



With all of us in mind

South West Yorkshire Partnership



NHS Foundation Trust

**Trust Board (public session)
Tuesday 23 July 2013 at 9:30
Wainhouse room, 5th floor, F Mill, Dean Clough, Halifax**

AGENDA

- 1. Welcome, introduction and apologies**
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 25 June 2013**
- 4. Transformational service change**
- 5. Quarter 1 performance reports 2013/14**
 - 5.1 Section 1 – Quality performance report month 3 2013/14 (to follow)
 - 5.2 Section 2 – Patient experience report ‘What Matters’ quarter 1 2013/14
 - 5.3 Section 3 – Finance report month 3 2013/14 (to follow)
 - 5.4 Section 4 – Strategic human resources report
 - 5.5 Section 5 – Exception reporting and action plans
 - (i) Cost improvement programme 2013/14
 - (ii) Quarterly serious incidents report
 - (iii) Innovation Fund summary 2012/13
 - (iv) Treasury Management update
- 6. Monitor quarterly return**
- 7. Assurance Framework and risk register**
- 8. Date and time of next meeting**

The next meeting of Trust Board will be held on Tuesday 24 September 2013 in seminar room 1, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF.

Minutes of Trust Board meeting held on 25 June 2013

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Bernard Fee	Non-Executive Director
	Steven Michael	Chief Executive
	Nisreen Booya	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
In attendance:	Dawn Gibson	Deputy Director of Finance
	Bronwyn Gill	Head of Communications
	Bernie Cherriman-Sykes	Board Secretary (author)
Apologies:	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Alex Farrell	Deputy Chief Executive/Director of Finance
Guests:	Ann McAllister	Members' Council (appointed, Calderdale Council)
	Bob Mortimer	Members' Council (publicly elected, Kirklees)
	Tony Wilkinson	Members' Council (Lead Governor and publicly elected, Calderdale)

TB/13/27 Welcome, introduction and apologies (agenda item 1)

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

TB/13/28 Declaration of interests (agenda item 2)

There were no declarations over and above those made in March 2013.

TB/13/29 Minutes of and matters arising from the Trust Board meeting held on 30 April 2013 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held on 30 April 2013 as a true and accurate record of the meeting. There were no matters arising.

TB/13/30 Assurance from Trust Board Committees (agenda item 4)

Audit Committee 9 April and 23 May 2013 (agenda item 4.1)

Peter Aspinall (PA) raised one issue in relation to the meeting on 9 April 2013.

- The Committee has a standing item on its agenda to provide assurance on progress towards development and implementation of service line reporting and currency, which will provide the granular understanding of the Trust's business at every level needed in the current competitive climate.

In relation to the meeting on 23 May 2013 to approve the accounts, PA alerted Trust Board to:

- the unqualified audit opinion issued by Deloitte on the Trust's accounts and Deloitte's comments in relation to the quality of the working papers;
- the positive comments made by Deloitte on the Trust's Quality Report; and
- the Head of Internal Audit opinion of significant assurance that there is a generally sound system of internal control on key financial and management processes within the Trust.

Clinical Governance and Clinical Safety Committee 16 April, 7 May and 17 June 2013 (agenda item 4.2)

Bernard Fee (BF) commented that there is a general theme running through the agenda for the Committee in relation to the regulatory environment. The Trust must ensure it maintains a good and strong relationship with its regulators and continue to challenge itself in terms of improving services. The unannounced visits programme is a key part of this and is beginning to yield results. The Trust will continue to involve the Members' Council in these visits. He commented generally that this is a challenging time from a clinical perspective.

Tim Breedon (TB) added that clinical commissioning groups (CCGs) have indicated an interest in undertaking their own unannounced visits, which would be in addition to those undertaken by the Care Quality Commission (CQC). The Trust is currently discussing the viability and process, and it may be that these are incorporated into the Trust's own programme. BF commented that the Trust must ensure its original purpose to improve services is not lost just to meet the requirements of the regulatory environment.

The Chief Executive (SM) commented that feedback from staff on the unannounced visits has been positive in terms support for services, and is seen as a legitimate activity for Trust Board in terms of challenge. Additional visits are likely to cause confusion in front-line services and the Trust needs to understand the purpose of the visits by commissioners and what would be done with the findings.

BF went on to comment that the first round of unannounced visits produced an action plan and the Committee did feel that the actions had not been dealt with as effectively as they should have been. As a result, a number of follow up visits have been arranged in August 2013 to ensure the actions have been implemented.

Mental Health Act Committee 7 May 2013 (agenda item 4.3)

IB took this item on behalf of Helen Wollaston. Two issues were raised.

- A Trust-wide audit of Section 17 leave forms found only a small number to be compliant. Business Delivery Units (BDUs) have produced an action plan to resolve.
- The CQC has produced a report on compliance against the Mental Health Act. Following a self-assessment, one area has been assessed as red. This relates to the lack of a multi-agency protocol for conveyance. TB and Nisreen Booya (NHB) will meet with the Yorkshire Ambulance Service to take forward.

Remuneration and Terms of Service Committee 23 April 2013 (agenda item 4.4)

BF asked whether there had been more detailed consideration of issues around sickness absence. Alan Davis (AGD) responded that the Committee has a standing item on the agenda in relation to key performance issues of which sickness absence is one area. It was agreed there should be a fuller discussion at Trust Board in July under the HR performance report.

TB/13/31 Chief Executive's report (agenda item 5)

SM began by raising the recent whistleblowing incident in relation to issues around bed pressures, which was raised with the CQC. This involved the admission of service users, particularly in Calderdale, when there is no bed available. The Trust met with the CQC on 17 June 2013. The Trust's policy is that, where every other avenue has been exhausted, staff must balance the risk and interests of the service user and this may mean admission without a bed. SM reported that there have been twelve incidents in the period from January to May 2013 where pressure in the system has meant there were no beds. Nine of these have been on the Dales unit in Calderdale.

He assured Trust Board that this is not a matter of custom and practice but common sense has to prevail. The original approach of the CQC was that this was unacceptable; however, after discussion with the Trust, it was accepted that, in exceptional circumstances, admission is the only course of action the Trust can take in the interests of patient safety.

The Trust is currently updating its bed management protocol and a higher level of alert, through the Director of Nursing and the Medical Director, instigated should an instance occur again. The matter will also be discussed with commissioners in terms of the service commissioned in Calderdale. SM added that this reflects a national position of decreasing bed numbers, which is putting pressure on mental health services.

The CQC has provided verbal feedback that it feels assured in respect of the steps the Trust has taken and that there will be no regulatory response. The Trust should receive a formal letter within the next few days. Monitor has been informed throughout the process.

TB added that the Trust has also increased its access to external beds and will keep this under review.

SM also raised the following under his remarks.

- Monitor annual plan 2013/14 – Monitor has undertaken an initial review and discussed this with the Trust. There is no indication of a phase II review and this will be formally confirmed in July when Monitor has had the opportunity to review in more detail.
- NHS Confederation feedback.
- Partnership issues.
- Talent Pool.
- Management structure – as previously discussed at Trust Board, Anna Basford will take up her post at Calderdale and Huddersfield NHS Foundation Trust in early July 2013. Karen Taylor will assume the role of District Service Director for Calderdale, Kirklees and specialist services. A paper will be presented to the Remuneration and Terms of Service Committee in July 2013 in relation to filling the role of Director of Service Improvement and Development.
- Marketing and the Trust's response to the commercial environment – an interim paper on the transformational service change programme will be presented to Trust Board in July and this paper will include proposals for the project management office and the Trust's approach to marketing. SM also reminded Trust Board of the engagement events currently underway across the Trust.

IB also raised the following.

- Two themes are emerging from the current coverage of the NHS in the press – gagging orders and suppression of reports. Both go against the Trust's values and its commitment to transparency and openness.
- There is a workshop for the Members' Council on 8 July 2013 on significant transactions to help prepare governors for their new role. If any Directors, particularly Non-Executive Directors, wish to attend, they are more than welcome to do so.
- Allyson McGregor from Altogether Better has been selected on the HSJ Inspirational Women in the NHS list. Trust Board offered its sincere congratulations on this honour.

TB/13/32 Annual report, annual accounts and Quality Report 2012/13 (agenda item 6)

IB commented that the Quality Report had been approved by the Clinical Governance and Clinical Safety Committee in May 2013 and was then approved by the Audit Committee on

23 May 2013 with the annual report and accounts. A summary will be presented to the Members' Council on 26 July 2013.

Dawn Gibson (DG) took Trust Board through the key points of the Director of Finance's report.

- The Trust's planned annual surplus for 2012/13 was £5.9 million; actual surplus was £6.0 million and overall was £120,000 better than planned.
- Capital expenditure for the year was £9.2 million against an original plan of £10.4 million; the main elements of the underspend relate to deferred schemes on the Fieldhead and Sycamores sites, the RiOIT project and funding earmarked for the Estates Strategy. These will be required in 2013/14.
- Monitor's financial risk rating at the end of March was 4.3. This was better than the plan of 3.6 for the year, due to better than planned EBITDA and surplus performance.
- The Trust's cash position remained strong throughout the year with sufficient resources to meet its outgoings and any surplus balances were invested in line with the Treasury Management Policy to maximise interest receivable.

SM commented that Deloitte's view of the Trust's Quality Report demonstrated a great improvement over previous years, which commended the process undertaken and the detailed scrutiny by the Clinical Governance and Clinical Safety Committee. BF commented that fundamental to producing a successful document is continuity of production lead and resources. Karen Batty was commended for her efforts in producing the report this year.

It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Report for 2012/13.

TB/13/33 Performance reports month 2 2013/14 (agenda item 7)

TB/13/33a Quality performance report (item 7.1)

TB took Trust Board through the key points in the report.

- Monitor compliance is currently amber/green due to underperformance on the '% of service users on CPA who have had a formal review recorded in the last twelve months' (91.8% against a target of 95%). Work has begun in BDUs to ensure the target is met by the end of quarter 1.
- Action is in place to address risks to achievement of CQUINs.
- Remedial action is in place to address the underperformance in clustering.

Following the report by MIND, TB assured Trust Board that Trust policies and procedures in relation to face-down restraint are underpinned by national guidance and accord to regulatory standards. It is only used as a last resort intervention and to prevent long-term injury. All incidents of use are recorded through DATIX and reviewed by the Managing Aggression and Violence Team. In comparison with other Trusts, this Trust is reporting a much lower level of use/incidents. There will be a fuller self-assessment against the report, which will be brought back into the Clinical Governance and Clinical Safety Committee.

BF commented that there is a recognition that the Trust needs to get better at not using this technique whilst balancing this with a judgement at service level at the time of restraint. NHB commented that the Trust has to look at and develop alternatives as some Trusts are not using this technique at all.

In relation to recent reports in the press regarding detention of individuals under the Mental Health Act in police cells, TB provided assurance to Trust Board that the Trust's three

Section 136 suites (in Barnsley, Calderdale and Wakefield) means that, although pressured at times, this is a carefully managed process and there should be no resort to retention in police cells.

AGD highlighted the following under workforce.

For sickness absence, the year-to-date figure for the Trust is 4.7%, which is a positive trend and represents a tremendous effort by managers. Individual BDUs are as follows.

- Barnsley 5.2%
- Calderdale 3.9%
- Kirklees 4.7%
- Wakefield 4.1%
- Forensic 6% (although the overall figure remains high, Newton Lodge has reduced to 4.4%, which is an excellent achievement, even though the figure for Newhaven remains high at 9.9%)
- Support services 4.1%

AGD confirmed that management of sickness absence is an integral part of the appraisal process and is included in managers' objectives.

BF commented that trends would be useful, particularly in comparison with last year. It was agreed these should be included in the strategic HR report to Trust Board in July 2013.

Appraisal figures will be included in the strategic HR report for quarter 1 in July 2013 against the target of 90% completed by the end of June 2013. There has been positive feedback so far on the new process although some areas have found the process a challenge to implement, particularly where there is transition from team to individual appraisal.

TB/13/33b Finance report month 2 2013/14 (item 7.2)

DG highlighted the following.

- The overall position at month 2 is a £1.3 million surplus, which is £354,000 ahead of plan. The Trust is forecast to achieve its plan.
- The cash position is £1 million behind plan due to non-payment of an invoice by one CCG. IB asked for assurance that this would not occur again. DG confirmed that all future payments will be honoured.
- Capital expenditure is to plan.
- The Cost Improvement Programme is also on plan although there are a number of risks identified by BDUs in relation to e-rostering, which had also been identified through the Quality Impact Assessment process.
- The financial risk rating is 4.1, which is ahead of plan at quarter 1 (3.9%) due to the additional surplus position.
- There is a potential risk identified of £900,000 in relation to achievement of CQUINs. Following mitigating action identified by BDUs, a further assessment will be undertaken at quarter 1, which will be reported to Trust Board in July 2013, and this is expected to reduce.

PA asked how much of the cost improvement programme of £8.7 million was at risk. DG responded that this was estimated at £500,000. He also asked how, when the Trust's agreed sickness absence target is 4% and the Trust is reporting a level of 4.7%, the current financial position can still be achieved. DG responded that each BDU is covering absence but not necessarily by utilising bank or agency staff. PA commented that even so this should result in an adverse financial variance or reduction in service. AGD responded that some areas (such as administrative and support service roles) tend not to be covered during absence. In clinical areas, staff would be replaced. IB commented that he would welcome a

further discussion on the Trust's approach to covering sickness absence, both in the short- and long-term, in the Remuneration and Terms of Service Committee to provide assurance that services are being provided safely and effectively.

IB asked for three issues to be covered in the finance report at the July 2013 meeting.

- As the current surplus is ahead of plan, Trust Board needs an understanding of how and why there has been an underestimate of the Trust's position at month 2.
- Assurance regarding vacancies in Barnsley BDU, particularly in relation to the level and status.
- Clarity on performance of the cost improvement programme as the figures and narrative do not match and there was some concern that the Trust is reporting exact achievement against target.

IB added that he would want to see an assessment of the transformation programme's contribution to cost improvements.

TB/13/33c Exception reports and action plans – Francis II and 'Patients first and foremost' organisational review (item 7.3(i))

TB began by saying that the Trust is taking the Francis Report extremely seriously but wants to ensure its response is proportionate and appropriate, and, where possible, to incorporate action into existing organisational development and improvement plans.

Trust Board noted the general feeling at the Clinical Governance and Clinical Safety Committee that some critical issues raised by staff were not sufficiently addressed in the action plan. TB has agreed to review the plan and to re-present to the Committee in September 2013. BF commented that one key issue is how the Trust gets feedback from staff and then what it does with it.

PA asked whether Francis has uncovered some issues the Trust was not aware of. SM responded that there had been no surprises; however, there was a need to be seen to act on the feedback, particularly that around culture. AGD added that many of the comments were recognised and action is in place to address, such as the introduction of a values-based appraisal system and e-rostering. BF commented that the critical relationship is between the workforce and Trust Board and Trust Board's understanding of the organisation.

IB asked that AGD brings a summary of the wellbeing survey to Trust Board as part of the strategic HR report in July 2013.

It was RESOLVED to NOTE the identified action and to RECEIVE further assurance from the Clinical Governance and Clinical Safety Committee on the action plan developed by the Trust.

TB/13/33d Exception reports and action plans – Incident management annual report 2012/13 (item 7.3(ii))

TB took Trust Board through the main points in the report. He also highlighted the key issues to improve patient safety:

- access to appropriate data;
- reporting levels;
- quality of investigations; and
- learning from experience.

He added that the report would be considered in detail by the Clinical Reference Group (made up of senior clinicians and clinical leads), which will report into the Clinical

Governance and Clinical Safety Committee, particularly in terms of learning and sharing best practice. The following comments were made during the discussion.

- BF commented that this was a good piece of work in terms of analysis of suicides. As the range of incidents reported is broader, the focus perhaps needs to be on more 'mundane' areas such as bed sores.
- SM supported this and added that there needs to be an analysis of which incidents were predictable and preventable. The Trust needs to be open about these and work to address them.
- PA was concerned that the reduction in completion of investigations (from 60 days to 45) will affect the quality of reports. TB responded that, although this is not now a requirement due to Trust representation to CCGs, the Trust may move to shorter timescales as there are systems and processes available to maintain the quality of reporting.
- AGD expressed a concern that the Trust has got better at managing the process rather than learning to improve quality and safety of services. TB and NHB agreed that this was a focus for the next twelve months.
- IB asked who was learning from suicides in the community where individuals are not in the Trust's care. NHB responded that the Trust has, historically, had difficulty in getting data; however, it will be approaching Coroners' Offices again requesting relevant information.

It was RESOLVED to NOTE the report.

TB/13/33e Exception reports and action plans – Customer services annual report 2012/13 (item 7.3(iii))

Bronwyn Gill (BG) introduced this item and highlighted three issues.

- There has been one formal complaint regarding bed pressures in Calderdale.
- There has been more contact and interaction with carers as the Trust's services have expanded.
- The relationship with the Parliamentary and Health Service Ombudsman has changed as the Ombudsman's strategy will be to provide more support to individuals raising complaints and its involvement will be earlier. TB added that the Ombudsman is also making recommendations to Trusts on the level of compensation on offer and suggesting that complaints can be resolved through a payment.

BF commented that this was a helpful report. He would like to see the richness of the contacts with customer services included in 'What Matters' and would also like to see a comparison with 2011/12.

IB asked what the Trust's approach is to Freedom of Information requests. BG responded that it is one of complete openness and transparency except in exceptional circumstances. Trust Board was of the view that this would, in some cases, put the Trust at a disadvantage as there is not the same motivation for other types of organisation to be so open. IB commented that he would like to see the origin of requests analysed.

SM commented that the customer services team should be commended for the work to quality assure any response sent to complainants and for diligence in responding.

It was RESOLVED to NOTE the annual report.

TB/13/33f Exception reports and action plans – NHS Constitution (item 7.3(iv))

It was RESOLVED to APPROVE the paper as assurance that the Trust is meeting the terms of the Trust's Constitution.

TB/13/33g Exception reports and action plans – Registration for additional activity with the CQC (item 7.3(v))

It was **RESOLVED** to **APPROVE** the amendment to the Trust's Statement of Purpose, which reflects the registration status change set out in the paper.

TB/13/34 Use of Trust seal (agenda item 8)

It was **RESOLVED** to **NOTE** the use of the Trust's seal since the last report in March 2013.

TB/13/35 Date and time of next meeting (agenda item 9)

The next meeting of Trust Board will be held on Tuesday 23 July 2013 in the Wainhouse Room, 5th floor, F Mill, Dean Clough, Halifax.

Signed Date

Trust Board 23 July 2013

Agenda item 4

Title:	Achieving system transformation – progress update
Paper prepared by:	District Service Director (Barnsley and Wakefield)/Chief Executive
Purpose:	The purpose of the paper is to provide assurance to Trust Board of the progress of the Transformation Programme.
Vision/goals:	The ongoing work is based upon the Trust's Visions/Goals and uses them as a continual reference point.
Any background papers/ previously considered by:	<ul style="list-style-type: none"> • Overview of Service Changes and Transformation 18 December 2012. • Rehabilitation and Recovery Review 29 January 2013. • Achieving System Transformation 1 March 2013. • Paper to Trust Board 30 April 2013
Executive summary:	<p>The Chief Executive presented a paper to the Trust Board in July and September 2012 (the next stage vision), which were agreed and supported. This paper follows the updates in March and April 2013 and is part of an ongoing series of papers to update Trust Board on progress in this important area. It outlines the progress made to achieve the transformation required to deliver the vision and mission. The first cut of transformation visions and associated plans are targeted to be completed by 31 August 2013.</p> <p>This update has been prepared using the 4+2 Framework. A governance process has been established utilising the EMT structures to ensure that updates are provided, on a monthly basis, to both the Strategic and Business and Risk EMT. The establishment of Lead Executive Directors for each transformation area has clarified the leadership for each service review area. The Lead Director for each workstream has contributed to the paper by identifying progress to date.</p>
Recommendation:	Trust Board is asked to note the content of the report as a progress update for the Transformation Programme.
Private session:	Not applicable



Trust Board 23 July 2013

Transformation Programme – Progress Report

1 Introduction

- 1.1 The purpose of this report is to update the Board on progress regarding the Trust Transformation Programme. The first cut of transformation visions and associated plans are targeted to be completed by 31 August 2013.

This update has been prepared using the 4+2 Framework.

2 Strategy

- 2.1 The Trust's strategic priorities have been determined through an ongoing environmental analysis utilising the PESTEL and SWOT approach. These priorities were incorporated within the Business Plan agreed at the last Board meeting. The scale of financial and demographic challenge facing the NHS is unprecedented. For the Trust's context, this is illustrated in the tables at Appendix 1.
- 2.2 The strategic priorities for the Trust remain in the domains: Consolidation and development of local pathways; Thought leadership; Forensic expansion; Geographical expansion broadly within Trust footprint. This is illustrated at Appendix 2.

3 Structure

- 3.1 The Transformation Programme has been portioned into manageable blocks: Mental Health Services; Services for People with Learning Disabilities; Community Health Services; Forensic Services. Each area has Director and Clinical Leadership, supported by programme management and underpinned with Quality Academy support. This framework is illustrated at Appendix 3. The language used within the Trust to describe these programme blocks is 'Big Ticket' reviews.
- 3.2 The Programme Structure operates alongside the 'day job', and the continuous focus on performance management. Colleagues inputting to the Programme do so largely in the context of non-hierarchical transformation networks, co-ordinated by guiding coalitions. The Quality Academy supports both service delivery and transformation.
- 3.3 It is intended to strengthen the health intelligence function within the Trust, as part of the appointment of a new Director of Service Improvement.

4 Flawless Execution

- 4.1 The 'Big Ticket' reviews each has a project plan (in a Gant chart format)

outlining scope, deliverables, timescales and responsibilities. In addition, each review has a 'progress on a page' document (illustrated at Appendix 4), which is regularly reviewed and updated.

- 4.2 As contextual support for the Programme, the Trust's stakeholder analysis is regularly reviewed and updated to inform stakeholder management and engagement. This is illustrated at Appendix 5.
- 4.3 The EMT undertook a facilitated time out with international change expert Myron Rogers on 11th-12th July. The purpose of the exercise was to align the transformation work to the mission and values and be able to articulate clearly within and outside the organisation:
 - the over-arching purpose of the programme (mission);
 - the link to organisational culture and behaviours;
 - the tactics for managing key stakeholder groups; and
 - the key milestones in delivery of the programme and the logistics of staff deployment so the process gives assurance on delivery of agreed outcomes.

The session was productive and generated shared understanding and proposal for next steps. The work will be completed by the end of August to be shared with the Board and incorporated into the Integrated Business Plan.

5 Culture

- 5.1 The Transformation Programme has been influenced and supported by the work to review the Trust's Mission and Values. There have been seven public engagement events held during the end June / early July right across the Trust's geographical area. This is providing a sense of co-production engaging local communities, and generating a real sense of what is important from a public perspective in terms of what some of the outcomes of our Transformation Programme should be.
- 5.2 Further engagement events / processes for those harder to reach in our communities are planned for later July / August. A graphical illustration as an example that has been developed from the outcome of the engagement events is attached at Appendix 6.

6 Partnerships

- 6.1 One of the key themes that has emerged from the engagement events is that of ensuring care and support is co-ordinated across organisations. While this is not a new theme in the sense that it is self evident as a basis of good practice and service efficiency, the complexity of the partnership arrangements necessitates a significant investment of capability and alignment at a time when most other Commissioners and Providers are also undertaking transformation programmes. An update of the 'Rich Picture' at Appendix 7 illustrates the scope of the organisational partnerships across the Trust's geographical area.

- 6.2 For each partnership, its nature and scope needs to be clear from the Trust's perspective. For example, how does it add value; how are reputation and sustainability improved and enhanced.

7 Innovation

- 7.1 The Trust is taking forward Implementing Recovery through Organisational Change (ImROC), a methodology for organisational change which uses a 'systems approach'. The Recovery philosophy is the guiding philosophy and/or guiding discipline that keeps the Trust true to its mission and values.
- 7.2 The benefits of initiatives such Creative Minds have been highlighted during the course of the engagement events.

8 Talent

- 8.1 The development of the Talent Pool within the Trust has been successful in terms of take-up by staff. This is also now positioned to support the Programmes and allows individuals to become more engaged in the transformation networks and guiding coalitions.

9 Leadership and Management

- 9.1 There are a range of leadership and management developments that also support the transformation programme. For example, Investors in People; Middleground; Wellbeing and engagement. In addition, the Trust has recently been accredited with a high rating in achieving the Customer Service Excellence Award.

The Scale of Financial Challenge

	2013/14	2014/15	2015/16	TOTAL
	£'000	£'000	£'000	£'000
<i>Workforce</i>	1,054	3,800	4,300	9,154
<i>Non Pay Efficiencies</i>	1,922	1,050	1,950	4,922
<i>Management Costs</i>	585	500	500	1,585
<i>Service Redesign</i>	3,167	4,300	2,000	9,467
<i>Estates</i>	767	1,750	2,050	4,567
<i>Procurement</i>	200	200	-	400
<i>Income</i>		500	1,000	1,500
<i>Non Recurrent Efficiencies</i>	1,000	-	-	1,000
TOTAL CIPS	8,695	12,100	11,800	32,595
<i>CIPS as % of Total Income</i>	4.0%	5.5%	5.5%	

Population Growth 2013 - 2023

	Calderdale		Kirklees		Wakefield		Barnsley	
	5 year % increase 2013- 2018	10 year % increase 2013- 2023	5 year % increase 2013- 2018	10 year % increase 2013- 2023	5 year % increase 2013- 2018	10 year % increase 2013- 2023	5 year % increase 2013- 2018	10 year % increase 2013- 2023
5-19	4.32%	12.70%	4.15%	11.53%	1.80%	10.09%	2.02%	10.61%
20-64	1.58%	2.42%	1.32%	2.02%	1.81%	2.01%	2.12%	2.70%
65+	10.80%	22.73%	10.08%	20.00%	10.62%	21.92%	9.88%	20.00%

Strategic priorities

Local consolidation

- Tier 3 CAMHS in Calderdale and Kirklees
- Provision of Tier 2 CAMHS in Calderdale and Greater Huddersfield
- Transfer of estate from NHS Barnsley to the Trust
- Mental Health Rapid Assessment Interface and Discharge (with Calderdale and Huddersfield NHS Foundation Trust)
- Continued development of the Trust's market offer
- Transfer of management to SWYPFT of children's health services in Barnsley

Forensic expansion

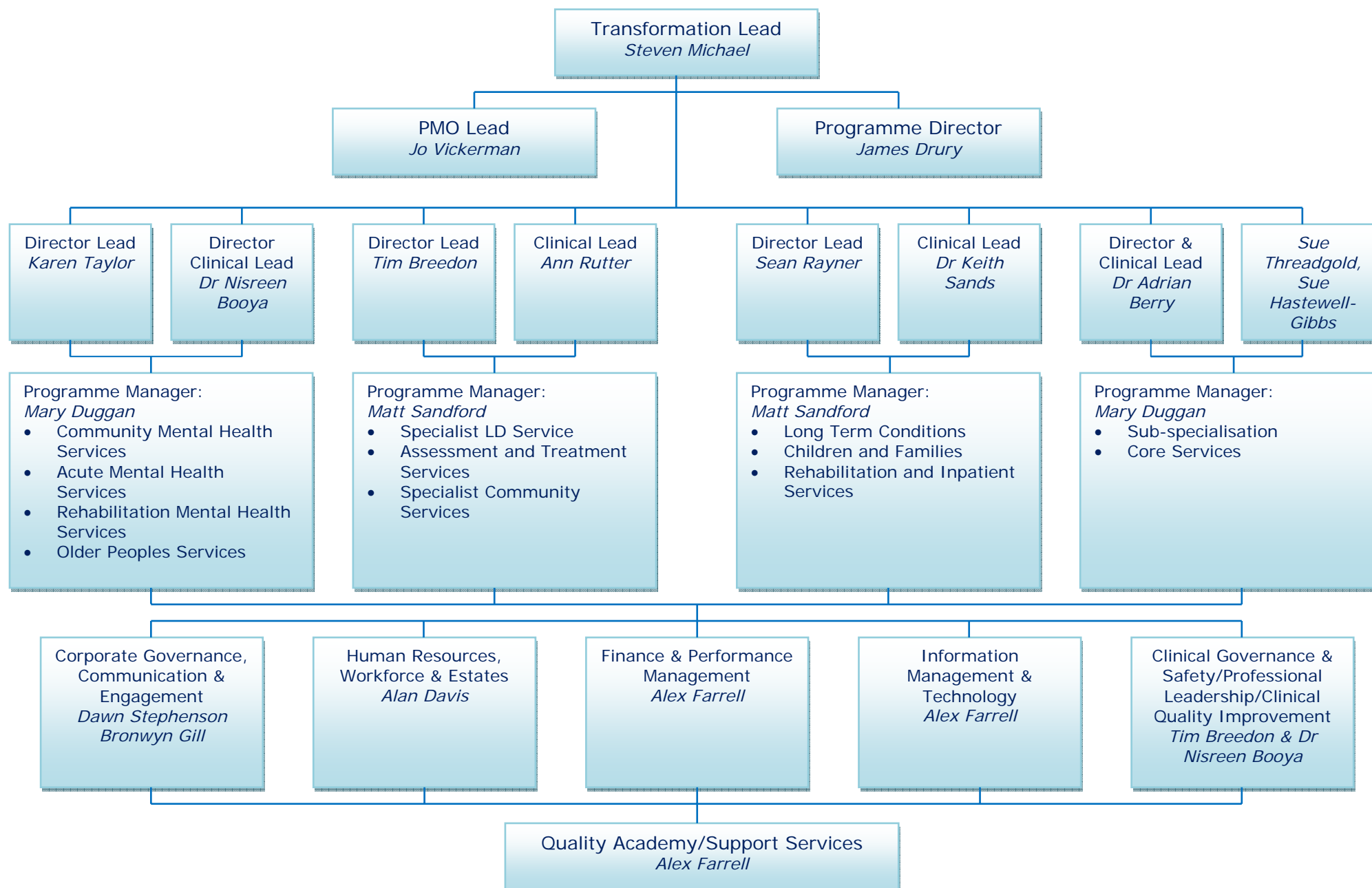
- Re-development of Newton Lodge (£11.8 million investment)
- Re-location of five female beds to improve privacy and dignity
- Development of purpose-built ward designed for use as a ten-bed acute female ward and five-bed rehabilitation ward
- Development of improved, dedicated activity centre

Thought leadership

- Altogether Better
- Creative Minds
- Change Lab
- Development of telehealth 'offer'
- Portrait of a Life

Geographical expansion of service offer broadly within Trust footprint

- Development of telehealth 'offer'
- Development of care navigation 'offer'
- Services, such as podiatry, offered outside of the Trust's area through Any Qualified Provider



“Achieving System Transformation” in Forensics – June 2013 v4

MISSION: Enabling People to reach their potential and live well in their community											
Lead Director – Dr Adrian Berry											
Progress towards describing the Current Position “As is”	The Desired Position “To be”	Cost Improvement Programme. Initial Allocation Estimates by Financial Year	Demand & Resource GAP Assessment Y/N & Rate 0-3	Enablers Y/N & Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 stage	Overall Risk Assessment (RAG)
Extending the care pathway Scoping project ongoing – looking at needs of people in low secure car and offering increased community provision Extending the scope to medium secure care to deliver the whole pathway and offering increased community provision Sub specialisation within medium secure care Deloitte have submitted a draft report which is being considered by the BDU Exploring opportunities to extend services for women’s mental illness Enhanced medium secure facility – step down from high secure	Completion of the scoping project medium secure care – delivery of the whole pathway and offering increased community provision Making the links to rehabilitation and recovery and community mental health rehabilitation services Establish guiding coalitions for the 2 strands Identify quick wins Further work on financial modelling by Deloitte Internal feasibility studies linked to the sub specialisation in medium secure services opportunities	2013/14 target £0.5m 2014/15 target £0.2m CIP plans in place to deliver 2013/14	Growth Yes 2 Prevention Yes 1 Partners Yes 1 Transformation Yes 1 CIP/LEAN Yes 1	Yes 2	Yes 2	Yes 3	Making the links to the rehab & recovery work PbR Personalised care and recovery	Specialised Commissioning Area Team National Commissioning Board Provider organisations both Partnership and competitors Service users and carers NSU Network (Medium & Low Secure Network) Ministry of Justice Prisons	Pump priming for marketing staff training including marketing	4	AMBER

Mission		Progress towards describing the Current Position “As Is”	The Desired Position “To Be”	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	IT & T	Workforce					
ENABLING PEOPLE TO REACH THEIR POTENTIAL AND LIVE WELL IN THEIR COMMUNITY	General Community Lead Director - SR												
	Health & wellbeing	<ul style="list-style-type: none">Services in place in Barnsley, Calderdale and WakefieldPreliminary work undertaken	<ul style="list-style-type: none">Vision emerging from preliminary work but requires further consideration and sign up	<ul style="list-style-type: none">2013/14 target £1m for whole area of General community not split into sub areasPlans in place to deliver 13/142014/15 target £1m reliant on transformation	<ul style="list-style-type: none">Growth Y - 1Prevention Y - 3Partners Y - 2Transformation Y - 1CIP/LEAN Y - 1	YES 1	YES 2	YES 2	<ul style="list-style-type: none">Acute linksLink between physical and MH	<ul style="list-style-type: none">Service usersCarersAcute providersLocal Authority3rd sectorGP providersEducationMediaCollegesBHNST	<ul style="list-style-type: none">Staff training inc marketing	2	AMBER
	Child and Family	<ul style="list-style-type: none">Complex pictures due to high degree of integration with Local AuthorityWork not yet commenced	<ul style="list-style-type: none">Vision not agreed although significant national directives are available to influence this	<ul style="list-style-type: none">2013/14 target £1m for whole area of General community not split into sub areasPlans in place to deliver 13/142014/15 target £1m reliant on transformation	<ul style="list-style-type: none">Growth Y - 2Prevention Y - 2Partners Y - 3Transformation Y - 2CIP/LEAN Y - 2	YES 2	YES 3	Yes 2	<ul style="list-style-type: none">CAMHSAcute linksEducationResolution required re commissioning/ providing Childrens Services	<ul style="list-style-type: none">Service usersCarersAcute providersLocal Authority3rd sectorGP providersEducationChildren's centresCAMHSMediaBHNST	<ul style="list-style-type: none">Possible need for significant investment if service transfers	1	RED

Mission		Progress towards describing the Current Position “As Is”	The Desired Position “To Be”	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	I M & T	Workforce					
	Long Term Conditions	<ul style="list-style-type: none"> Complex and multiple different services so requires significant scoping to describe nature of transformation work. This is underway led by Lead Director Work commenced on underpinning theme of integration of physical and mental health linked to recovery philosophy 	<ul style="list-style-type: none"> Vision could be cross cutting (e.g. more agile working), pathway based e.g. Diabetes, service based e.g. District nursing or combination. 	<ul style="list-style-type: none"> 2013/14 target £1m for whole area of General community not split into sub areas Plans in place to deliver 13/14 2014/15 target £1m reliant on transformation 	<ul style="list-style-type: none"> Growth Y - 3 Prevention Y - 2 Partners Y - 1 Transformation Y - 2 CIP/LEAN Y - 3 	YES 1	YES 3	YES 2	<ul style="list-style-type: none"> Physical/MH integration 	<ul style="list-style-type: none"> Service users Carers GP providers Local Authority Housing 3rd Sector Community volunteers Employers Benefit agencies Educational providers Media BHNST CCG Locala (Year of Care) 	<ul style="list-style-type: none"> Pump priming for I M & T including Telehealth 	1	RED

Mission		Progress towards describing the Current Position “As Is”	The Desired Position “To Be”	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	IT & T	Workforce					
	End of Life	<ul style="list-style-type: none"> Requires significant scoping to describe nature of transformation work. This is underway led by Lead Director 	<ul style="list-style-type: none"> Significant work has been undertaken previously in partnership with other providers. Need to build on this to agree shared vision to take work forward 	<ul style="list-style-type: none"> 2013/14 target £1m for whole area of General community not split into sub areas Plans in place to deliver 13/14 2014/15 target £1m reliant on transformation 	<ul style="list-style-type: none"> Growth Y - 1 Prevention N - 0 Partners Y - 2 Transformation Y - 2 CIP/LEAN Y - 2 	YES 1	YES 2	YES 2	<ul style="list-style-type: none"> Physical/MH integration 	<ul style="list-style-type: none"> Service Users Carers Hospice 3rd sector Volunteers Local Authority GP providers Media BHNST 	<ul style="list-style-type: none"> Possible need for staff training investment 	1	RED

Mission		Progress towards describing the Current Position "As Is"	The Desired Position "To Be"	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	I M & T	Workforce					
	Specialist Service	<ul style="list-style-type: none"> Complex and multiple different services so requires significant scoping to describe nature of transformation work. This is underway led by Lead Director Work commenced on underpinning theme of integration of physical and mental health linked to recovery philosophy 	<ul style="list-style-type: none"> Vision could be cross cutting (e.g. more agile working); pathway based e.g. Diabetes, service based or combination. 	<ul style="list-style-type: none"> 2013/14 target £1m for whole area of General community not split into sub areas Plans in place to deliver 13/14 2014/15 target £1m reliant on transformation 	<ul style="list-style-type: none"> Growth Y - 3 Prevention Y - 2 Partners Y - 1 Transformation Y - 2 CIP/LEAN Y - 3 	YES 1	YES 3	YES 2	<ul style="list-style-type: none"> Physical/MH integration 	<ul style="list-style-type: none"> Service users Carers GP providers Local Authority Housing 3rd Sector Community volunteers Employers Benefit agencies Educational providers 	<ul style="list-style-type: none"> Pump priming for I M & T including Telehealth 	1	RED
	Integrated working	•	•	•	•					•	•		
	Therapy services	•	•	•	•					•	•		

Mission		Progress towards describing the Current Position “As Is”	The Desired Position “To Be”	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	IT & T	Workforce					
	Formularies	.	.	.	.					.	.
	Contract/ Specification Review	.	.	.	.					.	.
	Telehealth/ Use of technology	.	.	.	.					.	.

Mission		Progress towards describing the Current Position "As Is"	The Desired Position "To Be"	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3 Estate IM&T Workforce			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTER S Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
ENABLING PEOPLE TO REACH THEIR POTENTIAL AND LIVE WELL IN THEIR COMMUNITY	Mental Health Lead Director - NHB												
	Acute Mental health services	<ul style="list-style-type: none"> Initial data analysis by Alexander/ Capita completed. Further data analysis needed as complex area Bed management systems review ongoing 	<ul style="list-style-type: none"> Some quick wins identified Bed management protocol developed SPA review ongoing in partnership with Huddersfield University Clinical lead identified More work needed on engagement with clinicians to further develop vision Dialogue with commissioners at early stages Recovery philosophy key 	<ul style="list-style-type: none"> 2013/14 target £0 2014/15 target £1m No firm plans for delivery as yet (need to confirm vision) 	<ul style="list-style-type: none"> Growth N - 0 Prevention Y - 1 Partners Y - 1 Transformation Y - 2 CIP/LE AN Y - 3 	YES 1	YES 2	YES 2	<ul style="list-style-type: none"> CPPP R&R (step down/sub-acute) LD services Acute links (physical/MH eg diagnosis, self-harm) CAMHS 	<ul style="list-style-type: none"> Service users Carers Acute providers Local Authority Housing 3rd sector GP providers Education providers Clinical commissioners Creative partners 	<ul style="list-style-type: none"> Link to pump primed investment potential Staff training inc marketing 	1	RED

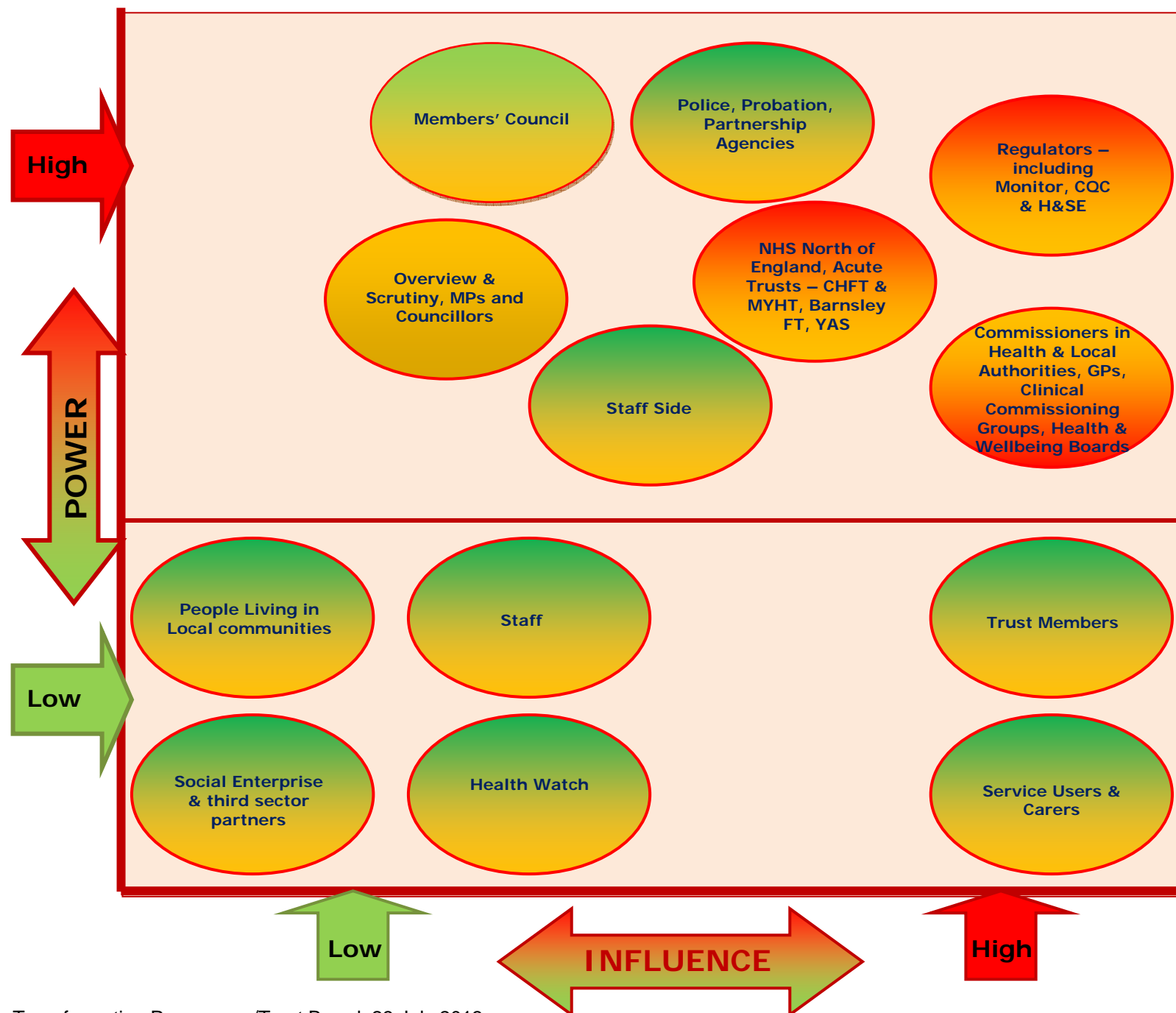
Mission		Progress towards describing the Current Position "As Is"	The Desired Position "To Be"	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3 Estate IM&T Workforce			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTER S Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
	Community Mental Health Services	<ul style="list-style-type: none"> As is analysis completed Demonstrates high variability across localities (PIG compliance varies) 	<ul style="list-style-type: none"> High level vision developed Three overarching themes proposed: <ul style="list-style-type: none"> implementation of a recovery approach integration of Mental Physical Health support maximising the use of technology Features of transformed service described Benefits identified – better outcomes, best care, VFM Quick wins identified 	<ul style="list-style-type: none"> 2013/14 target £0m 2014/15 target £1m No firm plans for cash releasing schemes 	<ul style="list-style-type: none"> Growth Y – 2 Prevention Y - 2 Partners Y - 3 Transformation Y - 3 CIP/LEAN Y – 3 	YES 2	YES 3	YES 2	<ul style="list-style-type: none"> CPPP R&R Physical/MH integration Forensic services OPS link to needs led model 	<ul style="list-style-type: none"> Service users Carers GP providers Local Authority Housing 3rd Sector Community volunteers Creative partners Employers Benefit agencies Educational providers Commissioning Pharmacy Clinical Commissioners 	<ul style="list-style-type: none"> Pump priming eg IM&T Staff training inc marketing 	1	RED

Mission		Progress towards describing the Current Position "As Is"	The Desired Position "To Be"	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3 Estate IM&T Workforce			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTER S Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
	Rehabilitation Mental Health Services	<ul style="list-style-type: none"> As is work completed All clinical teams engaged 	<ul style="list-style-type: none"> To be vision articulated Clinical lead identified Positive dialogue with commissioners IMROC work progressing Client assessments actioned Quick wins identified 	<ul style="list-style-type: none"> 2013/14 target £1m 2014/15 target £0m Estimate revised to £1.6m across 2013/14, 2014/15 (based on reduction to 20 beds from 71) and WTE from 122 to 45) Initial savings based on direct cost only 	<ul style="list-style-type: none"> Growth N - 0 Prevention Y - 2 Partners Y - 3 Transformation Y - 3 CIP/LEAN Y - 1 	YES 2	YES 3	YES 1	<ul style="list-style-type: none"> CPPP Physical/MH integration Forensic pathway 	<ul style="list-style-type: none"> Service Users Carers Housing 3rd sector Volunteers Creative partners Local Authority GP providers Educational providers Commissioning Pharmacy Clinical Commissioners 	<ul style="list-style-type: none"> Staff training IM&T Creative partners etc 	3	AMBER

Mission		Progress towards describing the Current Position "As Is"	The Desired Position "To Be"	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3 Estate IM&T Workforce			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTER S Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
	Older Peoples Services	<ul style="list-style-type: none"> As is position described Dementia/ functional split identified Bed based services need further exploration Large variance across BDU's Service model not consistent 	<ul style="list-style-type: none"> Work commenced on Dementia vision Further work needed re functional RAID work well advanced (Calderdale & Kirklees) Dialogue with commissioners commenced Need to decide what business we are in Dissemination of overarching vision still needed 	<ul style="list-style-type: none"> 2013/14 target £1m 2014/15 target £0 Early win – revision of CUEs in Wakefield Potential scope for dementia savings in 2014/15 	<ul style="list-style-type: none"> Growth Y - 3 Prevention Y - 3 Partners Y - 3 Transformation Y - 3 CIP/LEAN Y - 2 	YES 2	YES 3	YES 3	<ul style="list-style-type: none"> CPPP Physical/MH integration Potential LD link 	<ul style="list-style-type: none"> Service users Carers Acute GP providers Local Authority 3rd sector Volunteers Housing Educational provider Clinical Commissioners 	<ul style="list-style-type: none"> Staff training inc marketing IM&T 	1	RED

“Achieving System Transformation” in Learning Disability – June 2013 v4

Mission		Progress towards describing the Current Position “As Is”	The Desired Position “To Be”	Cost Improvement Programme. Initial Allocations/ Estimates by Financial Year	Demand and Resource GAP Assessment Y/N and Rate 0-3	Enablers Y/N and Rate RAG 0-3			Specific Issues, Drivers, Links, Synergies	Links to Partnerships/ Other Transformation efforts	Innovation Funding Requirements	KOTTERS Chance Cycle 1-8 Stage	Overall Risk Assessment (RAG)
						Estate	IM & T	Workforce					
ENABLING PEOPLE TO REACH THEIR POTENTIAL AND LIVE WELL IN THEIR COMMUNITY	Learning Disability Lead Director: TB	<ul style="list-style-type: none"> Vision established Original review focused on inpatient assessment and treatment services only Scope now includes all services Guiding coalition in place with good, broad membership, across LD, adult/ older people's mental health, children's services (CAMHS). Review meetings established Excellent engagement with service users, carers, staff and partners – over 300 people currently involved. Trust wide LD “as is” position is now clear. 	<ul style="list-style-type: none"> Redesign event in place for 18th July for initial redesign proposals – with 60 staff members across care groups and BDU's. Commissioner event in place for 7th August to outline initial redesign proposals, to co-produce final model. Regular updates into existing service user focus groups to share messages and seek opinion. <p>Key Themes</p> <ul style="list-style-type: none"> Push for upstream intervention and support. Focus on specialist training around behaviour management. Consideration of specialist skills and expertise into private 'hotel' provider, particularly around repatriated, long stay service users. Consultancy and advice model key to ensuring whole system change. Improved linkage to Health and Wellbeing offer. 	<ul style="list-style-type: none"> 2013/14 target £0m 2014/15 target £0m <p>A CIP target was not allocated to this area but the review is aiming to identify efficiencies and subsequent cash releasing initiatives.</p> <p>Removing existing overspend on bank and agency staffing within assessment and treatment bed base provision.</p> <p>Opportunities for income generation may result from the transformed service offer.</p>	<ul style="list-style-type: none"> Growth N - 1 Prevention Y - 2 Partners Y - 3 Transformation Y - 2 CIP/LEAN Y - 1 	YES 2	YES 2	YES 3	<ul style="list-style-type: none"> CPPP Acute links Physical/MH integration Forensic pathway Local authority care management capacity Winterbourne review and repatriation of out of area service users Challenge of 'provided' services vs 'commissioned' services Private provider capacity and skills gaps Commissioning models for private providers, SWYPFT LD 'filling the gaps'. 	<p>The following have been identified as key stakeholders and a communication route is in place.</p> <ul style="list-style-type: none"> Service Users Carers 3rd sector LA Housing Volunteers Creative partners GP providers Education providers Commissioners Cloverleaf/ Advocacy Independent Providers Joint Partnership Boards Staff Side MH Review General Community Review 	<ul style="list-style-type: none"> Staff training IM&T Creative partners etc Pump priming for potential re-allocation of staffing 	3	AMBER



Key

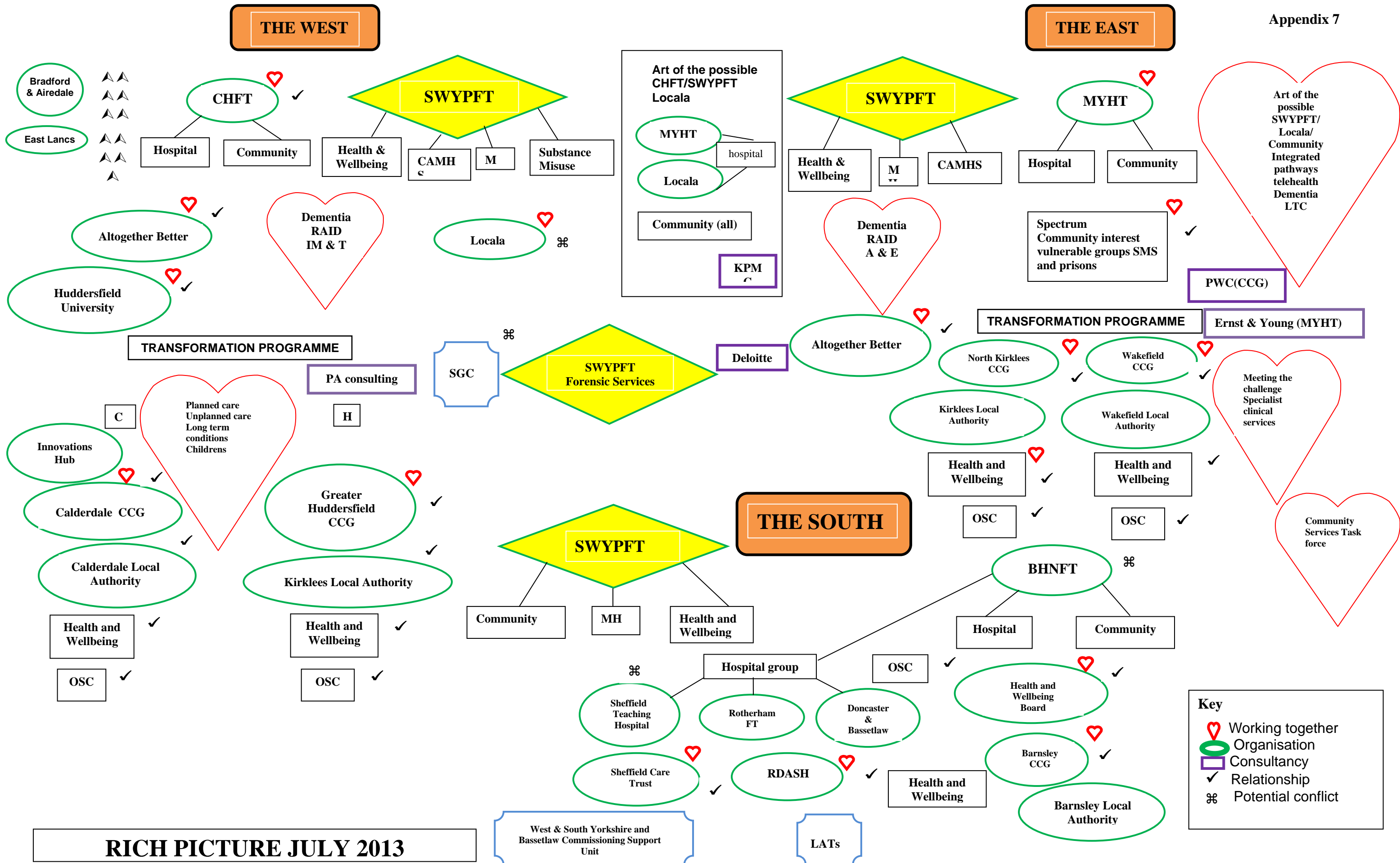
Rag Rating

- Red – needs further attention/engagement
- Amber – Relationships reasonable, develop engagement.
- Green – Relationships working well, keep engaged.

Review

- Link to transformation plan, item 2 – communication and engagement.
- Review at Business and Risk Executive Management Team Meeting





Trust Board 23 June 2013

Agenda item 5.2

Title:	Service user and carer experience report
Paper prepared by:	Director of Corporate Development
Purpose:	To provide Board assurance on the actions being taken to continue to improve the overall patient experience
Vision/goals:	Responding to service user and carer experience is central to creating, fostering and maintaining a culture based on continuous quality improvement, delivering the best possible outcomes for service users in support of the Trust's mission and vision.
Any background papers/ previously considered by:	Previous reports to Trust Board on service user and carer experience
Executive summary:	<p>Understanding how our 'customers' perceive the Trust's services is critical in improving the quality of service. Seeking 'real time' feedback as part of normal business will increasingly become a feature of work at every level in the organisation, a position reinforced nationally through the proposed Friends and Family Test Question, and which forms part of the work programme currently underway within the Trust looking at the systematic capture and use of service user and carer feedback.</p> <p>The 'What Matters' report (draft edition 4 attached) is constructed around the seven quality priority areas that matter for our service users and carers.</p> <ul style="list-style-type: none"> • Access • Listening to and involving service users and carers • Care and care planning • Recording and evaluating care • Working in partnership • Fit and well to care • Safeguarding <p>"What Matters" contains information from a range of sources to give a snapshot of what is important to our service users and carers, to demonstrate the quality of services provided, and, where we are not delivering quality services as highlighted by feedback from our customers, Commissioners, and our external regulators such as CQC, we set out the actions we are taking to improve our services "You said, we did".</p> <p>"What Matters" can only give a snap shot at a point in time, of how the Trust is perceived by its customers to be delivering quality services. Customers and key stakeholders need to be able to compare relative performance with other similar organisations to see how good we actually are. Where there is comparator information through national surveys, the Trust is committed to sharing and publishing this through the "What Matters" report, celebrating the good, flushing out and turning around the bad.</p> <p>The "What Matters" customer report compliments the more detailed internal board assurance quality performance report at section 5.1 of the Board agenda, which will provides an overall picture around the three domains of quality (safe care, person-centred, effective and efficient), focusing on quality themes which drive metrics and use of resources, including the use of clinically driven quality impact assessments to understand the impact of changing resources on delivery of quality.</p>

	<p>The key issues in this quarterly issue are as follows.</p> <ul style="list-style-type: none"> • A focus on listening to and involving service users and carers, through: <ul style="list-style-type: none"> ○ Transformation events held across the Trusts geographical area, listening to service users, carers, staff and partner organisations gathering views on how best we can meet local need, offer best care, enable better outcomes for our service users and deliver services which are value for money. ○ Piloting the Friends and Family test within all our surveys, and for use as a Patient Reported Experience Measure (PREM) for mental health payment by results. ○ Reviewing with service users and carers the information we make available to produce a co-produced suite of information. ○ Using feedback through the Customer Services Team as one point of contact for comments, complaints and compliments to improve the services we provide mapped against the Trust quality priorities. ○ Issuing a commitment to carers setting out what they can expect from us and holding us to account if we don't stay true to this. ○ Providing examples of you said..we listened..we did. • The publication of the Trust Quality Accounts for 2012/13, our service users and carers helping us to identify our quality priorities against which we measure our performance, identifying what we need to improve, and how we plan to do this. • Assessment against the government standard Customer Service Excellence, involving service users, carers, Members Council, staff and partner representatives. Preparation for the assessment has helped teams to review their performance in respect of all the criteria and showcase evidence and best practice to the external assessor who was on site for 12 days. We have received early feedback from the external assessor that a recommendation is being made for the Trust to be accredited against the standard, this reflects the hard work and commitment of the organisation in striving to ensure a good customer experience. The assessment covered: <ul style="list-style-type: none"> ○ Customer insight ○ Culture ○ Information and access ○ Service delivery and timeliness ○ Quality of service • We still have more work to do in addressing access to services that can meet the needs of our service users, whilst not reducing the quality or access to core services i.e. provision of routine services after 5pm. This is being picked up through individual teams, but will also be looked at through the transformational service change work we are currently undertaking.
Recommendation:	Trust Board is asked to receive the quarterly 'What Matters Report'.
Private session:	Not applicable

What Matters

Quarter 1 2013/14

Listening to and
acting on service
user feedback



With all of us in mind

What Matters

Welcome. . .

to the first issue of What Matters for 2013 -14, which offers just a snapshot of activity in response to service user and carer feedback.

This issue has a focus on listening to and involving service users and carers. I hope you find it interesting and informative.

Please let us know what you think about What Matters.

Contact us at: customerservicesSWYT@nhs.net

What Matters
Customer Services
Block 10
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

You can also join as a member of our Foundation Trust at:
www.southwestyorkshire.nhs.uk/membership

If you would like to share your story you can do this by visiting:
www.southwestyorkshire.nhs.uk/yourstory



Dawn Stephenson

Dawn Stephenson
Director of Corporate Development

Our Quality Account 12/13

Quality accounts are annual reports to the public from the providers of NHS healthcare. They show what we do well, what we need to improve and the steps we are taking to achieve improvement in quality. They reflect on the year but also look forward, explaining what we will focus on and how we will measure how well we are doing.

People who use our services have helped us determine our quality priorities for the coming year. We held events to gather views on priorities and what we should take into account. Our focus remains on the following 7 priorities:

- Service users central to everything we do – listening to and involving people who use our services
- Access to services – to improve access, supporting people to receive the right care at the right time in the right place
- Care and care planning – ensuring each person has an appropriate assessment, care plans and treatment options
- Recording and evaluating care – ensuring each intervention is accurately recorded in a timely manner
- Working in partnership – ensuring people are supported across service boundaries
- Staff who are fit and well to care – ensuring that our staff are professionally, physically and mentally fit to undertake their duties
- Safeguarding – improving the safety of our services for service users, carers, staff and visitors.



You can view our Quality Account at

www.southwestyorkshire.nhs.uk/quality-innovation/quality-account/

Friends and family test

The Friends and Family test is an easy to understand, comparable question which, from April 2013, has been used in acute inpatient and accident and emergency services to gather feedback from people who use services.

Although many of our services do not fit the target group, in order to test out what you think about our services, we are giving people the chance to respond to this question by including it in our surveys.

The Trust is also participating in a national pilot to test the use of the Friends and Family test for use as a Patient Reported Experience Measure (PREM) for mental health payment by results. The pilot will run to the end of the calendar year and twelve teams have been identified to participate.

Payment by Results is being used by the Department of Health as a model for the development of a mental health currency. This will provide a transparent, rules based system to pay NHS trusts providing mental health services. This will ensure a fair and consistent basis for funding rather than relying on historical budgets.

Improving Customer Service

The Trust continues to promote the importance of the best possible customer experience through a range of initiatives, for example:

- The Trust has introduced a training initiative 'Right First Time, Everytime' which has focussed on ensuring those important first contacts with people who use, or visit, our services are as good as they can be. The pilot courses have evaluated well and plans for roll out to all staff are being put in place as a means of supporting a positive service user experience and a default position of excellent customer services.
- The Trust has just been assessed against the national Customer Services Excellence standard. Assessment takes place across a range of criteria – customer insight, culture, information and access, service delivery and timeliness and quality of services. Our assessment concluded in July, with very positive initial feedback. The outcome will be formally reported in a few weeks time. Preparation for the assessment has helped teams to review their performance in respect of all the criteria and showcase evidence and best practice to the external assessor.
- The Trust is part way through a project to review the information we make available to people who use our services. We are working closely with service users and carers to produce a suite of information covering self-help, conditions and diagnosis, information related to our buildings and access to them.

Where good information already exists, either locally or nationally, we are not re-inventing the wheel, but testing this out and adapting the best to meet our needs.

We will make information available in a variety of formats to give people options on how to access the information they need to support a good service experience.



Service transformation

We are working to transform the way we deliver our services to make sure they

- **meet local need**
- **offer best care**
- **enable better outcomes for our service users**
- **are value for money**

We can only do this if we involve people who are important to us – people who use our services, carers, staff and partner organisations.

Over the last few weeks we have held events across Barnsley, Calderdale, Kirklees and Wakefield where we shared our vision for our services and gathered views on how best to make progress. The events were very well attended and were rich with conversations about how we should take services forward. We are currently collating all the feedback and will ensure we take account of this as we form our transformation plans.

Here is just a sample of what people said:

Make sure you think about the needs of carers.

Choice... Options.... Accessibility...

Put people in control – for example self-referral.

Extend care plans to the whole family.

Use technology more effectively.

Better transport, better parking.

Better information about services.

Offer joint assessments so I don't have to tell my story to lots of different people/ services.

Look at both my physical and mental health needs.

Quick access – connect services, for example health and housing.

Develop local drop ins, group support and buddy systems.

Peer support – people sharing ideas and supporting each other.

I need services close to home – a place to be when I'm ill and a place when I'm better.

I need my treatment to flow – it feels like it restarts whenever you change.

I need you to look after me if I'm on a waiting list.

At your Service

The Trust's Customer Services Team provides one point of contact for people who have questions about services or who want to share comments or make a complaint. The Trust genuinely welcomes feedback in all its forms to help us understand more about what it feels like to use our services and ways we can improve.

Each year the Trust Board receives an annual report on Customer Services activity which collates all the data and intelligence from feedback and reviews learning. In the financial year 2012 /13 the following were reported:

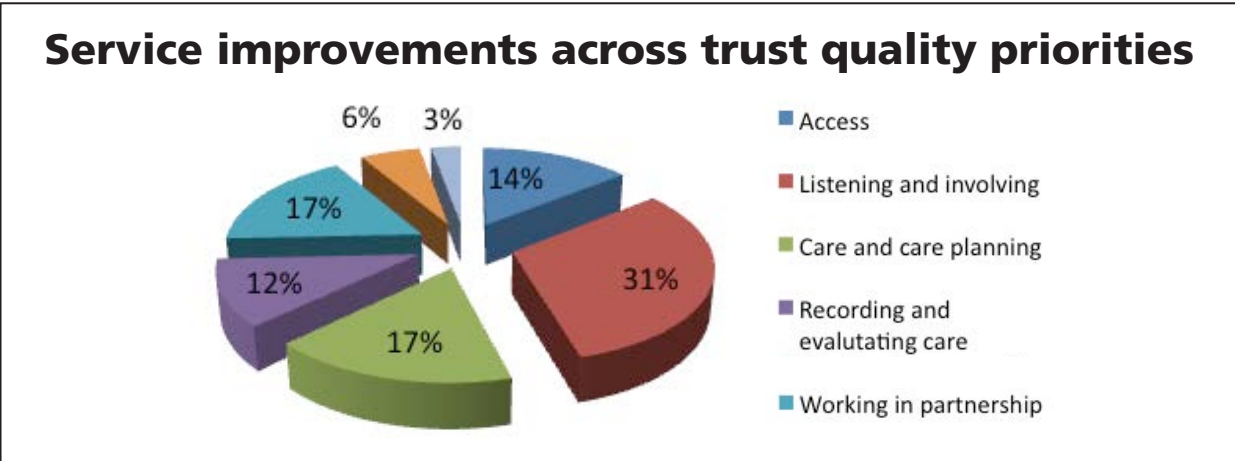
- 289 formal complaints, an increase on the last two years, when 169 and 275 complaints were recorded respectively. This increase reflects the increased range of services now provided by the Trust and perhaps the active promotion of the Customer Services function to service users, carers and staff and the wide distribution of materials explaining how to raise an issue to support improved service provision.
- 326 concerns raised at local level. The Customer Services team worked with services to promote a default position of putting things right as and when they happen wherever possible.
- The most common issues were care and treatment, staff attitude, communications, waiting times for appointments, admission, discharge and transfer issues and service user property.
- 559 compliments were recorded. These are acknowledged by the Chief Executive and positive feedback is shared with teams.



The word cloud below shows the key words quoted in the compliments received.



35 action plans covering a range of issues were implemented in the last year as a direct consequence of service user feedback. Improvements were made across the Trust's quality priorities as follows:



At your Service

Here is a flavour of some of the improvements we made in the year. We:

- **Improved care by:**

- Increasing opportunities for families to be involved in care planning
- Improving joint working between physicians and psychiatrists when managing complex cases in Calderdale
- Reviewing ward round procedures in Kirklees to ensure additional member of staff are available to liaise with family members
- Providing more information about Infection Prevention and Control on wards
- Providing contact details to carers to use in the event of crisis

- **Supported staff by:**

- Reviews with those involved in complaints to support learning
- Training in the use of a pain management tool

- **Provided better information about:**

- First appointments in our contraception and sexual health service
- Therapy services in Barnsley
- Bringing food into the units in our forensic services
- Being a carer in Calderdale and signposting people to the support services run by the Alzheimer's Society
- The use of beds when service users go home on leave
- Ensuring staff have access to information about other local services, for example health visiting and paediatric services
- Our services to NHS Direct to help them with signposting

- **We have improved our administrative, admissions and appointment processes by:**

- Reviews in a Barnsley service to prevent unnecessary delays
- Checking with service users if they would find it helpful for district nurses to write down appointment details to share with relatives and carers
- Introducing a monitoring system in podiatry to ensure appropriate referrals are made
- Implementing an electronic record keeping system in a district nursing team to schedule workload and allocate care plans
- An audit in a Wakefield service to ensure consistency of information recorded on admission to the unit
- An audit on patient property sheets in Kirklees to ensure that they are completed and signed by all service users and staff on every admission
- Better monitoring of answer machines for messages and regular update of contact numbers
- Improved admin to reduce waiting times in a Calderdale memory service
- Advising about cancelled clinics by both letter and telephone contact in a Wakefield community mental health team



May was admitted to an older people's ward. She had some confusion and mobility issues. May was assessed for the risk of falling and required a plan to help her mobilise on the ward. The plan was not written up for four days and in that time May suffered a fall. Her family complained to the Trust about the care and treatment of their mother – about her deteriorating health, medication and that she fell whilst in our care. The Trust offered apology to May's family, explained to their satisfaction about the medication issues and explained what steps had been put in place to ensure that care plans are quickly updated following each clinical input. They remained concerned about the fall and asked the Parliamentary and Health Service Ombudsman to review the case. The PHSO are currently in dialogue with the Trust regarding closing this case.



Ruth needed support from the district nursing service following hip surgery. She believed she received conflicting advice from the hospital and the district nursing service and complained to the Trust about poor care and communication. Ruth was unhappy that she had been advised by the hospital that she should not perform any self-care tasks as she risked dislocation of the hip. The district nursing team tried to encourage Ruth to self-care, for example changing her surgical stockings and washing her legs. Following this feedback all staff now follow up on the advice received by service users and in respect of hip surgery, do not expect the person to bend more than 90 degrees following surgery. Nurses are also to liaise more closely with care agencies to prevent any further misunderstandings of this nature, offering training and support to agency staff to improve and enhance patient care.



Tom was admitted to hospital requiring care for both his mental health and a physical illness for which he was also receiving support from local acute services. Tom was elderly and very unwell and unfortunately died after a spell in hospital. Tom's family were unhappy about the perceived lack of communication and co-ordination between the Trust and acute services and submitted a complex complaint raising 45 issues. Meetings were held with the family to offer condolences, to listen carefully to the issues and to agree an outcome that would help the family. The investigation highlighted learning for services and a number of improvements were put in place, for example increasing the involvement of families in care planning, signposting to other services such as the Alzheimer's Society, improving links with acute services, sharing of diagnostic information, scan results etc, and introducing training for staff in the use of a pain tool designed to improve pain recognition. The family, though devastated by their loss, were grateful for the efforts undertaken to investigate their concerns, for the close dialogue maintained with them as the investigation progressed and for the detailed feedback offered.

Our commitment to carers

The Trust recognises the very difficult job thousands of carers do in supporting family members and loved ones.

You see my wife every 6 months for half an hour – I look after her every day around the clock.

Earlier this month I attended a meeting about the needs of people who care for someone. It was good to meet other carers in similar situations.

You need to consider the needs of carers. Without us people would need more support from services.

We have issued a commitment to carers to set out what they can expect from us and hold us to account if they don't think we stay true to this.

We describe a carer as anyone who provides substantial support to a family member or friend because they are ill, have a disability or are older.

What carers can expect from the Trust:

- Carers, many of whom are experts by experience, will be treated with respect and listened to.
- We will enable and support your caring role by sign posting you to carers support services that best meet your needs.
- Staff induction and training will involve carer input to enable a greater understanding of your needs.
- You will receive jargon-free information, tailored to meet your specific needs.
- You will receive clear, up-to-date information about your relative/friend's illness, with service user consent.
- You will be given, with service user consent, contact numbers for the relevant people involved in your relative/friend's care.
- You will be involved, as much as possible, in the care and treatment of the person you are caring for, with service user consent.
- You will be given information about any living wills, advance decisions or statements made by the person you care for, with their permission if applicable.
- You will be informed about support services and networks available to both service users and carers.
- You will be given guidance and support when making complaints, comments and compliments about services and be updated on progress. Consent is required if this involves service user confidential information.

We will share our commitment to carers in the coming weeks through printed products and web based information.



Carer involvement in care planning

We recently conducted an audit of carer involvement in care planning, asking carers to complete a questionnaire. Here's some of the information people who responded to our survey told us:

- Nearly 75% of responders had been given information about the assessed needs of the person they cared for
- 68% knew how a care plan to support them would be agreed
- 71% felt they had been involved in understanding any risks
- 87% knew how to contact the care co-ordinator for the person they cared for
- 84% knew what signs to look for showing improvement or relapse
- 83% felt listened to by staff
- 62% had been given information on groups they might join
- 96% felt staff showed them consideration

Not enough time to get away from my role as a carer.

Since mum has been receiving care and support from the team, she has been happier and so have I.

It's good my husband has a CPN.

Until recently I did feel a little abandoned, but more is now in place.

Talking to experts helps.

I would like to get more involved as a carer.

Carer's forum

A carer's forum has been set up on a Kirklees ward to get feedback and help improve services. The forum meets every couple of months and attracts around 30 carers. Recent feedback has included:

- Some staff are more approachable than others. Some take the time to listen, others don't and carers have asked for a more consistent approach.
- How difficult a first admission is for carers and that extra time should be allowed to acknowledge this.
- An information pack would be helpful.
- Carers have asked for extra support when people are discharged as they feel isolated and alone.

The ward is addressing the issues raised and really values the forum and the opportunity to work in partnership with carers.

Carer support and making space

The carer support service in Barnsley offers specialist time-limited interventions and support to carers of service users under the Care Programme Approach (CPA). The service now meets with Making Space on a monthly basis to review potential referrals to Making Space. Working in partnership in this way helps us to offer longer term support for carers who may previously had been discharged from carer support services and been unable to access other sources of support.

Carers from within secondary care mental health services can now also access Making Space for a carer's assessment. This is also available to carers for service users who are not under CPA.

You said...we listened...we did

You said	We did
<p>In a Barnsley assertive outreach team you told us:</p> <ul style="list-style-type: none"> I always get the answer machine when I call Staff don't always call you back when you phone Staff are bad at time keeping – they turn up when they want 	<p>Rearranged duties so that a member of the team could cover reception (and the telephone)</p> <p>Record messages in a message book and check in team meetings that all messages have been dealt with</p> <p>Explained the appointment system and encouraged people to raise this when it was a problem</p>
<p>In Barnsley acute wards you:</p> <ul style="list-style-type: none"> Requested music therapy Asked for pamper sessions Asked to go rock climbing Said the furniture was uncomfortable Said it was too warm in bed 	<p>Introduced sessions with Q Dos dance company</p> <p>Occupational therapy and ward staff have introduced sessions</p> <p>Explained we were unable to undertake this high risk activity but noted it might be pursued after service users were discharged</p> <p>Made scatter cushions for the seating on Beamshaw ward</p> <p>Bought new bedding to make for a more comfortable sleeping experience</p>
<p>In a Barnsley CMHT you said:</p> <ul style="list-style-type: none"> You wanted support in a community setting Wanted a less structured community group 	<p>Reviewed day services and developed a community based intervention team to support people in their own homes</p> <p>Used a local community centre and developed a peer support drop in, giving you more control</p>

You said	We did
<p>In musculoskeletal services, you said:</p> <ul style="list-style-type: none"> You wanted a late evening clinic to improve access 	<p>Clinics are being reorganised to accommodate an evening clinic. The service aims to provide a Saturday and a late night clinic before April 2014</p>
<p>In contraception and sexual health services you said:</p> <ul style="list-style-type: none"> More confidentiality at reception please 	<p>People providing details when they book in now do so away from main reception</p>
<p>At South Dearne CMHT you said:</p> <ul style="list-style-type: none"> It takes too long for callers to receive a response 	<p>We have changed our 'front of house' procedures and have more staff available to meet and greet</p>
<p>In paediatric epilepsy you said:</p> <ul style="list-style-type: none"> You didn't have a care plan for school/nursery 	<p>We explained this might be the case before your child had a confirmed diagnosis of epilepsy. We are aiming to have an emergency plan for all children with epilepsy who are nursery or school age</p>



You said...we listened...we did

You said

In Calderdale you told us:

- You didn't have enough information about medicines and any side effects
- It was hard to get the right support if you had to go to A & E

In Kirklees you told us:

- It was difficult to travel to clinics if you didn't drive
- It was difficult to get to early appointments if your travel permit only worked from 9.30am
- You wanted to learn more about psychology services
- Carers asked for training in sharing their stories
- You wanted more involvement in service redesign and on estates issues
- Shared concerns about welfare reform

In Wakefield you told us:

- Weekends and evenings are vulnerable times for carers
- You asked about groups for people with psychosis

We did

Updated leaflets and information on the Choice and Medication website

This issue is being picked up by a new initiative to improve joint working and support – rapid access, interface and discharge (RAID)

We offered options for appointments at a number of venues

Explained that appointment times can be agreed to suit individuals

Offered a talk on psychological interventions at a recent dialogue group

The Equality and Inclusion service committed to offering training later in the year and in the meantime to share the template in use to share stories in written form

Staff updated on work at a dialogue group meeting and explained the ways to be involved

We provided information on our website to help people understand the changes

Acknowledged this concern, explained when services were routinely available and about crisis services outside of routine care

A service manager agreed to look into this issues raised at the recovery dialogue group and to report back at a future meeting

English If you would like help understanding this information, please call 0800 587 2108.

Urdu اگر آپ کو اس معلومات کے سمجھنے کے لئے مدد کی ضرورت ہو تو براہ مہربانی ٹیلیفون نمبر 0800 587 2108 پر رابطہ کریں۔

Pahari جسے تسار کی پس معلومات کی سمجھنے نی لوڑا به ते महरानी क्री फोन नंबर 0800 587 2108 अपर رابطه क्री किनो-

Punjabi ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ 0800 587 2108 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Gujarati જો તમારે આ માહિતી સમજવામાં મદદ જોઈતી હોય તો, મહેરબાની કરી 0800 587 2108 નંબર પર ફોન કરો.

Bangla এই তথ্য বুঝতে আপনার সাহায্যের দরকার হলে দয়া করে 0800 587 2108 নাম্বারে ফোন করুন।

Chinese 如果您需要幫助來了解這些資料，請致電 0800 587 2108 查詢。

Polish Jeśli chcesz pomoc ze zrozumieniem tej informacji proszę dzwonić na 0800 587 2108.

Kurdish ئەگەر پێویستت بە یارمەتی هەبە تا لەم زانیاریانە تێبگەیت، تکایە زەنگ بدە بە ژمارەی تەلەفۆنی 0800 587 2108

Farsi اگر شما برای فهمیدن این اطلاعات به کمک نیاز دارید، لطفاً با تلفن شماره 0800 587 2108 تماس بگیرید.

Arabic إذا كنت ترغب في المساعدة على فهم هذه المعلومات، يرجى الاتصال بالرقم: 0800 587 2108

French En cas de difficultés pour lire cette information, veuillez appeler le 0800 587 2108.





With all of us in mind

Human Resources Performance Report

April 2013 – June 2013

Section 1: Executive Summary

Section 2: HR Dashboard

Section 3: Sickness Absence Trajectories

Section 4: Staff Well-Being Survey

Section 1: Executive Summary

1.1 HR Dashboard

- The year to date (April 2013 – May 2013) for the Trust is 4.7% which shows is below the same period last year (4.9%). Barnsley BDU is the only service area that has a higher sickness rate for April and May 2013 compared to the same period last year with 4.2% in 2012/2013 and 5.2% in 2013/2014. The largest fall in absence is in Forensic which has a year to date sickness absence rate of 6.0% compared to 7.5% for the same period. Wakefield and Calderdale are over 1% better year to date compared with the same period last year.
- The new appraisal system has a central data collection arrangement and a number of returns for the end of June are awaited. The latest appraisal figures at the time of producing the report is of staff who have had an appraisal between April 2013 to 30th June 2013. A final figure will be presented verbally to the Trust Board meeting in July.
- Overall overtime expenditure has fall from £184,000 April/May last year to £63,000 for the same period this year. There has also been a significant fall in Agency use with £778,000 for April and May 2012 compared to £389,000 for April/May 2013.

1.2 Sickness Trajectories

Section 3 plots the levels of projected sickness absence based on the previous years trend. In 2012/2013 there was a month on month rise in absence levels from April 2012 to January 2013. Although it is relatively early days, April and May has seen a change to this trend, however, to achieve the Trust target of 40% there needs to be a continued active management of sickness absence and more proactive staff support. A supplementary report on sickness absence will be provided to the Trust Board before July meeting.

1.3 Staff Well-Being Survey

The Trust in partnership with Robertson Cooper sent out a confidential questionnaire to all staff as part of a pilot for a regular 6 months staff survey. Over 2,000 staff completed the survey compared to approximately 425 staff who took part in the national survey. This response rate allows us to drill down to BDU and service lines as well as analysing the feedback in a number of other different ways e.g. by grade.

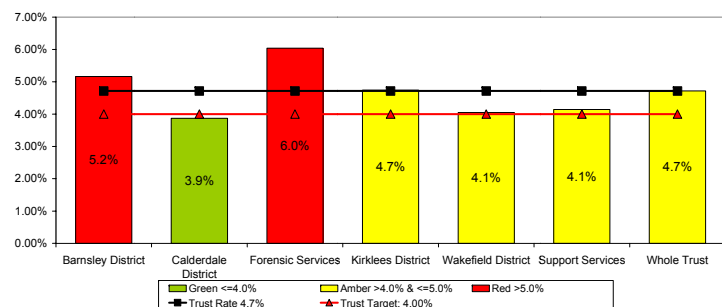
Whilst the initial results show positive results in greater psychological well-being and sense of control, there has been an increase in staff reporting job insecurity and work pressures.

Engagement forums are being organised in each BDU and for support services which will be open to staff to help understand the issues better for their service area and be part of developing solutions.

Section 2: Human Resources Performance Dashboard (June 2013/2014)

Sickness Absence

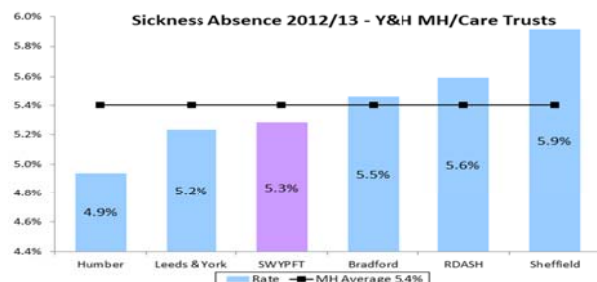
Sickness Absence by District – Year to Date



Current Absence Position – May 2013

	Barn	Cald	Fore	Kirk	Wake	Supp
Rate	5.3%	4.2%	5.7%	4.8%	3.6%	4.3%
Trend	↑	↑	↓	↑	↓	↑

Absence Benchmark Y&H MH/LD & Care Trusts



- The Trust YTD absence levels in May 2013 are above the 4.0% target at 4.7%. Absence levels remain the same as 4.7% for April 2013.

The chart above shows absence levels in MH/LD Trusts in our region for 2012/13. During this time the Trust's absence was 5.3% which was below the regional average of 5.4%.

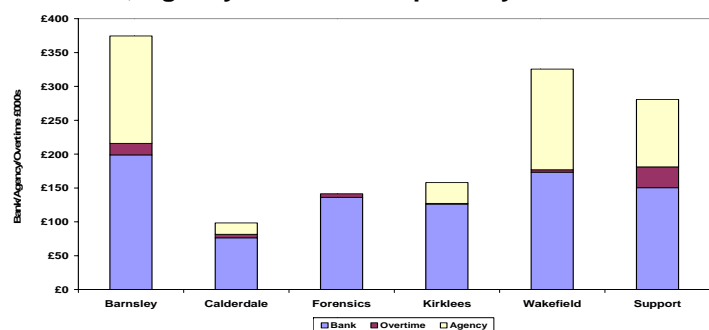
Staff Appraisal

BDU	Rate
Barnsley	74.5%
Calderdale	65.1%
Forensics	81.4%
Kirklees	93.0%
Support	81.2%
Wakefield	70.2%
Trust	77.0%

- The latest Appraisal rates for the month ending June 2013 is currently at 77%, this is below the Trust's target of 90%. Returns are still being inputted and a definitive figure will be given verbally at the Trust Board.

Bank, Agency & Overtime Spend – May 2013

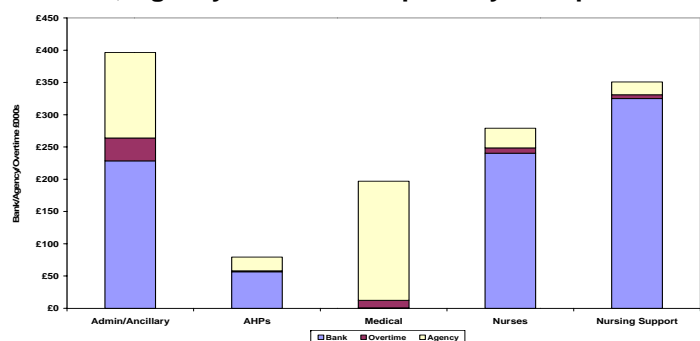
Bank, Agency & Overtime Spend by BDU - YTD



Overtime Spend by BDU - YTD ('000s)

BDU	A&C/ Ancil	AHPs	Medics	Nursing	Total
Barnsley	£3	£0	£5	£9	£17
Calderdale	£0	£0	£0	£5	£5
Forensics	£1	£0	£4	£0	£5
Kirklees	£0	£1	£0	£0	£1
Wakefield	£1	£1	£2	£0	£4
Support	£30	£0	£0	£1	£31
Total	£35	£1	£12	£14	£63

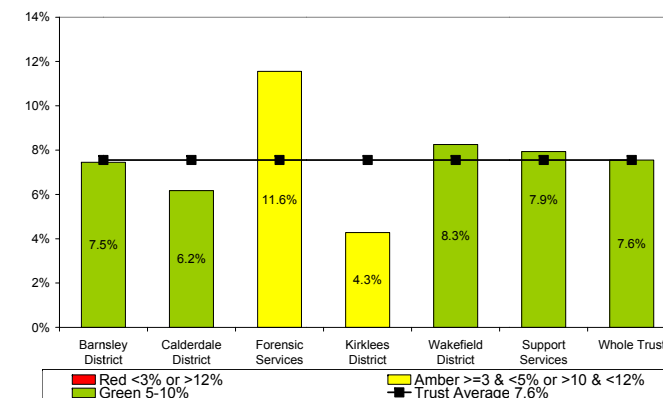
Bank, Agency & Overtime Spend by Group - YTD



Agency Spend by BDU - YTD ('000s)

BDU	A&C/ Ancil	AHPs	Medics	Nursing	Total
Barnsley	£34	£11	£85	£28	£159
Calderdale	£7	£8	£2	£0	£17
Forensics	£0	£0	£0	£0	£0
Kirklees	£0	£2	£14	£15	£31
Wakefield	£4	£40	£84	£21	£149
Support	£88	£40	£1	£14	£33
Total	£133	£21	£184	£50	£389

Turnover Rates by Service – Year to Date



- Year to Date Turnover is 7.6% which is within the target range of 5-10%
- Forensic figures are due to redundancies and retirements which were effective in the first quarter.

Section 3: Sickness Absence Trajectories – Month 2 – April to May 2013

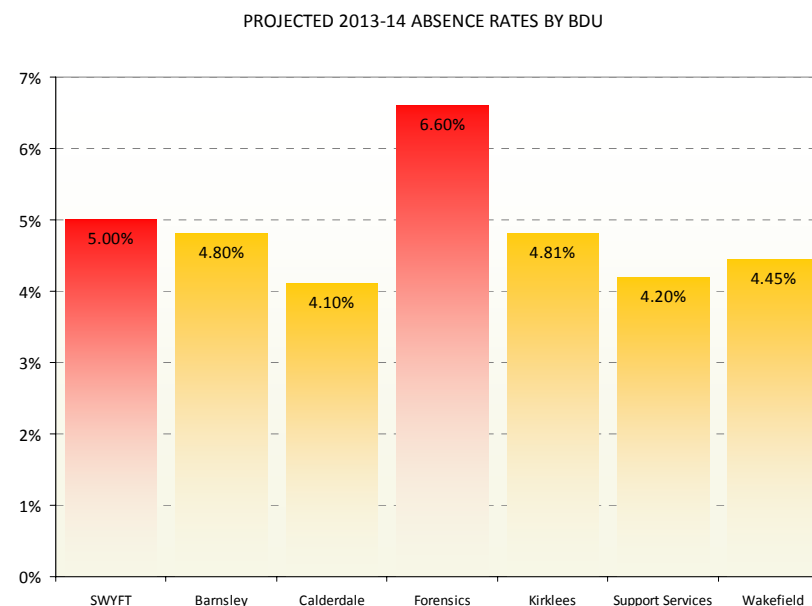
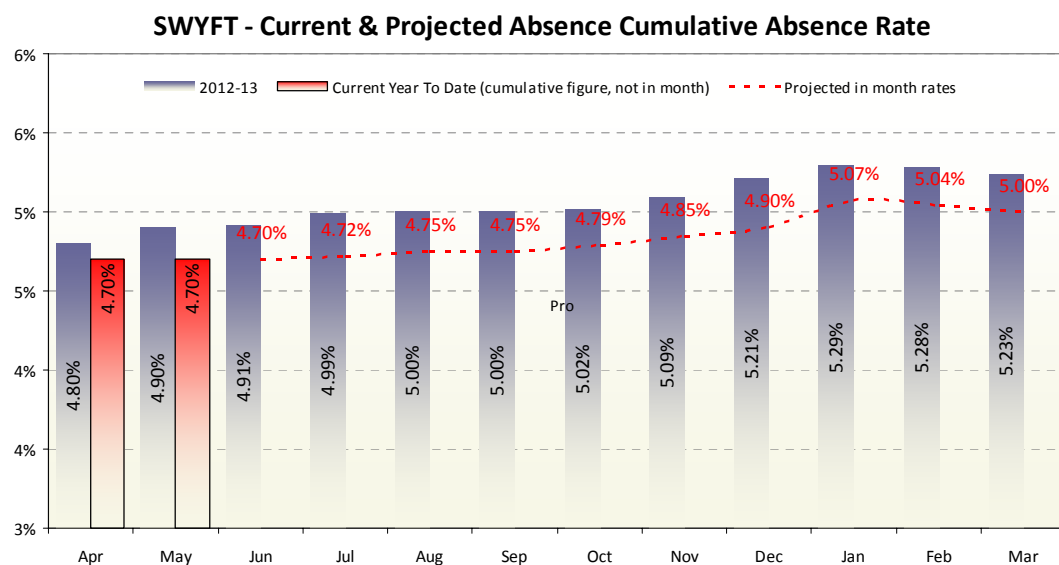
**Rates correct at the time of publication. Absence rates are liable to change following amended or late submission of absence returns from departments*

Current year to date (YTD) absence rate for the whole of SWYFT is 4.70% (YTD meaning April 2013 to May 2013).

Current 2013-14 projection based on current trend – 5.00% which would drop from last year but still above the 4.0%.

The current year to date absence rate of 4.70% is above the Trust target, but the absence rate between March and May this year has been significantly reduced from much higher rates seen in January (6.02%) and February (5.13%). April and May 2013 have seen overall absence rates under 5% (4.7% for both months). Whilst rates between January and March closely match previous year returns, April and May sees a reduction from like for like rates last year (4.90% to May 2012). Last year the overall SWYFT rate rose month on month from April through to February. This year has already seen a reduction in the cumulative rate from April to May.

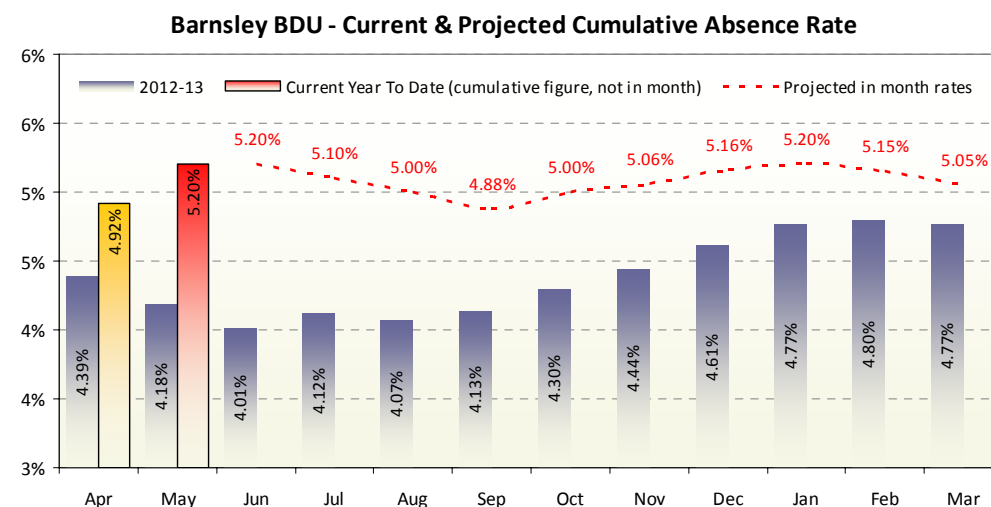
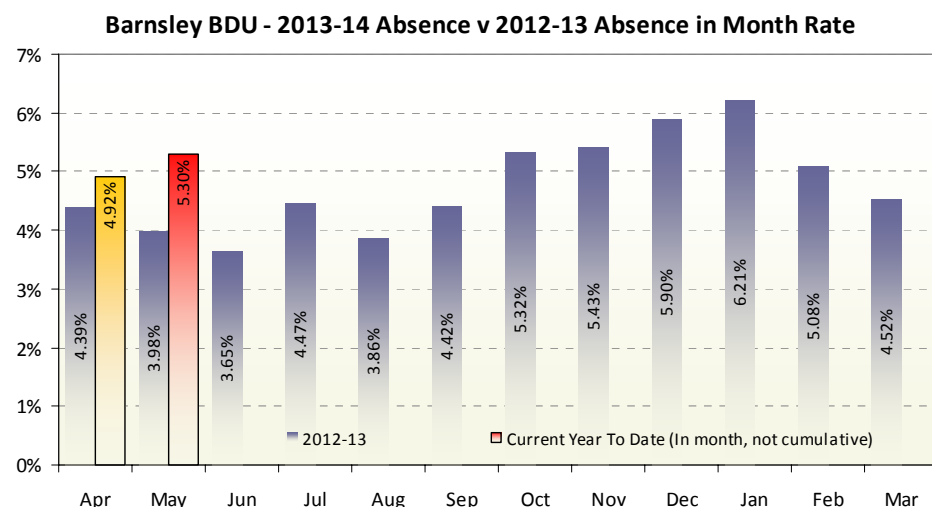
The graph below shows the cumulative absence rate for SWYFT overall (red columns) against the cumulative rolling absence rate from last year (blue columns) with the projected cumulative rate for the coming year (red dotted line). SWYFT is projected to reduced it's absence rate by 0.23% from last year, down to 5.00%



Barnsley BDU - Current YTD absence rate 5.20% - Current projection by March 2014 – 5.05%

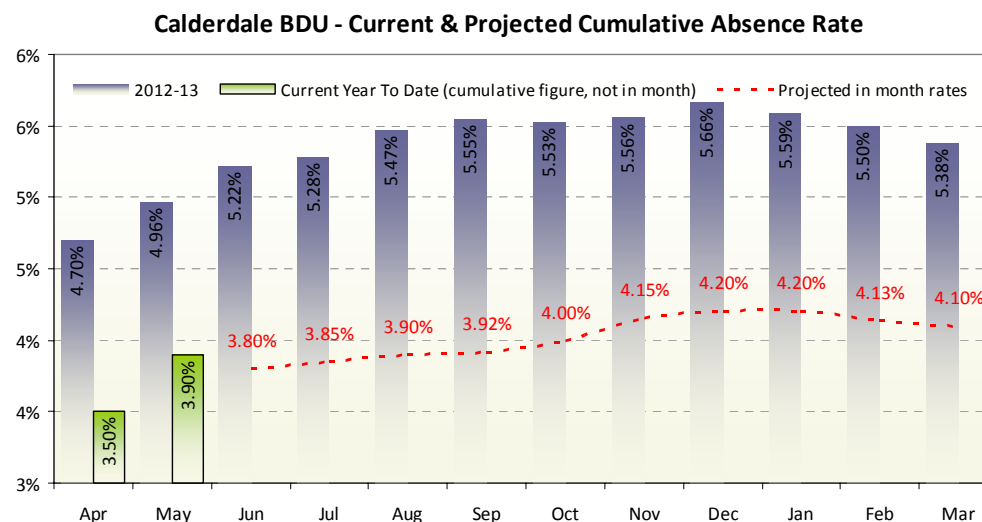
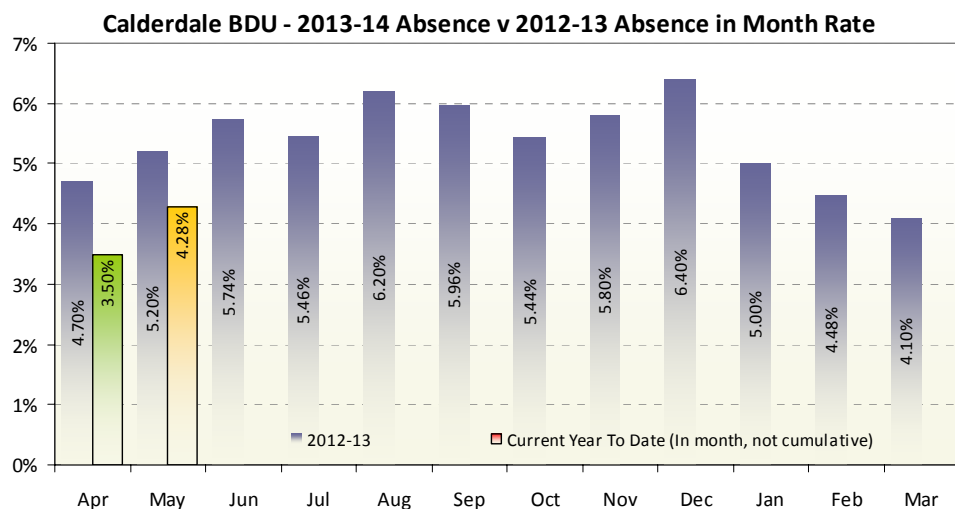
The BDU as a whole is seeing a higher than expected absence rate due to higher YTD rates in Children's Services (8.08%), Inpatient Rehabilitation (5.71%), Long Term Conditions (5.77%), Community MH Services (5.13%) and Specialist MH services (6.84%). Community MH, Specialist MH and Inpatient Rehab services have seen a reduction from April as short term absence has reduced. All 3 areas have higher

instances of long term absence currently which are being managed. The overall absence in Barnsley BDU this month has increased as a result from 4.92% in April to 5.30% in May. Whilst LTC absence only rose by 0.42% in May (5.56% to 5.98%) the large establishment in this service gives a weighted influence to overall rates. Barnsley BDU is projected to increase its cumulative absence rate this year from 4.77% to 5.05% on current absence trends.



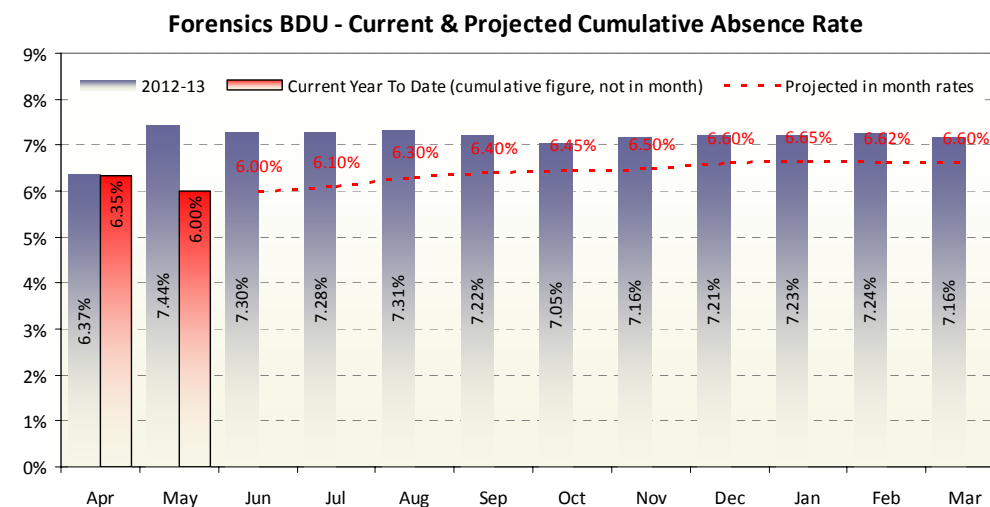
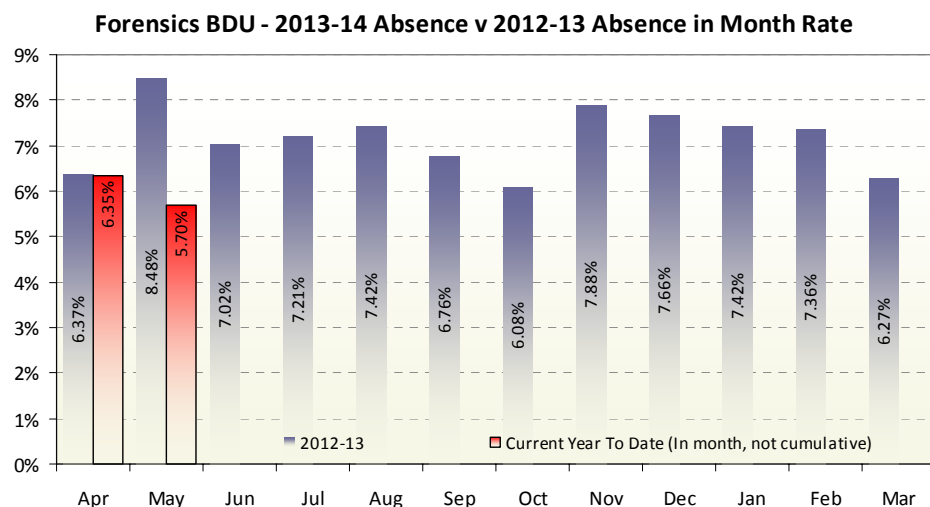
Calderdale BDU - Current YTD rate **3.90%** - *Current projection by March 2014 – 4.10%*

Calderdale continues to see the lowest rates across the Trust as a BDU. The rate in April of 3.50% was a significant reduction from last year (4.71%) and May saw only a slight rise to 4.28% giving a cumulative rate so far of just 3.90%. The BDU had seen month on month reductions in overall absence rates for the 4 months through 2013 (Jan - 5.00%, Feb - 4.48%, Mar - 4.10%, Apr - 3.50%). Older Peoples Services have one of the lowest rates within SWYFT at the present time with a rate of 2.71% from April to the end of May.



Forensics BDU - Current YTD absence rate 6.00% - Current projection by March 2014 – 6.60%

Forensics continues to see higher absence rates than the rest of the Trust, though the BDU has made significant reductions from this time last year. The reduction overall is as a result of significant absence rate reductions in Medium Secure Services which sees the service enjoying their lowest rates for the past 3 years. Long term absence is still being experienced in both Low Secure and Newhaven and this is causing high rates of 8.78% and 9.90% respectively. Newhaven saw an absence rate of 12.13% in April, reducing to 7.63% in May. 50% of all Forensics



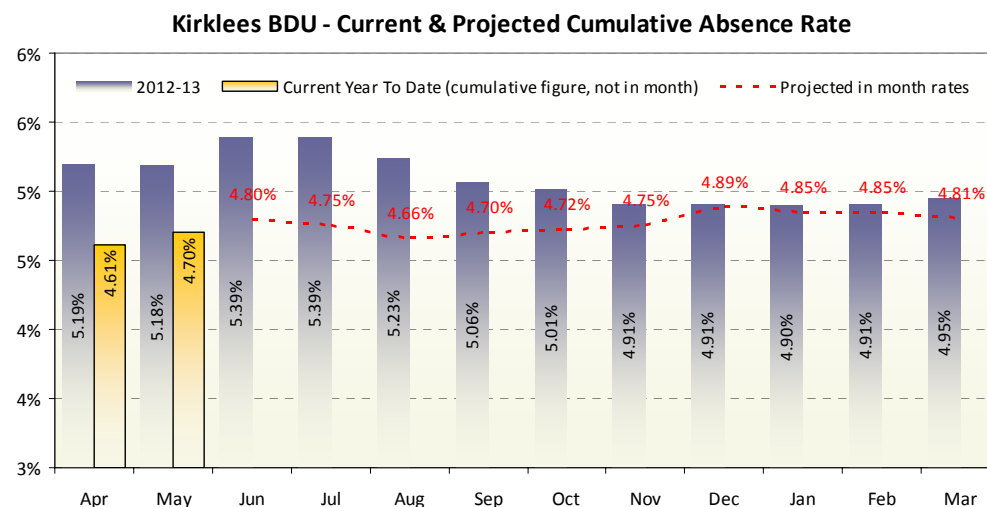
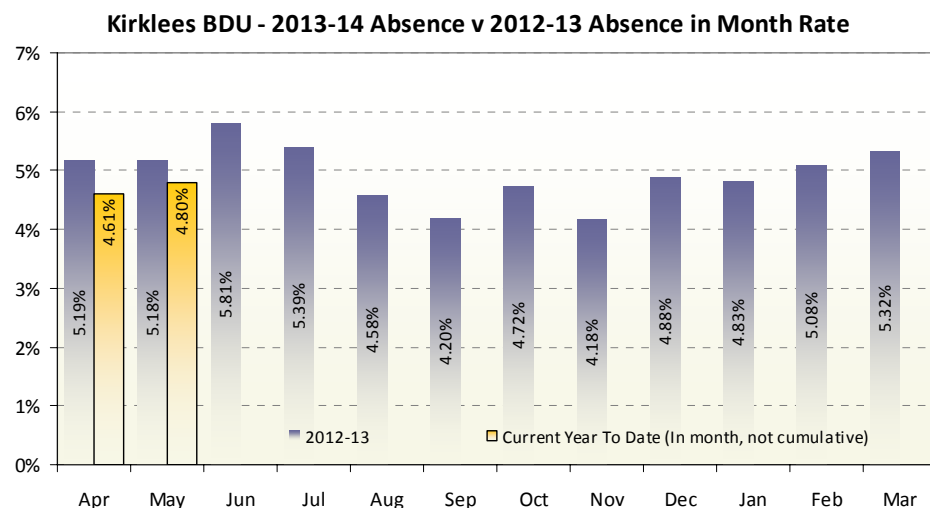
staff are employed within Medium Secure where absence is lowest. The BDU is projected to reduce it's absence this year to 6.60% which would mean a reduction overall of 0.56% from last year.

The breakdown of absence by service line within the BDU is shown below and shows a significant achievement in reducing absence levels in the medium secure service.

	April 2013 (2012)	May 2013 (2012)	Year to date (2012)
Medium Secure	4.7% (6.3%)	4.1% (7.0)	4.4% (6.6%)
Low Secure	7.8 (5.6%)	8.8% (8.5%)	8.3% (1%)
Newhaven	12.1% (9.2%)	7.6% (17.5%)	9.9% (13.5%)
Forensic Total	6.4% (6.4%)	5.7% (8.5%)	6.0% (7.5%)
(2012 figures in brackets)			

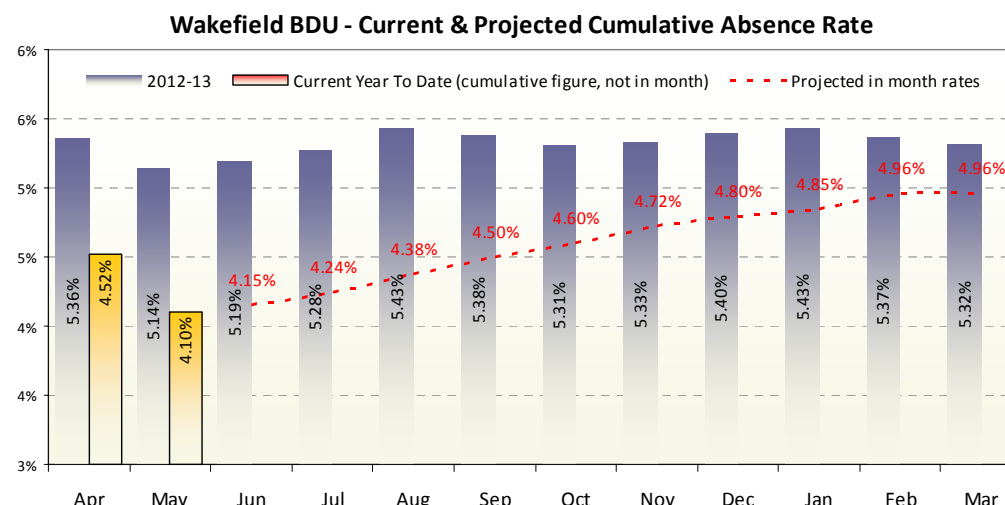
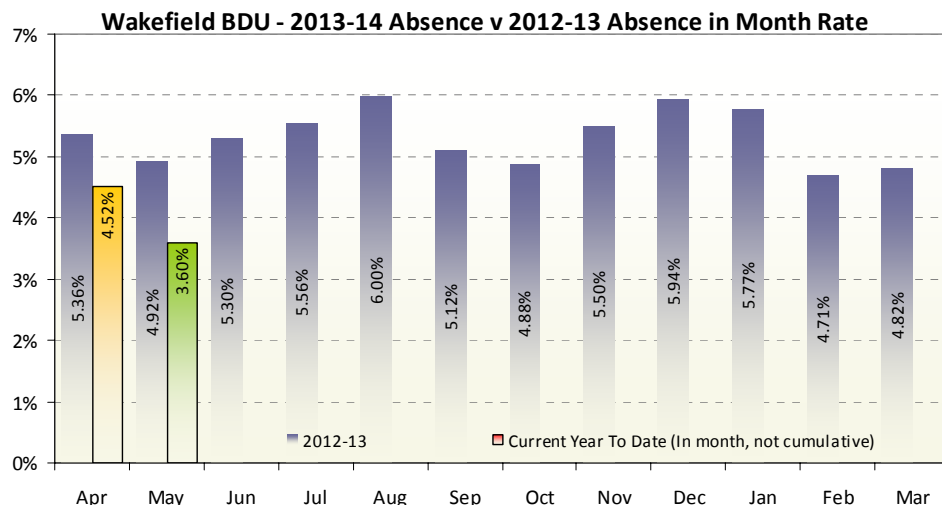
Kirklees BDU - Current YTD absence rate **4.70%** - *Current projection by March 2014 – 4.81%*

Adult Services are currently experiencing lower than expected absence rates and the year to date figure is 4.14%. This is much lower than the same period for 2012 (4.83%). Older Peoples Services are currently accounting for 42% of the total sickness burden within the BDU, but has only 28% of the total workforce. This is resulting in an overall absence rate of 6.48% from April 2013. May sees the service return a rate below 7% for the first time this year (5.96%). Once again long term absence in specific areas is causing the rise in absence. This is being closely managed by both service leads and HR services. The BDU overall is projected to return an absence rate close to last year of 4.81%, which would be a 0.14% reduction from last year.



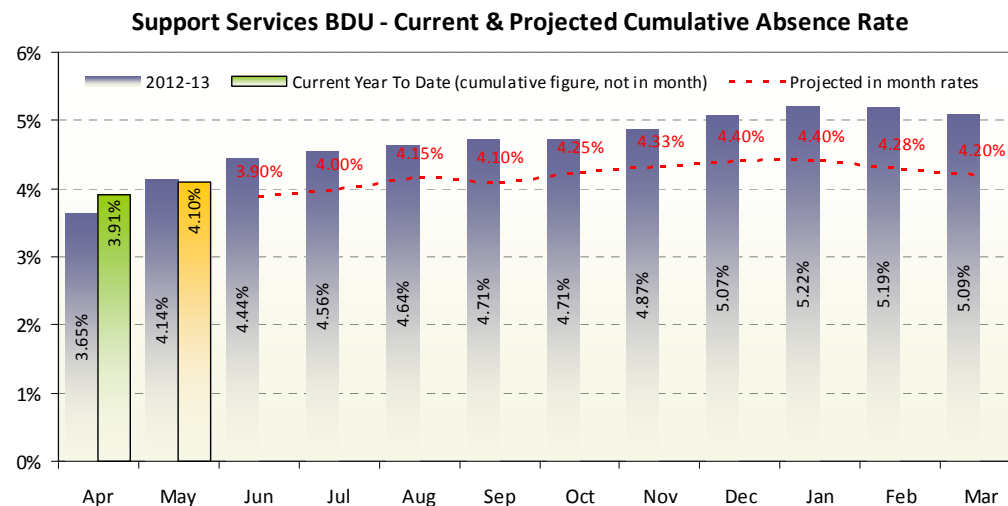
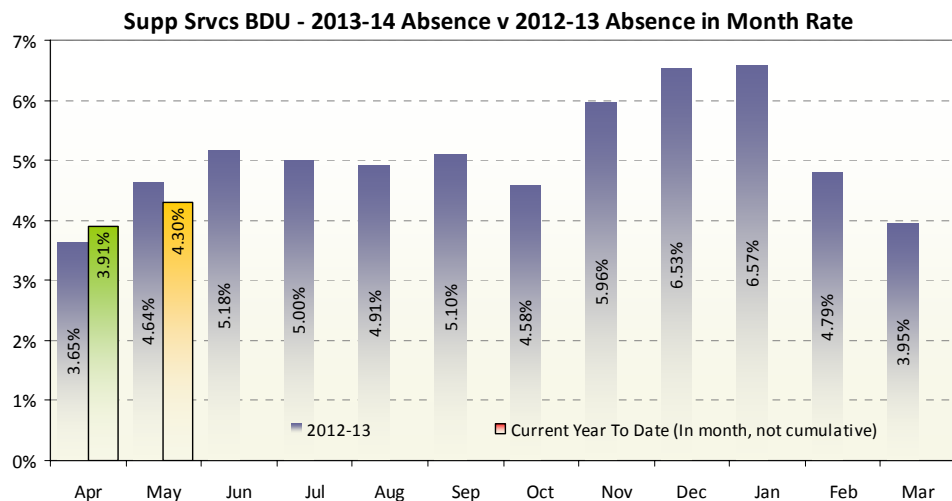
Wakefield BDU - Current YTD absence rate **4.11%** - *Current projection by March 2014 – 4.45%*

The BDU as a whole is seeing month on month absence rate reductions from January to May. The cumulative absence rate for month 2 stands at 4.11%; the lowest the BDU has seen for the past 5 years. These rates are below like for like months through 2012 where cumulative absence stood at 5.00% by May. Older Peoples Services saw one of the lowest rates ever in April at 1.62% with only 14 sickness episodes recorded: half as many as seen in the previous 3 months. That statement was bettered in May where Older Peoples Services recorded only 14 absence episodes and 89 days lost giving rise to an absence rate in May of only 1.55%. Older Peoples Services currently have 205 staff in post. Absence is projected to rise from this low for the whole of Wakefield BDU as absence seasonality occurs and increases are experienced through the holiday period and into autumn and winter months. Wakefield is projected to reduce its cumulative absence rate from 5.23% last year down to 4.95% this year.



Support Services BDU Current YTD absence rate 4.12% - *Current projection by March 2014 – 4.20%*

As seen in Wakefield BDU, Support Services have seen month on month absence reduction for the past 4 months from 6.57% in January to 3.91% in April, with a minimal rise in May to 3.93%. This has been largely achieved due to reductions seen in Estates & Facilities which accounts for over 50% of all calendar days lost per month within all support services areas. 6 of the 9 areas within Support Services are currently under 4%. Support Services is historically a stable absence rate which was influenced last year by individual long term absences which are now no longer current. Support Services are projected to reduce their absence rate this year to 4.20% from 5.09% last year.



All Business Units are expected to see rises in absence rates in the following few months as the holiday period historically influences higher absence rates. The overall SWYFT absence rate projections show that we can expect to see the YTD absence rate increase slightly month on month now until the end of the year, peaking at 5.07% in January on current trends.

- Of the 32 services lines across the whole of SWYFT, 17 are currently experiencing absence rates beneath 4%. That shows an improvement since last month where the figure was 11. It is worth noting also that 21 of the 32 areas are seeing improving absence rates from those seen in January.
- Stress related absence continues to be the main reason for absence across the Trust accounting for approximately 1 in every 4/5 days lost.
- Long term absence will continue to be a focus for reduction going forward. The Trust sees an average of around 70% of its absence attributed to long term at this time. This and the reduction of stress related absence will be the main focus regarding action plans going forward for individual BDU's.
- On current projections, no BDU's are set to achieve the SWYFT target rate by the end of 2013-14 financial year.

Section 4: Staff Well-Being Survey: Well-being at Work – Pulse Survey Results 2013 (Pilot 6 months Survey)

Earlier this year the Trust asked staff to complete the wellbeing at work 'pulse' survey to gather feedback around levels of employee well-being, resilience and engagement as part of a pilot for a regular 6 month Staff Survey. The Trust has been working with occupational psychologists Robertson Cooper over the last few years and these survey results build on the information received from surveys undertaken in 2009 and 2011.

The Robertson Cooper survey uses an 'ASSET' model of employee well-being and engagement incorporating 6 essentials factors. The pulse survey measures 32 key outcomes, whereas the full well-being at work survey contains 74 items.

Robertson Cooper have analysed the feedback and compared these to ASSET surveys conducted in the public and private sectors to identify positive practices and also areas for development.

The survey was open for 6 weeks and 2171 staff completed and returned the survey. A typical response rate from an NHS Trust with over 4000 employees is 34%, however we wish to improve the response rate for future surveys with the aim to build up to a response rate of over 70%.

Of the '6 essentials' of employee well-being and engagement namely resources and communication, control, balanced workload, work relationships and pay, benefits and job conditions, were all in the typical range, however there was some worsening of these results compared to 2011. One essential 'job security and change', was identified as a concern indicating staff are more troubled by job security and change issues than is typically found in other organisations.

Reported strain on physical and psychological health has also worsened since 2011. However, positive psychological-well being (positive emotions) has improved since 2011. This suggests that while employees are experiencing some increased strain psychologically there is also a reasonable level of positive experience associated with the challenges faced.

Results at a BDU level indicate that Job Security and Change is becoming a major concern for many in SWYP FT, however, colleagues in the Quality Academy seem to have comparatively lower levels of concern. While jobs in the support services are no more secure than they are elsewhere in the Trust, that there is generally a strong sense of Control and colleagues report feeling informed and equipped to do their jobs (Resources and Communication). It is quite likely that this will help staff in the Quality Academy feel better able to cope with change and uncertainty. Forensic Services employees, as well as having Job Security and Change concerns, also have poor levels of perceived Control and a weaker Sense of Purpose than is typical elsewhere.

The results indicate that levels of perceived workplace bullying have risen since 2011 and are back at the level reported in 2009 (23% of respondents). On the positive side the proportion of those reporting bullying is still rising and this will help all concerned to deal with it in an open and constructive manner.

Self-reported productivity is still fairly high in the Trust at 82% (83.3% in 2011). Generally people believe they are responsible for their own well-being. Of course organisations have a duty of care for their employees and have responsibilities in terms of providing a healthy working environment. However, individuals usually benefit by taking responsibility for their own health and well-being.

A summary of the results are as follows:

Positive results included:

- Greater levels of positive psychological wellbeing reported by staff since 2011
- Strong sense of control reported by staff working within business delivery units
- Staff feel informed and equipped in terms of resources and communication to do their job
- 48% of staff completed the survey, which is a significantly higher response rate compared to other NHS Trusts with over 4,000 employees.
- High level of awareness of occupational health and wellbeing services at the Trust
- High levels of self reported productivity

Highlighted areas for development included:

- Increased numbers of staff reporting feelings of job insecurity, work pressures and concern with future job changes.
- Numbers of staff reporting physical and psychological ill health has increased since the 2011 survey.
- Numbers of staff feeling engaged with the organisation has fallen, associated with a decline in the extent staff feel the organisation is committed to them.
- Increase in perceived levels of workplace bullying since the 2011 survey, although this is lower than the level reported in 2009.
- Lower levels of awareness of the staff mental wellbeing resilience policy

Next steps:

The results have been emailed to all staff directly from Robertson Cooper and have been publicised on the intranet to provide early feedback and to encourage participation in future surveys.

Following these initial findings, Robertson Cooper will be undertaking a more detailed review of the results at service line level and for different professional groups.

The initial results have been reviewed by the Trust's Wellbeing at Work Partnership Group. Each BDU will be establishing engagement groups, which will include staff side representatives, to develop actions in areas where further development is needed.

Over the next year further wellbeing surveys will be carried out and there is a need to work with District Service Directors to increase levels of engagement and participation in the well-being at work surveys, which are a valuable source of feedback for the organisation at a critical time.

A further Trust survey is planned for the beginning of the New Year to allow a gap between the National survey and the Trust's 6 monthly surveys.

Well-Being at Work Partnership ASSET Pulse Survey 2013

Initial Results Summary

Gordon Tinline & Matt Smeed



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Response Rate

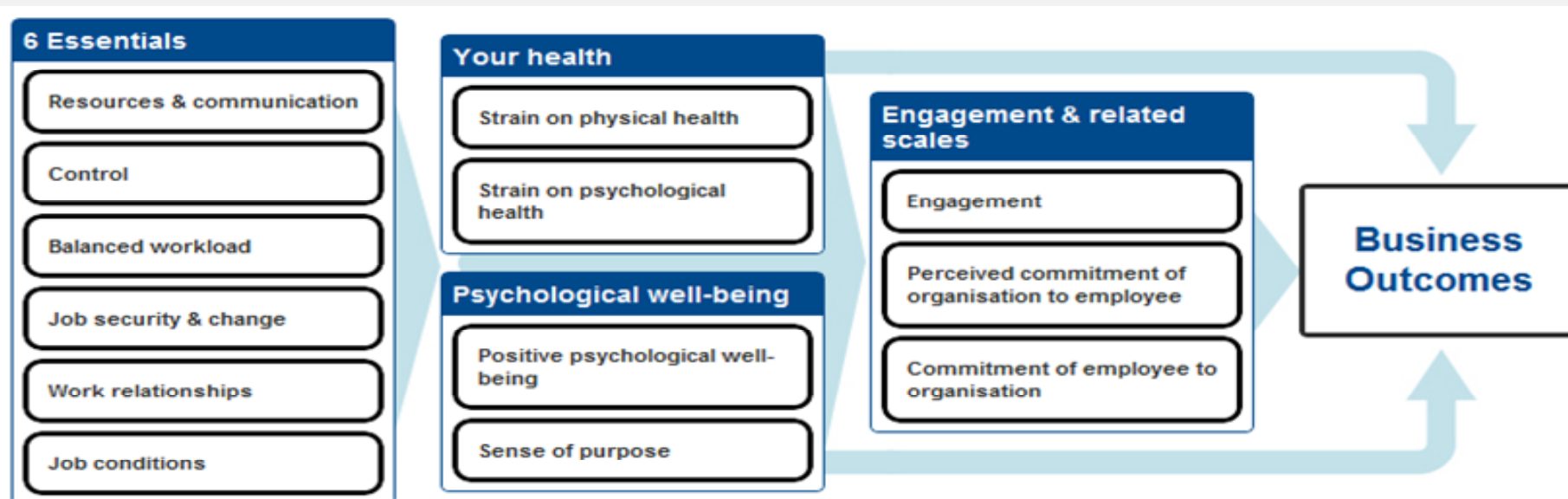
- Pulse questionnaire launched on 15th March
- Open for 6 weeks with a deadline of 26th April
- Overall response rate 2171/4485 = **48.4%**

Response Breakdown by BDU			
District	Headcount	Responses	Response Rate
Calderdale	369	199	53.9%
Wakefield	913	469	51.4%
Kirklees	617	291	47.2%
Support Services	746	316	42.4%
Forensic Services	424	168	39.6%
Barnsley	1696	592	34.9%

Response Rate


- Response rates within SWYPFT:
 - 2009: **49.0%** (smaller Trust in partnership with BDCT)
 - 2011: **49.6%**
 - 2013: **48.4%**
- The typical response from larger NHS Trusts (larger than 4,000 employees) is 34%
- Typical main drivers of lower response rates:
 - 'Nothing ever happens'
 - Confidentiality at risk
 - Clear communications
 - Paper surveys hard to distribute and collect
 - Survey fatigue

The ASSET Model of Well-Being



ASSET: 'Full' vs. 'Pulse'

Scales	Items in Full ASSET	Items in Pulse ASSET
6 Essentials	37	10
Physical Health	6	4
Psychological Health	11	5
Positive Psych Well-Being	7	3
Sense of Purpose	4	3
Engagement	5	5
Perceived commitment from Trust	2	1
Commitment towards Trust	2	1
TOTAL	74	32



2013 Results

Compared to General Working Population (n=2075)

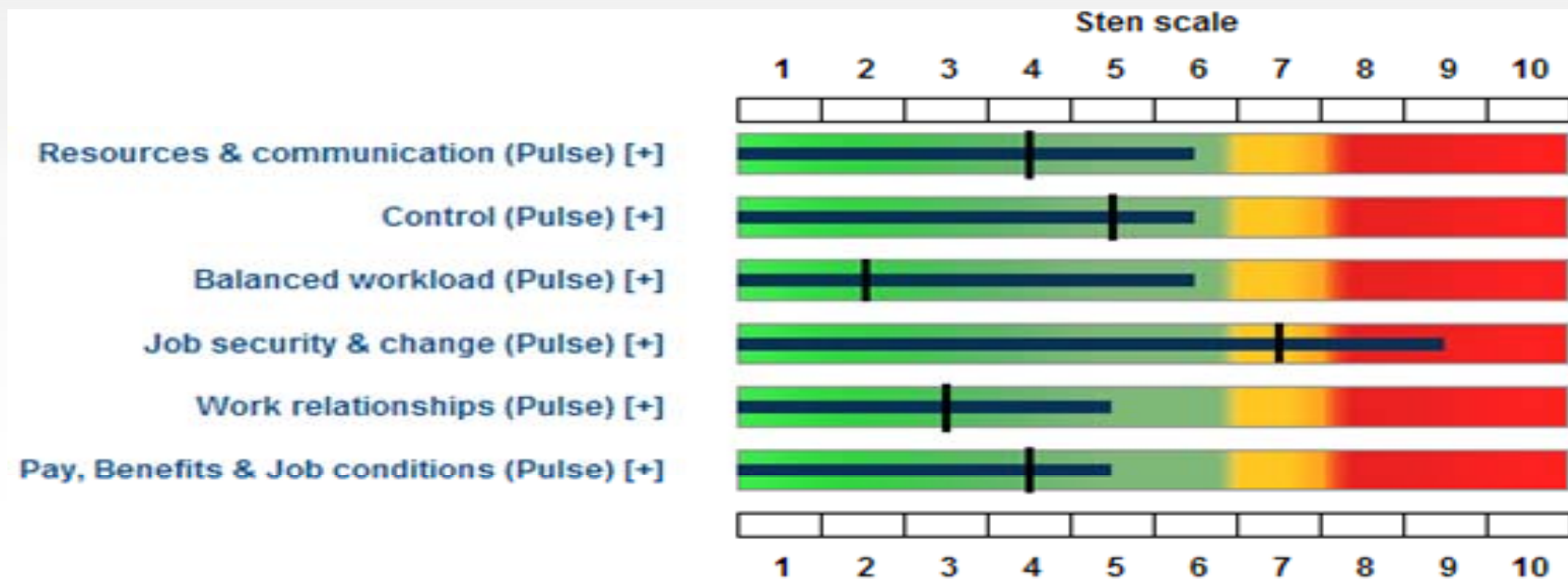


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6 Essentials

(compared to general working population)

All online respondents (n=2075)

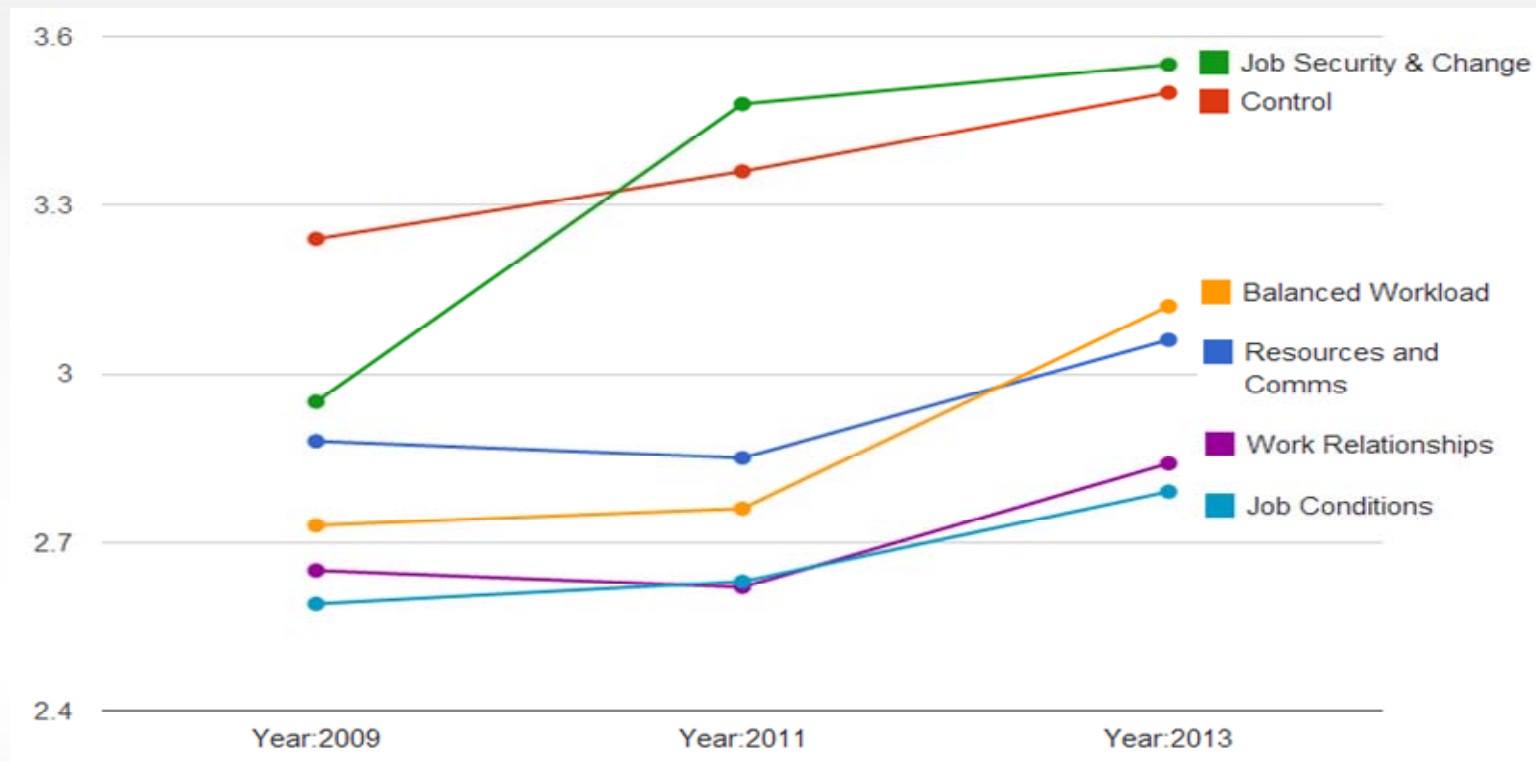


Note: the higher the score the greater the extent to which the area is considered a stressor; black bars represent 2011 results

Enablers and Barriers

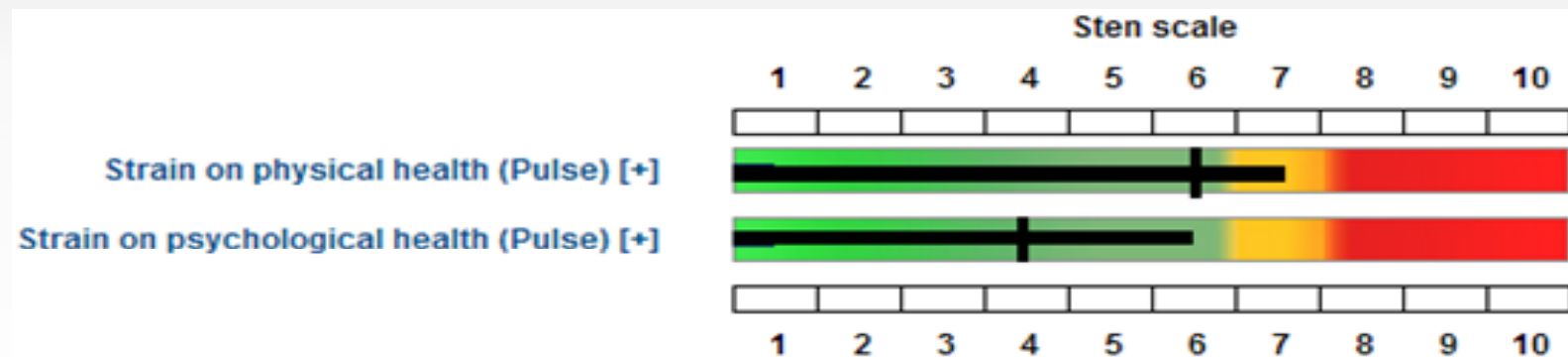
Raw Score Trends

More Troubled



Your Health

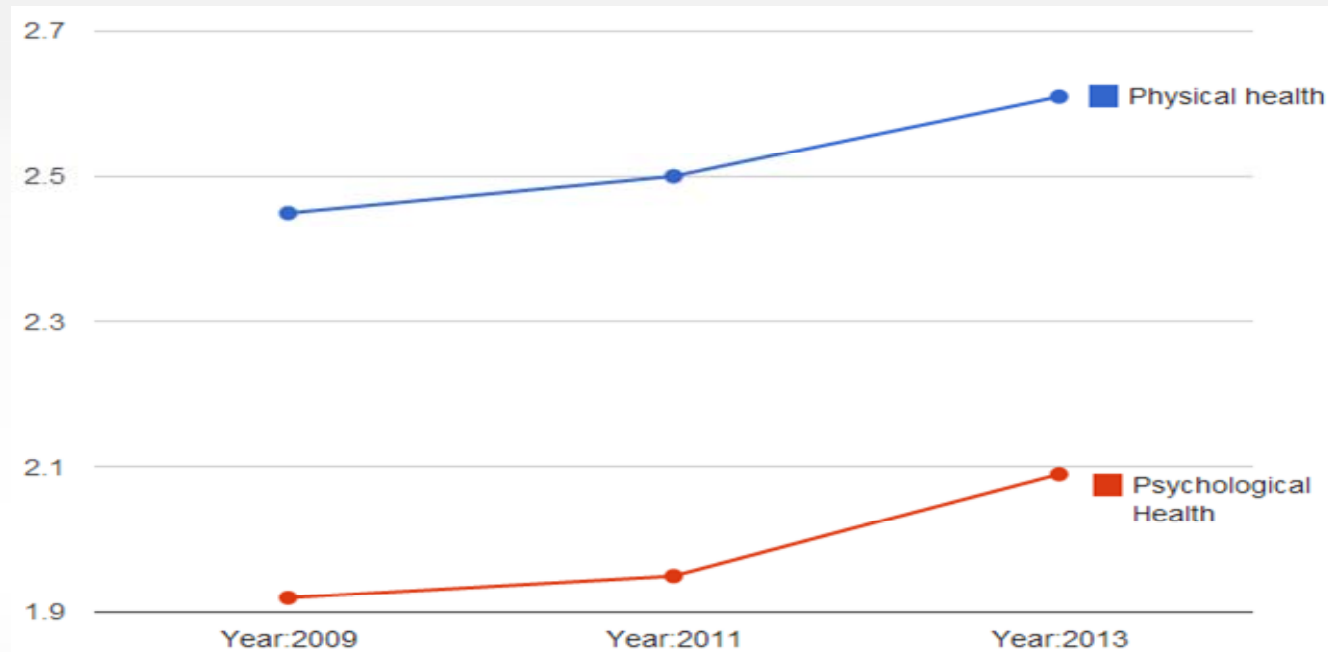
(compared to general working population)
All respondents (n=2075)



Note: the higher the score the greater the extent to which the area is considered a stressor; black bars represent 2011 results

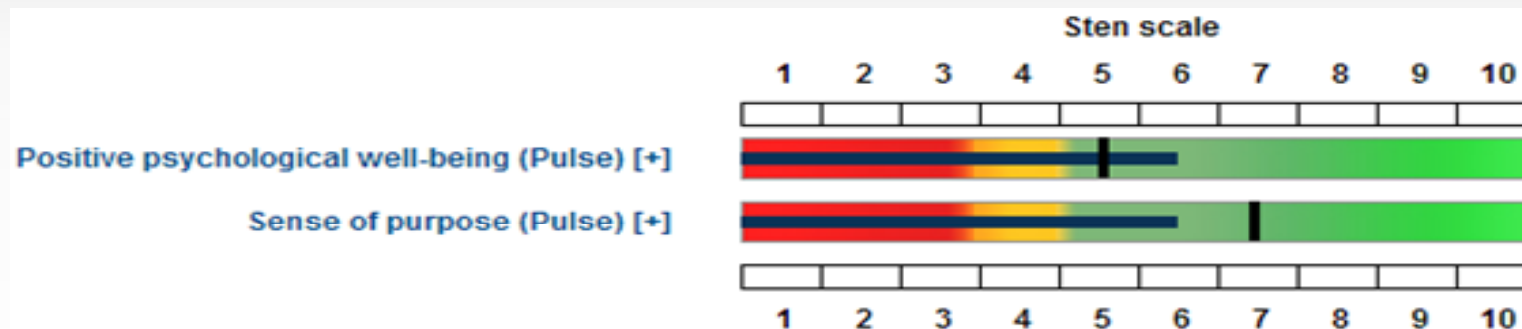
Your Health

Raw Score Trends



Psychological Well-Being

(compared to general working population)
All respondents (n=2075)

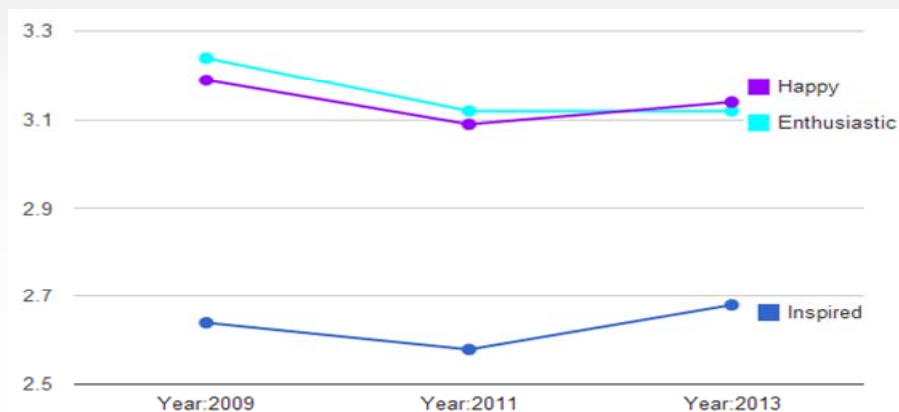


Note: the higher the score the more positive the area; black bars represent 2011 results

Psychological Well-Being

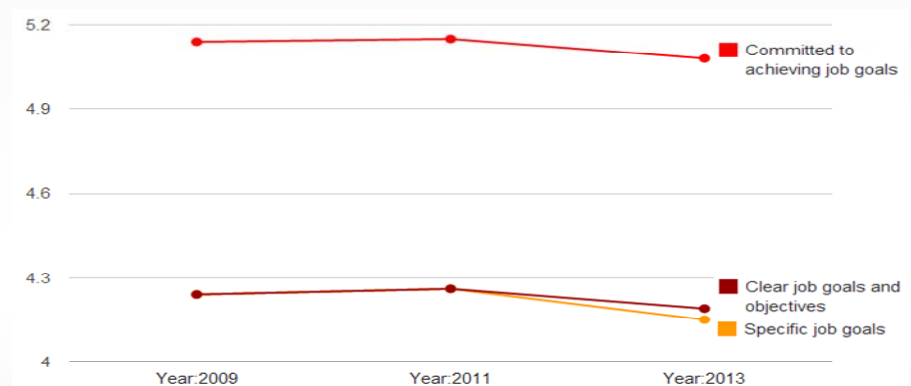
Raw Score Trends

Positive Psychological Well-Being



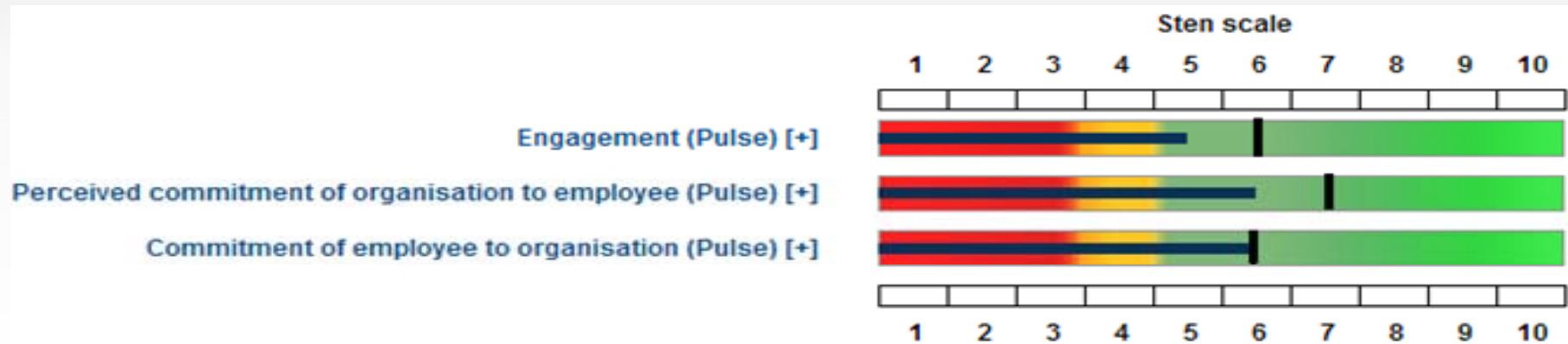
Note: A higher score is more positive

Sense of Purpose



Engagement & Related Scales

(compared to general working population)
All respondents (n=2075)

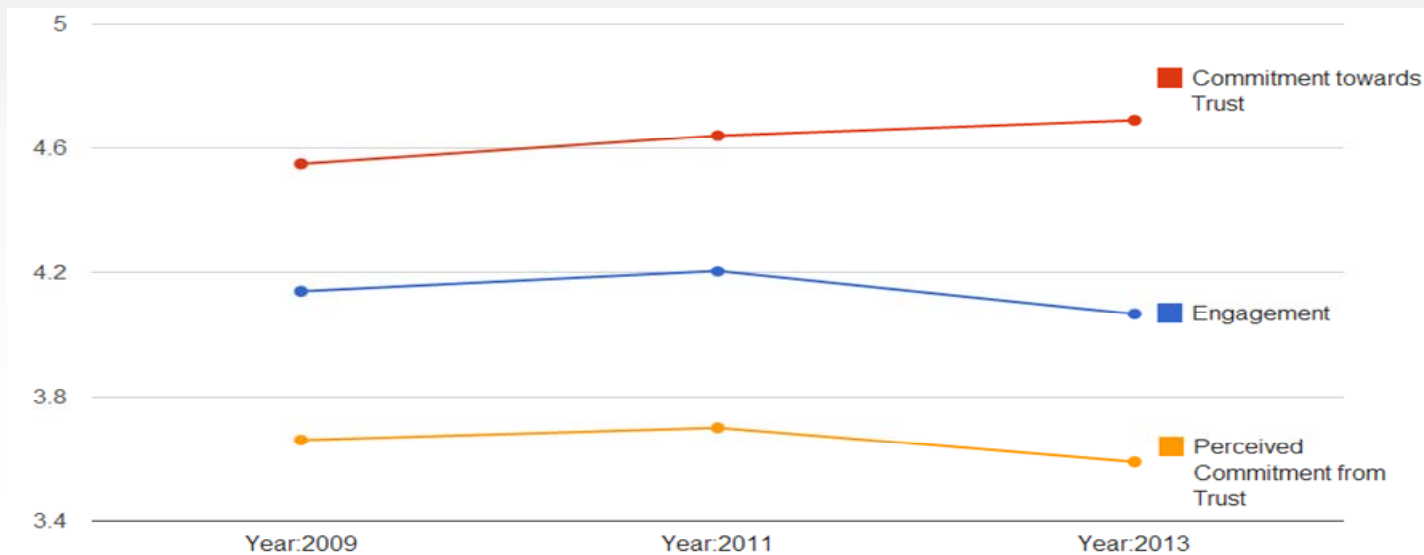


Note: the higher the score the more positive the area; black bars represent 2011 results

Engagement & Related Scales





Raw Score Trends

More Engaged/Committed



Snapshot Results

- The following slides show the ASSET results for groups at a glance
- There are two ways to read the results:
 - From left to right: see the results for a specific group across all ASSET measures
 - From top to bottom: see how each ASSET measure differs between the groups
- Use the key below to see how each group scored:

	Positive finding in relation to the general working population, e.g. Sten 1-3 Enablers and Barriers
	Finding that is typical of the general working population, e.g. Sten 4-6 for Enablers and Barriers
	Area for Improvement in relation to the general working population, e.g. Sten 7 for Enablers and Barriers
	Risk in relation to the general working population, e.g. Sten 8-10 for Enablers and Barriers

- All results are in comparison to the General Working Population.
- The number of respondents for each group is shown in brackets. Minimum group size = 8

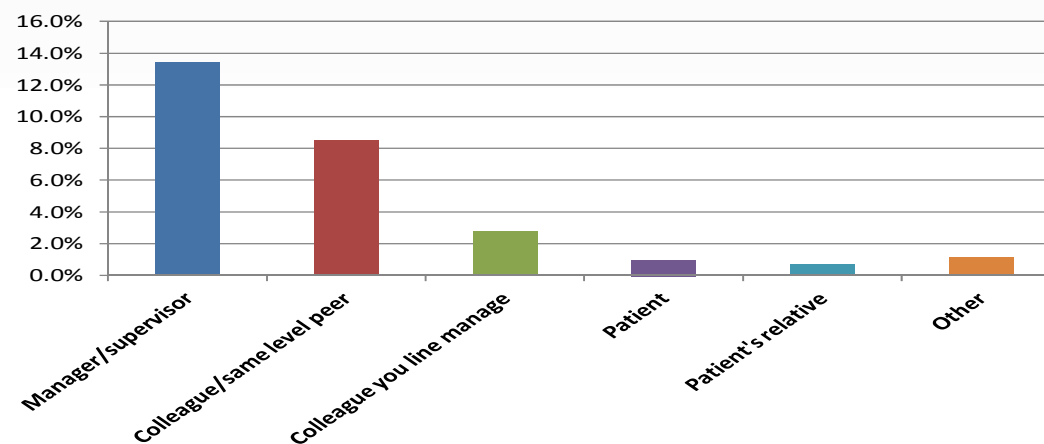
Results Snapshot: BDU

BDU	Resources & Communication	Control	Balanced workload	Job Security and Change	Work Relationships	Job Conditions	Positive Psychological Well-Being	Sense of Purpose	Engagement	Perceived Commitment from Organisation	Commitment towards the Organisation
Kirklees (307)											
Barnsley (666)											
Corporate Services (223)											
Calderdale (208)											
Forensic Services (161)											
Wakefield (417)											

	Positive finding in relation to the general working population, e.g. Sten 1-3 Enablers and Barriers
	Finding that is typical of the general working population, e.g. Sten 4-6 for Enablers and Barriers
	Area for Improvement in relation to the general working population, e.g. Sten 7 for Enablers and Barriers
	Risk in relation to the general working population, e.g. Sten 8-10 for Enablers and Barriers

Workplace Bullying

	2009	2011	2013
Bullied at work	23.4%	19.8%	23.1%
Bullied in last 6 months	40.1%	31.9%	36.9%
Reported bullying	34.7%	39.1%	39.9%
Bullying resolved	39.3%	42.3%	34.5%



Productivity & Presenteeism

- Average productivity: **82.3%**
- **57%** have come to work whilst ill at least once in the last 3 months
- **7%** have worked more than 10 days whilst ill in the last 3 months
- Average productivity on the days: **64.9%**

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Well-Being Support

Well-Being initiative	Aware of initiative?	Involved in initiative?
Occupational health and well-being services	91.2%	28.8%
Well-being at work intranet pages	56.4%	9.4%
Staff retreat	71.9%	3.3%
Mental well-being and resilience policy	28.1%	2.8%
Staff counselling	84.6%	13.8%

As an employee of the Trust, who do you feel is primarily responsible for your well-being?

You:
89%

The Trust:
11%

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Analysis: Next Steps

- Add paper data to analysis
- Further detailed hotspot analysis
 - Demographic trends
 - Division comparisons
- Build driver analyses
- Qualitative analysis
 - Bullying actions
 - Additional comments
 - Well-Being activities
- Access to results via ASSET software

Trust Board 23 July 2013

Agenda item 5.5(ii)

Title:	Serious incidents reports Q1 2013/14
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	To provide information in relation to serious incidents in Quarter 1
Vision/goals:	<ul style="list-style-type: none"> • The organisation of choice for commissioners and partners • Developing the Quality Academy to support delivery of high quality services
Any background papers/ previously considered by:	Previous reports/annual report.
Executive summary:	<ul style="list-style-type: none"> ➤ The report provides data on the updated position of serious incidents within the organisation. ➤ Reporting criteria has changed with the publication of NHS Commissioning Board Serious Incident Framework March 2013. This now includes reporting grade 3/4 pressure ulcers on STEIS and any incident involving a service user with 12 months of discharge (previously 6 months). The requirement to complete investigations at level 2 has reduced from 60 days to 45 days. The impact of this will require monitoring. ➤ There have been 14 SI s during quarter 1 ➤ 6 of the 14 incidents were suspected suicides, 4 self harm, 3 pressure ulcers and 1 violence and aggression incident. ➤ 16 reports have been completed and sent to commissioners this quarter. This has resulted in 86 recommendations. These are across a number of themes. The themes with the highest number of recommendations are record keeping, communication and staff supervision/training. There continues to be issues in relation to clarity of pathways and recommendations have been made in relation to this. ➤ 15 investigations are taking place, of note is that only 2 are overdue at the end of the quarter. ➤ A homicide in Kirklees has subject to a domestic homicide review which has been approved by the Home Office. ➤ The report has just been produced and will be shared with BDUs as part of the quarterly incident report.
Recommendation:	Trust Board is asked to receive the report and note the contents
Private session:	Not applicable

Trustwide Serious Incident (SI) Report for Quarter 1 2013/14 (1.4.13-30.6.13)

The SI figures given in different reports can vary slightly. This report is based on the date the SIs were reported to the CCG via the DOH database, STEIS.

In March 2013 the NHS Commissioning Board issued a revised framework to explain the responsibilities and actions for dealing with serious incidents.

The main impact for the Trust is:

- grade 1 level 2 investigations (apparent suicide of people currently under the care of community mental health) the timeframe has reduced from 60 working days to 45 working days.
- Grade 3 and 4 pressure ulcers are now STEIS reportable
- Incidents must be reported for people who have been in discharged within 12 months (the SHA worked to 6 months post discharge). Incidents can only be reported that services become aware.

The impact of this will be monitored over the next few months but serious incident figures will increase.

1. Never Events

Never Events is a list (DOH) of serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Qu1	Qu2	Qu3	Qu4
0			

2. Serious Incidents reported to the Commissioners

During quarter 1 there have been **14** serious incidents reported on STEIS.

Table 1: Total SIs reported to the Commissioner by financial year and quarter up to the date of this report (2009/10 - 2013/14)							
Financial quarter	09/10		10/11		11/12	12/13	13/14
	SWYPFT	Barnsley	SWYPFT	Barnsley	SWYPFT	SWYPFT	SWYPFT
Quarter 1	5	1	9	5	12	15	14
Quarter 2	9	4	4	2	12	7	
Quarter 3	8	2	6	4	18	10	
Quarter 4	6	3	7	1	6	12	
Totals	28	10	26	12	48	44	14

SIs reported in Qu1 13/14 by BDU/ teams								
	Total	In patients	CMHT	CRS /HBTT	Mental health liaison team	District Nursing	SPA	CAMHS
Barnsley	5		1		1	3		
Calderdale	1			1				
Forensic	1	1						

Kirklees	4		1	2			1	
Wakefield	2	1	1					
Specialist Services	1							1
Total	14	2	3	3	1	3	1	1

SIs reported by type in Qu1 13/14					
	Total	Suspected suicide	Pressure Ulcer Grade 4	Self Harm	Violence and Aggression
Barnsley BDU	5	1	3	1	
Calderdale BDU	1	1			
Forensic BDU	1				1
Kirklees BDU	4	3		1	
Wakefield BDU	2	1		1	
Specialist Services	1			1	
Total	14	6	3	4	1

The National Confidential Inquiry figures July 2012 indicate that:

- Based on an average of the suicides recorded in the general population over the 10 years 2000 to 2010 there are approximately 10.04 suicides per 100,000 general populations each year. (range 8.6-11.2)
- On average during 2000-2010 patient suicides accounted for 27% of the general population suicide figures (range 2.4-3)

The table below shows the populations of the BDUs and some average suicide rates which would be consistent with the figures produced by the NCI.

District	Population ONS – population estimates	General population suicide rate (NCI)	Patient suicide rate (26% general pop) (NCI)
Barnsley	235,976	20-26/7	5-7
Calderdale	202,841	17-22/23	4-6
Kirklees	400,920	34-44/45	9-12
Wakefield	337,152	29-37	8-10

Suspected Suicides reported on STEIS

District	Qu1	Qu2	Qu3	Qu4	Total
Barnsley	1				1
Calderdale	1				1
Kirklees	3				3
Wakefield	1				1
Forensic	0				0

3. Performance Management of Serious incidents

- 16 SI reports have been completed this quarter and sent to the Commissioners
- 0 SI reports have been closed by the Commissioners
- There are currently 15 open SI investigations taking place across the Trust data run on

3.7.13

	Barnsley	Calderdale	Wakefield	Kirklees	Forensic Service	Total
Within timescales	5	1	3	4	0	13
Overdue - extension agreed* see breakdown below	0	0	0	1	0	1
Overdue - no extension agreed*	0	0	0	1	0	1
Total	5	1	3	6	0	15

Overdue breakdown:	Barnsley	Calderdale	Wakefield	Kirklees	Forensic Service	Total
4-6 months since reported on STEIS	0	0	0	1	0	1
7-9 months since reported on STEIS	0	0	0	0	0	0
10-12 months since reported on STEIS	0	0	0	0	0	0
12 months + since reported on STEIS	0	0	0	1	0	1
Total	0	0	0	2	0	2

- Patient Safety Support Team has implemented the business case for lead investigators which will significantly improve the timescale for undertaking

investigations. All posts have been recruited to and staff have been in post since mid January.

- The BDUs are strengthening the governance procedures to support learning from incidents.

SI Action plans

Each BDU monitors the implementation of action plans but the Patient Safety Support Team send out reminders within capacity, completed action plans are sent to the commissioning CCG. On the Datix system there are currently 74 action plans being implemented. More detail is available in individual BDU quarterly reports.

4. Updates on other SIs

Independent Reviews (DOH guidance HSG (94)27)

- **Kirklees BDU: 2010/9926** – There is no further update from the commissioners regarding the pending independent inquiry following a Kirklees CMHT service user being convicted of the murder of a neighbour and sent to prison. An internal investigation was completed in Feb 2011, and the action plan to address the recommendations has been implemented by the BDU and has evidence to demonstrate this.
- **Kirklees BDU: 2011/11370 and 2011/11502** - 2 recent alleged homicides by ex-service users have now been confirmed as homicide cases and may require independent investigation. The internal Trust investigations into these cases are completed and action plans are being implemented. 2011/11370 has been subjected to a domestic homicide review which is a multi-agency review overseen by the Home Office.
- **Barnsley BDU:** an internal investigation into an incident in which a service user killed a member of his family was completed earlier in 2011; an action plan was developed to address the report recommendations have been implemented. This incident occurred before Barnsley services joined SWYPFT. The Strategic Health Authority commissioned a independent inquiry, this has been completed and an action plan developed.

Trust Board 23 July 2013

Agenda item 5.5(iii)

Title:	Annual report on Innovation Fund
Paper prepared by:	Deputy Chief Executive/Director of Finance
Purpose:	Trust Board is asked to note the Annual Report on the utilisation of the Innovation Fund, provide feedback and raise any issues for clarification.
Vision/goals:	<p>The Innovation Fund forms part of the Trust's strategy to encourage local team leadership in championing services improvement, application of new ideas and creating an environment for learning from experience by providing up to £1m per annum for investment in non –recurrent projects. The initiative delivers on various elements of the 4 + 4 framework, particularly through supporting:</p> <ul style="list-style-type: none"> ➤ culture: development of a performance culture with identification and realisation of benefits; ➤ innovation: providing a robust mechanism to identify resources for innovation. <p>The initiative provides a way of working to explore different ways of achieving best use of resources.</p> <p>The initiative supports the Trust in meeting its obligations under Equality and Diversity and legal obligations by supporting the Trust's governance arrangements and systems of internal control.</p>
Any background papers/ previously considered by:	Quarterly update on Innovation Fund expenditure was included in 2012/13 finance reports. Quarterly updates to Trust Board will continue in 2013/14.
Executive summary:	<p>The purpose of the report is to provide the Board with an Annual Report on the key achievements of the Innovation Fund investment taking a broader perspective than the reported expenditure by BDU. The report has been collated by finance staff working with the communications department following process of interviewing bid sponsors to collate feedback and evidence of benefits and impact.</p> <p>The information has been summarised by BDU in a user friendly format. The overall expenditure is summarised on the front sheet.</p> <p>The development of an Annual Report has three aims to:</p> <ul style="list-style-type: none"> ➤ help publicise the work of the Innovation Fund and encourage staff to participate; ➤ reinforce a culture of benefits realisation in the organisation which will be an important element in ensuring the transformation process is successful; ➤ create a development opportunity for finance staff to make the link between the use of resources and positive impact on services to promote understanding of services and patient needs.
Recommendation:	Trust Board is asked to note the annual report and provide feedback on format and raise any issues for clarification.
Private session:	Not applicable.



With all of us in mind

Innovation fund report 2012/13

In 2012/13 £740,000 was spent through the innovation fund to support various initiatives throughout the Trust. A breakdown of spend by BDU is shown here. The purpose of this report is to illustrate how this has had a positive impact on peoples' lives, and to demonstrate the value added and the contribution to the achievement of Trust objectives.

Innovation fund 2012/13 Summary of investment

BDU	Spend (£)
Barnsley	156,355
Calderdale	42,124
Forensic	55,321
Kirklees	110,902
Wakefield	130,464
Quality Academy	68,584
Creative Minds	175,049
Total	738,799



Expenditure attributed to the Quality Academy was used to support Trustwide initiatives, including improving the collection of service user experience feedback, improving the provision of information to service users, and developing a marketing strategy.



The service user information project is due to be completed summer 2013, and will result in a mixture of internet and paper based information on conditions and diagnosis, self-help and how to access Trust buildings.



Initial feedback on the service user experience project has been very positive, with 98.6% of people surveyed stating that the tablets used to collect the feedback were effective, and 100% of respondents stated that they would use the technology again. A member of staff commented that "ViewPoint is an excellent piece of equipment, making data collection easier and more enjoyable".

The following pages feature some of the success stories throughout the Trust.

Weight management–developing service partner organisation links

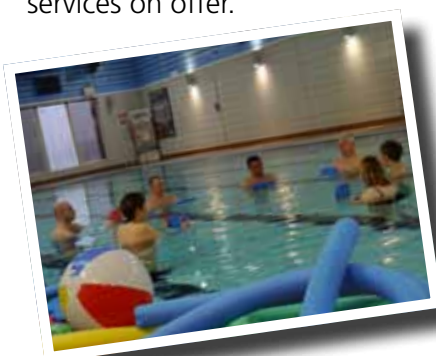
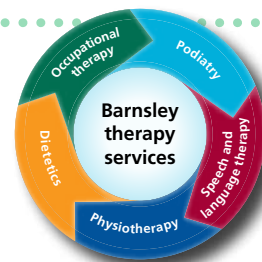
The main aims of this project were providing incentives to patients to achieve weight loss and reviewing programme content to ensure it is fit for purpose.

Benefits included:

- Being a service in the right place at the right time. Offering support at a time when people are motivated to change (e.g. new gym sign-ups). This project has generated an increase in referral numbers and numbers achieving their weight loss target.
- The service is beginning to see an increase in conversion rates for those achieving 5% / 10% weight loss.
- Pathways between leisure providers and healthy lifestyle services have been strengthened.

Marketing campaigns

Bob Senior, lead for Barnsley therapy services, has been working with the Trust's communications team to promote and improve awareness of the Barnsley therapies services to ensure that the correct information is marketed about the vast range of services on offer.



This work has led to the production of www.Barnsleytherapy.co.uk (pages on the Trust's website linked through a unique URL) and will include the production of short films - including one specifically developed for local commissioners. The website is accompanied by a redesigned suite of patient information leaflets and banner stands.

Bob Senior is hopeful that it will lead to service users being increasingly informed about how services are being carried out and by who and will result in a reduced rate of missed appointments.

Drama Project

Katherine Cooper, health improvement practitioner, has led a drama production staged by performing arts students and other young people from across Darton College which tackled mental health related stigma and discrimination aimed at young people aged between 11 and 16 years and their families.

Benefits include increased referrals immediately after the performances allowing the young people to access the support they need more readily in an environment in which they are comfortable.

Furthermore, a toolkit including a DVD of the production and a train the trainer package is being compiled which will be distributed to local schools to further highlight the issues and signpost young people to the help and services available.



Comments from individuals who attended the performances include:

"The students were extremely well-mannered and handled a sensitive topic with exceptional maturity. Talking to some of them afterwards was a real pleasure and I think they conveyed the play's message to the audience more emphatically and convincingly than a group of adults could have done."

"Thoroughly enjoyed the event! It was well executed and very moving! Well done to staff who were involved in pulling everything together! They were amazing!"

"Superb! Very professional performance and very thought provoking. Well done."

"Excellent performance. Informative, entertaining and very professional."

Calderdale

Drugtrain –Volunteer peer mentor course

Comments from people who have taken part in the 'Developing Volunteer Peer Mentoring Skills' course include:

"Great course, learned a lot from this."

"Very enjoyable and informative – good tutors and peers."

"Thoroughly enjoyed the day."

"It was excellent and left me wanting more – and ready to move on."

"Taking part in the peer mentoring course allowed me to explore a spectrum of views and options on recovery which, in turn, expanded on my own knowledge base of recovery attitudes. Questions such as "what is recovery?" really made me think about how everyone is in a different situation and what works for one person might be useless to another."

100% of the people attended found it 'very beneficial' and Deborah Hodgson, head of substance misuse, said "As hoped, there was a good mix of attendees from CSMS and partner voluntary sector agencies in Calderdale. Since this training we have gained 5 trained peer mentors. We now have 4 'officially' cleared volunteers and 2 in process."



Kirklees

Improving the service offer for people with depression using a self-help model

Sue Sutcliffe, day services pathways manager has said that this was an excellent demonstration of SWYPT working successfully alongside other local providers such as Together Against Depression to access lower level psychological interventions.

And to continue to provide these services to support service users over a longer period of time to ensure they are supported and assisted as needed.

BREAM Project – Priestley Unit

The Priestly Unit has been improved with a display of artwork produced by service users, creating a more inviting and stimulating environment.

Sue Sutcliffe has revealed that service users have benefited a great deal through inclusion, motivation, improved communication skills and a sense of achievement through involvement in the project.



Wakefield

LD TOMS & SMDP

Kathryn Rowley, senior clinical practitioner, has been involved in a neurological intervention which has realised huge benefits. She has said that recent results are showing great improvements in service users measured on the TOMS scale, which have for some exceeded the national targets.

Kathryn also shared the moving story of one service user who has truly benefited from this who for 7 years was self-harming and was in a wheelchair. From the help and support that she received, she has been able to refrain from self-harming over the past year and has also returned to walking unaided.

Kathryn says that the individual is a lot calmer, her social communication has improved which allows her to express herself better and she feels more accepted within groups, which has helped her confidence.

Moreover, her carer has also revealed that she is able to go out on her own and the dependency on her has significantly reduced.

Fieldhead Choir

This is an opportunity for all Trust service users (from any care setting including inpatients) and staff to join together to enjoy the known benefits of harmony singing.

These include – improved breathing, uplift in mood and self-confidence, and improved social connections.

In addition this innovative project will provide further benefits by promoting better understanding between staff and service users, and creating the right balance in relationships between the delivery and receipt of services.

For ward patients with an interest in singing it has been shown that regular, sustained and energetic activity, alongside people from outside their ward setting also contributes to their recovery programme and helps them to prepare them for returning to community life. On discharge people will be encouraged to continue to attend as a means to maintain their wellbeing.



Relaxation rooms –Trinity 2 and Priory 2

Lindsay Taylor, activity facilitator, says that both relaxation rooms are currently in use by both service users and staff members and are beneficial to all.



Service users have benefited hugely and one individual has commented that the peaceful and calming atmosphere allows them to calm their anger and avoids them becoming more agitated.

Lindsay also mentioned that it has helped one service user in particular as they are using the room instead of taking their medication.

Forensics BDU

DJ sessions

The DJ sessions for service users were very well attended. These sessions have also been funded previously, with a further request already received indicating the strength of popularity.

One service user commented that this was a great chance to try something completely different that they wouldn't normally get to do or would've dreamed of doing, and this project allowed them to do that.

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Internet suite

Although not yet complete, Sue Threadgold, general manager, has revealed, "There has been a great expression of interest in this and service users are really looking forward to accessing this new facility. It is a great opportunity to provide controlled risk managed internet access for service users within low secure service and allow them to build some valuable technological skills."

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Rugby sessions

The Trust teamed up with rugby league club Castleford Tigers to help boost the health and wellbeing of service users at Newhaven and Bretton Centre.

Staff are always looking for new and exciting activities to add to the regular weekly program that will motivate and improve the quality of life for those on the unit. After one service user expressed a passion for rugby staff sought out a way to provide sessions at the unit and teamed up with Castleford Tigers to facilitate a group.



Professional community development coaches from the Tigers Trust, the registered charity of Castleford Tigers, were invited to provide a series of six sessions, to teach and develop rugby skills to service users on the unit.

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Creative Minds



A broad range of projects have been funded, from a variety of art projects to sports and physical activity groups, gardening, music and theatre.

What service users and carers say about Creative Minds

"Creativity benefits me and gets me out of the house. I'm happy when I achieve things."

"Creativity is about expressing yourself in different ways; it makes you feel better about yourself."

"Creativity stops me from being isolated. It helps me to build confidence and to meet people. I also get a fantastic sense of achievement."

"Creativity is joy that comes from the heart and needs to be shared with everyone."



"Creativity is finding talent that I never thought I had."

"Creativity leads to confidence, which everyone needs. If I'm feeling down, being creative helps me to feel good."

"Having being in and out of mental health services for 20+ years I found myself involved with them again due to many external factors. By chance, whilst waiting for a psychological

assessment, I noticed a note about art for wellbeing. I did the taster sessions and loved it, and can say, without Creative Minds, I would not be here today.

I am now still at artworks, have sold a couple of my works of art!! I attend any meetings I can regarding mental health/creative minds to improve the service. I am medication free (after 20+years) and doing really well. I finally feel free of the fog that has blighted my life for so many years."



What our Partners and staff say about Creative Minds

"These sessions have been a great opportunity for participants to meet new people, take part in activities in a safe and supportive environment and have fun! Creative activities offer a means by which people can maintain and develop connections with the world and people in it. We're pleased to be sharing our passion for using creative activities in this way."

Breathing Space, project co-ordinator



"The group has bonded and is very supportive. It provides structure and purpose and requires commitment. Emotionally, self-esteem and confidence are increasing, not least as group members gain confidence in their competence to perform."

Bridge Theatre group

"By taking part in the workshops participants and staff have reported improved confidence and self-esteem as they are happy with the things they've been able to achieve during the sessions."

Clinical services manager for learning disabilities

"Sessions such as this help people with dementia to maintain confidence in their physical and social abilities and encourage them to develop an understanding of how they can use movement as a tool for communication when words can be difficult to find."

Physiotherapist



Trust Board 23 July 2013

Agenda item 5.5(iv)

Title:	Treasury Management update
Paper prepared by:	Deputy Chief Executive/Director of Finance
Purpose:	The purpose of this paper is to update Trust Board on the review of the Treasury Management Policy by the Audit Committee in July and the recommendations.
Vision/goals:	This paper is relevant to all the Trust's objectives and supports the Trust's governance arrangements to ensure robust financial arrangements are in place.
Any background papers/ previously considered by:	<ul style="list-style-type: none"> ➤ Minutes of Audit Committee received by Trust Board ➤ Audit Committee Annual Report.
Executive summary:	<p>Key Points</p> <ul style="list-style-type: none"> ➤ The investment of cash has been retained within the Government Banking Service (GBS). This is due to a change in the rules which mean that continuing to invest monies in non-government investment vehicles would impact on the calculated charges for Public Dividend Capital (PDC). This would mean that the potential interest earnings on £20 million of £180,000 would be offset by increase in PDC charge of £350,000 giving a net loss position. The current levels of interest earned in GBS are much lower and interest earned to date in quarter 1 is £13,000. ➤ The Working Capital facility is coming up for renewal in July 2013. The facility gives £9.2 million additional cash borrowing for £35,000 per year fee. The retention of the facility was a recommendation on KPMG in their due diligence report of the TCS transfer. ➤ The financial risk rating methodology will change in October 2013 to two measures linked to going concern and liquidity. The working capital facility is excluded from the calculation of liquidity and the Trust is forecasting a score of 4 out of 5 for this element for the next three years. ➤ The Trust's Financial Strategy includes a principle to fund capital development from internally-generated cash surpluses. Given the potential requirement for significant investment in the Estates Strategy, it is possible that the working capital facility could be used to increase cash resources for capital investment. This option will be assessed as part of the review of the IBP to be considered by Trust Board in October 2013. ➤ The recommendation to the Audit Committee was to extend the working capital facility contract for twelve months with the inclusion of break clauses at three, six and nine months. This would mean that the Trust could cease the arrangement in October 2013 with no penalty after the review of the requirements of capital funding and when the risk rating calculation has changed to the new methodology.
Recommendation:	Trust Board is asked to consider the update and the decision of the Audit Committee.
Private session:	Not applicable

Trust Board 23 July 2013

Agenda item 6

Title:	Trust Board self-certification – Monitor Quarter 1 return 2013/14
Paper prepared by:	Director of Corporate Development
Purpose:	To enable the Board to be assured that sound systems of control are in place including mechanisms to identify potential risks to delivery of key objectives.
Vision/goals:	Links to corporate objective of flawless execution ensuring we have effective systems to support service development and delivery of high quality care in line with national standards by highlighting any exceptions.
Any background papers:	The exception report to Monitor highlights issues previously reported to the Board through performance and compliance reports.
Executive summary:	<ul style="list-style-type: none"> ➤ Based on the evidence received by Trust Board through performance reports and compliance reports, the Trust is reporting a governance risk rating of green after applying the Monitor Compliance Framework 2013/14. ➤ Based on performance information set out in the performance report, the Trust is reporting a score of 4.1 with a financial risk rating of green. ➤ Although Q1 benchmarking figures are not yet available, Monitor have issued an overview of the performance of the Foundation Trust Sector year ended 31/03/2013, headline figures are as follows. <ul style="list-style-type: none"> - 145 FT's, with total revenue of £39,345 m, average FRR of 3.4, 18% with a Red GRR and 19 in significant breach. - 41 MH Trusts with total revenue of £8,116 m, average FRR of 3.7, 2% with a Red GRR, no MH Trusts in significant breach. - EBITDA margins have declined over the last 5 years due to the financial pressure on the sector. This has been reflected in the tariff through challenging efficiency requirements. Margins vary significantly by Trust type. The acute and mental health sectors are under greater financial pressure than the specialist hospitals and ambulance sector. Margins exceeded plan each quarter and improved as the year went on. This reflects the back end loading of cost improvement plans and their subsequent delivery. - Over the last 2 years there has been deterioration in FT Governance Risk Ratings with an increase in Red rated trusts, an increase in Amber-Red and Amber-Green rated Trusts, and a decrease in Green rated Trusts. This is primarily due to an increase in target breaches (largely A&E and infection control) and an increase in FTs being found in significant breach of their Terms of Authorisation for both financial and governance concerns. Acute Trusts have the poorest GRR profile, with 31% of Acute Trusts being red rated. ➤ Monitor authorises NHS foundation trusts on the basis that they are well-governed, financially robust, legally constituted and meet the required quality threshold. Monitor's Compliance Framework is designed to ensure that NHS foundation trusts maintain their viability, through a philosophy of no surprises, open communication and self-governance. As such NHS foundation trusts are required to provide board statements certifying ongoing compliance with their Authorisation and other legal requirements. In order for Monitor to operate a compliance regime combining the principles of self-regulation and limited information requirements, it must be able to rely on the accurate assessment of risk by NHS foundation trust boards via the self-certification process:

	<ul style="list-style-type: none"> - For finance that the Trust will continue to maintain a financial risk rating of at least 3 over the next twelve months based on the 2013/14 Compliance Framework. - For governance that the board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets and a commitment to comply with all known targets going forward. <p>Subject to any changes required by the Board, as a result of earlier board papers and the resultant discussion, the attached report will be submitted to Monitor in respect of Quarter 1, completing the in-year governance declaration on behalf of the board (compliance with governance and performance targets).</p>
Recommendation:	Trust Board is asked to approve the exception report to Monitor, subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable

Trust Board self-certification - Monitor Quarter 1 return 2013/14

Mandatory services

There have been no changes to Mandatory services since those reported in Quarter 1.

Trust Board

Following the appointment of Tim Breedon as Director of Nursing, Clinical Governance and Safety (previously BDU director for Wakefield), substantive arrangements are in place to cover the district director role. Sean Rayner has taken on responsibility for Wakefield BDU as district director and will also retain his existing responsibilities as district director for Barnsley BDU.

Anna Basford district director for Calderdale and Kirklees BDUs is joining Calderdale and Huddersfield NHS Foundation Trust on 1 August 2013 as a Director, transition arrangements are in place with Karen Taylor, Director of Service Improvement and Development, taking over as BDU director for Calderdale and Kirklees from the end of June 2013, with interim arrangements in place to fill the role of Director of Service Development pending substantive appointment.

A Non-Executive Director vacancy remains on the Board following the appointment of Ian Black as Chair and the decision by the Nominations Committee not to appoint to this vacancy immediately. The balance of the Board remains with six Non-Executive Directors (including the Chair) and five Executive Directors (including the Chief Executive).

Members' Council

As a result of the nominations process for election to the Members' Council, two candidates put themselves forward for one seat in Barnsley. A candidate was duly elected and his term of began on 1 May 2013 for a period of three years.

Renewed approaches were made to Kirklees Metropolitan Council and Calderdale Metropolitan Borough Council to identify a representative to fill allocated seats. Calderdale Council identified a representative following its Council meeting at the end of April. No response has yet been received from Kirklees Council. There has also been a change of representative from the Trust's staff side organisations. Following the changes to the structure of the Members' Council from 1 April 2013, there are no further vacancies on the Members' Council than those reported above.

Absent without Leave (AWOL)

During quarter 1, there were three CQC notifiable AWOLs relating to 3 different service users all low secure. 1 service user failed to return from authorised leave, 1 absented himself from hospital and 1 absented himself during escorted leave, two were returned by the police the other returned voluntarily.

Care Quality Commission (CQC)

- On 17 June 2013, CQC met with the Chief Executive, Medical Director, Nursing Director and Kirklees/Calderdale BDU Director to discuss a number of issues arising from bed pressures in the system following whistleblowing concerns received by the CQC. The Trust had previously supplied a number of written responses to the issues raised including information related to 12 occasions when this had occurred between January and May 2013 and details of the prevailing circumstances which occurred across Wakefield, Kirklees and Calderdale. In all cases the overriding consideration of the Trust

had been to ensure service user safety and dignity. The Trust was unable to meet the demand for IP admissions due to difficulties accessing out of area beds and internal pressures. Following the Trust's meeting with the CQC the matter was referred to the Regional Head of Compliance at the CQC, we have been verbally advised (written confirmation to follow) that they are happy with the action being taken by the Trust and they will be taking no regulatory action.

- As at the end of June 2013, the Trust had no compliance actions related to CQC inspection visits. In the latest QRP re-fresh (June 2013) all 16 risk estimates fall in the 'reduced risk of non-compliance' range. There are no amber or red risk ratings. The Trust monitors any changes to the QRP as re-freshed versions are published, organisational leads for each of the outcomes review with the relevant lead director, any specific action felt to be required in regard to individual or grouped data items attracting a 'worse than expected' rating.
- There were four CQC Mental Health Act visits in Q1 to Newhaven, Lyndhurst, Beamshaw and Ward 18 Priestley Unit. Feedback from the CQC relating to Newhaven and Lyndhurst has been received and responded to; we are still awaiting response from Beamshaw and Ward 18. A theme from the visits was lack of documentary evidence, including capacity to consent to treatment, updating of care plans, and lack of recording of s132 patients' rights and of consultees in the second opinion process. Other issues included seclusion room not meeting the standards set out in the code of practice, ward environment and single sex accommodation.

Eliminating Mixed Sex Accommodation (EMSA)

There have been no breaches reported on Datix in Q1. The Trust continues to monitor where service users are placed in an individual room on a corridor occupied by members of the opposite sex. There have been seven such instances reported on Datix in Q1.

Health and Safety Executive (HSE)

No unannounced visits received during Q1.

Infection prevention and control

There have been four cases of Clostridium Difficile in Barnsley BDU and no MRSA bacteraemia cases reported in the Trust during Quarter 1.

Information Governance

There have been no information governance serious incidents reported during the quarter that we have been required to report to the Information Commissioner. To note that from July 2013 all category 11 incidents will be reportable, at present only category 111 and above are reportable.

National Specialised Services Specification Compliance

NHS England has published clinical commissioning policies and service specifications for directly commissioned services, which would cover SWYPFT Forensic services. They have recognised that providers may need to put in place local actions, service or staffing changes to achieve the specification requirements. NHS England's aspirations are for all key standards to be met as soon as possible, a self-assessment exercise is underway, benchmarking against service specifications which may necessitate further discussions with commissioners around service classifications and resources.

NHS Litigation Authority Risk Management Standards

The Trust was reassessed in November 2012 and continues to meet level 1. NHSLA are changing their approach from assessing against risk management standards to a focus on outcomes and reduction in claims.

Rule 43

On 20 March 2013, the Coroner issued a joint Rule 43 Letter to Mid-Yorkshire Hospitals NHS Trust (MYT) and this Trust in relation to a lady who died at MYT in January 2011. A Rule 43 is issued where evidence at an inquest gives rise to concern that circumstances creating a risk to others will occur or continue to exist in the future. A copy of the report is sent to the Lord Chancellor who may publish a full copy of the summary of the report and response. Some of the care failings identified were confusion by the Mental Health Liaison Team/Crisis Team in dealing with the assessment request and inadequate systems to ensure mental health staff provided an urgent assessment. A director-to-director meeting was initiated with MYHT, and an independent report commissioned. The report has now been received and both parties have agreed to deliver against the recommendations, a number of short term actions have been implemented, the Coroner is being sited on the action plans and will be notified of progress against longer term actions.

Safeguarding Children

- There were 17 reported incidents Trust-wide directly relating to issues of child protection in Q1. All of the incidents were reviewed by the Named Nurses and were assessed to have been appropriately reported and managed.
- Calderdale Children's Services has been subject to a further inspection by OFSTED, initial feedback is disappointing with the likelihood that Calderdale will remain subject to a notice to improve.
- The first of 4 Local Safeguarding Board section 11 audits have been submitted to Kirklees LSCB. There is a challenge event in July where the Trust will be scrutinised on its submission and performance.

Safeguarding Vulnerable Service Users

Kirklees Safeguarding Adults Board have instigated a Serious Case Review relating to an elderly gentleman who had been an older peoples service user missing from home who was found deceased several weeks later. SWYPFT is working in partnership with the review team members and an individual review of care is underway. There are currently no SCRs taking place in Barnsley, Calderdale or Wakefield.

No referrals have been made to the Disclosure and Barring Service this quarter.

Serious Incidents

- During the course of Q1 there have been fourteen SIs reported to the PCTs (five in Barnsley, three in Wakefield, four in Kirklees, one in Calderdale and one in Kirklees). SI investigations and reports are being completed within timeframes agreed with the relevant PCTs. No 'Never Events' occurred in the Trust during this quarter.

Summary Performance Position

Based on the evidence received by the Trust Board through performance reports and compliance reports, the Trust is reporting the achievement of all relevant targets.

Third party reports

In addition to the CQC reports referred to earlier, the following audit reports (with either no assurance or limited assurance) has been received by the Trust during the quarter, and reported through the Audit Committee:

- Data quality - (limited assurance). The key risks being the recording of information on progress notes rather than specific screens, in some instances inadequate documented evidence of level 2 risk assessments being undertaken and time taken to assign cluster group.

Action plans in respect of the issues raised and recommendations made within the reports, have been developed, approved through the Executive Management Team.

Note - all actions are now complete, in respect of the previously reported limited audit assurance around payroll.

DRAFT

Trust Board 23 July 2013

Agenda item 7

Title:	Assurance framework and organisational risk register Q1 2013/14
Paper prepared by:	Director of Corporate Development
Purpose:	Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives.
Vision/goals:	The Assurance Framework and risk register are part of the Trust's governance arrangements and integral elements of the Trust's system of internal control, supporting the Trust in meeting its goal of flawless execution and in meeting its constitutional, legal and equality and diversity obligations.
Any background papers:	Previous quarterly reports to Trust Board.
Executive summary:	<p>Background</p> <p>The Trust Board has a duty to ensure that the organisation delivers healthcare and health improvements, promotes good health within a system of effective controls, and within the Governments objectives for the NHS. The Board needs to be confident that the systems, policies and people in place are operating in a way that is effective in driving the delivery of objectives by focusing on minimising risk. This paper and supporting appendix set out the systems and processes in place and the assurances derived.</p> <p>This report provides an update as at Quarter 1 covering the Assurance Framework and Organisational Risk Register.</p> <p>Assurance framework 2013/14</p> <p>The Board needs to evidence that it has systematically identified its objectives and managed the principal risks to achieving them. The Trust's Assurance Framework is designed as a tool for the Board to fulfil this objective. Trust Board provides leadership, sets values and standards, sets the organisations strategic objectives, monitors and reviews management performance and ensures that obligations to stakeholders are met. To ensure that these obligations are met there must be a sound system of internal controls, and the Board is required at least annually, to conduct a review of these internal controls. Whilst the risks to achieving the organisation's strategic objectives should be reduced through these internal controls, they can rarely be eliminated.</p> <p>The Assurance Framework provides Trust Board with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It simplifies Board reporting and the prioritisation of action plans allowing more effective performance management. It sketches an outline of the controls and where assurances can be sought. Lead Directors are responsible for identifying the controls that are in place or need to be in place for managing the principle risks, and providing assurance to the Board.</p> <p>An Annual Governance Statement (AGS) has to be signed by the Chief Executive every year and is based on the systems in place, particularly the Assurance Framework. The AGS forms part of the annual accounts and, without this, the annual accounts cannot be approved. The Assurance Framework informs the appropriate declarations to be made in the AGS, including any</p>

	<p>significant control issues in line with current guidance where appropriate.</p> <p>The strategic corporate objectives for 2013/14 were approved by the January Trust Board and form the basis of the assurance Framework for 2013/14.</p> <p>In respect of the Assurance Framework for 2013/14, the Director of Corporate Development will work with each lead Director to identify the principle high level risks to delivery of our principle objectives. For each of these risks the key controls in place and the sources of assurances have been identified and any material gaps are identified through the performance and risk management process. The Chief Executive uses the Assurance Framework at each Director's quarterly review meeting to ensure Directors are delivering against agreed objectives and action plans are in place to address any areas of risk identified.</p> <p>The Director of Corporate Development will also work with the Chairs and lead Directors of each of the sub-committees of the Board to identify which of the sub-committees of the Board, through their Annual Work Plans, is seeking and providing assurance to the Board, that the key controls are in place and operating satisfactorily. (This does not reduce individual Director's accountability in respect of their identified areas of responsibility.)</p> <p>External Assurance The Trust's internal auditor (KPMG) undertook a review of the Corporate Governance arrangements of the Trust during 2012/13, to assess the risk management arrangements and assurance framework in place and consider the operation and efficiency of the Trust's corporate governance arrangements, including board committee structures and effectiveness comparing the approach to maintaining and reporting the Board Assurance Framework (BAF) to best practice and seeking evidence that the BAF is used to drive the Board's agenda. As a consequence of the review an assessment of substantial assurance was made. This provides a good platform for the 2013/14 Assurance Framework.</p> <p>Organisational risk register The organisational risk register records high level risks in the organisation and the controls in place to manage and mitigate the risks. The risk register has been reviewed by the Executive Management Team during the last quarter, risks are re-assessed based on current knowledge and proposals made in relation to this assessment, including the addition of any high level risks from BDUs, Corporate or Project specific risks and the removal of risks from the register.</p> <p>The top five risks of the Trust have been identified as issues around data and information, impact on services of LA spending cuts and changes to the benefits system, the Care Packages and Pathways project for mental health, expectations of emerging Clinical Commissioning Groups, transformational service change programme and the Trust's marketing approach.</p>
<p>Recommendation:</p>	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ note the process for producing the 2013/14 Assurance Framework and assurances provided for Q1 of 2013/14; ➤ note those areas where gaps in assurance have been identified, through the Trust wide risk register and are being addressed through specific action plans as appropriate led by the lead Director. ➤ Note the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.



With all of us in mind

South West Yorkshire Partnership



NHS Foundation Trust

ASSURANCE FRAMEWORK 2013/14 – as at Q1 2013/14

Principal objective 1 Strategy: Ensure the Trust continues to identify the key strategic priorities required to maintain organisational success in a rapidly changing environment.

Principal risks (including potential risks)	Lead Direct	Key controls * (Systems/processes)	Assurance on controls * (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurance	Gaps in control	Gaps in assurance
1. Failure to understand and respond to changing market forces leading to loss of market share.	<ul style="list-style-type: none"> DSD DDs 	<ul style="list-style-type: none"> C1, C2, C3, C4, C8, C32 	<ul style="list-style-type: none"> A4, A5, A40 	A4, A5, A40		
2. Lack of engagement and ownership with key stakeholders to manage risk in the local economy impacting on available resources.	<ul style="list-style-type: none"> DoC DDs 	<ul style="list-style-type: none"> C4, C5, C6, C7, C8, C9, C10 	<ul style="list-style-type: none"> A28, A29, A35, A39 	A28, A29, A35, A39		ORR 275
3. Failure to develop required relationships or commissioner support to develop new services/ expand existing services, contracts awarded to other providers.	<ul style="list-style-type: none"> DoF DDs 	<ul style="list-style-type: none"> C1, C4, C5, C8, C10 	<ul style="list-style-type: none"> A1, A36, A40, A40 	A1, A36, A40, A40		
4. Staff and other key stakeholders not fully engaged in process around redesign of service offer, resulting in inertia and lack of progress.	<ul style="list-style-type: none"> DDs 	<ul style="list-style-type: none"> C4, C7, C8, C10, C11, C12, C16 	<ul style="list-style-type: none"> A1, A4, A39 	A1, A4, A39		
5. Failure to listen and respond to our service users, service offer not being patient centred, impacting on reputation and leading to loss of market share.	<ul style="list-style-type: none"> DDs 	<ul style="list-style-type: none"> C7, C13, C15, C16, C40, C42, C43 	<ul style="list-style-type: none"> A2, A20, A21, A29, A45, A51 	A2, A20, A21, A29, A45, A51		

[* Note Appendix 1 - sets out the list of Key Controls C1, C2.and Assurances A1, A2.]

Principal objective 2 Flawless execution: Ensure the Trust identifies the best possible means to support the flawless execution of its strategy; manage risk and deliver safe, high quality services, within available resources; ensure the Trust remains viable and sustainable; and meets both service user and commissioner expectations.

Principal risks (including potential risks)	Lead Direct or	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurance	Gaps in control	Gaps in assurance
1. Inadequate capture of data resulting in poor data quality impacting on ability to deliver against care pathways and packages and evidence delivery against performance targets and potential failure regarding Monitor Compliance Framework.	<ul style="list-style-type: none"> DoF 	<ul style="list-style-type: none"> C17, C19, C20, C21, C22 	<ul style="list-style-type: none"> A1, A9, A10, A11,A13, A15, A16, A17, A43 	A1, A9, A10, A11,A13, A15, A16, A17, A43		ORR 267 ORR 268 ORR 270
2. Unexplainable variation in clinical practice resulting in differential patient experience	<ul style="list-style-type: none"> MD DN 	<ul style="list-style-type: none"> C4, C23, C24, C25, C26, C43 	<ul style="list-style-type: none"> A1, A8, A33, A36, A46, A52 	A1, A8, A33, A36, A46,		

Principal risks (including potential risks)	Lead Direct or	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub- committees, EMT)		
				Positive assurance	Gaps in control	Gaps in assurance
and outcomes and impact on Trust reputation.	▪ DDs			A52		
3. Changing service demands and external financial pressures in local health and social care economies have an adverse impact on achieving local and national performance targets and ability to manage within available resources.	▪ DDs	▪ C4, C5, C20, C22, C27, C28	▪ A1, A8, A9, A10, A11, A15, A16, A23, A30	A1, A8, A9, A10, A11, A15, A16, A23, A30		ORR 275
4. Failure to deliver level of transformational change required impacting on ability to deliver required change management programme.	▪ DSD ▪ DoF	▪ C17, C18, C30	▪ A1, A2, A4, A5, A35, A37	A1, A2, A4, A5, A35, A37		
5. Lack of sign up from staff in recognising the need for change leading to lack of engagement and benefits not being realised through delivery of revised models.	▪ DDs	▪ C31, C32, C33, C34	▪ A3, A35, A52	A3, A35, A52		
6. Workforce plan doesn't support identification and recruitment of suitably competent and qualified staff to deliver the service offer.	▪ DoH	▪ C1, C12, C29, C35, C67	▪ A1, A10, A20, A21, A22, A24, A47	A1, A10, A20, A21, A22, A24, A47		
7. Not having a clearly defined Estates Strategy to support the revised service offer.	▪ DoH ▪ DDs	▪ C1, C17, C32, C36, C37, C38	▪ A1, A4, A5, A6A18, A26, A27, A44	A1, A4, A5, A6A18, A26, A27, A44		
8. Lack of suitable technology and infrastructure to support delivery of revised service offer.	▪ DoF	▪ C1, C17, C32, C39	▪ A1, A4, A5, A14, A26	A1, A4, A5, A14, A26		

Principal objective 3 Culture: Create and sustain a culture of continuous quality improvement, focussed on delivering the best possible service outcomes, through a co-production approach engaging service users, carers, staff and partners, which embraces equality and diversity.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub- committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. Failure to motivate and engage clinical staff through culture of quality improvement, benchmarking and changing clinical practice, impacting on ability to deliver best possible outcomes.	▪ MD ▪ DoN	▪ C31, C32, C34, C44, C45, C46	▪ A1, A11, A21, A29, A35, A49, A52	A1, A11, A21, A29, A35, A52	A49	
2. Failure to create and communicate a coherent articulation of Trust Mission, Vision and Values leading	▪ CE	▪ C31, C33, C44, C48, C49, C68	▪ A1, A7, A35, A42	A1, A7, A35, A42		

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
to inability to identify and deliver against strategic objectives.						
3. Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation.	<ul style="list-style-type: none"> DoN 	<ul style="list-style-type: none"> C23, C41, C50, C51 	<ul style="list-style-type: none"> A15, A19, A24, A27, A46, A48 	A15, A19, A24, A27, A46, A48		
4. Failing to achieve the right balance of devolution and local autonomy for BDU's versus corporate cohesion.	<ul style="list-style-type: none"> DDs 	<ul style="list-style-type: none"> C1, C3, C33, C52, C53, C54, C55 	<ul style="list-style-type: none"> A1, A5, A26, A33, A35, 	A1, A5, A26, A33, A35,		
5. Failure to develop a culture of tackling poor performance at all levels.	<ul style="list-style-type: none"> DDs CDs 	<ul style="list-style-type: none"> C12, C26, C33, C56 	<ul style="list-style-type: none"> A15, A16, A22, A31, A32 	A15, A16, A22, A31, A32		

Principal objective 4 Structure: Achieve the best possible structure for the Trust through Business Delivery Unit and Quality Academy development.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. No clear lines of accountability and responsibility within Directorates and between BDUs and Quality Academy.	<ul style="list-style-type: none"> DDs CDs 	<ul style="list-style-type: none"> C17, C23, C33, C53 	<ul style="list-style-type: none"> A12, A15, A16, A23, A35 	A12, A15, A16, A23, A35		
2. Lack of relevant skills and expertise to deliver the service offer and meet national and local targets and standards.	<ul style="list-style-type: none"> DDs CDs 	<ul style="list-style-type: none"> C23, C26, C30, C35, C44, C57 	<ul style="list-style-type: none"> A3, A22, A39, A40, A47 	A3, A22, A39, A40, A47		
3. Lack of capacity and resources not prioritised leading to none delivery of key organisational priorities and objectives.	<ul style="list-style-type: none"> DDs CDs 	<ul style="list-style-type: none"> C17, C18, C23, C33, C35, 	<ul style="list-style-type: none"> A1, A3, A4, A5, A42 	A1, A3, A4, A5, A42		ORR431
4. Inability of organisation to develop effective leadership and succession planning.	<ul style="list-style-type: none"> DoHR 	<ul style="list-style-type: none"> C23, C34, C35, C58 	<ul style="list-style-type: none"> A1, A22, A35 	A1, A22, A35		

Principal objective 5 Partnerships: To maximise the benefit of both external and internal partnerships in support of improving the service offer, delivering better outcomes, and efficiency, economy and effectiveness.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. Failure to respond to market forces and on-going development of new	<ul style="list-style-type: none"> DDs DoCD 	<ul style="list-style-type: none"> C1, C2, C3, C6, C16, C30 	<ul style="list-style-type: none"> A26, A29, A40, A39 	A26, A29, A40, A39		

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
partnerships.						
2. Risk of sustainability of partnerships and relationships in a resource constrained environment causing internal not system-wide focus.	<ul style="list-style-type: none"> DDs DoCD 	<ul style="list-style-type: none"> C4, C6, C10, C59 	<ul style="list-style-type: none"> A1, A10, A35, A39 	A1, A10, A35, A39		
3. Lack of investment in capacity and skills required to build and deliver on partnerships.	<ul style="list-style-type: none"> DoF 	<ul style="list-style-type: none"> C23, C26, C30, C33, C35, C44, C57 	<ul style="list-style-type: none"> A1, A3, A5, A35 	A1, A3, A5, A35		

Principal objective 6 Innovation: Drive a commitment to innovation at all levels within the Trust, with a view to the Trust being viewed as a 'brand leader' in the leadership of systems and the provision of mental health and community services, utilising the freedoms and flexibilities of foundation trust status to best effect.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. Risk of lack of stake holder engagement needed to drive innovation, key stakeholders not fully engaged in process around redesign of service offer.	<ul style="list-style-type: none"> MD, DoN, DDs DoCD 	<ul style="list-style-type: none"> C10, C11, C16, C17, C18, C30, C32 	<ul style="list-style-type: none"> A1, A4, A35, A39 	A1, A4, A35, A39		
2. Lack of commitment to make necessary changes across the organisation	<ul style="list-style-type: none"> DDs 	<ul style="list-style-type: none"> C11, C12, C13, C16, C31, C60, C61, C63, 	<ul style="list-style-type: none"> A2, A5, A7 	A2, A5, A7		
3. Lack of clarity on tools and processes required to enable a quick, effective approach.	<ul style="list-style-type: none"> DoSD 	<ul style="list-style-type: none"> C30, C62, C63 	<ul style="list-style-type: none"> A4, A5 	A4, A5		
4. Lack of availability of resources to pump prime innovation.	<ul style="list-style-type: none"> DoF 	<ul style="list-style-type: none"> C30, C62, C63 	<ul style="list-style-type: none"> A5, A7, A34, A35 	A5, A7, A34, A35		

Principal objective 7 Talent Management: Create an organisational approach, which harnesses the best talents available from all backgrounds, through the talent management programme.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. Lack of clear consistent approach and co-ordination across directorates, which doesn't link with organisational objectives.	<ul style="list-style-type: none"> DoHR 	<ul style="list-style-type: none"> C1, C17, C33, C64 	<ul style="list-style-type: none"> A1, A3, A7, A25, 	A1, A3, A7, A25,		
2. Lack of resources to support development and delivery of plan	<ul style="list-style-type: none"> DDs, CDs, 	<ul style="list-style-type: none"> C44, C54, C63, 	<ul style="list-style-type: none"> A5, A34, A35, A38 	A5, A34, A35	A38	
3. Failure to identify, harness and	<ul style="list-style-type: none"> DDs 	<ul style="list-style-type: none"> C26, C44, C65 	<ul style="list-style-type: none"> A3, A22, A35, 	A3, A22,		

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
support talent through personal development to maximise potential.	▪ CDs			A35,		

Principal objective 8 Leadership Development: Foster a progressive approach to leadership development across all levels and disciplines within the Trust, striking an effective balance between clinical, managerial and corporate leadership.

Principal risks (including potential risks)	Lead Director	Key controls (Systems/processes)	Assurance on controls (Planned outputs)	Board reports (inc. sub-committees, EMT)		
				Positive assurances	Gaps in control	Gaps in assurance
1. Failure to articulate leadership requirements, Inability to develop effective leadership and succession planning	▪ DDs ▪ CDs	▪ C26, C34, C44, C64	▪ A3, A25, A35	A3, A25, A35		
2. Failure to develop leadership culture, managers fails to support and prioritise development programmes.	▪ DDs, CDs,	▪ C26, C31, C33, C44	▪ A3, A15, A22	A3, A15, A22		
3. Lack of resources to support development and delivery of programmes.	▪ DDs ▪ CDs	▪ C31, C34, C54, C63	▪ A5, A34, A35, A47	A5, A34, A35, A47		

Abbreviations:

DoN	-	Director of Nursing	DSD	-	Director of Service Development
DDs	-	District Directors	MC	-	Members Council
DoF	-	Director of Finance	AC	-	Audit Committee
DoCD	-	Director of Corporate Development	CGCSC	-	Clinical Governance and Clinical Safety Committee
DoH	-	Director of Human Resources	RC	-	Remuneration Committee
MD	-	Medical Director	MHAC	-	Mental Health Act Committee
CDs	-	Corporate Directors	TAG	-	Trust Action Group

Control (C...)	Key Control (Systems/processes)
1.	Strategic Executive Management Team ensuring alignment of developing strategies with Trust vision and strategic objectives. 1.1, 1.3, 2.6, 2.7, 2.8, 3.4, 5.1, 7.1,
2.	Production of market assessment against a number of frameworks inc. PESTEL and threat of new entrants/substitution, partner/buyer power. 1.1, 5.1
3.	Production of Annual Business Plan and Monitor 3 year Plan demonstrating ability to deliver agreed service specification and activity within contracted envelope or actions investment required to achieve service levels and mitigate risks. 1.1, 3.4, 5.1
4.	Formal contract negotiation meetings established with PCTs and Specialist Commissioners underpinned by legal agreements to support strategic review of services. 1.2, 1.3, 1.4, 2.3, 5.2,
5.	Development of joint QIPP plans with commissioners to improve quality and performance, reducing risk of decommissioning, change of provider 1.2, 1.3, 2.3,
6.	Third Sector Strategy and action plan in place approved by the Board, promoting and developing key relationships 1.2, 5.1, 5.2,
7.	Involving People Strategy and action plan in place approved by the Board, promoting and developing key relationships 1.2, 1.4, 1.5, 3.1,
8.	GP Engagement Strategy's and action plan in place approved by the Board, promoting and developing key relationships 1.2, 1.3, 1.4
9.	Care Pathways and personalisation Project Board established with PCT and Local Authority Partners 1.2,
10.	Engagement processes in place with shadow/clinical commissioning groups, membership of Clinical Commissioning sub-groups 1.2, 1.3, 1.4, 5.2, 6.1
11.	Creative Minds Strategy and action plan in place approved by the Board, promoting different ways of working and partnership approach 1.4, 6.1, 6.2,
12.	Partnership Boards established with Trade Unions to manage and facilitate necessary change 1.4, 2.6, 3.5, 6.2,
13.	Framework in place to ensure feedback from customers both internal and external including feedback loop and delivery of action plans through Local Action Groups 1.5, 3.1, 6.2,
14.	Not used
15.	Member Council engagement and involvement in working groups 1.5, 3.1
16.	Change Lab process establish to identify and invest in key prototypes with existing and new partner organisations to optimise and sustain market position 1.4, 1.5, 5.1, 6.1, 6.2
17.	Director leads in place for key change management projects linked to corporate and personal objectives, resources and deliverables identified. 2.1, 2.2, 2.4, 2.7, 2.8, 4.3, 6.1, 7.1,
18.	Project Boards for key change management projects established, with appropriate membership skills and competencies, PIDs, Project Plans, project governance, risk registers for key projects in place. 2.4, 4.3, 6.1
19.	Risk assessment and action plan for data quality assurance in place 2.1,
20.	Risk assessment and action plan for delivery of CQUIN indicators in place. 2.1, 2.3,
21.	Cross BDU performance meetings established to identify performance issues and learn from good practices in other areas 2.1,
22.	Performance Management system in place, with KPI's covering National and local priorities 2.1,
23.	Development of Quality Academy approach and Quality Strategy approved by Board, 2.2, 3.3, 4.2, 4.3, 4.4, 5.3
24.	Process in place for systematic use of benchmarking to identify areas for improvement and identifying CIP opportunities. 2.2,
25.	Peer review and challenge processes in place i.e. Medium Secure Quality Network 2.2,
26.	PDP and appraisal process in place and monitored through KPI 2.2, 3.5, 4.2, 5.3, 7.3, 7.4, 8.1, 8.2
27.	Internal control processes in place to produce and review monthly budget reports and take mitigating actions as appropriate. 2.3
28.	PCT/Provider performance monitoring regime of compliance with QIPP plan and CQUIN targets in place. 2.3
29.	HR processes in place ensuring defined job description, roles and competencies to meet needs of service, pre-employment checks done re qualifications, CRB, work permits 2.6
30.	Director lead for Service Development, supported by team of change management agents providing support and coaching around lean methodology and other frameworks, horizon scanning re market opportunities and centres of excellence 2.4, 4.2, 5.1, 5.3, 6.1, 6.3, 6.4,
31.	Middle Ground Programme developed and delivered and performance monitored linked to organisational and individual resilience helping staff prepare for change, transition and explore new ways of working 2.5, 3.1, 3.2,, 6.2, 8.2, 8.3,
32.	BDU revised service offer, work streams and resources in place performance managed through BDU Board 1.1, 2.5, 2.7, 2.8, 3.1, 6.1,
33.	Alignment and cascade of Trust Board approved corporate objectives supporting delivery of Trust Mission, Vision and Values through appraisal process down through director to team and individual team member 2.5, 3.2, 3.4, 3.5, 4.1, 4.3, 5.3, 7.1, 8.2,
34.	Medical Leadership Programme in place with external facilitation. 2.5, 3.1, 4.4, 8.1, 8.3
35.	Workforce plans in place identifying staffing resources required to meet service offer and meeting statutory requirements re training, equality and diversity. 2.6, 4.2, 4.3, 4.4, 5.3

36.	Six facet surveys undertaken to identify possible infrastructure, services risks and linked into forward capital programme. 2.7
37.	Estates Forum in place with defined Terms of Reference chaired by a NED 2.7
38.	Estate TAG in place ensuring alignment of Trust strategic direction, with estates strategy and capital plan 2.7
39.	IM&T strategy in place 2.8
40.	Public Engagement and Consultation Events gaining insight and feedback, including identification of themes and reporting on how feedback been used. 1.5
41.	Weekly Serious Incident summaries (incident reporting system) to EMT and monthly risk scan to Extended EMT 3.1 Incident reporting and management (including serious incidents) systems in place with reports to EMT. 2.2, 3.2, 3.3,
42.	Staff wellbeing survey conducted, with facilitated group forums to review results and produce action plans 1.5
43.	Complaints policy and complaints protocol covering integrated teams in place. 1.5, 2.2
44.	OD Framework and Plan in place 3.1, 3.2, 4.2, 5.3, 7.2, 7.4, 8.1, 8.2,
45.	Clinical/managerial partnerships established at service line level with key focus on clinical engagement and delivery of services 3.1
46.	Facilitated engagement of clinicians in TAGs 3.1
47.	No longer used
48.	Trust induction policy in place covering Mission, vision, values, key policies and procedures. 3.2
49.	Communication Strategy in place 3.2
50.	Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training 3.3
51.	Audit of compliance with policies and procedures co-ordinated through clinical governance team. 3.3
52.	Annual Business planning guidance issued standardising process and ensuring consistency of approach 3.4,
53.	Standing Orders, Standing Financial Systems, scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities 3.4, 4.1,
54.	Standardised process in place for producing businesses cases and benefits realisation cards. 3.4, 7.2, 8.3,
55.	Policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval. 3.5
56.	Audit of compliance with policies and procedures through annual programme with performance management framework in place. 3.5,
57.	Review of skills and gaps leading to Identification of programme of events to address gaps 4.2, 5.3,
58.	A set of leadership competencies developed as part of Leadership and Management Development Plan 4.4,
59.	Member of local partnership boards, building relationships, ensuring transparency of agenda's and risks, facilitating joint working, cohesion of policies and strategies 5.2,
60.	Staff excellence award schemes in place to encourage and recognise best practice and innovation. 6.2
61.	Fostering links to Jonkoping in Sweden as part of on-going development of Quality Academy Approach and learning from best practice. 6.2,
62.	Investment Appraisal framework including ensuring both a financial and social return on investment providing clarity of approach 6.3, 6.4,
63.	Innovation fund established to pump prime investment to deliver service change and innovation 6.2, 6.3, 6.4, 7.2, 8.3
64.	Leadership and Management Development Plan in place covering development framework, talent management and succession planning. 7.1, 8.1
65.	Secondment policy and procedure in place 7.3
66.	Board strategic development sessions setting overarching strategy and strategic direction scheduled 3.2,
67.	Mandatory Training Review Group in place ensuring mandatory training policy and programme linked to delivery of statutory requirements and delivery of corporate objectives. 2.6

Assurance (A..)	Assurance on controls (Planned outputs)	Board reports received (including sub-committees, EMT)
1.	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems. 1.2, 1.4,2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 3.1, 3.2, 3.4, 4.3, 4.4, 5.2, 5.3, 6.1, 7.1	<ul style="list-style-type: none"> ➤ CE summary letters to Director following each quarterly review. ➤ Update reports to Remuneration and Terms of Service Committee by the Chief Executive
2.	Production of Patient Experience quantitative and qualitative reports, triangulating themes, you said to Board and Members Council. 1.5, 6.2	<ul style="list-style-type: none"> ➤ Quality report to Trust Board April 2013
3.	Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year, performance managed by EMT. 2.4, 4.2, 4.3, 5.3, 7.1, 7.3, 8.1, 8.2	<ul style="list-style-type: none"> ➤ Performance reports and HR performance reports to Trust Board and EMT (monthly) ➤ HR performance reports to R&TSC ➤ Appraisal records kept by line managers ➤ Revised appraisal process rolled-out to all staff from 1 April 2013 following positive feedback from pilot of values-based system.
4.	Change Management Plan performance managed through performance EMT ensuring co-ordination across directorates, identification of and mitigation of risks. 1.1, 1.4, 2.4, 2.7, 2.8, 4.3, 6.1, 6.3,	<ul style="list-style-type: none"> ➤ Transformational service change reports to EMT (monthly) ➤ Report to Trust Board April 2013
5.	Business cases for expansion/change of services approved by approvals EMT and or Trust Board subject to delegated limits ensuring in line with strategic direction and investment framework. 1.1, 2.4, 2.7, 2.8, 3.4, 4.3, 5.3, 6.2, 6.3, 6.4, 7.2, 8.3	<ul style="list-style-type: none"> ➤ Innovation Fund bids to EMT during 2013/14 ➤ Investment Appraisal Framework papers to Trust Board on quarterly basis, which includes investment in specific initiatives ➤ Transfer of children's health services from Barnsley Council Trust Board June 2013
6.	Performance management of estates schemes against resources through Estates TAG, deviations identified and remedial plans requested. 2.7	<ul style="list-style-type: none"> ➤ Estates TAG minutes and papers ➤ Estates Forum minutes and papers through 2013/14 ➤ Newton Lodge/gainshare EMT May 2013
7.	Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives. 3.2, 6.2, 6.4, 7.1	<ul style="list-style-type: none"> ➤ Strategy session of Trust Board May 2013 ➤ Achieving service transformation and marketing and strategic planning papers to Trust Board April 2013
8.	Quarterly compliance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken. 2.2, 2.3,	<ul style="list-style-type: none"> ➤ Quality report to Trust Board April 2013 ➤ Quarterly compliance reports to EMT to inform presentation to Trust Board
9.	Quarterly Monitor exception report to Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken. 2.1, 2.3,	<ul style="list-style-type: none"> ➤ Monitor quarterly return (April 2013)
10.	Quarterly Assurance Framework, Risk Register and Risk Triangulation report to Board providing assurances on actions being taken. 2.1, 2.3, 5.3,	<ul style="list-style-type: none"> ➤ Assurance Framework and risk register to Trust Board (April 2013) ➤ Risk register reviewed monthly by EMT
11.	Assurance reports to CG&CSC covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place. 2.1, 2.3, 3.1,	<ul style="list-style-type: none"> ➤ Clinical Governance and Clinical Safety Committee minutes ➤ Suicide audit – presentation of findings and action plan (April and June 2013) ➤ Francis report action plan (April and June 2013) ➤ Winterbourn View action plan (April and June 2013) ➤ Unannounced visits plan and outcomes (April and June 2013) ➤ Quality Impact Assessment of CIPs (April and June 2013) ➤ Serious incidents quarterly reports during 2013/14 and annual report June 2013 ➤ CQUIN achievement and forecast (June 2013) ➤ Clinical audit and effectiveness plan 2013/14 (June 2013)
12.	Annual Governance Statement (SIC) reviewed by Audit Committee and Board and Externally audited. 4.1	<ul style="list-style-type: none"> ➤ Approval of annual report and accounts at Audit Committee May 2013 and Trust Board June 2013
13.	Monitor Compliance Assurance group review performance before Trust Board B&R meeting ensuring all exceptions identified and reported to Trust Board and Monitor. 2.1	<ul style="list-style-type: none"> ➤ Process in place to review compliance with Monitor targets on quarterly basis ➤ Progress reviewed monthly at EMT evidenced through EMT minutes
14.	IG Toolkit provides assurance and evidence that systems and processes in place at the applicable level, reported through IG TAG, deviations identified and remedial plans requested receive, performance monitored against plans. 2.8,	<ul style="list-style-type: none"> ➤ Information Governance TAG papers and minutes ➤ Performance EMT meetings and papers ➤ Monthly performance reports
15.	Monthly review and monitoring of performance reports through Performance EMT	<ul style="list-style-type: none"> ➤ Performance reports to EMT

Assurance (A..)	Assurance on controls (Planned outputs)	Board reports received (including sub-committees, EMT)
	deviations identified and remedial plans requested. 2.1, 2.3, 3.3, 3.5, 4.1, 8.2.	<ul style="list-style-type: none"> ➤ Minutes from performance EMT meetings ➤ Transformational service change progress reports to EMT (monthly) ➤ Sickness absence (currently standing item) ➤ Risk assessment of target, CQUINs, etc. EMT May 2013 and Trust Board April 2013
16.	Monthly review and monitoring of Integrated Performance Report by Trust Board with exception reports requested around risk areas. 2.1, 2.3, 3.5, 4.1,	<ul style="list-style-type: none"> ➤ Performance reports to Trust Board ➤ Minutes from Trust Board meetings ➤ Risk assessment of performance targets 2013/14 to Trust Board April 2013 ➤ CQUIN performance and risk assessment Clinical Governance and Clinical Safety Committee June 2013 ➤ Quality Impact Assessment Audit Committee April 2013, Clinical Governance and Clinical Safety Committee April and June 2013
17.	Annual report to Business and Risk Board to risk assess changes in compliance requirements. 2.1,	➤ Risk assessment of performance targets 2013/14 to Trust Board April 2013
18.	Independent PEAT Audits undertaken and results and actions to be taken reported to EMT Members Council and Board. 2.7,	
19.	CQC registration certificate in place. 2.3,	<ul style="list-style-type: none"> ➤ Care Quality Commission registration certificates ➤ Application for addition Trust Board June 2013
20.	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board. 1.5, 2.6,	
21.	Unannounced internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans. 1.5, 2.6, 3.1,	➤ Clinical Governance and Clinical Safety Committee April and June 2013
22.	Remuneration Terms of Service Committee receive HR Performance Reports and monitor compliance against plans and receive assurance from reports around staff development, workforce resilience. 2.6, 3.5, 4.2, 4.4, 7.3, 8.2,	<ul style="list-style-type: none"> ➤ Sickness absence R&TSC April 2013 ➤ Exception report R&TSC April 2013
23.	Audit Committee review evidence for compliance with policies, process, SO's, SFI's, SofD, mitigation of risk, best use of resources. 2.3, 4.1,	<ul style="list-style-type: none"> ➤ Annual report and accounts ➤ Standing item on service line reporting and currency development ➤ Standing item on procurement and review of procurement strategy ➤ Standing item on progress against counter fraud plan ➤ Head of Internal Audit Opinion May 2013
24.	Independent CQC Reports to MHA Committee providing assurance on compliance with MH ACT 2.6, 3.3, 4.2,	➤ All Mental Health Act Committee meetings
25.	External accreditation IIP, supported by internal assessors, ensuring consistency of approach in the support of staff development and links with organisational objectives. 7.1, 8.1,	
26.	Annual Plan approved by Board, externally scrutinised and challenged by Monitor. 2.7, 2.8, 3.4, 5.1,	<ul style="list-style-type: none"> ➤ Monitor commentary on annual plan ➤ Annual plans, budgets and minor capital programme 2012/13 approved by Trust Board March 2013 ➤ Monitor annual plan approved by Trust Board May 2013 ➤ Monitor quarterly returns
27.	Health and Safety TAG monitor performance against plans deviations identified and remedial plans requested. 2.7, 3.3,	<ul style="list-style-type: none"> ➤ Health and Safety TAG minutes ➤ Health and safety arrangements peer review outcome to Clinical Governance and Clinical Safety Committee April 2013
28.	Staff Opinion Survey results reported annually to board and action plans produced as applicable. 1.2,	
29.	Service user survey results reported annually to board and action plans produced as applicable. 1.2, 1.5, 3.1, 5.1,	<ul style="list-style-type: none"> ➤ Quarterly quality and compliance reports to Trust Board ➤ CQC registration quarterly reports to EMT
30.	Annual Reports of sub-committees of the Board to Audit Committee, attendance by Chairs of sub-committees and director leads to provide assurance against	<ul style="list-style-type: none"> ➤ Audit Committee annual report to Trust Board 2012/13 April 2013 ➤ Review of other risk Committees' effectiveness and integration AC April 2013

Assurance (A..)	Assurance on controls (Planned outputs)	Board reports received (including sub-committees, EMT)
	annual plan	
31.	External and Internal Audit Reports to Audit Committee setting out level of assurance received. 3.5 ,	<ul style="list-style-type: none"> ➤ Internal audit update reports to Audit Committee ➤ External audit update reports to Audit Committee ➤ Annual report and accounts to Audit Committee May 2013 ➤ Quality Accounts progress standing item on CG&CS agenda ➤ Quality Accounts final report to CG&CS Committee May 2013
32.	External and internal Audit reports performance managed through approvals EMT. 3.5,	<ul style="list-style-type: none"> ➤ Internal audit follow up reports to EMT and consideration of internal audit reports with limited assurance throughout 2013/14 ➤ Quality Accounts external assurance Audit Committee May 2013 and Trust Board June 2013
33.	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities. 2.2, 3.4,	<ul style="list-style-type: none"> ➤ Reports to Clinical Governance and Clinical Safety Committee ➤ Monitoring of action plan following medicines management audit CG&CS Committee April and June 2013 ➤ Limited assurance reports considered by EMT ➤ Internal audit reports on clinical governance (substantial), compliance CQC standards (moderate), quality governance (substantial), change management programme (moderate), health record (SystmOne) (moderate), adult safeguarding (limited), IG toolkit (substantial), facilities (moderate), revalidation (substantial) and financial affairs – community patients (limited progress)
34.	Innovation bids approved through approvals EMT ensuring consistency of approach and alignment with strategic priorities and corporate objectives. 6.4, 7.2, 8.3,	<ul style="list-style-type: none"> ➤ Innovation Funds bids forms and benefits realisation and minutes EMT throughout 2013/14
35.	Monitoring of OD Plan through EMT group deviations identified and remedial plans requested. 1.2, 2.4, 3.1, 3.2, 3.4, 4.1, 4.4, 5.2, 5.3, 6.1, 6.4, 7.2, 7.3, 8.1, 8.3.	<ul style="list-style-type: none"> ➤ OD group led by CE established to review OD plan.
36.	QIPP performance monitored through Performance EMT deviations identified and remedial plans requested. 2.2, 2.4,	<ul style="list-style-type: none"> ➤ Performance reports to EMT ➤ Performance EMT minutes
37.	Sustainability action plans monitored through Sustainability TAG deviations identified and remedial plans requested. 1.3, 2.4,	<ul style="list-style-type: none"> ➤ Sustainability TAG minutes
38.	Annual Report and feedback on undergraduate medical training 4.2,	
39.	Strategic overview of partnerships and growth in line with Trust vision and objectives provided through Strategic EMT. 1.2, 1.3, 1.4, 5.1, 5.2, 6.1	<ul style="list-style-type: none"> ➤ Stakeholder updates at Strategic EMT ➤ Chief Executive's reports to Trust Board (formal and informal) – standing item from December 2012
40.	Marketing analysis reviewed through Strategic EMT, Market Assessment to Business and Risk Trust Board ensuring identification of opportunities and threats. 1.1, 1.3, 5.1,	<ul style="list-style-type: none"> ➤ Market analysis at Strategic EMT and time out sessions ➤ Trust Board April 2013 ➤ Chief Executive's reports to Trust Board (formal and informal) ➤ Additional support commissioned November 2012
41.	Production of Monitor B12 setting out evidence of compliance/assurance against the statements reviewed by Trust Board	<ul style="list-style-type: none"> ➤ Monitor annual plan, including Trust Board self-certification, approved by Trust Board April 2013 ➤ Approval by Trust Board of Monitor annual plan May 2013 ➤ Monitor Compliance Framework to Trust Board April 2013 ➤ Monitor Code of Governance to Trust Board April 2013 ➤ Monitor Quality Governance Framework Clinical Governance and Clinical Safety Committee April 2013
42.	Results from appraisal monitoring process reported to EMT and Trust Board ensuring communication of MVV through the Trust.3.2, 4.3,	<ul style="list-style-type: none"> ➤ Performance reports to Trust Board and EMT ➤ Transformational service change consultation and engagement events June/July 2013 ➤ Revised appraisal process rolled-out to all staff from 1 April 2013 following positive

Assurance (A..)	Assurance on controls (Planned outputs)	Board reports received (including sub-committees, EMT)
		feedback from pilot of values-based system.
43.	Data quality Improvement plan monitored through EMT deviations identified and remedial plans requested. 2.1,	
44.	Estates Forum monitors delivery against Estates Strategy. 2.7,	➤ Estates forum minutes and papers outlining development of Estates Strategy
45.	Equality and Involvement Strategy into Action Group established monitoring delivery of equality, involvement and inclusion action plans, reporting into CG&CS Committee. 1.5	➤ Equality and Involvement Strategy into Action Group terms of reference and minutes
46.	Serious Incidents from across the organisation are reviewed through the Incident Review Panel including the undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation. 2.2, 3.3,	➤ Incident Review Sub-Committee minutes and reports to Clinical Governance and Clinical Safety Committee ➤ Serious incidents quarterly reports to Clinical Governance and Clinical Safety Committee and Trust Board
47.	Mandatory training review group in place ensuring consistency of approach across Trust and compliance with legislation. 2.6, 4.2, 8.3, 7.2,	➤ Review group terms of reference ➤ Revised mandatory training policy approved by EMT October 2012
48.	Assurances received by sub-committees of the Board reported quarterly to Trust Board, providing Board assurance on systems and controls in place and operating. 3.3	➤ Assurance from Trust Board Committees to Trust Board (June 2013)
49.	Medium secure quality network undertake annual peer reviews providing external assurance on systems and controls in place and operating. 3.1,	
50.	Independent Hospital Managers review detentions providing external assurances of compliance with MH Act.4.2, 1.5,	All detained but non-restricted patients have their renewal of section examined at a formal meeting with independent hospital managers who examine legality and appropriateness of detention. Also able to identify any concerns voiced by patients/advocates about care given. Feedback given to Mental Health Act Committee through standing item on the agenda (feedback from Hospital Managers' Forum).
51.	LINKs undertake unannounced visits to services providing external assurance on standards and quality of care.	➤ Draft reports provided to services, final report agreed and action plans developed
52.	Appraisal and revalidation in place evidenced through ORSA and supported through Appraisers forum. 2.2, 2.5, 3.1, 4.2,	➤ Medical Appraisers' Forum minutes

ORGANISATIONAL LEVEL RISK REPORT

Date: Trust Board 23 July 2013

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Green	1 - 3	Low risk
Yellow	4 - 6	Moderate risk
Amber	8 - 12	High risk
Red	15 - 25	Extreme risk

Risk ID	Hist. Ref	Source	Risk Responsibility	BDU/Directorate	Service	Speciality	Description of risk	Current control measures	Consequence (Current)	Likelihood (Current)	Rating (current)	Risk level (current)	Summary of risk action plan	Fin cost (£)	Risk Owner	Expected date of completion	Monitoring & Reporting Requirements	Risk level (Target)	Is this rating acceptable?	Comments	Risk Review Date	
267		8 Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Data quality and capture of clinical information on RIO will be insufficient to meet future compliance and operational requirements to support service line reporting and the implementation of the mental health currency leading to reputational and financial risk in negotiation of contracts with commissioners.	Data quality Strategy approved by Board Oct 2011. Annual report produced for Business and Risk Board to identify risks and actions required in order to comply with regulatory and contract requirements. >Data quality framework is monitored by the Data quality Steering group which is chaired by the Director of Nursing > Key issues in relation to data quality and clinical practice to support mental health currency implementation are included in the Data quality action plan which is reviewed by the Steering group. > All BDUs have Individual data quality action plan which is reviewed internally. > Accountability for data quality is held jointly by Director of Nursing and Director of Finance. >Responsibility for data quality is delivered by BDU directors, BDU nominated quality leads and clinical governance. >Key metrics for Data quality are produced monthly in BDU and trust dashboards and reviewed by Performance EMT. >Annual clinical audit programme is planned to reflect data quality priorities.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	[25/04/2013 09:19:14 Ros Taylor] >Specific project arrangements for implementation of mental health currency - Project Board and Project team in place. Director lead Director of Finance. > Engagement plan for 2013-14 in place for commissioners and implementation plan reflected in contract monitoring agreed. >Engagement plan and resource plan in place to support implementation of currency internally through project team and practice governance coach >Baseline reports produced to communicate where teams are not meeting standards and need to focus efforts. >Project arrangements designed to identify key issues - clarity on services offer;clarity of clinical process; improve configuration of clinical system; link to transformation; benchmarking use of resources. >Changes to clinical systems to support mental health currency implementation and to improve data quality is managed by the RIO Development Board which is chaired by the DoF and includes DoN and Medical Director and BDU Director. This is supported by network of clinicians and managers - RIO Clinical Reference Group. Trust data quality action plan reviewed & approved Oct 2011. Progress updates against data quality action plan to EMT in November 2011 and January 2012.	100k est additional capacity	DoF Lead and Medical Director	Implementation of national guidance during 2013-14.	EMT and Trust Board monthly review for data quality indicators.Steering group review for > Data quality Board > Pbr Project Board > RIO system development Board.	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board 23 July 2013
270		34 Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			The Care Packages and Pathways project will not deliver an improvement in service quality and outcomes through the roll out of clustering and mental health currency.	>Accountability arrangements in place for delivery of mental health currency Project- lead Director of Finance. Key project Board members DoN and Medical Director. >Progress reviewed by Audit Committee and Board. >Key issues / risks and progress monitored by EMT through Performance EMT. > Key representation at national level for development of costing by CEO and DoF through CPPP programme.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	[25/04/2013 09:56:15 Ros Taylor] >Project management arrangements established to include EMT, co-ordinating group and BDU specific working groups links to commissioners in Calderdale/Kirklees/Wakefield formalised.(see Risk 267) >Work on currency and benchmarking included in the Mental Health "Big ticket " transformation programme to evidence benefits. > Input and participation in CPPP programme to share best practice and benchmark progress. Project re-launched October 2011. KPMG recruited to support progress. Work programme agreed with Northern Consortium.	included in 267	Mental Health Big ticket leads - BDU director kirklees and calderdale and medical director/ DoF	Big ticket vision and plan in place by end of August 2013. Benchmarking completed end of August 2013.	>EMT Progress reports >Report on progress to every Audit Committee >Regular Board updates	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board 23 July 2013
275		6 Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Reduction in Local authority funding and changes in benefits system will result in increased demand of health services - due to potential increase in demand for services and reduced capacity in integrated teams- which will create risk of a negative impact on the ability of integrated teams to meet performance targets.	>District integrated governance boards established to manage integrated working with good track record of cooperation. >Maintenance of good operational links though BDU teams and leadership. >Monthly review through Performance EMT of key indicators which would indicate if issues re delivery i.e. Delayed transfers of care and service users in settled accommodation.	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	[25/04/2013 10:03:36 Ros Taylor] > Using mental health transformation programme to engage local authority in solutions which maintain quality and enable statutory organisations to live within resources. >Participation in transformation programmes at system level to deliver improvements - for example Greater Huddersfield and Calderdale transformation programme has developed financial baseline which recognises commissioner and provider financial pressures and targets for the system including the local authorities. > Creating opportunities to reduce reliance on statutory sector through support to third sector providers e.g.through Creative Minds Strategy and Innovation Fund investment. > Development of imROC implementation plan in partnership with service users to promote recovery e.g. Moorland Court development in Barnsley. [23/10/2012 10:36:51 Ros Taylor] Joint assessment of potential impact of LA partners through governance boards. Support to third sector providers through Creative Minds Strategy and Innovation Fund investment. BDU review of governance board position. Regular review with LA leads to monitor impact of changes. Annual plans and CIPs have been developed and agreed in context of CSR for 2012/13. Senior level	District Service Directors	Big ticket vision and plan in place by end of August 2013. System transformation programmes milestones in 2013-14	EMT (monthly) and Trust Board (monthly)	12	Amber/ high (8-12)	Yes		Trust Board 23 July 2013	

Risk ID	Hist. Ref	Source	Risk Responsibility	BDU/Directorate	Service	Specialty	Description of risk	Current control measures	Consequence (Current)	Likelihood (Current)	Rating (current)	Risk level (current)	Summary of risk action plan	Fin cost (£)	Risk Owner	Expected date of completion	Monitoring & Reporting Requirements		Risk level (Target)	Is this rating acceptable?	Comments	Risk Review Date
462	N/A	Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the expectations of emerging CCGs for mental health and community services will create a potential reputational and financial risk for the Trust.	> Clear accountability at BDU level for managing stakeholder relationships with support from Quality academy Directors through professional networks. > Agreed joint governance arrangements for management of service contracts > Review of contract and stakeholder issues monthly through EMT > Regular review by Board of effectiveness of stakeholder management.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	> Contract terms agreed for 5 out of 8 commissioners. Three outstanding issues which there are proposals being considered for resolution. > Using contract and quality Board meetings to forge relationships and better understanding with commissioners > Development of team to team meetings to strengthen partnership working > Development of marketing strategy to ensure good communication and understanding of service offer.		District Service Directors supported by CEO and quality academy directors		EMT (monthly) and Trust Board (quarterly)	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board 23 July 2013
463		Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the planning and implementation of transformational change through the Big Ticket programmes will increase clinical and reputational risk in year delivery by imbalance of staff skills and capacity between the "day job" and the "change job". Areas rated as red (Trust Board July 2013) currently are identified as adult mental health services, community mental health services and older people's services under the mental health strand; and the general community services strand. Mitigating action is in place to ensure the first key milestone of the end of August for an outline of the vision, implementation plan, timescales and key milestones.	> Scrutiny of performance dashboards and weekly risk reports by BDUs and EMT to ensure performance issues are picked up early. > Weekly risk review by Director of Nursing and Medical Director to ensure any emerging clinical risks are identified and mitigated. > Monthly performance review by Board > Clear accountability arrangements for leadership and milestones for the transformation programme which are monitored by Director of Service Development and EMT. > Engagement of extended EMT in managing and shaping transformational change and delivering in year performance.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	> Additional resources and external consultancy recruited to support the transformation programme. > Key deliverables reviewed and monitored by EMT.	£500,000	Leads for Big ticket programmes Director of Service Improvement/ EMT - in year performance	Big ticket vision and plan in place by end of August 2013. System transformation programmes milestones in 2013-14	EMT (monthly) and Trust Board (quarterly)	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board 23 July 2013
464	N/A	Risk Assessment	Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the Trust does not have a clear marketing approach to enable it to maximise opportunities and mitigate threats in an increasingly competitive market.	> Develop a clear marketing and commercial approach within the organisation, building on existing arrangements. > Action plan reviewed by Board and EMT	5 Catastrophic	3 Possible	15	Red/extreme /SUI risk (15-25)	> Engagement of specialist resource to shape marketing strategy > Report to Board April 2013 > Implementation plan in 2013-14 > Key intelligence and actions reflected in Monitor Plan (May 2013) IBP (October 2013).	£100,000	CEO lead & EMT	First draft Monitor Plan May 2013 Implementation plan qtr one 2013 Final version strategy in IBP Oct 2013	Monthly strategic and business and risk EMT meetings. Trust Board reports as appropriate.	12	Amber/ high (8-12)	Yes		Trust Board 23 July 2013