)
L	Local (Internal Target)
ER	Expected Range
N/A	Not Applicable

## Overall Financial Performance 2015 / 2016

Performance Indicator		Month 5 Performance	Annual Forecast	Trend from last	Last 3 Months - Most recent		
					4	3	2
<b>Trust Targets</b>							
1	Monitor Risk Rating	●	●	↔	●	●	●
2	£0.74m Deficit on Income & Expenditure	●	●	↑	●	●	●
3	Cash Position	●	●	↑	●	●	●
4	Capital Expenditure	●	●	↑	●	●	●
5	Delivery of CIP	●	●	↑	●	●	●
6	Better Payment Practice Code	●	●	↑	●	●	●

### Key

●	In line, or greater than plan
●	Variance from plan ranging from 5% to 15%
●	Variance from plan greater than 15%

### Summary Financial Performance

These Key Performance Indicators (KPI's) help the Trust to monitor progress against each element of our financial strategy.

1. The Trust Financial Risk Rating is 4 against a plan level of 4. (A score of 4 is the highest possible) The forecast is that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at August 2015, is a surplus of £0.94m. This is £1.84m ahead of plan.

Supported by the utilisation of Trust provisions the Trust are confident that the financial plan for 2015 / 2016 will be achieved. If the current trend continues this would enable the Trust to achieve a small surplus of c. £150k rather than a deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At August 2015 the cash position is £28.79m which is £1.46m behind plan.

4. Capital spend to August 2015 is £4.62m which is £0.44m (9%) behind the Trust capital plan.

5. At August 2015 the Cost Improvement Programme is £1k behind plan. Overall a Full Year Value of £933k (10%) has been rated as red, after mitigations. A red rating indicates that the CIP opportunity does not currently have an implementation plan and therefore carries a high risk on non achievement.

6. As at August 2015 91% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be an improvement from previous months.

# Contracting

## Trust Summary by BDU - Current Contract Performance

Contract Variations	
BBDU NHSE National Childhood Flu Immunisation (3 yr contract) - completed	£60.9
C&K CAMHS: Awaiting signed 2015-16 deed of variation from Commissioners	
WCCG offer tbc to fund 12-18mths Psychologist support to assist in reducing ASD backlog.	£65.0

## CQUIN Performance

## Q2 Forecast based on

Quarter	Quarter 1 £000s	Achieved	Variance	M4 Performance	Vari
Barnsley	£369.0	£321.0	-£48.0	£379.8	-£32.0
Wakefield	£118.1	£85.8	-£32.3	£175.8	-£14.2
Kirklees	£133.2	£96.1	-£37.1	£200.0	-£14.6
Calderdale	£59.8	£43.1	-£16.6	£89.8	-£6.6
Specialised	£75.4	£75.4	£0.0	£75.4	£0.0
Forensics	£22.5	£22.5	£0.0	£120.0	£0.0
Trust Total	£778.1	£644.0	-£134.0	£1,040.8	-£67.4

## CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,593.3	-£196.8
Wakefield	£793.9	£533.6	-£260.3
Kirklees	£878.2	£592.8	-£285.5
Calderdale	£394.1	£266.0	-£128.1
Specialised	£301.7	£263.9	-£37.8
Forensics	£562.3	£528.6	-£33.7
Trust Total	£4,720.4	£3,778.2	-£942.2

## CQUIN Performance Q2 Hotspots

West CCGs MH Clustering - Q1, 3 out of 4 indicators failed. Remedial work in place between BDU's, GMs and P&I

West CCGs Improving Urgent & Emergency Care, Reduction in A&E MH re-attendances Scheme still tbc with Commissioners and risk share agreed

BBDU - MH Clustering - The BDU still predicts that the target for the Review of Service Users & Clusters will not be achieved. Work is still ongoing with the Teams to achieve this CQUIN

BBDU - Communications with GPs -the BDU predicts that it will only achieve a 50% payment for that part of the CQUIN. Work is ongoing to improve this.

## Contract Performance Issues

**CAMHS C&K:** Service & Commissioners comfortable with inputting and extracting of KPIs. Data reporting now includes all residents from all CCGs split between GH & NKs and Quality & Safety Dashboard.

**CAMHS: W** -Majority of data being pulled via RiO now reflects service delivery. Outcomes of hub work being captured manually. Data to be included in future reporting.

**LD W** - Requirement to develop a suite of data and reporting by Sep 2015 that reflects our performance against the service specification.

**LD C** - Internally addressing reporting requirements against new specification. To be discussed/reviewed with Commissioners in September 2015

## QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,428.3	-£361.7	
Kirklees**	£1,000.0	£479.8	-£520.2	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,790.0	£1,908.1	-£881.9	

\* W target is cumulative covering 2014/15 & 2015/16: \*\* K includes Specialist LD scheme

## Proposals under the QIPP scheme -

**W:-** £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Saville Park) - on target: MH contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget - prevention client OOA) - delivered: Repricing LD beds - ongoing:

**C:-** 15/16 Schemes to be identified by end of Q1. Potential Productivity Schemes identified, not finalised/agreed.

**K:-** £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models. Below target

## KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£21.8	As at Mth 4

## Contract Performance Information - based on month 3

### Key areas where performance is above contracted levels

- Acute MH Inpatient services for adults of working age across W,K,C BDUs
- MH PICU Inpatient services for adults of working age in Wakefield
- Older People's MH inpatients services in Wakefield
- Older People's Memory services in C & W
- Intermediate Care in Barnsley

### Key areas where performance is below contracted levels

- MH PICU Inpatient services for adults of working age in C & K
- MH Adult Crisis Resolution services in Wakefield
- MH Adult Rehabilitation services in W & C
- Diabetes nursing and MSK in Barnsley

### Key areas where performance is back on target

- IAPT: Kirklees - remains above 52% target

## Contract Performance Issues

**Health & Wellbeing** - Both Sheffield & Barnsley Stop Smoking will have to reduce costs due to the reduction in funding in the revised contracts

**Forensics:-** National procurement identified during 2015/16 for Medium & Low Secure MH Services. Joint Commissioner / Provider review of Outreach services & pathways to verify funding

Joint Review of Service Unit Prices to inform future Commissioning and service delivery

Commissioners identified Re-procurement of Forensic CAMHS Services

Medium Secure bed occupancy remains below 90% threshold at m4, BDU seeking new admissions to avoid financial penalty

# Mental Health Currency Development

The Trust has been a key member of the Care Packages and Pathway Project (CPPP) - a consortium of organisations in the Yorkshire & Humber and North East SHA areas who have been working together to develop National Currencies and Local Tariffs for Mental Health.

The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing and protocols. Clusters will form the basis of the contracting arrangements between commissioners and providers and this is due to take effect from April 2016. This will mean that for working age adults and older people that fall within the scope of the mental health currencies the activity value will be agreed based on the clusters, and a price will be agreed for each cluster review period. The cluster review period is the time between reassessments and there is some protocol behind this. The mental health clustering tool (MHCT) guidance booklet has recently been revised to update the care transition protocols.

The scope of PbR is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

The Trust have been successful in agreeing a CQUIN related to MH Clustering in the two main commissioning contracts and this will assist greatly in the data quality preparatory work that needs to be undertaken in advance of April 2016.

The CQUINs have 3 common elements:

Clustering of Initial Referral Assessments - 98% to be clustered within 8 weeks of 'eligible' initial referral assessments

Review of Service Users and Clusters - agreed % to be reviewed by March 2016.

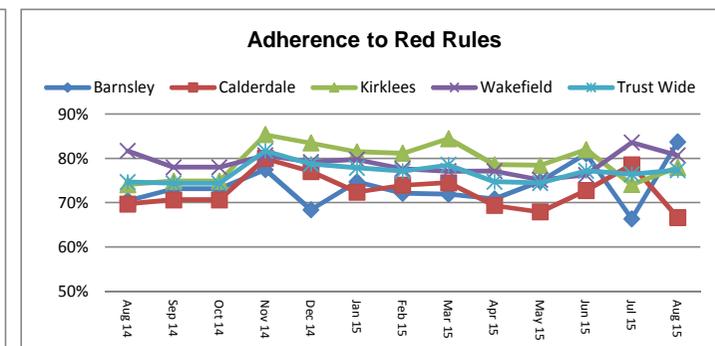
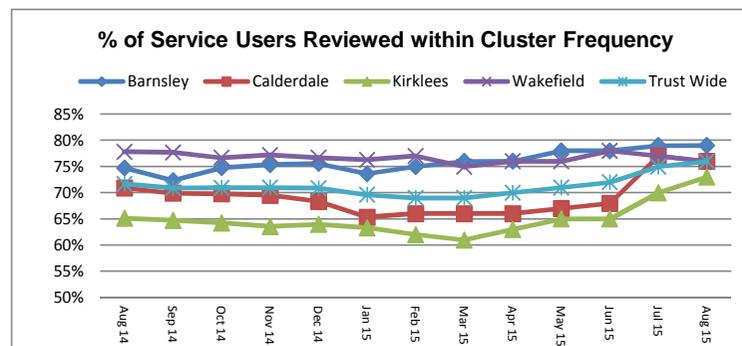
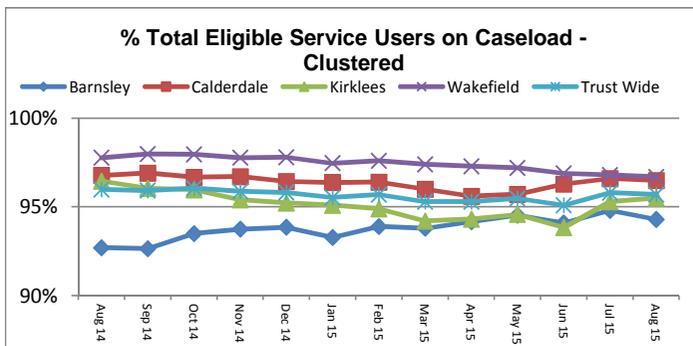
Adherence to Red Rules (assurance that the cluster is accurate, complete and of high quality)

The West contract includes the development of a PbR Dashboard and this will be an interactive reporting tool. Developments are on track, quarter 1 requirements were met and quarter 2 requirements are on track.

Across the Trust, a number of caseload reviewers have been undertaking a data quality exercise which is anticipated will have a positive impact on clustering.

As part of the Mental Health Transformation work stream, the clusters and care packages are being used to feed into demand and capacity modelling.

## MH Currency Indicators - August 2015



## IAPT & Forensic Secure Services and Clustering

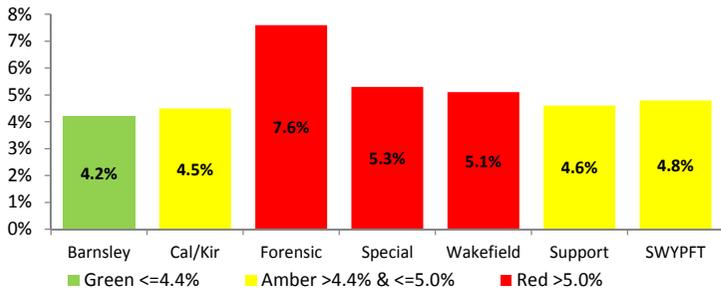
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from March 15 to enable more robust reporting to be made for inclusion into the Forensic PbR Pilot submission. The datasets have the facility to flow the data from April 15 and internal monitoring of the completeness of this data will take place during 15/16. From quarter 2, the monitoring of clustering for these services will be included in the relevant BDU dashboards.

## Learning Disabilities

The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, implementation has been deferred until January 2016.

Human Resources Performance Dashboard - August 2015

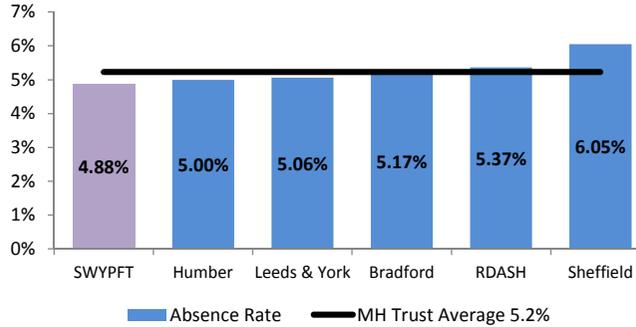
Sickness Absence



Current Absence Position - July 2015

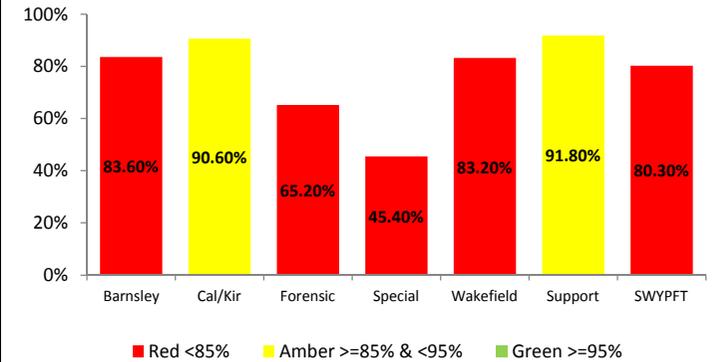
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.4%	4.4%	6.6%	4.8%	5.1%	5.5%	4.9%
Trend	↓	↓	↑	↑	↓	↓	↓

The Trust YTD absence levels in July 2015 (chart above) were above the 4.4% target at 4.8%



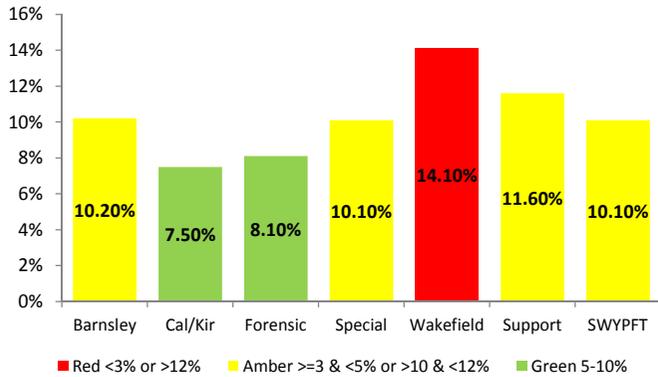
The above chart shows absence levels in MH/LD Trusts in our region to the end 2014/15. During this time the Trust's absence rate was 4.88% which is below the regional average of 5.2%.

Appraisals - Band 6 and Above

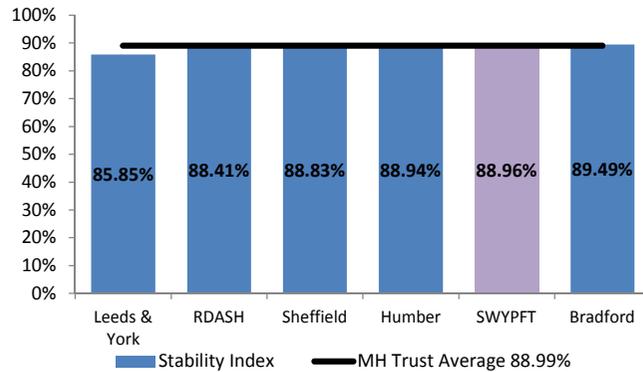


The above chart shows the appraisal rates for staff on bands 6 and over. The Trust's target for appraisals is 95% or above. Although the Trust has not yet achieved the target, all areas have shown a continuous improvement since April.

Turnover and Stability Rate Benchmark

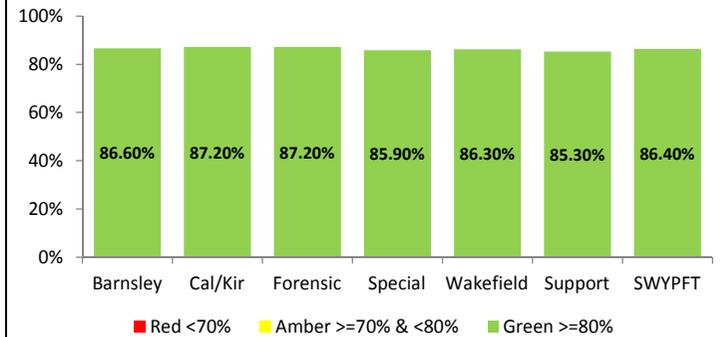


This chart shows Turnover levels up to the end of August 2015. Approximately half the leavers in Wakefield BDU were as a result of retirement.



This chart shows stability levels in MH trusts in the region for the 12 months ending in May 2015. The stability rate shows the percentage of staff employed with over a year's service. The Trust's rate is at the average compared with other MH/LD trusts in our region.

Fire Lecture Attendance



The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

# Workforce - Performance Wall

Trust Performance Wall							
Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	4.80%	4.80%	5.00%	4.90%	4.80%	4.80%
Sickness (Monthly)	<=4.4%	5.00%	5.30%	5.00%	4.80%	4.60%	4.90%
Appraisals (Band 6 and above)	>=95%	96.50%	4.00%	13.10%	56.70%	73.30%	80.30%
Appraisals (Band 5 and below)	>=95%	97.10%	2.70%	5.40%	16.90%	28.00%	42.10%
Aggression Management	>=80%	72.90%	73.70%	73.70%	75.80%	77.00%	78.90%
Equality and Diversity	>=80%	81.40%	82.30%	84.50%	84.90%	85.80%	87.20%
Fire Safety	>=80%	86.30%	86.50%	86.20%	86.30%	86.60%	86.40%
Food Safety	>=80%	63.70%	65.20%	66.90%	69.00%	70.70%	71.80%
Infection Control and Hand Hygiene	>=80%	80.90%	80.60%	82.10%	82.80%	83.70%	85.30%
Information Governance	>=95%	96.00%	91.90%	92.60%	92.70%	92.80%	92.70%
Moving and Handling	>=80%	70.10%	71.80%	73.70%	75.30%	77.40%	79.30%
Safeguarding Adults	>=80%	82.20%	82.80%	82.60%	84.10%	84.90%	86.20%
Safeguarding Children	>=80%	84.40%	84.70%	85.20%	86.40%	86.40%	87.10%
Bank Cost		£502k	£412k	£360k	£398k	£473k	£445k
Agency Cost		£517k	£296k	£720k	£608k	£694k	£566k
Overtime Cost		£11k	£12k	£13k	£16k	£8k	£26k
Additional Hours Cost		£93k	£104k	£76k	£90k	£89k	£83k
Sickness Cost (Monthly)		£481k	£567k	£526k	£515k	£456k	£484k
Vacancies (Non-Medical) (WTE)		404.26	308.42	343.02	328.68	351.53	353.84
Business Miles		310k	295k	304k	305k	313k	340k

Barnsley District							
Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	4.40%	4.50%	4.40%	4.30%	4.20%	4.20%
Sickness (Monthly)	<=4.4%	5.00%	5.30%	4.40%	4.10%	3.90%	4.40%
Appraisals (Band 6 and above)	>=95%	96.70%	4.70%	18.10%	58.90%	78.00%	83.60%
Appraisals (Band 5 and below)	>=95%	96.80%	3.10%	5.80%	18.80%	32.10%	51.90%
Aggression Management	>=80%	83.70%	85.30%	79.90%	81.80%	82.00%	84.30%
Equality and Diversity	>=80%	83.80%	84.60%	86.90%	86.70%	87.60%	89.20%
Fire Safety	>=80%	83.70%	82.60%	83.60%	84.20%	85.10%	86.60%
Food Safety	>=80%	70.40%	74.40%	76.30%	77.80%	81.10%	80.50%
Infection Control and Hand Hygiene	>=80%	83.20%	82.40%	83.90%	83.70%	84.40%	85.60%
Information Governance	>=95%	93.20%	90.10%	90.20%	90.40%	91.50%	91.80%
Moving and Handling	>=80%	72.10%	73.40%	76.00%	77.70%	80.00%	81.70%
Safeguarding Adults	>=80%	85.40%	85.20%	86.10%	86.80%	87.30%	87.90%
Safeguarding Children	>=80%	84.50%	84.70%	85.10%	86.10%	86.70%	88.30%
Bank Cost		£64k	£57k	£67k	£71k	£67k	£70k
Agency Cost		£181k	£46k	£259k	£214k	£151k	£77k
Overtime Cost		£6k	£9k	£10k	£10k	£3k	£17k
Additional Hours Cost		£48k	£56k	£43k	£43k	£40k	£47k
Sickness Cost (Monthly)		£158k	£201k	£179k	£170k	£134k	£149k
Vacancies (Non-Medical) (WTE)		122.38	110.55	120.43	105.51	111.96	116
Business Miles		129k	135k	134k	128k	139k	137k

Calderdale and Kirklees District							
Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	4.50%	4.60%	5.00%	4.60%	4.50%	4.50%
Sickness (Monthly)	<=4.4%	4.80%	5.40%	4.90%	4.20%	4.50%	4.40%
Appraisals (Band 6 and above)	>=95%	100.00%	2.40%	4.70%	65.50%	79.40%	90.60%
Appraisals (Band 5 and below)	>=95%	98.40%	5.10%	7.30%	22.70%	33.90%	49.50%
Aggression Management	>=80%	71.10%	75.40%	77.90%	79.50%	81.10%	82.60%
Equality and Diversity	>=80%	82.50%	83.10%	85.00%	85.90%	86.60%	87.70%
Fire Safety	>=80%	90.40%	90.00%	86.90%	88.60%	87.70%	87.20%
Food Safety	>=80%	54.50%	58.70%	59.50%	64.90%	65.90%	66.80%
Infection Control and Hand Hygiene	>=80%	80.60%	81.20%	82.90%	84.30%	85.70%	87.20%
Information Governance	>=95%	98.70%	92.60%	94.80%	94.60%	93.70%	93.60%
Moving and Handling	>=80%	67.40%	68.80%	70.40%	72.20%	75.40%	77.50%
Safeguarding Adults	>=80%	81.00%	81.20%	79.70%	80.90%	81.40%	83.00%
Safeguarding Children	>=80%	82.00%	83.10%	84.60%	85.30%	86.00%	85.50%
Bank Cost		£120k	£117k	£108k	£104k	£131k	£123k
Agency Cost		£83k	£59k	£157k	£57k	£167k	£110k
Overtime Cost		£3k	£1k	£0k	£3k	£2k	£1k
Additional Hours Cost		£3k	£3k	£2k	£5k	£7k	£4k
Sickness Cost (Monthly)		£99k	£113k	£101k	£90k	£91k	£90k
Vacancies (Non-Medical) (WTE)		89.24	75.76	79.76	83.33	77.32	82.59
Business Miles		63k	58k	66k	61k	64k	77k

Forensic Services							
Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	7.40%	7.40%	8.20%	8.20%	7.90%	7.60%
Sickness (Monthly)	<=4.4%	7.50%	7.70%	8.20%	8.20%	7.30%	6.60%
Appraisals (Band 6 and above)	>=95%	98.10%	3.10%	6.00%	43.10%	58.70%	65.20%
Appraisals (Band 5 and below)	>=95%	93.90%	1.00%	2.30%	6.80%	14.00%	29.30%
Aggression Management	>=80%	76.40%	77.60%	76.30%	77.00%	78.80%	78.40%
Equality and Diversity	>=80%	85.80%	87.70%	88.70%	89.30%	89.70%	90.20%
Fire Safety	>=80%	89.60%	91.80%	90.30%	88.00%	88.20%	87.20%
Food Safety	>=80%	51.00%	52.90%	55.80%	57.60%	59.50%	63.20%
Infection Control and Hand Hygiene	>=80%	83.20%	83.50%	84.20%	84.90%	86.00%	87.80%
Information Governance	>=95%	98.40%	94.10%	94.40%	93.40%	94.10%	92.70%
Moving and Handling	>=80%	76.60%	78.20%	79.20%	80.20%	81.50%	83.90%
Safeguarding Adults	>=80%	85.60%	86.40%	86.90%	87.00%	87.40%	88.40%
Safeguarding Children	>=80%	81.50%	83.10%	84.60%	85.00%	85.10%	85.70%
Bank Cost		£137k	£93k	£61k	£82k	£95k	£99k
Agency Cost		£56k	£58k	£116k	£91k	£93k	£77k
Additional Hours Cost		£3k	£0k	£1k	£3k	£0k	£0k
Sickness Cost (Monthly)		£63k	£70k	£74k	£77k	£65k	£58k
Vacancies (Non-Medical) (WTE)		39.5	16.26	16.94	16.7	20.56	28.42
Business Miles		7k	3k	4k	4k	3k	6k

## Workforce - Performance Wall cont...

### Specialist Services

Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	5.70%	5.70%	5.80%	5.70%	5.40%	5.30%
Sickness (Monthly)	<=4.4%	6.00%	5.30%	5.80%	5.50%	4.90%	4.80%
Appraisals (Band 6 and above)	>=95%	84.70%	4.80%	12.70%	33.50%	39.80%	45.40%
Appraisals (Band 5 and below)	>=95%	88.80%	1.40%	3.90%	9.40%	13.10%	21.50%
Aggression Management	>=80%	74.30%	67.50%	69.30%	70.60%	70.30%	73.80%
Equality and Diversity	>=80%	82.50%	83.70%	86.70%	87.30%	88.20%	89.60%
Fire Safety	>=80%	84.00%	86.20%	86.00%	85.10%	83.70%	85.90%
Food Safety	>=80%	83.90%	70.20%	72.20%	72.70%	72.20%	72.20%
Infection Control and Hand Hygiene	>=80%	77.60%	78.60%	79.50%	81.10%	81.60%	83.30%
Information Governance	>=95%	94.80%	88.40%	89.20%	91.10%	90.10%	90.80%
Moving and Handling	>=80%	66.30%	69.60%	72.50%	74.80%	76.70%	79.70%
Safeguarding Adults	>=80%	75.10%	77.50%	78.10%	80.40%	81.50%	83.20%
Safeguarding Children	>=80%	83.40%	82.20%	81.80%	84.30%	82.70%	82.90%
Bank Cost		£34k	£24k	£31k	£33k	£44k	£33k
Agency Cost		£152k	£92k	£145k	£195k	£195k	£208k
Overtime Cost		£2k	£2k	£2k	£2k	£2k	£2k
Additional Hours Cost		£6k	£9k	£7k	£7k	£11k	£5k
Sickness Cost (Monthly)		£62k	£58k	£58k	£56k	£50k	£56k
Vacancies (Non-Medical) (WTE)		33.44	42.31	52.51	52.47	52.66	44.93
Business Miles		31k	29k	29k	38k	32k	30k

### Support Services

Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	4.20%	4.10%	3.90%	4.10%	4.30%	4.60%
Sickness (Monthly)	<=4.4%	3.60%	3.80%	3.90%	4.30%	4.50%	5.50%
Appraisals (Band 6 and above)	>=95%	99.50%	1.50%	9.50%	66.80%	86.20%	91.80%
Appraisals (Band 5 and below)	>=95%	99.60%	1.90%	4.00%	11.90%	20.70%	26.60%
Aggression Management	>=80%	49.20%	49.20%	51.00%	57.10%	60.10%	65.10%
Equality and Diversity	>=80%	68.60%	69.20%	72.40%	73.20%	74.60%	76.20%
Fire Safety	>=80%	88.30%	88.90%	88.00%	87.50%	87.70%	85.30%
Food Safety	>=80%	97.10%	87.70%	89.30%	90.20%	95.50%	95.50%
Infection Control and Hand Hygiene	>=80%	76.00%	76.50%	78.60%	78.90%	79.90%	80.90%
Information Governance	>=95%	97.10%	93.60%	94.80%	94.80%	94.90%	94.60%
Moving and Handling	>=80%	70.80%	72.10%	72.80%	74.90%	76.70%	77.70%
Safeguarding Adults	>=80%	81.70%	81.70%	79.70%	81.60%	83.60%	84.70%
Safeguarding Children	>=80%	88.20%	88.00%	87.60%	87.80%	88.70%	89.80%
Bank Cost		£47k	£42k	£25k	£38k	£40k	£36k
Agency Cost		£23k	£16k	£25k	£27k	£16k	£27k
Additional Hours Cost		£20k	£21k	£17k	£23k	£21k	£18k
Sickness Cost (Monthly)		£47k	£59k	£58k	£64k	£63k	£76k
Vacancies (Non-Medical) (WTE)		49.43	21.26	26.51	24.8	36.6	36.53
Business Miles		45k	38k	32k	34k	36k	47k

### Wakefield District

Month		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
Sickness (YTD)	<=4.4%	4.50%	4.60%	5.50%	5.30%	5.10%	5.10%
Sickness (Monthly)	<=4.4%	4.80%	5.60%	5.50%	5.20%	4.70%	5.10%
Appraisals (Band 6 and above)	>=95%	97.70%	6.80%	19.20%	54.80%	78.30%	83.20%
Appraisals (Band 5 and below)	>=95%	98.10%	1.10%	7.60%	25.60%	41.40%	50.00%
Aggression Management	>=80%	78.80%	77.80%	77.70%	80.40%	81.00%	81.30%
Equality and Diversity	>=80%	87.00%	87.90%	89.40%	89.50%	89.80%	91.70%
Fire Safety	>=80%	83.70%	85.20%	88.20%	87.10%	88.70%	86.20%
Food Safety	>=80%	59.50%	61.50%	62.60%	62.40%	60.30%	61.70%
Infection Control and Hand Hygiene	>=80%	82.30%	79.40%	80.70%	83.20%	83.30%	86.50%
Information Governance	>=95%	98.00%	95.40%	94.00%	94.20%	93.00%	92.90%
Moving and Handling	>=80%	65.80%	68.60%	69.60%	70.60%	71.10%	73.50%
Safeguarding Adults	>=80%	77.60%	80.50%	81.00%	85.70%	86.70%	88.80%
Safeguarding Children	>=80%	85.30%	85.90%	86.50%	86.10%	86.50%	86.60%
Bank Cost		£100k	£79k	£69k	£69k	£97k	£85k
Agency Cost		£20k	£24k	£18k	£24k	£71k	£67k
Additional Hours Cost		£12k	£15k	£6k	£9k	£9k	£8k
Sickness Cost (Monthly)		£52k	£66k	£59k	£61k	£53k	£54k
Vacancies (Non-Medical) (WTE)		33.16	43.08	48.87	47.87	50.63	43.37
Business Miles		34k	32k	39k	40k	40k	42k

## Publication Summary

### National Institute for Health and Care Excellence (NICE)

[Click here for link to guideline](#)

### NHS England

Patient safety alert: addressing antimicrobial resistance through implementation of an antimicrobial stewardship programme

This patient safety alert has been issued to all providers of NHS care in England to highlight the challenge of antimicrobial resistance and the need for antimicrobial stewardship. The alert signposts NHS organisations to toolkits which have been developed by Public Health England in collaboration with several professional bodies to support the NHS in improving antimicrobial stewardship in both primary and secondary care. Through the alert, health providers are asked to specifically identify how the toolkits can be used to support their own local antimicrobial stewardship programmes.

[Click here for link to guidance](#)

### National Institute for Clinical Excellence

Community engagement: improving health and wellbeing and reducing health inequalities

This draft guideline covers approaches to community engagement to help communities improve their health and wellbeing and reduce health inequalities. The closing date for comments is 24 September 2015.

[Click here for link to draft guidance](#)

### Monitor

2016/17 national tariff proposals: national variations and locally determined prices

This consultation document outlines proposed changes to the rules concerning national variations, the rules for locally determined prices and the method for determining applications for local modifications. The consultation is seeking feedback on these proposed changes and the deadline for responses is 21 September 2015.

[Click here for link to consultation](#)

### NHS England

Care and Treatment Reviews: policy and guidance

Care and Treatment Reviews (CTRs) were developed as part of NHS England's commitment to improving the care of people with learning disabilities or autism. They bring those responsible for the care of those who are in, or at risk of being admitted to, specialist hospitals around the table with the individual themselves and their families, as well as independent clinicians and experts by experience, to ensure that the care needs of that individual are being met. This guidance has been produced by building on the learning from the reviews which have taken place so far, including extensive engagement with people with learning disabilities, their representatives and their families. It will help CCGs and NHS England commissioners implement the recommendation from this learning that CTRs should become 'business as usual'.

[Click here for link to guidance](#)

## Publication Summary cont....

### Department of Health

Independent Patient Safety Investigation Service (IPSIS) expert advisory group: call for evidence

The Independent Patient Safety Investigations Service, which will operate from April 2016, will offer support and guidance to NHS organisations on investigations into serious patient safety incidents, and carry out certain investigations itself. An expert advisory group has been set up to make recommendations on how the new investigation service should work, and is seeking views from a wide range of stakeholder. It wants views on 5 related themes: independence, governance and accountability; engagement and transparency; what IPSIS should investigate; supporting improvement and learning; and people, skills, operation. The deadline for responses to this consultation is 31 October 2015

[Click here for link to consultation](#)

### Department of Health

Medical revalidation - guidance on the role of the responsible officer: consultation

This consultation seeks views on the revised guidance on the role of the responsible officers appointed by healthcare organisations. This guidance has been produced in collaboration with the Scottish and Welsh governments and NHS England and is aimed at three key audiences: doctors licensed with the General Medical Council to practise medicine; responsible officers and those taking on the responsible officer role; and organisations designated in the regulations. The closing deadline for this consultation is 22 October 2015.

[Click here for link to consultation](#)

### Monitor

Nursing agency rules

This guidance outlines the new rules on nursing agency spend from Monitor and the NHS Trust Development Authority for NHS foundation trusts and NHS trusts. The rules come into effect on 1 September 2015 and apply to agency spend on registered nursing, midwifery and health visiting staff only.

[Click here for guidance](#)

### Department of Health (DH)

Reviewing the indicators in the Public Health Outcome Framework

The Public Health Outcomes Framework sets out a high-level overview of public health outcomes, at national and local level, supported by a broad set of indicators. The indicators cover the full spectrum of what is understood as public health and what can be measured at the moment. This consultation seeks views on whether government should remove, replace or revise the existing indicators in the framework. The closing date for comments is 2 October 2015.

[Click here for consultation](#)

### National Palliative and End of Life Care Partnership

Ambitions for palliative and end of life care: a national framework for local action 2015-2020

This national framework urges local NHS organisations and local authorities to act to improve end of life care for people of all ages. It sets out six principles for how people near the end of their lives should be cared for: each person is seen as an individual; each person gets fair access to care; maximising comfort and wellbeing; care is coordinated; all staff are prepared to care; and each community is prepared to help.

[Click here for framework](#)

**House of Commons Library**

Accessing and sharing health records and patient confidentiality

This briefing sets out current arrangements for accessing patient records and sharing confidential patient information. It also describes statutory and public interest disclosures of patient information; information sharing rules for people who lack mental capacity; and access to information on hereditary conditions for relatives.

[Click here for briefing](#)

**This section of the report identifies publications that may be of interest to the Trust and it's members.**

Health and social care: the first 100 days of the new government (The Kings Fund)

NHSE CCG Bulletin, Issue 94

e-cigarettes, an evidence update (Public Health England)

Mixed Sex accommodation breaches, July 15

Bed availability and occupancy: quarter ending June 2015

Diagnostic imaging dataset, August 2015

NHS Indicators: England, August 2015 (House of Commons Library)

Privacy of health records: Europeans' preferences on electronic health data storage and sharing (RAND Europe)

Exploring the attitudes and behaviours of older people living with cancer (Macmillan Cancer Support)

Data on written complaints in the NHS - 2014-15

Staff Friends and Family Test, quarter one, 2015-16

Provisional monthly hospital episode statistics for admitted patient care, outpatients and accident and emergency data - April 2015 to May 2015

A&E delays: why did patients wait longer last winter? (Monitor)

The five year forward view mental health taskforce: public engagement findings (NHSE)

Friends and Family Test, July 2015

Dementia assessment and referral data collection - June 2015, Q1 2015/16

Healthcare workforce statistics, England, 2015, experimental statistics

Moving care closer to home (Monitor)

Seven day services: an evidence base of enablers for transformation (NHS Improving Quality)

Improving length of stay: what can hospitals do? (Nuffield Trust)

NHS safety thermometer report - August 2014 to August 2015

Combined performance summary, July 2015

NHS foundation trust bulletin: 9 September 2015

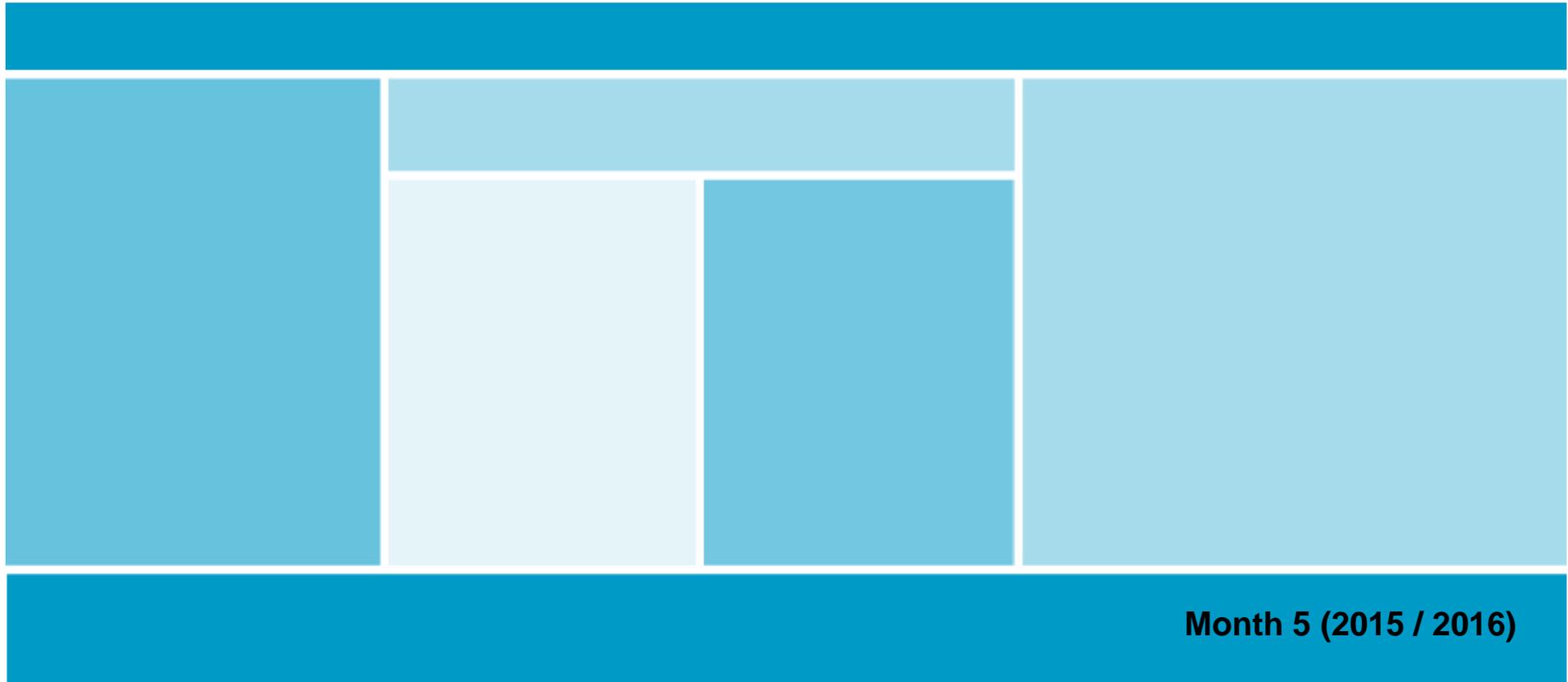
# Glossary

<b>ADHD</b>	Attention deficit hyperactivity disorder	<b>MAV</b>	Management of Aggression and Violence
<b>ASD</b>	Autism spectrum disorder	<b>MBC</b>	Metropolitan Borough Council
<b>AWA</b>	Adults of Working Age	<b>MH</b>	Mental Health
<b>AWOL</b>	Absent Without Leave	<b>MHCT</b>	Mental Health Clustering Tool
<b>B/C/K/W</b>	Barnsley, Calderdale, Kirklees, Wakefield	<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>BDU</b>	Business Delivery Unit	<b>MSK</b>	Musculoskeletal
<b>C. Diff</b>	Clostridium difficile	<b>MT</b>	Mandatory Training
<b>CAMHS</b>	Child and Adolescent Mental Health Services	<b>NCI</b>	National Confidential Inquiries
<b>CAPA</b>	Choice and Partnership Approach	<b>NICE</b>	National Institute for Clinical Excellence
<b>CCG</b>	Clinical Commissioning Group	<b>NHSE</b>	National Health Service England
<b>CGCSC</b>	Clinical Governance Clinical Safety Committee	<b>NHS TDA</b>	National Health Service Trust Development Authority
<b>CIP</b>	Cost Improvement Programme	<b>NK</b>	North Kirklees
<b>CPA</b>	Care Programme Approach	<b>OPS</b>	Older People's Services
<b>CPPP</b>	Care Packages and Pathways Project	<b>OOA</b>	Out of Area
<b>CQC</b>	Care Quality Commission	<b>PCT</b>	Primary Care Trust
<b>CQUIN</b>	Commissioning for Quality and Innovation	<b>PICU</b>	Psychiatric Intensive Care Unit
<b>CROM</b>	Clinician Rated Outcome Measure	<b>PREM</b>	Patient Reported Experience Measures
<b>CRS</b>	Crisis Resolution Service	<b>PROM</b>	Patient Reported Outcome Measures
<b>CTLD</b>	Community Team Learning Disability	<b>PSA</b>	Public Service Agreement
<b>DTOC</b>	Delayed Transfers of Care	<b>PTS</b>	Post Traumatic Stress
<b>DQ</b>	Data Quality	<b>QIA</b>	Quality Impact Assessment
<b>EIA</b>	Equality Impact Assessment	<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>EIP/EIS</b>	Early Intervention in Psychosis Service	<b>QTD</b>	Quarter to Date
<b>EMT</b>	Executive Management Team	<b>RAG</b>	Red, Amber, Green
<b>FOI</b>	Freedom of Information	<b>RiO</b>	Trusts Mental Health Clinical Information System
<b>FT</b>	Foundation Trust	<b>Sis</b>	Serious Incidents
<b>HONOS</b>	Health of the Nation Outcome Scales	<b>SK</b>	South Kirklees
<b>HSCIC</b>	Health and Social Care Information Centre	<b>SMU</b>	Substance Misuse Unit
<b>HV</b>	Health Visiting	<b>SWYFT</b>	South West Yorkshire Foundation Trust
<b>IAPT</b>	Improving Access to Psychological Therapies	<b>SYBAT</b>	South Yorkshire and Bassetlaw local area team
<b>IG</b>	Information Governance	<b>SU</b>	Service Users
<b>IM&amp;T</b>	Information Management & Technology	<b>TBD</b>	To Be Decided/Determined
<b>Inf Prevent</b>	Infection Prevention	<b>WTE</b>	Whole Time Equivalent
<b>IWMS</b>	Integrated Weight Management Service	<b>Y&amp;H</b>	Yorkshire & Humber
<b>KPIs</b>	Key Performance Indicators	<b>YTD</b>	Year to Date
<b>LD</b>	Learning Disability		



With all of us in mind

# Finance Report



Month 5 (2015 / 2016)

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## Overall Financial Performance 2015 / 2016

Performance Indicator		Month 5 Performance	Annual Forecast	Trend from last	Last 3 Months - Most recent		
					4	3	2
<b>Trust Targets</b>					4	3	2
<b>1</b>	Monitor Risk Rating	●	●	↔	●	●	●
<b>2</b>	£0.74m Deficit on Income & Expenditure	●	●	↑	●	●	●
<b>3</b>	Cash Position	●	●	↑	●	●	●
<b>4</b>	Capital Expenditure	●	●	↑	●	●	●
<b>5</b>	Delivery of CIP	●	●	↑	●	●	●
<b>6</b>	Better Payment Practice Code	●	●	↑	●	●	●

**Key**

●	In line, or greater than plan
●	Variance from plan ranging from 5% to 15%
●	Variance from plan greater than 15%

### Summary Financial Performance

These Key Performance Indicators (KPI's) help the Trust to monitor progress against each element of our financial strategy.

1. The Trust Financial Risk Rating is 4 against a plan level of 4. (A score of 4 is the highest possible) The forecast is that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at August 2015, is a surplus of £0.94m. This is £1.84m ahead of plan.

Supported by the utilisation of Trust provisions the Trust are confident that the financial plan for 2015 / 2016 will be achieved. If the current trend continues this would enable the Trust to achieve a small surplus of c. £150k rather than a deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At August 2015 the cash position is £28.79m which is £1.46m behind plan.

4. Capital spend to August 2015 is £4.62m which is £0.44m (9%) behind the Trust capital plan.

5. At August 2015 the Cost Improvement Programme is £8k ahead of plan. Overall a Full Year Value of £925k (10%) has been rated as red, after mitigations. A red rating indicates that the CIP opportunity does not currently have an implementation plan and therefore carries a high risk on non achievement.

6. As at August 2015 91% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be an improvement from previous months.

## Monitor Risk Rating

As per the Risk assessment Framework, updated August 2015, the financial performance of the Trust is monitored through a number of financial sustainability risk ratings.

This revision increased the number of metrics from 2 to 4. This retains the original 2 which focus on the Continuity of Services and add 2 further in relation to Financial Efficiency. A further metric in relation to capital expenditure performance against plan was proposed but has not been adopted.

				Actual Performance		Annual Plan	
	Financial Criteria	Weight	Metric	Score	Risk Rating	Score	Risk Rating
<b>Continuity of Services</b>	Balance Sheet Sustainability	25%	Capital Service Capacity	3.8	4	2.1	3
	Liquidity	25%	Liquidity (Days)	19.6	4	15.6	4
	<b>Weighted Average - Continuity of Services Risk Rating</b>					4	4
<b>Financial Efficiency</b>	Underlying Performance	25%	I & E Margin	1.3%	4		
	Variance from Plan	25%	Variance in I & E Margin as a % of income	2.2%	4		
	<b>Weighted Average - Financial Sustainability Risk Rating</b>					4	

### Definitions

**Capital Servicing Capacity** - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.

**Liquidity** - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

**I & E Margin** - the degree to which the organisation is operating at a surplus / deficit

**I & E Variance** - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

**Risk Rating 4** - No evident Concerns

**Risk Rating 3** - Emerging of minor concern potentially requiring scrutiny.

## Monitor Benchmarking

### All Foundation Trusts

		Governance Rating			Total
		No Evident Concerns	Issues Identified	Enforcement Action	
Continuity	4	66	3	3	72
	3	24	11	7	42
	2	2	4	11	17
	1	2	1	16	19
	<b>Total</b>	<b>94</b>	<b>19</b>	<b>37</b>	<b>150</b>

### Mental Health Foundation Trusts

		Governance Rating			Total
		No Evident Concerns	Issues Identified	Enforcement Action	
Continuity	4	28	0	1	29
	3	6	3	1	10
	2	1	1	1	3
	1				0
	<b>Total</b>	<b>35</b>	<b>4</b>	<b>3</b>	<b>42</b>

As at 10th September 2015 there are 152 Foundation Trusts monitored by Monitor. Of these 2 do not currently have a Risk Rating (including the newly authorised Bradford District Care Trust).

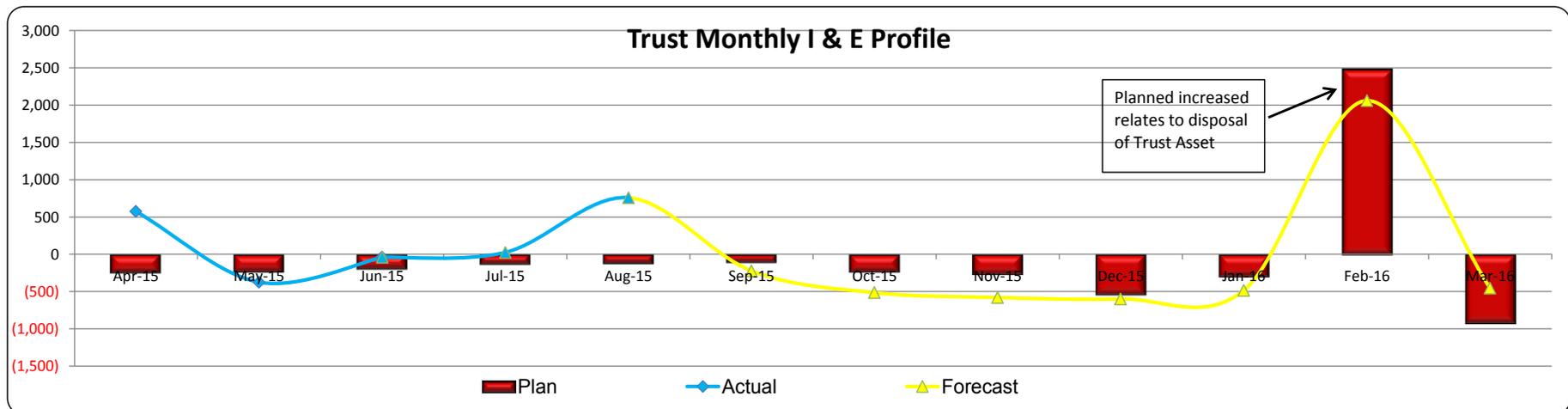
The tables to the left show that the Trust remains in the upper quadrant of this analysis with a Continuity of Service Rating of 4 and a Green Governance rating.

As yet Monitor have not published financial performance results for Quarter 1 2015 / 2016 or Trust Annual Plan summaries for 2015 / 2016 either. Recent headlines have indicated a planned deficit for the Foundation Trust sector of £1 billion.

As an extension of the Trust Annual Planning process Monitor have undertaken specific visits to 46 Foundation Trusts to review, challenge and support their financial position and recovery plans. It is understood this has led to revised plans for these Trusts.

## Income & Expenditure Position 2015 / 2016

Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
		WTE	%										
				(17,602)	(17,810)	(207)	Clinical Revenue	(88,249)	(87,939)	310	(210,671)	(210,285)	386
				(17,602)	(17,810)	(207)	<b>Total Clinical Revenue</b>	<b>(88,249)</b>	<b>(87,939)</b>	<b>310</b>	<b>(210,671)</b>	<b>(210,285)</b>	<b>386</b>
				(1,403)	(1,329)	74	Other Operating Revenue	(6,984)	(7,135)	(152)	(14,735)	(15,016)	(281)
				(19,005)	(19,139)	(134)	<b>Total Revenue</b>	<b>(95,233)</b>	<b>(95,074)</b>	<b>159</b>	<b>(225,406)</b>	<b>(225,301)</b>	<b>105</b>
4,433	4,265	(168)	3.8%	14,311	14,059	(252)	BDU Expenditure - Pay	71,879	71,171	(708)	169,936	170,581	646
				3,845	3,404	(441)	BDU Expenditure - Non Pay	18,958	17,950	(1,007)	44,516	45,175	659
				257	230	(27)	Provisions	1,755	1,576	(179)	5,917	3,718	(2,199)
4,433	4,265	(168)	3.8%	18,414	17,694	(721)	<b>Total Operating Expenses</b>	<b>92,592</b>	<b>90,698</b>	<b>(1,894)</b>	<b>220,369</b>	<b>219,474</b>	<b>(895)</b>
4,433	4,265	(168)	3.8%	(591)	(1,445)	(854)	<b>EBITDA</b>	<b>(2,641)</b>	<b>(4,376)</b>	<b>(1,735)</b>	<b>(5,038)</b>	<b>(5,827)</b>	<b>(790)</b>
				456	449	(8)	Depreciation	2,281	2,242	(39)	5,475	5,436	(39)
				257	245	(12)	PDC Paid	1,283	1,225	(58)	3,080	3,022	(58)
				(6)	(7)	(1)	Interest Received	(31)	(36)	(5)	(75)	(80)	(5)
				0	0	0	Revaluation of Assets	0	0	0	(2,700)	(2,700)	0
4,433	4,265	(168)	3.8%	116	(759)	(875)	<b>Deficit / (Surplus)</b>	<b>893</b>	<b>(945)</b>	<b>(1,838)</b>	<b>742</b>	<b>(150)</b>	<b>(892)</b>



## Income & Expenditure Position 2015 / 2016

### Month 5

The year to date position, as at month 5, reflects a surplus position of £0.94m. This is currently £1.84m (206%) ahead of plan. Month 5 has seen reduced expenditure across all BDU's and also within both pay and non pay expenditure types.

All pay categories continue to underspend, year to date, with the exception of agency which is significantly higher than planned. This continues to be reviewed internally, both in line with Monitor reporting requirements, and in terms of ensuring that staff levels are appropriate and efficient.

The biggest movements, in month 5, have been against nursing and other healthcare staff however agency usage has remained in line with previous months. This trend information will continue to be assessed.

The pay position overall takes account of the impact of vacancies, bank, agency and locum staff. Headline vacancies are at 3.8%.

As with pay, all non pay expenditure categories are underspent for the year to date.

There has been a positive movement on Healthcare Income in month. This is following validation of activity information and recharges being raised.

### Forecast

The forecast outturn position for 2015 / 2016 is a surplus position of £0.15m. This is better than planned.

Due to the current forecast positions Foundation Trust sector wide, all FT's have been challenged to deliver as good a position as possible. The Trust formally responded to this request in August 2015 and this stretch target is reflected in the overall forecast position.

Based upon the current forecasts, contingency funds within provisions (£1.9m) are being used to support this position. This will continue to be assessed alongside BDU forecasts.

BDU's have forecast increased levels of expenditure during the remainder of the year. These run rates continue to be reviewed and refined. Currently pay, non pay and income are all individually forecast to overspend against plan. This includes the impact of non delivery against CIP

Delivery of this position incorporates the following assumptions; the most significant of which are:

- \* £0.9m Assumption that CIP's, classified as red at month, will not be achieved. Work is ongoing to find substitutions and the final position is expected to be better than this.
- \* £1.4m Assumption that CIP's, classified as amber, will be delivered in full during 2015 / 2016 (This has reduced from £2.2m at month 3)
- \* £2.7m That the planned disposal of a Trust Asset during 2015 / 2016 will occur and cash payment will be received.

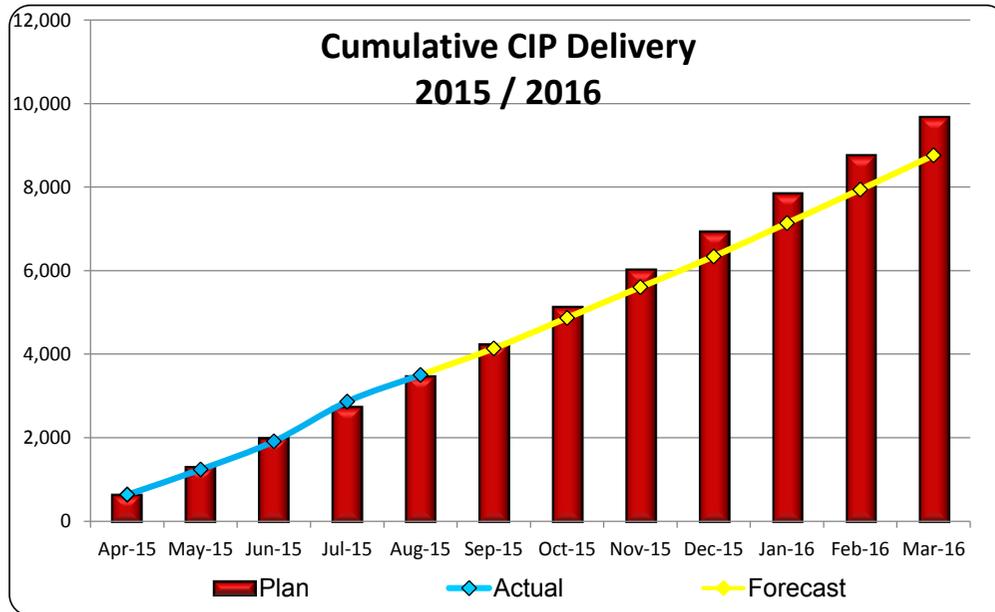
Provisions will continue to be monitored and managed in order to ensure that this position is achieved.

## Cost Improvement Programme 2015 / 2016

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Recurrent	606	613	642	686	690	705	845	850	850	857	857	865	3,237	9,065
Target - Non Recurrent	52	52	52	52	52	52	52	52	52	52	52	52	259	622
Target - Monitor Submission	657	664	694	738	742	756	897	902	902	909	909	917	3,496	9,687
Target - Cumulative	657	1,322	2,016	2,754	3,496	4,252	5,149	6,051	6,952	7,861	8,770	9,687	3,496	9,687

Delivery as planned	523	1,045	1,639	2,292	2,842	3,395	4,053	4,717	5,379	6,104	6,835	7,581	2,842	7,581
Mitigations - Recurrent	11	22	32	43	54	65	76	87	97	108	119	130	54	130
Mitigations - Non Recurrent	101	173	241	530	607	678	740	802	864	927	989	1,051	607	1,051
<b>Total Delivery</b>	<b>635</b>	<b>1,239</b>	<b>1,913</b>	<b>2,865</b>	<b>3,504</b>	<b>4,138</b>	<b>4,869</b>	<b>5,606</b>	<b>6,341</b>	<b>7,139</b>	<b>7,943</b>	<b>8,762</b>	<b>3,504</b>	<b>8,762</b>

Shortfall / Unidentified	23	83	103	(111)	(8)	114	280	445	611	722	827	925	(8)	925
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The profile of the Trust Cost Improvement Programme for 2015 / 2016 is outlined above. This follows a detailed bottom up process conducted as part of the Trust Annual Plan; one which was subjected to an external review.

#### Year to Date

For the Year to Date £3.5m CIP has been achieved out of the £3.5m target. (100%) It is £8k ahead of plan.

The CIP achievement includes £607k non recurrent substitutions (17% of total delivered).

#### Forecast

The current forecast is that £8.76m out of £9.69m will be achieved in 15/16. This leaves a forecast shortfall of £0.92m (10%) and this is reflected in the Trust overall forecast position. Within this forecast £1.05m is non recurrent and therefore the highline risk carried forward to 2016 / 2017 is currently £1.98m.

## Balance Sheet 2015 / 2016

	2014 / 2015 Plan (YTD)		Actual (YTD)	Note
	£k	£k	£k	
Non-Current (Fixed) Assets	106,649	109,386	108,855	1
<b>Current Assets</b>				
Inventories & Work in Progress	204	204	204	
NHS Trade Receivables (Debtors)	3,015	2,115	864	2
Other Receivables (Debtors)	4,963	5,013	8,469	2
Cash and Cash Equivalents	32,617	30,253	28,788	3
<b>Total Current Assets</b>	<b>40,799</b>	<b>37,585</b>	<b>38,326</b>	
<b>Current Liabilities</b>				
Trade Payables (Creditors)	(5,851)	(5,851)	(3,889)	4
Other Payables (Creditors)	(3,621)	(4,905)	(4,236)	4
Capital Payables (Creditors)	(770)	(1,020)	(1,188)	
Accruals	(10,335)	(9,735)	(10,918)	5
Deferred Income	(751)	(751)	(709)	
<b>Total Current Liabilities</b>	<b>(21,328)</b>	<b>(22,262)</b>	<b>(20,939)</b>	
<b>Net Current Assets/Liabilities</b>	<b>19,471</b>	<b>15,323</b>	<b>17,387</b>	
<b>Total Assets less Current Liabilities</b>	<b>126,120</b>	<b>124,709</b>	<b>126,242</b>	
Provisions for Liabilities	(8,104)	(7,579)	(7,281)	
<b>Total Net Assets/(Liabilities)</b>	<b>118,016</b>	<b>117,130</b>	<b>118,961</b>	
<b>Taxpayers' Equity</b>				
Public Dividend Capital	43,492	43,492	43,492	
Revaluation Reserve	16,780	16,780	16,780	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,524	51,638	53,469	6
<b>Total Taxpayers' Equity</b>	<b>118,016</b>	<b>117,130</b>	<b>118,961</b>	

The Balance Sheet analysis compares the current month end position to that within the Monitor Annual Plan, submitted May 2015. The previous year end position is included for information.

1. Fixed Assets are currently slightly behind plan; as noted within the capital programme.
2. NHS Debtors remain at their lowest ever level. Non-NHS Debtors, whilst reducing by £0.8m in month, remain higher than planned. £1.4m of the £1.9m non NHS debtors relates to 3 local authorities block payments and these continue to be chased. Payment is expected in full.
3. The reconciliation of Actual Cash Flow to Plan compares the current month end position to the Annual Plan position for the same period. This is on page 12. The main factor is the level of debtors.
4. Creditors are lower than planned as the Trust continues to proactively pay invoices. Work continues to ensure that the Trust does not hold any old creditor values / unresolved issues.
5. Accruals are higher than planned as the Trust is still awaiting invoices. Of this £1.7m relates to NHS accruals and are expected to be addressed within the Month 6 Agreement of Balances exercise.
6. This reserve represents year to date surplus plus reserves brought forward.

## Capital Programme 2015 / 2016

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	2,200	682	376	(306)	2,200	0	3
IM&T	2,348	329	42	(287)	2,348	0	4
<b>Total Minor Capital &amp; IM &amp;T</b>	<b>4,548</b>	<b>1,011</b>	<b>419</b>	<b>(593)</b>	<b>4,548</b>	<b>0</b>	
<b>Major Capital Schemes</b>							
Barnsley Hub	950	950	944	(6)	950	0	5
Halifax Hub	4,052	3,102	2,985	(117)	4,052	0	6
Hub Development	1,450	0	176	176	1,450	0	7
Fieldhead Development	1,000	0	101	101	1,000	0	7
<b>Total Major Schemes</b>	<b>7,452</b>	<b>4,052</b>	<b>4,207</b>	<b>155</b>	<b>7,452</b>	<b>0</b>	
VAT Refunds	0	0	(1)	(1)	0	0	
<b>TOTALS</b>	<b>12,000</b>	<b>5,063</b>	<b>4,624</b>	<b>(440)</b>	<b>12,000</b>	<b>0</b>	

### Capital Expenditure 2015 / 2016

1. The Trust Capital Programme for 2015 / 2016 is £12.0m and schemes are guided by the overall Trust Estates Strategy.

2. The year to date position is £0.44m under plan (9%). The full year forecast is £12m.

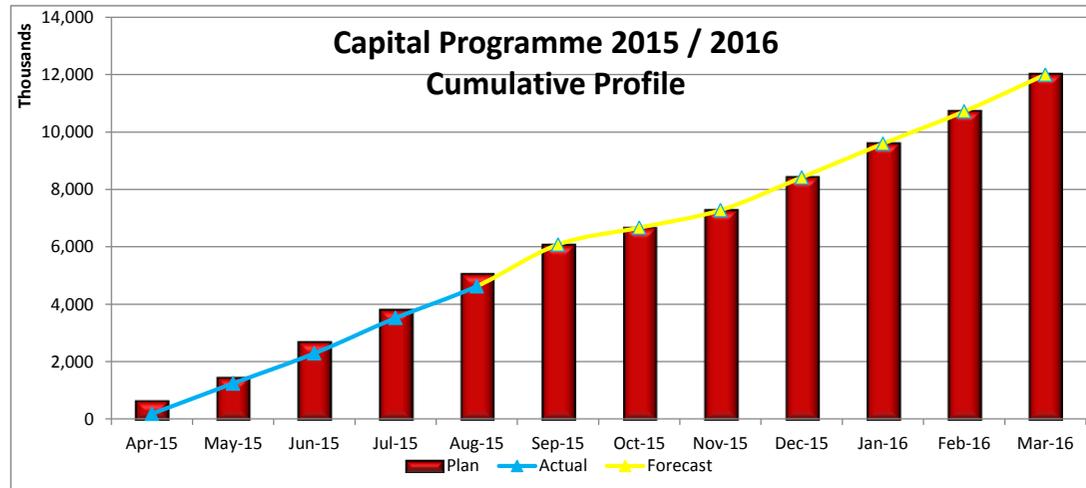
3. Minor capital works continue with delays as previously reported leading to the current underspend position. (Review of spend in light of Transformation Programme and long lead time for special locks)The detailed forecast trajectory continues to be reviewed.

4. IM & T expenditure is being reviewed. Due to continue value for money work and procurement the timing of this expenditure has varied from originally planned.

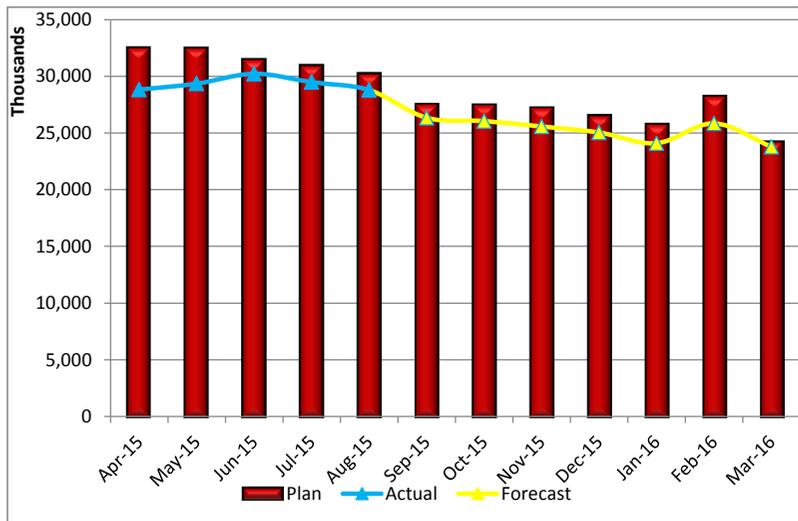
5. The Barnsley hub is now largely complete and the current forecast is that this scheme will remain within budget.

6. The Laura Mitchell Hub continues and is expected to be completed with budget during this financial year.

7. Business cases for Pontefract Hub, Wakefield Hub and Fieldhead Non Secure have been submitted to EMT for discussion during September 2015.



## Cash Flow & Cash Flow Forecast 2015 / 2016



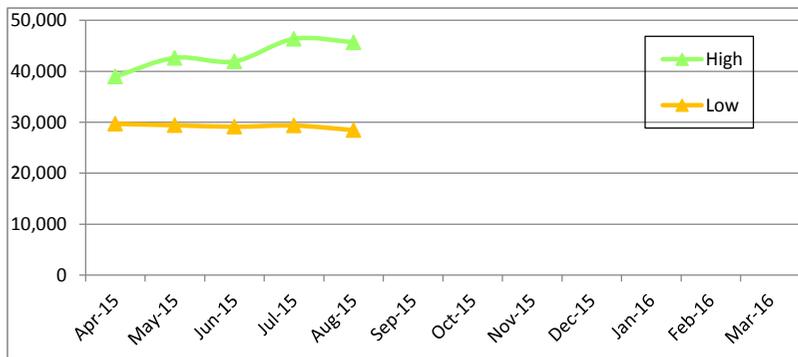
	Plan £k	Actual £k	Variance £k
Opening Balance	32,617	32,617	
Closing Balance	30,253	28,788	(1,465)

The Cash position provides a key element of the Continuity of Service Risk Rating. As such this is monitored and reviewed on a daily basis.

Weekly review of actions ensures that the cash position for the Trust is maximised.

Overall the cash position is £28.79m which is £1.46m under plan as debtors remain higher than planned.

A detailed reconciliation of working capital compared to plan is presented at page 12.



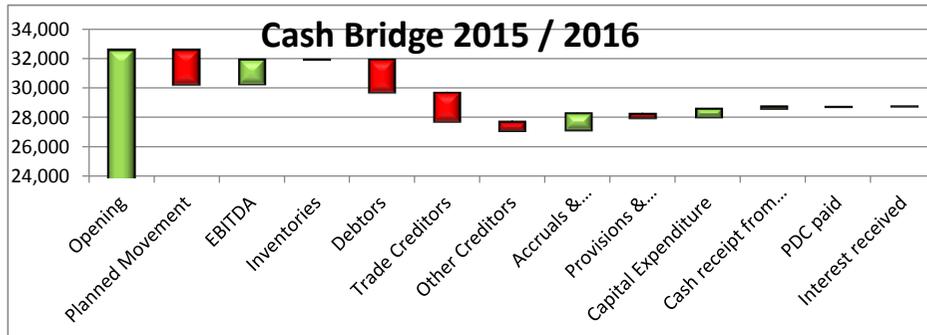
The graph to the left demonstrates the highest and lowest cash balances with each month. This is important to ensure that cash is available as required.

The highest balance is:           £45.68m  
 The lowest balance is:         £28.45m

This reflects cash balances built up from historical surpluses that are available to finance capital expenditure in the future.

## Reconciliation of Cashflow to Plan

	Plan £k	Actual £k	Variance £k	Note
<b>Opening Balances</b>	<b>32,617</b>	<b>32,617</b>		
Surplus (Exc. non-cash items & revaluation)	2,693	4,395	1,702	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	850	(1,356)	(2,206)	4
Trade Payables (Creditors)	0	(1,961)	(1,961)	5
Other Payables (Creditors)	0	(610)	(610)	
Accruals & Deferred income	(600)	540	1,140	2
Provisions & Liabilities	(525)	(823)	(298)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(4,813)	(4,206)	607	3
Cash receipts from asset sales	0	156	156	
PDC Dividends paid	0	0	0	
PDC Received	0	0	0	
Interest (paid)/ received	31	36	5	
<b>Closing Balances</b>	<b>30,253</b>	<b>28,788</b>	<b>(1,465)</b>	



The Plan value reflects the May 2015 submission to Monitor.

Factors which increase the cash position against plan:

1. EBITDA, arising from the current operational I & E position, is better than planned. This is shown within the overall Trust financial position.

2. Accruals remain higher than planned; specifically the Trust is awaiting invoices in relation to Service Level Agreements with other NHS organisations.

3. The capital programme is currently behind plan, and additionally, capital creditors are high as the Trust are still awaiting for invoices for work which has been completed.

Factors which decrease the cash position against plan:

4. Debtor levels have continued to reduce but remain higher than planned. All aged debts continue to be reviewed and chased. The biggest issue remains payment times from 3 local authorities.

5. Creditors are lower than planned as the Trust continues to proactively pay invoices as soon as possible. This is being reviewed in line with the Trust overall cash position.

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

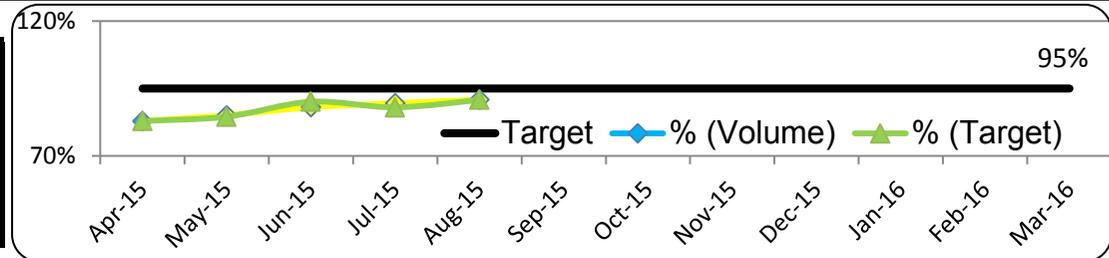
## Better Payment Practice Code

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.

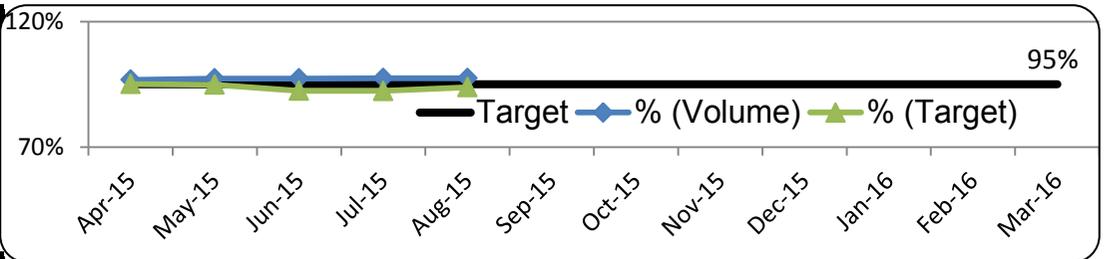
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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

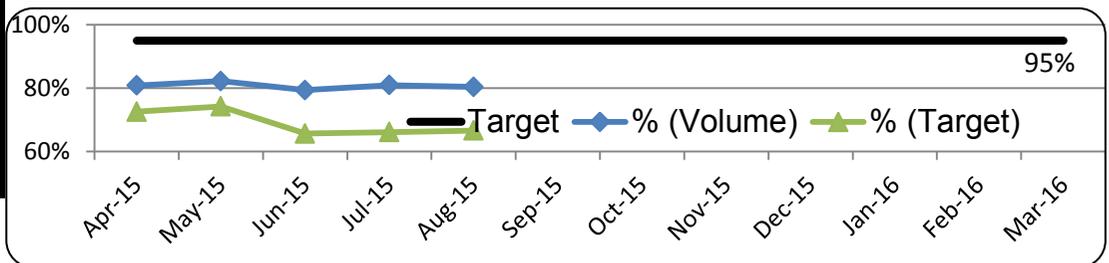
<b>NHS</b>		
	<b>Number</b>	<b>Value</b>
	%	%
Year to July 2015	90%	88%
Year to August 2015	91%	91%



<b>Non NHS</b>		
	<b>Number</b>	<b>Value</b>
	%	%
Year to July 2015	97%	92%
Year to August 2015	97%	94%



<b>Local Suppliers</b>		
	<b>Number</b>	<b>Value</b>
	%	%
Year to July 2015	81%	66%
Year to August 2015	80%	67%



## Transparency Disclosure

As part of the Government's commitment to greater transparency, there is a requirement to publish online, central government expenditure over £25,000.

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

At the current time Monitor 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.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
24/07/2015	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	2185486	112,371
18/06/2015	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	2183156	109,806
02/07/2015	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	2184783	59,484
27/05/2015	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	2181680	56,771
23/06/2015	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	2183405	55,686
23/06/2015	Drugs	Trustwide	NHSBSA Prescription Pricing Division	2183405	51,977
21/07/2015	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	2185263	51,882
21/07/2015	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	2185263	51,418
27/05/2015	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	2181680	46,437
15/07/2015	Telecommunications	Trustwide	British Telecommunications plc	2185671	44,737
09/06/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2183207	43,465
13/07/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2184588	41,893
13/07/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2184588	41,547
09/06/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2183207	40,451
13/07/2015	Local Authority Staff	Wakefield	Wakefield MDC	2184540	35,172

## Glossary

- \* Recurrent - action or decision that has a continuing financial effect
- \* Non-Recurrent - action or decision that has a one off or time limited effect
- \* Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.
- \* Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- \* 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 - This is the surplus we expect to make for the financial year
- \* Target Surplus - This is the surplus 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. Recently this has been set as part of the IBP/LTFM process. Previously we aimed to achieve breakeven.
- \* 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) - We only agree actions which have a recurring effect, so these savings are part of our Recurrent Underlying Surplus.
- \* Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. This Trust has historically only approved recurrent CIP's. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- \* EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of its services.
- \* IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.



With all of us in mind

## Trust Board 22 September 2015 Agenda item 7.3(i)

<b>Title:</b>	<b>Calderdale and Kirklees Child and Adolescent Mental Health Services (CAMHS) – progress report</b>
<b>Paper prepared by:</b>	Director of Nursing, Medical Director and Interim Director of CAMHS
<b>Purpose:</b>	To provide an update on progress in CAMHS service improvement
<b>Mission/values:</b>	Improve and be outstanding in relation to the delivery of services Open, honest and transparent in terms of public reporting
<b>Any background papers/ previously considered by:</b>	Regular reports previously provided to Trust Board, most recently on 21 July 2015.
<b>Executive summary:</b>	<p>Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013.</p> <p>As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns from the Trust and commissioners about the scale and pace of change, a series of multi-agency ‘summit’ meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy.</p> <p>Commissioners have now agreed investment in a Crisis/Home-Based Treatment service for children and young people in Calderdale and Kirklees.</p> <p>This paper provides a progress update following the CAMHS summit meetings and the report to Trust Board on 21 July 2015.</p> <p>The Clinical Governance and Clinical Safety Committee also received a detailed update on the Trust’s portfolio of CAMHS in Barnsley, Calderdale and Kirklees and Wakefield at its meetings on 16 June and 8 September 2015.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the progress report</b>
<b>Private session:</b>	Not applicable



With all of us in mind

**Trust Board 22 September 2015**  
**Child and Adolescent Mental Health Services in Calderdale & Kirklees**  
**progress report**

**1. Introduction**

The Trust took on the responsibility for the provision of Tier 3 CAMHS in Calderdale & Kirklees in April 2013, following a successful tender bid. Both commissioners and the Trust have been clear that the scale of the challenge to remodel and transform the service was initially underestimated and a Recovery plan was implemented in February 2014.

In January 2015, the Trust invested in additional CAMHS management capacity and also raised its concerns formally with Commissioners. This resulted in a programme of CAMHS 'Summits' with the CCG CEOs and local authorities looking to produce a joint resolution. The CAMHS Summit met originally on 20<sup>th</sup> March and subsequently in May, June, July and on 18<sup>th</sup> September 2015.

Formal Trust monitoring takes place through the Trust's Clinical Governance and Clinical Safety Committee, which received detailed reports on the position on 16<sup>th</sup> June and 8<sup>th</sup> September 2015. Although originally the Trust's focus and concern was on the CAMHS service in Calderdale & Kirklees, the content of the monitoring report has broadened to include the CAMHS services in Barnsley & Wakefield. This enables comparative monitoring and ensures that all Trust provided CAMHS services are kept under scrutiny.

**2. National Context**

Mental Health services for children and young people are now an important national priority. As part of the 'Future in Mind' national strategy and new investment in services for children and young people, Transformation Plans are required to be completed by all our Commissioners by mid-October 2015.

CCGs have been allocated funds as part of the investment to improve access to services and there is an initial focus on:

- Developing evidence based community Eating Disorder services
- Rolling out the Children & Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme
- Improving perinatal mental health services.

For the 4 local authority areas that the Trust provides CAMHS in, a total of £2.334 million has been identified as follows:

CCG	Eating Disorder allocation 2015/16 (£'s)	Additional funding when plan assured 2015/26 (£'s)	Minimum recurrent uplift (if assured) from 2016/17 (£'s)
Calderdale	111,260	278,495	389,756
N Kirklees	93,788	234,761	328,549
G Huddersfield	119,289	298,592	417,881
Barnsley	146,379	366,400	512,779
Wakefield	195,515	489,395	684,910
<b>TOTAL</b>	<b>666,231</b>	<b>1,667,643</b>	<b>2,333,875</b>

### **3. Service Development in Calderdale & Kirklees CAMHS**

Commissioners are developing their Transformation Plans as required and initial indications are that they would wish to make arrangements with the Trust to provide an Eating Disorders service. As guidance suggests that such services should service a population of over 500,000 people, our commissioners are keen to work in partnership with other commissioners to develop such a service and are currently exploring the options available to them.

Commissioners have been clear that they wish to extend the contract with the Trust for a further year in order to give time for the Trust to continue its work to improve the service and for Commissioners to develop a specification that will more accurately reflect the service needed. Both organisations have agreed to this in principle, although further work remains to develop the new contractual arrangements for 2016/17.

Following significant investment by CCG Commissioners, recruitment to the Crisis & Home Based Treatment Team continues apace. The team manager, five mental health practitioners and a support worker have now been appointed.

From August, the Trust's psychiatric liaison team has taken on the responsibility for assessing young people aged 16 and 17 who present at A&E out of hours in Huddersfield and Halifax. CAMHS services will then respond as appropriate if their advice and expertise is needed. This should reduce the demand on our CAMHS practitioners, who were previously visiting A&E departments out of hours whilst on call – with the consequent detrimental effect on their planned work.

### **4. Management Arrangements**

Linda Moon has been appointed to the post of General Manager for Calderdale & Kirklees and Wakefield CAMHS, after successfully undertaking this role since January 2015. Her appointment provides stability and consistency to staff and stakeholders as the work continues to improve and develop the service.

The secondment of the Deputy Director has been extended for a further year, providing further consistent and robust leadership to the Trust's CAMHS services.

### **5. Service Governance**

A detailed report and CAMHS dashboard was provided to the Trust's Clinical Governance and Clinical Safety Committee on 8<sup>th</sup> September on all the Trust's CAMHS services in Barnsley, Wakefield and Calderdale & Kirklees. This report considers all the Trust's CAMHS services, so that a proactive view can be taken of the Trust's performance and any improvements required.

### **6. Conclusion**

There is still a great deal of work that needs to be done to improve the service and to see the impact of that improvement consistently in our metrics. However, there is now a cautious optimism amongst staff and the leadership team that the CAMHS service in Calderdale & Kirklees is cohesive and moving forwards in the right direction.



With all of us in mind

## Trust Board 22 September 2015 Agenda item 7.3(ii)

<b>Title:</b>	<b>Safer staffing update</b>
<b>Paper prepared by:</b>	Director of Nursing, Clinical Governance and Safety
<b>Purpose:</b>	This paper builds upon the previous six-monthly papers submitted in July 2014 and February 2015. It outlines the continuing work being done to ensure ward areas provide staffing levels that are safe and effective.
<b>Mission/values:</b>	Honest, open and transparent, person first and in the centre and improve and be outstanding
<b>Any background papers/ previously considered by:</b>	A more detailed version of this paper has been considered by the Clinical Governance and Clinical Safety Committee.
<b>Executive summary:</b>	<p>The national commitment to safer staffing is ongoing and the Trust needs to maintain the progress already made in delivering safer staffing.</p> <p>At a national level, there are some key changes around the delivery of this agenda. Guidance on mental health staffing provided by Health Education West Midlands (2015) highlighted that it is vital to recognise and take into consideration differences between mental health and other areas of care. The report provides an update on progress against previous actions and improvements/areas for development are highlighted.</p> <p>The Trust currently meets its safer staffing requirement overall although the planned levels of qualified staff are not always met and some areas have difficulty finding sufficient staff at times of increased demands. This results in use of existing, bank and agency staff, which the Trust is trying to reduce.</p> <p>Planned inpatient staffing numbers rostered onto shifts meet or exceed the requirements for minimum staffing; however, staff survey and Datix reports suggest concerns remain regarding safer staffing on wards and a more proactive, flexible and sustainable workforce is required to respond to fluctuations in need and demand. In response, a Peripatetic workforce is to be introduced, supported by an enhanced centralised bank staff management system.</p> <p>In order to maintain progress, the Trust will:</p> <ol style="list-style-type: none"> <li>1. continue to build upon and improve data in exception reports;</li> <li>2. extend and maximise functionality within current e-rostering system;</li> <li>3. convene a safer staffing group to manage the pilot peripatetic project and monitor safer staffing issues;</li> <li>4. consider Safer Staffing in the community and improve understanding and monitoring of direct care contact time.</li> </ol>
<b>Recommendation:</b>	<b>Trust Board is asked to receive the report as assurance that the organisation is meeting safer staffing requirements.</b>
<b>Private session:</b>	Not applicable



## Trust Board 22 September 2015 Safer Staffing Board Report

### Introduction

This paper builds upon the previous Safer Staffing board reports submitted in July 2014 and February 2015. It outlines the continuing work being done to ensure ward areas provide staffing levels that are safe and effective. A more detailed version of this report has been considered by the Clinical Governance and Clinical Safety Committee.

At a national level, there are some key changes around the delivery of this agenda. The lead has now passed from NICE to NHS Improvement working with the Chief Nursing Officer (CNO). In their letter of 4<sup>th</sup> August 2015, ***Next steps in guidance for safe staffing*** – the CNO and NHS Improvement “*recognise that there is no one-size fits all approach for new models of care and the mix of staff we need*”. *The Mental Health Taskforce has agreed to lead the work on establishing what is the right balance of staff in the many settings treating those with mental illness. They will report back by the end of the year, “for ... learning disability ... , we will establish work programmes to support the development of guidance”.*

It was acknowledged this work would not replace the work and guidance previously developed by NICE for acute and community trusts.

The CNOs letter dated February 2015 includes ‘composite indicators’ that make up the required data set of staffing indicators. There is an indication of a need for the Trust to maintain accurate and up-to-date information on ESR in relation to the proposed Safer Staffing Indicators:

1. Staff sickness rate, taken from the ESR (published by HSCIC);
2. The proportion of mandatory training completed, taken from the National staff survey measure;
3. Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
4. Staff views on staffing, taken from the National staff survey measure; and
5. Patient views on staffing, taken from the National patient survey measure.

We have also seen publication of the *Mental Health Staffing Framework* paper (Health Education West Midlands, 2015), which includes details of a rapid evidence assessment to identify research relevant to Mental Health inpatient staffing requirements. They concluded that there is:

- a paucity of methods/tools that measure or categorise the level/type of patient need in Mental Health;
- wide variation in both the costs and levels of staff recorded in in-patient settings;
- higher numbers of qualified staff associated with reduced levels of aggressions; however, if proportion of unqualified staff increases, qualified staff are likely to spend less time in direct contact with patients.

Currently there are no fixed staffing levels for UK Mental Health inpatient wards. To do so may result in less consideration for local needs, and underestimating number of staff required ensuring care delivery maintains therapeutic benefit. This paper also suggested a 10 point board checklist, which can be used to assure the Board that positive action is being taken to ensure staffing is safe and effective (Appendix 1). Our self-assessment of the Board checklist is shown in appendix 1 and demonstrates a strong position.

Guidance on mental health staffing provided by Health Education West Midlands (2015) highlighted that it is vital to recognise and take into consideration differences between Mental Health and other areas of care as:

- mental health services require a higher proportion of interventions;
- interventions are often reactive and unplanned;
- higher proportion of service users are ambulatory rather than bed-based;
- length of stay in hospital tends to be longer for mental health service users;
- higher percentage of service users are detained rather than there by choice;
- around half service users require a higher degree of security.

In addition there has been a national initiative to reduce the use of agency staff in the NHS and they have provided an audit tool. Staff from the Trust were trained in the use of the tool in June and July 2015 and we plan to implement as part of our overall approach to safer staffing.

Within SWYPFT, significant financial investments of £954,153k have already been made since 2014 to support safer staffing. This includes £116,000 to support 12-hour shifts in Wakefield, £216,017 to increase staffing establishment in the Bretton Centre, and £622,136 to ensure the Calderdale Crisis team can provide services over a 24-hour period, seven days a week. This investment is over and above the £3.7million the Trust spent on additional ward staff in 2014-15 to meet demands arising from staffing shortfalls and/or increased clinical needs and risks.

### **Summary of previous report and actions**

In the previous Board assurance report in February 2015, we identified a need for the following:

1. *Continue monitoring safer staffing returns and where necessary identify remedial actions to ensure adequate staffing levels*

#### **Action**

Monthly reports now highlight areas where staffing levels fall below 90% overall and 80% qualified staff. Ward managers in areas that fail to meet targets are asked to provide updates to help improve our understanding of why we have shortfalls. This “exception reporting” system continued to be developed to add more qualitative and quantitative data and now includes narrative from ward managers on why there were shortfalls, how they were managed and what action is being taken to prevent reoccurrence. Numbers of Datix incidents on staffing levels are included by BDU and data spanning the previous six months so any trends/themes can be identified.

2. *Review safer staffing tool and pilot further in ward areas*

#### **Action**

To date, the tool has been piloted in collaboration with ward managers in wards across the Trust, including Dewsbury, Fieldhead, Bretton Centre and Newton Lodge and has been widely welcomed, giving some weight to the argument for a solid staffing base with a more flexible supplementary workforce. In May 2015, the decision support tool was used to review the planned staffing for inpatient wards based on routing e-rostering. In summary, virtually all the inpatient wards planned staffing levels that exceeded ‘minimum’ numbers. Despite the reassurance this provides, this does not account for how wards respond to urgent and/or unplanned increase in needs and acuity.

3. *Identify financial costs of current ward-based workforce across the Trust and calculate cost of meeting any staffing shortfall*

#### **Action**

This was completed as part of the business case supporting the development of a peripatetic workforce.

**4. Form a safer staffing task and finish group that includes nursing, HR, staff bank, finance and operational delivery staff to:**

**4.1 Prepare a business case to include options appraisal for increase in ward staff establishment and/or peripatetic workforce or equivalent**

**Action**

A case was presented to EMT by DoN. In the 12 months up to 31<sup>st</sup> July 2015, there were 299 Datix incident reports highlighting staff shortages. Although this equates to less than one Datix incident per 100 shifts, it is important that the Trust triangulate Datix information with safer staffing fill rates and exception reporting to ensure safer staffing is maintained. A safer staffing group will be formed to manage the pilot project and monitor safer staffing issues including a co-ordinated approach to recruitment, e-rostering, implementation of national staffing frameworks, monitoring use of agency staff, finance and related workforce issues. This will include members from HR and Nursing Directorate, Finance, BDUs and ward managers. EMT approved Business Case in August 2015, subject to minor amendments and review of current staffing vacancies.

**4.2 Consider implementation of safe care e-rostering software**

**Action**

Potential solutions may lie in refining our current e-rostering system to support better reporting and discussions about how that might be achieved are progressing. For example in supporting roll out of peripatetic workforce we would use existing IT system for pilot.

**Analysis of fill rates Feb – July 2015**

The Deputy District Directors and EMT receives monthly exception reports on areas where fill rate overall (registered nurses and nursing support) is below 90%, and where registered nurses on days or nights falls below 80%. Managers are asked to provide exception reports on why fill rate not achieved, how it was managed and actions to prevent recurrence.

**All Shift Fill Rate – Day and Night Shifts**

	Feb	Mar	Apr	May	Jun	Jul	Average
Average	103%	101%	105%	107%	106%	104%	104%

**Registered Nurse Fill Rate – Day Shifts ONLY**

	Feb	Mar	Apr	May	Jun	Jul	Average
Average	92%	89%	91%	92%	95%	93%	92%

**Registered Nurse Fill Rate – Night Shifts ONLY**

	Feb	Mar	Apr	May	Jun	Jul	Average
Average	94%	91%	94%	98%	98%	96%	95%

**Overall**

Forensic BDU continued to experience most issues with staffing levels but managers have provided helpful exception reports on how issues are being managed. Units with dwindling populations due to transformation (in particular Substance Misuse Unit and Castle Lodge) have struggled to stay within fill rates. Overall, SMU (84%) and Waterton (86%) recorded below averages across all shift fill rates over the full 6 month period. For RN's of days SMU, Appleton, Women's Service and Castle Lodge were all below the expected average in the period Feb – July 2015. For RN's on nights, Elmdale and Trinity 1 were below average in the period Feb – July 2015.

### **Analysis of Datix incidents related to staffing**

The recent wellbeing survey found that only 46% of staff respondents were confident that we generally maintain safe staffing levels on our wards and in the 12 months up to 31<sup>st</sup> July 2015, there were 299 Datix incident reports highlighting staff shortages. Although this equates to less than one Datix incident per 100 shifts, it is important that the Trust triangulate Datix information with safer staffing fill rates and exception reporting to ensure safer staffing is maintained and this is taking place in the Safer Staffing Group.

### **Review of Impact on Quality Following Introduction of 12 Hour Shift Pattern**

This was undertaken and reported (April 2015). In relation to its impact upon staffing, the picture seems complex, with some staff having the perception that the altered shifts have made it more difficult to be flexible, for example, citing difficulty in securing bank staff to do a 12-hour shift at short notice. However, the report also notes “despite the concerns raised, the new shift pattern has not resulted in raised sickness levels of increased serious incidents but has resulted in a reduction in time owing to staff”. The review will be repeated later this year when more data will be available.

### **Peripatetic staffing case**

The business case for developing a more flexible peripatetic workforce was approved pending amendments at EMT meeting on 13<sup>th</sup> August 2015.

A peripatetic workforce will be developed to enhance flexibility and sustainability of the workforce and giving more opportunities to cover the shortfalls as they arise.

### **Summary and next steps**

The national commitment to safer staffing is ongoing and SWYPFT need to maintain the progress already made in delivering safer staffing. The Trust currently meets its safer staffing requirement overall although there is regularly a shortfall in qualified staff and some areas have difficulty finding sufficient staff at times of increased demands. This results in use of existing, bank and agency staff and increases risks due to variable quality and competencies of staff and lack of familiarity with the Trust.

Planned inpatient staffing numbers rostered onto shifts meet or exceed the requirements for minimum staffing. However, staff survey and Datix reports suggest concerns remain regarding safer staffing on wards and a more proactive, flexible and sustainable workforce is required to respond to fluctuations in need and demand. The proposed peripatetic workforce supported by an enhanced centralised bank staff management system is likely to result in financial savings while providing higher quality staffing and safer care for service users. Current plans will help the Trust prepare for new guidance from the centre and also provide the Trust with the capacity and a platform from which to explore further workforce initiatives around the quality of care contact time, multi-professional approaches and use of non-registered staff. Future plans include:

1. Continue to build upon and improve data in exception reports including
  - develop dashboards for Datix incidents
  - triangulation of Datix, exception reporting and HR information
2. Extend and maximise functionality within current e-rostering system
3. Convene a safer staffing group to manage the pilot peripatetic project and monitor safer staffing issues including a co-ordinated approach to recruitment, e-rostering, implementation of national staffing frameworks, monitoring use of agency staff, finance and related workforce issues. This will include members from HR and Nursing Directorate, Finance, BDUs and ward managers.
4. Consider Safer staffing in the community and improve understanding and monitoring of direct care contact time.

## Appendix 1

### Board Checklist

1. Do Boards fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability? Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?  
Board received regular presentations on staffing (e.g. monthly exception reports, regular assurance visits from Board members to the wards/departments in order to learn about and understand the services better (e.g. CQC mock visits).
2. Are their processes for escalating issues identified by staff, patients or relatives responsive to the quickly changing acuity and unpredictability of Mental Health services?  
Acuity is regularly and routinely monitored on wards including need for 1:1 observations. On call arrangements mean staffing issues can be escalated quickly and senior managerial support sought. Staffing issues are captured via Datix system.
3. Is there a clear methodology for the planning and development of staffing that is firmly rooted in an evidence based approach? How can the calculator tools be best deployed in delivering this?  
Trust has developed a bespoke decision support tool. The tool has been developed in collaboration with ward managers as a decision support tool, to enable staff to match bed numbers with other variables, such as acuity, and calculate the numbers of staff and skill mix required to run both a day and night shift given these circumstances. E-rostering extrapolates where fill rates fall below optimum levels and managers are asked for exception reports on why, mitigation and actions to prevent recurrence.
4. What practical steps are being taken to develop sound skills in professional judgement because of the less predictable nature of Mental Health services?  
Managers are empowered to use a range of interventions (e.g. use of bank/agency etc.) to ensure safer staffing where unexpected demand is encountered. Widespread roll out of dashboard and benchmarking across the organisation continues to improve data fields available to support professional judgement.
5. How are the needs of Mental Health service users incorporated in staffing?  
Services are planned and designed in consultation with service users and carers. Transformation of care pathways ensures that they are contemporary and relevant.
6. What evidence is there that a multi-professional approach to staffing is being deployed across the organisation? How is the need to spend time simply engaging with and talking to the patients built into workload calculation?  
Transformation programme currently underway considers how care pathways can be enhanced by all professional groups. Service user and carer engagement and satisfaction tools assure use that service users and carers are largely satisfied with the care and treatment they receive.
7. As well as staffing measure outlined by the NQB are there measures of improvement or performance that reflect some of the unique characteristics of Mental Health services and specific clinical drivers?  
Complex benchmarking and performance data is widely available throughout the organisation and drills down to team level. Clinical metrics in relation to incidents such as violence and aggression are also available and reviewed regularly.

8. How might this ward staffing information be presented differently within a Mental Health setting where the ward based team is not the only important resource available?  
Wards display boards which demonstrate staffing fill rates. More work to support better information to the public about the wider MDT may be required.
9. How are the challenges of filling specific Mental Health roles handled? E.g. recruitment training etc.?  
We have extremely good relationships with providers of undergraduate education and we have recently invested in improvements to the Practice Placement Quality Team to ensure we remain the local employer of choice. Training needs are reviewed across the organisation each year and training programmes commissioned to support. Supervision and appraisal also support identification of training/learning needs.
10. How is the commissioner kept informed about best practice in Mental Health such that informed commissioning decisions are made?  
Local CCG Quality Board receive updates on how the organisation is performing in relation to safer staffing.



With all of us in mind

## Trust Board 22 September 2015 Agenda item 7.3(iii)

<b>Title:</b>	<b>Making service user and carer feedback more inclusive</b>
<b>Paper prepared by:</b>	Director of Corporate Development
<b>Purpose:</b>	This report supports the Trust's approach to gathering and using service user and carer insight from their personal experiences of the services they have received from the Trust and how that insight is used to improve services.
<b>Mission/values:</b>	Gathering and using service user and carer feedback underpins the Trust's values and is central to fostering and maintaining a culture of continuous quality improvement and improved outcomes for people who use Trust services.
<b>Any background papers/ previously considered by:</b>	The Trust Board receives quarterly reports on Customer Services activity, feedback received and actions taken.
<b>Executive summary:</b>	<p>One of the key principles of the NHS Constitution is that the NHS aspires to put patients at the heart of everything it does and that it will actively encourage feedback from the public, patients and staff, welcome it and use it to improve services.</p> <p>The Trust aims to improve the experience of service users and their carers who use services by responding positively to feedback and resolving issues as they happen whenever possible and at every level in the organisation. Trust Board, at its last meeting, sought assurance that Trust processes of capturing and making sense and use of service user and carer experience data was inclusive.</p> <p>The Trust captures and responds to service user and carer feedback ('you said, we did') in a number of ways through the four Cs:</p> <ul style="list-style-type: none"> <li>- compliments;</li> <li>- comments;</li> <li>- concerns; and</li> <li>- complaints</li> </ul> <p>using focus/user groups, local and national surveys and the friends and family test (FFT). The use of different methods/types of collection allows a more diverse and wider capture of service user and carer insight.</p> <p>The FFT is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience and that feedback should then be used to improve services for patients. The FFT question asks if people would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT question provides the Trust with a mechanism to highlight both good and poor patient experience.</p> <p>The free text comments are a rich source of information providing staff with a greater depth of understanding about the experience of service users and carers. The results are available more quickly than traditional survey methods, which enables wards/teams</p>

to take swift action where required. The results of the FFT are available to teams through a dashboard on the Trust's intranet.

All service users should have a voice in reflecting on services and supporting their improvement. Equality and inclusion are at the heart of the Trust's values; therefore, all patients should have the opportunity to provide feedback through the FFT with support provided to do so where appropriate. No service user should experience disadvantage through the way in which they are given the opportunity to provide feedback through the FFT as it is important to hear from all service users, including those who are most vulnerable. The Trust has worked closely with staff and service users to co-produce methods of collection that meet the diverse needs of our service users from postcards to the use of kiosks and iPads. Collection methods will be expanded over the next twelve months as the Trust explores the use of text feedback and use of Apps.

Nationally, there has been concern about distress/upset caused to patients due to the way in which the standard FFT question can be interpreted by some service user groups, as a consequence of which, revised guidance has been issued (March 2015) with the ability of Trusts to offer a revised version of the FFT question to children and young people (including looked after children), those with learning disabilities, those with dementia, individuals who are deaf, deafblind, blind and suffer from vision loss, or have poor language and literacy. The Trust will have more flexibility in tailoring the form and design of the questions, such as large print, contrast between colours and easy read, to meet the specific needs of service users. The timescales for introduction of the new guidance is 1 October 2015 and the Trust is working with staff, service users and practice governance coaches to implement the inclusive FFT guidance.

The Trust is also exploring the use of volunteers to assist service users in the completion of the FFT, providing independent guidance and advice where required, to those who may need additional support.

On 24 June 2015, NHS England approved an Accessible Information Standard (AIS), to be implemented by 31 July 2016, which covers all providers and commissioners of NHS adult and social care services. The AIS provides a framework (*ask, record, flag/highlight, share, act*) and a clear direction, such that service users (and where appropriate carers) who have information or communication needs relating to a disability, impairment or sensory loss, receive accessible information and communication support required to enable effective, accurate dialogue between themselves and staff.

Although the Trust already has some areas of good practice in place, such as easy read versions of leaflets and access to phone and face-to-face interpretation services, the Trust is adopting the principles of AIS not because it has to, but because it is the right thing to do for service users and their carers. It will allow the Trust to have a clear and consistent approach across all services and it will support service users and their carers to access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment. This will improve the service the Trust offers to all service users.

The Director of Corporate Development is the lead director working with service users/carers, BDUs and the Quality Academy to implement the guidance in line with the required timescales.

<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the update and the work being progressed in relation to understanding the service user and carer experience and using this information to improve services.</b>
<b>Private session:</b>	Not applicable



With all of us in mind

## Trust Board 22 September 2015 Agenda item 8.1

<b>Title:</b>	<b>Well-led governance review</b>
<b>Paper prepared by:</b>	Director of Corporate Development
<b>Purpose:</b>	To formally advise Trust Board of the outcome of the independent review of the Trust's governance arrangements.
<b>Mission/values:</b>	Ensuring the Trust has good and appropriate governance arrangements in place provides the framework for the Trust to meet its mission and adhere to its values.
<b>Any background papers/ previously considered by:</b>	Regular updates provided to Trust Board.
<b>Executive summary:</b>	<p><u>Background</u></p> <p>Following the decision by Trust Board to undertake an independent review of the Trust's governance arrangements in line with Monitor's well-led framework for governance reviews, in April 2015, Deloitte was appointed to undertake the review. Trust Board decided to undertake an independent review at this time as part of the developmental approach to its governance arrangements and to ensure fitness for purpose in the move to the next challenging phase.</p> <p>Following a robust and thorough review and scrutiny of the Trust's governance arrangements, which included interviews and focus groups with Trust Board, key stakeholders, the Members' Council and staff, the review concluded with presentation of the key findings to Trust Board on 21 July 2015.</p> <p><u>Outcome</u></p> <p>There were no 'material governance concerns' arising from the review. Out of the ten areas assessed, two areas were rated as green (in relation to Board engagement with patients, staff, governors and other stakeholders, and the Board having the skills and capability to lead the organisation) and eight as amber/green.</p> <p>There are a number of developmental areas where Deloitte has recommended further work and these form the basis of an action plan with timescales, which Trust Board will take forward. It is anticipated that all actions will be complete by April 2016. Both the report and the Trust's timetabled action plan are attached for information.</p> <p>The process and outcome reflect the developmental approach taken and Trust Board is satisfied with the outcome. The Deloitte report very much reflects Trust Board's own assessment of the Trust's arrangements and the report provides a series of helpful and constructive recommendations.</p> <p>The Chair wrote to Monitor with the outcome of the review on 3 September 2015.</p>

	<p><u>Future action</u></p> <p>The report and action plan are formally presented to Trust Board at this meeting and will be formally presented to the Members' Council on 6 November 2015. A workshop for Trust Board and the Members' Council, facilitated by Deloitte, will take place on 21 September 2015 and the Chair will feedback the key points from the workshop at the Trust Board meeting.</p> <p>The action plan will be taken forward by Trust Board and update reports on progress presented through the Chair as appropriate.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the outcome of the independent review of the Trust's governance arrangements.</b>
<b>Private session:</b>	Not applicable

# South West Yorkshire Partnership NHS Foundation Trust Independent Review of Governance Arrangements

FINAL report

12 August 2015

This final report is strictly private and confidential and has been prepared for the Board of Directors of South West Yorkshire Partnership NHS Foundation Trust. This report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors. It should not be communicated to any third party without our prior written permission. For your convenience, this document may have been made available to you in electronic as well as a hard copy format. Multiple copies and versions of this document may, therefore, exist in different media. Only the final signed copy should be regarded as definitive.

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Draft report issued: 30 July 2015  
Factual inaccuracies received: 5 & 11 August 2015  
Final report issued: **12 August 2015**

Client sponsors Chief Executive and Chair  
Distribution Board of Directors

The Board of Directors  
South West Yorkshire Partnership NHS Foundation Trust  
Fieldhead  
Ouchthorpe Lane  
Wakefield  
WF1 3SP

12 August 2015

Dear Ian and Steven

## **Independent review of governance arrangements**

In accordance with our Engagement Letter dated 30 April 2015 (the 'Contract'), for the independent review of governance arrangements at South West Yorkshire Partnership NHS Foundation Trust (the 'Trust'), we enclose our final report dated 12 August 2015 (the 'Final Report').

The Final Report is confidential to the Trust and is subject to the restrictions on use specified in the Contract. No party, except the addressee, is entitled to rely on the Final Report for any purpose whatsoever and we accept no responsibility or liability to any party in respect of the contents of this Final Report. This report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors.

The Final Report must not, save as expressly provided for in the Contract (including, inter alia, in clauses 5.3 and 5.4 of the Terms of Business) be recited or referred to in any document, or copied or made available (in whole or in part) to any other person.

The Board is responsible for determining whether the scope of our work is sufficient for its purposes and we make no representation regarding the sufficiency of these procedures for the Trust's purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to the Trust.

We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of the financial information has been performed.

The matters raised in this report are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or weaknesses that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the Trust for their full impact before they are implemented.

Yours faithfully



Deloitte LLP

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# Executive Summary

# Executive summary

## Key findings

**Authorised in 2009, South West Yorkshire Partnership NHS Foundation Trust (hereafter “the Trust”) serves a population of over 1 million people across Barnsley, Wakefield, Calderdale and Kirklees, offering community, mental health and learning disability services. The Trust also provides Forensic services across the Yorkshire and Humber region.**

**We have undertaken an independent review of governance arrangements at the Trust against Monitor’s Well-Led Governance Framework. The Board have proactively commissioned this review in recognition that it is good practice to routinely review its governance arrangements.**

The Trust’s self assessment demonstrates a positive level of self-awareness, understanding of its strengths, and areas which require further focus. This is further demonstrated through the alignment between our findings and those contained within the self-assessment.

During our review we have noted a number of areas of good practice, including:

- a focus on the development of strategy, including increasing levels of engagement with Business Delivery Units (BDUs) in the annual planning process and ring-fenced time on strategy at the Board throughout the year;
- an on-going programme of work to develop the executive team and the Board, alongside consideration of the appropriateness of the composition of the Board;
- clear mission and values of the organisation with a focus on the role of leaders in embedding these throughout the organisation; and

- the strength of engagement with key stakeholder groups. This includes mechanisms to engage and seek feedback from service users and governors, and a high level of support from external partners and commissioners.

Whilst we have not noted any material areas of concern in relation to the Board of Directors and the governance arrangements in place at the Trust, there remain some areas where further progress and improvements are required. These include:

- ensuring that governance arrangements remain fit for the future, including revitalising the cycle of Board business and providing greater oversight on the transformation programme and its associated risks;
- more clearly articulating the strategic priorities of the Trust and ensuring that these are communicated to staff. Alongside this there is a need for more consistent monitoring of progress against these priorities at BDU, Executive Management Team and Board level; and
- increasing the range and effectiveness of mechanisms used to communicate with frontline staff across all locations and services.

The medium and high priority recommendations associated with these issues have been outlined on page 8.

Our review findings set out within this report are grouped under the four theme areas outlined within the Monitor Well-Led Governance Framework, namely:

1. Strategy and planning;
2. Capability and culture;
3. Processes and structures; and
4. Measurement.

# Executive summary

## Key findings

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### 1 Strategy and planning

- 1A** The Board is focussed on the on-going development of the strategy for the Trust and retains a focus on this throughout the year through the use of quarterly strategic board meetings.
- The main strategic intentions of the Trust are clear with a focus on transformation and sustainability. There is scope to increase the clarity of the strategic priorities and to improve the processes for monitoring progress against these, both through the inclusion of a strategic dashboard and through increased alignment to the Assurance Framework (AF) and Integrated Performance Report (IPR).
  - Stakeholder groups were broadly positive about their engagement in the strategic planning processes, for example there is an on-going focus on increasing levels of engagement with the BDUs.
  - The Board is aware of the need to improve the dissemination of strategic objectives throughout the Trust.
- 1B** The AF is subject to regular review and scrutiny by the Board, although there is scope to improve both the format of the document and its alignment to the strategic priorities.
- In addition, whilst aspects of the AF are covered within Board Committees and Forums, this process should be made more formal to increase alignment.
  - One of the key risks facing the Trust is the successful delivery of the transformation programme. Whilst aspects of this are subject to review, the Board needs to be clear how oversight of progress in this area will be monitored, particularly as the Trust moves into the delivery phase.

### 2. Capability and culture

- 2A** The Board is viewed as being cohesive and challenging. During our observations we noted an appropriate level of challenge and debate on areas of concern or variance from plan.
- Board Members bring a diverse range of experience, and skills requirements of the Board have been considered as part of recent appointments. The Board is cognisant of the need to increase its focus on longer term succession planning.
  - Board meetings are structured on a quarterly cycle which rotates through a strategy board, business and risk board, and a public board.
  - This provides ring-fenced time to focus on strategic issues, although there is a need to refresh the purpose of the other Board sessions, and to ensure that agendas reflect the key risks facing the Trust.
- 2B** Board Members are seen to role model the values of the organisation and have made concerted efforts to ensure that values are visible and utilised in recruitment and appraisals.
- Engagement with service users and governors is described as particularly strong, both by internal and external stakeholders. For example, the format of the Members Council has been adapted in order to increase engagement further.
  - It is acknowledged that more could be done to ensure that the Board communicates effectively with all staff groups across the various locations in the Trust.

# Executive summary

## Key findings (continued)

- While senior managers describe being encouraged to innovate to improve systems and processes, it is recognised that more could be done to translate this approach to frontline staff.
- 2C** The Trust is felt to be innovative by external stakeholders and initiatives such as Creative Minds are highly thought of both internally and externally. The Trust has also recently appointed to a new Director role to focus further on the use of health intelligence and innovation.
- Performance dashboards are used consistently across BDUs which are aligned to the dashboard reported to the Board in the IPR.
- There is scope to improve the use of benchmarking on quality at both committee and at service/team level. There is also scope to improve the use and visibility of local performance information amongst frontline staff and work is currently underway to address this by the Board.
- Whilst we found clear arrangements for identifying and sharing learning at the BDU and corporate level, we found limited awareness or penetration of this at the front line.
- 3. Structures and processes**
- 3A** Key committees of the Board are viewed as working well and are supported by a number of time limited forums to provide additional focus on key aspects such as estates and Information Management and Technology (IM&T).
- The Board recognises the need to revisit the intended purpose of the main forums in place, in particular to ensure that intended outcomes are clearly defined. There is also scope to formalise the arrangements by which these will report into the Board.
- The Trust is unusual when compared to peers in terms of the lack of a finance committee, which it has chosen to retain at the Board. There is an acknowledgement that the focus on transformation needs to be strengthened.
- Processes to escalate issues from committees to the Board work effectively in practice, however reporting lines and escalation from supporting Trust groups into committees needs to be strengthened.
- 3B** Performance management structures are seen to be improving and there has been a focus on development of the documentation to support oversight and debate.
- Processes could be further refined through:
  - the use of standard agenda items across the BDUs to ensure that key areas are covered;
  - increasing the focus on strategic development and implementation; and
  - clarifying how and when items should be escalated.
- 3C** Engagement with stakeholders is seen to be a strength of the Trust, particularly in relation to service users and governors who perceive the Trust to be open with information and responsive to queries.
- External stakeholders were also supportive of the Trust, highlighting the strong values of the organisation and its approach to partnership working as particular strengths.

# Executive summary

## Key findings (continued)

### 4. Measurement

**4A** The Board routinely receives integrated performance reporting, the format of which is replicated at BDU level. Our observations showed that performance is robustly debated by Board Members.

- Finance reporting in particular exhibits many features of best practice, although there is scope to move more of this from the private to the public section of Board business.
- Board performance reporting could be further developed to include:
  - more explicit alignment to strategic priorities;
  - executive summaries to provide narrative explanation of exceptions; and
  - a greater use of graphical analysis.
- There is an opportunity to increase the visibility of BDU performance within the performance report received by Clinical Governance & Clinical Safety Committee (CG&CSC) in order to promote the use of internal benchmarking.

**4B** The Board is focussed on data quality issues and significant investment in IT is currently underway to address these concerns.

- A Data Quality Steering Group and Sub Group are in place in order to co-ordinate the approach to monitoring and managing data quality and information governance across the Trust.
- However, at present there is limited structured assurance on data quality considered at Board or Committees. In particular there is scope to clarify and strengthen the assurance reporting into committees on data quality.

- We also found scope to improve Board visibility of the underpinning data quality of the information used to produce the metrics featured in the IPR.

Based on these findings we have outlined recommendations with suggested timescales (see Appendix 1). However we would draw your attention to the following which are in our opinion particularly important .

1. Ensure that the five year plan clearly articulates the strategic priorities for the Trust along with outline goals over the short, medium and longer term.
2. Further develop the process for monitoring progress against the strategic plan, including strengthening outcome measures and collating progress into a single dashboard which is presented to the strategy board at regular intervals throughout the year.
3. Strengthen the processes for the dissemination and monitoring of the strategy both to ensure that there is greater awareness of the key objectives for the trust, as well as increased engagement in this process.
4. As part of the planned review of the AF, the Trust should amend this to more clearly align to the strategic objectives; to align risks to Board Committees as well as an Executive Director; and for the format to be in line with best practice taking into account the points outlined in 1B.
5. The Trust needs to be clear how assurance over the delivery of the Transformation programme will be undertaken, especially given the risks to the Trust in this area.

# Executive summary

## Key findings (continued)

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### Next steps

We suggest that the Chairman and Chief Executive, in consultation with the Board, consider the findings outlined within this report and develop a management response in relation to the matters raised. This response should clearly outline how the Board proposes to implement our various recommendations, and describe how it will monitor progress against the action plan going forward.

# Executive summary

No.	Question	Trust assessment	Deloitte assessment
<b>1. Strategy</b>			
A	Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?		
B	Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?		
<b>2. Capability and culture</b>			
A	Does the board have the skills and capability to lead the organisation?		
B	Does the board shape an open, transparent and quality-focused culture?		
C	Does the board support continuous learning and development across the organisation?		
<b>3. Processes and structures</b>			
A	Are there clear roles and accountabilities in relation to board governance (including quality governance)?		
B	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?		
C	Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?		
<b>4. Measurement</b>			
A	Is appropriate information on organisational and operational performance being analysed and challenged?		
B	Is the board assured of the robustness of information?		

**Deloitte assessment:** This represents our assessment following our review against the scoring criteria outlined on page 13.

















With all of us in mind

## Trust Board 22 September 2015 Agenda item 8.2

<b>Title:</b>	<b>NHS Constitution</b>
<b>Paper prepared by:</b>	Director of Corporate Development
<b>Purpose:</b>	To provide assurance to Trust Board that the Trust meets the rights and pledges set out in the NHS Constitution in relation to patients and staff, and that it is mindful of the commitments in the NHS Constitution in delivering, planning and developing its services.
<b>Mission/values:</b>	Meeting the rights and pledges in the NHS Constitution supports the Trust to adhere to its mission and values.
<b>Any background papers/ previously considered by:</b>	NHS Constitution January 2009 and papers to Trust Board in March 2010, September 2011, September 2012, June 2013 and September 2014. A full copy of the NHS Constitution can be found on the Department of Health website at <a href="https://www.gov.uk/government/news/nhs-constitution-and-handbook-updated">https://www.gov.uk/government/news/nhs-constitution-and-handbook-updated</a> .
<b>Executive summary:</b>	<p>The NHS Constitution was published in January 2009, following an extensive public consultation during 2008. It established the principles and values for the NHS in England and set out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieving, together with responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required, by law, to take account of the NHS Constitution in their decisions and actions. The NHS Constitution also applies to public health services, which are now the responsibility of local authorities.</p> <p>The Government has committed to renewing the NHS Constitution every ten years with the full involvement of patients who use the NHS, the public who fund it and the staff who work in it. The first review took place in early 2012 and a further review was undertaken following the publication of the second Francis Report, which was published in March 2013.</p> <p>In July 2015, the Constitution was updated to reflect a limited package of changes. These included:</p> <ul style="list-style-type: none"> <li>➤ reflecting recommendations made by Sir Robert Francis QC in his Inquiry Report on Mid- Staffordshire NHS Foundation Trust;</li> <li>➤ incorporating a series of fundamental standards, below which standards of care should never fall;</li> <li>➤ highlighting the importance of transparency and accountability within the NHS;</li> <li>➤ giving greater prominence to mental health, through reflecting a parity of esteem between mental and physical health problems; and</li> <li>➤ making reference to the Armed Forces Covenant.</li> </ul>

	The Trust meets the rights and pledges of the NHS Constitution; however, there are elements of the Constitution that refer to consultation and involvement with service users. The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness makes this inappropriate.
<b>Recommendation:</b>	<b>Trust Board is asked to APPROVE the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.</b>
<b>Private session:</b>	Not applicable.



**The NHS Constitution – patients and the public**  
**How the Trust meets its obligations**  
**Trust Board 22 September 2015**  
*Revised or new areas are highlighted in BLUE*

Heading	Compliance	Evidence	Lead
<b>Access to health services – rights</b>			
➤ R1 You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	Yes	Core services are commissioned by clinical commissioning groups covering the areas the Trust covers in Barnsley, Calderdale, Kirklees and Wakefield local authority areas, and NHS England (via the Specialist Commissioning Team).	AF
➤ R2 You have the right to access NHS services. You will not be refused access on unreasonable grounds.	Yes	The Trust has contracts in place for its services with commissioners and endeavours to provide access to services within its available resources. The Trust's complaints and contracting processes would identify any instances where the Trust has not met or is perceived not to have met this right.	AF
➤ R3 You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.	Yes	The Trust has contracts in place for its services with commissioners and endeavours to provide access to services within its available resources. The Trust's complaints and contracting processes would identify any instances where the Trust has not met or is perceived not to have met this right.	AF
➤ R4 You have the right to expect your local NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary and, in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	N/A	Although not applicable to provider Trusts, the Trust does assess the health needs of the local community in the development of its operational and strategic plans and, as part of the development of its transformation programme, is working with commissioners, stakeholders, service users and carers, and local people to transform its services and develop new models and pathways of care that meet people's needs. The Trust has also embarked on a major health intelligence project, which will include further assessment of local health needs in relation to modelling future service provision.	
➤ R5 You have the right, in certain circumstances, to go to other European Economic Area countries or Switzerland	N/A		



Heading	Compliance	Evidence	Lead
<p>decisions in a clear and transparent way so that patients and the public can understand how services are planned and delivered.</p> <p>➤ P3 The NHS commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them.</p>	<p>Yes</p>	<p>the Trust's website.</p> <p>An annual members' meeting held annually and members' events held regularly throughout the year.</p> <p>There is a Members' Council in place comprising elected public and staff governors and stakeholder representatives. Meetings are held in public and papers and minutes are published on the Trust's website.</p> <p>The Trust's Involving People Strategy outlines its approach to involvement and engagement. Service users and carers are involved in planning and designing Trust services, including the transformational service change programme.</p> <p>A description of the Trust's service offer is available on its website.</p> <p>As a result of the change to the wording of this commitment, the Trust meets the pledge as it endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness may make this inappropriate.</p> <p>Care planning is a priority area for the Trust 2015/16.</p> <p>The Trust has improved systems and processes to ensure that all service users have a care plan in place and that they know who is responsible for their care. The CPA and standard care standards demonstrate the Trust's commitment to put service users at the centre of care planning.</p> <p>Service user and their carers perceptions are regularly reviewed through national and local surveys.</p>	<p>District Directors/TB</p>
<b>Quality of care and environment – rights</b>			
<p>➤ R8 You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.</p>	<p>Yes</p>	<p>The Trust has in place strong and robust processes for medical staff re-validation and is preparing for the introduction of nurse re-validation from April 2016.</p> <p>The Trust endeavours to use bank staff where appropriate. In circumstances, where it has to use agency staff, these are from approved suppliers to ensure the quality, skills and experience of staffing is maintained.</p> <p>The Trust is registered with no conditions with the Care Quality Commission.</p> <p>The Trust is licensed by Monitor with no conditions and continues to comply with licencing requirements.</p> <p>The Trust is compliant with relevant NICE guidelines.</p> <p>The Trust has a robust system in place to undertake appropriate</p>	<p>TB/AGD/ABe</p>

Heading	Compliance	Evidence	Lead
<p>➤ R9 You have the right to be cared for in a clean, safe, secure and suitable environment.</p>	Yes	<p>employment checks for all its staff.  The Trust has an ongoing Continuous Professional Development approach. A Human Resources and Workforce Development Strategy, including mandatory training plan, is in place.  The Trust's Patient Safety Strategy brings all aspects of patient safety together in one document.  The Trust has an unannounced visits programme in place supported by the 15-Steps Challenge programme involving staff, service user and carer volunteers.  <i>Previously a pledge.</i>  The Trust has established a Board-level Estates Forum to drive implementation of the Estates Strategy to support and meet the needs of services.  Development of the Estates Strategy included a detailed six-facet survey of Trust estate.  The latest round of PLACE visits continue to result in a positive outcome. Infection prevention and control advisers and specialist advisers in place with regular programme of audits in place.</p>	AGD/District Directors
<p>➤ R10 You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.</p>	Yes	<p>The Trust's approach is based on the key areas included in the Department of Health Food Standards in relation to nutritional care, healthier eating for the whole hospital community and sustainable procurement of food and catering services. In Barnsley, the Trust works with its dieticians to create a balanced nutritional and healthy menu to cover the Trust's diverse patient base and also cooks to request for special diets. Work is underway with procurement to raise awareness of the standards and the role the Trust plays with suppliers. Nursing and medical staff are also aware of their role within the process. Further work is in train to ensure all areas meet the same standards.</p>	AGD
<p>➤ R11 You have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of the healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.</p>	Yes	<p>The Trust's health intelligence project includes summary statistics on service activity data to enable comparisons of Trust outcomes with the 'what good looks like' and health needs assessment intelligence to support local decision-making to ensure continuous improvement. Performance and other reports to Trust Board and its Committees. These reports are publicly available on the Trust's website.  Transformational service change programme in place with an ongoing programme of engagement and involvement. Dedicated website pages and inclusion in Like Minds, supported by two-year operational and five-year strategic plans to Monitor.</p>	AF/TB/DCS

Heading	Compliance	Evidence	Lead
		<p>Trust's own programme of visits to all in-patient locations and a range of community teams registered with the Care Quality Commission where compliance with essential standards is reviewed. Supported by 15 Steps Challenge.</p> <p>The Trust continues to have two compliance actions as a result of unannounced visits by the Care Quality Commission and has processes in place to learn from the outcome of previous visits to the Trust.</p> <p>Programme of PLACE visits undertaken annually, which continue to achieve positive results.</p>	
<b>Quality of care and environment - pledges</b>			
<ul style="list-style-type: none"> <li>➤ P4 The NHS commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice.</li> <li>➤ P4 The NHS commits to identify and share best practice in quality of care and treatments.</li>   <li>➤ P6 The NHS commits that, if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Moved to rights</p> <p>See transformational change programme above. The Trust has introduced a new leadership and clinical management structure, including Practice Governance Coaches whose role is to ensure best practice is being followed and effective clinical governance is maintained and developed. Formal systems in place to share good practice through the Quality Improvement Group. Director-level post focusing on health intelligence and innovation. Quality improvement and patient safety strategies with implementation plans in place. Accreditation for Trust services, such as ECT, memory services in Barnsley, Calderdale and Wakefield, and secure services peer review undertaken annually. Francis values into action group reviews actions arising out of the Francis Report at Director-level. Living our values and values into excellence introduced in 2014 for staff. Trust unannounced visits programme supported by 15 Steps Challenge.</p> <p><i>Pledge moved to 'Respect, consent and confidentiality' section.</i></p> <p>The Trust is able to make a declaration that it complies with the national standard in relation to Eliminating Mixed Sex Accommodation.</p>	<p>Executive Management Team</p> <p>TB</p>

Heading	Compliance	Evidence	Lead
Constitution.			
<b>Nationally approved treatments, drugs and programmes – rights</b>			
➤ R12 You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.	Yes	The Trust is compliant with relevant NICE guidelines. The Trust has a policy and procedures in place with timelines to implement NICE guidance.	TB
➤ R13 You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain the decision to you.	N/A		
➤ R14 You have the right to receive vaccinations that the Joint Committee on Vaccinations and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.	N/A	This is a right for commissioners; however, the Trust is commissioned to deliver vaccination and immunisation by Barnsley Council Public Health and has two service level agreements to deliver childhood immunisations through health visitors. Where the Trust is commissioned to provide such services, it complies with its obligations.	District Director
<b>Nationally approved treatments, drugs and programmes – pledges</b>			
➤ P5 The NHS commits to provide screening programmes as recommended by the UK National Screening Committee.	N/A	Where appropriate, all national screening programmes are in place and managed through the Screening Advisory Committee for South Yorkshire in respect of screening services provided by Barnsley BDU.	District Director
<b>Respect, consent and confidentiality – rights</b>			
➤ R15 You have the right to be treated with dignity and respect, in accordance with your human rights.	Yes	Staff work to professional codes of conduct, Trust policies and CPA standards. The Trust's Equality and Diversity Policy sets out how the Trust accords to an individual's human rights. Francis values into action group reviews actions arising out of the Francis Report at Director-level. Living our values and values into excellence were introduced in 2014 for staff. The Trust has a strong pastoral care function to support service users and their carers, and staff.	ABe/District Directors/DS/TB

Heading	Compliance	Evidence	Lead
<ul style="list-style-type: none"> <li>➤ R16 You have the right to be protected from abuse and neglect, and care and treatment that is degrading.</li> <li>➤ R17 You have the right to accept or refuse treatment that is offered to you, and not be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests. (NB different rules apply for patients detained in hospital or on supervised community treatment under the Mental Health Act 1983.)</li> <li>➤ R18 You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.</li> <li>➤ R19 You have the right of access to your own health records and to have any factual inaccuracies corrected.</li> <li>➤ R20 You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>The Trust has a contractual duty of candour and has arrangements in place to ensure it meets the extended legal duties of candour introduced by the Care Quality Commission.</p> <p>The Trust has arrangements in place through its approaches to safeguarding vulnerable adults and children and is a member of local safeguarding boards at director-level.</p> <p>The Trust has a Consent Policy in place.</p> <p>The Trust has clear policies, procedures and guidance in place for the administration of the Mental Health Act, Mental Capacity Act and for Deprivation of Liberty Standards.</p> <p>The Trust works in partnership with advocacy services provided by local authorities to provide support for service users and carers.</p> <p>The Trust has medicine information leaflets including translation into other languages if required.</p> <p>Trust provides choice leaflets for some groups of medication.</p> <p>Service user information leaflets, which set out service user rights.</p> <p>Service users are given copies of their care plans.</p> <p>Service users and carers part of developing Trust approach to care planning.</p> <p>Ongoing engagement with service users and carers, particularly around CPA.</p> <p>Patient Identifiable Information Policy – service user access</p> <p>Freedom of Information Policy</p> <p>The Trust complies with requirements of Information Governance Toolkit, CQC registration and Monitor’s licence conditions.</p> <p>Trust meets DoH privacy and dignity guidance and has made a declaration of compliance to Monitor and to service users regarding elimination of mixed sex accommodation.</p> <p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the</p>	<p>TB/District Directors</p> <p>ABe/TB</p> <p>TB/ABe</p> <p>AF/DS</p> <p>TB</p> <p>AF</p>

Heading	Compliance	Evidence	Lead
<ul style="list-style-type: none"> <li>➤ R21 You have the right to be informed about how your information is used.</li> <li>➤ R22 You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered and, where you wishes cannot be followed, to be told the reasons, including the legal basis.</li> </ul>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">Yes</p>	<p>Information Governance Toolkit and Department of Health requirements to train staff in this area.</p> <p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p> <p>Patient Identifiable Information Policy – service user access</p> <p>Freedom of Information Policy</p> <p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p>	<p style="text-align: center;">AF/DS</p> <p style="text-align: center;">AF/DS</p>
<b>Respect, consent and confidentiality – pledges</b>			
<ul style="list-style-type: none"> <li>➤ P6 The NHS commits to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.</li> </ul>	<p style="text-align: center;">Yes</p>	<p>The Trust has two main clinical information systems, RiO and SystmOne, across its business delivery units. The Trust is also working with partners to ensure interoperability between systems, such as those used by local authorities, to make accessing information on care easier for staff working in integrated teams. Information sharing protocols in place with partners as appropriate.</p>	<p style="text-align: center;">AF</p>
<ul style="list-style-type: none"> <li>➤ P7 The NHS commits that, if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution.</li> </ul>	<p style="text-align: center;">Yes</p>	<p><i>Pledge moved from 'Quality of care and environment' section.</i></p> <p>The Trust is able to make a declaration that it complies with the national standard in relation to Eliminating Mixed Sex Accommodation.</p>	<p style="text-align: center;">TB</p>
<ul style="list-style-type: none"> <li>➤ P8 The NHS commits to anonymise the information collected during the course of your treatment and use it to support research and improve care for others.</li> </ul>	<p style="text-align: center;">Yes</p>	<p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. The Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p> <p>The Trust has robust governance arrangements in place to cover its research and development work.</p>	<p style="text-align: center;">AF</p>
<ul style="list-style-type: none"> <li>➤ P9 The NHS commits, where identifiable information is used, to give</li> </ul>	<p style="text-align: center;">Yes</p>	<p>As above.</p>	<p style="text-align: center;">AF</p>

Heading	Compliance	Evidence	Lead
you the chance to object wherever possible.			
➤ P10 The NHS commits to inform you of research studies in which you may eligible to participate.	N/A		
➤ P11 The NHS commits to share with you any letters sent between clinicians about your care.	Yes	All service users have access to their clinical records (Patient Identifiable Information Policy – service user access) Service users are offered a copy of their care plan Service users receive a copy of any correspondence between clinicians about them unless there is a specific risk identified to their physical and/or mental wellbeing.	AF/TB/District Directors
<b>Informed choices – rights</b>			
➤ R23 You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.	N/A		
➤ R24 You have the right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply.	N/A		
➤ R25 You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.	N/A		
➤ R26 You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs.	N/A		
<b>Informed choices – pledges</b>			
➤ P12 The NHS commits to inform you about the healthcare services available to you, locally and nationally.	Yes	Information is available on the Trust's website and in information leaflets. The Trust's service offer by district is available on its website, which provides individual service information on services offered and teams.	DS/District Directors
➤ P13 The NHS commits to offer you	Yes	Information available on Trust's website, in information leaflets and the	DS/TB/District

Heading	Compliance	Evidence	Lead
<p>easily accessible, reliable and relevant information in a form you can understand and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.</p>		<p>Trust's Quality Accounts.  The Trust's service offer by district is available on its website, which provides individual service information on services offered and teams.  Information on mental health conditions is included on the Trust's website.  Service user survey findings are displayed on wards and units.  Feedback mechanisms are in place for service users and their carers, including 'real time' collection of customer experience feedback.  Advocacy information is available on wards and in patient information.</p>	<p>Directors</p>
<b>Involvement in your healthcare and in the NHS – rights</b>			
<p>➤ R27 You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.</p>	<p>Yes</p>	<p><i>Wording strengthened.</i>  As above.  The Trust offers and has available interpreter services either face-to-face or by telephone.  An agreed end-of-life care pathway in Barnsley involving all agencies involved in end-of-life care is in place.</p>	<p>District Directors/DS</p>
<p>➤ R28 You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.</p>	<p>Yes</p>	<p><i>New right</i>  The Trust has a Duty of Candour policy in place supported by robust processes for complaints and redress.</p>	<p>TB/DS</p>
<p>➤ R29 You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in the</p>	<p>Yes</p>	<p>Patients, services users and their carers can be involved in the Trust through the Members' Council, Trust membership and volunteering.  Involving People Strategy in place.  During 2015/16, the Trust is mapping its service users and carer groups to ensure all teams and wards will have the ability to involve, listen and respond to feedback from people who use Trust services at all levels of the organisation.</p>	<p>DS</p>

Heading	Compliance	Evidence	Lead
decisions to be made affecting the operation of those services.		Trust service users/carers on local partnership boards. Information provided to local HealthWatch. There is a programme of public engagement events in place involving service users and carers regarding Trust plans and the transformational change programme.	
<b>Involvement in your healthcare and in the NHS – pledges</b>			
<ul style="list-style-type: none"> <li>➤ P14 The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.</li> <li>➤ P15 The NHS commits to work in partnership with you, your family, carers and representatives.</li> <li>➤ P16 The NHS commits to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.</li> <li>➤ P19 The NHS commits to encourage and welcome feedback on your health and care experiences and use this to improve services.</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>As above</p> <p>As above</p> <p>Service users are offered a copy of their care plan. The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness makes this inappropriate.</p> <p>The Trust welcomes feedback from service users and carers and actively encourages people to comment on its services. The Trust uses this information to inform service development and improvement. The Trust is working towards real time service user feedback through the Friends and Family service user test. Service user surveys are undertaken as part of commissioner-agreed CQUINs across all BDUs. Public engagement events held throughout the year. Feedback facility on the Trust's website. Feedback is provided through the Customer Services Team, which is reported to Trust Board quarterly and annually.</p>	<p>DS</p> <p>District Directors/DS</p> <p>ABe/TB/District Directors</p> <p>DS</p>
<b>Complaints and redress – rights</b>			
<ul style="list-style-type: none"> <li>➤ R30 You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.</li> <li>➤ R31 You have the right to discuss the manner in which the complaint is to be</li> </ul>	<p>Yes</p> <p>Yes</p>	<p>Customer Services Policy and Customer Service Team structure with quarterly reports to Trust Board. Performance measures in place.</p> <p>As above</p>	<p>DS</p> <p>DS</p>

Heading	Compliance	Evidence	Lead
<p>handled, and to know the period within which the investigation is likely to be completed and the response sent.</p> <ul style="list-style-type: none"> <li>➤ R32 You have the right to be kept informed of the progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.</li> <li>➤ R33 You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman if you are not satisfied with the way your complaint has been dealt with by the NHS.</li> <li>➤ R34 You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority..</li> <li>➤ R35 You have the right to compensation where you have been harmed by negligent treatment.</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>Customer Services Policy and Customer Service Team structure.</p> <p>Customer Services Policy and Customer Service Team structure.</p> <p>Customer Services Policy and information on Trust websites</p> <p>Claims Management Policy</p>	<p>DS</p> <p>DS</p> <p>DS</p> <p>TB</p>
<b>Complaints and redress – pledges</b>			
<ul style="list-style-type: none"> <li>➤ P20 The NHS commits to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint and the fact that you have complained will not adversely affect your future treatment.</li> <li>➤ P21 The NHS commits to ensure that, when mistakes happen or if you are harmed while receiving health care, you receive an appropriate explanation and</li> </ul>	<p>Yes</p> <p>Yes</p>	<p>Customer Services Policy and Customer Service Team structure</p> <p>The Trust has robust processes in place to investigate and learn from its mistakes and to share lessons across services and districts. Arrangements in place to ensure the Trust and its staff meet the Trust's Duty of Candour responsibilities.</p>	<p>DS</p> <p>TB</p>

Heading	Compliance	Evidence	Lead
<p>apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.</p> <p>➤ P22 The NHS commits to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services.</p>	Yes	<p>The Trust has robust processes in place to investigate and learn from its mistakes and to share lessons across services and districts.</p> <p>Quality Improvement Group established to share learning between and across BDUs.</p>	TB/ABe

The NHS Constitution also sets out nine responsibilities of patients and the public.

- Please recognise that you can make a significant contribution to your own, and your family's, good health and well-being, and take some personal responsibility for it.
- Please register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.
- Please treat NHS staff and other patients with respect and recognise that violence or the causing nuisance or disturbance on NHS premises could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.
- Please provide accurate information about your health, condition and status.
- Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.
- Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.
- Please participate in important public health programmes such as vaccination.
- Please ensure that those closest to you are aware of your wishes about organ donation.
- You should give feedback – both positive and negative – about your experience and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.

**The NHS Constitution – staff  
How the Trust meets its obligations**

Heading	Compliance	Evidence	Lead
<p><b>The rights are there to help ensure staff:</b></p> <ul style="list-style-type: none"> <li>➤ have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;</li> <li>➤ have a fair pay and contract framework;</li> <li>➤ can be involved and represented in the workplace;</li> <li>➤ have healthy and safe working conditions and an environment free from harassment, bullying or violence;</li> <li>➤ are treated fairly, equally and free from discrimination;</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>HR policies and procedures on annual leave, sickness absence, flexible working, carer leave, adoption rights and benefits, age retirement, equal opportunities in employment, job share, paternity leave, maternity leave, special leave, stress, etc. Also Harassment and Bullying Policy and Grievance Policy and Procedures in place. Friends and Family Test for staff. Wellbeing survey/national staff survey. Occupational health policy and service in place. Values-based recruitment, induction and appraisal policies in place.</p> <p>HR Strategy. Trust pay structure based on Agenda for Change and Trust follows guidance issued by National Pay Bodies as appropriate. HR Policies and Procedures as above HR Strategy sets out Trust approach to pay. Commitment to the Living Wage.</p> <p>Disciplinary Policy and Procedures. Grievance Policy and Procedures Set out in the Social Partnership Agreement between the Trust and staff side organisations. Staff engagement strategy. Staff engagement events. Six-monthly staff survey.</p> <p>HR policies and procedures Staff survey Health and Safety Policy Health and Safety Steering Group Health and Safety annual audit and work programme Occupational health service Risk assessments of workplace Managing Aggression and Violence lead in place with supporting MAV TAG</p> <p>HR policies and procedures Equality and inclusion TAG in place Trust staff are required to undertake mandatory equality training</p>	<p>AGD</p> <p>AGD</p> <p>AGD</p> <p>AGD</p> <p>AGD</p>

Heading	Compliance	Evidence	Lead
<ul style="list-style-type: none"> <li>➤ can, in certain circumstances, take a complaint about their employer to an Employment Tribunal;</li> <li>➤ can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.</li> </ul>	Yes	Equality networks, annual workforce equality impact assessment. Equality impact assessment of all policies and procedures. Disciplinary and Grievance Policies and Procedures	AGD
	Yes	HR Policies and Procedures Information given to staff and Trust welcome events include information for staff Whistleblowing Policy Raising concerns leaflet widely available	AGD

The NHS Constitution also sets out seven staff pledges, which, although not legally binding, represent a commitment by the NHS to provide high-quality working environments for staff.

- The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.
- The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.
- The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
- The NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- The NHS commits to have a process for staff to raise an internal grievance.
- The NHS commits to support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.

The NHS Constitution also sets out six existing legal duties that staff must observe. (This list is not meant to be exhaustive.)

- To accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- To take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.
- To act in accordance with the express and implied terms of your contract of employment.
- Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

- To protect the confidentiality of personal information that you hold unless to do so would put anyone at risk of significant harm.
- To be honest and truthful in applying for a job and in carrying out that job.

The Constitution also sets out how staff should play their part in ensuring the success of the NHS. **Items in blue are new aims.**

- You should aim to provide all patients with safe care, and to do all you can to protect patients from avoidable harm.
- You should follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers.
- You should aim to maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole.
- You should aim to find alternative sources of care or assistance for patients, when you are unable to provide this (including for those patients who are not receiving basic care to meet their needs).
- You should aim to take up training and development opportunities provided over and above those legally required of your post.
- You should aim to play your part in sustainably improving services by working in partnership with patients, the public and communities.
- You should aim to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff, or the organisation itself at the earliest reasonable opportunity.
- You should aim to involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis and their individual care and treatment.
- You should aim to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation.
- You should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged and colleagues are supported where errors are made.
- You should aim to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.
- You should aim to take every appropriate opportunity to encourage and support patients and colleagues improve their health and wellbeing.
- You should aim to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access and outcomes between differing groups or sections of society requiring health care.
- You should aim to inform patients about the use of their confidential information and to record their objections, consent or dissent.
- You should aim to provide access to a patient's information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so.



With all of us in mind

## Trust Board 22 September 2015 Agenda item 9

<b>Title:</b>	<b>Use of Trust seal</b>
<b>Paper prepared by:</b>	Chief Executive
<b>Purpose:</b>	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.
<b>Values/goals:</b>	The paper ensures that the Trust meets its governance and regulatory requirements.
<b>Any background papers/ previously considered by:</b>	Quarterly reports to Trust Board
<b>Executive summary:</b>	<p>The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive.</p> <p>The seal has been used eight times since the report to Trust Board in June 2015 in respect of the following.</p> <ul style="list-style-type: none"> <li>- Licence to occupy rooms at Brian Jackson House, Huddersfield, between the National Children's Centre and the Trust.</li> <li>- Licence to occupy health centres at Ravensthorpe, Batley, Fartown, Dewsbury, Mill Hill and Cleckheaton between NHS Property Services Limited and the Trust (stop smoking services).</li> <li>- Lease of space at Becksides Court, Batley, between Bradbury Investments and the Trust.</li> <li>- Contract for the sale of 15 Hyde Park, Wakefield, between the Trust and purchasers.</li> <li>- Land Registry transfer for 15 Hyde Park, Wakefield.</li> <li>- Calderdale Stop Smoking Service contract between Calderdale Council and the Trust.</li> <li>- Call-off contract for telephony services (under national agreement) between the Trust and Virgin Media Business Limited.</li> <li>- Contract for sale of 29/31, Queen's Road, Barnsley, between the Trust and FINMIL Ltd.</li> </ul>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE use of the Trust's seal since the last report in June 2015.</b>
<b>Private session:</b>	Not applicable