



With all of us in mind

Trust Board (public session)
Tuesday 16 December 2014 at 14:00
Boardroom, Kendray Hospital, Doncaster Road, Barnsley

AGENDA

- 1. Welcome, introduction and apologies**
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 21 October 2014**
- 4. Assurance from Trust Board committees**
 - 4.1 Audit Committee 7 October 2014
 - 4.2 Clinical Governance and Clinical Safety Committee 17 September 2014 and 11 November 2014
 - 4.3 Mental Health Act Committee 21 November 2014
 - 4.4 Remuneration and Terms of Service Committee 14 October 2014
- 5. Chair and Chief Executive's remarks** (verbal item)
- 6. Performance reports months 7 and 8 2014/15**
 - 6.1 Performance report month 7 2014/15 (attached) and month 8 (to follow)
 - 6.2 Exception reporting and action plans
 - (i) Data breaches
 - (i) Customer Services policy
 - (iii) Care Quality Commission Duty of Candour
- 7. Use of Trust**
- 8. Date and time of next meeting**

The next meeting of Trust Board will be held on Tuesday 27 January 2015 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.



With all of us in mind

Minutes of Trust Board meeting held on 21 October 2014

Present:	Ian Black Peter Aspinall Julie Fox Helen Wollaston Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair 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
Apologies:	Laurence Campbell Jonathan Jones	Non-Executive Director Non-Executive Director
In attendance:	Sean Rayner Diane Smith Dawn Stephenson Bernie Cherriman-Sykes	District Director, Barnsley and Wakefield Interim Director of Service Innovation and Health Intelligence Director of Corporate Development Board Secretary (author)
Guests:	Steve Ollerton Vanessa Stirum Nadeem Ghana	Clinical Lead, Greater Huddersfield CCG Lay Member, Greater Huddersfield CCG Badenoch and Clark

TB/14/61 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, particularly Adrian Berry (ABe), attending his first meeting as Medical Director. The apologies, as above, were noted.

TB/14/62 Declaration of interests (agenda item 2)

The following declaration of interests was considered by Trust Board.

Name	Declaration
DIRECTORS	
Dawn Stephenson	As part of role as governor on the Membership Council of Calderdale and Huddersfield NHS Foundation Trust, appointed to Remuneration and Terms of Service sub-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/14/63 Minutes of and matters arising from the Trust Board meeting held on 23 September 2014 (agenda item 3)

Tim Breedon (TB) asked for "in relation to incident reporting" to be added to the first bullet point under item TB/14/56b. Subject to this amendment, **it was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 23 September 2014 as a true and accurate record of the meeting.** There were two matters arising.

TB/14/53b Clinical Governance and Clinical Safety Committee 17 September 2014

Helen Wollaston (HW) confirmed that she and the Chair had agreed the response to staff following the Francis workshop. The Chief Executive (SM) commented that three priority areas had been identified for additional investment in staffing – Calderdale crisis team, low secure services and development of a peripatetic nursing team. Business cases will be taken through the Executive Management Team (EMT).

HW also suggested a review of the governance arrangements for charitable funds, particularly in terms of ensuring payment is made only after approval processes are complete and that a declaration of interests is received for those making awards. It was agreed to follow this up through the Audit Committee.

TB/14/56b Quarterly serious incidents report – independent investigation report

It was RESOLVED to DELEGATE AUTHORITY to the Chair, Deputy Chair, Chief Executive, Director of Nursing and Medical Director to formally agree the independent investigation report on behalf of Trust Board.

TB/14/64 Chair and Chief Executive's remarks (agenda item 4)

Under his remarks, IB raised the following.

- The Chair was pleased to announce that an 'outstanding' rating had been given to Barnsley palliative care team following a Trust planned visit to the service.
- The Care Quality Commission (CQC) recently issued its annual report. Of the 38 inspections undertaken, nine trusts were rated 'good', 24 'require improvement' and five were 'inadequate'. No trust was rated as 'outstanding'; however, since publication of the report, Frimley Park NHS Foundation Trust has been awarded an 'outstanding' rating. This reflects the cautious approach to the rating system. The CQC target to inspect all trusts by the end of 2015 remains. It was suggested that the Clinical Governance and Clinical Safety Committee considers the report in terms of themes and issues for mental health and general community services.
- After discussion with the Company Secretary, IB proposed that Trust Board becomes 'paperless' from 1 April 2015. This provides time to consult and review any concerns Directors may have and to test options available.
- In relation to the strategic outline case, the three partner Chairs (of this Trust, Calderdale and Huddersfield NHS Foundation Trust and Locala) wrote to commissioners. A response was received outlining the next steps they are to take, particularly for community services. It was agreed to circulate the letter with the minutes.

Under his remarks, SM raised the following.

- The Dalton review, currency development both locally and nationally, the Better Care Fund and the different approaches taken locally, and staff engagement events.
- The mental health summit held on 16 October 2014, which focused on acute and community mental health services. This was a very positive and constructive event with 120 staff attending. A clear articulation of the case for change was made, which will be shared with Trust Board, with the vision for the service model and how this aligns with commissioning intentions and primary care. A similar approach will be taken for children's services, dementia and general community services (in early December). The case for change was supported by a range of data and there are three areas the Clinical Governance and Clinical Safety and Mental Health Act Committees may wish to look at:
 - the relatively low numbers detained under the Mental Health Act;
 - gatekept admissions for crisis services; and
 - the numbers placed out-of-area in some localities.

Alan Davis (AGD) was asked to update on the industrial action that took place on 13 October 2014 in response to the national pay agreement. The action consisted of a four-hour strike and four days work-to-rule. There were no issues with the delivery or safety of services during the action.

TB/14/65 Performance reports month 6 2014/15 (agenda item 5)

TB/14/65a Quality performance report (agenda item 5.1)

TB highlighted the following.

- Safer staffing and the additional investment made by the Trust.
- The introduction of twelve-hour shifts across in-patient units and the reduction in mandatory training headroom, which will be monitored at a local level and assessed by BDUs on an ongoing basis.
- Friends and Family Test, which the Trust is required to undertake quarterly.
- Independent investigation report (delegated authority was given under agenda item 3).
- Development of a Patient Safety Strategy, which will be presented to the Clinical Governance and Clinical Safety Committee in February 2015 and Trust Board in March 2015.
- There are a number of issues with waiting times to access Trust services and variations across districts, which will be reviewed in detail by the Clinical Governance and Clinical Safety Committee in its consideration of quality priorities. HW commented that she would like to see where the 'hotspots' are across the Trust and she will agree the most appropriate timing for the Committee's consideration.
- There has been an increase in the number of instances where a bed is not immediately available for admission to Trust in-patient services. All instances have been reviewed for any themes or whether any specific intervention is required. The protocol will be reviewed to ensure it reflects the mitigating action required. The Trust must rely on clinical judgement on patient safety and this remains the Trust's first concern in any situation. SM commented that this reflects the need for the Trust to review the acute and community mental health pathway through its transformation programme and is an issue seen nationally.
- Sign-up to Safety campaign, which the Trust has signed-up to.

Peter Aspinall (PA) asked when the sickness absence rate would meet the target of 4% and what assurance is there that the Trust is working towards achieving the target. AGD responded that there had been a lengthy discussion at the Remuneration and Terms of Service Committee on 14 October 2014 and commented that sickness absence is a symptom of wider issues within services. IB added that the Committee received a detailed analysis of the sickness absence figures supported by plans to address areas of underperformance. The Committee also considered whether the Trust should continue with a target of 4%. The Committee was of the view that, as some service areas achieve 4% or lower, the target should remain as an aspiration for all areas. HW supported the Chair's comments and added that the detailed analysis provides assurance that the Trust is working to improve absence rates. AGD agreed to send PA the detailed analysis.

PA asked for clarification that the Trust is, therefore, aiming to achieve the target. AGD confirmed that this remains the target and that the Trust compares well with other organisations, particularly in the North. He will discuss access to data for trusts in the South, where absence rates are lower, with the Trust's external auditors. He also commented that the highest absence is in forensic services and the Trust is comparing itself against organisations without such services. He added that the target is stretching and the Trust's approach has driven improvement in most areas; however, it is unlikely that the Trust will achieve the target in 2014/15. IB suggested considering the target again during planning for 2015/16 and to also consider the trend, which does demonstrate improvement. Julie Fox

(JF) commented that she was assured; however, she would like to see the Trust continue to push to meet the 4% target and not accept the current level.

SM asked for clarity on whether assurance is provided through the Remuneration and Terms of Service Committee or through the full Trust Board. He added that the current rate is driven by one or two areas; the key for Trust Board should, therefore, be what management action is being taken to address sickness absence in these areas and this information is presented to the Committee at the request of Trust Board. JF commented that she would like to see more detailed information at the full Trust Board even though it has been through the Committee until the rate comes under the 4% target. IB responded that there is obviously insufficient information coming from the Committee through to Trust Board to provide assurance; however, he would like to continue with a detailed discussion at Committee level and include further narrative in the performance report presented quarterly to the business and risk Trust Board meetings.

Finance

Alex Farrell (AF) highlighted the following.

- The Trust is rated green (by Trust Board and confirmed by Monitor) with a continuity of services rating of 4 due to its strong financial position.
- Year-to-date, the Trust is £2.2 million above planned surplus at £4.2 million against a plan of £2 million, mainly due to underspend on pay.
- The year-end position is expected to meet the plan as the underspend on pay is not expected to continue and performance against the cost improvement programme will improve.
- The spend on out-of-areas placements continues at a higher level than the Trust would like. SM commented that this requires operational and clinical solutions to address the overspend and to ensure efficiency in the pathway in relation to the level of gatekept admissions, gatekeeping of discharges and single point of access.
- The overall forecast position for the cost improvement programme is £500,000 under the target of £12.8 million; therefore, the utilisation of provisions is broadly the same as month 5. There is a recurrent issue of £800,000 for 2015/16.
- Capital spend is behind plan due a delay in a number of schemes and there is a risk of the Trust breaching Monitor's 15% tolerance. The Trust will take advice and engage with commissioners on commissioning intentions, particularly in relation to community hubs and specialist commissioning.

AGD commented that, as part of assurance processes, there is close monitoring of the uptake of mandatory training as the overall figure may mask areas of underperformance and potential risk.

As discussed at Trust Board in September 2014, EMT asked for further assurance in relation to the impact on services as a result of the underspend on pay. A detailed piece of work was undertaken to assess what is driving the underspend and EMT was assured that this was not having an adverse effect on the quality and delivery of services. Sean Rayner (SR) commented that vacancy levels within BDUs range from 2.7% in Wakefield to 7.5% in learning disability and specialist services. Checks and balances are in place to review each vacancy, no trends are apparent, except in areas of known pressure, and mitigating action is in place to address these. SR assured Trust Board that it is quite clear that service delivery is not being compromised, and that checks and balances and assurance processes in place pick up and identify areas of risk and concern.

TB/14/65b Assurance on financial reporting (agenda item 5.2)

PA confirmed that this issue was discussed in detail at the Audit Committee on 7 October 2014 at the request of Trust Board. A key issue is personnel and the Trust has an

expectation that staff will behave in a way that meets professional standards and behaviours, and expects openness and transparency. One area of potential concern is whether staff are aware of appropriate opportunities to raise concerns and observations. AGD responded that a whistleblowing leaflet is circulated to all staff outlining how they can raise concerns at all levels not just through the formal whistleblowing policy but informally as well. A key part of the policy is that staff suffer no detriment or adverse treatment as a result of offering challenge.

AF commented that EMT is the forum that provides the appropriate level of challenge and triangulation of quality, finance and operations. The Trust is not reporting significant shifts in position or any surprises, providing assurance that systems and processes are in place and working effectively. SM added that Trust Board could take assurance from improved financial reporting, which is transparent and clear at all levels of the organisation.

It was RESOLVED to NOTE and SUPPORT the Audit Committee's recommendation that the systems and processes in place within the Trust provide the assurance sought by Trust Board.

TB/14/65c Customer services report quarter 2 2014/15 (agenda item 5.3)

Dawn Stephenson (DS) took Trust Board through the report. She particularly commented on the equality data, which, despite the efforts of the customer services team, has not improved from the last quarter. DS will work with HW to look at ways to encourage people to complete the information. She added that information was also provided on areas of feedback for forensic services as requested at the last meeting. SM commented that he was surprised there is not web-based tool for people to raise issues and provide feedback, which was noted by DS.

It was RESOLVED to NOTE the customer services report for quarter 2 of 2014/15.

TB/14/65d Exception reports and action plans – Equality Delivery System – update (agenda item 5.4(i))

DS took Trust Board through the report, which provides an update on progress against goals in the Equality Delivery System. She also alerted Trust Board to the planned event to increase the diversity of Non-Executive Directors and encourage people from diverse backgrounds to apply. HW encouraged Directors to use their networks to attract individuals to attend the event in January 2015.

HW also commented on training in relation to race and stressed that all staff must be confident in addressing and dealing with issues around race. JF suggested equality and diversity training for Trust Board and SM suggested including in a strategic session for Trust Board.

PA asked how the Trust will know where it is on its journey. DS responded that the Trust will use the framework in a progressive way and test how service users think the Trust is doing. This will be reported through the annual report on the Equality Delivery System. AF added that equality is an area of emphasis in annual plans for 2015/16 and TB that it is a focus in the quality priorities. HW urged the Trust to use its transformation programme to ensure inclusiveness and to mainstream practice.

It was RESOLVED to RECEIVE the update.

TB/14/65e Exception reports and action plans – Quality Academy review and action plan (agenda item 5.4(ii))

Following an introduction from SM, IB expressed a concern in relation to sharing of best practice. SM acknowledged that the Trust is not as good as it should be in this area. It is

the intention for the Director of Service Innovation and Health Intelligence going forward to address this shortfall. SR commented that, by demonstrating and evidencing differences between BDUs, staff will own the action to improve. IB added that the Trust does not publicise what it does and what it is good at sufficiently although action is in place to address this in the coming year.

It was RESOLVED to RECEIVE the report.

TB/14/66 Governance (agenda item 6)

TB/14/66a Members' Council evaluation (agenda item 6.1)

It was RESOLVED to NOTE the outcome of the Members' Council evaluation session.

TB/14/66b Changes to the Trust's constitution – electronic voting and annual members meeting quorum (agenda item 6.2)

It was RESOLVED to APPROVE the changes to the constitution as outlined in the paper.

TB/14/66c Audit Committee assurance on staff register of interests (agenda item 6.3)

PA commented on the poor response rate; however, he took assurance from the action planned for future declaration exercises.

It was RESOLVED to NOTE the Audit Committee's position as set out in the paper.

TB/14/67 Implementing the Estates Strategy – major capital schemes update (agenda item 7)

AGD outlined progress in two key areas – community hubs and Trust-wide decant facility and Fieldhead masterplan, linked to a compliance issue at Ryburn.

Trust-wide decant facility and Fieldhead masterplan

The solution identified has implications for the forensic BDU in terms of capital charges although some can be offset by staff efficiencies. However, he recommended to Trust Board that the Trust submits planning permission and continues financial modelling in the interim. If the business case does not present a reasonable solution, other options will be considered.

Community hubs

HW commented that she was disappointed at the lack of progress with the Wakefield hub as the community hub proposal was presented some time ago and she was concerned that the Trust was not progressing the direction of travel Trust Board had agreed through the Estates Strategy. She added that the Trust cannot always wait until the service position is fully developed to take estates changes forward.

AGD responded that he was surprised at the lack of suitable property in Wakefield and much work has been done to date to work towards the community hub principles, particularly around introducing agile working and reviewing the nature of accommodation. There are two properties in Wakefield that the team are currently investigating. SM commented that there had been a detailed discussion at the Estates Forum on the position.

IB asked that the risk around realising the capital programme in 2014/15 is included in the quarterly return to Monitor and he also agreed to take the business case for the Wakefield hub at the November strategy meeting.

It was **RESOLVED** to **NOTE** the Estates Strategy update and **APPROVE** the proposal to seek planning permission in relation to the Fieldhead site.

TB/14/68 Trust Board self-certification – Monitor quarter 2 return (agenda item 8)

JF asked if the outcome of the Calderdale substance misuse pre-tender exercise was a cause for concern. SM responded that it had come as a surprise to the Trust. The Trust has since reviewed its submission for robustness and it was of a good standard, responding to all the questions in a clear and strong way. He felt that the outcome reflects the trend for local authorities not to contract with NHS providers when tendering for services. The Trust's focus is to ensure it supports staff through this process and two staff engagement events have been held, facilitated by SM as Chief Executive, to set out the position and allay staff concerns.

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

TB/14/69 Assurance framework and organisational risk register quarter 2 2014/15 (agenda item 9)

The Audit Committee, at its meeting on 7 October 2014, recommended the inclusion of a further risk regarding the Trust's sustainability declaration in years three/four in its five-year strategic plan. It was agreed that it should be included as it is of sufficient importance to constitute an organisational risk.

It was **RESOLVED** to:

- **NOTE** the assurances provided for quarter 2 2014/15;
- **NOTE** the key risks for the organisation; and
- **APPROVE** inclusion of a risk in relation to the sustainability declaration made in the Trust's five-year plan.

TB/14/70 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Tuesday 16 December 2014 in the Boardroom, Kendray, Doncaster Road, Barnsley.

Signed **Date**



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Minutes of Audit Committee held on 7 October 2014

Present:	Peter Aspinall	Chair of the Committee
	Laurence Campbell	Non-Executive Director
	Jonathan Jones	Non-Executive Director
Apologies:	<u>Members</u>	
	None	
	<u>Others</u>	
In attendance:	Alex Farrell	Deputy Chief Executive/Director of Finance
	Paul Thomson	Partner, Deloitte
	Rob Adamson	Head of Finance
	Ian Black	Chair of the Trust
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Jon Cohen	Manager, KPMG (LCFS)
	Tony Cooper	Head of Procurement
	Paul Hewitson	Director, Deloitte
	Debbie Hogg	Deputy Director of Finance
	Keith Illingworth	Assistant Manager, KPMG
	Clare Partridge	Director, KPMG (Head of Internal Audit)
	Emma Polhill	Finance Manager (to item 5)
	Dawn Stephenson	Director of Corporate Development

AC/14/60 Welcome, introduction and apologies (agenda item 1)

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

AC/14/61 Minutes of the meeting held on 8 July 2014 (agenda item 2)

It was **RESOLVED** to **APPROVE** the minutes of the Audit Committee held on 8 July 2014 as a true and accurate record of the meeting.

AC/14/62 Matters arising from the meeting held on 8 July 2014 (agenda item 3)

There were no matters arising (AC/14/52 was taken under agenda item 11).

AC/14/63 Service line reporting (agenda item 4)

The Committee received a presentation from Emma Polhill, Finance Manager, on the progress of the development of service line reporting. The Committee took assurance that arrangements are in place across the Trust to develop and implement service line reporting and decision-making.

AC/14/64 Assurance on financial reporting (agenda item 5)

The Committee noted the matter arising from Trust Board on 22 September 2014 and the agreed question *"Given the recently reported irregularities in financial reporting where other organisations' Board and Audit Committee were not sighted on the issue or risk, what safeguards and controls does this organisation have in place to mitigate the risk of a material misstatement in financial reporting occurring?"*

PA invited both internal and external audit to comment. Both agreed that Trust Board, both non-executive and executive directors, must have the right skills and expertise, particularly in relation to finance, the right information must be presented to the right committee at the right time, and financial reporting must be clear and transparent to allow understanding by all members of Trust Board. There should be no disconnect between what is presented to Trust Board and what appears on the general ledger. The accountable director must fully understand the figures and assumptions, and that the financial information presented is valid from a data quality point of view and the narrative alongside is valid, transparent and considered. Whistleblowing procedures must be adequate for staff to raise concerns and/or reservations at all levels.

Both were of the view that the systems and processes in place within the Trust are sufficient to provide Trust Board with the assurance it is seeking.

The Committee also noted that the requirement by Monitor for all foundation trusts to undertake a governance review every three years would provide assurance on the arrangements in place within the organisation and the Chair of the Trust will re-look at the timing of this review with the Chief Executive. This process would identify any areas where the Trust might need to strengthen its processes and frameworks. Some internal audit and counter fraud activity does already cover some of the well-led framework and both plans can be tailored to provide any further assurance the Audit Committee feels it needs.

Ian Black (IB) commented that he was satisfied that strong governance processes are in place but suggested it might be useful for the Trust to undertake an audit of its whistleblowing processes to provide further assurance.

Jonathan Jones (JJ) commented that the Committee needs assurance on the integrity of information and the culture of the organisation. Internal and external audit processes can only set the framework; absolute assurance is not possible as there will always be 'unknowns' in any system. He was quite comfortable with the Trust's position.

PA asked whether the Committee was happy with the discussion, that it could make a recommendation to Trust Board that assurance is in place and that it had sufficient information to make such a declaration. **The Committee agreed that the Chair of the Committee could make a recommendation to Trust Board that assurance is in place and that the Audit Committee has sufficient information to make such a declaration to the full Board.**

IB commented that he would welcome advice on when the Trust should undertake its well-led assessment. Dawn Stephenson (DS) responded that an initial self-assessment would take place in advance of the external assessment and a proposal will be put to the Chair and Chief Executive in due course.

AC/14/65 Review and agree external audit plan and fees (agenda item 6)

Paul Hewitson (PH) confirmed that Deloitte is putting together and consulting on the strategic audit and development plan for review and approval at January's meeting. He confirmed that fees were likely to remain the same and will absorb new reporting requirements.

Action: Deloitte

AC/14/66 Staff declarations of interest – risk assessment (agenda item 7)

DS introduced the item. In support, Debbie Hogg (DH) commented that the Trust's intention is to simplify the process through, for example, a web-based questionnaire, to encourage responses and make escalation easier.

Jon Cohen (JC) commented that this was also raised as part of the NHS Protect audit. NHS Protect is keen to see progress in the number of declarations made. From a counter fraud perspective, there should be a requirement for all staff to respond, with a 'nil' declaration where appropriate.

PA asked if there was a uniform approach across the Trust or a focus on areas of risk. DH responded that the approach currently is uniform; however, there may be a case for a more detailed declaration from some teams, such as procurement. IB asked what the Trust does to support staff with a potential conflict and what the Trust does if there is a real conflict. DH responded that there are HR processes in place to support staff and confirmed that the Trust has the necessary measures in place to address any unacceptable conflicts of interest.

The Audit Committee agreed that it could take assurance from the process in place that there are no declarations made that currently present a risk to the Trust. With the exception of five declarations, which will be taken up with the relevant Director, all declarations made were considered and approved by the member of staff's line manager with a clear rationale, where appropriate, for the approval. The Committee noted that there are areas for development and improvement of the current processes.

AC/14/67 Quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales (agenda item 8)

The briefing paper was noted by the Committee. PH confirmed that there were no findings of significance as a result of the audit and three observations were made.

- Deloitte's data quality and information security policies were not included on the audit file.
- Some cross-referencing could be more robust and secure.
- Two disclosure points were highlighted in relation to the contingent assets disclosure regarding the St. Luke's Hospital site and the wording around aggregate Directors' pension contributions. Deloitte will follow up both with the Trust through DH.

Action: Deloitte

AC/14/68 Payment by Results and currency development (agenda item 9)

DH confirmed that the Trust submitted its reference costs in July 2014, which were calculated on the Q1 submission to commissioners based on reference prices and clusters. An activity assessment at the end of June 2014 shows that the Trust would be £4 million in surplus with the inference being that the Trust is underpaid for the services it provides and is doing more than the trading position requires it to.

PA asked if this information was included in the service line reporting work. DH responded that certain components are not included in Payment by Results, which is based on mental health clusters and, therefore, provides a different presentation of information.

AC/14/69 Triangulation of risk, performance and governance (agenda item 10)

The report was noted. When asked for a view, Clare Partridge (CP) asked whether the Audit Committee found the report useful. JJ and Laurence Campbell (LC) both responded that they derived assurance from the report and would prefer to see it than not.

DS assured the Committee that the reduction in the mental health contract is Barnsley is being discussed with commissioners. IB also asked whether the sustainability declaration made by the Trust in its five-year strategic plan is included in the organisational risk register and, if not, whether it should be. It was agreed to discuss at Trust Board on 21 October 2014.

Action: Ian Black as Chair of the Trust

AC/14/70 Treasury management update (agenda item 11)

The report was noted. Rob Adamson (RA) clarified the signatory arrangements for investments under £5 million in line with the Trust's Treasury Management Policy, which are:

- investment over £5 million Senior Finance Team and Executive Director;
- investment under £5 million two Senior Finance Team.

All investments require two signatures as set out in the bank mandate and in the Policy, and are reported to each Audit Committee.

The practice will be confirmed in the next iteration of the Treasury Management Policy, which would precede any investment at this level.

It was noted that the Committee is comfortable with the risk in relation to UK Government 'owned' banks.

AC/14/71 Internal audit progress report (agenda item 12)

Progress report

Two reports were presented in final form:

- patients' property, which received partial assurance with improvements required; and
- statutory and mandatory training, which received significant assurance with minor improvement opportunities and one medium risk recommendation. It was noted that the Trust is benchmarking reasonably well against other Trusts.

Two further reports are in final draft stage, patient experience and engagement, and governance arrangements, which both received significant assurance, the first with two medium risk recommendations and the second with seven low risk recommendations.

Two changes have been made to the plan in relation to Quality Improvement Strategy/data quality, which has been moved from Q2 to Q3 at the request of the lead Director, and the annual plan. Deloitte has undertaken a fundamental review of the process and content, and much of KPMG's work would duplicate this. The Executive Management Team (EMT) will review the use of the days set aside for this.

Action: Alex Farrell

IB commented that he had no feel for what level of recommendation would produce a particular assurance rating. CP responded that there is no formula or exact science for the correlation between an assurance level and the number of recommendations. From internal

assurance processes within KPMG, she was satisfied that the assurance levels given are valid.

For the patients' property audit, partial assurance was given with two high, three medium and one low risk recommendation. CP commented that she would be prepared to provide two ratings, one for the policy and one for operational practice, if this would make the outcome clearer. IB commented that he took no assurance from the report and he would see the outcome as red/no assurance. PA added that the Trust has a long history in this area and he would appreciate further assurance. RA went on to outline the action taken in relation to the development and dissemination of the Policy following the previous internal audit report. PA commented that this provides a valuable learning point in relation to collective responsibility to ensure a Policy is implemented and he expressed concern about how the Committee could be assured that there are no other policies in place that have only been partially implemented.

CP responded that KPMG's quality assurance process took assurance from the review team that a process of sorts is in place and that staff were taking responsibility for patients' property but not always to Trust policy. JC commented that experience from another Trust suggests that the focus should be on what action the Trust is going to take in relation to the recommendations and to mitigate risk, and when this should be reviewed to assess progress. RA responded that the Trust's learning and development team is offering support to both finance and services to embed the policy in routine practice.

LC asked how the Trust would know that the process as defined is workable. DH responded that the process was reviewed only twelve months ago and tested with services. A further piece of work is now needed on education and training, which would then be tested through quality assurance processes to ensure the policy is being implemented. PA had a residual concern that the owner of the recommendations is finance rather than operational staff and asked for the ownership of the response to the recommendations to be reviewed and brought back to the next meeting. DS suggested taking the report back through EMT.

Action: Debbie Hogg/Rob Adamson (with KPMG)

DH added that the report should be triangulated with the losses and special payments report where instances are relatively small and of low value.

Following the discussion, on balance, the Committee accepted that the KPMG rating was appropriate; however, it was not assured by the outcome of the internal audit review and asked DS as Company Secretary for her view. DS responded that although there have been improvements since the last audit was undertaken and there are some areas of best practice, there is little evidence of consistency of approach across the organisation. CP reiterated that the view of the review team is that this does not warrant a no assurance opinion particularly as patients' property is being looked after but not necessarily to Trust policy. JJ commented that he was happy with KPMG's rationale and PA will take into Trust Board as an exceptional item.

The technical update and tracker report were noted.

AC/14/72 Counter fraud progress report (agenda item 13)

JC took the Committee through the report, which was noted.

AC/14/73 Procurement Strategy and report (agenda item 14)

Tony Cooper (TC) took the Committee through his report and highlighted in particular further development of the procurement KPI dashboard, which will be finalised and presented to EMT in November 2014. DH commented that this will form part of the development and refinement of integrated performance reporting and inclusion of Quality Academy performance information.

LC commented on the non-purchase order spend in September 2014. TC agreed to review and DH added that it would be part of performance measures to convert non-purchase order spend to purchase order.

Action: Tony Cooper

IB asked why two tender waivers were the same. TC responded that this was a contract to provide specialist support to asylum seekers, which a specialist GP has been providing; however, the intention is to tender this service.

TC tabled a paper on e-procurement and explained the background and Trust position. The paper and the involvement of a Non-Executive Director (PA) were noted. A further update will be presented to the January 2015 meeting when the EMT has had an opportunity to consider the paper.

Action: Tony Cooper

AC/14/74 Losses and special payments report (agenda item 15)

The report was noted.

AC/14/75 Meeting dates (agenda item 16)

Meeting dates for 2015 were confirmed as follows. All are on a Tuesday at 14:00.

- 20 January – Folly Hall, Huddersfield
- 7 April – Kendray, Barnsley
- 7 July – Folly Hall, Huddersfield
- 6 October – Fieldhead, Wakefield

AC/14/7659 Any other business (agenda item 17)

No other business was raised.

Minutes of Clinical Governance and Clinical Safety Committee held on 17 September 2014

Present:	Ian Black	Chair of the Trust
	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair of the Trust (Chair)
	Nisreen Booya	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
Apologies:	Alan Davis	Director of Human Resources and Workforce Development
	Dawn Stephenson	Director of Corporate Development
In attendance:	Ann Brown	Deputy Director, Specialist Services (item 13)
	Mike Doyle	Deputy Director, Nursing, Clinical Governance and Safety
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Karen Holland	Assistant Director, Compliance
	Mini Pillay	Clinical Lead, CAMHS (item 13)
	Karen Taylor	BDU Director, Calderdale, Kirklees and specialist services

CG/14/58 Welcome, introduction and apologies (agenda item 1)

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

CG/14/59 Minutes of the previous meeting held on 9 June 2014 (agenda item 2)

It was **RESOLVED** to **APPROVE** the minutes of the meetings held on 9 June 2014.

CG/14/60 Matters arising (agenda item 3)

There was one matters arising.

CG/14/48 Estates visits

The Committee asked for an update from Alan Davis (AGD) on the visits he has undertaken to in-patient units with members of the estates team.

Action: Alan Davis

CG/14/61 Impact of cost improvement programme on Trust services and quality impact assessment process and outcome for 2014/15 (agenda item 4)

Tim Breedon (TB) explained that the paper summarises the position against cost improvement programme themes. He confirmed that the quality impact assessment of the changes to shift patterns and headroom for mandatory training is now green and that the assessments for drugs and medical staffing have still to be finalised.

In terms of shift patterns, the Committee noted the following key areas.

- Clarity on handover/overlap periods.
- Adoption of a site management approach to staffing, linked to the introduction of the new leadership and management arrangements, and more effective use of bank staff.
- Impact on staff of working twelve-hour shifts.
- Accommodation of middle and late shifts.

There will be ongoing monitoring on the impact on staff and services as the changes are implemented through staff survey/feedback, incidents and workforce metrics. TB confirmed the changes would 'go live' on 13 October 2014.

CG/14/62 Francis Report and Hard Truths (agenda item 5)

Item 5.1 Trust Board response to staff concerns raised at Francis workshop

The Committee discussed the proposed response and made a number of observations and comments. Julie Fox (JF) suggested that Trust Board should sign the response. Ian Black (IB) commented that he thought the response rather long and overly defensive to come from Trust Board. He would also want to see updates every quarter or six-monthly if it was to come from Trust Board. If the response is to come from Trust Board, it would also require full Trust Board approval, which he would not want to seek in its current form.

HW commented that she would like to see mention of triangulation of data and other evidence that Trust Board reviews regularly to support the response and that Trust Board welcomes feedback prominently in the response with a reminder of how staff raise concerns. Alex Farrell (AF) concurred and suggested including how Trust Board takes assurance, articulation of issues, what action has been taken already and what else the Trust will do.

IB suggested that a summary letter is sent from IB and HW on behalf of Trust Board with the full response as an appendix. He also asked for advice to be sought from the Communications Team on the narrative.

Action: Tim Breedon/Karen Holland

Item 5.2 Safer staffing level reviews update

TB explained that 'plan' vs. 'actual' is reviewed on a monthly basis from June 2014 and published on the Trust's website with supporting narrative. The key message for services is that e-rostering provides the true record of, and tool for, every hour worked in the Trust.

An evidence-based tool is expected in December 2014 from NICE and TB will bring a report to the appropriate Committee.

Action: Tim Breedon

A number of 'hotspots' have been identified for additional resources in terms of staffing:

- Bretton Centre;
- Calderdale crisis team to provide 24/7 coverage; and
- establishment of a peripatetic nursing support team.

A community approach will be developed when the evidence-based tool is in place, which is likely to be the last quarter of 2014/15. This will be brought to the Committee in February or April 2015. AF commented that payment by results offers plenty of evidence/outcomes on which to base assumptions.

Action: Tim Breedon

CG/14/63 Incident management (agenda item 6)

Item 6.1 Incident management annual report 2013/14

The annual report was previously received by Trust Board and TB raised the following key points.

- The number of staff that saw an error, near miss or incident that could have hurt staff or patients/service users, and failed to report it is below the national average and has decreased in comparison with last year. Further work will be undertaken within BDUs to

highlight the importance of reporting and investigating incidents, what constitutes a reportable incident and how to do this.

- The Trust has received a draft report from Veritas following the independent investigations into three incidents for accuracy checking and this has been returned by the Trust; however, there has been no confirmation of when the final report will be available for presentation to Trust Board.
- The themes emerging from incidents are record-keeping, care pathways and risk assessment.

TB also drew the Committee's attention to the next steps for 2014/15.

Nisreen Booya (NHB) provided key highlights from the Clinical Reference Group.

- The Associate Medical Director for Patient Safety has been appointed and HW suggested inviting Mike Ventriss to a Committee meeting.
- A Patient Safety Reference Group has been established with membership from medical staff, lead investigators and 'expert' staff, such as the Chief Pharmacist and legal services.

TB added that Practice Governance Coaches have been introduced to all BDUs to embed learning and the new leadership and management arrangements support how learning is spread between and within BDUs.

IB commented that he would like to see analysis of suicides in future reports to show the timeline between the last episode of care and the suicide. He also asked the Trust to review what it can do with GPs and commissioners in relation to suicides outside of the Trust's care, particularly those where someone has been referred by a GP but not seen, to provide a true picture of suicides. NHB commented that there is ongoing work with Coroners to release this information. IB responded that he would like to see this pursued through the Foundation Trust Network and through the NHS Confederation Mental Health Board via the Chief Executive.

Action: Tim Breedon

Item 6.2 Tissue viability/pressure ulcer incidents

The Committee noted the report, the local and high level action plans in place and how good practice is used across the organisation. The Committee agreed that it would be useful to invite Margaret Kitching, Nurse Director, NHS England (South Yorkshire and Bassetlaw), to the meeting in November 2014.

Action: Tim Breedon

The Committee supported the ongoing discussion with commissioners in relation to special mattresses and equipment as it would represent an 'invest to save' approach to keep people out of hospital.

Item 6.3 Undetermined deaths report

The report was noted.

NHB commented on feedback from the National Confidential Inquiry.

- The 7-day follow up requirement may be lowered following new evidence that suggests three days is the trigger point and staff may be required to undertake a daily follow up following discharge from in-patient wards.
- Another area for concern is home-based treatment following a suicide attempt where housing arrangements are not suitable. Stringent criteria are likely to come on who can be treated at home, which will have an impact on the bed-base.

- More attention should be given to life events and how these are translated into clinical practice.

HW asked how learning will be fed into transformation. NHB responded that this would be through the 'triumvirate' arrangements within BDUs. HW also suggested sharing the findings of the report with other partners and Trusts and NHB suggested bringing back the annual conference on suicide prevention. It was also suggested that the findings of the report are shared with the wider health and social care system, criminal justice agencies and the third sector.

Item 6.4 Incident at 2gether Trust

TB confirmed that contact has been made with the Trust asking to share learning.

CG/14/64 Unannounced visits (agenda item 7)

Karen Holland (KH) reported that eleven visits have taken place in community services and ten in in-patient. Of these, 60% were rated good and 40% require improvement; however, there were no issues around caring standards. KH briefly took the Committee through the improvement areas but stressed that no critical issues were raised. She commented that further work would be done to look at the 'outstanding' and 'inadequate' outcomes and why neither is used. IB commented that he would like visit teams to be bold and to recognise outstanding practice where it exists.

Commissioners have been involved in two visits to demonstrate how they work and will, in future, be involved in the 15 Steps Challenge on an ongoing basis, which looks particularly at culture in services.

CG/14/65 Leadership and management arrangements (agenda item 8)

Karen Taylor (KT) updated the Committee on the current position to implement the revised arrangements. A small number of vacancies remain, which will be filled in the next few weeks. There will be a series of development sessions to ensure triumvirates work together within and between BDUs. The 'go live' date is 2 October 2014 following a presentation from the Chief Executive on how the organisation is run and changes to leadership and management arrangements. AF added that there are parallel developments in the Quality Academy to link with BDUs.

CG/14/66 Care Quality Commission Mental Health Act visits – clinical and environmental issues (agenda item 9)

It was agreed that the Committee should receive a 'RAG' rated exception report rather than the detailed reports presented to the Mental Health Act Committee. HW commented that she sees the purpose of the report to be an overview with identification of any overarching, Trust-wide issues. It was agreed TB would follow up with AGD.

Action: Tim Breedon/Alan Davis

CG/14/67 Information Governance Q1 2014/15 position (agenda item 10)

The report was noted.

CG/14/68 Annual reports (agenda item 11)

Item 11.1 Managing aggression and violence

TB took the Committee through the main points in the annual report.

JF was concerned about the increase in the trend for physical violence on staff. TB responded that the Trust needs to understand the reasons behind this as one or two individuals can affect the figures disproportionately.

JF also asked if Trust Board should have level 2 training. Connected to this, IB commented that there seemed to be a mis-match between what the Trust considers mandatory training and take-up. AF responded that work is ongoing to ensure clarity on mandatory training for all staff, particularly support staff, and the position is expected to be addressed by the end of the financial year. It was agreed to review mandatory training and agree what should be 'mandatory' for Trust Board.

Action: Tim Breedon

IB asked that any differences in policies used across BDUs are reviewed and any risks in this approach assessed.

Action: Tim Breedon

CG/14/69 Sub-groups – exception reporting (agenda item 12)

Item 12.1 Incident Review Panel

The Committee noted that the remit of the Group is to be reviewed.

Item 12.2 Drugs and therapeutics

No issues to raise.

Item 12.3 Health and safety

An internal audit of mandatory training will be reported to the Audit Committee in October, which will highlight a number of issues.

Item 12.4 Infection Prevention and Control

The report was noted.

Item 12.5 Safeguarding

TB confirmed that the Trust would be undertaking an assessment of the events in Rotherham.

Item 12.6 Managing aggression and violence

The reports were noted.

CG/14/70 Child and adolescent mental health services (CAMHS) (agenda item 13)

KT introduced this item. An external review was commissioned by the Trust and was undertaken by an ex-Medical Director and service manager from Norfolk and Suffolk NHS Foundation Trust between 26 and 29 August 2014. The focus was on services in Calderdale and Kirklees but did also look at Wakefield, particularly for good practice that could be replicated. Feedback was given on 12 September 2014 to the Chief Executive, Medical Director and Director of Nursing as well as KT as lead Director, the clinical lead (Mini Pillay) and Deputy Director (Ann Brown). The full report will be presented to Trust Board on 23 September 2014 as part of the CAMHS item.

KT commented that it was a thorough review with no surprises, identifying the same or similar issues as those already identified by the Trust, and was helpful in identifying how the Trust can resolve the issues, including good advice on implementation of best practice. The review team will come back to the Trust in six months to review progress against the

recommendations and the Trust will also visit services in Norfolk and Suffolk in the interim period. The report provided assurance that the Trust is on the right track to address the issues in the service and also raised a number of issues for discussion with commissioners, which will make these discussions easier.

The recommendations and themes will be shared with the service although JF suggested that the full report should be shared unless it identifies individuals. JF also asked KT to consider how this would be shared with parents. KT confirmed that all action plans will now be consolidated into one overarching action plan for CAMHS owned by the service within the next month.

IB asked for clarification of two questions – the services will be safe by when and the Trust can be proud of these services by when? It was generally agreed that this is a twelve-month journey to ensure the service is fit for purpose and a further twelve-months for the service to be recognised as 'good' within Calderdale and Kirklees.

Mini Pillay and Ann Brown outlined the range of improvements underway, particularly over the last month, which demonstrate the recovery is progressing positively. IB commented that, if a way of implementing the recovery more quickly is to allocate additional resource, the Executive Management Team (EMT) needs to be aware and to address. This was noted and it was agreed that the position would be reviewed in two months when processes are in place.

TB commented that the Trust must not lose sight of the reasons it bid for the services in the first place and must learn from the process of clinical due diligence when bidding for services in future. The Trust will also eliminate the clinical variance across the Trust, which will form the basis for negotiations with commissioners around transformation. The Committee noted the importance of a smooth transition between children's and adult services and wished to see this incorporated into the work on transformation of the adult mental health pathway. TB also suggested that, as the Trust has a good relationship with both the CQC and Monitor, it should share the action plan with both. AF also commented that the process provided valuable learning in terms of due diligence when considering future bids and acquisitions.

HW asked for an update on progress against the action plan at the next meeting in November 2014 and asked for presentation of a dashboard that shows performance and trajectory for improvement for a number of workforce and service metrics as well as a response to the resources question posed by IB.

Action: Karen Taylor

CG/14/71 Independent review report (agenda item 14)

The Committee noted that a first draft was received by the Trust for factual accuracy. This has been returned to Veritas; however, there is no clarity on when the final report will be available for Trust Board. TB confirmed there were no surprises in the report and confirmed a measured approach was taken by Veritas.

CG/14/72 Patient Safety Strategy (agenda item 15)

TB tabled a briefing on the 'Sign up to Safety' initiative, which provides the basis and template for the Trust's approach to development of the Patient Safety Strategy, which will come to the Committee in February 2015 and then to Trust Board.

Action: Tim Breedon

TB confirmed that the Trust has signed up to the initiative.

CG/14/73 Quality Accounts 2014/15 (agenda item 16)

TB assured the Committee of the plan and process in place to develop the Quality Accounts in a timely way. AF suggested developing a trajectory for key performance indicators with a RAG rating. TB commented that the Members' Council is fully involved in the development of the Quality Accounts and has a continued interest in performance against KPIs through the Members' Council Quality Group.

CG/14/74 CQC community survey (agenda item 17)

TB commented that the key issue is what the Trust will do with the results of the survey. Initial results have been circulated to BDUs and there will be a further analysis of individual BDU results and underlying and causal factors. KT responded that this will be taken through BDU governance groups and appropriate action agreed. Practice Governance Coaches will have a role in ensuring learning across all BDUs.

IB asked if it was possible to have sight of the outcomes for Locala and Spectrum and how the Trust compares with Trust's locally.

Action: Dawn Stephenson

CG/14/75 Date of next meeting (agenda item 18)

The next meeting will be held on Tuesday 11 November 2014 at 14:00 in training room 2, Learning and Development Centre, Fieldhead, Wakefield.

CG/14/76 Any other business

HW commented that this was NHB's last meeting and she was very sad to see her leave the Trust. She thanked NHB for her contribution to the Committee and for her excellent support and advice over the years. She wished NHB well for her retirement. HW also confirmed that Adrian Berry had been appointed as Medical Director following a rigorous process.

Minutes of Clinical Governance and Clinical Safety Committee held on 11 November 2014

Present:	Ian Black	Chair of the Trust
	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair of the Trust (Chair)
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Dawn Stephenson	Director of Corporate Development
Apologies:	None	
In attendance:	Laurence Campbell	Non-Executive Director
	Mike Doyle	Deputy Director, Nursing, Clinical Governance and Safety
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Karen Holland	Assistant Director, Compliance
	Margaret Kitching	Director of Nursing and Quality, NHS England (South Yorkshire and Bassetlaw) (item 17)
	Mini Pillay	Clinical Lead, CAMHS (item 14)
	Sean Rayner	BDU Director, Barnsley and Wakefield
	Diane Smith	Interim Director of Service Innovation and Health Intelligence
	Karen Taylor	BDU Director, Calderdale, Kirklees and specialist services

CG/14/77 Welcome, introduction and apologies (agenda item 1)

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

CG/14/78 Minutes of the previous meeting held on 17 September 2014 (agenda item 2)

It was **RESOLVED** to **APPROVE** the minutes of the meetings held on 17 September 2014.

CG/14/79 Matters arising (agenda item 3)

There were three matters arising.

CG/14/68 Managing aggression and violence

The Committee received assurance from Tim Breedon (TB) that policies have been reviewed and he confirmed that they are consistent across the Trust.

CG/14/68 Mandatory training for Trust Board

The Chair of the Trust supported a proposal from Dawn Stephenson and TB on an approach to mandatory training for Trust Board. Five areas of mandatory training were identified for Non-Executive Directors:

- fire;
- risk management;
- safeguarding (basic level);
- hand hygiene; and
- equality and diversity.

Unless the Non-Executive Director role changes considerably, the following would not be mandatory:

- managing aggression and violence;
- moving and handling; and
- information governance (as this is covered in the Service Level Agreement the Trust has with Non-Executive Directors).

Risk management, and equality and diversity will be covered by full Trust Board training, annually for risk and three-yearly for equality and diversity. Safeguarding and fire will be included in the induction programme for new Non-Executive Directors and, for those already appointed, the Trust will make arrangements for individuals to undertake the training through the e-learning system. For hand hygiene, a member of infection prevention and control team will be asked to attend a Trust Board meeting. It should be noted that members of the Executive Management Team (EMT) are subject to the same mandatory training requirements as other members of staff.

CG/14/74 Care Quality Commission (CQC) community survey outcomes for Trust partners
DS advised that a review of the CQC's website indicates that Locala and Spectrum are not required to participate in the national service user surveys.

CG/14/80 Trust financial position

Item 4.1 Impact of cost improvement programme on Trust services and quality impact assessment process and outcome for 2014/15

In introducing this item, TB commented that:

- there has been an ongoing refinement of the position at BDU and service line level;
- there are two amber areas remaining in relation to medicines management and medical staffing review;
- the same process will be undertaken to review the cost improvement programme for 2015/16 through a series of challenge events in January 2015;
- this will also include a review of the implementation of this year's programme, with the exception of shift patterns, the review for which is scheduled for six weeks after the implementation date of 13 October 2014.

The Committee will receive a verbal report in February 2015 on the first cut of proposals for 2015/16 and a report on the review of shift patterns. This will also include any impact on the Trust's plans to develop a peripatetic nursing team across the Trust.

Action: Tim Breedon

Alan Davis (AGD) commented that the e-rostering system is key to ensuring that information on staffing levels is up-to-date and ward managers must ensure information is robust and reflects the true position of staffing on wards.

TB confirmed that the same criteria and key lines of enquiry apply to business cases for transformation.

Item 4.2 Vacancy factor – impact on services

Sean Rayner (SR) made the following points.

- The vacancy rates reported are at a point in time and reflect median range. AGD added that there may, however, be hotspots and a small number of vacancies can have a disproportionate effect.
- The paper provides assurance of the process the Trust undertakes when a vacancy occurs and the checks and balances in place.
- It also sets out the assurance processes to ensure service quality is not diminished.

Julie Fox (JF) asked whether the process could retain its integrity but be implemented more quickly. SR responded that a 'tracker' is in place and is reviewed, and it is the view of BDU Directors that the process is timely and responsive. JF also asked if vacancies could be 'recalibrated'. SR responded that this is an iterative process and budgets are adjusted where necessary, both in-year and during budget setting.

The Committee agreed it took assurance from the report presented.

CG/14/81 Francis Report and Hard Truths (agenda item 5)

Item 5.1 Update on Trust position

TB made the following key points.

- There is a Director-level group in place to review the recommendations involving the Director of Nursing, the Director of Corporate Development and the Director of Human Resources supported by Karen Holland (KH) as Assistant Director of Compliance.
- Substantial assurance was given by internal audit on the processes the Trust has put in place.
- The position was reviewed three weeks ago and a small number of areas are 'outstanding', which cannot be mainstreamed into existing practices or processes, for example:
 - Duty of Candour;
 - contracting compliance; and
 - a number of issues relating to legal compliance.

TB undertook to bring a summary back to the Committee when a full review of the actions is completed.

Action: Tim Breedon

In the meantime, he assured the Committee that this remains high on the Trust's agenda, is subject to ongoing review and will be part of the CQC inspection arrangements.

Item 5.2 Trust Board response to staff concerns raised at Francis workshop

The letter to staff from the Chair and Deputy Chair of the Trust was noted. This has been sent to participants at the workshop and made available to all staff through the Trust's intranet.

Item 5.3 Safer staffing level reviews update

Mike Doyle (MD) introduced this item and confirmed that the Trust is achieving minimum levels in terms of planned staffing. Monthly safer staffing declarations to NHS England continue and any occasions when staffing levels drop below the expected levels are investigated. On occasions, it is necessary to cover qualified staff shortfalls with support staff but a qualified presence is always maintained. No definitive guidance has yet been issued by NHS England or NICE; however, work in the Trust is progressing to develop guidance to inform judgements about safe staffing levels. The Committee noted that a similar exercise will be undertaken for staffing levels in community services.

CG/14/82 Quality Accounts 2014/15 (agenda item 6)

The report was noted. A summary of the current position to produce the Quality Accounts for 2014/15 will be presented to the February 2015 meeting. The production plan remains in track.

Action: Tim Breedon

CG/14/83 Incident management quarterly report Q2 2014/15 (agenda item 7)

TB reported that there have been 26 suspected suicides, twelve of which took place within seven days of discharge and, of these, six were within twelve hours. A review was undertaken for each and no apparent themes or hotspots emerged. Adrian Berry (ABe) commented that this is not entirely out-of-sync with the national position and it was noted that suicide prevention will be a key part of the Patient Safety Strategy.

Laurence Campbell (LC) commented on the increase in non-physical contact managing aggression and violence incidents. This was noted and TB undertook to take this back to the MAV TAG along with the reduction in physical contact incidents and the increased use of restraint.

Action: Tim Breedon

CG/14/84 Care Quality Commission visits/Trust planned visits (agenda item 8) and Care Quality Commission registration self-assessment 2014/15 (agenda item 9)

These two items were taken together.

KH highlighted two key changes for 2015/16:

- the introduction of new fundamental standards against which the Trust is registered as well as the introduction of the fit and proper persons test and the duty of candour; and
- the introduction of new inspection processes.

The Trust has received the first CQC intelligent monitoring assessment, which replaces the Quality Risk Profile, and, from an analysis of the report, the Trust is not seen as an organisation at risk achieving a risk banding of 4 (the lowest).

HW asked KH to circulate the dates for the planned visits to Non-Executive Directors. She also asked for assurance that the Trust is doing all it can to gather feedback from relatives as it can provide invaluable insight into the quality of care provided. DS responded that the 15 Steps Challenge (30 of 33 in-patient units have been visited so far) and friends and family test, launching in January 2015, will capture relatives' views; however, there is more the Trust can do to harness carers'/relatives' views.

TB informed the Committee that the CQC will undertake a themed review between November 2014 and February 2015 of crisis services in Barnsley across a number of health and social care organisations (not just this Trust). He will ensure Trust Board is informed when the date is confirmed.

Action: Tim Breedon

CG/14/85 Care Quality Commission Mental Health Act visits – clinical and environmental issues (agenda item 10)

Clinical

TB confirmed that future reports would focus on 'red' areas with an outline of action plan to address. HW also asked that the report includes any issues and/or themes that could apply across the Trust.

Action: Tim Breedon

Environmental

AGD confirmed that estates issues are addressed through the Estates TAG and a programme of works agreed and monitored. The Trust has an ongoing issue of funding

small revenue works as revenue budgets within BDUs are reduced. The Director of Finance has been alerted to the issue and this may lead to the re-introduction of small works revenue monies allocated from the capital programme to BDUs.

CG/14/86 Sub-groups – exception reporting (agenda item 11)

Item 11.1 Incident Review Panel

Following a review by the Director of Nursing and the Medical Director, it was agreed that the group was no longer required as the Trust processes in place are sufficiently robust to hold performance management within BDUs.

Item 11.2 Drugs and therapeutics

ABe reported on the priorities for the coming year agreed with the new Chief Pharmacist:

- strategy development;
- physical health;
- learning lessons from audit; and
- budgetary management.

Item 11.3 Health and safety

AGD raised the following key areas of activity:

- health and safety risk assessments and how these are shared across the Trust;
- risk-based approach to health and safety visits to key areas; and
- annual health and safety audit over the next month to develop an action plan for 2015/16.

Item 11.4 Infection Prevention and Control

TB raised the following key areas of activity:

- an Ebola policy is now in place;
- negotiations have begun with Barnsley CCG regarding the balance of provision of the IPC service to the CCG and the Trust (that is, balance of internal and external provision).

Item 11.5 Safeguarding

TB raised the following key areas of activity:

- robust approach to safer recruitment; and
- recruitment of a senior safeguarding lead.

Item 11.6 Managing aggression and violence

Taken under agenda item 7.

CG/14/87 Internal audit reports (agenda item 12)

Item 12.1 Infection prevention and control – follow up on progress against action plan to address recommendations

The update was noted.

CG/14/88 Annual reports (agenda item 13)

Item 13.1 NICE guidance annual report 2013/14

The report and key actions were noted. TB reported that the 'bare below the elbow' requirement was currently under review to adopt a more pragmatic approach in Trust services where staff comply for any clinical intervention or any intervention where hand washing would be required. Any change to the requirement must be supported by a clear and robust rationale and audit trail for Trust practice.

CG/14/89 Child and adolescent mental health services (CAMHS) (agenda item 14)

Karen Taylor (KT) introduced this item and began by highlighting some areas of progress in relation to the appointment of two new consultants and recognition in a number of awards for a member of staff in forensic CAMHS in Wakefield.

Mini Pillay (MP) then took the Committee through the issues facing the service. The two main areas were highlighted as resource for crisis response and intensive input into community services, out-of-hours and on call, and sickness, where work is ongoing to understand the underlying cause.

In relation to the resource issue, MP explained that the next stage is to quantify what is required. Ian Black (IB) commented that this should be resolved prior to budget setting for next year. KT responded that it would be addressed by the end of this calendar year and she would like to see commissioning investment targeted in this area rather than CAMHS as a whole. KT also raised the following.

- Long-term sickness at Deputy Director-level – urgent recruitment of an interim deputy director for CAMHS is underway as there is insufficient resource to cover the absence on a long-term basis.
- The performance dashboard is incomplete due to sickness absence. HW expressed a concern that the Committee was unable to see the current position. KT assured the Committee that one dashboard and one recovery plan would be in place by the next meeting. She also assured the Committee that work to progress the recovery plan has continued despite staffing issues within the services; the administration of collating performance information has not progressed. The dashboard will be reviewed at the first recovery meeting on 24 November 2014. Diane Smith (DSm) commented that national benchmarking information is now available, which can be used to review Trust data.

JF asked for an interim report prior to the next Committee meeting and confirmation of when interim support will be in place as she was concerned that the next meeting is three months away.

Action: Karen Taylor

HW and JF have agreed that they will attend the operational delivery meeting for Calderdale and Kirklees CAMHS to provide support and listen to staff concerns.

KT commented that the relationship with commissioners has significantly improved as progress has been seen to have been made. The Trust will also contribute to the development of a service specification for CAMHS through MP.

CG/14/90 Review of safeguarding arrangements following Jimmy Savile investigation and Jay Report (agenda item 15)

The report was noted. TB agreed to inform the Committee of the timescales for development of a strategy to reduce and manage child sexual exploitation and the Committee asked for sight of the Strategy when completed.

Action: Mike Doyle

CG/14/91 Independent review report (agenda item 16)

TB took the Committee through the recommendations and action taken by the Trust. He alerted the Committee to a potential risk to the Trust's reputation on publication of the report, which may coincide with the publication of a Serious Case Review report in Kirklees.

CG/14/92 Tissue viability service (agenda item 17)

The Committee received a presentation from Margaret Kitching (MK), Director of Nursing and Quality, NHS England (South Yorkshire and Bassetlaw). She particularly commended the Trust's openness and transparency of reporting but urged the Trust to seek advice from tissue viability specialist nurses on which incidences constitute a serious incident. TB concurred and agreed it was probably timely to review the threshold for serious incident recording. Whilst the guidance remains open to interpretation, the Trust continues to report against a lower threshold than other organisations. He added that this also has implications for capacity to investigate serious incidents.

MK ended by commenting that the Trust has an outstanding tissue viability team, operating in a culture of openness and transparency, and undertaking leading edge work. SR commented that the Trust would welcome independent review of health and social care to understand the root cause of incidents to ensure improvement work is targeted in the right area.

CG/14/93 Leadership and management arrangements (agenda item 18)

The presentation prepared by the Chief Executive was noted and it was suggested that this might also be useful for induction of governors and members of Trust Board.

CG/14/94 Date of next meeting (agenda item 19)

The next meeting will be held on Tuesday 3 February 2015 at 14:00 in rooms 49/50, Folly Hall, Huddersfield. The remaining meetings for 2015 are:

14 April
16 June
8 September
3 November

All are Tuesdays and at 14:00. There will be an additional meeting in May to approve the Quality Accounts for 2014/15.

CG/14/95 Any other business

The Committee asked if there were any implications from the CQC inspection report for Mid-Yorkshire Hospitals NHS Trust. TB agreed to review the report and provide a formal update under matters arising at the next meeting.

Action: Tim Breedon



With all of us in mind

Minutes of the Mental Health Act Committee Meeting held on 21 November 2014

Present:	Julie Fox	Non-Executive Director (Chair)
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Non-Executive Director
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
In attendance:	Kyra Ayre	Acting Head of Service, Mental Health and Assessment and Care Management (Barnsley) – local authority representative
	Julie Carr	Clinical Legislation Manager
	Bernie Cherriman-Sykes	Board Secretary (author)
	Alwyn Davies	Lead Professional, Safeguarding Adults, Barnsley Hospital NHS Foundation Trust – acute trust representative
	Yvonne French	Assistant Director, Legal Services
	Anne Howgate	AMHP Team Leader (Kirklees) – local authority representative
	Antonis Lakidis	Associate Specialist, Calderdale
	Geoff Naylor	Independent Associate Hospital Manager
	Diane Smith	Interim Director of Service Innovation and Health Intelligence
	Farhat Uzair	Adult in-patient consultant, Dewsbury (item 1)
	Claudine Van Mechelen	Adult services, Dewsbury (item 1)
Apologies:	Members	
	Dawn Stephenson	Director of Corporate Development
	Attendees	
	Ian Priddey	Professional Lead and Development Co-ordinator (Mental Health) (Calderdale) – local authority representative
	Stephen Thomas	MCA/MHA Team Manager (Wakefield) – local authority representative

MHAC/14/37 Welcome, introduction and apologies (agenda item 1)

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

MHAC/14/38 The Act in practice – UNITED (Understanding and interpreting trends of care in ethnic diversity) (agenda item 2)

The Committee received a presentation from Dr Farhat Uzair, Consultant Psychiatrist, and Dr Claudine Van Mechelen, adult services, Dewsbury, on understanding and interpreting trends of care in ethnic diversity (UNITED). It was suggested that some actions taken on Ward 18 could be replicated in other BDUs. Diane Smith (DSm) was asked to liaise with Tim Breedon (TB) and Adrian Berry (ABe) to agree how the findings could be considered and learning taken forward and bring an update to the next meeting.

Action: Diane Smith/Tim Breedon/Adrian Berry

MHAC/14/39 Legal update/horizon scanning (agenda item 3)

Trust response to Department of Health consultation on Mental Health Act Code of Practice

The Trust's response was noted and seen as a thorough and detailed response. It was noted that Mental Health Act policies and procedures will be reviewed when the revised Code is published. JF suggested allocating resource to the policy review and associated

amendments. Yvonne French (YF) assured the Committee that staff are aware and TB confirmed there is a process in place to manage the process.

Webley v St. George's Hospital NHS Trust and the Metropolitan Police [2014]

The case and its outcome, which clarifies responsibility for patients within hospital care, were noted.

MHAC/14/40 Minutes from the previous meeting held on 5 August 2014 (agenda item 4)

It was RESOLVED to APPROVE the minutes from the meeting held on 5 August 2014.

MHAC/14/41 Matters arising from previous meeting (agenda item 5)

There were seven matters arising.

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

Yorkshire Ambulance Service is included in a visits programme to be undertaken by the Director of Nursing and new Medical Director.

MHAC/14/27 Court of Appeal transfer of patients

YF confirmed that consultants at Newton Lodge have been reminded of the need to engage with patients when transferring or moving individuals. This requirement will also apply to other Trust services and a briefing note will be issued when the Code of Practice is published as this is included in the new standards.

MHAC/14/31 Section 132 Data Quality Steering Group

TB confirmed this issue will be considered by the Data Quality Steering Group and he will bring an update back to the Committee as appropriate.

Action: Tim Breedon

MHAC/14/32 RAG rating for Care Quality Commission visits

See agenda item 8.

MHAC/14/33 Ethnicity of admissions

In relation to the issue raised by Helen Wollaston (HW) on the number of 'ethnicity not known' responses and the lack of improvement in recording levels, HW stressed, which was supported by the Committee, that this is a management action not one for Mental Health Act Administration. She asked again that the Trust considers how the issue can be addressed.

Action: Tim Breedon to take back to Executive Management Team

MHAC/14/33 Changes to S19(1) transfer statistics

It was confirmed that there is no record of discharge following a Hospital Manager's appeal in Barnsley since services transferred to the Trust. It was agreed this would be discussed with Hospital Managers through individual reviews and will be raised at the Hospital Managers' Forum.

Action: Julie Fox/Yvonne French/Geoff Naylor

MHAC/14/33 Local authority statistics presentation

The concern that there is a mis-match between activity reported by local authorities and actual activity was noted. JC was asked to meet with local authority representatives to refine the information and what is collected in terms of trend, accuracy of information and as a proportion of the population as a whole, with an update to the Committee in February 2015.

Action: Julie Carr/local authority representatives

MHAC/14/42 Compliance and assurance (agenda item 6)

Mental Health Act Committee annual report

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

Annual review of Hospital Managers' arrangements

YF confirmed that a review of numbers was needed with a view to undertaking a recruitment exercise.

Action: Yvonne French

Mental Health Crisis Concordat – update

TB confirmed that the Trust has signed up to the West Yorkshire-wide and local Concordats. There is scrutiny nationally to review progress both in terms of action to implement the Concordat and how organisations work together. A common approach and position across the Trust is to be agreed.

S136 Place of Safety update

A number of recommendations have been made by the Care Quality Commission (CQC) following its review of places of safety. Most pertinent is ensuring Trusts have sufficient access to S136 suites. The Trust is relatively well served with three although there is no suite in Kirklees. TB reported that there were eight closures of the suites in Calderdale and Wakefield; two were in relation to staff sickness and six in relation to increased acuity in acute wards preventing the release of staff. He confirmed that individuals may well have been taken to Police cells. The Trust is currently developing a business case to discuss with commissioners, particularly around funding for staffing in S136 suites. There will also be further discussion between organisations regarding sharing of information and data through the S136 Group.

It was noted that, in Barnsley, there is a tendency for the Police to take individuals to Barnsley Hospital accident and emergency as an alternative to Police cells or the S136. There is also an issue when individuals are medically discharged to transfer to S136 suite. The suite in Barnsley is not funded for staffing; therefore, a business case is needed for additional funding. TB agreed that:

- the Trust's position and a proposal will be developed and agreed through EMT;
- there is a need to review policies and protocols with A&E/psychiatric liaison teams in light of the CQC recommendations, increasing acuity of admissions and increased pressure on partner organisations; and
- this will link closely to the Trust's transformation programme.

Action: Tim Breedon

MHAC/14/43 Audit and Compliance Reports (agenda item 7)

Section 17 leave cancellation audit

Three recommendations were made:

- to establish a single recording format with accompanying guidance following publication of the revised Mental Health Act Code of Practice;
- to revert to an annual audit, which it was agreed would take place in November 2015; and

- for the Committee to consider the option of receiving a copy of the report from the forensic BDU regarding leave allocation.

TB also commented on the dedicated piece of work to review the Bretton Centre and how it is organised and staffed led by Mike Doyle, Deputy Director of Nursing, and Jo Vickerman, Deputy Director of Corporate Development. It was agreed to bring a summary of this work back to the Committee.

Action: Tim Breedon

He also confirmed that funding had been allocated under safer staffing to the Bretton Centre to increase the number of staff on a short-term basis to resolve a number of staffing issues.

Consent to treatment

Four recommendations were made:

- to progress the RiO paper-light Mental Health Act file;
- to further reiterate the requirement to record patient capacity to consent to medication;
- to further reiterate the consultee's duty to record their consultation with the Second Opinion Appointed Doctor; and
- for consent to treatment to remain on the Committee's annual audit work plan.

The Committee commented that it would expect to see a 100% return from the audit and, as a result, asked for an update to the next meeting. It also agreed it wished to see recording taken up as a managerial matter for BDU management structures to address. TB and ABe were also asked to raise through appropriate professional forums.

Action: Tim Breedon/Adrian Berry

Admission of service users under the Mental Health Act 1983

Dr Uzair outlined the scope and purpose of the audit to be undertaken to look at pathways to admission, which will include seeking carers'/relatives' views. JF invited Dr Uzair to return to present the findings when the audit is complete.

Action: Yvonne French to follow up with Dr Uzair

MHAC/14/44 Care Quality Commission Visits (agenda item 8)

Recent visits

The six monitoring visits to Chantry, Fieldhead (30 May 2014), Enfield Down, Huddersfield (5 June 2014), Willow ward, Kendray, Barnsley (27 June 2014), Castle Lodge, Wakefield (28 July 2014), Thornhill ward, Bretton Centre, Fieldhead (31 July 2014) and Ryburn, Fieldhead (8 September 2014) were noted.

Estates and clinical issues

The Committee noted that reporting will be done by exception at future meetings on areas rated 'red'. It was also suggested that the two reports should be streamlined and consistent to form one report.

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

MHAC/14/45 Monitoring Information (agenda item 9)

HW again raised her concern at the number of patients for whom the ethnic group is not known. The Committee agreed it would like to see this resolved and TB agreed to raise in the appropriate systems development group.

Action: Tim Breedon

The Committee also suggested that a further breakdown of the 'any other white background' category would be useful.

Other issues raised as follows.

- The increased use of Section 3 was noted. This will have implications for clinical time and associated processes, such as tribunals.
- TB agreed to review the death of a 78-year old female patient given the concerns expressed by the Committee around the cause of death.
- JC was asked to follow up the concerns expressed by Anne Howgate (AH) in relation to Deprivation of Liberty Standards when use of the Mental Health Act is more appropriate.

Action: Tim Breedon

Action: Julie Carr

Local authority information

Taken under earlier agenda items.

Hospital Managers' Forum 19 August 2014

The Forum notes from 19 August 2014 were received and noted.

Hospital Managers' Forum comments/concerns

None raised not covered elsewhere in the meeting.

Jonathan Jones left the meeting at this point.

Working age adult mental health transformation summit

The summit was held on 16 October 2014 and the implementation of the four-step model was agreed. This may have an impact on reporting to the Committee and TB will ensure the Committee is informed of progress.

Action: Tim Breedon

MHAC/14/46 Matters arising (agenda item 10)

Local authority

Taken under previous items.

MHAC/14/47 Key messages for Trust Board (agenda item 11)

The key issues to report to Trust Board were agreed as the presentation on UNITED, Section 136 suites/position, ethnicity monitoring and recording, and consent to treatment audit.

MHAC/14/48 Annual work programme and date of next meeting

The next meeting will be held on Tuesday 24 February 2015 from 14:00 to 16:30 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield.



With all of us in mind

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

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

RTSC/14/41 Welcome, introduction and apologies (agenda item 1)

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

RTSC/14/42 Minutes of the previous meeting held on 14 July 2014 (agenda item 2)

It was **RESOLVED** to **APPROVE** the minutes from the meeting held on 14 July 2014

RTSC/14/43 Matters arising from the meeting held on 14 July 2014 (agenda item 3)

There were three matters arising from the meeting held on 14 July 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). This will also inform development of service line reporting and form the basis for performance and comparison information for BDUs. It will also enable the Trust to assess its position in relation to its competitiveness.

Action: Alan Davis

RTSC/14/20 Leadership and management arrangements

A position paper was tabled outlining priorities in key areas. Alan Davis (AGD) highlighted the following.

- Clinical and medical leadership.
- 'Trios' team development programme working with Ken Tooze.
- Middleground 4 with a focus on values-based leadership.
- 360° appraisal and development of a consistent approach across the Trust.

AGD also updated on the Commercial Manager appointment, which has been made on an interim basis for six months. During this period, a full open, national recruitment exercise will be undertaken.

RTSC/14/39 Any other business – pensions/life insurance cover

AGD reported that the Trust will need to consider alternative arrangements for staff who do not join the NHS pension scheme and this will be taken through the Executive Management Team (EMT).

The action in relation to staff side perception that there has been a downgrading of incidents involving attacks on staff for AGD to feedback from the audit of DATIX reports by the Head of Security and Emergency Resilience was carried forward to the next meeting.

Action: Alan Davis

RTSC/14/44 Human resources exception report (agenda item 4)

Sickness absence

- There has been a slight fall in sickness absence in August 2014 with the exception of forensic services.
 - Following analysis and correlation with the wellbeing survey, engagement forums will focus on particular areas to support the change process, such as CAMHS in Calderdale and Kirklees, and low secure services.
 - The next phase of management action to reduce sickness absence will focus on how to keep staff at work and what adjustments are needed for an individual to remain at or return to work.
 - Steven Michael (SM) commented on the three-stage approach taken by the Trust to management of sickness absence.
 - Implementation of generic model employment strategies with evidence that these have worked well and continue to do so.
 - More detailed analysis of areas where issues are still apparent with targeted and tailored management action at individual level.
 - Statistical analysis of information.
- AGD added that that this approach is supported by identification of particular areas that need tailored, dedicated support to address underlying issues, of which sickness is just one outcome.

Wellbeing survey

Three areas for focus have been identified:

- CAMHS;
- low secure; and
- job security.

SM commented on a number of actions that the Trust is taking to address a range of issues apparent in low secure services. AGD confirmed that the wellbeing survey has been analysed at BDU and team level and action plans developed. The Committee thought it would be useful to receive a summary of six 'essential' actions by BDU.

Action: Alan Davis

Friends and Family Test

A comparison with other mental health trusts in Yorkshire and the Humber was tabled and noted.

RTSC/14/45 Talent management (agenda item 5)

AGD reported that there are a few areas where the Trust has not been able to appoint to posts in the new leadership and management arrangements or, where an appointment has been made, there was only one suitable candidate. The Trust will, therefore, look to develop a programme to work with and develop staff, particularly clinical staff, to enhance and manage talent. SM commented that the Trust has not been particularly good historically in nurturing 'talent' or of offering development opportunities, particularly in clinical roles, and bringing staff through professional leadership/non-medical avenues. Key for the Trust's future is to spot talent, promote and retain staff through due recognition and reward. IB suggested a scheme along similar lines to Clinical Excellence Awards. SM responded that it

is within the Trust's gift to address the situation positively. AGD added that a pay structure exists within the NHS to reward staff. What the Trust needs is a strategy to develop clinical staff roles, which is currently a block in the system.

SM asked whether the Trust is utilising pay frameworks to reward excellence. In his view, it would appear not. The Trust, therefore, needs to identify key individuals who are achieving and exceeding expectations, who can be graded at the right level, offer opportunities to develop and optimise their talent and skills, and recognise and reward talent. His view was that 'new' arrangements are not needed currently as levers and mechanisms exist. Jonathan Jones (JJ) suggested that SM and AGD come back to the Committee with a proposal/framework to the February 2015 meeting. The Committee supported the Chief Executive in terms of any action needed for individual members of staff to go ahead in the interim.

Action: Steven Michael/Alan Davis

RTSC/14/46 Appointment of Medical Director (agenda item 6)

Forensic services BDU

SM outlined the key points in relation to the interim position for Forensic BDU.

- Adrian Berry will cover forensic services whilst Karen Taylor is on leave.
- Karen Taylor will cover the forensic brief on an interim basis on return from leave with support from Mike Doyle, Deputy Director of Nursing, who has a clinical background in this area.
- AGD will provide executive coaching support to Sue Threadgold, Interim Deputy Director of Forensic Services, from a workforce and HR perspective.
- Adrian Berry will retain the strategic remit at national and regional level for forensic services.
- Children's services across the Trust will be brought together with a view to testing whether there is any benefit in establishing a children's BDU. SM is seeking clinical and governance advice on this.

JJ commented that this seemed a complex matrix arrangement and asked who would be responsible and accountable for performance issues. He added that this arrangement also seems to move away from the current locality focus. Both he and HW would prefer to see clearer and more robust leadership in forensic services. It was suggested that SM reviews the position and bring a proposal back to the Committee. The suggestion to join the forensic and specialist services BDUs under one Director was supported. SM commented that he would wish to clarify the position by the end of December 2014. It was agreed that SM would circulate a paper to the Committee and an additional Committee meeting would be arranged prior to the Trust Board meeting on 16 December 2014.

Action: Steven Michael

Medical Director remuneration

It was RESOLVED to APPROVE the proposed remuneration for the Medical Director from 1 October 2014.

RTSC/14/47 Proposal to develop Health Intelligence and Innovation Directorate (agenda item 7)

It was RESOLVED to APPROVE the proposal to appoint to the Director of Health Intelligence and Innovation post substantively.

The post will be advertised as Diane Smith is currently on secondment to the Trust, following a similar format as the Medical Director interviews, although it was noted that Diane has already been through an open recruitment process and validated as above the line.

RTSC/14/48 Developments in Director-level arrangements and support services (agenda item 8)

This was taken under agenda items 6 and 7.

RTSC/14/49 Directors' performance related pay scheme (agenda item 9)

SM confirmed that he has agreed individual objectives with Directors and these have been reviewed as a whole by EMT. His quarter 2 reviews will test these against the performance related pay scheme framework. A 360° appraisal process is underway to support the process. SM assured the Committee that there are no major causes for concern at this stage.

Following the review of the Quality Academy, there will be two further phases of development work to bring BDUs and the Quality Academy closer together, one facilitated by Frontline and one by Baz Hartnell.

IB commented that next year's scheme must include a measure against the Care Quality Commission's inspection outcome.

Action: Steven Michael/Alan Davis

RTSC/14/50 Redundancy business cases (agenda item 10)

The Committee noted the schedule of redundancies from 1 April to 30 September 2014.

RTSC/14/51 Off payroll arrangements for senior managers (agenda item 11)

The Committee noted that Monitor has provided clarity on reporting of off payroll arrangements and will require the Trust to articulate its policy towards such arrangements in its annual report from 2014/15.

RTSC/14/52 Maintaining high professional standards: Doctors' disciplinary procedure (agenda item 12)

AGD reported on an incident that led to the exclusion of a doctor at the time and formal suspension. A police investigation has begun and the Trust has been advised not to start its own investigation until the police investigation is complete; however, the Trust will make a decision whether to proceed if the police investigation takes time to complete. Professional bodies have been informed and HW is the designated Non-Executive Director lead for the investigation.

RTSC/14/53 Any other business (agenda item 13)

No other business was raised.

RTSC/14/54 Date of next meeting (agenda item 14)

The next meeting will be held on Tuesday 10 February 2015 at 14:00 in the Chair's office, Block 7, Fieldhead, Wakefield.



With all of us in mind

Integrated Performance Report

Strategic Overview

October 2014

Table of Contents

	Page No
Introduction	4
Strategic Overview Dashboard	5-6
Finance	
Overall Financial Position	7
Monitor Risk Rating	8
Income & Expenditure	9
Cash Flow Forecast	10
Cost Improvement Programme	11
Capital Programme	12
Better Payment Practice Code	13
MH Currency Development	14
Workforce	15-17
Publication Summary	18-19
Glossary	20

Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for October 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																	
1	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Q1	Q2	QTD	YTD	Year End Forecast Position	
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	4	
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4	4	4	4	4	
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	2	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	4	
5	CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3	
6		CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3	
7		CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3	
8		CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3	
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3	
10	IAPT	IAPT Kirklees: % Who Moved to Recovery	C	52%	57.62%	51.67%	41.48%	54.10%	50.97%	49.21%	52.67%	50.99%	51.34%	52.67%	51.35%	4	
11		IAPT Outcomes - Barnsley	C (FP)	90%	Not Avail	98.43%	97.42%	99.45%	97.39%	99.00%	Not Avail	Not Avail	Not Avail	Not Avail	Not Avail	4	
12		IAPT Outcomes - Calderdale	C (FP)	90%	97.00%	100%	96.00%	82.76%	91.67%	78.79%	Not Avail	Not Avail	Not Avail	Not Avail	Not Avail	4	
13		IAPT Outcomes - Kirklees	C (FP)	90%	100%	98.00%	95.81%	96.12%	98.65%	95.75%	Not Avail	Not Avail	Not Avail	Not Avail	Not Avail	4	
14	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	8	0	0	0	1	1	0	0	0	2	0	2	4	
15	C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	0	0	0	0	4	
16	PSA Outcomes	% SU on CPA in Employment		10%	7.60%	7.80%	6.60%	7.47%	7.36%	7.50%	7.48%	6.60%	7.50%	7.48%	7.37%	3	
17		% SU on CPA in Settled Accommodation		60%	70.30%	72.20%	72.20%	71.28%	71.52%	70.70%	70.85%	72.20%	70.70%	70.85%		4	
	Customer Focus																
18	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Q1	Q2	QTD	YTD	Year End Forecast Position	
19	Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	11.86%	17.39%	13%(8/61)	10%(7/69)	15%(8/53)	14% (8/58)	11%7/64	Not avail	13% (23/180)	11%7/64	Not avail	4	
20	MAV	Physical Violence - Against Patient by Patient	L	14-20	Within ER	Within ER	Above ER	Above ER	Above ER	Above ER	Above ER	Not avail	Not avail	Above ER	Not avail	4	
21		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Within ER	Above ER	Within ER	Within ER	Not avail	Not avail	Within ER	Not avail	4	
22	FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
23	Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	81.00%	81.00%	83.00%	83.00%	83.00%	73.00%	73.00%	83.00%	73.00%	73.00%		4	
24	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%	56.00%	56.00%	30.00%	56.00%	56.00%		4	
25		% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100.00%		4	
26	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%	1.00%	1.00%	1.00%		4	
27		% of 'Active' Members Engaged in Trust Initiatives	M	50%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%		4	
28	Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	75.00%	75.00%	75.00%	75.00%	75.00%	80.00%	80.00%	75.00%	80.00%	80.00%		4	
29		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	88.00%	88.00%	88.00%	80.00%	80.00%	88.00%	80.00%	80.00%		4	
30		% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%	100%	100.00%	100%	100.00%		4	
	Operational Effectiveness: Process Effectiveness																
31	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Q1	Q2	QTD	YTD	Year End Forecast Position	
32	Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	98.14%	99.80%	99.10%	99.00%	98.53%	98.92%	98.27%	98.98%	98.53%	98.27%	98.91%	4	
33		Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	96.66%	98.70%	98.50%	97.34%	97.47%	97.31%	97.10%	98.50%	97.31%	97.10%	97.47%	4	
34		Delayed Transfers Of Care (DTOC) (Monitor)	M	7.50%	3.32%	4.18%	4.18%	3.82%	3.66%	4.97%	4.25%	4.00%	4.13%	4.25%	3.95%	4	
35		% Admissions Gatekept by CRS Teams (Monitor)	M	95%	100%	100%	96.50%	100%	99.06%	95.06%	100.00%	99.54%	98.55%	100.00%	99.11%	4	
36		% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	M	95%	97.19%	96.35%	96.84%	97.31%	95.59%	95.36%	95.54%	96.78%	96.19%	95.54%	96.71%	4	
37		% SU on CPA Having Formal Review Within 12 Months (Monitor)	M	95%	95.90%	94.00%	96.50%	94.02%	94.58%	98.06%	97.70%	96.46%	98.64%	97.70%	96.46%	4	
38		Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	179.49%	207.97%	186.19%	166.67%	166.67%	179.49%	192.31%	186.29%	179.49%	192.31%	181.39%	4	
39		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
40		Data completeness: comm services - Referral information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94%	94.00%	4
41		Data completeness: comm services - Treatment activity information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94%	94.00%	4	
42		Data completeness: Identifiers (mental health) (Monitor)	M	97%	99.40%	99.40%	99.40%	99.52%	99.56%	99.54%	99.68%	99.41%	99.54%	100%	84.22%	4	
43		Data completeness: Outcomes for patients on CPA (Monitor)	M	50%	83.00%	84.70%	84.40%	84.77%	83.80%	83.20%	83.80%	84.35%	83.20%	84%	84.03%	4	
44		Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4	
45	Data Quality	% Inpatients (All Discharged Clients) with Valid Diagnosis Code	L	99%	90.80%	99.10%	81.70%	99.50%	100%	100%	100%	81.71%	100%	100%	100.00%	4	
46		% Valid NHS Number	C (FP)	99%	Not Avail	Not Avail	Not Avail	99.97%	99.93%	99.60%		Not Avail	99.60%		99.60%	4	
47		% Valid Ethnic Coding	C (FP)	90%	Not Avail	Not Avail	Not Avail	94.50%	94.84%	86.15%		Not Avail	86.15%		86.15%	4	
48	Mental Health PbR	% of eligible cases assigned a cluster	L	100%	95.30%	95.70%	95.90%	86.72%	95.99%	95.90%	96.06%	Not Avail	95.90%	96.06%	93.92%	3	
49		% of eligible cases assigned a cluster within previous 12 months	L	100%	80.40%	80.20%	80.10%	73.72%	79.49%	79.10%	78.90%	Not Avail	79.10%	78.90%	78.78%	3	

Strategic Overview Dashboard																
	Fit for the future Workplace															
50	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Q1	Q2	QTD	YTD	Year End Forecast Position
51	Sickness	Sickness Absence Rate (YTD)	L	4%	4.70%	4.70%	4.50%	4.60%	4.60%	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%	3
52	Vacancy	Vacancy Rate	L	10%	2.50%	3.50%	4.60%	4.40%	4.50%	4.70%	3.70%	4.60%	4.70%	3.70%	3.70%	4
53	Appraisal	Appraisal Rate Band 6 and above	L	95%	12.90%	29.00%	54.10%	58.90%	74.60%	88.50%	93.07%	54.10%	88.50%	93.07%	93.07%	4
54		Appraisal Rate Band 5 and below	L	95%	3.40%	8.20%	17.00%	23.80%	40.20%	78.30%	94.91%	17.00%	78.30%	94.91%	94.91%	4
55	Mandatory Training	Aggression Management	L	80%	56.00%	56.90%	56.60%	59.10%	61.20%	62.60%	64.37%	56.60%	62.60%	64.37%	64.37%	2
56		Equality, Diversity & Inclusion	L	80%	55.50%	58.60%	62.30%	64.80%	66.70%	70.20%	71.54%	62.30%	70.20%	71.54%	71.54%	3
57		Fire Safety	L	80%	74.39%	74.75%	76.74%	77.71%	80.50%	82.70%	84.04%	76.74%	82.70%	84.04%	84.04%	4
58		Infection, Prevention & Control & Hand Hygiene	L	80%	56.90%	59.40%	63.00%	64.80%	68.40%	71.30%	51.62%	63.00%	71.30%	51.62%	51.62%	3
59		Information Governance	M	95%	90.47%	89.31%	89.91%	89.68%	89.24%	89.80%	89.16%	89.91%	89.80%	89.16%	89.16%	4
60		Safeguarding Adults	L	80%	71.10%	72.30%	74.20%	75.50%	77.30%	78.60%	78.68%	74.20%	78.60%	78.68%	78.68%	3
61		Safeguarding Children	L	80%	64.50%	66.90%	69.70%	73.20%	75.00%	77.30%	78.42%	69.70%	77.30%	78.42%	78.42%	3
62		Food Safety	L	80%	40.80%	40.20%	41.80%	44.10%	45.30%	48.40%	51.62%	41.80%	48.40%	51.62%	51.62%	2
63	Moving & Handling	L	80%	23.80%	30.90%	36.10%	42.00%	47.50%	52.40%	56.44%	36.10%	52.40%	56.44%	56.44%	2	
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														
	CQC	Care Quality Commission														
	M	Monitor														
	C	Contract														
	C (FP)	Contract (Financial Penalty)														
	L	Local (Internal Target)														
	ER	Expected Range														
	N/A	Not Applicable														

Overall Financial Position

Performance Indicator		Month 7 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent			Assurance	
Trust Targets					6	5	4		
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 (KPI's) help the Trust to monitor progress against each element of our financial strategy.

1. The Trust Financial Risk Rating is 4 against a plan level of 4. A score of 4 is the highest possible. The forecast is to remain at 4 for the remainder of 2014 / 2015.
2. The year to date position, as at October 2014 shows a net surplus of £4.6m which is £2.1m ahead of plan. This underspend position is driven by underspends on pay. However this is not maintained because from October 2014 there is a significant level of CIP linked to workforce.
3. At October 2014 the cash position is £26.61m which is £4.76m behind plan.
4. Capital spend to October 2014 is £2.94m which is £0.92m (24%) behind the revised Trust capital plan. The overall deliverability of the Capital Programme continues to be assessed on a regular basis the current forecast expenditure is £8.2m which is £3.6m (31%) behind plan.
5. At Month 7 the Cost Improvement Programme is £0.64m ahead of plan of £6.36m. (10.1%) It is forecast that there will be a £0.3m 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 October 2014 (Month 7) 88% of NHS and 93% of non NHS invoices have achieved the 30 day payment target (95%).

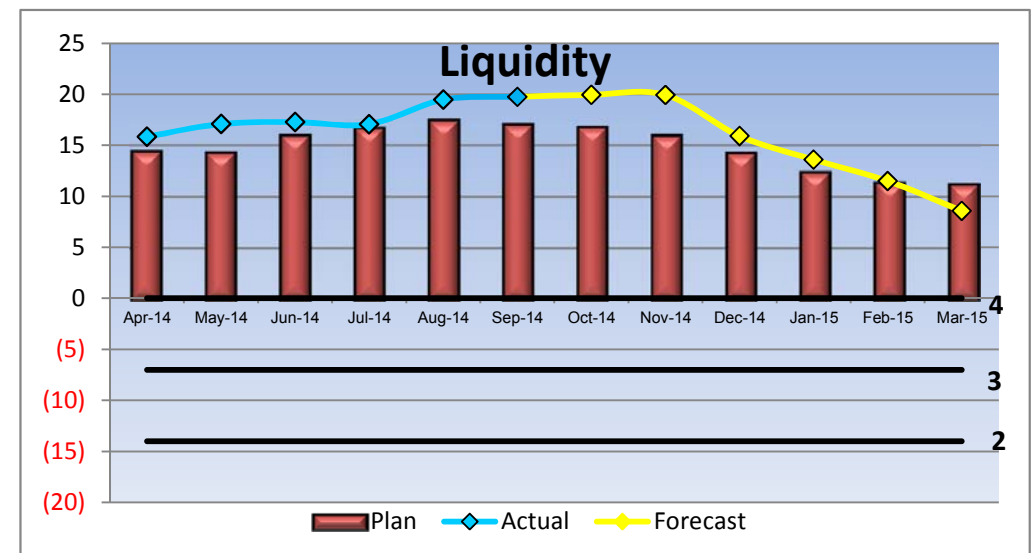
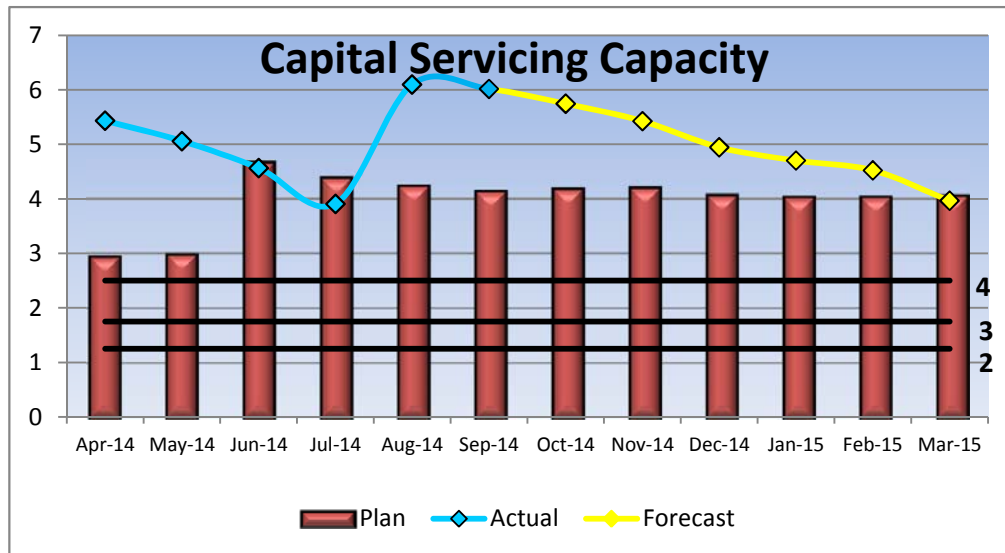
Monitor Risk Rating

Continuity of Service Risk Rating 2014 / 2015

Metric	Actual Performance		Annual Plan	
	Score	Rating	Score	Rating
Capital Servicing Capacity	5.7	4	4.2	4
Liquidity	20.0	4	16.8	4
Weighted Average		4		4

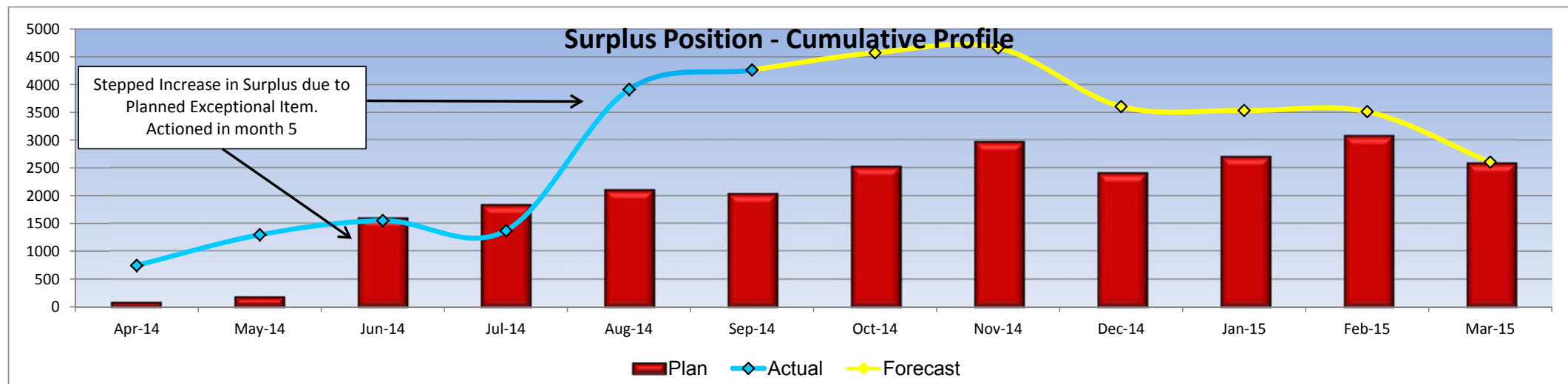
Overall the Trust maintains a Continuity of Service Risk Rating of 4 and maintains a material level of headroom before this position is at risk. This is shown in the graphs below.

The movement in the Capital Servicing Capacity ratio in month 5 (August 2014) is primarily due to the Trust Asset revaluation undertaken. This had been planned for month 3 (June 2014).

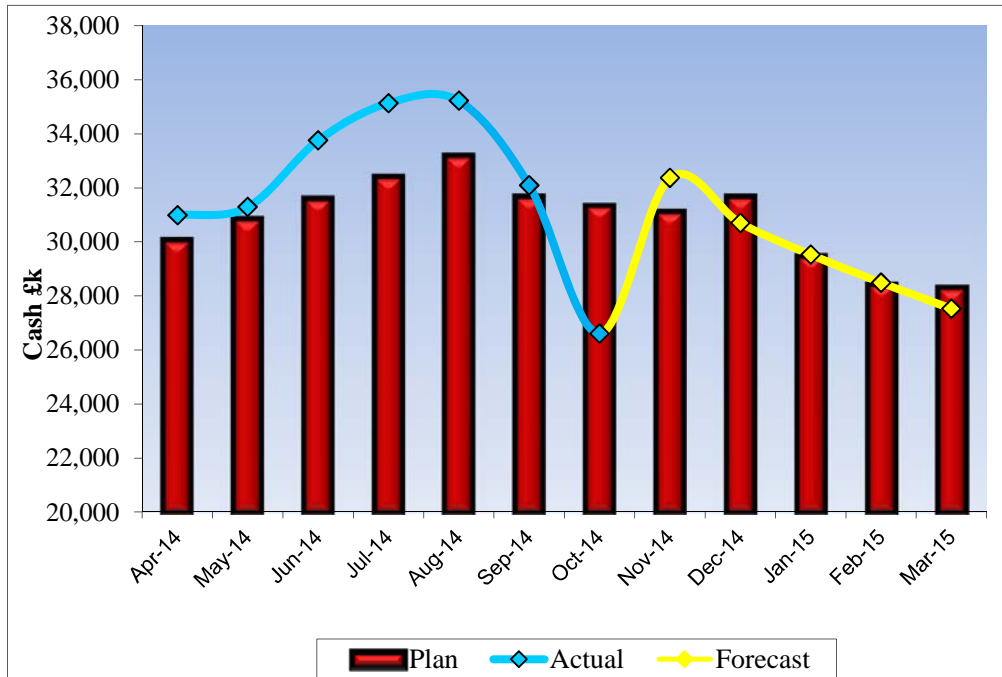


Income & Expenditure Position 2014 / 2015

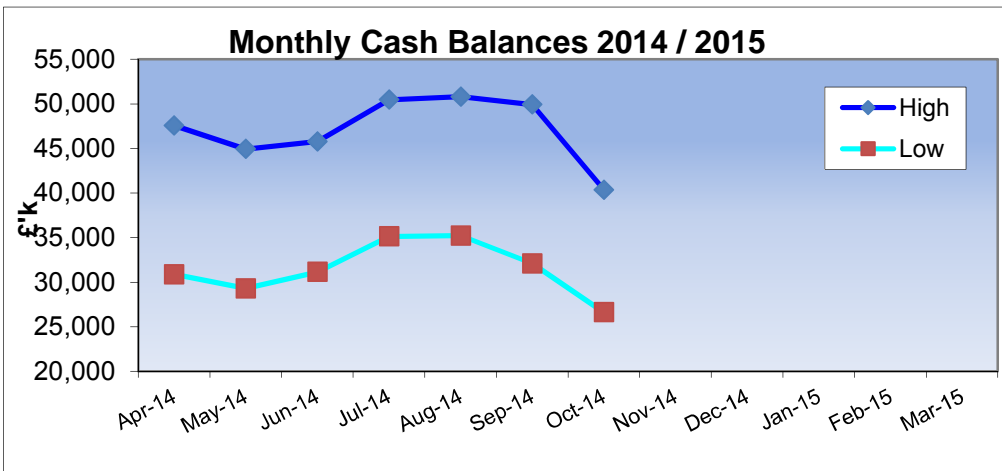
Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				(18,200)	(17,983)	217	Clinical Revenue	(127,212)	(126,679)	533	(218,405)	(217,662)	743
				(18,200)	(17,983)	217	Total Clinical Revenue	(127,212)	(126,679)	533	(218,405)	(217,662)	743
				(1,390)	(1,588)	(198)	Other Operating Revenue	(9,252)	(9,520)	(268)	(15,122)	(15,826)	(704)
				(19,590)	(19,571)	19	Total Revenue	(136,464)	(136,198)	266	(233,527)	(233,488)	39
4,563	4,393	(170)	3.7%	14,471	14,261	(210)	BDU Expenditure - Pay	102,436	99,765	(2,671)	174,158	172,731	(1,427)
				3,972	4,339	368	BDU Expenditure - Non Pay	27,010	27,732	723	46,401	48,539	2,138
				48	(3)	(51)	Provisions	1,002	813	(190)	2,731	2,410	(321)
4,563	4,393	(170)	3.7%	18,491	18,598	107	Total Operating Expenses	130,448	128,310	(2,138)	223,290	223,680	390
4,563	4,393	(170)	3.7%	(1,099)	(973)	126	EBITDA	(6,016)	(7,888)	(1,872)	(10,237)	(9,809)	428
				433	431	(1)	Depreciation	3,028	2,985	(43)	5,191	5,156	(35)
				264	238	(26)	PDC Paid	1,846	1,666	(180)	3,164	2,842	(322)
				0	(7)	(7)	Interest Received	0	(56)	(56)	0	(94)	(94)
				0	0	0	Revaluation of Assets	(1,300)	(1,280)	20	(700)	(700)	0
4,563	4,393	(170)	3.7%	(403)	(311)	92	Surplus	(2,442)	(4,573)	(2,130)	(2,582)	(2,605)	(22)



Cash Flow Forecast 2014 / 2015



	Plan	Actual
	£k	£k
Opening Balance	33,114	33,114
Closing Balance	31,363	26,608



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 October 2014 is £26.61 m which is £4.76 m behind plan.

This is due to:

CCG Commissioner late payment (received 1st October 2014) for October block payment £5.5m

Resolution of a number of historical invoicing issues which have been paid to other NHS Trusts

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 : £40.36m.

The lowest balance is : £26.61m.

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

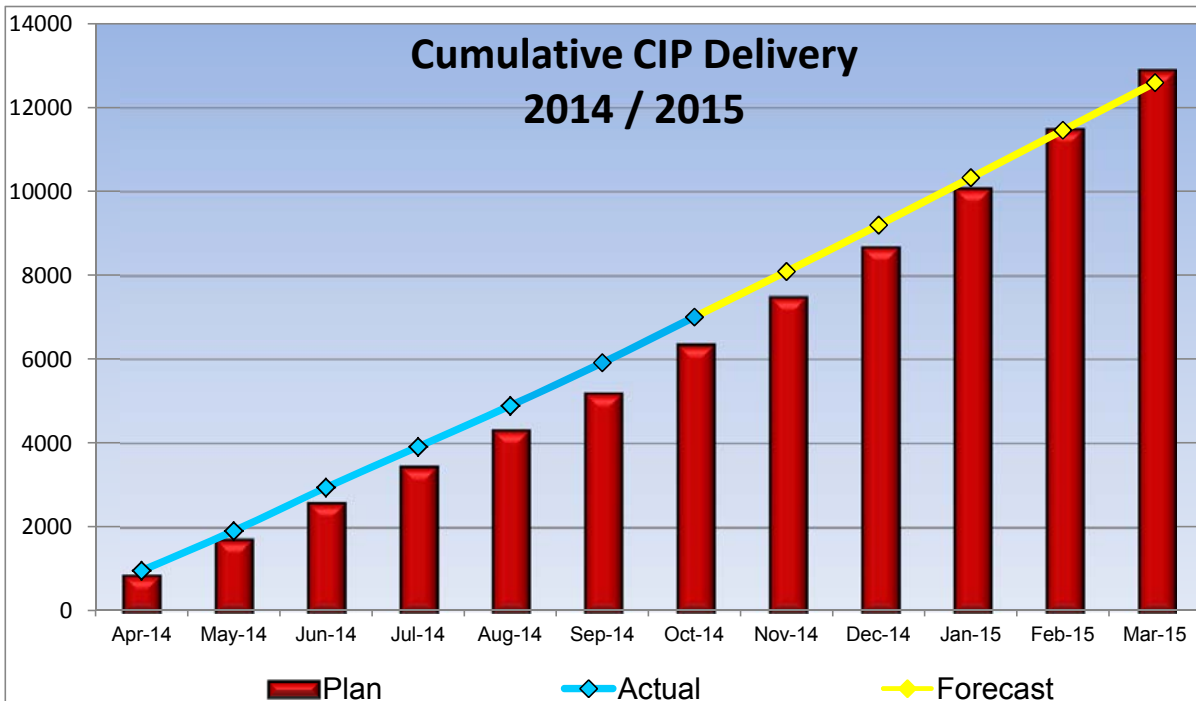
Summary Performance of Cost Improvement Programme

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	6,355	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	6,355	12,898

Delivery as planned	826	1,652	2,478	3,297	4,116	4,938	5,868	6,798	7,751	8,723	9,697	10,672	5,868	10,672
Mitigations - Recurrent	61	122	240	319	405	517	606	695	787	881	975	1,069	606	1,069
Mitigations - Non Recurrent	62	123	214	289	362	455	525	592	657	721	787	852	525	852
Total Delivery	949	1,897	2,932	3,905	4,883	5,910	7,000	8,086	9,194	10,325	11,459	12,593	7,000	12,593

Shortfall / Unidentified	(85)	(170)	(341)	(446)	(555)	(714)	(644)	(571)	(497)	(228)	39	305	(644)	305
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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 £487k shortfall against the original plan. However substitutions actioned by BDU's mean that the Trust is ahead of plan at month 7 by £644k. The overall forecast is a £305k 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.

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
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,267	1,518	1,205	(313)	2,267	0	
Total Minor Capital	2,267	1,518	1,205	(313)	2,267	0	
Major Capital Schemes							
Hub Development / Forensics	6,025	1,391	971	(419)	4,603	(1,422)	3
Fieldhead Hospital Development	3,038	713	640	(73)	853	(2,185)	4
IM&T	450	242	114	(128)	450	0	5
Total Major Schemes	9,513	2,346	1,725	(620)	5,906	(3,607)	
VAT Refunds			9	9	9	9	
TOTALS	11,780	3,864	2,940	(925)	8,183	(3,597)	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 £925k under the Quarter 1 revised plan (24%). The current forecast is that expenditure will total £8.2m, this is £3.6m behind plan (31%).

The main headlines behind this position are:

3. Delays in Calderdale, Wakefield and Barnsley hub developments.

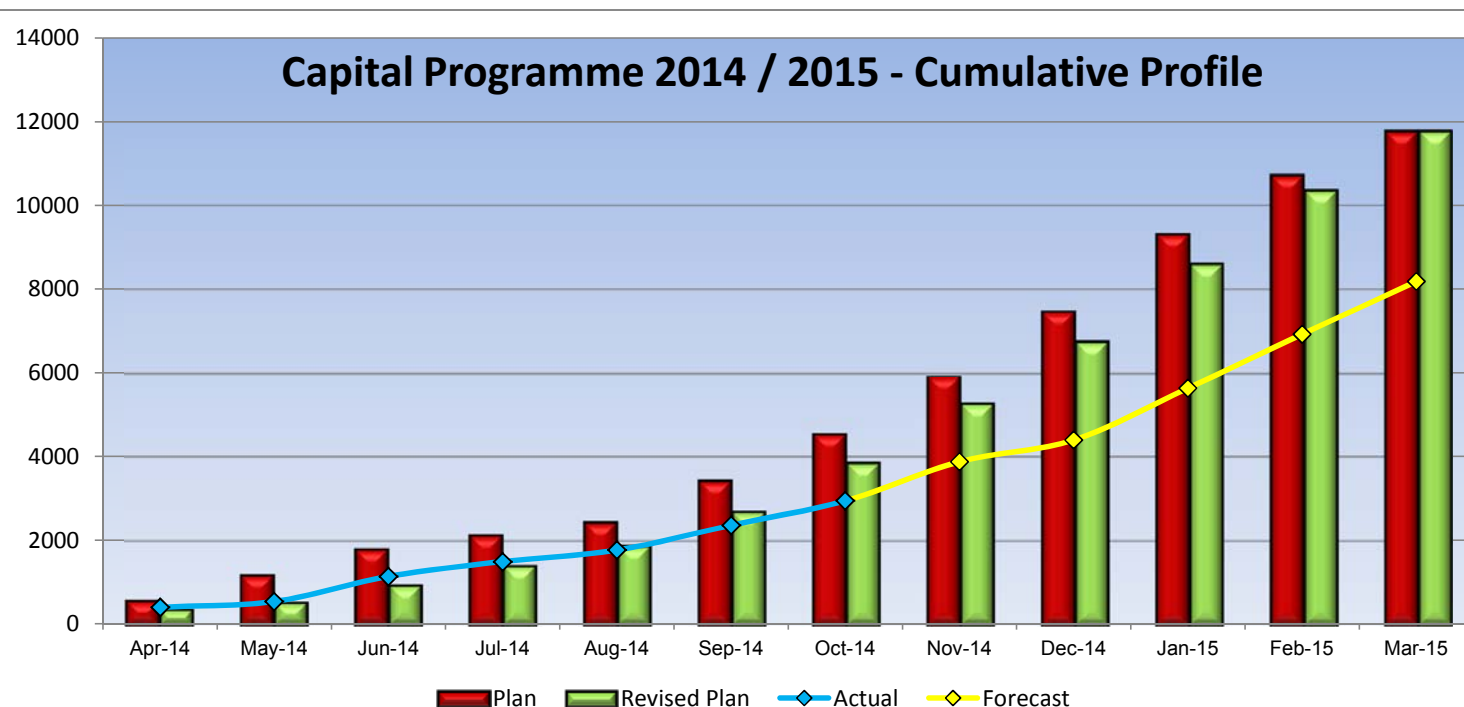
Calderdale - delays in discharging planning conditions have led to a delay in demolition. This delay increases risks of disruption due to weather.

Wakefield - delays due to acquisition of a suitable lease property. In year expenditure will be mainly design and legal costs.

Barnsley - Discussions continue with the Trust partner to ensure that value for money is delivered.

4. The current Fieldhead hospital development, including Decant, is on hold pending continued internal discussions.

5. IM & T has slipped as a match funding grant, anticipated to be awarded in October 2014, has been delayed. It is forecast this will be delivered later in the year.



Better Payment Practice Code

NHS		
	Number	Value
	%	%
Year to September 2014	88.6%	91.4%
Year to October 2014	88.4%	91.8%

Non NHS		
	Number	Value
	%	%
Year to September 2014	93.8%	89.9%
Year to October 2014	93.3%	89.4%

Local Suppliers - 10 days		
	Number	Value
	%	%
Year to September 2014	76.6%	60.7%
Year to October 2014	80.1%	69.1%

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.

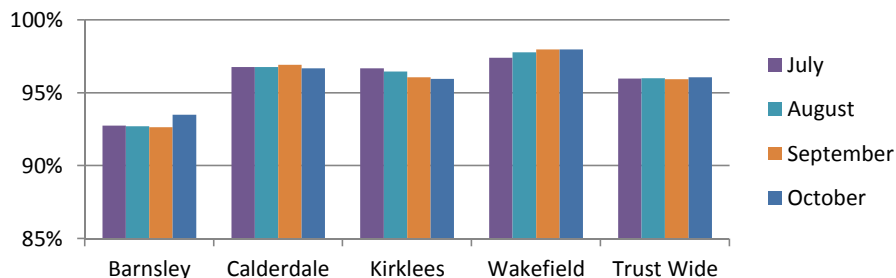
The performance against target for NHS invoices is 88% of the total number of invoices that have been paid within 30 days and 92% by the value of invoices.

The performance against target for Non NHS invoices is 93% of the total number of invoices that have been paid within 30 days and 89% by the value of invoices.

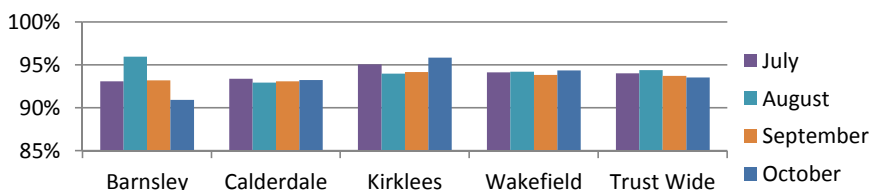
The Government has asked Public Sector bodies to try and pay Local Suppliers within 10 days, though this is not mandatory for the NHS. This was adopted by the Trust in November 2008.

To date the Trust has paid 80% of Local Supplier invoices by volume and 69% by the value of invoices within 10 days.

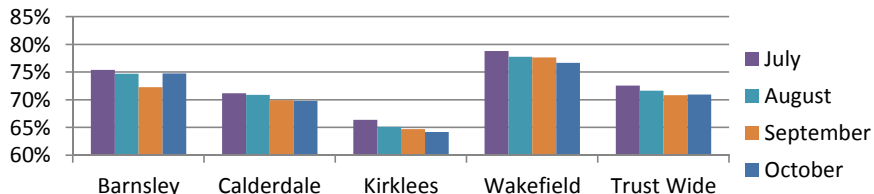
% Total eligible Service users on caseload - clustered



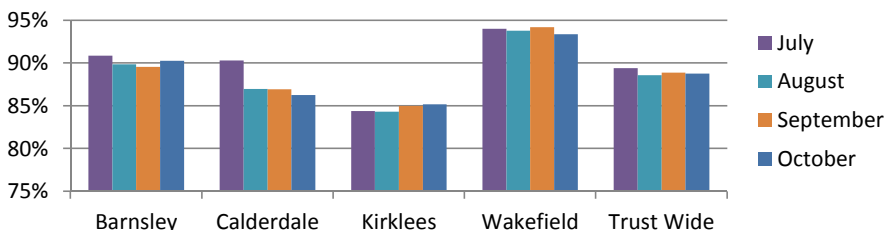
% Adherence to Care Transition Protocols



% of Service Users Reviewed within Cluster frequency



Care Coordinator Recorded



External

CPPP planning and Update Event 'Mental Health Payment System' is to be held for Commissioners & Providers – 'Getting ready for the next steps' will be held in York on the 19th November. The Trust will be involved in this event.
CPPP CAMHS - Payment System Project Engagement Event will take place on 10th December at Leeds

The first Quality and Outcome - CROM results (4 factor model) are due to be published by the end of November.
2015/16 Monitor draft guidance is due out by the end of November - no significant changes are anticipated.

Data Quality

HSCIC interactive indicator tool has been published for July, this allows Trusts to view the data quality of their MH Currency information. The Trust are reviewing the reports to ensure quality of the data.

October Position

Barnsley - 93% clustered is stable but reviews have increased by 2.5% to 75% within frequency.

Kirklees - % Clustered still falling slowly to 96% . Reviewed within frequency is still low at 64% mainly due to older peoples services.

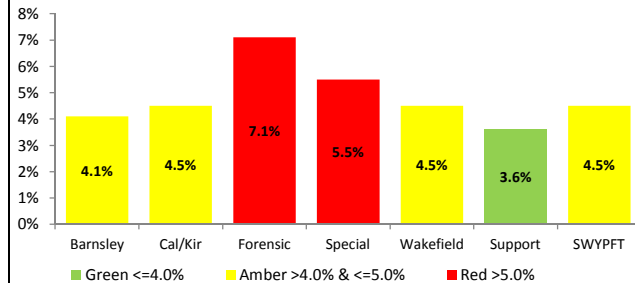
Calderdale - Clustered remains stable at 97% and reviewed within frequency is still 70%.

Wakefield - % Clustered stable at 98%. Reviewed within frequency 1% drop to 77%.

Workforce

Human Resources Performance Dashboard - October 2014

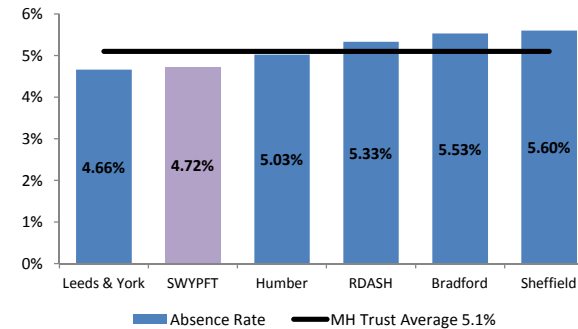
Sickness Absence



Current Absence Position - September 2014

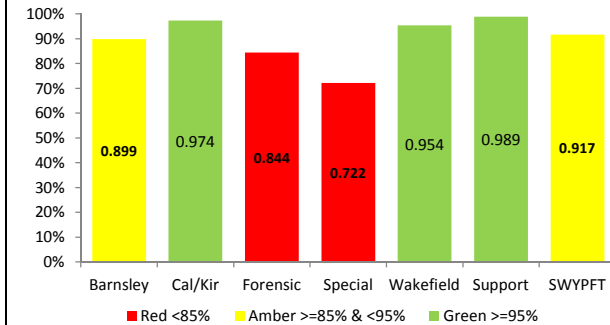
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.1%	4.9%	6.7%	6.3%	5.1%	4.0%	4.8%
Trend	↓	↓	↑	↓	↓	↓	↓

The Trust YTD absence levels in September 2014 (chart above) were above the 4% target at 4.5%



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 4.5% which is below the regional average of 5.1%.

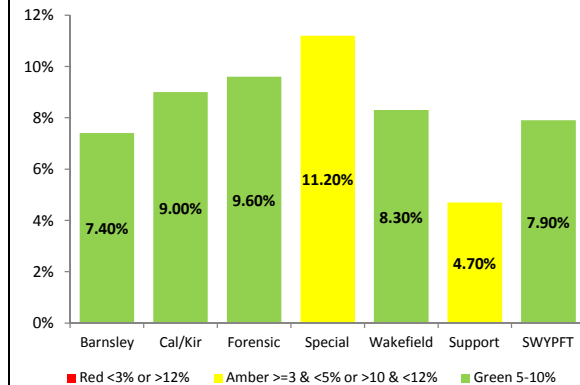
Appraisals



The above chart shows appraisals rates for all staff.

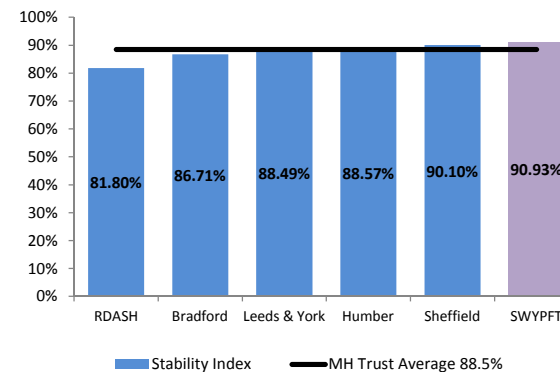
The Trust is below the 95% target but figures have increased significantly from September (74.3%).

Turnover and Stability Rate Benchmark



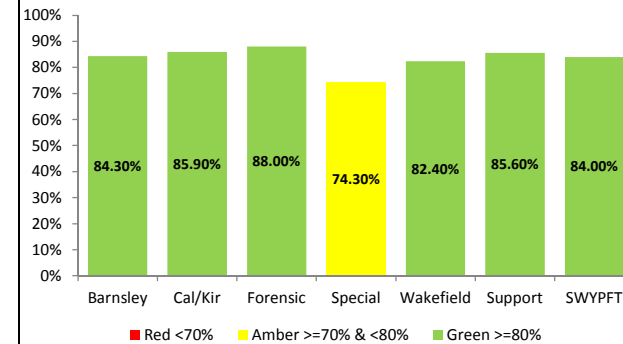
This chart shows Turnover levels up to the end of October 2014.

Overall turnover is within the target range of 5% to 10%. However, in Specialist Services turnover is above this level. Turnover in Specialist Services has reduced since last month.



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. Specialist Services are not currently achieving the target, however, fire training levels again improved in October.

Workforce - Performance Wall

Trust Performance Wall							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	4.50%	4.60%	4.60%	4.60%	4.50%	4.50%
Sickness (Monthly)	<=4%	4.50%	4.60%	4.50%	4.60%	4.50%	4.80%
Appraisals (Band 6 and above)	>=95%	29.00%	54.10%	58.80%	74.60%	88.50%	93.10%
Appraisals (Band 5 and below)	>=95%	8.20%	17.00%	23.80%	40.20%	78.30%	90.80%
Aggression Management	>=80%	56.90%	56.60%	59.10%	61.20%	62.60%	64.40%
Equality and Diversity	>=80%	58.60%	62.30%	64.80%	66.70%	70.20%	71.50%
Fire Safety	>=80%	74.70%	76.70%	77.70%	80.50%	82.70%	84.00%
Food Safety	>=80%	40.20%	41.80%	44.10%	45.30%	48.40%	51.60%
Infection Control and Hand Hygiene	>=80%	59.40%	63.00%	64.80%	68.40%	71.30%	73.90%
Information Governance	>=95%	89.30%	89.90%	89.70%	89.20%	89.80%	89.20%
Moving and Handling	>=80%	30.90%	36.10%	42.00%	47.50%	52.40%	56.40%
Safeguarding Adults	>=80%	72.30%	74.20%	75.50%	77.30%	78.60%	78.70%
Safeguarding Children	>=80%	66.90%	69.70%	73.20%	75.00%	77.30%	78.40%
Bank Cost		£425k	£333k	£440k	£367k	£365k	£399k
Agency Cost		£341k	£411k	£360k	£430k	£337k	£366k
Overtime Cost		£12k	£12k	£8k	£23k	£19k	£8k
Additional Hours Cost		£72k	£64k	£81k	£74k	£73k	£72k
Sickness Cost (Monthly)		£460k	£479k	£465k	£487k	£472k	£495k
Vacancies (Non-Medical) (WTE)		356.66	352.31	372.66	355.23	347.12	343.36
Business Miles		321k	332k	309k	308k	317k	305k

Calderdale and Kirklees District							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (Monthly)	<=4%	4.60%	4.60%	4.10%	4.50%	4.50%	4.50%
Appraisals (Band 6 and above)	>=95%	32.60%	60.90%	67.50%	83.10%	96.20%	98.80%
Appraisals (Band 5 and below)	>=95%	7.10%	19.70%	25.80%	37.70%	76.70%	96.20%
Aggression Management	>=80%	57.10%	56.40%	59.80%	60.60%	60.80%	64.00%
Equality and Diversity	>=80%	51.10%	56.60%	60.80%	63.10%	69.00%	71.70%
Fire Safety	>=80%	72.70%	79.00%	78.90%	82.50%	85.10%	85.80%
Food Safety	>=80%	22.00%	21.40%	22.70%	23.30%	28.90%	34.00%
Infection Control and Hand Hygiene	>=80%	47.10%	52.30%	55.80%	60.10%	65.00%	70.40%
Information Governance	>=95%	89.40%	90.80%	91.60%	92.90%	93.20%	93.40%
Moving and Handling	>=80%	27.40%	32.50%	38.30%	43.80%	49.80%	54.40%
Safeguarding Adults	>=80%	72.60%	74.00%	76.90%	78.40%	78.40%	79.70%
Safeguarding Children	>=80%	49.80%	54.00%	62.40%	65.80%	70.70%	73.30%
Bank Cost		£118k	£98k	£117k	£83k	£94k	£108k
Agency Cost		£45k	£36k	£54k	£107k	£43k	£73k
Overtime Cost		£5k	£0k	£2k	£7k	£3k	£2k
Additional Hours Cost		£3k	£3k	£2k	£3k	£2k	£5k
Sickness Cost (Monthly)		£106k	£106k	£85k	£98k	£104k	£112k
Vacancies (Non-Medical) (WTE)		81.65	78.89	79.48	76.91	62.76	56.24
Business Miles		77k	75k	62k	64k	73k	68k

Barnsley District							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	4.50%	4.40%	4.30%	4.30%	4.30%	4.10%
Sickness (Monthly)	<=4%	4.50%	4.40%	4.20%	4.20%	4.40%	4.10%
Appraisals (Band 6 and above)	>=95%	32.40%	56.50%	61.10%	76.70%	89.10%	92.90%
Appraisals (Band 5 and below)	>=95%	13.40%	22.30%	28.60%	44.40%	75.30%	87.90%
Aggression Management	>=80%	68.20%	59.90%	60.30%	65.40%	67.70%	69.60%
Equality and Diversity	>=80%	72.50%	74.30%	75.00%	76.70%	77.70%	78.10%
Fire Safety	>=80%	74.30%	76.00%	77.80%	78.60%	81.80%	84.30%
Food Safety	>=80%	44.60%	48.70%	48.10%	53.50%	54.90%	58.40%
Infection Control and Hand Hygiene	>=80%	67.50%	70.40%	70.00%	72.90%	75.10%	77.50%
Information Governance	>=95%	88.10%	88.80%	89.00%	88.90%	89.30%	89.60%
Moving and Handling	>=80%	30.70%	38.40%	46.60%	52.50%	57.60%	61.70%
Safeguarding Adults	>=80%	77.40%	79.40%	80.50%	81.30%	83.40%	83.40%
Safeguarding Children	>=80%	74.50%	75.60%	76.40%	77.20%	78.50%	78.50%
Bank Cost		£49k	£43k	£55k	£53k	£50k	£36k
Agency Cost		£148k	£190k	£168k	£157k	£129k	£95k
Overtime Cost		£4k	£8k	£4k	£12k	£11k	£3k
Additional Hours Cost		£31k	£32k	£34k	£39k	£38k	£35k
Sickness Cost (Monthly)		£164k	£168k	£165k	£164k	£170k	£153k
Vacancies (Non-Medical) (WTE)		135.08	122.25	117.96	124.61	124.54	105.59
Business Miles		125k	139k	127k	131k	137k	130k

Forensic Services							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	6.90%	7.10%	7.30%	7.30%	7.10%	7.10%
Sickness (Monthly)	<=4%	6.90%	7.40%	7.50%	7.30%	6.40%	6.70%
Appraisals (Band 6 and above)	>=95%	3.20%	44.40%	46.40%	58.50%	86.50%	92.30%
Appraisals (Band 5 and below)	>=95%	1.80%	3.50%	10.70%	27.00%	75.50%	83.00%
Aggression Management	>=80%	69.50%	69.20%	72.80%	73.50%	72.80%	70.80%
Equality and Diversity	>=80%	51.20%	55.10%	60.30%	61.70%	67.60%	71.10%
Fire Safety	>=80%	83.40%	84.70%	87.80%	88.20%	88.40%	88.00%
Food Safety	>=80%	31.70%	33.10%	39.40%	38.10%	41.50%	43.90%
Infection Control and Hand Hygiene	>=80%	52.50%	54.90%	58.80%	64.10%	70.00%	72.10%
Information Governance	>=95%	88.80%	89.40%	90.90%	92.40%	92.50%	87.70%
Moving and Handling	>=80%	40.60%	44.60%	49.10%	53.90%	60.40%	61.40%
Safeguarding Adults	>=80%	73.00%	74.20%	76.90%	78.00%	77.30%	70.30%
Safeguarding Children	>=80%	59.70%	64.70%	70.60%	71.50%	75.00%	75.40%
Bank Cost		£115k	£96k	£129k	£97k	£90k	£104k
Agency Cost		£2k	£2k	£3k	£2k	£3k	£6k
Additional Hours Cost		£3k	£3k	£0k	£1k	£0k	£0k
Sickness Cost (Monthly)		£59k	£66k	£66k	£69k	£64k	£66k
Vacancies (Non-Medical) (WTE)		30.69	36.6	41.91	38.91	43.15	47.01
Business Miles		4k	7k	4k	2k	7k	4k

Workforce - Performance Wall cont...

Specialist Services							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	4.80%	5.50%	5.50%	5.40%	5.00%	5.50%
Sickness (Monthly)	<=4%	4.80%	6.10%	5.60%	5.10%	3.70%	6.30%
Appraisals (Band 6 and above)	>=95%	19.60%	32.20%	35.00%	48.80%	66.20%	75.00%
Appraisals (Band 5 and below)	>=95%	4.00%	11.20%	19.20%	24.40%	45.00%	68.20%
Aggression Management	>=80%	48.50%	53.10%	54.10%	55.80%	56.80%	58.30%
Equality and Diversity	>=80%	52.50%	58.40%	60.80%	62.40%	66.80%	68.40%
Fire Safety	>=80%	69.90%	71.20%	70.90%	73.60%	76.90%	74.30%
Food Safety	>=80%	73.70%	74.10%	74.60%	74.60%	76.20%	76.60%
Infection Control and Hand Hygiene	>=80%	51.80%	58.10%	59.70%	62.30%	64.00%	65.70%
Information Governance	>=95%	86.40%	86.90%	86.30%	85.70%	86.00%	85.20%
Moving and Handling	>=80%	29.40%	31.40%	37.30%	42.40%	46.10%	49.10%
Safeguarding Adults	>=80%	52.80%	57.30%	59.10%	63.50%	63.50%	65.80%
Safeguarding Children	>=80%	55.70%	62.60%	64.30%	67.80%	71.60%	72.60%
Bank Cost		£27k	£5k	£34k	£28k	£34k	£36k
Agency Cost		£70k	£102k	£46k	£100k	£103k	£120k
Overtime Cost		£2k	£1k	£2k	£3k	£3k	£3k
Additional Hours Cost		£5k	£4k	£3k	£5k	£3k	£4k
Sickness Cost (Monthly)		£42k	£61k	£54k	£50k	£32k	£53k
Vacancies (Non-Medical) (WTE)		30.97	32.94	42.1	31.4	34.08	36.83
Business Miles		37k	35k	36k	32k	30k	30k

Wakefield District							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	3.10%	3.10%	3.60%	4.10%	4.40%	4.50%
Sickness (Monthly)	<=4%	3.10%	3.10%	4.60%	5.60%	5.60%	5.20%
Appraisals (Band 6 and above)	>=95%	28.70%	44.30%	46.60%	69.20%	89.00%	96.1%
Appraisals (Band 5 and below)	>=95%	8.70%	16.90%	26.00%	53.20%	81.60%	94.90%
Aggression Management	>=80%	66.80%	67.70%	70.20%	69.00%	69.80%	71.60%
Equality and Diversity	>=80%	64.20%	66.50%	71.40%	73.20%	74.80%	74.60%
Fire Safety	>=80%	73.70%	75.10%	77.90%	82.30%	82.00%	82.40%
Food Safety	>=80%	39.00%	40.10%	45.40%	45.20%	47.40%	48.20%
Infection Control and Hand Hygiene	>=80%	68.20%	69.50%	69.90%	74.30%	75.30%	77.00%
Information Governance	>=95%	94.60%	94.00%	93.50%	94.90%	93.90%	91.80%
Moving and Handling	>=80%	36.70%	39.30%	43.40%	49.10%	52.10%	54.00%
Safeguarding Adults	>=80%	77.80%	79.40%	80.10%	83.00%	84.80%	84.30%
Safeguarding Children	>=80%	69.70%	71.50%	77.80%	79.60%	80.40%	81.70%
Bank Cost		£63k	£43k	£65k	£56k	£61k	£76k
Agency Cost		£38k	£37k	£62k	£42k	£38k	£43k
Additional Hours Cost		£4k	£5k	£7k	£9k	£9k	£9k
Sickness Cost (Monthly)		£41k	£36k	£53k	£67k	£63k	£58k
Vacancies (Non-Medical) (WTE)		31.79	35.5	33.92	37.51	37.19	36.64
Business Miles		38k	37k	39k	37k	39k	33k

Support Services							
Month		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14
Sickness (YTD)	<=4%	4.10%	3.90%	3.70%	3.60%	3.50%	3.60%
Sickness (Monthly)	<=4%	4.10%	3.60%	3.40%	3.40%	3.30%	4.00%
Appraisals (Band 6 and above)	>=95%	36.30%	72.60%	75.60%	88.70%	95.50%	98.00%
Appraisals (Band 5 and below)	>=95%	4.30%	13.90%	20.40%	39.80%	95.00%	99.3%
Aggression Management	>=80%	37.40%	41.00%	44.90%	49.00%	52.80%	55.10%
Equality and Diversity	>=80%	42.50%	47.40%	48.70%	51.20%	55.90%	57.60%
Fire Safety	>=80%	77.00%	75.50%	74.60%	80.70%	82.50%	85.60%
Food Safety	>=80%	95.10%	96.10%	96.20%	89.30%	87.80%	95.60%
Infection Control and Hand Hygiene	>=80%	59.60%	63.10%	67.50%	70.90%	73.30%	74.10%
Information Governance	>=95%	89.80%	90.10%	87.30%	82.00%	84.60%	84.00%
Moving and Handling	>=80%	27.50%	32.00%	34.90%	40.10%	44.40%	51.30%
Safeguarding Adults	>=80%	67.80%	69.10%	68.50%	71.00%	73.20%	74.90%
Safeguarding Children	>=80%	80.50%	82.10%	83.10%	84.20%	85.50%	86.70%
Bank Cost		£54k	£47k	£40k	£51k	£36k	£39k
Agency Cost		£38k	£44k	£28k	£22k	£22k	£29k
Overtime Cost		£1k	£1k	£1k	£0k	£1k	£0k
Additional Hours Cost		£26k	£17k	£35k	£17k	£20k	£20k
Sickness Cost (Monthly)		£50k	£43k	£42k	£39k	£40k	£53k
Vacancies (Non-Medical) (WTE)		46.48	46.13	52.79	40.99	40.5	47.66
Business Miles		40k	40k	41k	42k	31k	41k

Publication Summary

This section of the report identifies up and coming items that are likely to impact on the Trust.

Achieving Better Access to Mental Health Services by 2020

From April 2015, the Department of Health will be introducing access standards and waiting time standards – the first of their kind in mental health services. This will incorporate:

- Treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks.
- Treatment within 2 weeks for more than 50% of people experiencing a first episode of psychosis.

The full report can be seen via the following link:

<https://www.gov.uk/government/publications/mental-health-services-achieving-better-access-by-2020>

CQC Intelligent Monitoring Tool

The CQC have developed a new model for monitoring a range of key indicators about Trusts that provide Mental Health services. The system is built on a set of indicators that look at a range of information including patient experience, staff experience and performance. These indicators relate to the five key questions they will ask of all services – are they safe, effective, caring, responsive and well-led?

The new Intelligent Monitoring tool has been developed to give CQC inspectors a clear picture of the areas of care that need to be followed up within a mental health NHS trust. They will not be used on their own to make judgements.

The first intelligent monitoring report is due to be published on 20th November.

NHS England: Five Year Forward View

This document is a collaboration between six leading NHS groups including Monitor, Health Education England, the NHS Trust Development Authority, Public Health England, the Care Quality Commission and NHS England. It sets out why the NHS needs to evolve, the challenges that lie ahead and how these can be met. It details the actions that will be taken to deliver transformed care for patients, and the help that will be needed from others. It shows how delivering on the transformational changes set out in the report, combined with staged funding increases as the economy allows could feasibly close the £30 billion gap by 2020/21.

[Click here for link.](#)

NHS England: Developing a new approach to palliative care funding: a first draft for discussion

Based on a two year data collection from 11 sites covering both adults' and children's services, NHS England is developing a currency for palliative care which focuses on patient needs. The aim of the work is to provide a transparent basis for palliative care commissioning. This document outlines the initial model for discussion to allow the palliative care community including clinicians, commissioners and providers to help shape its further development.

[Click here for link.](#)

The quality of mental health care cluster costing and activity data

This report is a review of how well mental health providers categorise patient needs as classified by the payment by results scheme. It summarises the quality of costing and care cluster assignment in 25 mental health providers. All 25 audits were carried out on a voluntary basis. The providers audited are different to the 9 audited in 2012/2013.

The full report can be accessed via the following link:

[Click here for link](#)

Other reports that have been published this month that may be of interest:

- Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment, England - 2013-2014, annual figures
- The quality of nationally submitted health and social care data, England, annual report, 2014, experimental statistics
- Nursing survey on end of life care
- Children's and Adolescent's Mental Health and CAMHS
- Commissioning and Contracting for integrated care

Glossary

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



With all of us in mind

Trust Board 16 December 2014

Agenda item 6.2(i)

Title:	Data Breaches
Paper prepared by:	Director of Corporate Development
Purpose:	For Trust Board to note a Freedom of Information (FOI) request by Big Brother Watch and subsequent media interest in data breaches.
Mission/values:	Supports and demonstrates Trust's values of being open, honest and transparent and learning from mistakes to Improve and be outstanding
Any background papers/ previously considered by:	Freedom of Information Policy and Procedure
Executive summary:	<p>The Trust received a Freedom of Information (FOI) request in May 2014 from 'Big Brother Watch', a campaign organisation that challenges policies and aims to 'expose the true scale of the surveillance state'. The FOI requested the Trust to disclose the number of all data breaches between 2011 and 2014 however minor or technical in nature, and also:</p> <ul style="list-style-type: none"> - the number of staff convicted; - the Number where employment terminated as a consequence; - the number disciplined as a consequence; and - the total number of breaches (all categories however minor accidental or otherwise). <p>The Trust's policy regarding FOI requests is to apply the duty of candour and to be open and transparent in the release of information unless the exemptions permitted under the Act should be applied in relation to commercial-in-confidence issues or where information is covered under other legislation, such as the Data Protection Act. FOI requesters have no obligation to explain the purpose of their request or to indicate the use the information sourced will be put to.</p> <p>The FOI resulted in the publication of a report in November 2014 purporting to compare the number of breaches declared by organisations. The report listed all current organisations, some of which were not constituted in 2011 (some not until 2013), and, therefore, as total numbers were reported over this period, the report did not reflect an accurate picture of comparison between organisations relating to the number or seriousness of data breaches. The Trust was reported as having the highest number of breaches during the period 2011 to 2014 of those Trusts that complied with the request having 869 breaches of which five resulted in disciplinary action. The report applauded those Trusts who disclosed the full extent of their data protection breaches and acknowledged that there remains a great deal of inconsistency with reporting.</p> <p>Big Brother Watch issued the report to media outlets and there was coverage in a number of newspapers and on-line sites. To date, the Trust has had no adverse feedback from service users or carers or any from external audit with whom the information was shared.</p>

	<p>The Trust's policy is that every information governance breach is recorded and graded in line with Department of Health requirements (Gateway Ref: 13177).</p> <p>Trust Board can be assured that information governance is a high priority. All staff undertake annual mandatory training as a minimum, and reporting of breaches, however minor, is actively encouraged as a means of shared learning. Most breaches are a result of technical issues or mistakes made by members of staff with no or very minor consequence. In such cases, members of staff are supported through additional training and supervision. The Trust has dealt with all cases appropriately including a very small number (five during the period covered by the report) where disciplinary action has been taken including one termination of employment.</p>
Recommendation:	Trust Board is asked to NOTE the Trust's approach to release of information in response to FOI requests in line with Trust values of being honest, open and transparent and the duty of candour.
Private session:	Not applicable

Trust Board – 16 December 2014

Agenda item 6.2(ii)

Title:	Customer Services Policy: management of complaints, concerns, comments and compliments
Paper prepared by:	Director of Corporate Development
Purpose:	For Trust Board to note that the policy that provides the framework for responding to enquiries and learning lessons from feedback through complaints, concerns, comments and compliments has been reviewed and updated taking account of the information shown in the executive summary below.
Mission/values:	The Customer Services Policy links to all the Trust's values in supporting an improved service user experience through being open honest and transparent, respectful, putting the person first and in the centre, to improve and be outstanding, be relevant today and ready for tomorrow and demonstrating that families and carers matter.
Any background papers/ previously considered by:	None
Executive summary:	<p>The Trust has an established Customer Services function, which works across all BDUs in supporting a response to all enquiries. This includes a response to issues raised under the NHS Complaints procedures. The policy provides the framework for responding to these enquiries and takes account of relevant legislation and best practice, most recently in relation to increased emphasis on using the insight from service user experience to influence and improve services, and recommendations following the Francis report and the Government's response, 'Hard Truth's'. The policy is subject to annual review and approval of the policy is reserved for Trust Board.</p> <p>This update follows a review of the policy in relation to:</p> <ul style="list-style-type: none"> ➤ CQC essential standards in relation to receiving and acting on complaints; ➤ the duty of candour and the requirement to investigate complaints and ensure necessary and proportionate action in response to any failings and to ensure an accessible system for identifying, receiving, recording , handling and responding to complaints. <p>Minor amendments to wording of the policy have resulted, following a recent audit of service user experience (by the Trust's internal auditors, KPMG), which reported significant assurance and identified as an area of good practice a 'robust and comprehensive framework for escalating and reporting of complaints data to Trust Board'. The audit recommended minor additions to the policy <i>to reflect existing practice</i> but to explicitly state that:</p> <ul style="list-style-type: none"> ➤ the Executive Management Team is alerted to serious complaints at initial assessment; ➤ complaint findings are reviewed at senior level; ➤ further opportunities for wards and teams to learn lessons are ensured at local level; ➤ there are potential financial implications in respect of the Parliamentary and Health Service Ombudsman's move to significantly expand the

	number of cases considered and to propose financial redress to resolve complaints.
Recommendation:	Trust Board is asked to APPROVE the existing Customer Service policy updated as outlined above
Private session:	Not applicable

Trust Board 16 December 2014

Agenda item 6.2(iii)

Title:	Care Quality Commission – duty of candour requirement
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	The purpose of this paper is to advise Trust Board of the Care Quality Commission's duty of candour requirement from 27 November 2014 and to provide assurance of implementation to date and further action to be taken.
Mission/vision:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers/ previously considered by:	Fit and proper persons paper
Executive summary:	<p>The Care Quality Commission (CQC) revised inspection regime/regulatory framework uses five key questions asked of all services.</p> <ul style="list-style-type: none"> • Are they safe? • Are they effective? • Are they caring? • Are they responsive? • Are they well-led? <p>These regulations come into effect on 1 April 2015; however, the duty of candour, along with the fit and proper person's requirement for Directors, came into force for NHS bodies on 27 November 2014.</p> <p>Regulation 20 is a direct response to recommendation 181 of the Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust, which recommended that a statutory duty of candour be imposed on healthcare providers. In interpreting the regulation on the duty of candour, the CQC uses the definitions of openness, transparency and candour used by Robert Francis in his report.</p> <ul style="list-style-type: none"> ➤ Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered. ➤ Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators. ➤ Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it. <p>Regulation 20 Duty of Candour</p> <p>The intention of this regulation is to ensure providers are open and transparent with people who use services and other 'relevant persons' (that is, people acting lawfully on behalf of them) in general in relation to care and treatment, and, specifically when things go wrong with care and treatment, that they provide them with reasonable support, truthful information and an apology when things go wrong. The regulation applies to NHS bodies when they are carrying out a regulated activity.</p> <p>A 'relevant person' is defined as the service user or a person acting on his or her behalf if the service user is dead, is under 16 years or lacks capacity.</p> <p>To meet the requirements of Regulation 20, an NHS body has to:</p>

- make sure it acts in an open and transparent way in relation to care and treatment provided to people who use services in carrying on a regulated activity;
- tell the relevant person, in person, as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred, and provide support to them in relation to the incident, including when giving the notification;
- provide an account of the incident which, to the best of the health service body's knowledge, is true of all the facts the body knows about the incident as at the date of the notification;
- advise the relevant person what further enquiries the health service body believes are appropriate;
- offer an apology;
- follow this up by giving the same information in writing, and providing an update on the enquiries;
- keep a written record of all communication with the relevant person.

A notifiable safety incident means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in:

- a) the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user's illness or underlying condition; or
- b) severe harm, moderate harm or prolonged psychological harm to the service user. ("Prolonged psychological harm" means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days.)

Inspection process

During the inspection process, the CQC will assess whether a provider is delivering good quality care. Two specific key lines of enquiry under 'Safe' and 'Well-led' are relevant to the duty of candour.

S2: Are lessons learned and improvements made when things go wrong? (Are people who use services told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result?)

W3: How does the leadership and culture reflect the vision and values, encourage openness and transparency, and promote good quality care? (Does the culture encourage candour, openness and honesty?)

Services that are safe ensure that, when something goes wrong, people receive a sincere apology and are told about any actions taken to improve processes to prevent the same thing happening again. In services that are well-led, candour, openness, honesty and transparency and challenges to poor practice are the norm. Leadership at all levels in the organisation is central to ensuring a culture that supports this.

A breach of Regulation 20 will assess the impact on people and the CQC will make a decision whether or not to take regulatory action and what form this will take in accordance with its Judgement Framework and Enforcement Policy.

As this is a new regulation, the CQC expects to learn from what it finds. This learning will inform the development of guidance to be issued before April 2015.

	<p>Trust response to the regulation</p> <p>The breadth of this new regulation has yet to be tested and the component parts of the regulation are being worked through within the Trust; however, the Trust has long supported open and honest care, and has had a Being Open policy in place since 2008. The Trust supports being open in all incidents as a matter of good practice. Within the Investigating Serious Incidents policy, contact with service users and families is an established part of the process along with supported reading of investigation reports.</p> <p>This year, the patient safety support team developed Datixweb to support clinical staff to record whether the duty of candour requirements within the NHS Standard Contract had been met. Reports have been produced for quarters 1 and 2. At the same time, the Being Open policy was updated and a quick guide was produced. This policy is currently being reviewed against Regulation 20 and will be updated before the end of December 2014.</p> <p>Datixweb records if service users/families have been communicated with within ten days, whether the outcome of the enquiry/investigation has been shared and asks where this is recorded. It does not look at the quality of this communication.</p> <p>Further work needs to be undertaken to ensure that:</p> <ul style="list-style-type: none"> ➤ staff understand their role in relation to duty of candour; ➤ staff have all the support required in complying with the duty and raising concerns; ➤ the duty of candour is being met through meaningful and sensitive engagement with relevant persons; ➤ all staff understand the consequences of non-compliance, including non-compliance with statutory requirements and disciplinary proceedings/professional conduct issues; ➤ the organisation understands the context of this duty in relation to other guidance relevant to the regulation, such as General Medical Council guidance on duty of candour, NHS litigation 'saying sorry' guidance, National Patient Safety Agency 'Being Open' guidance, whistleblowing, bullying and harassment, the NHS Standard Contract, and CQC Regulations 16 to 18; ➤ relevant Trust policies reflect the duty of candour; and ➤ staff are aware of the need to respond to incidents that cause moderate as well as serious harm. <p>Financial implications</p> <p>There are two potential financial implication of non-compliance.</p> <ol style="list-style-type: none"> 1. Failure to comply with the contractual requirement within the NHS Standard Contract could result in recovery of the cost of the episode of care or £10,000 if the cost of the episode of care is unknown. 2. It is a criminal offence to fail to provide notification of a notifiable safety incident and/or to comply with the specific requirements of notification. On conviction, a health service body would be liable to a potential fine of £2,500. <p>Ongoing development</p> <p>The Trust policy and guidance has been amended to reflect the new duty of candour requirements and this will be addressed further as part of the Trust Patient Safety Strategy and Sign up to Safety action plan.</p>
<p>Recommendation:</p>	<p>Trust Board is asked to NOTE the CQC Duty of Candour, and the action taken and planned in response.</p>

Trust Board 16 December 2014

Agenda item 7

Title:	Use of Trust seal
Paper prepared by:	Chief Executive
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
Values/goals:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers/ previously considered by:	Quarterly reports to Trust Board
Executive summary:	<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 four times since the report to Trust Board in September 2014 in respect of the following.</p> <ul style="list-style-type: none"> - A lease for rooms at Phoenix Business Centre, Rotherham, between Phoenix Enterprises (Rotherham) and the Trust for Stop Smoking services. - A contract for sale of freehold land at 'Rushbrooke', Royd Street, Huddersfield, between Aspire in the Community and the Trust. - A transfer of register of title for the above between Aspire in the Community and the Trust. - A tenancy at will relating to a unit at Grange Lane Industrial Estate, Barnsley, between Barnsley Council and the Trust.
Recommendation:	Trust Board is asked to note the use of the Trust's seal since the last report in September 2014.
Private session:	Not applicable