



With all of us in mind

**Trust Board (public session)**  
**Tuesday 23 September 2014 at 9:00**  
**Seminar room 2, Textile Centre of Excellence, Textile House, Red Doles Lane,**  
**Huddersfield HD2 1YF**

## **AGENDA**

- 1. Welcome, introduction and apologies**
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 22 July 2014**
- 4. Assurance from Trust Board committees**
  - 4.1 Audit Committee 8 July 2014
  - 4.2 Clinical Governance and Clinical Safety Committee 17 September 2014 (verbal item)
  - 4.3 Mental Health Act Committee 5 August 2014
  - 4.4 Remuneration and Terms of Service Committee 14 July 2014
- 5. Chief Executive's report** (verbal item)
- 6. Appointment of Responsible Officer**
- 7. Performance reports month 5 2014/15**
  - 7.1 Section 1 – Performance report month 5 2014/15 (to follow)
  - 7.2 Section 2 – Exception reporting and action plans
    - (i) Quarterly serious incidents report
    - (ii) Francis workshops – Trust Board response (verbal item)
    - (iii) NHS Constitution
    - (iv) Care Quality Commission fit and proper person test
    - (v) Building a Trust health intelligence resource to support transformation and decision-making
- 8. Implementing the Estate Strategy**
  - 8.1 Barnsley hub – New Street business case

**9. Charitable Funds annual report and accounts 2013/14**

**10. Use of Trust seal**

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

The next meeting of Trust Board will be held on Tuesday 21 October 2014 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield



With all of us in mind

## Minutes of Trust Board meeting held on 22 July 2014

<b>Present:</b>	Ian Black Peter Aspinall Laurence Campbell Julie Fox Jonathan Jones Helen Wollaston Steven Michael Nisreen Booya Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Deputy Chair Chief Executive Medical Director Director of Nursing, Clinical Governance and Safety Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance
<b>Apologies:</b>	None	
<b>In attendance:</b>	Adrian Berry Sean Rayner Dawn Stephenson Bernie Cherriman-Sykes	Director of Forensic Services District Service Director, Barnsley and Wakefield Director of Corporate Development Board Secretary (author)
<b>Guests:</b>	Jonathan Hayden	Otsuka Pharmaceuticals

### TB/14/40 Welcome, introduction and apologies (agenda item 1)

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

### TB/14/41 Declaration of interests (agenda item 2)

The following declaration of interests was considered by Trust Board.

Name	Declaration
<b>NON-EXECUTIVE DIRECTORS</b>	
Helen Wollaston	Cousin, Sarah Wollaston, is Chair of the Health Select Committee

There were no comments or remarks made on the Declaration, therefore, **it was RESOLVED to formally NOTE the Declaration of Interest.** It was noted that the Chair had reviewed the declaration made and concluded that it did not present a risk to the Trust in terms of conflict of interests. There were no other declarations made over and above those made in March 2014.

### TB/14/42 Chair and Chief Executive's remarks (agenda item 3)

IB began by his remarks with the announcement by the Medical Director (NHB) of her decision to retire at the end of September 2014. IB wished NHB well and commended her contribution to and support for the Trust in her role as Medical Director. The Chief Executive (SM) advised Trust Board that a process has been agreed through the Remuneration and Terms of Service Committee. He and Alan Davis (AGD) have agreed a detailed plan to ensure recruitment of a replacement in time for Trust Board approval of the Responsible Officer at its meeting on 23 September 2014 and to ensure a smooth handover. It was agreed to include the announcement in the quarterly return to Monitor. SM commented that NHB has been a loyal and great supporter for him personally over the years. He will miss her wise counsel and hard work behind the scenes.

Under his remarks, SM also raised the following.

- The national picture, in particular, the Dalton review, Monitor's position on payment by results, integration work and work to develop health intelligence.
- The five-year strategic plan and declaration of sustainability (agenda item 7).
- Local partner position.
- How the Trust is maintaining safe, effective and efficient services, reflected in the agenda for today's meeting. The priority for the Trust is to 'keep the base safe' whilst maintaining an awareness of the external and partner environment.

IB asked whether the Trust has reviewed its procedures and practice following the stabbing of a member of staff at 2gether Trust in Gloucestershire. SM responded that psychiatric intensive care units (PICU) can often present a riskier position than secure services; however, the Trust has to balance the nature of PICU services with the security of units. Tim Breedon (TB) added that information has been circulated to teams and will be considered by the Clinical Reference Group. The Trust will consider the outcome of the formal review when published for learning and best practice.

**TB/14/43 Minutes of and matters arising from the Trust Board meeting held on 24 June 2014 (agenda item 4)**

**It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 24 June 2014 as a true and accurate record of the meeting.** There were no matters arising.

**TB/14/44 Performance reports month 3 2014/15 (agenda item 5)**

**TB/14/44a Quality performance report (agenda item 5.1)**

TB introduced this item and commented that development of the report continues with a focus on quality and underpinning metrics and links. The headline section attempts to draw key strands together to provide a focus for Trust Board. He highlighted the following.

- Children's and adolescents' mental health services (CAMHS) in Calderdale and Kirklees – SM has written to the chief officers of clinical commissioning groups (CCGs) and local authorities to convene a roundtable discussion on the current position. There has been no response so far.
- Safer staffing levels.
- Staff Friends and Family Test.
- Following the death of a patient on Beamshaw ward, Kendray, Barnsley, an independent investigator has been appointed to conduct the investigation given the serious nature of the incident.
- Care Quality Commission (CQC) compliance action Trinity 2, Fieldhead, Wakefield – a recent review has confirmed that all actions are complete with one exception related to the refurbishment of the ward. A return inspection visit from the CQC is expected. The report following the visit to Fox View, Dewsbury, shows the Trust as compliant against the outcomes inspected. The Trust has raised with the CQC the length of time it took to provide the report to the Trust, and how and when the CQC will be able to confirm actions at Trinity 2 are complete and the enforcement actions can be removed.
- Quality priorities – the Clinical Governance and Clinical Safety Committee will review each priority in detail linked to the transformation programme.

AGD explained that two questions have been included in the wellbeing survey to collate data for the staff Friends and Family Test. Initial results show that over 60% of staff would be likely or extremely likely to recommend the Trust as a place to work and over 70% would

recommend the Trust as a place to receive care and treatment; however, NHS England will use a 'net promoter' score, which will change the outcome. This information will be included in the presentation on the staff surveys to the Members' Council on 25 July 2014. The questions will be repeated in future wellbeing surveys thus enabling the Trust to analyse trends and to compare with other Trusts.

#### Sickness absence

Peter Aspinall (PA) commented that sickness absence is currently 4.8% against a target of 4%. Given the management effort over the last twelve months, he asked what else the Trust can do to meet the target. AGD responded that the figure does include a significant increase in CAMHS in Calderdale and Kirklees. The Trust continues to develop its approach to staff health and wellbeing through the occupational health service, ensuring rapid access to occupational health and working with managers to ensure staff are able to return to work quickly.

PA asked whether the Trust would consider bringing in external support. AGD responded that it was known that this would be a challenging target; however, the Trust continues to compare well with like Trusts in the region. SM added that the Trust needs to understand the reasons behind sickness absence at team level. IB commented that one of the major issues for the Remuneration and Terms of Service Committee is the variability across the Trust as opposed to the consolidated figure of 4.8%. Absence is monitored and scrutinised in detail by the Committee but this does not resolve the issue. SM added that the granular detail is taken through the Committee and into Trust Board with articulation of management action taken at ward/unit level.

Helen Wollaston (HW) commented that the rate is increasing in forensic, Barnsley and Kirklees BDUs and this should be the focus for Trust Board. AF responded that the Executive Management Team (EMT) has asked for a trajectory for each BDU to demonstrate when management action will begin to take effect. This will be presented to EMT in August 2014 and the performance report to Trust Board in September 2014.

#### Bank and agency expenditure

AGD commented that there has been a significant increase in agency expenditure. He asked what the impact of this was and what the Trust could do about it. Sean Rayner (SR) responded that part of this is covered by non-recurrent monies from commissioners and he had asked for this to be shown separately in the report to give a true picture of agency spend.

Medical agency costs in mental health services in Barnsley are a cause for concern. NHB commented that this is a matter of custom and practice and, in other parts of the Trust, BDUs follow Trust policy and procedures to avoid use of agency staff.

#### TB/14/44b Customer services/patient experience report quarter 1 2014/15 (agenda item 5.2)

Dawn Stephenson (DS) introduced this item and comments from Trust Board were invited.

- HW commented that there is a relatively low level of compliments in forensic services. Adrian Berry (ABe) responded that it is difficult to compare forensic services with other Trust services and it is unsurprising that compliments are rare. IB asked if there was alternative comparative data and AF asked if the Trust could use feedback from unannounced visits. SM added that feedback from service user and carer groups, which is, on the whole, more positive, would be a good source of information. IB commented that it would be useful to use qualitative data to support the raw data. DS and ABe will review for future reports.

- Julie Fox (JF) asked whether the complaint themes in Wakefield were a cause for concern. SR responded that there are no specific threads or themes; however, there is an increasing number of complaints in relation to access to treatment in the crisis team.
- IB was concerned at the lack of information on ethnicity and sexual orientation. DS agreed to re-look at the national guidance and best practice; however, she conceded that the Trust does struggle to address this issue.
- NHB commented that the report shows the value of the complaints process, which demonstrates a considerable improvement due to the responsiveness and face-to-face approach of the Customer Services Team. The Trust could have far more referrals to the Ombudsman than it does.

#### TB/14/44c Exception reports and action plans – Care planning update (agenda item 5.3(i))

SR assured Trust Board that BDU Directors are working with teams to improve performance. HW asked how Trust Board would receive assurance of improvement in this area. In her view, the report does not provide sufficient assurance. AF responded that care planning is reviewed by the EMT. There is a recognition that this is part of delivering safe, effective and efficient services and there is a need to align effective care planning, record keeping and caseload management. There is a co-ordinated approach to working with teams to address poor performing areas of data quality to inform care planning and service line management.

IB commented on the gap in service user perception that they have a care plan. DS responded that the findings of a recent survey demonstrated that 42% of in-patients and 75% of community patients responded positively, supported by a positive response to questions related to involvement, engagement and support in care and treatment but there is strong evidence that service users are not being given a copy of their care plan.

JF added that the findings show that some service users do not recognise what a care plan is. The care plan on the Trust's clinical information system (RiO) is not easily understood and she wondered if there was a better way to present this to enable service users to understand the information. SM commented that there is a long history behind this. Not giving a service user a care plan does not reflect the Trusts' values. There has to be a balance between compliance and culture in having a meaningful plan. Transformation provides a platform through recovery colleges to communicate and engage with service users and staff to develop a better approach. TB added that there are opportunities to learn from the learning disability pathway where much work has been done to improve care planning.

PA commented that there were no timescales in the report and the report gives the impression that the Trust is not clear on what it needs to do. SM responded that the first step is to engage with service users and ensure that Trust practice reflects their needs.

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

#### TB/14/44d Exception reports and action plans – Incident management annual report 2013/14 (agenda item 5.3(ii))

TB introduced this item and took Trust Board through the highlights of the report. Detailed scrutiny will be undertaken by the Clinical Governance and Clinical Safety Committee in September 2014.

HW commented that the report provided assurance that robust systems and processes are in place and she had more confidence that the Trust is making progress in learning lessons from incidents. She would like to see a more detailed report on pressure ulcers and whether the Trust is providing the best service it can in relation to tissue viability. She would also like a more detailed review of the increase in suicides.

NHB commented that there are recurring themes from incidents and these can be addressed through the transformation programme and consistent implementation of Trust policies and procedures across all BDUs is essential in ensuring patient safety.

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

TB/14/44e Exception reports and action plans – Health and safety annual report 2013/14 and objectives 2014/15 (agenda item 5.3(iii))

AGD advised that the health and safety objectives had been approved by the Clinical Governance and Clinical Safety Committee to ensure the Trust can progress these in a timely way. He asked Trust Board to note that the annual report links to other areas and reports, such as managing aggression and violence, clinical audit, slips, trips and falls, and infection prevention and control. The action plan demonstrates a risk-based approach to monitoring in 2014/15.

JF asked for an explanation of the reduction in incidents in forensic services. ABe responded that there was no apparent reason for this and it did actually correspond to a time of increasing acuity for the service.

TB commented that the Patient Safety Strategy, which will be presented to the Clinical Governance and Clinical Safety Committee, will bring these strands together.

**It was RESOLVED to NOTE the report and AGREE the action plan for 2014/15.**

#### **TB/14/45 Policies and strategies for approval (agenda item 6)**

TB/14/45a Policy for the development, approval and dissemination of policy and procedural documents (agenda item 6.1)

SM commented that Trust policies determine Trust standards and how the Trust expects staff to behave.

In response to a query from Jonathan Jones (JJ), IB commented that Trust Board received a series of reports regarding harmonisation and integration of policies and considered that this had been effectively achieved. It was confirmed that any staff transferring under TUPE operate to existing Trust policies. Clinical and operational policies are integrated with the exception of areas where there are specific operational or clinical reasons for a difference in policy and/or approach and this is specifically reflected in such policies.

PA asked if staff and managers understand and comply with policies. AGD responded that there is support for staff to understand their rights, responsibilities and accountabilities in relation to workforce policies, and training and development is available in areas such as grievance and appraisal. Managers understand their responsibilities in relation to policy compliance. NHB added that clinical and operational policies are consistently developed, approved and applied with a high level of clinical and managerial involvement through appropriate approval mechanisms.

**It was RESOLVED to APPROVE the Policy on Policies for a further two-year period to July 2016 and to NOTE the minor changes to the Equality Impact Assessment.**

TB/14/45b Procurement Strategy (agenda item 6.2)

AF confirmed that the Strategy had been reviewed by both the EMT and the Audit Committee. PA highlighted two issues of concern for the Audit Committee in relation to ensuring BDU responsibilities for procurement are clear and an issue with Agresso system processing where small discrepancies arise. The Committee was assured that the Strategy addresses the first; however, it has asked for further assurance on progress with the second.

HW commented that she would like to see the Strategy focus more on what the Trust can do to use its procurement to support service users into employment and to regenerate local communities.

**It was RESOLVED to APPROVE the Procurement Strategy.**

**TB/14/46 Five-year strategic plan 2014 to 2019 (agenda item 7)**

SM commented on the plan, recognising the difficulty in pulling together the different strands of information and commending the work done to develop the plan. He considered that it sets out a sensible position for the Trust. Two key areas are an assessment of the strategic planning capability and capacity within the Trust, and the sustainability declaration. The strategic direction set out is supported by milestones and timescales. The plan also highlights the need for the Trust to have a strong influence in determining the future organisational configuration and ensuring that Trust services are not marginalised.

JF commented that this was a good, clear document. IB suggested inclusion of an executive summary as this is intended to be a public document and he would also like to see other Trusts' plans when available. AF responded that all foundation trusts have been asked to submit a shorter, public version of their plan, which will be on Monitor's website in due course.

**It was RESOLVED to NOTE the five-year strategic plan submitted to Monitor following formal Trust Board approval in June 2014.**

**TB/14/47 Monitor quarterly return quarter 1 2014/15 (agenda item 8)**

DS reported that the Trust would declare green governance and financial risk ratings and a continuity of services risk rating of 4. She will circulate the quarter 1 results when available. The Medical Director's planned retirement will be included and the section on CAMHS strengthened. Further information will be provided to the Members' Council Quality Group on AWOL incidents.

Capital plan

AGD outlined the reasons for the underspend in quarter 1 and the breach of Monitor's 15% tolerance. Monitor was alerted to the position during its annual visit in June. The revised capital plan is included in the detailed financial return for quarter 1.

**It was RESOLVED to APPROVE the submission and exception report to Monitor and to APPROVE the revised capital programme.**

**TB/14/48 Assurance Framework and organisational risk register (agenda item 9)**

IB asked Trust Board to consider inclusion of partnering commercial arrangements in relation to the lack of experience within the Trust to negotiate commercial agreements and the risk to the Trust's reputation. He also suggested inclusion of the Trust's assessment of sustainability at the year 3 point of the five-year strategic plan and was assured that this was covered under the risk in relation to the wider health economy.

**It was RESOLVED to NOTE the assurances provided and to NOTE the key risks for the organisation.**



**TB/14/49      Date and time of next meeting (agenda item 10)**

The next meeting of Trust Board will be held on Tuesday 23 September 2014 in seminar room 2, Textile Centre of Excellence, Huddersfield.

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

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## Minutes of Audit Committee held on 8 July 2014

<b>Present:</b>	Peter Aspinall	Chair of the Committee
	Laurence Campbell	Non-Executive Director
	Jonathan Jones	Non-Executive Director
<b>Apologies:</b>	<u>Members</u>	
	None	
	<u>Others</u>	
<b>In attendance:</b>	Paul Thomson	Partner, Deloitte
	Rob Adamson	Head of Finance
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Jon Cohen	Manager, KPMG (LCFS)
	Tony Cooper	Head of Procurement
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Paul Hewitson	Director, Deloitte
	Debbie Hogg	Deputy Director of Finance
	Clare Partridge	Director, KPMG (Head of Internal Audit)
	Sean Rayner	District Service Director, Barnsley and Wakefield (to item 7)
	Dawn Stephenson	Director of Corporate Development

### **AC/14/44 Welcome, introduction and apologies (agenda item 1)**

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

### **AC/14/45 Minutes of the meeting held on 23 May 2014 (agenda item 2)**

It was **RESOLVED** to **APPROVE** the minutes of the Audit Committee held on 23 May 2014 as a true and accurate record of the meeting.

### **AC/14/46 Matters arising from the meetings held on 8 April and 23 May 2014 (agenda item 3)**

There were four matters arising from the meeting held on 8 April 2014.

#### AC/14/04 Itemised payments made to staff through payroll (agenda item 3.1)

Debbie Hogg (DH) confirmed clarity from the Director of Human Resources and Workforce Development that, other than normal travel expenses, the only ad-hoc payments made to medical staff are for Mental Health Act Assessments and locum payments. No further payments are made off-payroll.

#### AC/14/22 Review of issues arising out of the Committee self-assessment (agenda item 3.2)

The report was noted and it was agreed that no further action was needed.

#### AC/14/23 Confirmation of approval mechanisms for MARS (agenda item 3.3)

DH confirmed that the approval mechanisms for MARS are appropriate. The Remuneration and Terms of Service Committee sees all MARS arrangements and approves all requests for Bands 8b and above. As the lead Director, Alan Davis will be asked to consider whether review through the Executive Management Team of all applications for MARS and redundancy is appropriate given the increase in activity in the coming year to ensure any opportunities for re-deployment are maximised.

Review of Trust cost improvement programme (agenda item 3.4)

This will form a major item for Trust Board in the coming months; therefore, it was PA's view that scrutiny should remain with Trust Board. The letter from Monitor on the Trust's two-year operational plan was noted.

There was one matter arising from the meeting held on 23 May 2014.

AC/14/40 Confirmation of resolution of care programme approach 7-day follow up mandated indicator (agenda item 3.5)

The Committee noted that the issue had been resolved with no requirement for the Trust to re-state its position. Deloitte was, therefore, able to issue an unqualified opinion.

**AC/14/47 Approval of charitable funds annual report and accounts 2013/14 (agenda item 4)**

Paul Hewitson (PH) confirmed that there were a number of areas outstanding on the report. Although the accounts had been approved as part of the Trust's consolidated accounts in May 2014, formal approval for the report will be sought at the Trustee meeting on 22 July 2014.

**AC/14/48 Review of process to develop the assurance framework (agenda item 5)**

Dawn Stephenson (DS) introduced this item and outlined the process taken to develop the assurance framework for 2014/15. The approach was supported by KPMG and Clare Partridge (CP) confirmed that KPMG would not expect any substantial concerns as a result of ongoing review.

**AC/14/49 External agencies policy register annual report 2013/14 (agenda item 6)**

DS presented this item on behalf of Tim Breedon, Director of Nursing, Clinical Governance and Safety. The report was noted and the Committee was assured of the process in place.

**AC/14/50 Service line reporting and currency development (agenda item 7)**

Sean Rayner (SR) presented to the Committee providing assurance regarding the utilisation of service line reporting within the Trust by BDUs. Before asking SR to make the presentation, PA put service line reporting in the perspective of expectation of total decision-making support to District Directors by dedicated, challenging professionals from functions including finance, IT, procurement, estates and human resources.

Jonathan Jones (JJ) asked if this Trust's practice was similar to other Trusts. PH responded that this Trust gives the matter far more focus and it is higher on the Trust's agenda than others. CP added that this Trust is further along the path than other mental health trusts.

Alex Farrell (AF) commented that service line reporting is not just about numbers but service performance as a whole and how services meet service users' needs. The challenge for the next phase is to make it easy and understandable for non-financial staff and to use it to drive up quality and add value. Service line reporting can also be used to inform investment decisions and where resources should be deployed as well as identifying areas where changes to service models are needed. DH added that there will be intense activity over the next few months to develop the system further. SR confirmed that the BDU has the support in place to implement the project. There may be areas to develop, such as training for staff.

It is anticipated that service line reporting will be embedded during the next twelve months and additional resource has been identified to manage the project.

DH also took the Committee through the update report on reference costs. As part of the Department of Health's data assurance framework work programme, an external audit was undertaken by Capita to provide assurance of data quality for clustering accuracy and that accurate cluster reference costs were produced. The audit results for the Trust showed that:

- there was good assurance for the overall production of reference costs;
- there were good processes in place for benchmarking and data quality issues although the audit process could be improved;
- clinician and practitioner engagement was good;
- the process for Trust Board review and submission of reference costs was good; and
- arrangements for activity data were good with some scope for improvement.

DH also confirmed that the same costing system is used for reference costs and service line reporting.

In addition to the requirement for the Director of Finance to sign-off the reference costs data, the Department of Health has added a requirement for Trust Board or its Audit Committee to approve the costing process that supports the reference costs submission. As a result, **it was RESOLVED to CONFIRM the Committee was assured by the report that:**

- **costs will be prepared with due regard to the principles and standards set out in Monitor's 'Approved Costing Guidance';**
- **appropriate costing and information capture systems are in operation;**
- **costing teams are appropriately resourced to complete the reference costs return accurately within the required timescales; and**
- **procedures are in place to complete the self-assessment quality checklist at the time of the reference costs return.**

#### **AC/14/51     Triangulation of risk, performance and governance (agenda item 8)**

The report was noted.

#### **AC/14/52     Treasury management update (agenda item 9)**

The report was noted. Rob Adamson (RA) was asked to clarify the signatory arrangements for investments under £5 million.

**Action: Rob Adamson**

#### **AC/14/53     Procurement report (agenda item 10)**

##### **Procurement report (agenda item 10.1)**

Tony Cooper (TC) highlighted the following from the procurement report.

- Supporting information on tender waivers has been included in this report and this will continue.
- Agency expenditure is higher than normal and TC explained the reasons for this. It is intended to consolidate the supply of nursing agency staff under one neutral vendor arrangement by the end of July 2014, which will reduce expenditure.
- Phase I of the multi-functional devices project is complete and phase II has started to roll-out, which will contribute to the procurement CIP.

TC confirmed that invoices with no purchase orders are returned to suppliers and this includes agency spend, which demonstrates the tighter controls in place.

TC provided an explanation for the cleaning service charges at White Rose House. AF commented that there was a lesson to learn for the Trust that, for services transferred to or acquired by the Trust, clarity is needed on any sub-contracting arrangements associated with the service and mitigating action agreed before the transfer is agreed and takes place.

#### Agresso process issues (agenda item 10.2)

The internal audit of non-pay purchasing highlighted a number of issues with Agresso processing in relation to discrepancies of small sums. DH commented that the Trust is reviewing how Wakefield Council uses Agresso and this is supported by work with Agresso to review current usability with a view to upgrading the system if necessary. The Trust will be able to clarify the position by the end of August 2014.

Laurence Campbell (LC) commented that he was uncomfortable with a 7.5% tolerance and he would prefer to see a value used although he appreciated that the review process acts as a control mechanism.

The Committee confirmed it was supportive of the introduction of a value tolerance and happy to wait for the outcome of the review of Wakefield Council's practice; however, it would prefer not to see such a high percentage figure used. AF commented that no material errors have occurred during processing since Agresso was introduced; therefore, there is no risk from this point of view. PA expressed frustration on behalf of the Committee and that it would like to see the matter resolved.

#### Procurement strategy (agenda item 10.3)

TC commented that the Strategy clarifies the service offer to BDUs and provides a response to developments in procurement and contracting and what these mean for the Trust. The Committee was asked to provide TC with any further comments via the Board Secretary.

The Committee asked for presentation of progress against key performance indicators in dashboard form on a regular basis starting in October 2014 to demonstrate how the Trust is meeting the Strategy and contributing to the Trust's cost savings. AF commented that this was previously reflected in the procurement CIP outlined in the two-year plan of at least £200,000; however, Trust non-pay expenditure is relatively low and procurement arrangements are continually reviewed to ensure best value for money with BDUs.

**Action: Tony Cooper**

**It was RESOLVED to APPROVE the Procurement Strategy.**

#### **AC/14/54 Internal audit progress report (agenda item 11)**

The progress, technical and tracker reports were noted.

#### Tracker report

- The recommendations in relation to infection prevention and control and appraisal will carry through to the next report in October 2014 and will be raised at Director level.
- It was noted that the recommendation from the transformation audit in relation to appointment of key roles in the transformation programme will be addressed through an internal process to re-structure the service improvement team. This is almost complete and, where the Trust is unable to recruit internally, external recruitment will take place. One area is recruitment of a commercial manager and this is likely to be covered by interim support for three months with a recruitment process beginning in September 2014.

## **AC/14/55 Counter fraud annual report 2013/14 and proactive procurement review (agenda item 12)**

### Annual report

JJ asked if there were any cost saving implications from counter fraud activity. AF responded that any impact would be more in terms of avoiding additional costs and some money recouped through redress. Jon Cohen (JC) added that counter fraud activity does provide opportunities for recommendations to improve processes that will realise efficiencies and/or savings but these would not always be tangible. The key is awareness both for staff reporting and for the Trust's approach to investigating fraud.

JC went on to explain the approach and background to the self-review toolkit to form the NHS Protect Standards for Providers. PA commented that the extent of the move from 'red' or 'amber' does not provide assurance. JC responded that 'green' represents best practice and the aim is to achieve 'amber'. It does not imply that the Trust's arrangements are not appropriate and suitable. AF added that the report from the inspection last year highlighted minor reasons for the 'red' rating, which were promptly addressed. Her concern from this report is more to do with the 'amber' rating in relation to raising awareness and reporting of fraud. These are two areas which the Trust would see as a cause for concern and are relatively simple to address to move from 'red' to 'amber'.

### Proactive procurement review

The report, recommendations and management response were noted. PA asked what the implications were from the recommendation relating to declaration of interests. DH responded that a policy is in place and a management exercise undertaken in January to collate from staff. A review is in place to make it simpler for staff to use, for example, by attaching to training records. PA asked for an update at the next meeting.

**Action: Debbie Hogg**

## **AC/14/56 External audit update (agenda item 13)**

The Committee noted the verbal update from Deloitte.

## **AC/14/57 Losses and special payments report (agenda item 14)**

The report was noted.

## **AC/14/58 Date of next meeting (agenda item 15)**

The next meeting will be held on Tuesday 7 October 2014 at 14:00 in the Boardroom, Kendray Hospital, Doncaster Road, Barnsley.

## **AC/14/59 Any other business (agenda item 16)**

DS tabled a paper outlining the governance arrangements for the Trust's hosting of Altogether Better, which was noted by the Committee.



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## Minutes of the Mental Health Act Committee Meeting held on 5 August 2014

<b>Present:</b>	Julie Fox	Non-Executive Director (Chair)
	Helen Wollaston	Non-Executive Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Dawn Stephenson	Director of Corporate Development
<b>In attendance:</b>	Andy Brammer	Mental Health Act Professional Lead (Wakefield) – local authority representative
	Julie Carr	Mental Health Act/Mental Capacity Act Manager
	Bernie Cherriman-Sykes	Board Secretary (author)
	Matt Ellis	Deputy Team Manager, day services, Pathways (Kirklees) – local authority representative (for Anne Howgate)
	Yvonne French	Assistant Director, Legal Services
	Kiran Kele	Consultant, Assertive Outreach Team, Barnsley (item 1)
	Ken Lyon	Approved Mental Health Professional, Barnsley (item 1)
	Geoff Naylor	Independent Associate Hospital Manager
	Ian Priddey	Professional Lead and Development Co-ordinator (Mental Health) (Calderdale) – local authority representative
	Mike Smith	Non-Executive Director, Rotherham, Doncaster and South Humber NHS Foundation Trust
	Stephen Thomas	MCA/NHA Team Manager (Wakefield) – local authority representative
<b>Apologies:</b>	<u><b>Members</b></u>	
	Jonathan Jones	Non-Executive Director
	Nisreen Booya	Medical Director
	<u><b>Attendees</b></u>	
	Kyra Ayre	Acting Head of Service, Mental Health and Assessment and Care Management (Barnsley) – local authority representative
	Anne Howgate	AMHP Team Leader (Kirklees) – local authority representative

### MHAC/14/25 Welcome, introduction and apologies (agenda item 1)

Julie Fox (JF) welcomed everyone to the meeting. The apologies, as above, were noted.

### MHAC/14/26 The Act in practice – Community assessment and admission pathway (agenda item 2)

The Committee received a presentation in the form of a case study from Dr Kiran Kele and Ken Lyon on Community Treatment Orders, the Assertive Outreach Team role and its relationship with intensive home-based treatment, particularly the gatekeeping role.

### MHAC/14/27 Legal update/horizon scanning (agenda item 3)

#### Government response to the House of Lords Select Committee on the Mental Capacity Act

Julie Carr (JC) reminded the Committee that the House of Lords published a report on the impact of the Mental Capacity Act with two key recommendations (that an independent oversight body is set up and that the Deprivation of Liberty Standards (DoLS) are replaced). The Government responded in July 2014 with a system-wide programme of work to better implement the Mental Capacity Act, including the establishment of a new Mental Health Advisory Board at national level. However, the Government does not believe there is a fundamental issue with DoLS and it will not, therefore, be replaced. The Committee

recognised the need for increased awareness amongst staff and acknowledged the action in place to take this forward.

#### Court of Appeal – transfer of patients

The Court of Appeal ruled that transfer is essentially a clinical judgement; however, transfers should be discussed with the patient with an explanation for the reason(s) for the transfer. The Committee asked Tim Breedon (TB) and Yvonne French (YF) to clarify how it would gain assurance that the Trust is transferring patients for their benefit and needs.

**Action: Tim Breedon/Yvonne French**

#### Northamptonshire Health Care NHS Foundation Trust and others v NL and others (DoLS ineligibility)

The Committee noted the ruling, which confirms that the Mental Health Act has primacy where it applies.

#### Mental Health Act Code of Practice – consultation

The consultation closes on 12 September 2014. Trust staff have been invited to comment to inform the Trust's response. The Committee was very keen that the Trust provides a co-ordinated response and also asked that the Trust's response and those of local authority partners are shared.

**Action: Julie Carr/local authority representatives**

Geoff Naylor (GN) was also invited to submit comments on behalf of the Associate Hospital Managers' Forum.

**Action: Geoff Naylor**

The revised Code of Practice is due to be published in April 2015 and the Trust will review its guidance, policies and procedures to reflect any changes. Helen Wollaston (HW) also suggested feeding key points from the Trust's response via the Chief Executive to the Foundation Trust Network.

**Action: Tim Breedon**

#### **MHAC/14/28 Minutes from the previous meeting held on 13 May 2014 (agenda item 4)**

It was **RESOLVED** to **APPROVE** the minutes from the meeting held on 13 May 2014.

#### **MHAC/14/29 Matters arising from previous meeting (agenda item 5)**

There were seven matters arising.

##### MHAC/14/14 DoLS implementation plan

##### MHAC/14/15 DoLS briefing for clinical staff

The Committee noted the guidance notes for staff, which have been circulated through the weekly team brief and through BDUs. It was noted that DoLS may apply more widely in community services in Barnsley.

##### MHAC/14/17 West Yorkshire Police, conveyance, use of S136 suites, Yorkshire Ambulance Service and liaison services

The Committee noted the standard protocol developed with partners for Calderdale, Kirklees and Wakefield. TB explained, however, that Yorkshire Ambulance Service (YAS) had not been part of the process. It does provide a basis for future discussion and refinement and TB will meet with YAS with West Yorkshire Police. In relation to Barnsley, Mike Smith (MS) commented that his Trust has a S136 protocol in place and he would be happy to share it



with the Trust. It was noted that Barnsley has not signed up to this protocol; however, less incidents occur in Barnsley, which may be due to the South Yorkshire protocol.

**Action: Tim Breedon to follow up**

TB was also asked to review the issues raised in relation to closure of the Wakefield S136 suite out-of-hours.

**Action: Tim Breedon**

#### MHAC/14/18 Mental Health Act data quality performance

There will be a further refinement of the Mental Health Act data by Performance and Information to ensure the data can be included in the performance dashboard for BDUs.

#### MHAC/14/19 Consent to treatment audit

The findings of the audit have been disseminated to BDUs through deputy directors to services and through clinical networks for clinicians with Mental Health Act administration responsibilities. A guidance note has also been issued in relation to consultees. There will be a re-audit in November 2014.

#### MHAC/14/22 Hospital Managers' uplift

The Committee had previously agreed an uplift of 1% in line with the pay review for NHS staff from 1 April 2014. There has also been a change in the mileage rate to reflect the change in the Trust rate. There are now two well established processes for reviewing both:

- through an automatic incremental uplift to the session fee for Hospital Managers in April each year reflecting any increase for NHS staff on Agenda for Change; and
- mileage rates reflect AA rates and are reviewed and adjusted, if necessary, every six months.

JF proposed that, in future, the Committee considers any changes before implementation if possible; however, if a Committee meeting is not scheduled, the changes will be brought to the next meeting for ratification. The Committee agreed to the proposal.

#### MHAC/14/22 Representation from acute trusts

TB hoped that he would be able to identify a representative for the November meeting.

#### **MHAC/14/30 Mental Health Act Committee annual report (agenda item 6)**

The annual report will be presented to the Committee in February 2015 in line with the timetable set by the Audit Committee.

#### **MHAC/14/31 Audit and Compliance Reports (agenda item 7)**

##### Section 132 Patients' Rights

Four recommendations were made in relation to continued improvement:

- to develop guidance for nursing staff to commence S132 recording on RiO in September 2014, which will be disseminated to wards by Mental Health Act Administration Managers;
- to update the Trust's policy to reflect the change in practice with an agreed Trust-wide recording format and ensuring consistency with the Mental Health Act Code of Practice; and
- to retain the S132 audit on the Committee's annual work plan for 2014.

The Committee and the Director of Nursing confirmed they would want to see achievement of 100% recording and TB will take this into the Data Quality Steering Group for communication with BDUs.

**Action: Tim Breedon**

HW suggested spot checks are undertaken throughout the year by Deputy Directors.

**Action: Julie Carr**

### **MHAC/14/32 Care Quality Commission Visits (agenda item 8)**

#### **Recent visits**

The ten monitoring visits to Priory 2, Fieldhead (18 February 2014), Almondbury, Bretton Centre, Fieldhead (4 March 2014), Beechdale, Dales, Halifax (11 March 2014), Hepworth ward, Newton Lodge (13 March 2014), Chippendale, Newton Lodge (14 March 2014), Trinity 2, Fieldhead (20 March 2014), Savile Park, Castleford (26 March 2014), Waterton, Newton Lodge (27 March 2014), Melton Suite, Barnsley (28 March 2014) and Sandal, Bretton Centre, Fieldhead (31 March 2014) were noted.

#### **Estates issues**

The Estates TAG is to be asked to provide a RAG rating for the actions.

**Action: Tim Breedon to raise with Alan Davis**

HW asked that an issue raised in one unit is correlated and applied across other units and it was suggested adding a section for Trust-wide implications on the log, who is responsible and the timescales. It was agreed internal visits should also be incorporated into the report.

**Action: Tim Breedon to raise with Alan Davis/Yvonne French**

#### **Clinical issues**

It was agreed to provide an example of a BDU data quality action plan to provide assurance to the Committee that these issues are being addressed.

**Action: Tim Breedon**

The Committee stressed that it needs assurance that recommendations made by the CQC are responded to and addressed.

### **MHAC/14/33 Monitoring Information (agenda item 9)**

The Committee welcomed the new format for reporting.

Dawn Stephenson (DS) reminded the Committee that the Trust adopted the NHS Equality Delivery System Framework to support activity to reduce inequality and Trust Board agreed that, of the protected characteristics, ethnicity would be the focus of activity. Progress will be reviewed in September and an update report presented to Trust Board in October 2014. HW commented that the Committee has raised concerns previously in relation to the number of 'ethnicity not known' responses and no improvement appears to have been made. She asked that the Trust considers how the issue can be addressed.

**Action: Tim Breedon**

Under transfer under S19(1) external transfer, JC was asked to provide a breakdown of the 'other' category by reason for the next meeting.

**Action: Julie Carr**

In relation to the number of patients discharged following a Hospital Managers' appeal, HW asked when the last occurrence in Barnsley was. JC agreed to follow up.

**Action: Julie Carr**

#### **Local authority information**

The Committee agreed trend analysis would be useful and a comparison, supported by narrative, that explains variations and anomalies. JC was asked to ensure the data is

collated from local authorities and co-ordinated by Performance and Information into a presentational format.

**Action: Julie Carr**

Barnsley, Calderdale and Wakefield – no issues raised.

Kirklees – the lack of in-patient services and a S136 suite creates issues for AMHPs in Kirklees in relation to conveyance and detention.

#### Hospital Managers' Forum/comments

The Forum notes from 3 June 2014 were received and the Committee noted that YF has asked for two amendments to be made. GN commented that the number of concerns from Hospital Managers is reducing following the new arrangements introduced for resolution of issues.

#### Lean working – Hospital Managers' reviews

YF explained the rationale for the proposal to communicate with Hospital Managers and to conduct reviews through use of IT-based solutions. The Committee was supportive of the proposal to explore options.

#### **MHAC/14/34 Matters Arising (agenda item 10)**

##### Local authority representation/Hospital Managers' travel bi-annual review

Both were taken under previous items.

#### **MHAC/14/35 Key messages for Trust Board (agenda item 11)**

The key issues to report to Trust Board are DoLS and implications for the Trust, data quality and Police/other agency liaison.

#### **MHAC/14/36 Date of next meeting**

The next meeting will be held on Tuesday 21 November 2014 from 9:30 to 12 noon in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.

In closing the meeting, JF took the opportunity to formally thank Nisreen Booya on behalf of the Committee for her contribution to and support for the Committee.



With all of us in mind

## Minutes of the Remuneration and Terms of Service Committee held on 14 July 2014

<b>Present:</b>	Ian Black Jonathan Jones Helen Wollaston Steven Michael	Chair of the Trust (Chair) Non-Executive Director Deputy Chair of the Trust Chief Executive
<b>Apologies:</b>	None	
<b>In attendance:</b>	Alan Davis Dawn Stephenson Bernie Cherriman-Sykes	Director of Human Resources and Workforce Development Director of Corporate Development (for item 5) Integrated Governance Manager

### RTSC/14/30 Welcome, introduction and apologies (agenda item 1)

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

### RTSC/14/31 Minutes of the previous meetings held on 1 April and 19 May 2014 (agenda item 2)

It was **RESOLVED** to **APPROVE** the minutes from the meetings held on 1 April and 19 May 2014

### RTSC/14/32 Matters arising from the meetings held on 1 April and 19 May 2014 (agenda item 3)

There were three matters arising from the meeting held on 1 April 2014.

#### RTSC/13/56 Medical staff performance

Helen Wollaston (HW) confirmed a paper was presented to the Clinical Governance and Clinical Safety Committee on 9 June 2014.

#### RTSC/14/16 Staffing structure chart

A piece of work has been commissioned from KPMG to undertake internal and external benchmarking around administration costs. A report will come to the next meeting, which will include a profile of Agenda for Change staffing (Christmas tree).

**Action: Alan Davis**

#### RTSC/14/20 Succession planning

The Chief Executive (SM) updated the Committee in relation to the Medical Director and the Director of Service Improvement and Health Intelligence.

#### Medical Director

The Trust is currently planning on the assumption that the resignation is received. The post will be advertised internally and in NHS Jobs. The Committee was keen to see the advert appear as soon as possible. It agreed that a panel should be identified and established, and should include an external assessor (a Chief Executive or Medical Director from another Trust) and service user/carer representation. The process should also include an opportunity to meet the Members' Council and other Directors. It was agreed terms should be to employ on a consultant contract and the Medical Director appointment reviewed on a regular basis, preferably every two to three years.

#### Director of Service Improvement and Health Intelligence

SM advised the Committee that Diane Smith (DSm) has established a good platform for development of the role. The priority is to develop an electronic manual with key data to support the next stage of service transformation, which will also link closely to the new commercial manager appointment. As a result, DSm's secondment has been extended for a further six months on a full-time basis.

#### Leadership and management

AGD confirmed that a Head of Leadership and Management has been appointed to take up post in August 2014. A key part of the role will be to develop a Leadership and Management Development Strategy, which will include succession planning. He will provide a further update on the Strategy at the next meeting.

**Action: Alan Davis**

#### Commercial Manager

An external recruitment exercise is imminent. The Committee expressed a preference for a non-NHS appointment and an emphasis on brand management. It is likely that the process will take a more targeted approach to recruitment. AGD was asked to circulate the job description to the Committee for comment before any recruitment process is started.

**Action: Alan Davis**

It was suggested that the post is pitched at a more senior level than that currently envisaged and suggested reporting to the Chief Executive or, if not, then the Deputy Chief Executive/Director of Finance as a minimum.

#### Trust Board membership

The Constitution allows for one more voting (Executive) Director and one more Non-Executive Director. The Chair and Chief Executive have discussed the position and the view is that there is no requirement to increase either at the current time.

#### **RTSC/14/33 Human resources exception report (agenda item 4)**

A more detailed report was included in the paper on suspensions, which also highlights the management action taken to reduce the length of suspensions. AGD was asked to continue to report these figures in the exception report for the Committee to monitor performance.

**Action: Alan Davis**

Turnover rates by service show 'red' for Calderdale. AGD was asked to circulate an explanation to the Committee.

**Action: Alan Davis**

The preliminary outcome of the staff Friends and Family Test was tabled and noted and will be reported to Members' Council on 25 July 2014. NHS England will publish the figures in August 2014.

#### **RTSC/14/34 Off-payroll staff (agenda item 5)**

*Dawn Stephenson joined the meeting for this item only.*

The Committee noted Jonathan Jones's (JJ) position in terms of payment for remuneration as a Non-Executive Director.

The review highlighted three areas for action.

1. The need to ensure all personnel-related contracts include a contractual clause giving the Trust the right to request assurance in relation to income tax and National Insurance obligations. This is an action for the Head of Procurement to ensure all new contracts include a new clause by quarter 2 of this financial year with review of existing contracts by quarter 3.
2. In future, all decisions regarding managerial off-payroll appointments should include reference to a formal human resources process and the Trust should ensure that clear guidance is in place for all off-payroll engagements, covering procurement and human resources processes, required checks and indemnity insurance. This is an action for the Head of Procurement and HR Business Partners by the end of quarter 2.
3. The historic clinical cover arrangement for paediatric audiology, which is a specialised role, should be formally reviewed by the service to determine options and contingency arrangements. The service should also ensure employment checks are re-visited regularly, particularly in relation to indemnity insurance and Disclosure and Barring Authority checks. This is an action for the relevant BDU Community Service Manager in Barnsley by the end of quarter 2.

SM commented that the principle and process for appointment must be clear and robust before any process is begun.

It was agreed that a Trust position is needed on payments to Non-Executive Directors before any appointments are made in 2015.

**Action: Dawn Stephenson/Alan Davis**

The report was noted and provided the Committee with assurance that the Trust is meeting requirements in relation to off-payroll arrangements and has management action in place to address areas for action.

#### **RTSC/14/35 Remuneration and Terms of Service Committee self-assessment (agenda item 6)**

The report was noted. By design, a Non-Executive Director from the Audit Committee and the Clinical Governance Committee sits on the Remuneration and Terms of Service Committee and it was agreed this should continue to foster links, connections and integration between the Committees.

#### **RTSC/14/36 Directors' performance related pay scheme 2014/15 (agenda item 7)**

It was **RESOLVED** to **SUPPORT** the proposal set out in the paper.

#### **RTSC/14/37 Redundancy business case (agenda item 8)**

It was **RESOLVED** to **APPROVE** the business case for redundancy.

#### **RTSC/14/38 Workforce changes (agenda item 9)**

AGD outlined the potential redundancy position in 2014/15 due to re-structuring and transformation. The Trust has discussed the re-introduction of a MARS with staff side but with stricter criteria around re-deployment to ensure savings are realised within a service.

**RTSC/14/39 Any other business (agenda item 10)**

IB asked if there were any implications for the Trust following a serious incident where a member of staff was killed by a service user in 2gether Trust (Gloucestershire). AGD responded that death in service is built into life insurance as part of the NHS Pension Scheme but no other provision is made. IB asked AGD to consider whether the Trust needs insurance to cover such an incident. He also asked HW to raise at the Clinical Governance and Clinical Safety Committee. IB will also raise at Trust Board.

**Action: Alan Davis/Helen Wollaston/Ian Black**

AGD reported the staff side perception that there has been a downgrading of incidents involving attacks on staff. AGD assured the Committee that this is absolutely not the case and he has commissioned an audit of DATIX reports by the Head of Security and Emergency Resilience. He will report back to the Committee when the review is complete.

**Action: Alan Davis**

**RTSC/14/40 Date of next meeting (agenda item 11)**

The next meeting will be held on Tuesday 14 November 2014 at 14:00 in the Chair's office, Block 7, Fieldhead, Wakefield.

## Trust Board 23 September 2014

### Agenda item 6

<b>Title:</b>	<b>Appointment of Responsible Officer</b>
<b>Paper prepared by:</b>	Chief Executive
<b>Purpose:</b>	The purpose of this paper is to enable Trust Board to approve a change in Responsible Officer from 1 October 2014.
<b>Values/goals:</b>	The paper ensures that the Trust meets its governance and regulatory requirements.
<b>Any background papers/ previously considered by:</b>	None
<b>Executive summary:</b>	<p>The Trust is a designated body under The Medical Profession (Responsible Officer) Regulations 2010 and is, therefore, required to appoint a Responsible Officer. The Responsible Officer:</p> <ul style="list-style-type: none"> <li>- must be a medical practitioner;</li> <li>- must, at the time of appointment, have been a medical practitioner throughout the previous five years (for this purpose "medical practitioner" means a person who was fully registered under the Act); and</li> <li>- must continue to be a medical practitioner in order to remain as a Responsible Officer.</li> </ul> <p>A number of duties are placed on the Trust's Responsible Officer to:</p> <ul style="list-style-type: none"> <li>- ensure that the designated body carries out regular appraisals on medical practitioners in accordance with guidelines;</li> <li>- establish and implement procedures to investigate concerns about a medical practitioner's fitness to practise raised by patients or staff of the designated body or arising from any other source;</li> <li>- where appropriate, refer concerns about the medical practitioner to the General Council;</li> <li>- where a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the General Council, monitor compliance with those conditions or undertakings;</li> <li>- make recommendations to the General Council about medical practitioners' fitness to practice;</li> <li>- maintain records of practitioners' fitness to practise evaluations, including appraisals and any other investigations or assessments; and</li> <li>- be accountable for the Trust's clinical governance systems that impact on revalidation.</li> </ul> <p>The Trust has a statutory obligation to support the Responsible Officer in discharging their duties.</p> <p><u>Re-validation</u> Re-validation is the process for doctors to positively affirm to the General Medical Council (GMC) that they are up to date and fit to practice. It applies to all licenced doctors in the UK working in the NHS and the private sector and all branches of practice. Doctors need to meet the standards set by the GMC, taking into account guidance for their specialty, to maintain their licence to practice. Revalidation helps to assure the Trust, as an employer, that the doctors practising in this Trust are up-to-date and fit to practice. The Trust is required to have in place robust systems of appraisal and clinical</p>



	<p>governance to support doctors with their re-validation and the Responsible Officer has a statutory duty to make sure they are in place. Re-validation started in December 2012 and Trust Board has received regular updates since then on the organisation's arrangements.</p> <p><u>Trust responsibilities</u></p> <p>NHS foundation trust condition 4 of the provider licence (under the 'governance condition') requires foundation trusts to establish effective systems and processes to ensure compliance with all legal requirements. This includes the above regulations, which require designated bodies to appoint a Responsible Officer to oversee the evaluation of doctors' fitness to practice, conduct and performance. It further requires designated bodies to provide the Responsible Officer sufficient funds and other resources to enable the Responsible Officer to discharge their responsibilities. Ineffective evaluation and appraisal of doctors could lead to regulatory action by Monitor. The General Medical Council recently wrote to Trust Boards to remind them of this duty.</p> <p><u>Current arrangements</u></p> <p>The Trust's Responsible Office is the Medical Director, who will retire from the Trust at the end of September 2014. Following the appointment of a new Medical Director, the Chief Executive will make a recommendation to Trust Board on her replacement. The current Responsible Officer is also the Responsible Officer for Barnsley Hospice under a service level agreement until 15 January 2015.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to APPROVE the change in Responsible Officer for the Trust from 1 October 2014 and for Barnsley Hospice until 15 January 2015.</b>
<b>Private session:</b>	Not applicable



With all of us in mind

# Integrated Performance Report

## Strategic Overview

**August 2014**



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# Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for August 2014 information unless stated. The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions.

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

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

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

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

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

# Strategic Overview Dashboard

## Business Strategic Performance Impact & Delivery

Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	QTD	YTD	Year End Forecast Position
Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	4
	Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4
CQC	CQC Quality Regulations (compliance breach)	CQC	Green	2	Green	Green	Green	Green	Green	Green	4
CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
IAPT	IAPT Kirklees: % Who Moved to Recovery	C	52%	57.62%	51.67%	41.48%	53.59%	50.19%	51.59%	51.06%	4
	IAPT Outcomes - Barnsley	C (FP)	90%	Not Avail	98.43%	97.42%	98.58%	Avail Sept 14	98.58%	98.14%	4
	IAPT Outcomes - Calderdale	C (FP)	90%	97.00%	100%	96.00%	82.76%	Avail Sept 14	82.76%	93.94%	4
	IAPT Outcomes - Kirklees	C (FP)	90%	100%	98.00%	95.81%	96.12%	Avail Sept 14	96.12%	97.48%	4
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	8	0	0	0	1	1	2	2	4
C-Diff	C Diff avoidable cases	C	0	0	0	0	0	Avail Sept 14	0	0	4
PSA Outcomes	% SU on CPA in Employment		10%	7.60%	7.80%	6.60%	7.47%	7.36%	7.42%	7.37%	3
	% SU on CPA in Settled Accommodation		60%	70.30%	72.20%	72.20%	71.28%	71.52%	71.40%	71.50%	4

## Customer Focus

Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	QTD	YTD	Forecast Position
Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	11.86%	17.39%	13%(8/61)	10%(7/69)	15%(8/53)	12.29%(15/122)	Not avail	4
MAV	Physical Violence - Against Patient by Patient	L	14-20	Within ER	Within ER	Above ER	Above ER	Above ER	Not avail	Not avail	3
	Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Within ER	Above ER	Not avail	Not avail	3
FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100%	100%	100%	100%	100%	100%	100%	4
Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	81.00%	81.00%	83.00%	83.00%	83.00%	83.00%	82.00%	4
Member's Council	% of Publicly Elected Council Members Actively Engaged in Trust Activity	L	> 50%	47.00%	47.00%	30.00%	30.00%	30.00%	30.00%	36.80%	4
	% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	100%	100%	100%	4
Membership	% of Population Served Recruited as Members of the Trust	M	1%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	4
	% of 'Active' Members Engaged in Trust Initiatives	M	50%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	4
Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	4
	% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	88.00%	88.00%	88.00%	88.00%	92.80%	4
	% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%	100%	4

Operational Effectiveness: Process Effectiveness											
Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	QTD	YTD	Forecast Position
Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M/C (FP)	95%	98.14%	99.80%	99.10%	99.00%	99.00%	99.00%	99.01%	4
	Max time of 18 weeks from point of referral to treatment - incomplete pathway	M/C (FP)	92%	96.66%	98.70%	98.50%	97.34%	97.34%	97.34%	97.71%	4
	Delayed Transfers Of Care (DTOC) (Monitor)	M	7.50%	3.32%	4.18%	4.18%	3.82%	3.66%	3.74%	3.95%	4
	% Admissions Gatekept by CRS Teams (Monitor)	M	95%	100%	100%	100%	100%	99.04%	99.57%	99.85%	4
	% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	M/C (FP)	95%	97.19%	96.35%	96.84%	97.31%	95.59%	96.58%	96.71%	4
	% SU on CPA Having Formal Review Within 12 Months (Monitor)	M	95%	95.90%	94.00%	96.50%	94.02%	94.58%	94.58%	95.53%	4
	Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	179.49%	207.97%	186.19%	166.67%	166.67%	166.67%	181.39%	4
	Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%	100%	4
	Data completeness: comm services - Referral information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	4
	Data completeness: comm services - Treatment activity information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	4
	Data completeness: Identifiers (mental health) (Monitor)	M	97%	99.40%	99.40%	99.40%	99.52%	99.56%	99.52%	99.90%	4
	Data completeness: Outcomes for patients on CPA (Monitor)	M	50%	83.00%	84.70%	84.40%	84.77%	83.80%	84.77%	84.03%	4
Data Quality	Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4
	% Inpatients (All Discharged Clients) with Valid Diagnosis Code	L	99%	90.80%	99.10%	81.70%	99.50%	100%	99.50%	94.22%	4
	% Valid NHS Number	C (FP)	99%	Not avail	Not avail	Not avail	99.91%	99.63%	99.91%	99.91%	4
Mental Health PbR	% Valid Ethnic Coding	C (FP)	90%	Not avail	Not avail	Not avail	93.66%	84.87%	93.66%	93.66%	4
	% of eligible cases assigned a cluster	L	100%	95.30%	95.70%	95.90%	86.72%	95.99%	86.72%	93.92%	3
	% of eligible cases assigned a cluster within previous 12 months	L	100%	80.40%	80.20%	80.10%	73.72%	79.49%	73.72%	78.78%	3

Fit for the future Workplace											
Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	QTD	YTD	Forecast Position
Appraisal	% of Staff Who Have Had an Appraisal in the Last 12 Months	L	90%	Not Avail	Not Avail	22.31%	58.79%	74.56%	66.68%	51.89%	4
Sickness	Sickness Absence Rate (YTD)	L	4%	4.70%	4.80%	4.80%	4.70%	4.60%	4.80%	4.60%	3
Vacancy	Vacancy Rate	L	10%	2.50%	3.50%	4.60%		4.50%	4.50%	3.78%	4
Safeguarding	Adult Safeguarding Training	L	80%	70.11%	72.25%	72.37%	75.54%	77.30%	76.42%	73.51%	3
Fire	Fire Attendance	L	80%	74.39%	74.75%	76.74%	77.71%	80.50%	79.11%	76.82%	3
IG	IG Training	M	95%	90.47%	89.31%	89.91%	89.68%	89.24%	89.46%	89.72%	3

<p><b>Impact and Delivery</b></p> <ul style="list-style-type: none"> <li>Compliance - The Trust still has 2 CQC compliance actions outstanding until such time as the CQC re-inspect. The action plan related to the compliance actions has been fullyimplemented.</li> <li>Year to date and forecast is green for Monitor Risk Ratings and CQC compliance</li> <li>Quarter One Quality indicators (CQUINs) was submitted at the end of July. Achievement of Q1 was 88%. The risk assessment on achievement of all indicators for 2014/15 is predicting a potential shortfall in income of £500k which is 11% of the income linked to these indicators.</li> <li>Number of service users on CPA in employment – continues to be below 10% and has deteriorated slightly compared to July 14. Benchmarking has been undertaken to compare achievement between BDUs.</li> </ul> <p>Investigations regarding data collection have taken place to demonstrate level of involvement in activities which will increase the chances of service users gaining employment e.g. volunteering.</p> <p><b>Operational Effectiveness</b></p> <ul style="list-style-type: none"> <li>Data quality (DQ) key performance issues linked to clinical record keeping, case management and the caseload allocation in teams. This can be seen in the cluster assignment and review performance. Emphasis will be placed on resolving DQ issues linked to reviews during the month.</li> <li>The trajectory compared to 2013-14 is one of improved performance. Improving clinical record keeping and clustering are key objectives in all the BDU data quality plans which are reviewed by the Data quality Steering Group chaired by the Director of Nursing.</li> </ul> <p><b>Workforce</b></p> <ul style="list-style-type: none"> <li>Sickness remains above trajectory at end of August 14 but has decreased to the lowest level since April 14. Work continues to focus on reducing sickness related absence within the Trust.</li> <li>Review of mandatory training KPIs are being undertaken by HR to focus on key staff groups and risk areas which can be reflected in the performance report – August 14 evidences a slight increase in performance against specific mandatory training areas to support this.</li> <li>BDUs and Support services continue to review compliance with mandatory training to ensure completion. This is supported by the staff appraisal and objective setting process.</li> </ul>	
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KEY	
4	Forecast met, no plan required/plan in place likely to deliver
3	Forecast risk not met, plan in place but unlikely to deliver
2	Forecast high risk not met, plan in place but vey unlikely to deliver
1	Forecast Not met, no plan / plan will not deliver
M	Monitor
C	Contract
C (FP)	Contract (Financial Penalty)
L	Local (Internal Monitoring
ER	Expected Range

## Overall Financial Position

Performance Indicator		Month 5 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent			Assurance
Trust Targets					4	3	2	
1	Monitor Risk Rating equal to or ahead of plan							4
2	£2.58m Surplus on Income & Expenditure							4
3	Cash position equal to or ahead of plan							4
4	Capital Expenditure within 15% of plan.							4
5	Delivery of Recurrent CIP							3
6	In month Better Payment Practice Code							4

### Summary Financial Performance

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

1. The Financial Risk Rating (Risk Assessment Rating) is 4 against a plan level of 4. A score of 4 is the highest possible.

2. The year to date position, as at August 2014 is showing a net surplus of £3.9m which is £1.8m ahead of plan.

This includes a £1.3m asset revaluation undertaken in month (planned to be actioned in month 3) and is predominately due to underspends on pay.

The Trust forecast position remains in line with plan. The forecast position within Operational BDU budgets have improved from month 4 and this means that less provisions are required to manage this position.

3. At August 2014 the cash position is £35.22m which is £2.02m ahead of plan.

4. Capital spend to August 2014 is £1.76m which is £0.13m (7%) behind the revised Trust capital plan. The revised plan was triggered by the Quarter 1 Monitor return. Overall the Trust Capital Programme remains as £11.8m.

5. At Month 5 the Cost Improvement Programme is £0.34m ahead of plan of £4.33m. (7.9%) Based upon current knowledge it is forecast that there will be a £0.78m shortfall (outstanding schemes rated as red ) and therefore these schemes will need to be finalised or further substitute schemes will need to be introduced. This is included within the overall Trust forecast position.

6. As at 31st August 2014 (Month 5) 89% of NHS and 94% of non NHS invoices have achieved the 30 day payment target (95%).

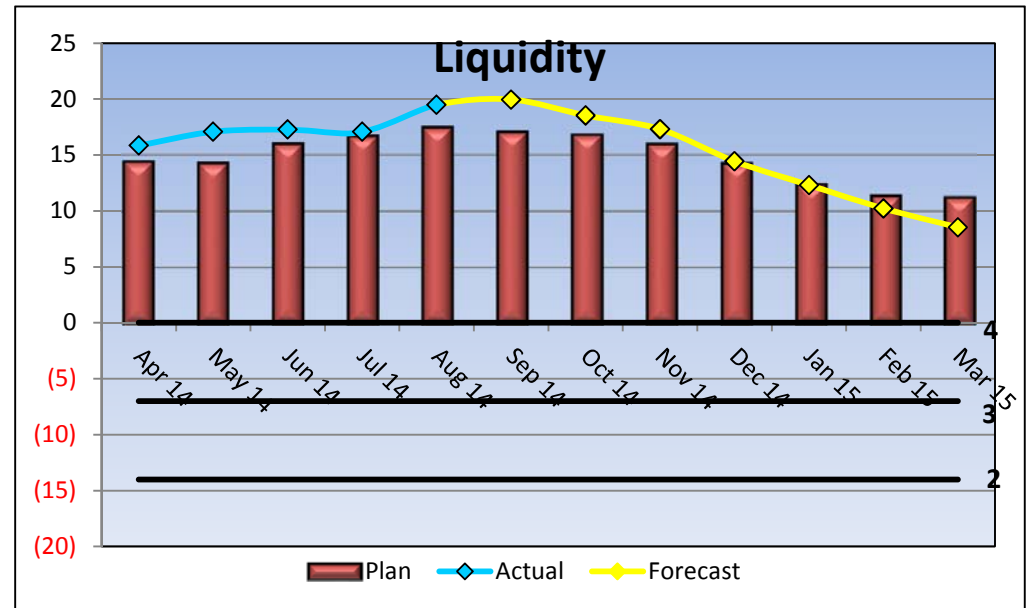
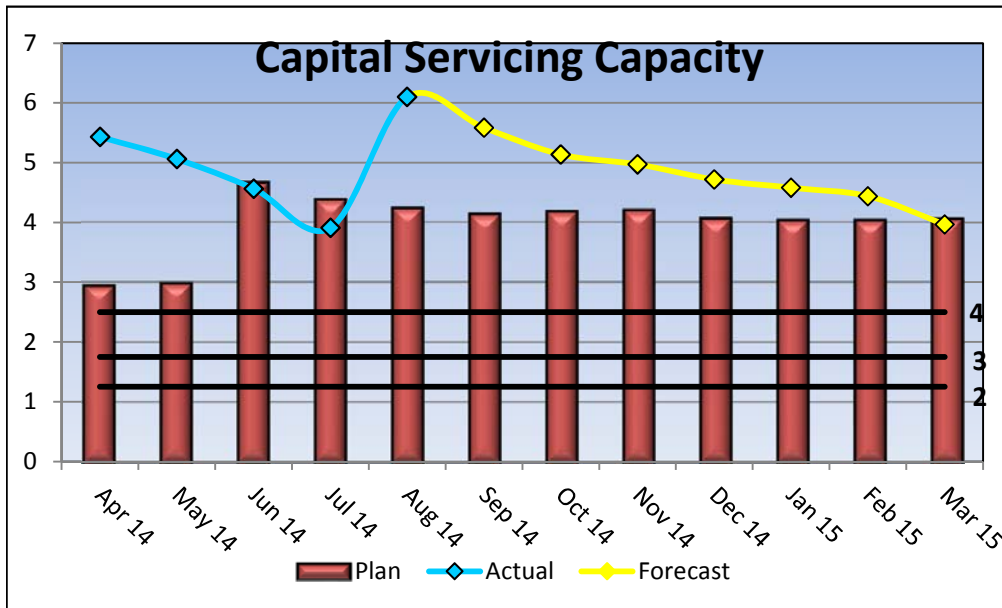


## Monitor Risk Rating

Continuity of Service Risk Rating 2014 / 2015				
	Actual Performance		Annual Plan August 2014	
Metric	Score	Rating	Score	Rating
Capital Servicing Capacity	6.1	4	4.2	4
Liquidity	19.5	4	17.5	4
Weighted Average		4		4

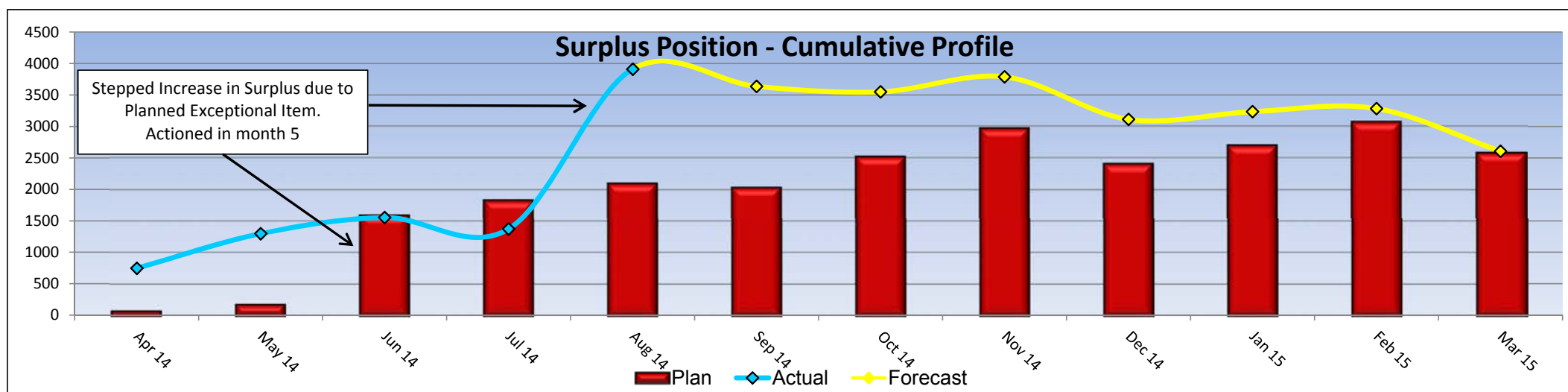
Overall the Trust maintains a Continuity of Service Risk Rating of 4 and maintains a material level of headroom before this position is at risk. This is shown in the graphs below.

The movement in the Capital Servicing Capacity ratio in month 5 is primarily due to the Trust Asset revaluation undertaken. This was planned for month 3.



## Income & Expenditure Position 2014 / 2015

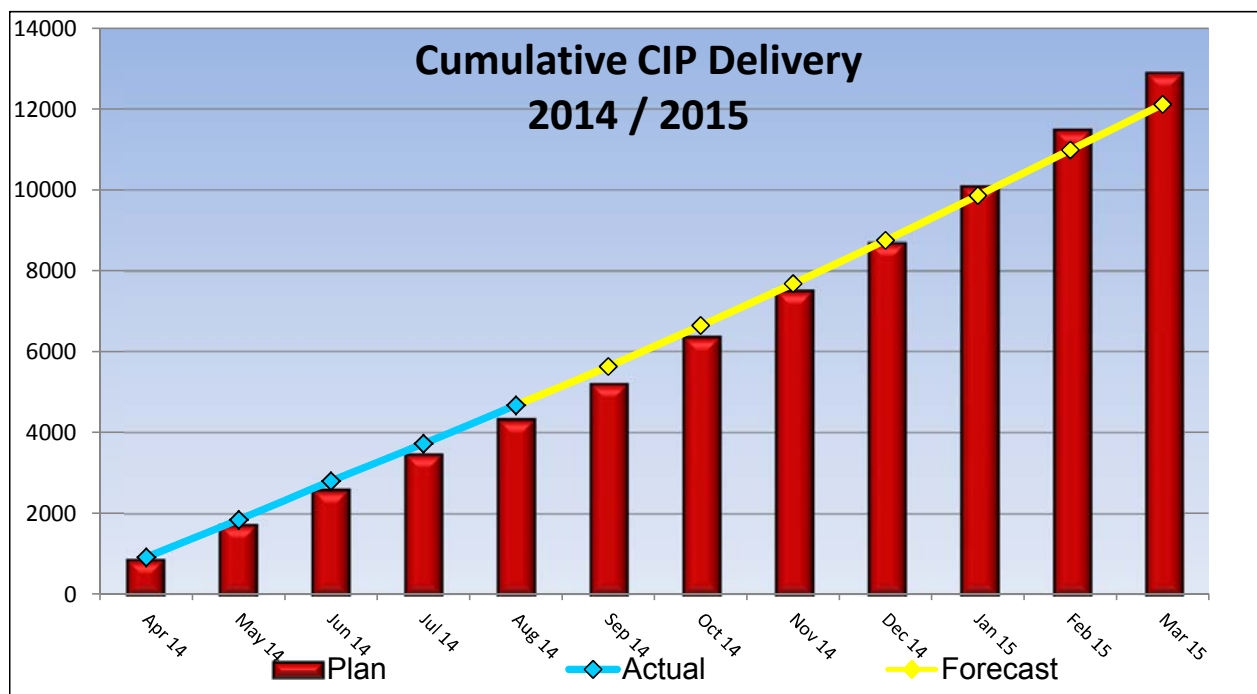
Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				(18,130)	(18,241)	(110)	Clinical Revenue	(90,661)	(90,565)	97	(217,839)	(217,302)	538
				(18,130)	(18,241)	(110)	<b>Total Clinical Revenue</b>	(90,661)	(90,565)	97	(217,839)	(217,302)	538
				(1,391)	(1,476)	(85)	Other Operating Revenue	(6,175)	(6,365)	(190)	(14,126)	(14,775)	(649)
				(19,522)	(19,717)	(195)	<b>Total Revenue</b>	(96,836)	(96,929)	(93)	(231,966)	(232,077)	(111)
4,557	4,350	(207)	4.5%	14,619	14,180	(438)	BDU Expenditure - Pay	73,073	71,203	(1,870)	173,114	173,029	(85)
				3,825	4,051	226	BDU Expenditure - Non Pay	19,033	19,434	402	45,785	47,052	1,266
				(53)	(326)	(273)	Provisions	460	390	(70)	2,829	2,192	(637)
4,557	4,350	(207)	4.5%	18,391	17,905	(485)	<b>Total Operating Expenses</b>	92,566	91,027	(1,538)	221,729	222,273	544
4,557	4,350	(207)	4.5%	(1,131)	(1,811)	(681)	<b>EBITDA</b>	(4,270)	(5,902)	(1,632)	(10,237)	(9,804)	433
				433	429	(4)	Depreciation	2,163	2,125	(38)	5,191	5,159	(32)
				264	130	(134)	PDC Paid	1,318	1,184	(134)	3,164	2,842	(322)
				0	(9)	(9)	Interest Received	0	(40)	(40)	0	(103)	(103)
				0	(1,280)	(1,280)	Impairment of Assets	(1,300)	(1,280)	20	(700)	(700)	0
4,557	4,350	(207)	4.5%	(435)	(2,542)	(2,107)	<b>Surplus</b>	(2,089)	(3,913)	(1,824)	(2,582)	(2,606)	(24)



# Summary Performance of Cost Improvement Programme

## Delivery of Cost Improvement Programme 2014 / 2015

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Monitor Submission	864	864	864	868	868	868	1,159	1,159	1,182	1,400	1,400	1,400	4,328	12,898
Target - Cumulative	864	1,727	2,591	3,459	4,328	5,196	6,355	7,515	8,697	10,097	11,497	12,898	4,328	12,898
Delivery as planned	786	1,597	2,382	3,162	3,944	4,729	5,573	6,424	7,298	8,197	9,099	10,001	3,944	10,001
Mitigations - Recurrent	64	128	248	331	440	551	669	792	919	1,052	1,201	1,350	440	1,350
Mitigations - Non Recurrent	56	112	166	226	286	347	401	462	533	609	686	764	286	764
<b>Total Delivery</b>	<b>906</b>	<b>1,836</b>	<b>2,795</b>	<b>3,718</b>	<b>4,670</b>	<b>5,627</b>	<b>6,643</b>	<b>7,678</b>	<b>8,749</b>	<b>9,858</b>	<b>10,986</b>	<b>12,115</b>	<b>4,670</b>	<b>12,115</b>
Shortfall / Unidentified	(43)	(109)	(204)	(259)	(342)	(431)	(287)	(163)	(52)	239	511	782	(342)	782

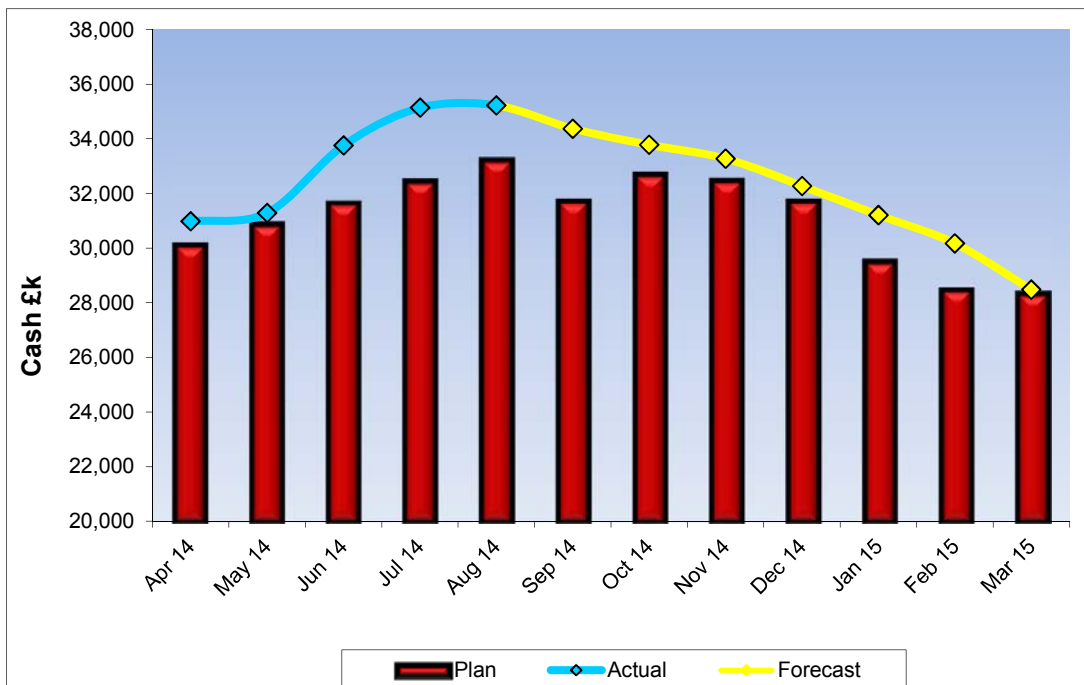


The profile of the Trust Cost Improvement Programme for 2014 / 2015 is outlined above. This profile demonstrates the Trust's plan to further expenditure reductions in Quarters 3 and 4.

The current position is a £384k shortfall against the original plan. However substitutions actioned by BDU's mean that the Trust is ahead of plan at month 5 by £342k. The overall forecast is a £782k shortfall as schemes planned for later in the year are currently not finalised.

This is based upon information available at this current time and it's a prudent assessment of delivery. This has been reflected within the overall Trust forecast position.

# Cash Flow Forecast 2014 / 2015



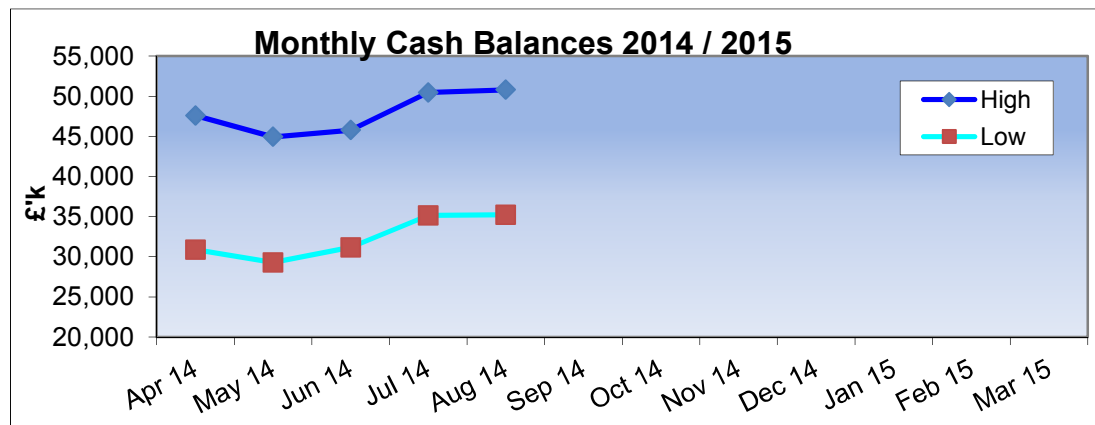
The Cash position provides a key element of the Continuity of Service Risk Rating. As such this is monitored and reviewed on a daily basis.

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

Overall the cash position for August 2014 is £35.22 m which is £2.02 m ahead of plan.

In line with the current Trust expenditure profile, utilising of provisions and other balance sheet movements it is forecast that the cash position will reduce during 2014 / 2015.

	Plan	Actual
	£k	£k
Opening Balance	33,114	33,114
Closing Balance	33,200	35,218



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

The highest balance is : £50.8m.

The lowest balance is : £35.22m.

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

# Capital Programme 2014 / 2015

Capital Expenditure Plans - Application of funds	REVISED Annual Budget £k	REVISED Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
<b>Maintenance (Minor) Capital</b>							
Facilities & Small Schemes	2,267	975	594	(381)	2,613	346	3
<b>Total Minor Capital</b>	<b>2,267</b>	<b>975</b>	<b>594</b>	<b>(381)</b>	<b>2,613</b>	<b>346</b>	
<b>Major Capital Schemes</b>							
Hub Development / Forensics	6,025	409	707	298	5,723	(302)	4
Fieldhead Hospital Development	3,038	375	402	27	2,985	(53)	
IM&T	450	130	50	(79)	450	0	
<b>Total Major Schemes</b>	<b>9,513</b>	<b>913</b>	<b>1,159</b>	<b>245</b>	<b>9,158</b>	<b>(355)</b>	
VAT Refunds			9	9	9	9	
<b>TOTALS</b>	<b>11,780</b>	<b>1,888</b>	<b>1,762</b>	<b>(126)</b>	<b>11,780</b>	<b>0</b>	1, 2

## Capital Expenditure 2014 / 2015

1. The total Capital Programme for 2014 / 2015 is £11.78m. As part of the Quarter 1 Monitor return, there was a requirement to issue a revised capital plan and these revised figures are shown.

The overall capital programme remains unchanged as £11.78m but the profile has been revised.

2. The year to date position is £126k under the revised plan (7%). The forecast is that the Capital Programme will be delivered in full. The main headlines behind this position are:

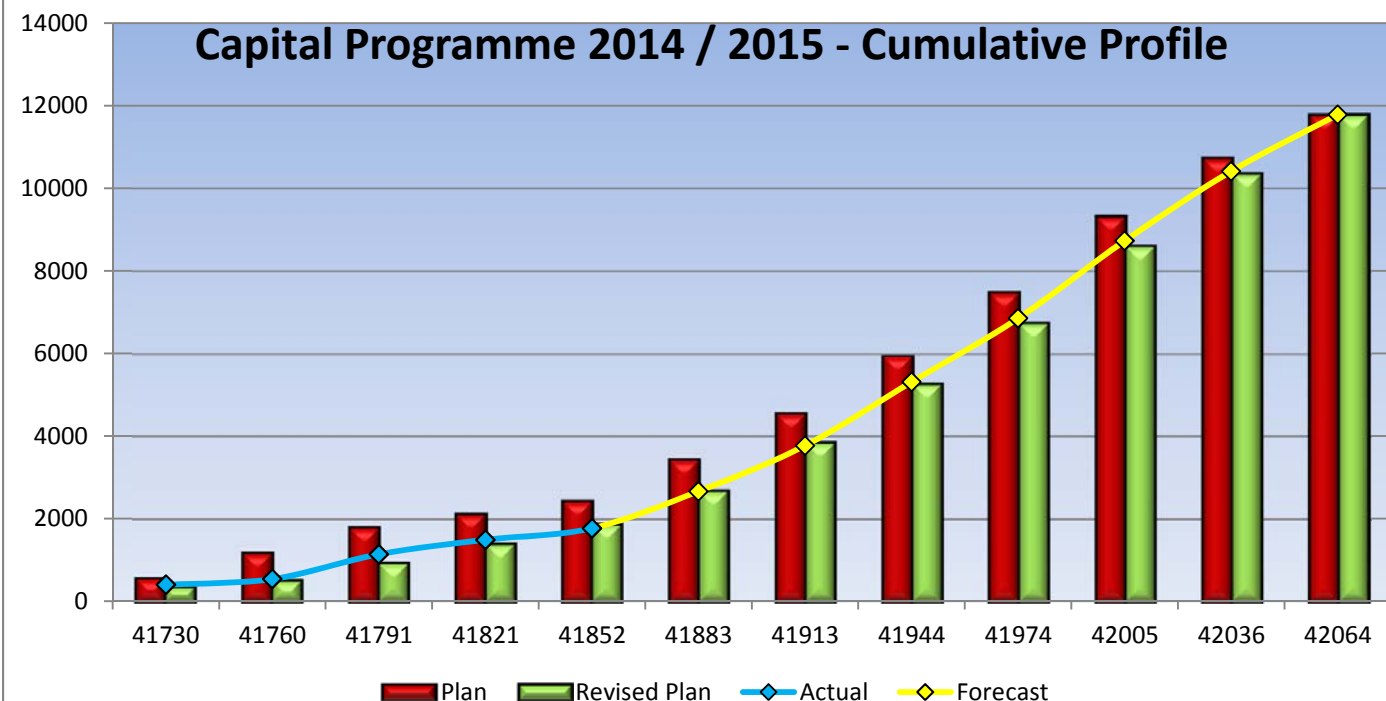
3. Timing delays in the implementation of Facilities and small schemes have been addressed and orders have now been placed. This will be reflected in a movement back in line with plan in the coming months.

4. Whilst the Hub developments overall are currently ahead of plan, a risk has been identified as planning permissions are taking longer than planned. This is profiled to be back in line with plan within Quarter 3.

Additionally in month the Trust have :

- \* Disposed of a Trust asset and the income generated from this sale is reflected within the Trust cash position

- \* Completed the revaluation of a Trust asset following granting of planning consent



# Better Payment Practice Code

NHS		
	Number	Value
	%	%
Year to July 2014	89.5%	82.0%
Year to August 2014	88.6%	91.4%

Non NHS		
	Number	Value
	%	%
Year to July 2014	94.0%	90.5%
Year to August 2014	93.8%	89.9%

Local Suppliers - 10 days		
	Number	Value
	%	%
Year to July 2014	73.8%	56.6%
Year to August 2014	76.6%	60.7%

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

The performance against target for NHS invoices is 89% of the total number of invoices that have been paid within 30 days and 91% by the value of invoices.

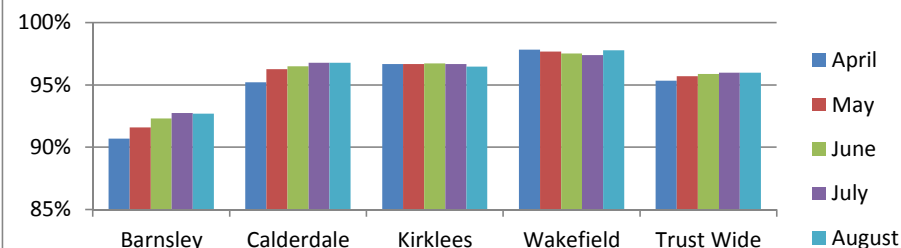
The performance against target for Non NHS invoices is 94% of the total number of invoices that have been paid within 30 days and 90% by the value of invoices.

The Government has asked Public Sector bodies to try and pay Local Suppliers within 10 days, though this is not mandatory for the NHS. This was adopted by the Trust in November 2008.

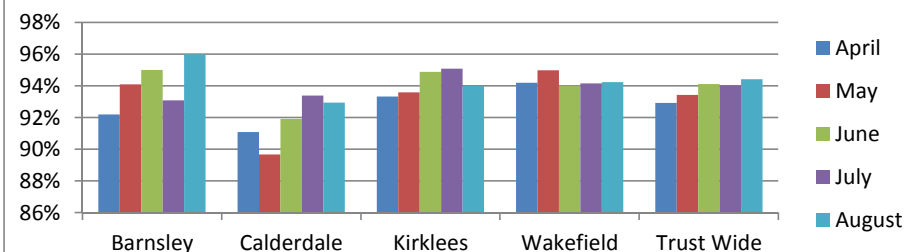
To date the Trust has paid 77% of Local Supplier invoices by volume and 61% by the value of invoices within 10 days.

# Mental Health Currency Development

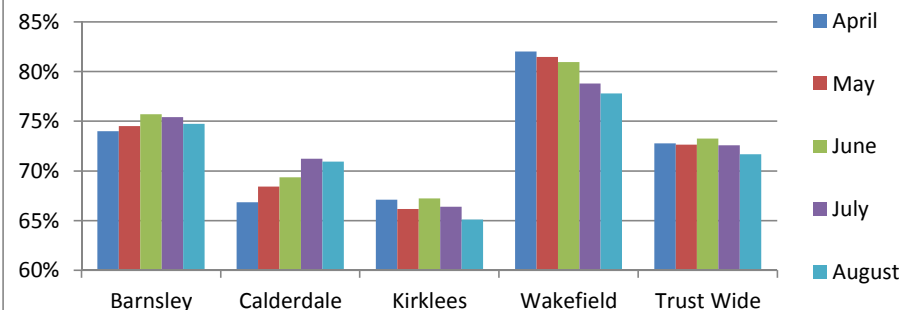
**% Total Eligible Service Users on Caseload - Clustered**



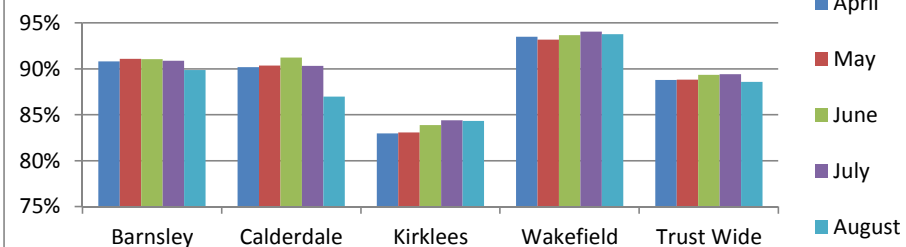
**% Adherence to Care Transition Protocols**



**% of Service Users Reviewed within Cluster frequency**



**Care Coordinator Recorded**



## External

CROM Publication of 4 factor model with HSCIC by November 2014  
 PREM engagement still ongoing with CQC – locally we are to give feedback  
 PROM - SWEMWEBS final report Dec 2014 Sheffield Researchers may identify another PROM  
 Quality Indicators- further set put forward - no funding in place to deliver this work  
 Data sharing agreement with HSCIC ends at the end of November

## Internal

Development of CROM reporting has begun but is currently on hold due to the pressures around Calderdale/Kirklees CAMHS recovery work. Development will recommence late September.

HSCIC interactive indicator Tool has been published for April & May – we need to look at this internally and compare to our results as they are quite different.

To feedback internal discussions re: PREM

IAPT – has been picked up again and the national meeting will be in 2 weeks. There are no pilot sites identified in SWYT

CAMHS- National project with no local pilot sites identified

CP&PP LD PbR Project - Follow up internal steering meeting took place on 21st August, Calderdale pilot commencing 1 October, Further meeting 17th November to present initial outputs

## Data Quality

HSCIC interactive indicator Tool has been published for April & May – we need to look at this internally and compare to our results as they are quite different.

## August Position - Hotspots

**Barnsley** achieved 93% clustered and 75% reviewed within frequency and a small decrease in clients with no CC recorded at 90%

MHAT and Psychology OPS are not routinely recording care co-ordinator making it difficult to identify who is responsible for clustering and reviewing

**Kirklees** clustered has fallen to 96% and reviewed within frequency has fallen again to 65% of which 82% are within OPS

CMHT's are becoming more proactive at managing caseloads and they are making progress with care coordination recording and reviews

**Calderdale** WWA Psychology waiting list contributes to low CC recording and low reviewed in frequency results

**Calderdale** OPS memory services make up 50% of all clients not reviewed

## WAA Wakefield

Castleford Psychology have improved again to achieve 95% clustered

All CMHTs have improved with % Clustered

Specialist Psychological Therapies continues to be of concern

Crisis/IHBT have a poor adherence to red rules

Wakefield inpatient areas continue to have inappropriate cluster profiles.

## OPS Wakefield

All teams are not meeting the thresholds

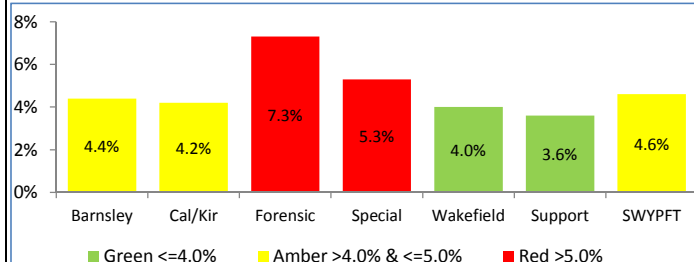
Calderdale WWA Psychology waiting list contributes to low CC recording and low reviewed in frequency results

OPS memory services make up 50% of all clients not reviewed



# Workforce

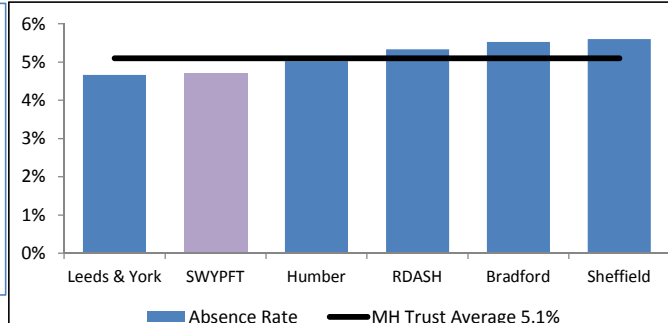
## Sickness Absence



### Current Absence Position - July 2014

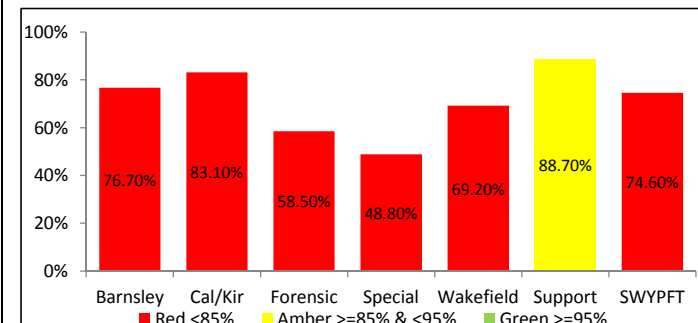
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	4.3%	7.5%	5.9%	4.3%	3.6%	4.8%
Tren	↓	↓	↑	↓	↓	↓	↓

The Trust YTD absence levels in July 2014 (chart above) were above the 4% target at 4.6%



The above chart shows absence levels in MH/LD Trusts in our region for 2013/14. During this time the Trust's absence rate was 4.7% which is below the regional average of 5.1%.

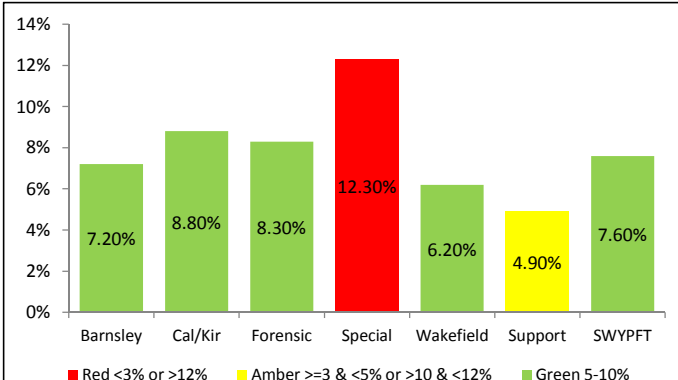
## Appraisals - Band 6s and above



The above chart shows appraisals rates for Band 6s and above. The Trust is below the 95% target with only three-quarters of staff on Band 6 and above having an appraisal so far this financial year.

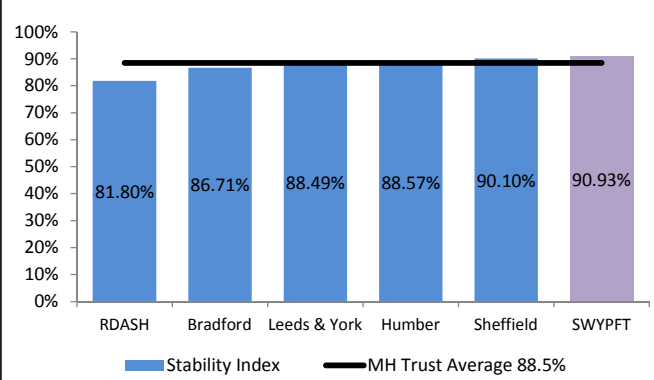
All appraisals for non-medical staff should be completed by the end of September 2014.

## Turnover and Stability Rate Benchmark



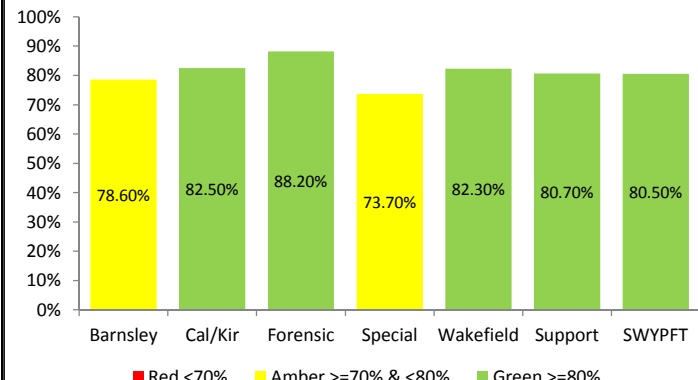
This chart shows Turnover levels up to the end of August 2014.

Overall turnover is within the target range of 5% to 10%. However, in Specialist Services turnover is above this level. Turnover in Specialist Services will continue to be monitored over the next few months.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in June 2014. The stability rate shows the percentage of staff employed with over a years' service. It shows that the Trust has the best stability rate compared with other MH/LD Trusts in our region.

## Fire Lecture Attendance

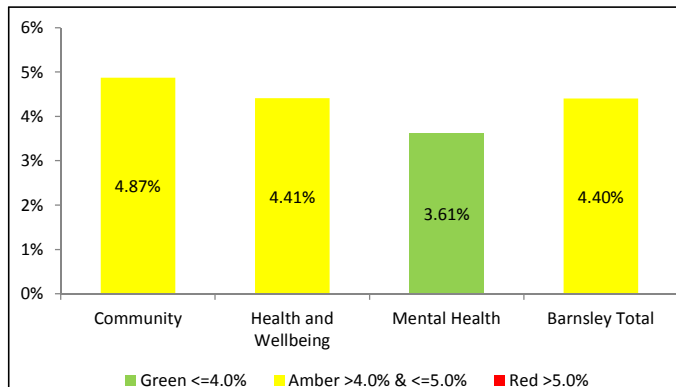


The Trust has now achieved its 80% target for fire lecture training. Barnsley BDU and Specialist Services are not currently achieving the target, however, fire training levels improved last month.

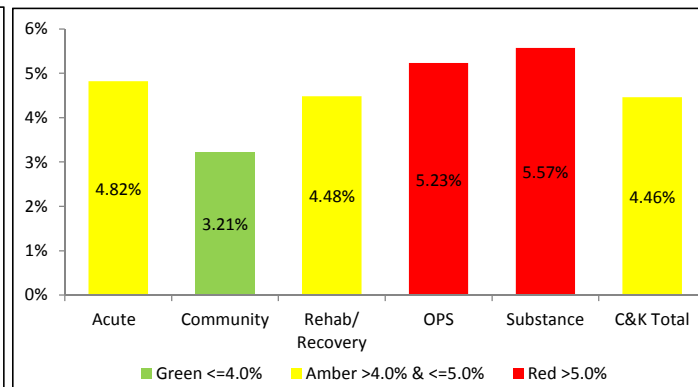


## Workforce... cont ; Sickness Absence YTD to July 2014

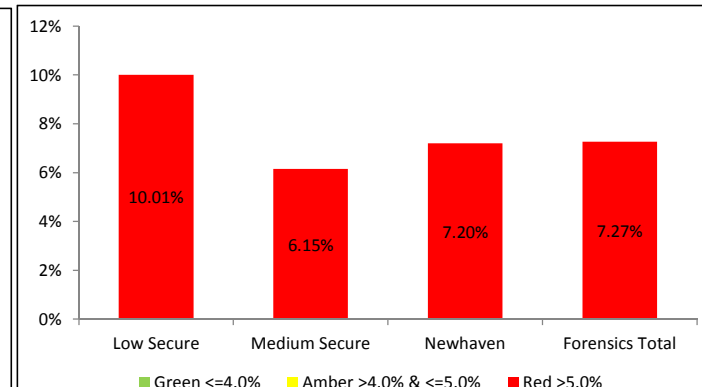
### Sickness Absence - Barnsley BDU



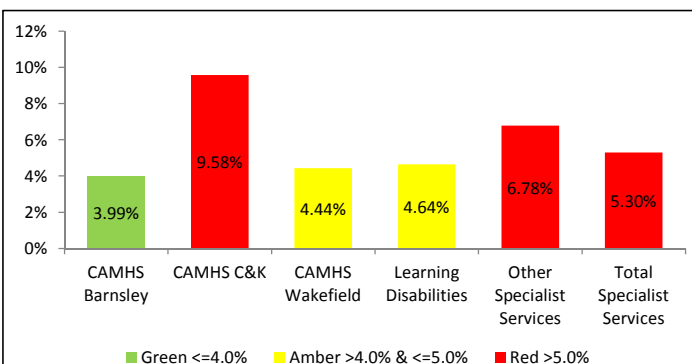
### Sickness Absence - Calderdale & Kirklees BDU



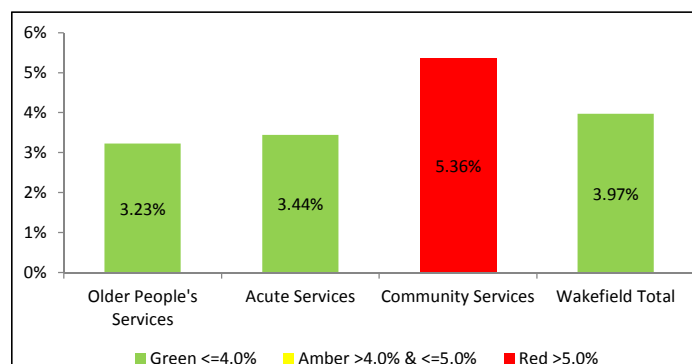
### Sickness Absence - Forensic Services



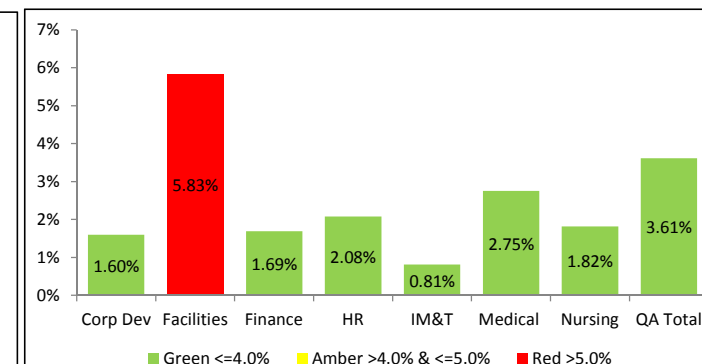
### Sickness Absence - Specialist Services



### Sickness Absence - Wakefield BDU



### Sickness Absence - Support/Quality Academy



# Glossary

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

## Trust Board 23 September 2014

### Agenda item 7.2(i)

<b>Title:</b>	<b>Serious incident report Q1 2014/15</b>
<b>Paper prepared by:</b>	Director of Nursing, Clinical Governance and Safety
<b>Purpose:</b>	This report is providing overall information in relation to incidents in Quarter 1 and more detailed information in relation to serious incidents.
<b>Mission/values:</b>	<ul style="list-style-type: none"> <li>➤ Honest, Open and Transparent</li> <li>➤ Person First and in the Centre</li> </ul>
<b>Any background papers/ previously considered by:</b>	A more detailed report is sent quarterly to the CGCSC. Previous quarterly reports which have been submitted to Trust Board. The annual report which is submitted to CGCSC.
<b>Executive summary:</b>	<ul style="list-style-type: none"> <li>➤ This has overall figures for incident reporting – Trust reporting is showing a slight upward trend over previous years which demonstrate a positive reporting culture.</li> <li>➤ There have been no 'Never Events' reported in the Trust during quarter 1.</li> <li>➤ There have been 32 SIs during quarter 1. The number of pressure ulcer incidents has reduced during Q1 (9) compared with the previous quarter (16). The highest category of serious incident during Quarter 1 is apparent suicides of current service users (11) and those discharged within 12 months (2) and other unexpected death (6).</li> <li>➤ The apparent suspected suicide numbers in quarter 1 are high when compared with expectation across the year identified using benchmarking from NCI and population size. Analysis has taken place and no trends can be identified, this position will be closely monitored.</li> <li>➤ The independent review process has taken place in relation to the Kirklees Homicide cases 2010.9926, 2011.11370 and 2011.11502. The review is level C which is mainly desktop with some interviews. The aim is to get the investigation reports to Trust Board in October/ November 2014. NHS England has also requested the investigations covers the learning outcomes from 3 previous Kirklees homicides that took place in 2007/8. First draft reports for accuracy checks have been received so the process is on track.</li> <li>➤ The Quarterly reports have been produced and shared with the CGCSC and BDUs.</li> </ul>
<b>Recommendation:</b>	<b>Trust Board is asked to receive the report and note the contents</b>
<b>Private session:</b>	Not applicable

## Trust-wide Incident Management Summary Report

For Quarter 1 2014/15 (01/04/2014 – 30/06/2014)

Prepared on 14 July 2014

This summary report has been prepared by the Patient Safety Support Team to bring together trust wide information on incident activity during Quarter 1 (April to June 2014), including reported serious incidents.

The content of the report has been structured into separate report sections, which can be accessed within this report

Section		Page
1	Updates from the Patient Safety Support Team	
	1.1 Incident Reporting and Datix Web Updates	2
	1.2 Work in progress for implementation in quarter 2	2
	1.3 Changes implemented in quarter 1	2
	1.4 Changes in service in quarter 1	2
	1.5 Details of requests for analysis of incident data received from BDU and directorates	2
	1.6 Freedom of Information Requests	3
2	Trust wide incident data analysis	4
3	Learning points received by Specialist Advisors	7
4.	Trust wide Serious Incident report	8

## **1 Updates from the Patient Safety Support Team**

### **1.1 Incident Reporting and Datixweb Updates**

- ... The Incident Management Annual Report was completed
- ... The Patient Safety Support Team intranet page review completed
- ... New Manager/Refresher Training package on the subject of Datix was completed and sessions booked. Details were placed in the Learning and Development brochure

### **1.2 Work in Progress for Implementation in Quarter 2**

- ... Changes in the Slip, Trip and Falls sub categories
- ... Changes in the safeguarding categories which will include sub categories that reflect the PREVENT agenda.
- ... Undertake first training session on Datix for New Managers and those requiring a refresher on Datix
- ... Review of the quarterly reports format
- ... Add updates to Patient Safety Support Team intranet page

### **1.3 Changes Implemented During Quarter 1**

There were no changes implemented by the Patient Safety Support team during the quarter

### **1.4 Changes in services in Quarter 1**

The Patient Safety Support Team has not been made aware of any changes in service within quarter 1.

### **1.5 Incident Analysis requests from BDUs**

During Quarter 1, the Patient Safety Support Team has responded to further requests for analysis of incident data, summarised below:

<b>BDU</b>	<b>Quarter 1 14/15</b>
Kirklees BDU	Community Assessment Team last 6 incident details for mock CQC visit
Calderdale BDU	List of SI Actions with web references
Wakefield BDU	There were no requests for information requiring analysis by Wakefield BDU
Barnsley BDU	... Report of Pressure Ulcers by sub category for the previous financial year ... List of young people involved in deaths within Mental Health
Forensic BDU	Low Secure Incidents for past 3 years.
Trust wide	... SI Deaths required by the Compliance Team ... Report of all incidents reported by team member in Pharmacy

<b>BDU</b>	<b>Quarter 1 14/15</b>
	... Benchmarking Data requested and completed for Mental Health Services 2013/14.

### Freedom of Information Requests received within Quarter 1

<b>Request Reference</b>	<b>Information Requested</b>
724	<p>How many suicides occurred on mental health wards In 2009? In 2011? In 2013?</p> <p>How many suicides occurred among mental health patients being treated in the community In 2009? In 2011? In 2013?</p> <p>How many homicides were committed by mental health patients while being treated in hospital In 2009? In 2011? In 2013?</p> <p>How many homicides were committed by mental health patients while being treated in the community In 2009? In 2011? In 2013?</p>
740	<p>What is the number of</p> <p>a) self-harm incidents, b) restraining episodes c) Suicide attempts (ligature, overdose or other) on your hospital/mental health wards for each of the last 4 years?</p>
749	Serious Incidents reported by date and type since March 2011
	'Investigation executive summaries' that the Trust has produced for any of the serious incidents.

## 2 Analysis of all Incidents Reported Trust wide

It should be noted that the number of incidents highlighted in this report for the quarter (and previous quarters) may differ from other reports, due to incident figures fluctuating, reasons for this include factors such as changes to coding (e.g. grading, categorisation and location) made during the incident review process.

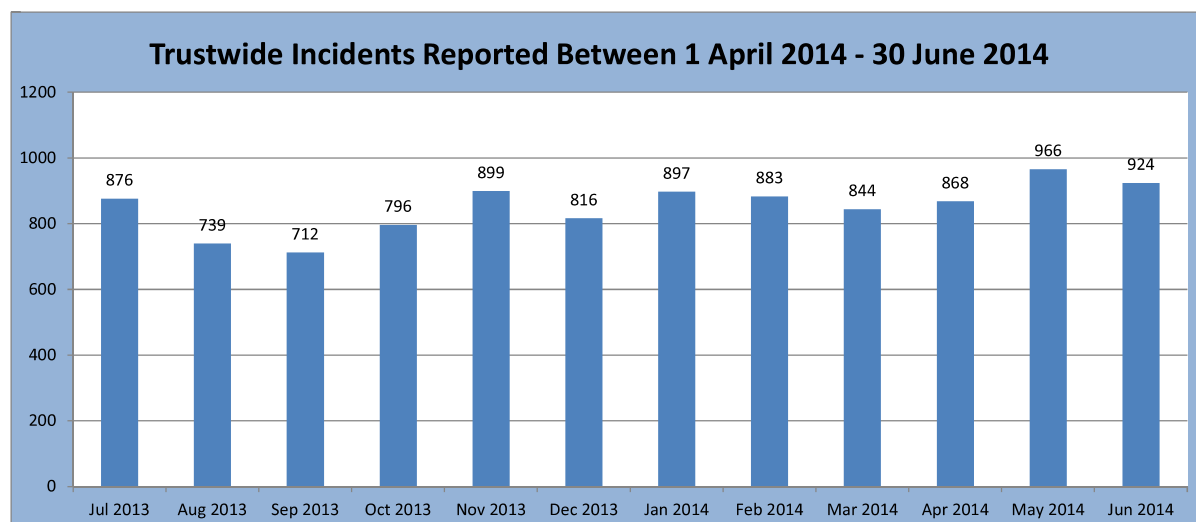
The incident data for Quarter 1 14/15 has been compared with previous quarters where possible.

Data for this period includes all reported incidents as at 14 July 2014; however it should be noted that incident categorisation and severity grading's may also be subject to change, once the review process has been completed by the reviewing manager.

A total of **2758** adverse incidents were reported in the Trust during Quarter 1 2014/15. This is an increase of 134 on the previous quarter.

### Graph 1 – Incidents Reported Over the Past Year

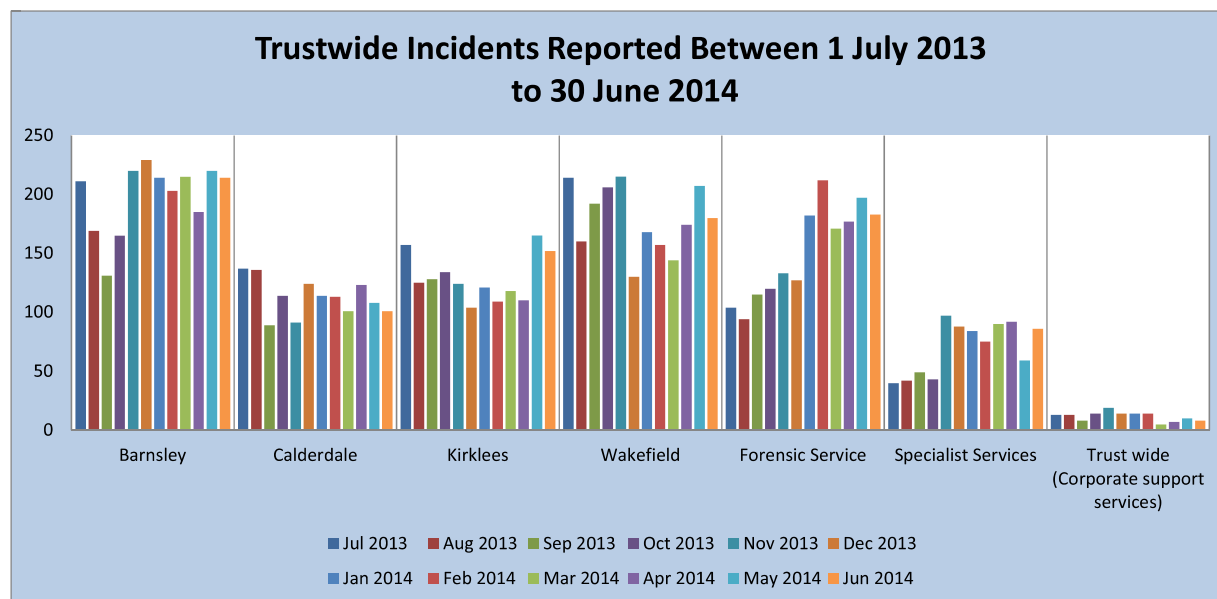
May 2014 saw the most significant number of incidents reported throughout the period, this was followed by June 2014.



During the last 12 months each quarter has seen an increase of incidents reported in comparison with the previous one. The number of physical and verbal aggression incidents by patients has increased in line with the overall figures. Grade 2 pressure ulcers have also increased quite significantly in comparison to last year.

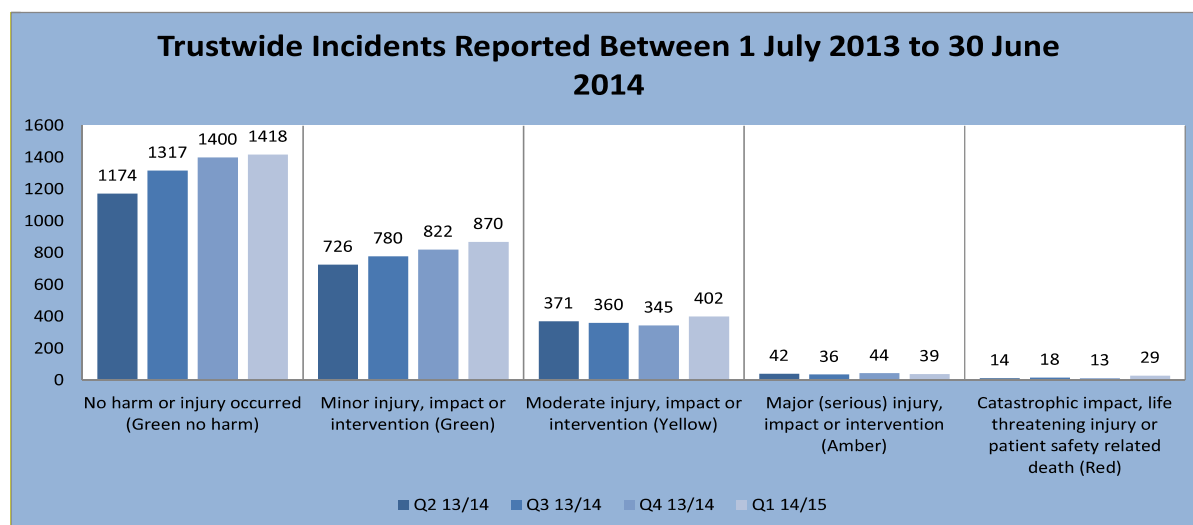
**Graph 2 - Trust Wide Incidents by the BDU/Directorate Where They Occurred Over a Rolling 4 Quarter Period (1 July 2013 to 30 June 2014)**

Kirklees incidents have increased by 79 compared with the previous quarter and Wakefield's have increased by 92. All other BDU's have either seen a reduction or a very small increase in the level of incidents reported.



**Graph 3 - Trust Wide Incidents Broken Down by Severity, Over a Rolling 4 Quarter Period (1 July 2013 to 3 June 2014)**

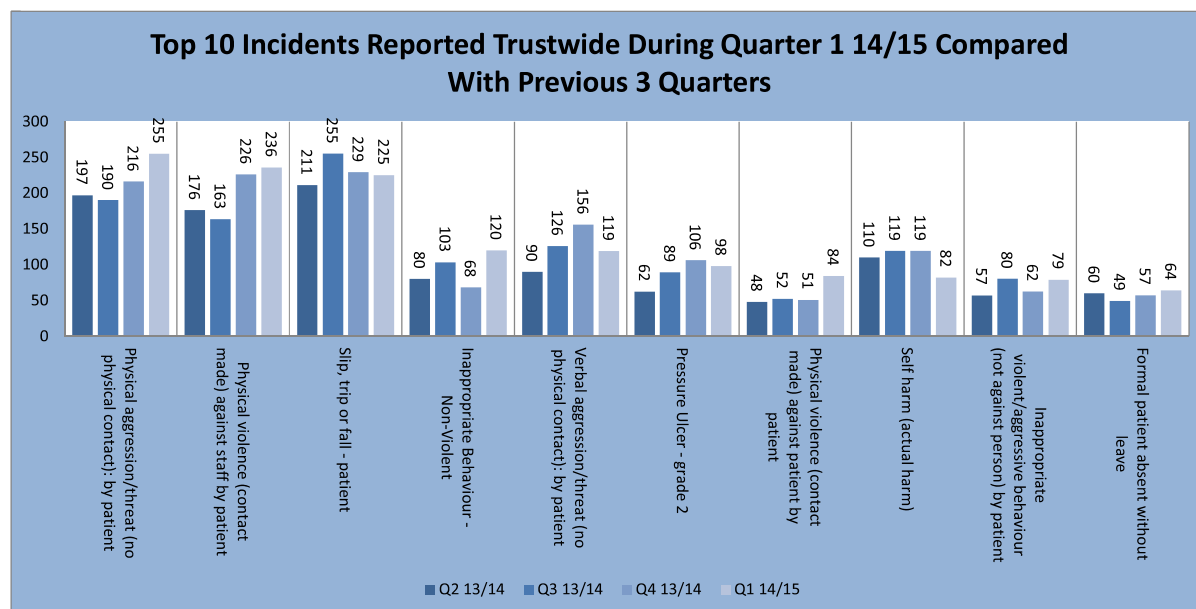
The number of red incidents relate to when the incident occurred, rather than when it was reported to the commissioners. This may differ from the figures given in the SI section of this report. The total number of red incidents report during the quarter has increased by over 50% in comparison with the previous quarters, whereas the number of ambers has decreased.





**Graph 4 - Top 10 most frequently reported incident categories that occurred in Quarter 1 14/15, compared with the same categories in the previous 3 quarters.**

During quarter 1 2014/15 Physical Aggression/Threat (no physical contact) by Patient was the most reported category. This has increased in comparison to the previous quarter. Prior to quarter 1 Slip, Trip, and fall – Patient was consistently the most reported category.



During quarter 1 2014/15 Physical Aggression/Threat (no physical contact) by Patient was the most reported category. This has increased in comparison to the previous quarter. Prior to quarter 1 Slip, Trip, and fall – Patient was consistently the most reported category.

### 3 Learning Identified by Specialist Advisors

Specialist Advisors have been asked to provide the Patient Safety Support Team with information on any significant learning, identified peaks, notable advice given, on a quarterly basis. This process is being developed and improvements are being made on Datix to ensure data is captured for analysis.

Health & Safety	
Key learning points identified following recent incidents	<p><b>Faulty Door Closures</b></p> <p>The Health and Safety Team dealt with a case this week where a member of staff required hospital treatment after their finger was caught between a door and the frame when the door suddenly slammed shut.</p> <p>Whilst Estates and Facilities Teams do regularly inspect doors as part of routine maintenance, oil seals can sometimes fail unexpectedly, resulting in a firm closing action. All staff should report to their local estates and facilities teams any time a door is showing signs of oil leaks (drips on carpets, stains on doors etc.) or is closing faster than normal</p>

Pharmacy	
Key learning points identified following recent incidents	<p><b>Administering and Prescribing Medicines</b></p> <p>The Team have produced bulletins for administration and prescribing of medicines after identifying that many incidents related to slips and lapses in procedures. They are due to go on the weekly communication week ending 20 July 2014.</p> <p>The Team are also producing a number of posters and bookmarks to go in BNFs with pictorial reminders to raise awareness.</p>

#### 4 Trust Wide Serious incident (SI) report for Quarter 1 (data run 3.7.14)

*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.*

##### 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	0	0	0

##### 2. Serious Incidents reported to the Commissioners

During Quarter 1 there have been **32** 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 (2010/11 - 2013/14)						
Financial quarter	10/11		11/12	12/13	13/14	14/15
	SWYPF T	Barnsley	SWYP FT	SWYPFT	SWYPF T	SWYPFT
Quarter 1	9	5	12	15	14	32
Quarter 2	4	2	12	7	<b>27</b>	
Quarter 3	6	4	18	10	<b>31</b>	
Quarter 4	7	1	6	12	<b>29</b>	
<b>Totals</b>	<b>26</b>	<b>12</b>	<b>48</b>	<b>44</b>	<b>101</b>	

<b>Table 2: SI reported by teams and BDU for Q1</b>	<b>Barnsley</b>	<b>Calderdale</b>	<b>Kirklees</b>	<b>Wakefield</b>	<b>Specialist Services</b>	<b>Forensic Services</b>	<b>Total</b>
District Nursing	8	0	0	0	0	0	8
CMHT	0	2	3	4	0	0	9
Crisis Resolution/IHBTT	0	1	2	0	0	0	3
Rapid Access	0	0	0	1	0	0	1
Assertive Outreach Team	0	0	1	1	0	0	2
Forensic low secure Inpatients	0	0	0	0	1	0	1
Psychology services	0	1	0	0	0	0	1
MH Inpatient	1	0	0	1	0	0	2
CAMHS	0	0	0	0	0	1	1
Community Substance Misuse	1	0	0	0	0	0	1
Mental Health Access Team	2	0	0	0	0	0	2
Community services Inpatient	1	0	0	0	0	0	1
<b>Total</b>	<b>13</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>32</b>

The reporting of pressure ulcers grade 3/4 has significantly impacted the number of SI reported in Barnsley. This is a new requirement since 2013/14.

<b>Table 3: Type of incident and BDU for Q1</b>	<b>Barnsley</b>	<b>Calderdale</b>	<b>Kirklees</b>	<b>Wakefield</b>	<b>Forensic Service</b>	<b>Specialist Services</b>	<b>Total</b>
Death - other cause	1	0	1	4	0	0	6
Physical violence (contact made) against staff by patient	0	0	0	0	1	0	1
Self harm (actual harm)	0	1	0	0	0	1	2
Suicide (incl apparent) - community team care - current episode	2	2	4	3	0	0	11
Suicide (incl apparent) - community team care - discharged	0	1	1	0	0	0	2
Suicide (incl apparent) - inpatient care - current episode	1	0	0	0	0	0	1
Pressure Ulcer - grade 3	8	0	0	0	0	0	8
Pressure Ulcer - grade 4	1	0	0	0	0	0	1
<b>Total</b>	<b>13</b>	<b>4</b>	<b>6</b>	<b>7</b>	<b>1</b>	<b>1</b>	<b>32</b>

The number of pressure ulcer incidents has reduced during Q1 (9) compared with the previous quarter (16). The highest category of serious incident during Quarter 1 is apparent suicides of current service users (11) and those discharged within 12 months (2) and other unexpected death (6).

### 3. Suspected Suicide reported to the Commissioners

The National Confidential Inquiry figures **July 2013** indicate that:

- Based on an average of the suicides recorded in the general population over the 10 years 2001 to 2011 there are approximately 10.86 suicides per 100,000 general populations each year. (range 8.8-10.6)
- On average during 2001-2011 patient suicides accounted for 28% of the general population suicide figures

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 Mid 2012	General population suicide rate (NCI)	Patient suicide rate (28% general pop) (NCI)
Barnsley	231,865	20-24/5	6-7
Calderdale	204,170	18-21/22	5-6
Kirklees	422,970	37-45	10-13
Wakefield	326,433	29-35	8-10
Trust wide	1,185,438	104-125/127	29-35

ONS – Office of National Statistics

NCI – National Confidential Inquiry into Suicide and Homicide by people with Mental Illness

**Suspected Suicides reported on STEIS 14/15**

District	Qu1	Qu2	Qu3	Qu4	Total
Barnsley	3				3
Calderdale	2				2
Kirklees	5				5
Wakefield	3				3
Forensic	0				0
Specialist Services	0				0
<b>Total</b>	<b>13</b>				<b>13</b>

All serious incidents are subject to investigations. It must be noted that the figures above are apparent suicides and not confirmed by Coroner. The total figure must be viewed with caution as the national figures above are 2 years out of date when produced so can only be indicative.

#### 4. Performance Management of Serious incidents

- ... **32** SI reports have been completed this quarter and sent to the Commissioners
- ... **31** SI reports have been closed by the Commissioners during the quarter
- ... There are currently **26** open SI investigations taking place across the Trust data run on

3.7.14

	Barnsley	Calderdale	Kirklees	Wakefield	Forensic Service	Specialist Services	Total
Lead Investigator being allocated	1	0	1	1	0	0	3
Investigation panel being established	1	0	1	1	0	0	3
Investigation within 12 weeks and on track	3	2	2	2	0	0	9
Investigation within 12 week but off track	1	1	1	3	1	1	8
Investigation report over 12 weeks but extension agreed	0	1	0	1	0	1	3
Total	6	4	5	8	1	2	26

Overdue breakdown:	Barnsley	Calderdale	Wakefield	Kirklees	Forensic Service	Specialist Services	Total
4-6 months since reported on STEIS	0	1	0	1	0	1	3
Total	0	1	0	1	0	0	3

There is nationally an agreement to aim to complete report in 45 working days, while the Trust tries to achieve this it has the support of commissioners to complete a quality report above a timely report. The performance in completing reports within the target 60 days has significantly improved throughout the year. There are less overdue reports, and the length of time for overdue reports has decreased. The delays are often due to complexity of the case including a number of organisations along with staff availability for interviewing.

#### 5. SI Action plans

Each BDU monitors the implementation of action plans. The Patient Safety Support Team send out position status based on information completed on Datix with the quarterly report. On the Datix system there are currently **57** action plans being implemented. More detailed information on individual recommendations is provided to BDUs on a monthly basis. Work is taking place within the BDUs to improve the completion of action plans, for example, in Quarter 3 13/14 there was **78**.

Some action plans are partially completed; there are currently **43** action plans that still have some action to complete that is past the agreed timescale. The remaining **14** are within timescales. More detail is available in individual BDU quarterly reports. The Clinical Support Unit is randomly reviewing completed action plans.

## 6. Updates on other SIs

### Independent Reviews (DOH guidance HSG (94)27)

The independent review process has commenced in relation to the Kirklees cases listed below. The review is level C which is mainly desktop with some interviews. The aim is to get the investigation reports to Trust Board in October/ November 2014. NHS England has also requested the investigations covers the learning outcomes from 3 previous Kirklees homicides that took place in 2007/8.

- ... **Kirklees BDU: 2010/9926** – 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 been confirmed as homicide cases. 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 and 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 and has been implemented. This incident occurred before Barnsley services joined SWYPFT. An independent inquiry has taken place and a further action plan has been produced. The action plan is being monitored by the CCG.

## 7. Serious Incident Learning

This is covered in quarter 2 and annual report. The patient safety support team continue to support business delivery units in providing information to support them learning from incidents.

## Trust Board 23 September 2014

### Agenda item 7.2(iii)

<b>Title:</b>	<b>NHS Constitution</b>
<b>Paper prepared by:</b>	Director of Corporate Development
<b>Purpose:</b>	To provide assurance to Trust Board that the Trust meets the rights and pledges set out in the NHS Constitution in relation to patients and staff, and that it is mindful of the commitments in the NHS Constitution in delivering, planning and developing its services.
<b>Values/goals:</b>	Meeting the rights and pledges in the NHS Constitution supports the Trust to adhere to its values and meet its goals,
<b>Any background papers/ previously considered by:</b>	NHS Constitution January 2009 and papers to Trust Board in March 2010, September 2011, September 2012 and June 2013. A full copy of the NHS Constitution can be found on the NHS website at <a href="http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx">www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx</a>
<b>Executive summary:</b>	<p>The NHS Constitution was published in January 2009, following an extensive public consultation during 2008. It established the principles and values for the NHS in England and set out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieving, together with responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required, by law, to take account of the NHS Constitution in their decisions and actions. The NHS Constitution also applies to public health services, which are now the responsibility of local authorities.</p> <p>The Government has committed to renewing the NHS Constitution every ten years with the full involvement of patients who use the NHS, the public who fund it and the staff who work in it. The first review took place in early 2012. A further review was undertaken following the publication of the second Francis Report, which was published in March 2013. This review included a number of changes:</p> <ul style="list-style-type: none"> <li>➤ R5 no longer refers specifically to learning disabilities and mental health in terms of discrimination;</li> <li>➤ as a result of the change to the wording of P3, the Trust can confirm that it meets the pledge as it endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness makes this inappropriate;</li> <li>➤ there is a pledge specifically relating to mixed sex accommodation (P6);</li> <li>➤ under 'Respect, consent and confidentiality', there is an increased emphasis on and strengthening of the commitments around confidentiality and the use of records with two new rights (R16 and R17) and four pledges (P8 to P11);</li> <li>➤ in terms of complaints, there is a greater emphasis on the right to be</li> </ul>



	<p>informed as the investigation into a complaint progresses and includes an emphasis on learning lessons;</p> <ul style="list-style-type: none"> <li>➤ in relation to staff responsibilities, there is a far greater emphasis on the duty to treat patients with dignity and respect, protecting patient confidentiality and data, and the duty to raise concerns.</li> </ul> <p>The Trust meets the rights and pledges of the NHS Constitution with the exception of P17, which is partly met. The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care; however, there will be occasions when the nature of an individual's illness makes this inappropriate.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to approve the paper, which demonstrates how the Trust is meeting the requirements of the Constitution.</b>
<b>Private session:</b>	Not applicable.

**The NHS Constitution – patients and the public**  
**How the Trust meets its obligations**  
**Trust Board 23 September 2014**

Heading	Compliance	Evidence	Lead
<b>Access to health services – rights</b>			
➤ R1 You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.	Yes	Core services are commissioned by clinical commissioning groups covering the areas the Trust covers, Barnsley, Calderdale and Wakefield Councils, and NHS England (via the Specialist Commissioning Team).	AF
➤ R2 You have the right to access NHS services. You will not be refused access on unreasonable grounds.	Yes	The Trust has contracts in place for its services with commissioners. The Trust's complaints and contracting processes would identify any instances of where the Trust has not met or is perceived not to have met this right.	AF
➤ R3 You have the right to expect your local NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary and, in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.	N/A	Although not applicable to provider Trusts, the Trust does assess the health needs of the local community in the development of its operational and strategic plans and, as part of the development of its transformation programme, has worked with commissioners, stakeholders, service users and carers, and local people to transform its services and develop new models of service that meet people's needs. The Trust is also embarking on a major health intelligence project, which will include further assessment of local health needs in relation to modelling future service provision.	
➤ R4 You have the right, in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.	N/A		
➤ R5 You have the right not to be unlawfully discriminated against in the provision of NHS services including on the grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and	Yes	The Trust complies with appropriate legislation relating to discrimination and has an Equality and Diversity Policy in place with a prime aim of respecting and valuing difference. The Trust uses an Equality Impact Assessment to evaluate the effect of its strategies and policies on its service users and the communities it serves and publishes these on its website. The Trust is implementing the Equality Delivery System 2 and Trust Board has recently	DS

Heading	Compliance	Evidence	Lead
<p>maternity or marital or civil partnership status.</p> <p>➤ R6 You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.</p>	N/A	<p>agreed for each of the four EDS2 goals to focus on one key priority in each as assessed by service users and staff.</p> <p>The Trust does not provide services subject to waiting times as outlined in the Handbook to the NHS Constitution; however, the Trust does comply with targets related to services provided in Barnsley (also see below).</p>	
<b>Access to health services – pledges</b>			
<p>➤ P1 The NHS commits to provide convenient, easy access to services within the waiting times set out in the Handbook to the Constitution.</p>	N/A	<p>The Trust is not subject to the waiting times set out in the Constitution; however, the Trust is required to report on the referral to treatment times in relation to the Barnsley BDU musculoskeletal service. The Trust meets the required timescale. As part of its contracts with commissioners, the Trust is required to report on local waiting times in relation to improving access to psychological therapies (IAPT) and psychological therapies.</p> <p>Access is one of the Trust's quality priorities set out in its Quality Accounts and performance is monitored and reported on a quarterly basis.</p>	DS
<p>➤ P2 The NHS commits to make decisions in a clear and transparent way so that patients and the public can understand how services are planned and delivered.</p>	Yes	<p>The Trust has local CQUIN targets in relation to waiting times for mental health services, which are monitored and reported on a monthly basis.</p> <p>Public Trust Board meetings with minutes published on the Trust's website.</p> <p>Communication with the Trust's membership. Members' events held regularly throughout the year.</p> <p>Members' Council set up comprising elected public and staff Council Members and stakeholder representatives. Meetings held in public and papers and minutes published on Trust website.</p> <p>Annual Members' Meeting.</p> <p>Involving People Strategy that outlines the Trust's approach to involvement and engagement. Service users and carers involved in planning and designing Trust services, including transformational service change programme.</p>	
<p>➤ P3 The NHS commits to make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the</p>	Yes	<p>The Trust's service offer documents are available on its website.</p> <p>As a result of the change to the wording of this commitment, the Trust now meets the pledge as it endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care. There will be occasions when the nature of an individual's illness may make this</p>	

Heading	Compliance	Evidence	Lead
centre of decisions that affect you or them.		<p>inappropriate.</p> <p>Care planning is a priority area for the Trust 2014/15.</p> <p><u>Action</u></p> <p>Improve systems and processes to ensure that all service users have a care plan in place and that they know who is responsible for their care. The CPA and standard care standards demonstrate the Trust's commitment to put service users at the centre of care planning.</p> <p>Work has continued to develop and roll-out use of Recovery Star as a means of ensuring co-production of care plan with service users.</p> <p>Service user and their carers perceptions are regularly reviewed through national and local surveys.</p>	District Directors/TB
<b>Quality of care and environment – rights</b>			
➤ R7 You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.	Yes	<p>Compliance with CQC essential standards and requirements for registration.</p> <p>Compliance with Monitor's licence conditions.</p> <p>Compliance with NICE guidelines.</p> <p>Employment checks.</p> <p>Ongoing Continuous Professional Development.</p> <p>Human Resources and Workforce Development Strategy including mandatory training plan in place.</p> <p>Patient Safety Strategy under development to bring all aspects of patient safety together in one document.</p> <p>15-Steps Challenge programme in place with staff, service user and carer volunteers.</p>	TB/AGD/NHB
➤ R8 You have the right to expect NHS organisations to monitor, and make efforts to improve continuously, the quality of the healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.	Yes	<p>The Trust's health intelligence project will include summary statistics on service activity data to enable comparisons of Trust outcomes with the 'what good looks like' and health needs assessment intelligence to support local decision-making to ensure continuous improvement.</p> <p>Performance and other reports to Trust Board and its Committees. These reports are publicly available on the Trust's website.</p> <p>Transformational service change programme in place with engagement and involvement events held in June and October 2013. Dedicated website pages and inclusion in Like Minds, supported by two-year operational and five-year strategic plans to Monitor.</p> <p>Trust's own programme of visits to all in-patient locations and a range of community teams registered with the Care Quality Commission where compliance with essential standards is reviewed.</p> <p>The Trust currently has two compliance actions as a result of unannounced</p>	AF/TB/DSm

Heading	Compliance	Evidence	Lead
		visits by the Care Quality Commission and has put processes in place to learn from the outcome of previous visits to the Trust. Programme of PLACE visits undertaken annually.	
<b>Quality of care and environment - pledges</b>			
➤ P4 The NHS commits to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice.	Yes	Establishment of a Trust Board level Estates Forum. Estates Strategy and six-facet survey The latest round of PLACE visits continue to result in a positive outcome. Infection prevention and control advisers and specialist advisers in place with regular programme of audits in place. Programme of continuous improvement in place	AGD/District Directors
➤ P5 The NHS commits to identify and share best practice in quality of care and treatments.	Yes	See transformational change programme above. Creation of, and appointment to Director-level post focusing on service improvement and health intelligence. Quality improvement strategy with implementation plan in place. Accreditation for Trust services, such as ECT, memory services in Barnsley, Calderdale and Wakefield, and secure services peer review undertaken annually. Francis values into action group reviews actions arising out of the Francis Report at Director-level. Living our values and values into excellence introduced in 2014 for staff.	Executive Management Team
➤ P6 The NHS commits that, if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution.	Yes	The Trust is able to make a declaration that it complies with the national standard in relation to Eliminating Mixed Sex Accommodation.	TB
<b>Nationally approved treatments, drugs and programmes – rights</b>			
➤ R8 You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if you doctor says they are clinically appropriate for you.	Yes	The Trust is generally compliant with NICE guidance. Trust has a policy and procedures with timelines to implement NICE guidance.	TB
➤ R9 You have the right to expect local decisions on funding of other drugs and treatments to be made rationally	N/A		

Heading	Compliance	Evidence	Lead
<p>following proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain the decision to you.</p> <p>➤ R10 You have the right to receive vaccinations that the Joint Committee on Vaccinations and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.</p>	N/A	This is a right for commissioners; however, the Trust is commissioned to deliver vaccination and immunisation by Barnsley Council Public Health and has two service level agreements to deliver childhood immunisations through health visitors. Where the Trust is commissioned to provide such services, it complies with its obligations.	District Director
<b>Nationally approved treatments, drugs and programmes – pledges</b>			
<p>➤ P7 The NHS commits to provide screening programmes as recommended by the UK National Screening Committee.</p>	N/A	Where appropriate, all national screening programmes are in place and managed through the Screening Advisory Committee for South Yorkshire in respect of screening services provided by Barnsley BDU.	District Director
<b>Respect, consent and confidentiality – rights</b>			
<p>➤ R11 You have the right to be treated with dignity and respect, in accordance with your human rights.</p>	Yes	<p>Staff work to professional codes of conduct, Trust policies and CPA standards.</p> <p>The Trust's Equality and Diversity Policy sets out how the Trust accords to an individual's human rights.</p> <p>Francis values into action group reviews actions arising out of the Francis Report at Director-level.</p> <p>Living our values and values into excellence introduced in 2014 for staff.</p> <p>The Trust has a strong pastoral care function to support service users and their carers, and staff.</p> <p>The Trust has a contractual duty of candour and is working to towards the extended legal duties of candour currently under consultation by the Care Quality Commission.</p>	NHB/District Directors/DS/TB
<p>➤ R12 You have the right to accept or refuse treatment that is offered to you, and not be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the</p>	Yes	<p>Consent Policy.</p> <p>The Trust has clear policies, procedures and guidance in place for the administration of the Mental Health Act, Mental Capacity Act and for Deprivation of Liberty Standards.</p> <p>Mental Capacity Act Policy.</p> <p>The Trust works in partnership with advocacy services provided by local authorities.</p>	NHB/TB

Heading	Compliance	Evidence	Lead
<p>treatment must be in your best interests. (NB different rules apply for patients detained in hospital or on supervised community treatment under the Mental Health Act 1983.)</p> <p>➤ R13 You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.</p>	Yes	<p>Trust has medicine information leaflets including translation into other languages if required.</p> <p>Trust provides choice leaflets for some groups of medication.</p> <p>Service user information leaflets, which set out service user rights.</p> <p>Service users are given copies of their care plans.</p> <p>Service users and carers part of developing Trust approach to care planning.</p> <p>Ongoing engagement with service users and carers, particularly around CPA.</p>	TB/NHB
<p>➤ R14 You have the right of access to your own health records and to have any factual inaccuracies corrected.</p>	Yes	<p>Patient Identifiable Information Policy – service user access</p> <p>Freedom of Information Policy</p> <p>Trust complies with requirements of Information Governance Toolkit, CQC registration and Monitor's licence conditions.</p>	AF/DS
<p>➤ R15 You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure</p>	Yes	<p>Trust meets DoH privacy and dignity guidance and has made a declaration of compliance to Monitor and to service users regarding elimination of mixed sex accommodation.</p> <p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p>	TB AF
<p>➤ R16 You have the right to be informed about how your information is used.</p>	Yes	<p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p>	AF/DS
<p>➤ R17 You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered and, where you wishes cannot be followed, to be told the reasons, including the legal basis.</p>	Yes	<p>Patient Identifiable Information Policy – service user access</p> <p>Freedom of Information Policy</p> <p>The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area.</p>	AF/DS
<b>Respect, consent and confidentiality – pledges</b>			

Heading	Compliance	Evidence	Lead
➤ P8 The NHS commits to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.	Yes	The Trust has two clinical information systems, RiO and SystmOne, across its business delivery units. The Trust is also working with partners to ensure interoperability between systems, such as those used by local authorities, to make accessing information on care easier for staff working in integrated teams. Information sharing protocols in place with partners as appropriate. Continued development of RiO and of interoperability of systems.	AF
➤ P9 The NHS commits to anonymise the information collected during the course of your treatment and use it to support research and improve care for others.	Yes	The Trust has a confidentiality and data protection policy and has systems and processes in place regarding access to and transfer of personally identifiable data. Trust complies with the requirements of the Information Governance Toolkit and Department of Health requirements to train staff in this area. The Trust has robust governance arrangements in place to cover its research and development work.	AF
➤ P10 The NHS commits, where identifiable information is used, to give you the chance to object wherever possible.	Yes	As above.	AF
➤ P11 The NHS commits to inform you of research studies in which you may eligible to participate.	N/A		
➤ P12 The NHS commits to share with you any letters sent between clinicians about your care.	Yes	All service users have access to their clinical records (Patient Identifiable Information Policy – service user access) Service users are offered a copy of their care plan Service users receive a copy of any correspondence between clinicians about them unless there is a specific risk identified to their physical and/or mental wellbeing.	AF/TB/District Directors
<b>Informed choices – rights</b>			
➤ R18 You have the right to choose your GP practice and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.	N/A		
➤ R19 You have the right to express a preference for using a particular doctor within your GP practice and for the practice to try to comply.	N/A		
➤ R20 You have the right to make choices	N/A		



Heading	Compliance	Evidence	Lead
about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs.			
<b>Informed choices – pledges</b>			
➤ P13 The NHS commits to inform you about the healthcare services available to you, locally and nationally.	Yes	Information is available on the Trust's website and in information leaflets. The Trust's service directory is currently being updated.	DS/District Directors
➤ P14 The NHS commits to offer you easily accessible, reliable and relevant information in a form you can understand and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available.	Yes	Information available on Trust's website, in information leaflets and the Trust's Quality Accounts. The Trust's service offer by district is available on its website, which provides individual service information on services offered and teams. Information on mental health conditions is included on the Trust's website. Service user survey findings are displayed on wards and units. Feedback mechanisms are in place for service users and their carers, including 'real time' collection of customer experience feedback. Advocacy information is available on wards and in patient information.	DS/TB/District Directors
<b>Involvement in your healthcare and in the NHS – rights</b>			
➤ R21 You have the right to be involved in discussions and decisions about your healthcare, including your end of life care, and to be given information to enable you to do this. Where appropriate, this right includes your family and carers.	Yes	As above. The Trust offers and has available interpreter services either face-to-face or by telephone. An agreed end-of-life care pathway in Barnsley involving all agencies involved in end-of-life care.	District Directors/DS
➤ R22 You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in the decisions to be made affecting the operation of those services.	Yes	Members' Council and Trust membership. Members' events throughout the year. Involving People Strategy in place. Dialogue groups in all districts. Trust service users/carers on local partnership boards. Information provided to local HealthWatch. Communication and engagement events in relation to the Trust's transformational change programme.	DS
<b>Involvement in your healthcare and in the NHS – pledges</b>			

Heading	Compliance	Evidence	Lead
➤ P15 The NHS commits to provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.	Yes	As above	DS
➤ P16 The NHS commits to work in partnership with you, your family, carers and representatives.	Yes	As above	District Directors/DS
➤ P17 The NHS commits to involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.	Partly	Service users are offered a copy of their care plan. The Trust endeavours to consult and involve all service users and, where appropriate, their carers, in decisions about their care. There will be occasions when the nature of an individual's illness makes this inappropriate.	District Directors
➤ P18 The NHS commits to encourage and welcome feedback on your health and care experiences and use this to improve services.	Yes	The Trust welcomes feedback from service users and carers and actively encourages people to comment on its services. The Trust uses this information to inform service development and improvement. the Trust is working towards real time service user feedback. Service user surveys are undertaken as part of commissioner-agreed CQUINs across all BDUs. Public engagement events held throughout the year. Feedback facility on the Trust's website. Ongoing development	DS
<b>Complaints and redress – rights</b>			
➤ R23 You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.	Yes	Complaints Policy and Customer Service Team structure. Performance measures in place.	DS
➤ R24 You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.	Yes	As above	DS
➤ R25 You have the right to be kept informed of the progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that	Yes	Complaints Policy and Customer Service Team structure.	DS

Heading	Compliance	Evidence	Lead
any action needed in consequence of the complaint has been taken or is proposed to be taken.			
➤ R26 You have the right to take your complaint to the independent Parliamentary and Health Service Ombudsman or Local Government Ombudsman if you are not satisfied with the way your complaint has been dealt with by the NHS.	Yes	Complaints Policy, information on Trust websites and patient information	DS
➤ R27 You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority..	Yes	Complaints Policy and information on Trust websites	DS
➤ R28 You have the right to compensation where you have been harmed by negligent treatment.	Yes	Claims Management Policy	TB
<b>Complaints and redress – pledges</b>			
➤ P19 The NHS commits to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint and the fact that you have complained will not adversely affect your future treatment.	Yes	Complaints Policy and Customer Service Team structure	DS
➤ P20 The NHS commits to ensure that, when mistakes happen or if you are harmed while receiving health care, you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.	Yes	The Trust has robust processes in place to investigate and learn from its mistakes and to share lessons across services and districts. Expansion of Duty of Candour responsibilities	TB
➤ P21The NHS commits to ensure that the organisation learns lessons from complaints and claims and uses these	Yes	Evidenced by action plans arising out of incident reports and Independent Inquiry reports and through reports to Clinical Governance and Clinical Safety Committee and Trust Board. Establishment of Incident Review Sub-	TB/NHB

Heading	Compliance	Evidence	Lead
to improve NHS services.		Committee of Clinical Governance and Clinical Safety Committee. Learning events within and across BDUs as a result of incidents reports.	

The NHS Constitution also sets out nine responsibilities of patients and the public.

- Please recognise that you can make a significant contribution to your own, and your family's, good health and well-being, and take some personal responsibility for it.
- Please register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.
- Please treat NHS staff and other patients with respect and recognise that violence or the causing nuisance or disturbance on NHS premises could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.
- Please provide accurate information about your health, condition and status.”
- Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.
- Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.
- Please participate in important public health programmes such as vaccination.
- Please ensure that those closest to you are aware of your wishes about organ donation.
- You should give feedback – both positive and negative – about your experience and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.

**The NHS Constitution – staff**  
**How the Trust meets its obligations**

Heading	Compliance	Evidence	Lead
<b>The rights are there to help ensure staff:</b>			
➤ have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;	Yes	HR policies and procedures on annual leave, sickness absence, flexible working, carer leave, adoption rights and benefits, age retirement, equal opportunities in employment, job share, paternity leave, maternity leave, special leave, stress, etc. Also Harassment and Bullying Policy and Grievance Policy and Procedures in place. Recently introduced Friends and Family Test for staff. Wellbeing survey/national staff survey. Occupational health policy and service in place.	AGD
➤ have a fair pay and contract framework;	Yes	Values-based recruitment, induction and appraisal policies in place. HR Strategy. Trust pay structure based on Agenda for Change and Trust follows guidance issued by National Pay Bodies as appropriate. HR Policies and Procedures as above	AGD
➤ can be involved and represented in the workplace;	Yes	HR Strategy sets out Trust approach to pay. Disciplinary Policy and Procedures. Grievance Policy and Procedures Set out in the Social Partnership Agreement between the Trust and staff side organisations. Staff engagement events. Six-monthly staff survey.	AGD
➤ have healthy and safe working conditions and an environment free from harassment, bullying or violence;	Yes	HR policies and procedures Staff survey Health and Safety Policy Health and Safety Steering Group Health and Safety annual audit and work programme Occupational health service Risk assessments of workplace	AGD
➤ are treated fairly, equally and free from discrimination;	Yes	Managing Aggression and Violence lead in place with supporting MAV TAG HR policies and procedures Equality and inclusion TAG in place Trust staff are required to undertake mandatory equality training Equality networks, annual workforce equality impact assessment. Equality impact assessment of all policies and procedures.	AGD

Heading	Compliance	Evidence	Lead
➤ can, in certain circumstances, take a complaint about their employer to an Employment Tribunal;	Yes	Disciplinary and Grievance Policies and Procedures	AGD
➤ can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.	Yes	HR Policies and Procedures Information given to staff and Trust welcome events include information for staff Whistleblowing Policy Raising concerns leaflet widely available	AGD

The NHS Constitution also sets out seven staff pledges, which, although not legally binding, represent a commitment by the NHS to provide high-quality working environments for staff.

- *The NHS commits to provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability.*
- The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to enable them to fulfil their potential.
- The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.
- The NHS commits to engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- *The NHS commits to have a process for staff to raise an internal grievance.*
- The NHS commits to support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice, or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.

The NHS Constitution also sets out six existing legal duties that staff must observe. (This list is not meant to be exhaustive.)

- To accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- To take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.
- To act in accordance with the express and implied terms of your contract of employment.
- Not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
- To protect the confidentiality of personal information that you hold unless to do so would put anyone at risk of significant harm.
- To be honest and truthful in applying for a job and in carrying out that job.

The Constitution also sets out how staff should play their part in ensuring the success of the NHS.

- You should aim to maintain the highest standards of care and service, *treating every individual with compassion, dignity and respect*, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole.
- You should aim to take up training and development opportunities provided over and above those legally required of your post.
- You should aim to play your part in sustainably improving services by working in partnership with patients, the public and communities.
- You should aim to raise any genuine concern you may have about a risk, malpractice or wrongdoing at work, (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff, or the organisation itself at the earliest reasonable opportunity.
- *You should aim to involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis and their individual care and treatment.*
- You should aim to be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation.
- You should contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged *and colleagues are supported where errors are made.*
- You should aim to view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care.
- *You should aim to take every appropriate opportunity to encourage and support patients and colleagues improve their health and wellbeing.*
- *You should aim to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access and outcomes between differing groups or sections of society requiring health care.*
- *You should aim to inform patients about the use of their confidential information and to record their objections, consent or dissent.*
- *You should aim to provide access to a patient's information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so.*

## Trust Board 23 September 2014

### Agenda item 7.2(iv)

<b>Title:</b>	<b>Care Quality Commission – fit and proper person requirement</b>
<b>Paper prepared by:</b>	Director of Corporate Development
<b>Purpose:</b>	The purpose of this paper is to advise Trust Board of the Care Quality Commission's fit and proper person requirement for Directors from 1 October 2014.
<b>Values/goals:</b>	The paper ensures that the Trust meets its governance and regulatory requirements.
<b>Any background papers/ previously considered by:</b>	None
<b>Executive summary:</b>	<p><u>Background</u></p> <p>The Care Quality Commission (CQC) is currently consulting on the proposal to introduce a 'fit and proper person' test for Directors, which would apply from 1 October 2014. This is in response to ensuring an open, honest and positive culture in NHS organisations following Francis Report. Although this is under consultation, there is no reason to suppose the CQC will change the requirements.</p> <p>The CQC document makes it clear that <i>"individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care and, as such, can be held accountable if standards of care do not meet legal requirements"</i>. It will apply to all directors and 'equivalents' and this includes both Non-Executive and Executive Directors, which are specifically referred to in the consultation. This Trust will also include 'other' directors who make up the Executive Management Team (EMT) given the status of EMT within the organisation. It should be noted that this is not so much about accountability and liability; it is about decision-making. The proposal has not been extended to governors, which was in the original proposal.</p> <p><u>Responsibilities</u></p> <p>It is the organisation's responsibility and, in this Trust's case as an NHS Foundation Trust, the Chair's, to ensure that all directors meet the 'fitness' test and do not meet any of the 'unfit' criteria. The Chair will be required to:</p> <ul style="list-style-type: none"> <li>- confirm to the CQC that the fitness of all new directors has been assessed in line with the regulations; and</li> <li>- declare to the CQC in writing that he is satisfied that they are fit and proper individuals for that role.</li> </ul> <p>It should be noted that the Trust is already required to notify the CQC on any new director-level appointment. The new requirement is now needed prior to appointment.</p> <p>The CQC <u>MAY</u> ask a provider to check the fitness of existing directors and provide the same assurance although this is likely to only be where concerns have come to the CQC's attention. Notifications will be cross-checked with other information held by the CQC. The CQC can use its enforcement powers to impose conditions on a provider's registration (which would then immediately concern Monitor and lead to problems with the licence) to ensure that the provider takes appropriate action to remove the director.</p> <p>If a provider decides to appoint a director who does not meet the 'fit and</p>



proper person' test then the provider will need a very strong rationale for doing so, which is defensible by the Chair both to the CQC and to Monitor; however, according to the guidance, the only outcome if the CQC decides someone is not a 'fit and proper person' is removal.

#### 'Fit and proper person' criteria

- The individual is of good character.
- The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed.
- The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed.
- The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- None of the grounds for unfitness specified in Part 1 of Schedule 4 apply to the individual (see below).

#### Schedule 4 criteria

##### Fit and proper

1. The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
2. The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
3. The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986<sup>(1)</sup>.
4. The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.
5. The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.
6. The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

##### And for good character

7. Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.
8. Whether the person has been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals.

#### Action for the Trust

As far as the Trust and the Chair are aware and to the best of its and his knowledge, there is currently nothing preventing the Chair making a declaration to the CQC in relation to the current members of Trust Board and 'other' directors if required; however, there are a number of actions the Company Secretary needs to take on behalf of the Chair.

1. Present a paper to Trust Board explaining the fit and proper requirement for directors and the action to be taken.
2. Ensure the recruitment process for Non-Executive Directors includes a declaration at the application stage on the 'fit and proper person' criteria ensuring that the implications of an individual not being a 'fit and proper person' are clear.

	<p>3. Ensure that mechanisms are in place for the Non-Executive Director recruitment process to include 'other' checks on potential candidates at shortlisting stage.</p> <p>4. Ensure the recruitment process for Executive Directors and director-level appointments includes a declaration at the application stage on 'fit and proper person' criteria ensuring that the implications of an individual not being a 'fit and proper person' are clear. This applies equally to internal and external candidates.</p> <p>5. Agree a clear process/response if the CQC deems a director not to be a 'fit and proper person'.</p> <p>Although there is no requirement (currently) for the Trust to retrospectively ask for a declaration from Directors, the Chair has indicated that he wishes the Company Secretary to include a declaration on 'fit and proper person' criteria within the current declaration of interests/declaration of independence process for Trust Board, which is undertaken on appointment and then annually. Therefore, Trust Board is asked to consider whether the Trust should either:</p> <ul style="list-style-type: none"> <li>a) ask existing directors to complete a declaration for 1 October 2014 introduction; or</li> <li>b) include in the annual declaration process in March 2015.</li> </ul>
<b>Recommendation:</b>	<b>Trust Board is asked to NOTE the CQC fit and proper person requirement and to ADVISE the Chair in relation to the timing of the fit and proper person declaration for existing Directors.</b>
<b>Private session:</b>	Not applicable



With all of us in mind

## Trust Board 23 September 2014

### Agenda item 7.2(v)

<b>Title:</b>	<b>Building a Trust health intelligence resource to support transformation and decision-making</b>
<b>Paper prepared by:</b>	Interim Director of Service Innovation and Health Intelligence
<b>Purpose:</b>	To update Trust Board on the developing project to create a trust Health Intelligence and Service Improvement 'Manual'.
<b>Mission/values:</b>	A health intelligence resource is aligned to the Trust's mission and values as it will assist the Trust to improve and be outstanding through open, honest and transparent dialogue on today's services to support decision-making to ensure services are ready for tomorrow.
<b>Any background papers/ previously considered by:</b>	Not applicable
<b>Executive summary:</b>	<p>The health and social care system faces significant challenges now and in the years ahead. These include:</p> <ul style="list-style-type: none"> <li>- an ageing population with increasing needs; greater prevalence of long-term and lifestyle related health and social care problems;</li> <li>- the need to respond to the needs and aspirations expressed by patients, service users and local people; and</li> <li>- increased pressure on limited and diminishing resources.</li> </ul> <p>To rise to these challenges, the Trust has already embarked on an extensive transformation programme in order to change its services. This involves looking at what the Trust does in great detail and discovering how it can transform this into something even better that meets local need, offers the highest quality of care and, importantly, is also best value for money.</p> <p>Evidence is a key change agent in altering beliefs and behaviours of individuals and, so, the Trust needs to provide clear evidence that its strategies for service delivery are providing benefits to patients. To address these requirements, the Trust requires an effective health intelligence capability, which includes a specialist core plus levels of capability in the service; hence, the Trust's proposal to develop a bespoke, high quality, dynamic Health Intelligence and Service Improvement 'Manual'. The 'Manual' will be electronic and accessible across the Trust and capable of drilling down to service line. This resource should provide a clear picture of the most appropriate and cost-effective solutions through systematic reviews of the wider research evidence base; that is, 'what good looks like' for the services the Trust provides. Capturing, interpreting and communicating up-to-date health intelligence about the local population can help to make the right decisions at the right time on where to target resources most effectively. Importantly, the resource also needs to effectively summarise Trust service activity data to be able to compare our outcomes with the 'what good looks like' intelligence.</p> <p>Mechanisms will need to be developed to capture discussion of the intelligence by staff (managers and clinicians) to ensure service improvements are not only identified, but fully implemented and monitored to demonstrate improved outcomes. This will build on, and support the transformation programmes already in progress.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to RECEIVE the update and NOTE the contents.</b>
<b>Private session:</b>	Not applicable



## **Building a Trust health intelligence resource to support transformation and decision-making**

### **Purpose of this Paper**

To update Trust Board on the developing project to create a trust Health Intelligence and Service Improvement 'Manual'.

### **Background**

The health and social care system faces significant challenges now and in the years ahead. These include:

- an ageing population with increasing needs; greater prevalence of long-term and lifestyle related health and social care problems;
- the need to respond to the needs and aspirations expressed by patients, service users and local people; and
- increased pressure on limited and diminishing resources.

To rise to these challenges, the Trust has already embarked on an extensive transformation programme in order to change our services. This involves looking at what we do in great detail and discovering how we can transform this into something even better that meets local need, offers the highest quality of care and, importantly, is also the best value for money.

Evidence is a key change agent in altering beliefs and behaviours of individuals and thus we need to provide clear evidence that our strategies for service delivery are providing benefits to patients. The audience for the evidence base is extensive. It includes:

- ourselves, as managers/clinicians/directors/governors;
- our commissioners;
- our regulators;
- our partners; and,
- of course our service users, carers and the public.

Briner, Denyer and Rousseau (2009)<sup>1</sup>, suggest that evidenced-based management is:

*'about making decisions through the conscientious, explicit, and judicious use of four sources of information: practitioner expertise and judgment, evidence from the local context, a critical evaluation of the best available research evidence, and the perspectives of those people who might be affected by the decision'.*

With regard to the latter, the Trust has embarked on an extensive engagement programme and people have told us what is important to them and this is now guiding our work and is central to our corporate objectives:

- *I want services which keep me in the centre and which focus on my potential*
- *If I choose to make use of technology, I want it to be available*
- *I want all organisations, both big and small, to work together so I don't see the joins*
- *I want people to recognise early on that I'm beginning to have problems and to help me*
- *I want you to offer me as much choice as possible and help me understand those choices*

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<sup>1</sup> Briner, R., Denyer, D. and Rousseau, D. Evidence-based management: concept clean-up time? **Academy of Management Perspectives**, 23 2009, pp.19-32

- *I want you to support my family and carers*

The transformation projects are a mixture of 'practitioner expertise and judgement, evidence from the local context and a critical evaluation of the best available research evidence' and vary in the extent to which they comprehensively cover these information sources.

In order for practitioners to exercise judgement, they need to be able to draw on their own expertise and the evidence from both local sources and research. Collecting, collating, managing, analysing and interpreting data from both local data sources and the wider research evidence base is a time-consuming task which requires knowledge and information management skills. Although some staff may possess some of these skills, having the capacity to execute them alongside the day job is a challenging task. In addition, existing accessible metrics may not tell clinicians/managers what they want to know.

### **Towards more effective use of the evidence-base**

To address these requirements the Trust requires an effective health intelligence capability, which includes a specialist core plus levels of capability in the service, hence the trust's proposal to develop a bespoke, high quality, dynamic Health Intelligence and Service Improvement 'Manual'. The Manual will be electronic and accessible across the Trust and capable of drilling down to service line. This resource should provide a clear picture of the most appropriate and cost-effective solutions through systematic reviews of the wider research evidence base, ie 'what good looks like' for the services we provide. In addition, it should include robust population data from reliable sources, such as, Local Authority Joint Strategic Needs Assessment (JSNA) information; Public Health England profiles for Barnsley, Wakefield, Calderdale and Kirklees to give expected prevalence of conditions our services cover. Capturing, interpreting and communicating up-to-date health intelligence about the local population can help to make the right decisions at the right time on where to target resources most effectively.

Importantly the resource also needs to effectively summarise our service activity data to be able to compare our outcomes with the "what good looks like" intelligence. This will require some investigation of:

- What local sources of evidence do we have access to?
- What data do we collect?
- What do we use it for?
- Is there anything we can stop collecting?
- Do we benchmark all our services across the trust BDUs? With other similar providers?
- Do we have meaningful metrics to assess the quality of our services?
- Could we determine more meaningful measures?
- How do we mainstream the collection of new metrics?
- Do we have the IM&T hardware capability to host such a resource?

Most important of all is the interpretation of our "observed" intelligence with the "expected" and the "what does that mean for our services". Such analysis will reveal where we are an exemplar provider and where we might need to introduce service change to adopt proven research models to improve outcomes.

Gaining insight from our intelligence sources is something that we could do in partnership more effectively than we have to date, for example:

- Are we making the most of partnership working with public health colleagues in local authorities (key producers of JSNAs) and academic partners in higher education establishments? e.g. to support with literature reviews on best practice; analytical

capacity; health economics analysis and use of survey techniques to gain greater insight into the needs of our population, including what patients and clinicians want?

- Are we using our evidence base to influence the Health & Well-being Boards<sup>2</sup> on local health and social care strategies?
- Are we evidencing to our partners that our service strategies are in line with commissioning intentions to deliver outcomes based on local health needs?

Mechanisms will need to be developed to capture discussion of the intelligence by staff (managers and clinicians) to ensure service improvements are not only identified, but fully implemented and monitored to demonstrate improved outcomes. This will build on, and support the transformation programmes already in progress.

### **Scoping the Project**

To take forward the development of a Health Intelligence and Service Improvement Manual, some key questions will need to be addressed to formulate the critical path for the project.

- What is the critical dataset needed by clinical group/BDU/service line to inform decision-making?
- How do we take service line reporting into a workable framework?
- What are the timescales and priorities for transformation and how does data support their delivery?
- What are the critical internal and external support mechanisms needed to make the function successful?

### Critical Datasets and Service Line Reporting

Early thoughts on scoping the project include using problem-solving techniques with groups of staff in the BDUs to identify critical data sets and joint working with the teams in the Programme Management Office (PMO), IT System Development and Information Services to work through the detail. Due to the Trust-wide nature of this project, it will be essential that effective matrix working is employed to deliver the products. Preliminary discussions with IT colleagues have identified SharePoint as a suitable platform for the “Manual”.

### Links to Transformation

The Health Intelligence Manual will build on work commenced through the transformation projects and enhance the presentation of available metrics and best practise leading to facilitated sessions where necessary on the interpretation of the health intelligence to aid decision making. A specific example is the Mental Health Summit on 16 October 2014, which will showcase transformation work to date on the Acute Pathway. This will include a high level presentation on how the service is delivered using currently available metrics. To take this further, the health intelligence project would work with staff within the respective microsystems to further define outcome metrics to enable a more valid sense of how well we are delivering services and improving the health and well-being of our population.

### Support required to Director

External: Good working relationships and connections to key health intelligence partners, particularly:

- NHS England – national
- Academic Health Science Networks (AHSNs)

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<sup>2</sup> Health and Wellbeing Boards (HWBs) promote co-operation from leaders in the health and social care system to improve the health and wellbeing of their local population and reduce health inequalities. The boards, which sit within local government authorities (LGAs), bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, to plan how to meet local health and care needs, and to commission services accordingly.

- Local academic organisations - Universities and Colleges
- Public Health Specialists in Local Authorities
- Public Health England – Knowledge & Information teams

Internal: Support from:

- Quality Academy Directors
- BDUs
- P&I team (information)
- IT support (hardware)
- Transformation leads
- PMO
- Analytical support
- Senior management/admin support.

### **Risks**

Risks to delivery of the project are largely centred on the potential for an inability to determine meaningful metrics, the potential for a lack of engagement by staff and the potential for insufficient capacity to deliver the products. Risks will be mitigated by ensuring resources are committed and the aims and objectives of the project are understood and valued by staff. Risks will be monitored as part of the trust's corporate processes.

The bigger risk issue is the risk created if we do not use health intelligence more wisely in our mainstream business planning.

### **National Projects**

The National Clinical Director for Mental Health is leading a project on the Mental Health Intelligence Network (MHIN) - <http://www.yhpho.org.uk/default.aspx?RID=191242> The Director of Service Innovation & Health Intelligence is in discussions with the national Programme Manager to establish SWYPFT as an “early adopter” of the MHIN, with opportunities to not only use the data provided through this national resource to populate the trust Manual, but also to provide feedback from local discussions on the relevance and use of the data to influence future national data capture. This will enhance the trust's reputation for evidence-based practice.

### **Conclusion**

There is undoubtedly a lot of good work going on in the Trust, but in order to deliver sustainable services, we need to prove that we are good at what we do. To do this, we need robust, reliable information to support our strategic intentions. We also need to be aware of areas where we are perhaps not so good and have action plans ready to address these areas. These might include transforming services or seeking out partner organisations to deliver parts of the pathway, whilst we “stick to the knitting”. The key to marketing the trust's service strategies is to be able to prove that we are delivering services that improve quality and outcomes for service users. We need a health intelligence function to sell these benefits to commissioners, service users and carers, partners and ourselves. Using evidence and information to inform decisions is part of our everyday life; it should be part of our strategic plan. The Health Intelligence and Service Improvement Manual will provide this resource.

### **Recommendations**

The Board is asked to receive this update on the proposal to develop the Health Intelligence and Service Improvement Manual.



## Trust Board: 23 September 2014

### Agenda item 8

<b>Title:</b>	<b>Barnsley hub/New Street refurbishment – full business case</b>
<b>Paper prepared by:</b>	Director of Human Resources and Workforce Development
<b>Purpose:</b>	This paper seeks Trust Board approval for the refurbishment and remodelling of New Street Health Centre to form a Barnsley Central Hub. The cost of the development means it requires the Board to approve the Business Case.
<b>Mission/values:</b>	The Trust's service strategy is to provide services as close to people's homes and communities as possible. The development is in line with the BDUs service model and the Estates Strategy.
<b>Any background papers/ previously considered by:</b>	This proposal is linked to the Trust Estate Strategy agreed by the Board in 2012. The Outline Business Case has been approved by EMT and also the Estates Forum who agreed to progress to a Full Business Case for the Board to consider. This is also part of the detailed Capital Expenditure plan for 14/15 (FY15)
<b>Executive summary:</b>	<p>The proposal is to refurbish and remodel the existing New Street Health Centre in Barnsley in order for it to act as a Barnsley Central Hub. The existing building requires significant investment in order to bring it to the clinical standards for a hub development and reconfiguration of some internal spaces is required to house some new services into the building to enable SWYPFT to undertake the lead provider role for CASH/GUM in Barnsley (this clinical delivery strategy has been presented separately). It should be noted that irrespective of this joint working, CASH services will require alternative accommodation to meet service user and commissioner expectations.</p> <p>The Proposal will allow for the sale of the existing CASH premises on Queens Street in Barnsley which has been identified as unsuitable for the new combined service.</p>
<b>Recommendation:</b>	<b>Trust Board is asked to approve the refurbishment of the New Street Health Centre.</b>
<b>Private session:</b>	Not applicable



With all of us in mind

**TRUST BOARD: 23 SEPTEMBER 2014**

**FULL BUSINESS CASE: REFURBISHMENT AND REMODELLING OF  
NEW STREET HEALTH CENTRE**

**1. PURPOSE OF THE REPORT**

This report outlines the proposal to refurbish and remodel the existing health centre on New Street in Barnsley, the premise transferred to the Trust in 2013 and has been identified as a key point for service delivery in the Estates Strategy and the Trust's detailed 14/15 Capital Plan. Following this decision and the projects subsequent inclusion in the Trust's capital programme the Trust has been identified as the lead provider for a combined (CASH/GUM service working with BHNFT) this service will be delivered from these premises as the Commissioner wanted service to be delivered away from the Acute setting but in an easily accessible location for service users. The combined service model will be commissioned for 3 years from April 2015 and will have a value of £2.3 million, this proposal was approved by EMT on 31 March this year.

**2. BACKGROUND INFORMATION**

Estate provision within Barnsley is predicated on delivery from hubs in LIFT buildings as the community provision. This is except for the town centre area where no LIFT development took place. New Street acts as the town centre hub and has varied Trust and other NHS provider community and mental health services located within it. As such it fulfils the criteria set in the Estates Strategy for a multi-functional non stigmatising hub in a convenient location. However, at present it is in need of considerable refurbishment to meet the quality standards for clinical engagement required by the Trust. In addition to maximise the efficiency of the building and to house new services the building will require some remodelling.

The property transferred to the Trust in 2013 following the Transforming Community Services process in Barnsley and the abolition of the PCT as property owner. The property is subject to the restrictions previously reported to Board in the Transfer Scheme. These restrictions essentially mean that the Secretary of State can request property back if a service is lost or if a disposal is sought then there is an overage provision on any profit on the transferring value over the transfer value, this provision can be waived on a case by case basis if investment elsewhere is taking place. In addition the existing CASH services are housed in another transferred premise in Barnsley at Queen's Road: this proposal will release that property for disposal, this property transferred into the Trust at a value of £225,000. The building is in a prominent position within Barnsley town centre and has a long association with the provision of healthcare to the population of Barnsley, its life it has been subject to piecemeal development which leaves the building with variable standards in terms of the quality of accommodation, and a challenging layout for service users and staff to navigate.

It should be noted that this proposal is based upon the Trust's desire to achieve class leading facilities as part of its offer to commissioners as a 'value added' delivery strategy. This will enhance the reputation of the Trust as a provider of choice for the next contract period which expires in 2018.

### 3. STRATEGIC CONTEXT

The 5 Year Capital Plan references the redevelopment of hubs as part of the overall plan. Within the plan the hub concept is referenced across the Trust area, the development is in line with the strategic direction in the Estates Strategy 2012. This proposal is also part of the 14/15 Capital Plan.

### 4. FINANCIAL CASE AND SERVICE BENEFITS

#### 4.1 Financial Case

The New Street premise is a mixed age development in the centre of Barnsley it has long been recognised as being ideally located for the town centre. It was considered historically the best site for a replacement LIFT building by NHS Barnsley but remained unaffordable under that procurement route. Mainly due to the strategy at that time to co-locate GP practices with LIFT centres.

Should the Trust wish to consider a new build replacement on the site this would be estimated at £6.6 million on the same footprint. If the Trust were to seek to rent an equivalent amount of space in the town centre this would have to be purpose built by a developer and the rent alone on this is estimated at £340k per annum net of any fit out costs a fitted out rental would be approximately £440k per annum dependent on lease length. The minimum lease available for such a development is estimated at 15 years giving a net cost for rental of some £6.6 million which would be the break-even point for a similar new build. The total investment for an additional 15 years of life at £1.6 million can be seen to be a cost effective solution set against rental at **Appendix 1**. The full cost of this amount depreciated over 15 years is £160k per annum reducing to £100k per annum at year 15 which represents a significant saving against the rental model.

Scheme	Life	Cost (Todays value)
Refurbish	15 years	£1.6 million
New Build	40 Years	£6.6 million
Rental (fitted out)	15 Years	£5.1 million

Whilst the rental is a theoretical model it should be noted that New Street must have some capital investment if it is to achieve a 15 year life.

#### 4.2 Service Benefits

New Street Health Centre is situated in the centre of Barnsley and a wide range of community services with limited clerical support have always been provided from this location. During the 1970/80s the

building was extended and although it continues to provide a wide range of clinical services the ratio of space used to provided clinical services is limited but a large amount of space is used to provide office accommodation for secretarial and clinical staff. The amount of room usage is now primarily used by staff based in the building and not for clinical provision. The proposal to refurbish New Street will address this imbalance and ensure the majority of space is used to provide clinical services. This will allow an increase to the number of clinical sessions current clinical services using the facility can provide and other services not currently using the facility will have the opportunity to provide services from this venue. Some of the clinical services provided from this venue are the only site service provision is available e.g. paediatric audiology.

The numbers of staff being moved from and to the refurbished building are significant in total 64 staff will move to other locations which will be closer to where they deliver service and will allow for the use of agile working as it is made available to further reduce their reliance on Trust accommodation, Health Visitors and District Nurses will relocate to existing surplus accommodation at Keresforth whilst they move towards agile working from LIFT buildings and the SALT team will relocate permanently to Worsborough LIFT building. In addition enabling works are needed at an empty building at Keresforth to act as a decant for displaced staff groups, the cost of this work (approximately £70k) is included in the overall spending plan. On completion the CASH/GUM combined service which was approved at EMT on the 31<sup>st</sup> of July will relocate to the site, staff numbers are not yet finalised but will be around 50.

The Trust is developing a business model to become the lead for a combined CASH/GUM service this has the agreement of both the commissioner and BHNFT, this has been reported separately to EMT. In the absence of an agreed framework the commissioner has expressed the view that it would put these services out to a tender procurement process. The CASH service is currently located at a SWYPFT premise on Queen's Road, Barnsley and the GUM service at BDGH. Neither of these sites can house the joint service and the Queen's Road location which houses CASH has been identified as not fit for clinical purpose. Discussion with service users and the commissioner has indicated the importance of an improved offer for service users in an environment that houses multi-disciplinary services as a dedicated provision could be seen to be stigmatising for service users. In addition the CASH services have benefitted from a Town centre location in working with some of the target groups when seeking to meet targets on teenage pregnancies which is a specific commissioner goal at national and local level.

New Street is the only building available to the Trust which can meet all of these disparate goals once it has been subject to the proposed refurbishment.

Consultation and engagement work with service users has shown that the following benefits would be achieved if the New Street refurbishment is completed:

- Provision of care closer to home for the service users, and care closer to home
- increase in service provision (more sessions for service using this facility)
- Opportunities for services currently not able to use this venue to do so

## **4.3 Qualitative Outcomes**

### **4.3.1 Service User Positive Outcomes:**

- improved access to the building
- improved internal environment
- an increase to current service provision
- provision of services not currently provided at this location
- good central location
- access to public transport

### **4.3.2 Service and Collaborative Working Outcomes**

Staff from the acute sector, social services, voluntary sector as well as community staff will all use this venue to provide one to one interactions or group sessions with service users. It is the intention to ensure that services that are dealing with the same service user have clinic sessions at the same time thus ensuring multidisciplinary interactions can take place and the service user is able to see more than one service at one visit eg:

- a service user with diabetes mellitus could potentially visit the podiatrist, dietician and specialist nurse thereby improving their own outcomes and improving the efficiency of the service;
- a child with mental health issues can see a nurse, psychologist, and social worker;
- space will be available for multi-disciplinary team case conferences allowing input from all the organisations dealing with a service user.

### **4.3.3 Staff outcomes**

- increased motivation
- increased job satisfaction
- improved staff survey results
- improved staff retention

Services are currently delivered from a number of different sites with accommodation at differing qualities this can be perceived as certain services being delivered in lesser or better surroundings this has been shown to impact on the perception of the services provided, this

development will mean that all services will be delivered in the same surroundings removing these perceptions. The provision of GUM and CASH services from different locations is seen to be a barrier to improvements for the two services.

All service user areas will be designed to the latest healthcare guidelines ensuring that the Trust delivers in high quality fit for purpose surroundings.

Clinical space can be more efficiently designed to meet modern contemporary health care

A safe therapeutic and staff working environment can be provided which will aid positive staff working and service user recovery.

The hub represents significant investment by the Trust in a site that has a history of delivering healthcare in Barnsley. This legacy of community health delivery will also add to the buildings non stigmatising design principles.

Whilst the Trust seeks to deliver a seamless journey through its services, this can be compromised by service users having to negotiate a geographical as well as a service pathway. The ability to deliver service in a single point of access is a major benefit to the Trust in achieving this goal.

The BDU staff will similarly benefit from co location into a single centre. Currently some key staff groups are separated by geography which can introduce a level of “silo” working; whilst this is currently effectively managed it is not a totally seamless service co location will improve this inter-operability between disciplines, most notably for psychologists who are wholly separate from most other services.

Waiting facilities at the site do not provide a welcoming environment, with in some cases corridors being used as waiting areas. The hub will have dedicated and discreet waiting areas for the various services which will ensure a pleasant and safe environment.

The BDU support functions to the clinicians will improve in quality as they are brought together, whilst this will not bring a “cash releasing” benefit at this stage it will give an “efficiency saving” which will be considered as a possible cash benefit in the short term savings plans.

The proposal will enable the release of the existing CASH premise for disposal. This property has been identified as inadequate for both the existing service and to provide a joint CASH/GUM service. The inadequacies of the Queen’s Road building represent an existing risk to the Trust. It is anticipated that the anticipated receipt of £125,000 will be set against the capital investment and some of the revenue costs of

that site would be saved (rates and utilities only) as the soft FM costs will transfer to New Street to cover the extensions.

## **5. COST IMPROVEMENT PROGRAMMES**

Whilst this scheme is neutral in terms of savings and indeed has a capital charges encumbrance against it, it should be noted that the Trust does not have a do nothing option and this proposal represents a cost effective and immediately available solution when considered against the Trust's strategically approved model of rented hubs.

## **6. DESCRIPTION OF THE PROPOSAL**

The proposed scheme is for refurbishment, remodelling and some minor extensions to the existing building. The application of agile working principles will be adopted in the newly refurbished facility.

## **7. ANALYSIS OF THE PROPOSAL**

### **7.1 Resource Implications**

#### **7.1.1 Workforce**

The proposal is neutral in terms of staff numbers but will require a substantial number of staff to be equipped to work in an agile manner, this work predates building occupation and is driven by the need to reduce estate footprint to maintain the viability of the BDU and Trust as a whole. In addition the scheme is instrumental to the combined CASH/GUM proposal proposed by the BDU and approved by the Trust.

#### **7.1.2 Estates**

The proposal will attract costs for energy usage, maintenance and rates these costs have been incorporated into the revenue costs and are anticipated to be similar to the existing revenue costs. Whilst it is anticipated that the building will have an increased maintenance need due to the additional facilities and the need to ensure the premise remains safe in use these will be offset by the removal of the backlog maintenance encumbrances currently in the two buildings.

#### **7.1.3 IT Infrastructure**

The IT requirements for the scheme are captured within the capital scheme.

### **7.2 Financial Implications**

#### **7.2.1 Capital**

The scheme has been estimated at £1.6 million to design and build before any VAT recovery is applied this cost has been projected into the current capital plan and is affordable within the limits already agreed by Board for the provision of hubs

throughout the Trust area. The cost has been produced by the P21+ partner and is therefore robust.

Following development of the designs during the approvals phase of the project our P21+ partner remains confident that the proposal can be constructed within this financial envelope. Subject to Board approval the scheme will be taken to a stage where the Guaranteed Maximum Price can be set.

#### 7.2.2 Revenue

The revenue costs associated with the proposal are shown to be the same as the existing two premises (New Street and Queen's Road) combined but with removal of backlog maintenance risk and the rates and energy costs at Queen's Road which are estimated at £12k per annum.

### 7.3 Constraints on Delivering the Proposal

The case for bringing forward this scheme is predicated on delivery being through the existing P21+ contract and costs have been estimated on this basis. The new development will be subject to planning permission and discussions have been held at an outline level with Barnsley Council, whilst the proposal may be subject to full cabinet approval the proposal has been met with a very positive response from planning officials. The proposals are subject to further consultation based on service delivery with all stakeholders.

### 7.4 Impact of the Proposal on Stakeholders

#### 7.4.1 Service users

The scheme will improve the environment for service users and enable some services to be provided from an accessible town centre location where they are currently provided from less accessible sites. This has been shown to provide clinical benefits and is one of the main drivers for the improvement.

#### 7.4.2 Staff

Staff will have improved working facilities and a refurbished building to work in which fully supports agile working principles.

#### 7.4.3 Commissioners

Commissioners will be commissioning service to the same standard of accommodation for differing services and will be able to receive assurances on the quality of the environment and the location of the service close to the town centre and associated public transport infrastructure.

In summary the proposal is a key enabler in providing a flexible responsive service which can be regarded as a destination of choice for the commissioner. The proposal will achieve reduced operating costs through efficiencies of working which will benefit the Trust whilst



further enhancing the Trust's reputation for delivering high class services in high class facilities.

## **8. OPTIONS FOR DELIVERING THE PROPOSAL**

The proposal will be delivered through the existing P21+ framework so consistency of standards and quality can be assured

## **9. RISKS AND MITIGATION**

The known risks associated with the development are as follows:

- Planning permission is not granted – to mitigate this we have entered into early discussion with the planning authority and they are happy with the principles of the scheme, we have also consulted with our neighbours to ensure they are aware of the proposal from the Trust rather than the council. This approach has proved to be beneficial in the past.
- The P21+ partner cannot deliver the scheme – the P21+ provider has assured the Trust that resources can be put in place to deliver the scheme.
- The cost of the project rises – the use of P21+ is a mitigating factor in protecting the Trust as the scheme will reach GMP very quickly following approval. This will set the maximum price we pay for the agreed design. The Trust, again without prejudice has sought a budget costing for the scheme under consideration from our P21+ partner.
- The scheme does not deliver to the agreed plan – a project plan has been drawn up in conjunction with the P21+ partner which has been used to decide timescales for decant provision. The plan used has been signed off by all parties.

In summary the construction risks of this project whilst very real are resolved by the use of an experienced P21+ partner who has delivered a number of large schemes ahead of time and on budget.

In addition to the specific construction risks the BDU also have identified some risks to service users and staff which will be addressed by the scheme board:

- the move towards transformation of services (and closer working relationships between professional groups) cannot be achieved in existing accommodation;
- the integrated CASH/GUM service cannot work without this development;

- reputational risk associated with the delivery of services in poor quality accommodation.

## **10 EQUALITY IMPACT ANALYSIS**

The development of the New Street hub has included consultation with members of staff.

The design of the building has been responsive to the feedback from staff groups and subsequent revisions were made in response to views.

The design has considered all of the protected characteristics and has aimed to maximise the potential of the building to reduce the stigma sometimes associated with mental health issues.

A key element of the equality impact assessment was the conscious retention of a dedicated CAMHS area to ensure that children are protected whilst using our services. The building is flexible therefore enabling the services to respond to client need as the services expand and develop.

## **11. RECOMMENDATIONS**

The Board is recommended to:

- approve the business case for New Street Hub including approval to proceed to construction phase for the building at an overall value of £1.6 million including enabling works;
- note the capital receipt anticipated from the sale of Queen's Road Health Centre.

Capital Charges Calculation Spreadsheet

New Street Refurb

£1.6m Depreciating over 15 Years

		<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Year 6</u>	<u>Year 7</u>	<u>Year 8</u>	<u>Year 9</u>	<u>Year 10</u>	<u>Year 11</u>	<u>Year 12</u>	<u>Year 13</u>
Opening Net Book Value	1,600,000	1,493,333	1,386,667	1,280,000	1,173,333	1,066,667	960,000	853,333	746,667	640,000	533,333	426,667	320,000
Depreciation	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667	106,667
Closing Net Book Value	1,493,333	1,386,667	1,280,000	1,173,333	1,066,667	960,000	853,333	746,667	640,000	533,333	426,667	320,000	213,333
Return $\frac{(\text{Opening NBV} + \text{Closing NBV})}{2} \times 3.5\%$	54,133	50,400	46,667	42,933	39,200	35,467	31,733	28,000	24,267	20,533	16,800	13,067	9,333
Depreciation	106,667												
Total Capital Charges	160,800	157,067	153,333	149,600	145,867	142,133	138,400	134,667	130,933	127,200	123,467	119,733	116,000

## South West Yorkshire Partnership Foundation Trust and Other Related Charities

(Registered Charity No 1055931)



## Annual Report and Accounts 2013/14



With all of us in mind

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# 1. Introduction

## Our role

To promote the effective administration and management of the Trust's Charitable Funds, ensuring that access to those funds meets the expectation of the original donors.

## Our values

Our actions will be guided by a commitment to ensure:-

- Funds are accessible for the purpose for which they were donated;
- Accurate documentation of donor wishes;
- Compliance with Charities Commission guidance; and
- Accountability for all monies received or expended.

## Corporate Trustee

The Corporate Trustee presents the Charitable Fund Annual report, together with the Financial Statements for the year ended 31 March 2014.

The Charity's Annual Report and Accounts for the year ended 31 March 2014 have been prepared in accordance with the Charities Act 2011 and the Charities (Accounts & Reports) Regulations 2008.

During the period funds were held for the benefit of the following organisations:

- South West Yorkshire Partnership NHS Foundation Trust
- Spectrum

Charitable Funds are available to benefit service users in Barnsley, Calderdale, Kirklees and Wakefield.

South West Yorkshire Partnership NHS Foundation Trust is the Corporate Trustee of the Charity governed by the law applicable to Trusts, principally the Trustee Act 2000 and the Charities Act 2011. Those who served on the Trust Board during the financial year were as follows:-

<b>Ian Black</b>	Chair
<b>Jonathan Jones</b>	Non Executive Director
<b>Bernard Fee</b>	Non Executive Director
<b>Peter Aspinall</b>	Non Executive Director
<b>Helen Wollaston</b>	Non Executive Director, Deputy Chair
<b>Julie Fox</b>	Non Executive Director
<b>Steven Michael</b>	Chief Executive
<b>Nisreen Booya</b>	Medical Director
<b>Alan Davis</b>	Director of Human Resources and Workforce Development
<b>Alex Farrell</b>	Deputy Chief Executive/Director of Finance
<b>Dawn Stephenson</b>	Director of Corporate Development
<b>Tim Breedon</b>	Director of Nursing, Clinical Governance and Safety
<b>Anna Basford</b>	District Service Director, Calderdale and Kirklees (left 04/07/13)
<b>Adrian Berry</b>	Director of Forensic Services
<b>Sean Rayner</b>	District Service Director, Barnsley and Wakefield
<b>Karen Taylor</b>	District Service Director, Calderdale, Kirklees and Specialist Services
<b>Diane Smith</b>	Interim Director of Service Innovation and Health Intelligence (joined 09/01/14)

Steven Michael is a Trustee of Spectrum People, this is the community involvement and volunteering arm of Spectrum.

# 1. Introduction

## Structure, governance and management

The Charitable Funds Committee, formed in 2003, manages the Charity on behalf of the Corporate Trustee. Those serving on this Committee during the period were as follows:-

Julie Fox (Chair)	Non Executive Director
Ian Black	Trust Board Chair
Bernard Fee (from 03/12/13)	Non Executive Director
Alex Farrell	Deputy Chief Executive/Director of Finance
Tim Breedon (from 04/06/13)	Director of Nursing, Clinical Governance and Safety
Dawn Gibson (left 02/08/13)	Deputy Director of Finance
Susan Baines	Head of Financial Accounting

The day to day operations of the Charitable Funds are administered by South West Yorkshire Partnership NHS Foundation Trust. Strategic and operational decisions are made by the Committee on behalf of the Trustee.

When Trust Board members join the Committee they are introduced to the Charity, its objectives and Charity Commission guidance (CC3).

Special Purpose Funds are sub-divided into individual Charitable Funds, to serve specific services, locations or legacies. Each of these has a Responsible Officer, who monitors movements on the Fund and is able to approve requests to incur expenditure in line with the donor's wishes.

Access to funds is available to all the services throughout the Trust. All requests to fund expenditure are approved by the Head of Financial Accounting in conjunction with the Fund's Responsible Officer.

The committee members receive no remuneration or expenses from the Charity.

The Trust manages funds on behalf of Spectrum CIC, these funds total £29k at 31/03/2014 (£29k at 31/03/2013).

## Grant making

Donations made to the Trust in general, including the monies raised by the Staff Lottery, are allocated to District specific or Trustwide funds dependent on the wishes of the donor.

Any Trust service can bid to access these funds. The bidding process occurs quarterly and all bids are assessed by a sub-committee which comprises clinical staff from all districts of the Trust.

The sub-committee assesses each bid looking at the merits of the proposal and the number of people who will benefit. They also consider whether the funding should instead be made by the Trust Exchequer (i.e. NHS) funds, in which case the bid will not be granted.

## Risks

The key risk for the Charity is that fund balances fall to a point that they are insufficient to meet outgoings. To manage this risk the Charity:

- Holds a minimum level of funds (currently £35k) to cover annual administration costs;
- Ensures Internal Audit review the administration and governance arrangements;
- Transfers funds between accounts to maximise interest received and to minimise the risk of capital losses; and
- Proactively fund raises.



## 2. Trustee Report

### Objectives

The objective of the Charity is to benefit the service users of the Trust. This was set out in the original Trust Deed in 1996. During the year the Committee:

- Continued to advertise the Charitable Funds through articles in the members' and staff magazines and also by the distribution of leaflets and annual reports throughout the Trust;
- Continued to promote the Staff Lottery and the Charity by:
  - Having stalls at Staff Roadshows
  - Having stalls at the monthly Staff Induction
  - Having a stall at the Annual Member's meeting
  - Feeding back to the member's council and
- Set up a page on the JustGiving Website and promoted this in the member's magazine.

### Achievements and Performance

During the year the Committee approved expenditure of £322,387 to be spent on the objectives of the charity, examples of the expenditure are below:

#### Barnsley

- **Moorland Court**
  - £2,399 was spent on a new kiln, the service has used this to run courses for clients throughout the community. These courses have proved very popular with clients wanting to do more advanced sessions. Feedback from individuals included  
"Really enjoyed today, I would love to do another course",  
"Really enjoyed today, don't want it to finish, I've met some really nice people".
- **South and Dearne Community Mental Health Team allotment group**
  - Monies were granted to set up an allotment to benefit service users and carers by helping them meet others and build physical activity into their daily routine.
- **Clark Ward – Kendray Hospital**
  - A series of Creative Poetry sessions was funded. This allows the service users to explore and express difficult and distressing emotions through poetry.
- **Mount Vernon Hospital**
  - £4,434 was used for a special 'Nightingale' mattress for Ward 5.

#### Calderdale

- **Lyndhurst**
  - £2,079 was used to develop the gardens at Lyndhurst incorporating raised flower beds, seating areas, flower and vegetable areas. This will allow service users to grow their own vegetables and create a pleasant environment for the residents and their visitors.
- **The Dales Unit**
  - Elmdale Ward was awarded £3,510 funding for complementary therapies. Treatments for service users include hand, shoulders, face and head massages. The sessions have left service users feeling "positive, cheerful, energised, confident, enthusiastic and uplifted". The treatments have promoted a more relaxed environment.
  - Occupational Therapy was awarded funds to purchase exercise mats and relaxation music CDs for Tai Chi sessions for all inpatients at the Dales.



#### Kirklees

- **Priestley Unit**
  - Ward 18 was granted £3,510 funding to run weekly Tai Chi Sessions. These sessions have promoted inclusion for all the service users as there are no language barriers and sessions are adapted for an individual's needs. They left the service users feeling relaxed and calm, feedback from service users included "Makes us feel at peace with everything", "Any tension physically melts away. The fast pace of life slowed right down in its place, totally relaxation."
- **Pathways**
  - A Peer Walking Group had been set-up by the service and the Charity awarded funding of £400 to provide accommodation for service users taking part in 'The Dales Challenge'.
- **Insight team**
  - Monies were granted for service user trips to help promote and encourage social inclusion. Trips included a visit to Tropical World in Leeds and the Imax cinema in Bradford.



## 2. Trustee Report

### Wakefield

- **Fieldhead hospital**

- Briarfields (who provide electroconvulsive therapy) were granted funding to purchase a Hi-Fi system for the waiting room; this helps to create a calming environment to help reduce service user tension and worry.
- The Calder unit was granted £1,664 to fund a 16 week equine therapy course for service users with Wakefield Riding for the Disabled, to help improve their general health and well-being.

- **Health and wellbeing - senior citizens support group**

- £420 was awarded to support a summer picnic for 100 members of the group, this picnic included health promotion stalls such as blood pressure and diabetes checks.

### Forensic services

- **Low secure services**

- The relaxation room at Newhaven was furnished with large bean bags, a bubble tube and a space projector.
- Newhaven were granted £482 for two trips to Whitby for service users – one service user commented:

“It was good to go to Whitby and get off the ward and out of Wakefield. I enjoyed everything about Whitby, we went on the steam bus around Whitby which I enjoyed. It was a hot day, the views were great and we went to the lifeboat station, and we went on the lifeboat. I sat in the coxswain seat and was shown around the boat by the coxswain. I had a great time and would like to go again.”



- **Newton Lodge**

- £175 was granted to the Nordic Walking Group for Nordic Walking poles. This group aims to improve the physical and mental health of the patient population at Newton Lodge.

### Creative Minds

- **Kirklees**

- Asylum Support – ‘Open Door Project’ – Monies were granted for this project which supports Asylum seekers through activities such as cooking, indoor sports and crafts. They also offer practical advice and befriending.
- Holme Valley Sharing Memories – ‘Super Natural Pots’ – This project for vulnerable older people and residents of Enfield Down (mental health inpatient rehabilitation unit) was awarded funds of £2,065 to allow the service users to explore the medium of clay to create tile pictures and simple wrap around pots.
- Kirklees Council with Support to Recovery (S2R) spent £15,704 towards The Great Outdoors’ Project; maximising access to and participation in outdoor green spaces for people recovering from mental illness.
- Manasamitra ‘4 x 4 Journey’ - £25,000 to fund art workshops.
- Hoot - £9,802 for the Locomotion Dance Group to develop challenging drama and dance pieces dealing with mental health and £10,000 for the ‘Breathing Space’ project with dementia sufferers.
- £5,000 was given for 12 ‘bibliotherapy’ sessions on Ward 19 of Dewsbury & District Hospital and Ashdale Ward in the Dales Unit of Calderdale Royal Hospital. These inspire and encourage participants through creative reading.
- £5,000 for Batley Mencap’s ‘Stepping Out’ project: 48 weekly creative activity sessions for people with a learning disability.
- The ‘Culture Club for Carers’ received £4,950 for services to carers accessing Admiral Nurse support.

## 2. Trustee Report

### Creative Minds

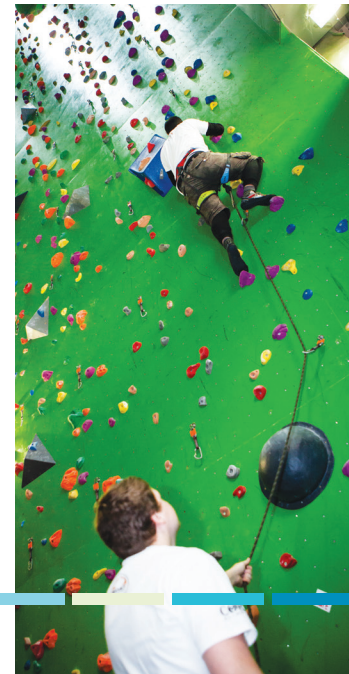
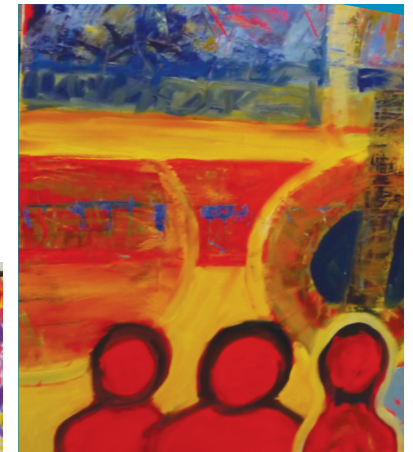
#### • Calderdale

- 'Space for me' project at the Victoria Theatre Halifax was awarded £10,000 for weekly Drama therapist sessions for young carers in Calderdale.
- The 'Purple Patch Living Project' was awarded £9,890 for weekly activities across two sites in Calderdale on two days a week. One session covers a traditional arts education programme and the other a feel good project to promote physical and mental well-being through art and movement.
- £61,522 continuing the multi-year Innovation Fund project of innovative arts and health programmes in the new 'Recovery College of Art' at The Artworks in Halifax.
- 'Sizzle and Chat' was granted £10,000 for a scheme combining healthy eating, traditional Asian dishes and community cohesion.
- £10,000 was awarded for workshops based at Phoenix Radio with young people in foster care.
- £17,300 was given to Calderdale Council to support 'Passport to Leisure' access and engagement with the museum by SWYPFT service users.
- The Safe Anchor Trust (SAT) was given £8,333 towards refitting one of its narrow boats. In return, SAT will provide 1,200 free places for service users, carers and staff over the next three years.
- £4,950 was awarded to Verd de Gris to provide creative opportunities to enhance quality of life and improve integration of people suffering from degenerative neurological conditions.
- £4,294 for rock climbing by the SWYPFT Insight Team. 16 people are climbing independently and others working towards this. Two service users are now leading other climbing groups.

### Creative Minds

#### • Barnsley

- Action Space Mobile was awarded £5,000 for the 'Live Arts Café'. This is a weekly creative and social evening at Moorland Court for people with experience of mental health issues and their friends and families.



## 2. Trustee Report

### Finance summary

During the year expenditure relating to charitable activities totalling £322,387 was incurred. A wide variety of purchases were funded.

Donations of £270,579 were received during the same period. This includes £255,000 which was granted by NHS Wakefield Clinical Commissioning Group (CCG) for Creative Minds. Creative Minds is an initiative by the Trust to encourage service users to get involved in creative activities, the funds have been treated as a designated fund. Other donations varied in size and came mainly from patients' relatives and friends.

During the year the staff lottery generated net funds, after prizes and costs, of £15,362.

As at 31 March 2014 the Charity had £533,317 on deposit.

The accumulation of interest is not a specific purpose of Charitable Funds and deposits do not compromise the Fund's capacity to meet expenditure commitments. A working balance was maintained in the Trust's Charitable Funds current account with National Westminster Bank.

The interest earned for the year totalled (net of bank charges of £35) £5,223. This was allocated to individual funds on the basis of an average monthly fund value.

### Charitable Funds Investment Policy

The current policy (agreed in March 2014) is to invest funds in a deposit account.

For cash management purposes, two accounts were held on behalf of the Trust's Charitable Funds during the year. These are with National Westminster Bank and are detailed below.

General Account – held with the National Westminster Bank and is used to process all cheque payments and to receipt donations to the Funds.

Deposit Account – held with the National Westminster Bank, to maximise interest received without the risk to the charitable funds capital. This is a low risk account and only funds that are surplus to daily requirements are held here.

The deposit account attracted interest at 1.035% until 30th September; it was then reduced to 0.5% as follows:

Quarter 1	£2,195
Quarter 2	£1,870
Quarter 3	£614
Quarter 4	£579
<b>Annual Total</b>	<b>£5,258</b>

### Reserves Policy

Under the guidance of the Charities Commission booklet "CC19, Charities' Reserves", the Charitable Funds Committee agreed the following reserve policy which is reviewed annually.

Funds held by South West Yorkshire Partnership NHS Foundation Trust Charitable Funds that are unrestricted are classed as reserves under SORP 2005.

The Committee has a general legal duty to apply charitable funds within a reasonable time of receiving them. The Committee actively encourages fund managers to spend their funds and encourages staff to bid against the general purpose funds.

The Trustees' policy is to keep funds to the minimum required to cover approved commitments in the belief that donations are made with the intention and expectation that they will be spent accordingly.

In order to avoid the risk of the Charity's reserves becoming overdrawn it is considered prudent to hold a minimum balance of £35,000 in general funds to cover ongoing management and administration costs including internal audit and independent audit fees. This is based on prior year's costs.

Expenditure is reviewed at the Charitable Funds Committee to ensure that the minimum level of reserves is maintained.

## 2. Trustee Report

### Key decision

The Corporate Trustee implemented a new policy agreed in 2012/13 to allow the amalgamation of designated funds. Any designated fund with no expenditure for two years was transferred into the General Fund for that area. This policy has been introduced to discharge the 'Trustees responsibility' of ensuring that any donations are expended within a reasonable time frame.

### Plans for the future

- To encourage donations by having regular articles in the Trust magazine Likeminds and to continue to promote the JustGiving website.
- To encourage expenditure from all services by internally promoting the charity.
- To continue to promote the staff lottery across the Trust.

## A big thank you

On behalf of the staff and patients who have benefited from improved services due to donations and legacies, the Corporate Trustee would like to thank all service users, relatives and staff who have made charitable donations and participated in the staff lottery.

## 3. Accounts

### Statement of Trustee's responsibilities

The Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the funds held on trust and to enable it to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;
- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Trustee is required under the Charities Act to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 2011. In preparing those accounts, the Trustee is required to:

- apply, on a consistent basis, accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 18 to 26 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee

Signed:

Chair \_\_\_\_\_ Date \_\_\_\_\_ 2014

Trustee \_\_\_\_\_ Date \_\_\_\_\_ 2014

## 3. Accounts

### Independent examiner's report to the trustee of South West Yorkshire Partnership NHS Foundation Trust Charitable Funds

I report on the accounts of the Charitable Funds for the year ended 31 March 2014 comprising the income and expenditure account, the balance sheet and the related notes 1 to 13.

This report is made solely to the charity's trustee, as a body, in accordance with section 145 of the Charities Act 2011 and regulations made under section 154 of that Act. My work has been undertaken so that I might state to the charity's trustee those matters I am required to state to them in an independent examiner's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's trustee as a body, for my work, for this report, or for the opinions I have formed.

#### Respective responsibilities of trustee and examiner

The charity's trustee is responsible for the preparation of the accounts. The charity's trustee consider that an audit is not required for this year under section 144(1) of the Charities Act 2011 and that an independent examination is needed. The charity is preparing accrued accounts and I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

It is my responsibility to

- examine the accounts under section 145 of the 2011 Act;
- follow the procedures laid down in the General Directions given by the Charity Commission under section 145(5) of the 2011 Act; and
- state whether particular matters have come to my attention.

#### Basis of independent examiner's report

My examination was carried out in accordance with the general directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as a trustee concerning any such matters. The procedures undertaken do not provide all evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a "true and fair view" and the report is limited to those matters set out in the statement below.

#### Independent examiner's statement

In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Paul Thomson  
for and on behalf of Deloitte LLP  
Reporting Accountants  
Leeds, UK



## 3. Accounts Financial Statements

All results relate to continuing operations. The 2012/13 comparators were audited.

### South West Yorkshire Partnership NHS Foundation Trust Charitable Fund Statement of Financial Activities for the year ending 31 March 2014

	Note	Unrestricted Funds 2014 £000	Restricted Funds 2014 £000	Total Funds 2014 £000	Total Funds 2013 £000
<b>Incoming resources</b>					
<i>Incoming resources from generated funds:</i>					
Voluntary income:					
Donations	2	271	0	271	542
Legacies	2	0	0	0	0
Sub total voluntary income:		<b>271</b>	<b>0</b>	<b>271</b>	<b>542</b>
Fundraising events	3	31	0	31	29
Investment income	3	5	0	5	4
Transfer from NHS Trusts	4	7	0	7	0
<b>Total incoming resources</b>		<b>314</b>	<b>0</b>	<b>314</b>	<b>575</b>
<b>Resources expended</b>					
Charitable activities	5	322		322	51
Transfer Funds to NHS Trusts	6			0	0
Governance costs	7	35	0	35	15
Costs of generating funds	8	16		16	16
<b>Total resources expended</b>		<b>373</b>	<b>0</b>	<b>373</b>	<b>82</b>
<b>Net (outgoing) / incoming resources before other recognised gains and losses</b>					
		<b>(59)</b>	<b>0</b>	<b>(59)</b>	<b>493</b>
<b>Reconciliation of funds</b>					
Total funds brought forward		822	29	851	358
<b>Total funds carried forward</b>		<b>763</b>	<b>29</b>	<b>792</b>	<b>851</b>

### South West Yorkshire Partnership NHS Foundation Trust Charitable Funds Balance Sheet as at 31 March 2014

	Note	Unrestricted Funds 2014 £000	Restricted Funds 2014 £000	Total Funds 2014 £000	Total Funds 2013 £000
<b>Current assets:</b>					
Debtors	9	260	0	260	0
Short term investments and deposits	9	504	29	533	842
Cash at bank and in hand	9	8	0	8	13
<b>Total current assets</b>		<b>772</b>	<b>29</b>	<b>801</b>	<b>855</b>
<b>Liabilities:</b>					
Creditors falling due within one year	10	(9)	0	(9)	(4)
Overdraft	10	0	0	0	0
<b>Net current assets</b>		<b>763</b>	<b>29</b>	<b>792</b>	<b>851</b>
<b>Net assets</b>					
		<b>763</b>	<b>29</b>	<b>792</b>	<b>851</b>
<b>Income funds:</b>					
Restricted	11	0	29	29	29
Unrestricted	11	763	0	763	822
<b>Total charity funds</b>		<b>763</b>	<b>29</b>	<b>792</b>	<b>851</b>

The financial statements and notes numbered 1 to 13 were approved by the board of the Trustee.

Signed on behalf of the Corporate Trustee. ....

Name. ....

Position. ....

South West Yorkshire Partnership NHS Foundation Trust

Date. ....

## 3. Accounts

### Notes on the accounts

#### 1. Accounting Policies

##### **(a) Basis of preparation**

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (SORP 2005) issued in March 2005 and applicable UK Accounting Standards and the Charities Act 2011.

##### **(b) Funds structure**

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds, where the donor has made known their non binding wishes or where the trustees, at their discretion, have created a fund for a specific purpose. The Corporate Trustee has the power to re-designate such funds within unrestricted funds.

Where binding wishes or restrictions are in place these are treated as restricted funds. The funds held on behalf of Spectrum are classified as restricted funds.

##### **(c) Incoming resources**

All incoming resources are recognised once the charity has entitlement to the resources, it is certain that the resources will be received and the monetary value on incoming resources can be measured with sufficient reliability.

##### **(d) Incoming resources from legacies**

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is virtually certain; this will be once confirmation has been received from the representatives of the estate(s) that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

##### **(e) Resources expended**

Expenditure is recognised when a liability is incurred. Grants payable are payments made to third parties in the furtherance of the charitable objects of the Trust. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive the grant and the trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation that they will receive the grant and any condition attached to the grant is outside the control of the Trust.

Provisions for grants are made when the intention to make a grant has been communicated to the recipient but there is uncertainty about either the timing of the grant or the amount of grant payable.

##### **(f) Charities activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs comprise direct costs and an apportionment of overhead and support costs as shown in note 4.

##### **(g) Governance costs**

Governance costs comprise all costs incurred in the governance of the charity. These include costs related to independent examination (2013: audit) together with an apportionment of support costs. The apportionment to restricted funds is on a pro-rata basis on the value of the fund. These include the salary costs of the Creative Minds support worker.

##### **(h) Fixed asset investments**

Investments are stated at market value as at the balance sheet date. The statement of financial activities includes the net gains and losses arising on revaluation and disposals throughout the year.

##### **(i) Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (purchase date if later). Unrealised gains and losses are calculated as the difference between the market value at the year end and opening market value (or purchase date if later).

## 3. Accounts

### 2. Donations

	2014 Total £000	2013 Total £000
Donations	271	542
Legacies	0	0
	<b>271</b>	<b>542</b>

### 3. Total gross income from fundraising and cash on deposit

	2014 Held in UK Total £000	2013 Held in UK Total £000
Fundraising Income	31	29
Investment Income	5	4
	<b>36</b>	<b>33</b>

### 4. Transfer of Funds from NHS Trusts

	2014 Total £000	2013 Total £000
Transfer of funds held by Calderdale & Huddersfield Foundation	7	0
Trust in relation to Calderdale Child Adolescent Mental Health Services (CAMHS)		
	<b>7</b>	<b>0</b>

### 5. Analysis of charitable expenditure

	Activities undertaken directly £000	Grant funded activity £000	2014 Total £000	2013 Total £000
Staff Education and Welfare	0	0	0	0
Patient Education and Welfare	12	310	322	51
<i>Details of all material grants and activities are summarised below and explained on pages 8 -11.</i>				
Spectrum CIC	0	0	0	0
Other	0	0	0	0
	<b>12</b>	<b>310</b>	<b>322</b>	<b>51</b>

#### Creative Minds significant grants:

	£
The Artworks	61,522
Manasamitra	25,000
Sizzle & chat	10,000
Hoot	19,802
Phoenix 96.7FM	10,000
Calderdale Council	17,300
Bibliotherapy	5,000
Purple Patch	9,890
Safe Anchor Trust Ltd	8,333
Victoria Theatre	10,000
Kirklees Council, S2R Pathways to Health	15,704
Batley & District Mencap	5,000
Action Space Mobile	5,000
Verd de Gris Ltd	4,950
Culture Club for Carers	4,950
Complementary therapies	3,510
Climbing instruction, Insight Team	4,294

#### Other Charitable Funds significant grants:

Tai Chi classes (Ward 18, Dewsbury)	3,510
Nightingale mattress (Ward 5, Mt Vernon)	4,434



## 3. Accounts

### 7. Allocation of support costs and overheads

	Staff Education & Welfare £000	Patient Education & Welfare £000	2014 Total £000	2013 Total £000
Salaries	0	32	32	6
Examination and Audit Fees	0	2	2	7
Miscellaneous	0	1	1	2
	<b>0</b>	<b>35</b>	<b>35</b>	<b>15</b>

Basis of apportionment: pro rata to expenditure. Salaries of the South West Yorkshire Partnership NHS Foundation Trust staff involved are no longer recharged by the Trust to the Charity. If they had been, the charge would have been £4k. The £32k salaries and on-costs identified above relate solely to support and management of Creative Minds projects.

The examination fee is paid for the independent examination of the financial statements in 2013/14. The accounts were subject to audit in 2012/13 and the £7k is in respect of the external audit of the financial statements.

Support costs are the costs associated with the administration of the Charity. These amounts are paid directly to South West Yorkshire Partnership NHS Foundation Trust. No individuals acting on behalf of the Charity receive any remuneration or reimbursement of expenses from the Charity.

### 8. Analysis of Costs of Generating Funds

Staff Lottery Expenditure	Total 2014 £000	Total 2013 £000
Prizes	15	15
Admin Fee	1	1
	<b>16</b>	<b>16</b>

The staff lottery cash flows are shown gross. The £31k income generated is shown in note 8 above. The prize fund is set at 50% of the income generated in the previous 12 months. Currently, £1,050 is given as monthly prizes and the balance in the Christmas draw in December.

### 9. Analysis of Current Assets

Debtors under 1 year	Total 2014 £000	Total 2013 £000
Other debtors	260	0
	<b>260</b>	<b>0</b>
<b>Analysis of cash deposits</b>	<b>Total 2014 £000</b>	<b>Total 2013 £000</b>
Short term investments and deposits	533	842
Cash at bank	8	13
	<b>541</b>	<b>855</b>

## 3. Accounts

### 10. Analysis of current liabilities

Creditors under 1 year	Total 2014 £000	Total 2013 £000
Other creditors	(9)	(4)
Accruals	0	0
	<b>(9)</b>	<b>(4)</b>

### 11. Analysis of charitable funds

	Fund b/fwd at 01 Apr 13 £000	Incoming resources £000	Resources expended £000	Transfers £000	Fund c/fwd at 31 Mar 14 £000
<b>Unrestricted Funds</b>					
Trustwide	543	35	(24)	(520)	34
Barnsley	169	12	(51)	0	130
Calderdale	24	7	(5)	(2)	24
Creative Minds	0	258	(278)	520	500
Kirklees	69	2	(13)	2	60
Wakefield	17	0	(2)	0	15
	<b>822</b>	<b>314</b>	<b>(373)</b>	<b>0</b>	<b>763</b>
<b>Restricted Funds</b>					
Spectrum	29	0	0	0	29
	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>
<b>Total Funds</b>	<b>851</b>	<b>314</b>	<b>(373)</b>	<b>0</b>	<b>792</b>

Where applicable funds are transferred between individual designated funds to ensure they align to the underlying services for which they were donated.

### 12. Related Party Transactions

The Charity has made payments to the Trust in relation to administration costs, these are made on an arm's length basis.

	Total 2014 £000	Total 2013 £000
South West Yorkshire Partnership NHS Foundation Trust	3	15
	<b>3</b>	<b>15</b>

There was £ nil closing balance in debtors and creditors in respect of the Trust.

### 13. Other funds held for and on behalf of other organisations

Within the balances of the Funds held by South West Yorkshire Partnership NHS Foundation Trust the following funds were managed on behalf of Spectrum CIC. These assets are held as cash on deposit.

Fund Details	Opening balance	Decrease in net resources	Funds transferred	Closing balance	Number of funds transferred
Other	29	0	0	29	0

Spectrum's objectives focus on provision of care to the most vulnerable groups in the most difficult environments. Working with this social enterprise organisation can be a cost-effective way of furthering the Charity's aims in the Wakefield area.

## 4. Legal and administrative information

Funds Administration	Deputy Chief Executive/Director of Finance South West Yorkshire Partnership NHS Foundation Trust Fieldhead hospital, Ouchthorpe Lane, Wakefield WF1 3SP
Bankers	National Westminster Bank 3 Ropergate, Pontefract WF8 1LH - West Yorkshire
Internal Audit	KPMG LLP 1 The Embankment Neville Street, Leeds LS1 4DW - West Yorkshire
Independent Examiner	Deloitte LLP One City Square, Leeds LS1 2AL

# 3 ways to donate

**1. Visit JustGiving**  
**[www.justgiving.com/southwestyorkshirepft](http://www.justgiving.com/southwestyorkshirepft)**

**2. To donate £2 Text**  
**SWYP13 £2 to 70070**

**3. Send a cheque made payable to**  
**South West Yorkshire Partnership NHS FT Charitable Funds**  
**to:**  
**Finance Department**  
**Castleford, Normanton & District Hospital**  
**Lumley Street**  
**Castleford WF10 5LT**

## Trust Board 23 September 2014

### Agenda item 10

<b>Title:</b>	<b>Use of Trust seal</b>
<b>Paper prepared by:</b>	Chief Executive
<b>Purpose:</b>	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
<b>Values/goals:</b>	The paper ensures that the Trust meets its governance and regulatory requirements.
<b>Any background papers/ previously considered by:</b>	Quarterly reports to Trust Board
<b>Executive summary:</b>	<p>The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive.</p> <p>The seal has been used eleven times since the report to Trust Board in June 2014 in respect of the following.</p> <ul style="list-style-type: none"> <li>- A contract for sale of freehold land at Southmoor Lodge, Pontefract, between the Trust and Paul Zemlik and a Land Registry transfer for the same between the same parties.</li> <li>- A licence to occupy a room at the Al-Hikmah Centre, Batley, between the Trust and the Indian Muslim Welfare Society.</li> <li>- A deed of guarantee between Phoenix IT Group PLC and the Trust</li> <li>- A lease for a property in Doncaster between the Trustees of Beech House Pension Trust and the Trust.</li> <li>- A lease agreement for tenancy of units at Grange Lane Industrial Estate, Barnsley, between Barnsley Council and the Trust.</li> <li>- A contract with Sheffield City Council for smokefree services.</li> <li>- An agreement to occupy the Chestnut Centre, Huddersfield, between Fresh Horizons and the Trust.</li> <li>- A declaration of trust for the Trust's museum.</li> <li>- A deed of indemnity relating to land off Aberford Field, Wakefield, between Miller Homes and the Trust.</li> <li>- A planning agreement for the above between Mid-Yorkshire Hospitals NHS Trust, the Trust, Christopher William Makin and Jane Patricia Makin, Edward Andrew Hughes, Miller Homes Limited and MF Strategic Land Limited, Clydesdale Bank PLC and Wakefield Council.</li> </ul>

<b>Recommendation:</b>	<b>Trust Board is asked to note the use of the Trust's seal since the last report in June 2014.</b>
<b>Private session:</b>	Not applicable