With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
## Friday 30 January 2015
## 10:00 to 12 noon (followed by lunch and the joint meeting with Trust Board)
## Large conference room, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF

## Agenda

| Item | Time | Subject Matter | Presented by | | Action |
|---|---|---|---|---|---|
| **1.** | | Welcome, introductions and apologies | Ian Black, Chair | **Verbal** | To receive |
| **2.** | | Declaration of Interests | Ian Black, Chair | **Verbal** | To confirm |
| **3.** | | Minutes of the previous meeting held on 24 October 2014 | Ian Black, Chair | **Paper** | To agree |
| **4.** | | Chair's report and feedback from Trust Board | Ian Black, Chair | **Verbal** | To receive |
| | | Chief Executive's comments | Steven Michael, Chief Executive | | |
| **5.** | | Performance report Quarter 3 2014/15. The full performance report for month 8 2014/15 is enclosed with these papers and can also be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/wp-content/uploads/2012/06/SWYPFT-Integrated-Performance-Report-November-2014.pdf. The dashboard for Q3 2014/15 will be available at the meeting and summarised in a presentation. | Alex Farrell, Director of Finance | **Paper/ presentation** | To receive |
| **6.** | | Data breaches – Freedom of Information request | Dawn Stephenson, Director of Corporate Development | **Paper** | To receive |
| **7.** | | Members' Council business items | | | |
| | | 7.1 Chair re-appointment | Tony Wilkinson, Lead Governor | **Paper** | To agree |

| Item | Time | Subject Matter | Presented by | | Action |
|---|---|---|---|---|---|
| | | 7.2 Members' Council elections | Dawn Stephenson, Director of Corporate Development | **Paper** | To receive |
| | | 7.3 Internal and external audit arrangements | Peter Aspinall, Chair of Audit Committee | **Paper** | To receive |
| | | 7.4 Quality review of audits by the Quality Assurance Directorate of Institute of Chartered Accountants of England and Wales – outcome | Alex Farrell, Director of Finance | **Paper** | To receive |
| **8.** | | Date of next meeting<br><br>Wednesday 29 April 2015 afternoon meeting, large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP. This will include an opportunity to visit the Trust's museum on the Fieldhead site and the start time will be adjusted accordingly to facilitate this.<br><br>*Close* | Ian Black, Chair | **Verbal** | |

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Minutes of the Members' Council meeting held on 24 October 2014

| | | |
|---|---|---|
| **Present:** | Jean Askew | Appointed – Wakefield Council |
| | Ian Black | Chair of the Trust |
| | Stephen Baines | Appointed – Calderdale Council |
| | Hilary Brearley | Appointed – Barnsley Hospital NHS Foundation Trust |
| | Jackie Craven | Public – Wakefield |
| | Andrew Crossley | Public – Barnsley |
| | Adrian Deakin | Staff – Nursing |
| | Michael Fenton | Public – Kirklees |
| | Claire Girvan | Staff – Allied Health Professionals |
| | Nasim Hasnie | Public – Kirklees |
| | John Haworth | Staff – Non-clinical support |
| | Andrew Hill | Public – Barnsley |
| | Ruth Mason | Appointed – Calderdale and Huddersfield NHS Foundation Trust |
| | Margaret Morgan | Appointed – Barnsley Council |
| | Jules Preston | Appointed – Mid Yorkshire Hospitals NHS Trust |
| | Daniel Redmond | Public – Calderdale |
| | Kevan Riggett | Public – Barnsley |
| | Jeremy Smith | Public – Kirklees |
| | Michael Smith | Public – Calderdale |
| | Hazel Walker | Public – Wakefield |
| | Peter Walker | Public – Wakefield |
| | Tony Wilkinson | Public – Calderdale (Lead Governor) |
| | David Woodhead | Public - Kirklees |
| **In attendance:** | Peter Aspinall | Non-Executive Director |
| | Adrian Berry | Medical Director |
| | Tim Breedon | Director of Nursing, Clinical Governance and Safety |
| | Bernie Cherriman-Sykes | Integrated Governance Manager (author) |
| | Alan Davis | Director of Human Resources and Workforce Development |
| | Alex Farrell | Deputy Chief Executive/Director of Finance |
| | Julie Fox | Non-Executive Director |
| | John Keaveny | Deputy District Service Director, Calderdale and Kirklees |
| | Arasu Kuppuswamy | Consultant, adult services, Kirklees |
| | Steven Michael | Chief Executive |
| | Sean Rayner | District Service Director, Barnsley and Wakefield |
| | Diane Smith | Interim Director of Service Innovation and Health Intelligence |
| | Dawn Stephenson | Director of Corporate Development |
| | Subha Thiyagesh | Consultant, older people's services, Calderdale |
| | Cheryl Watkinson | Foundation Trust Office Manager, RDASH |
| **Apologies:** | Marios Adamou | Staff – Medicine and pharmacy |
| | Garry Brownbridge | Staff – Psychological Therapies |
| | Doug Dale | Public – Wakefield |
| | Netty Edwards | Staff – Nursing support |
| | Robert Klaasen | Public – Wakefield |
| | Bob Mortimer | Public – Kirklees |
| | Cath O'Halloran | Appointed – University of Huddersfield |



## MC/14/36 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting and, in particular, Adrian Berry, attending his first meeting as the Trust's Medical Director. Dr Berry is, of course, well known to Governors as he was previously Director of Forensic Services and has attended many Members' Council meetings.

## MC/14/37 Declaration of interests (agenda item 2)

There were no additional or further declarations made.

## MC/14/38 Minutes of the previous meeting held on 25 July 2014 (agenda item 3)

**The Members' Council APPROVED the minutes from the meeting held on 25 July 2014.**

There were no matters arising; however, the Chair commented on the important discussion item at today's meeting on transformation. He also mentioned that he will ask the Co-ordination Group to consider the suggestion to hold a session for the Members' Council on maintaining and improving the quality of Trust services during times of change and challenge.

Tim Breedon was asked to comment on the introduction of twelve-hour shifts for staff in in-patient teams. He confirmed that this 'went live' on 13 October 2014. There have been no major issues so far; however, it is still early days. The Trust will monitor the impact over the next six weeks followed by quarterly reviews, particularly linked to safer staffing levels (which came out of the Francis Report/Hard Truths recommendations).

## MC/14/39 Notes from the annual evaluation session held on 17 September 2014, Members' Council objectives and work programme for 2015 (agenda item 4)

Ian Black commented that the session on 17 September 2014 had been the best so far and governors were keen to identify what they were proud of and highlight what they want to do more of. From his perspective, the Trust tends to report on bad news or problem areas. His aim in the coming year is to positively report on good news, excellent performance and recognition.

**The Members' Council NOTED the notes from the evaluation session and APPROVED the revised objectives and work programme for 2015.**

## MC/14/40 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 5)

Ian Black began by mentioning the five-year forward view for the NHS announced by Simon Stephens, Chief Executive of NHS England, the previous day, which estimated a funding gap of £30 billion for the NHS between now and 2020/21 with an identified critical £8 billion gap. An executive summary of the key points from the statement is included as an annex to these minutes.

Ian Black went on to comment on the Care Quality Commission (CQC) annual report, which was published recently. 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 and the Trust will be visited before 31 December 2015. This will form a key part and common theme of the Members' Council agenda during 2015. The Trust's unannounced/planned visits programme supports the process and he was pleased to inform the Members' Council that an 'outstanding' rating had been given to the Barnsley palliative care team following a visit to the service.

Steven Michael added that he had chaired one of the first wave mental health inspections and that the visits programme may have logistical implications to fulfil such an intensive and thorough process. Consistency across inspections is really important as is understanding the context individual Trusts work under.

Ian Black then provided feedback from Trust Board on 21 October 2014, the key message being that the Trust is on target to meet its plan and expects to meet its year-end targets.

Hazel Walker asked whether there were any criteria for the CQC inspections. Steven Michael responded that trusts are judged against five areas and, from supporting information from a trust, the CQC decides which domain(s) to focus on:

- safe;
- effective;
- caring;
- responsive to people's needs; and
- well-led

Michael Smith asked what would the implications would be if a trust was judged as 'inadequate'. Steven Michael responded that a trust would be placed in special measures, which may lead to the question of whether the trust's board was competent and capable. Ian Black ended by saying that, of course, he is anxious about any external assessment visit but the important thing is that the external view by the regulator reflects the Trust's own view.

Under his remarks, with reference to the NHS five-year forward vision, Steven Michael commented that the NHS will not survive without further investment. Changing demographics and increasing demand, which the NHS is addressing within its current stretched resource envelope, will continue to put pressure on services. So, what can be done?

- The current model is not sustainable. There is too much reliance on hospitals and more care is needed in local communities.
- Care has to be moved closer to home.
- This has implications for organisational design, including primary care and, therefore, includes GPs.
- Who is best placed to deliver services in the system is key to future provision, which is not necessarily organisational survival at all costs but an organisational form that is best to deliver the services people need.

What does this mean for the Trust?

- For mental health services, there is an unclear message and the Trust needs to ensure mental health continues to have a strong voice.
- Locally, the Trust continues to work with its partners.
  - In Barnsley, there are constructive discussions to develop pathways with other partners.
  - In Wakefield, the Better Care Fund will play a significant role locally. Care closer to home is the focus and how it can support the local health economy; however, mental health could become marginalised.
  - In Kirklees, commissioners have issued a pre-qualifying questionnaire to re-tender community services to test the market; therefore, the Trust needs to review its position and is in active discussion with partners about collaboration and/or competition.
  - In Calderdale, there has been no decision to re-tender services; however, the decision in Kirklees will have implications for Calderdale.

- As a provider of services, the Trust continually has to realign policy with commissioning and regulatory agendas. It has to be accepted that these will never align and this is a challenge for the Trust to find the best arrangements it can to meet all three agendas whilst continuing to deliver safe and secure services, now and in the future.
- This also has implications for Trust services in the future and will inform the best organisational form for ensuring Trust services are sustainable in the future.

## MC/14/41 Transforming our services (agenda item 6)

Steven Michael introduced this item highlighting:

- a whole system approach;
- a system that is proactive not reactive;
- education for GPs and the public on the Trust's service offer;
- the need to look beyond symptoms;
- the need to be clear on the range of services currently provided and who is being seen, when, where, by whom and how.

He committed to updating the Members' Council twice yearly on what difference transformation of services is making.

For three mental health workstreams (acute and community, rehabilitation and recovery, and dementia), group leaders set out the 'as is' position, the 'to be' position and benefits of change. Governors were asked to consider:

- whether this is clear and is the direction for the Trust clear?
- whether the future vision reflects what people told the Trust during the engagement events and the Trust's values;
- raise any other questions; and
- agree the headlines for feedback.

<u>Feedback – acute and community</u>

- The public needs to know how our services 'work', how they link to other parts of the NHS and what parts do what, facilitating access and preventing falling between gaps in services.
- Role of GPs important, but skills and capabilities variable; represent first intervention but only 20% support appropriate referral. Need to build good relationships and provide appropriate training and support.
- Do we have capacity in the system to keep care in the community local? Need to ensure we take out waste and re-invest in community-based services.
- Awareness of mental health increasing; stigma decreasing, which should aid access to services.
- Hospital beds operate 24/7 so should community services; therefore, need to move towards 24/7.
- Look beyond system control – need to focus on other factors <u>beyond</u> medication to stop 'revolving door' admissions and improve quality of life. Represents change for professionals and service users.
- Expert patient/peer support – non-professional support. Reduce dependency on statutory services. Foster sustainable system by looking to other (non-NHS?) partners such as third and voluntary sectors.
- Don't see problems – see solutions. Service users are assets <u>not</u> liabilities. A recovery-based approach will help support service user empowerment and self-care model.
- Better gatekeeping and keeping people supported at least restrictive level.
- Improve assessment – most senior competent professional, increase face-to-face contact and support people to be in the right place.

- Reduce beds to provide more intensive home-based care. Intensive home-based treatment reduces non-Mental Health Act admissions and enables maintaining people at home.

Feedback – rehabilitation and recovery

- Telehealth opportunities for access to support for this client group living independently.
- Good care plans should be characterised by whole 'system' support.
- Key contact point should usually be a mental health professional.
- Moving forward – we need to ensure that staff are skilled to support people living in community settings.
- Applies across all partners – police, housing providers, social care providers.
- Helping the 'community' to be able to provide local support.
- The driver for change isn't saving money but a focus on more personalised support.
- We need to ensure that support packages in community settings are comprehensive and don't 'break down'.
- A good principle for service approach but a concern that it may not be appropriate for the entire client group.
- Service model needs to ensure it is responsive to potential emerging individual crisis situations.
- There should be no discrimination in terms of support provided in any housing context.

Feedback – dementia

- Increasing demand for dementia services as a result of an increasing population, particularly in the over 65s. Has implications for Trust services, capacity and funding.
- Current – lots of assessments at the beginning of a person's 'journey'.
- Future – need to make this 'journey' more efficient (and less stressful).
- Change also includes changing mind-sets.
- What support is available to carers/families? And is it sufficient?

## MC/14/42 Performance report Quarter 2 2014/15 (agenda item 7)

Alex Farrell took the Members' Council through the key points from the quarter 2 report.

Hazel Walker asked why improving access to psychological therapies (IAPT) services in Wakefield were not included in the report. Alex Farrell responded that the Trust does not provide these services in Wakefield.

Tony Wilkinson asked whether there were any concerns regarding the take-up of safeguarding training. Tim Breedon responded that additional sessions have been arranged for staff for more intensive training. He confirmed that the target refers to basic training, which applies to all staff no matter where they work. The Trust is currently working to establish who needs what training at what level and the agreement of a risk-based target for staff working with service users and vulnerable people.

Ian Black commented that the dashboard is a complex and changing document and he would, therefore, prefer to focus on Trust's plans for the year-end position. It is easy to set low targets but this Trust does not. It sets challenging targets that it sometimes will not meet but it stretches staff to achieve, for example, a sickness absence target of 4%

Adrian Deakin asked how the Trust can rationalise its cost savings with the projected shortfall for the NHS currently. Alex Farrell responded that the Trust's £12.8 million cost improvement programme allows for re-investment of over £4 million; therefore, an element of efficiency savings is used to re-invest in services. Overall, the NHS will become more integrated and joined up both for organisations within the NHS and with social care partners, which will provide efficiencies and more effective services. Steven Michael added that the

additional investment in the NHS is the view of NHS England. The Government has not yet responded and it is certainly by no means sure that additional funding will be found.

It was also confirmed that the Trust does meet the regulatory requirements for gatekept admissions to Trust crisis services; however, the Trust might want to set more stringent targets to make a real difference to services.

## MC/14/43 Members' Council business items (agenda item 8)

Revised Constitution (agenda item 8.1)

**The Members' Council APPROVED the proposed changes to the Constitution in terms of electronic voting in Members' Council elections and the quorum for the Annual Members' Meeting.**

Co-opted member of the Nominations Committee (agenda item 8.2)

*Ruth Mason left the meeting for this item*

Ian Black explained that the Nominations Committee has a full agenda in 2015 in terms of the recruitment of two non-executive directors, re-appointment/appointment of the chair and deputy chair vacancy. The current membership is not reflective of the make-up of the Members' Council and he asked for support to co-opt Ruth Mason, appointed governor for Calderdale and Huddersfield NHS Foundation Trust, as a person with relevant and current human resources and other Trust experience as a new member to the Committee.

**The Members' Council APPROVED the Chair's proposal to co-opt Ruth Mason to the Nominations Committee for a twelve-month period.**

Foundation Trust Network and Foundation Trust Governors' Association (agenda item 8.3)

**The Members' Council NOTED the merger of the two organisations.** This Trust's vote had been cast in favour as instructed by the Members' Council.

Members' Council Co-ordination Group annual report 2013/14 (agenda item 8.4)

Michael Smith introduced this item and commented that the Group would welcome new members. Any volunteers should inform him or Ian Black. If unsure of the commitment, governors were welcome to come along and it was agreed to notify all governors of the date of the next Co-ordination Group meeting.

**The Members' Council NOTED the Co-ordination Group annual report.**

Quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales (agenda item 8.5)

Alex Farrell informed the Members' Council that nothing material had been found as a result of the audit of the Trust's external auditors, Deloitte. Three observations were made as follows.

- 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.

Michael Smith asked how long the Trust's contract with Deloitte has to run. Peter Aspinall responded that it ends on 1 October 2015. The contract with its internal auditors, KPMG, also ends in 2015 on 30 June. The Audit Committee is of the view that the Trust should not seek to change both auditors at the same time. The Trust has to tender for external audit

services under the terms of its original procurement exercise; however, there is scope to extend the contract with KPMG for a further year.

## MC/14/44 Date of next meeting (agenda item 9)

The next meeting will be held in the morning of Friday 30 January 2015 in conference room 2, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF. Governors were reminded that this will include the joint meeting with Trust Board.

Ian Black reminded governors that the annual members' meeting will take place on Tuesday 18 November 2014 at Artworks in Halifax, commencing with a showcase of the Trust's creative approaches at 11:00.

He also reminded governors that there is an open invitation to attend Trust Board meetings and this provides an excellent way to discharge governors' duty to hold non-executive directors to account. Many governors have already done so, but he believed it would help all governors to discharge their duties of holding him and the Non-Executive Directors to account. He also extended an invitation for governors to attend Trust Board committee meetings should they wish to do so. Dates for both Trust Board and committee meetings are available from Bernie Cherriman-Sykes.



**Signed …… Date ……**

## Annex to notes
### The NHS Five Year Forward View – executive summary

1. **The NHS has dramatically improved over the past fifteen years.** Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. Progress has continued even during global recession and austerity thanks to protected funding and the commitment of NHS staff. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted. Our patients' needs are changing, new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients. Service pressures are building.
2. Fortunately **there is now quite broad consensus on what a better future should be.** This 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions – for example on investment, on various public health measures, and on local service changes – will need explicit support from the next government.
3. The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a **radical upgrade in prevention and public health.** Twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – and the NHS is on the hook for the consequences.
4. The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. We will help develop and support new workplace incentives to promote employee health and cut sickness-related unemployment. And we will advocate for stronger public health-related powers for local government and elected mayors.
5. Second, **when people do need health services, patients will gain far greater control of their own care** – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.
6. Third, **the NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.
7. **England is too diverse for a 'one size fits all'** care model to apply everywhere. But nor is the answer simply to let 'a thousand flowers bloom'. Different local health communities will instead be supported by the NHS' national leadership to choose from amongst a small number of radical new care delivery options, and then given the resources and support to implement them where that makes sense.
8. One new option will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care – the **Multispecialty Community Provider**. Early versions of these models are emerging in different parts of the country, but they generally do not yet employ hospital consultants, have admitting rights to hospital beds, run community hospitals or take delegated control of the NHS budget.
9. A further new option will be the integrated hospital and primary care provider – **Primary and Acute Care Systems** – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations now developing in other countries too.
10. Across the NHS, **urgent and emergency care** services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services. **Smaller hospitals** will have new options to help them remain viable, including forming partnerships with other hospitals further afield, and partnering with specialist hospitals to provide more local services. Midwives will have new options to take charge of the **maternity** services they offer. The NHS will provide more support for frail older people living in **care homes**.
11. The foundation of NHS care will remain list-based **primary care**. Given the pressures they are under, we need a 'new deal' for GPs. Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years. GP-led Clinical Commissioning Groups will have the option of more control over

the wider NHS budget, enabling a shift in investment from acute to primary and community services. The number of GPs in training needs to be increased as fast as possible, with new options to encourage retention.

12. In order to support these changes, the **national leadership** of the NHS will need to act coherently together, and provide **meaningful local flexibility** in the way payment rules, regulatory requirements and other mechanisms are applied. We will back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation. We will invest in new options for our workforce, and raise our game on health technology – radically improving patients' experience of interacting with the NHS. We will improve the NHS' ability to undertake research and apply **innovation** – including by developing new 'test bed' sites for worldwide innovators, and new 'green field' sites where completely new NHS services will be designed from scratch.
13. In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two.
14. The NHS' long run performance has been efficiency of 0.8% annually, but nearer to 1.5%-2% in recent years. For the NHS repeatedly to achieve an extra 2% net efficiency/demand saving across its whole funding base each year for the rest of the decade would represent a strong performance – compared with the NHS' own past, compared with the wider UK economy, and with other countries' health systems. We believe it is possible – perhaps rising to as high as 3% by the end of the period – provided we take action on prevention, invest in new care models, sustain social care services, and over time see a bigger share of the efficiency coming from wider system improvements.
15. On funding scenarios, flat real terms NHS spending overall would represent a continuation of current budget protection. Flat real terms NHS spending per person would take account of population growth. Flat NHS spending as a share of GDP would differ from the long term trend in which health spending in industrialised countries tends to rise as a share of national income.
16. Depending on the combined efficiency and funding option pursued, the effect is to close the £30 billion gap by one third, one half, or all the way. Delivering on the transformational changes set out in this Forward View and the resulting annual efficiencies could – if matched by staged funding increases as the economy allows – close the £30 billion gap by 2020/21. Decisions on these options will be for the next Parliament and government, and will need to be updated and adjusted over the course of the five year period. However nothing in the analysis above suggests that continuing with a comprehensive tax funded NHS is intrinsically un-doable. Instead it suggests that **there are viable options for sustaining and improving the NHS over the next five years**, provided that the NHS does its part, allied with the support of government, and of our other partners, both national and local.

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South West Yorkshire Partnership NHS
NHS Foundation Trust

# MEMBERS' COUNCIL 24 OCTOBER 2014 – ACTION POINTS ARISING FROM THE MEETING

| Minute ref | Action | Lead | Timescale | Progress |
|---|---|---|---|---|
| MC/14/38 | Co-ordination Group to consider session for Members' Council on maintaining and improving the quality of Trust services during times of change and challenge | IB | To be discussed at the Members' Council Co-ordination Group for January 2015 meeting | To be discussed at the Members' Council Co-ordination Group for January 2015 meeting |
| MC/14/40 | Ensure regular updates given to Members' Council on the CQC inspection and Trust readiness | TB | Verbal update to each meeting with paper when visit dates are known | To be taken under matters arising at January 2015 meeting |
| MC/14/41 | Update Members' Council on what difference the transformation of Trust services is making | Leads | April and October 2015 | Included on work plan |
| MC/14/43 | Change Constitution as agreed | DS | Immediate | Done and submitted to Monitor |
| | Notify all governors of date of Co-ordination Group with open invitation to attend | BC-S | When date agreed | Date circulated |

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South West Yorkshire Partnership NHS
NHS Foundation Trust

# Integrated Performance Report

## Strategic Overview

**November 2014**

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# Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for November 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 | Nov-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* | *Green* | 4 |
| 3 | | Monitor Finance Risk Rating (FT) | M | 4 | 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* | *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* | 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* | 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* | 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* | 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* | 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% | 52.14% | 50.99% | 51.34% | 52.43% | 51.42% | 4 |
| 11 | | IAPT Outcomes - Barnsley | C (FP) | 90% | Not Avail | 98.43% | 97.42% | 99.45% | 97.39% | 99.00% | *99%* | 95.59% | 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% | 90.91% | 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% | 99.32% | 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 | 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 | 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% | 7.52% | 6.60% | 7.50% | 7.48% | | 3 |
| 17 | | % SU on CPA in Settled Accommodation | | 60% | 70.30% | 72.20% | 72.20% | 71.28% | 71.52% | 70.70% | 70.85% | 70.63% | 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 | Nov-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 | 14% 7/51 | Not avail | 13% 23/180 | 12%14/115 | 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 | 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 | Above 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% | 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% | 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% | 56.00% | 30.00% | 56.00% | 56.00% | | 4 |
| 25 | | % of Quorate Council Meetings | L | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | | 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% | 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% | 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% | 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% | 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% | 100% | 100% | 100% | | 4 |

## Operational Effectiveness: Process Effectiveness

| 31 | Section | KPI | Source | Target | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-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% | 100% | 99.10% | 98.92% | 99.08% | | 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% | 99.46% | 98.50% | 97.31% | 98.01% | | 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% | 4.68% | 4.18% | 4.97% | 4.46% | | 4 |
| 35 | | % Admissions Gatekept by CRS Teams (Monitor) | M | 95% | 100% | 100% | 96.50% | 100% | 99.06% | 95.06% | 100% | 100% | 96.50% | 95.06% | 100% | | 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% | 96.77% | 96.90% | 96.84% | 95.36% | 97.87% | | 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% | 91.98% | 96.50% | 98.06% | 91.98% | | 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% | 186.7% | 186.19% | 179.49% | 186.70% | | 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% | 94.00% | | 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% | 94.00% | 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% | 99.64% | 99.40% | 99.54% | 99.64% | | 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% | 81.64% | 84.40% | 83.20% | 81.64% | | 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% | 100% | 81.71% | 100% | 100% | | 4 |
| 46 | | % Valid NHS Number | C (FP) | 99% | Not Avail | Not Avail | Not Avail | 99.97% | 99.93% | 99.60% | 99.91% | Not Avail | Not Avail | 99.60% | Not Avail | | 4 |
| 47 | | % Valid Ethnic Coding | C (FP) | 90% | Not Avail | Not Avail | Not Avail | 94.50% | 94.84% | 86.15% | 95.58% | Not Avail | Not Avail | 86.15% | Not Avail | | 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% | 95.87% | 95.90% | 95.90% | 95.87% | | 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% | 78.50% | 80.10% | 79.10% | 78.50% | | 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 | Nov-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% | 4.6% | 4.50% | 4.50% | 4.6% | 4.6% | 3 |
| 52 | Vacancy | Vacancy Rate | L | 10% | 2.50% | 3.50% | 4.60% | 4.40% | 4.50% | 4.70% | 3.70% | 4.9% | 4.60% | 4.70% | 4.9% | 4.9% | 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% | 95.00% | 54.10% | 88.50% | 95.00% | 95.00% | 4 |
| 54 | | Appraisal Rate Band 5 and below | L | 95% | 3.40% | 8.20% | 17.00% | 23.80% | 40.20% | 78.30% | 94.91% | 94.20% | 17.00% | 78.30% | 94.20% | 94.20% | 4 |
| 55 | Mandatory Training | Aggression Management | L | 80% | 56.00% | 56.90% | 56.60% | 59.10% | 61.20% | 62.60% | 64.37% | 64.40% | 56.60% | 62.60% | 64.40% | 64.40% | 2 |
| 56 | | Equality, Diversity & Inclusion | L | 80% | 55.50% | 58.60% | 62.30% | 64.80% | 66.70% | 70.20% | 71.54% | 73.60% | 62.30% | 70.20% | 73.60% | 73.60% | 3 |
| 57 | | Fire Safety | L | 80% | 74.39% | 74.75% | 76.74% | 77.71% | 80.50% | 82.70% | 84.04% | 83.10% | 76.74% | 82.70% | 83.10% | 83.10% | 4 |
| 58 | | Infection, Prevention & Control & Hand Hygiene | L | 80% | 56.90% | 59.40% | 63.00% | 64.80% | 68.40% | 71.30% | 51.62% | 75.30% | 63.00% | 71.30% | 75.30% | 75.30% | 3 |
| 59 | | Information Governance | M | 95% | 90.47% | 89.31% | 89.91% | 89.68% | 89.24% | 89.80% | 89.16% | 87.10% | 89.91% | 89.80% | 87.10% | 87.10% | 4 |
| 60 | | Safeguarding Adults | L | 80% | 71.10% | 72.30% | 74.20% | 75.50% | 77.30% | 78.60% | 78.68% | 79.00% | 74.20% | 78.60% | 79.00% | 79.00% | 3 |
| 61 | | Safeguarding Children | L | 80% | 64.50% | 66.90% | 69.70% | 73.20% | 75.00% | 77.30% | 78.42% | 80.30% | 69.70% | 77.30% | 80.30% | 80.30% | 3 |
| 62 | | Food Safety | L | 80% | 40.80% | 40.20% | 41.80% | 44.10% | 45.30% | 48.40% | 51.62% | 55.30% | 41.80% | 48.40% | 55.30% | 55.30% | 2 |
| 63 | | Moving & Handling | L | 80% | 23.80% | 30.90% | 36.10% | 42.00% | 47.50% | 52.40% | 56.44% | 59.40% | 36.10% | 52.40% | 59.40% | 59.40% | 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 8 Performance | Annual Forecast | Trend from last month | Last 3 Months - Most recent | | | Assurance | |
|---|---|---|---|---|---|---|---|---|---|
| Trust Targets | | | | | 7 | 6 | 5 | | |
| 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 November 2014 shows a net surplus of £5.2m which is £2.2m ahead of plan. Significant expenditure is forecast for the remaining months of 2014 / 2015, particularly on pay expenditure.

3. At November 2014 the cash position is £34.04m which is £2.89m ahead of plan.

4. Capital spend to November 2014 is £3.13m which is £2.15m (41%) 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 £8.82m which is £2.96m (25%) behind plan. Most of the forecast underspend relates to the slippage in the development of hubs and is linked to clarity of Service Transformation models. Monitor are aware that we are likely to breach the 15% threshold.

5. At month 7, the Cost Improvement Programme had a forecast risk of delivery of £0.3m (2% - rated as red). At month 8 actions has been taken to ensure that all schemes are delivered or mitigated in 2014 / 2015 ensuring that the programme is delivered in full.

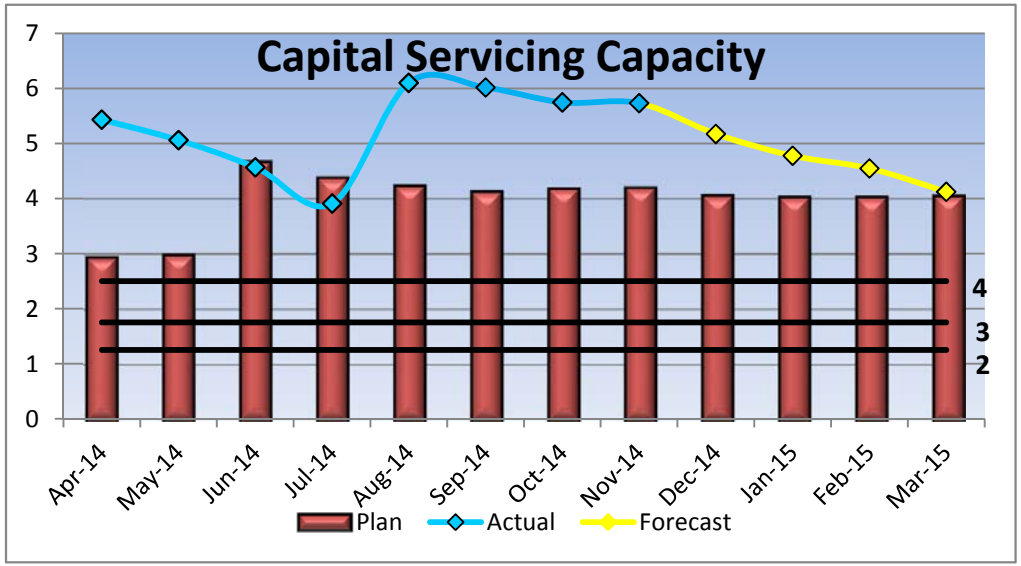
6. As at 30th November 2014 (Month 8) 90% of NHS and 93% of non NHS invoices have achieved the 30 day payment target (95%).

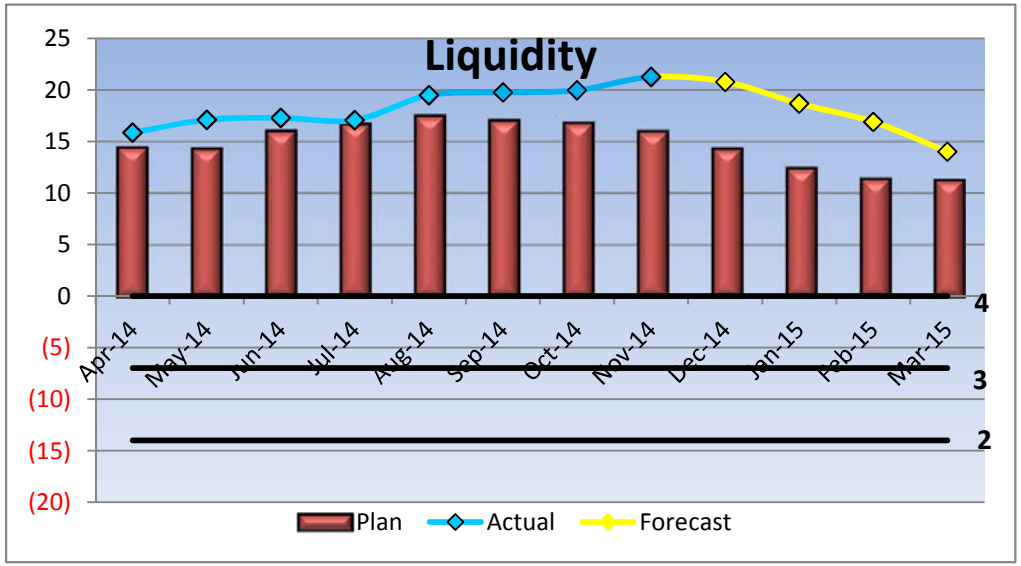
# Monitor Risk Rating

| Continuity of Service Risk Rating 2014 / 2015 | Actual Performance | | Annual Plan November 2014 | |
|---|---|---|---|---|
| **Metric** | Score | Rating | Score | Rating |
| Capital Servicing Capacity | 5.7 | 4 | 4.2 | 4 |
| Liquidity | 21.3 | 4 | 16.0 | 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.

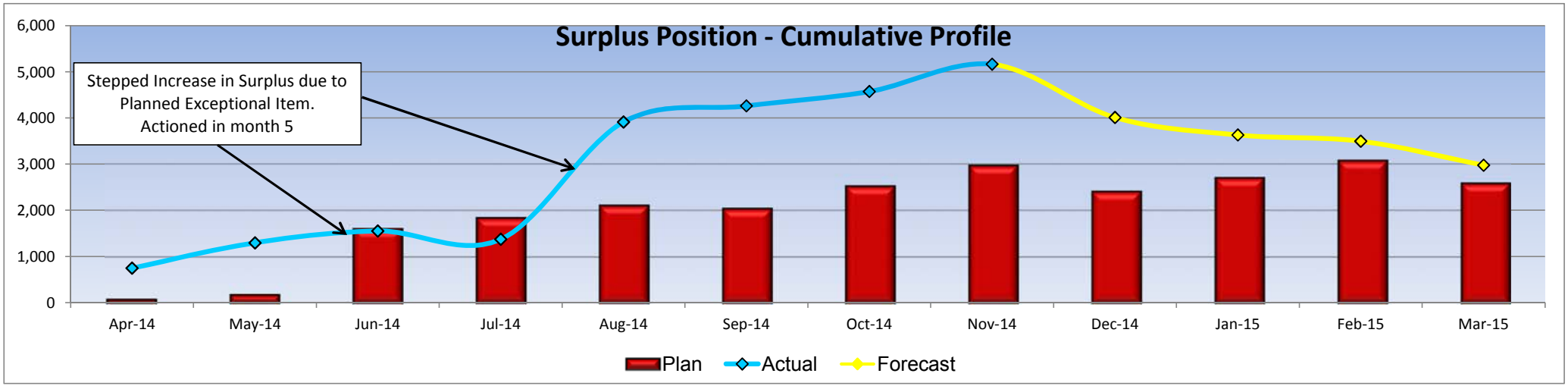
The movement in the Capital Servicing Capacity ratio in month 5 (August 2014) is primarily due to the Trust Asset revaluation undertaken. This had been planned for month 3 (June 2014).



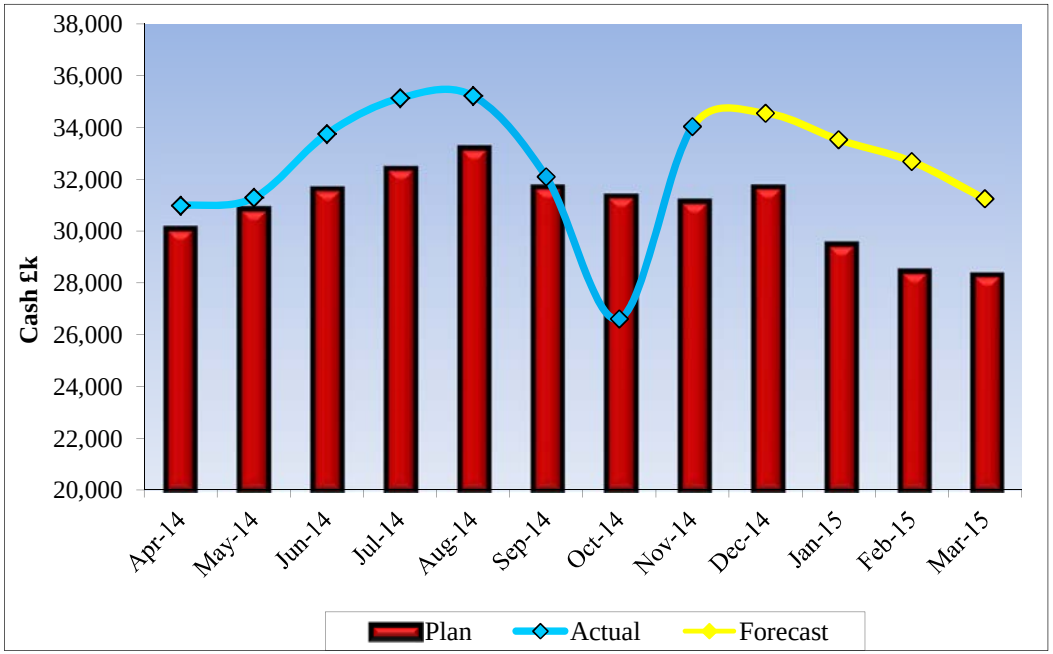



# Income & Expenditure Position 2014 / 2015

| 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** |
| | | | | (18,308) | (18,365) | (57) | Clinical Revenue | (145,520) | (145,044) | 476 | (219,126) | (218,269) | 857 |
| | | | | **(18,308)** | **(18,365)** | **(57)** | **Total Clinical Revenue** | **(145,520)** | **(145,044)** | **476** | **(219,126)** | **(218,269)** | **857** |
| | | | | (1,574) | (1,719) | (145) | Other Operating Revenue | (10,826) | (11,238) | (412) | (15,567) | (15,536) | 32 |
| | | | | **(19,882)** | **(20,083)** | **(202)** | **Total Revenue** | **(156,346)** | **(156,282)** | **64** | **(234,694)** | **(233,805)** | **889** |
| 4,596 | 4,345 | (251) | 5.5% | 14,839 | 14,288 | (551) | BDU Expenditure - Pay | 117,274 | 114,053 | (3,222) | 175,219 | 173,349 | (1,870) |
| | | | | 4,126 | 4,219 | 93 | BDU Expenditure - Non Pay | 31,136 | 31,951 | 816 | 47,118 | 48,157 | 1,039 |
| | | | | (252) | 324 | 576 | Provisions | 750 | 1,137 | 387 | 2,120 | 2,120 | 0 |
| **4,596** | **4,345** | **(251)** | **5.5%** | **18,712** | **18,831** | **118** | **Total Operating Expenses** | **149,160** | **147,141** | **(2,019)** | **224,457** | **223,626** | **(831)** |
| **4,596** | **4,345** | **(251)** | **5.5%** | **(1,169)** | **(1,253)** | **(83)** | **EBITDA** | **(7,186)** | **(9,141)** | **(1,955)** | **(10,237)** | **(10,179)** | **58** |
| | | | | 433 | 431 | (1) | Depreciation | 3,461 | 3,416 | (45) | 5,191 | 5,156 | (35) |
| | | | | 264 | 238 | (26) | PDC Paid | 2,109 | 1,904 | (205) | 3,164 | 2,842 | (322) |
| | | | | 0 | (8) | (8) | Interest Received | 0 | (63) | (63) | 0 | (94) | (94) |
| | | | | 0 | 0 | 0 | Revaluation of Assets | (1,300) | (1,280) | 20 | (700) | (700) | 0 |
| **4,596** | **4,345** | **(251)** | **5.5%** | **(473)** | **(591)** | **(118)** | **Surplus** | **(2,916)** | **(5,164)** | **(2,249)** | **(2,582)** | **(2,975)** | **(393)** |



# Cash Flow Forecast 2014 / 2015



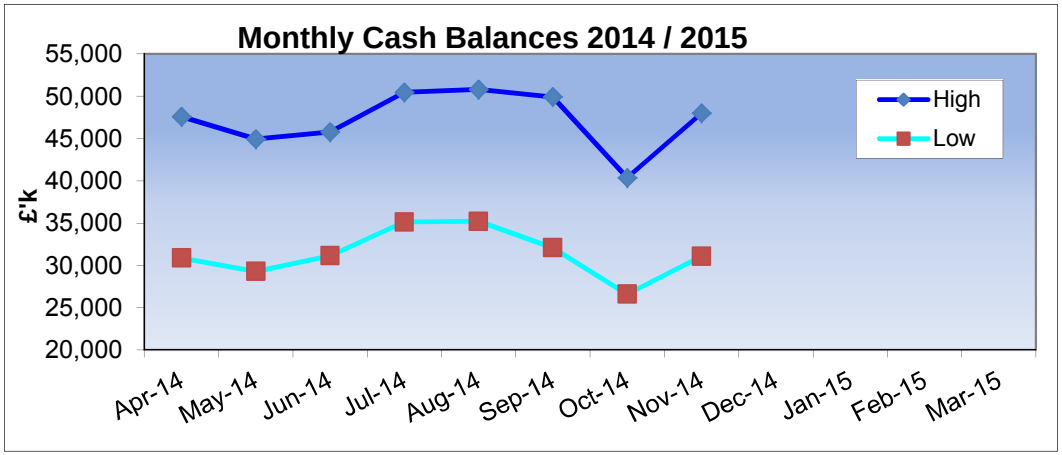

| | Plan | Actual |
|---|---|---|
| | £k | £k |
| Opening Balance | 33,114 | 33,114 |
| Closing Balance | 31,147 | 34,037 |

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 November 2014 is £34.04 m which is £2.89 m ahead of plan.

This corrects the timing difference in October 2014 which followed the late payment of a large block charge, from a local CCG Commissioner. This account is now up to date.




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.

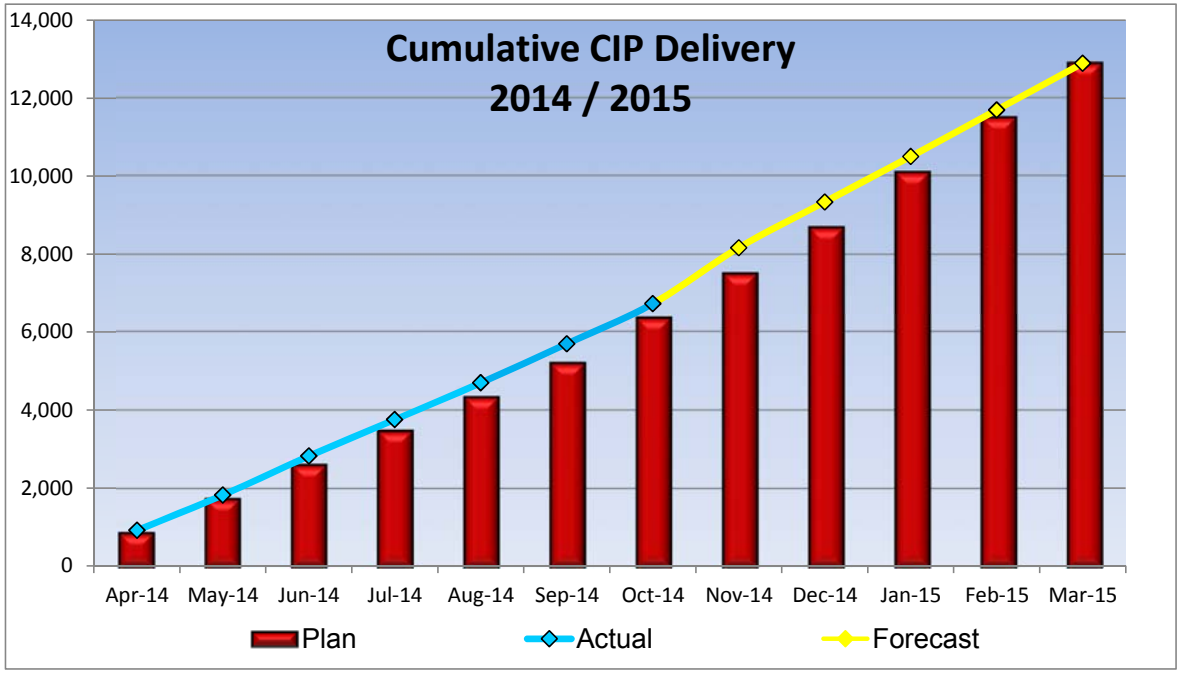
The highest balance is : £48m.
The lowest balance is : £31.08m.

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 | 7,515 | 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 | 7,515 | 12,898 |
| Delivery as planned | 773 | 1,547 | 2,320 | 3,087 | 3,853 | 4,621 | 5,425 | 6,229 | 7,081 | 7,915 | 8,752 | 9,588 | 6,229 | 9,588 |
| Mitigations - Recurrent | 60 | 120 | 237 | 317 | 404 | 517 | 608 | 699 | 790 | 883 | 976 | 1,069 | 699 | 1,069 |
| Mitigations - Non Recurrent | 77 | 152 | 260 | 351 | 440 | 561 | 696 | 1,236 | 1,466 | 1,706 | 1,969 | 2,240 | 1,236 | 2,240 |
| Total Delivery | **910** | **1,819** | **2,817** | **3,755** | **4,696** | **5,699** | **6,729** | **8,163** | **9,337** | **10,504** | **11,696** | **12,897** | **8,163** | **12,897** |
| Shortfall / Unidentified | (46) | (92) | (226) | (295) | (369) | (503) | (374) | (649) | (640) | (407) | (199) | 0 | (649) | 0 |




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.

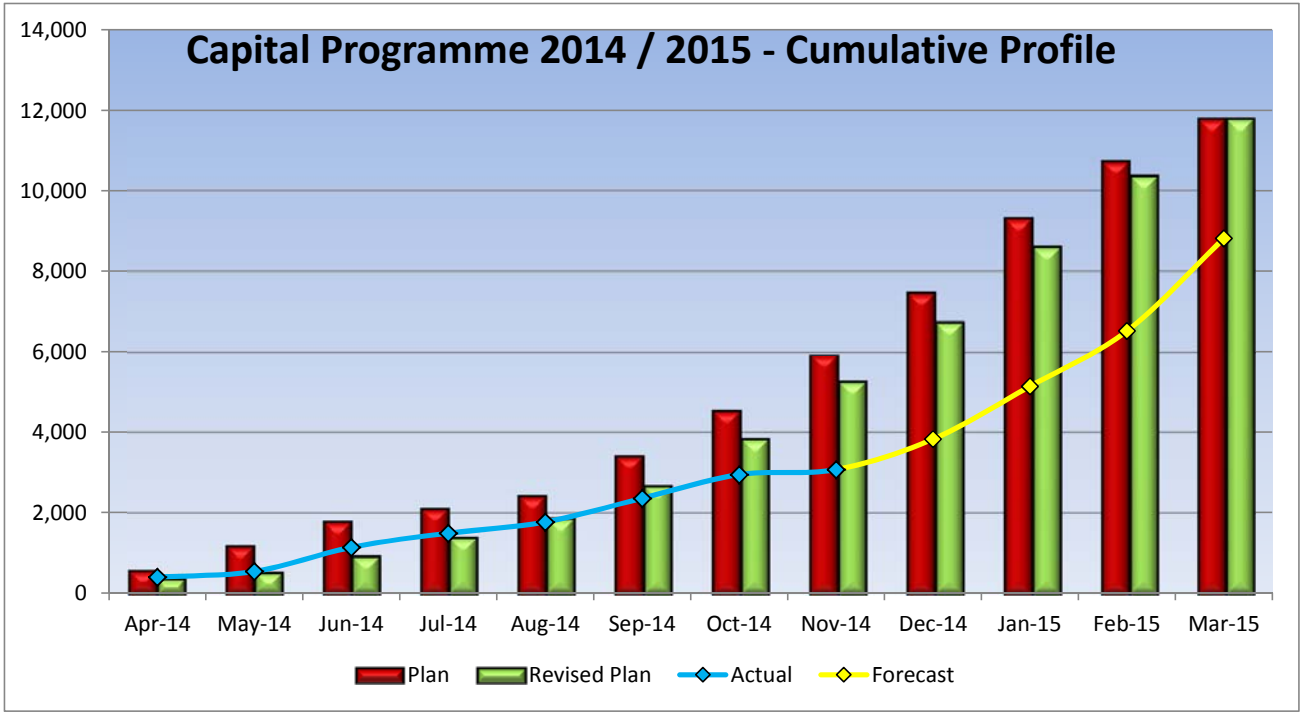
The overall forecast is that CIP will be delivered following mitigations. The current position is a £1286k shortfall against the original plan. However substitutions actioned by BDU's mean that the Trust is ahead of plan at month 8 by £649k.

This position is being considered as part of the Trust Annual Planning process to ensure that any risks for 15/16 are clear and have action plans in place to address them.

Continued external review will provide additional assurance on this process.

# 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 | 1,751 | 1,282 | (469) | 2,856 | 589 | |
| | | | | | | | |
| **Total Minor Capital** | **2,267** | **1,751** | **1,282** | **(469)** | **2,856** | **589** | |
| **Major Capital Schemes** | | | | | | | |
| Hub Development / Forensics | 6,025 | 2,081 | 1,049 | (1,031) | 4,691 | (1,334) | *3* |
| Fieldhead Hospital Development | 3,038 | 1,163 | 643 | (521) | 808 | (2,230) | *4* |
| IM&T | 450 | 282 | 145 | (137) | 460 | 10 | |
| **Total Major Schemes** | **9,513** | **3,526** | **1,837** | **(1,689)** | **5,959** | **(3,554)** | |
| | | | | | | | |
| VAT Refunds | | | 9 | 9 | 0 | 0 | |
| **TOTALS** | **11,780** | **5,277** | **3,129** | **(2,148)** | **8,815** | **(2,965)** | *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 £2.15m under the Quarter 1 revised plan (41%). The current forecast is that expenditure will total £8.82m, this is £2.96m behind plan (25%).

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 on design and legal costs.

Barnsley - Discussions continue with the Trust partner to ensure that value for money is delivered. A successful outcome in early January 2015 is expected with £1.2m forecast to be spent.

4. The current Fieldhead hospital development, including Decant, is on hold pending continued internal discussions. It is not anticipated that any construction activity will take place in year.

# Better Payment Practice Code

| NHS | | |
|---|---|---|
| | Number | Value |
| | % | % |
| Year to October 2014 | 88.6% | 91.4% |
| Year to November 2014 | 89.5% | 92.2% |

| Non NHS | | |
|---|---|---|
| | Number | Value |
| | % | % |
| Year to October 2014 | 93.8% | 89.9% |
| Year to November 2014 | 92.9% | 88.9% |

| Local Suppliers - 10 days | | |
|---|---|---|
| | Number | Value |
| | % | % |
| Year to October 2014 | 76.6% | 60.7% |
| Year to November 2014 | 80.4% | 70.3% |

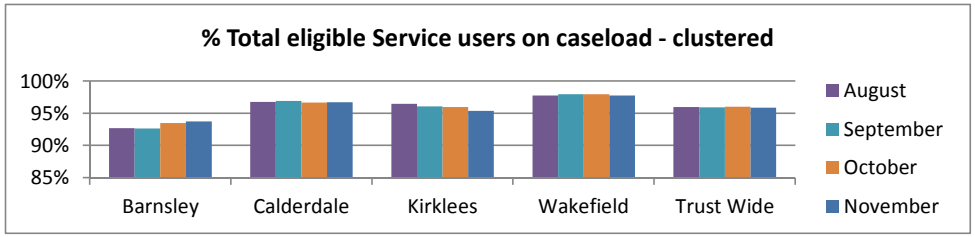
The Better Payment Practice Code requires the Trust to pay 95% of valid invoices by the due date or within 30 days of receipt of goods or a valid invoice whichever is later.

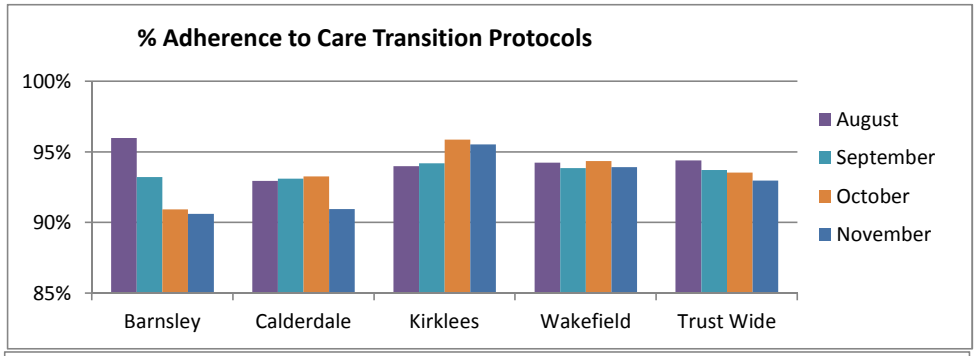
The performance against target for NHS invoices is 90% of the total number of invoices that have been paid within 30 days and 92% by the value of invoices.

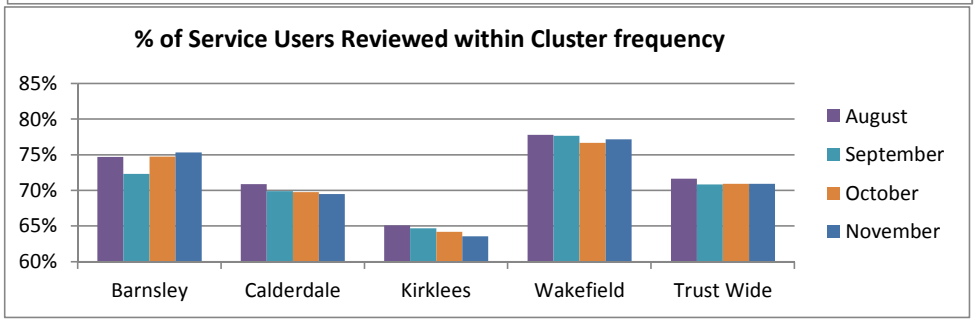
The performance against target for Non NHS invoices is 93% of the total number of invoices that have been paid within 30 days and 89% by the value of invoices.

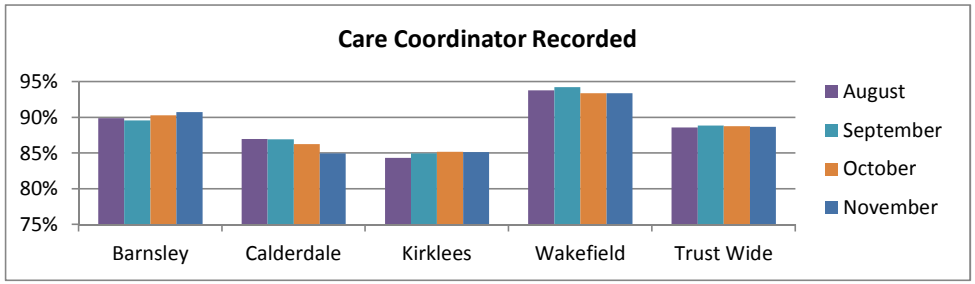
The Government has asked Public Sector bodies to try and pay Local Suppliers within 10 days, though this is not mandatory for the NHS. This was adopted by the Trust in November 2008.
To date the Trust has paid 80% of Local Supplier invoices by volume and 70% by the value of invoices within 10 days.

# Mental Health Currency Development




## External

Monitor has released the 2015/16 draft national tariff payment guidance for consultation. (Link below)
https://www.gov.uk/government/consultations/national-tariff-payment-system-201516-a-consultation-notice

The draft reference guidance for 2014/15 includes a new collection template for IAPT services by Cluster. We are investigating this as it appears the date IAPT services have to start to cluster is not clear.

The draft guidance also indicated that Secure Services may be by cluster but have not provided the final template yet. (We do report cluster information as part of the national pilot but it is not included on RIO yet)

## Internal

The development of the LD project data set on RIO has been delayed. No LD MHCTs have been completed on RIO up to December and the training the staff is still ongoing.

## Data Quality

HSCIC interactive indicator tool has been published for August

## MH Currency Indicators - November

**Trust Wide** -96% Clustered, 71% Reviewed within frequency and 89% with a care co-ordinator recorded

**Barnsley -** 94% clustered is stable but reviews have increased to 75% within frequency. Care Co-ordinators recorded have increased to 91%

**Kirklees** - % Clustered has reduced to 95% . Reviewed within frequency is still low at 64% mainly due to older peoples services and care co-ordinators recorded remains at 85%

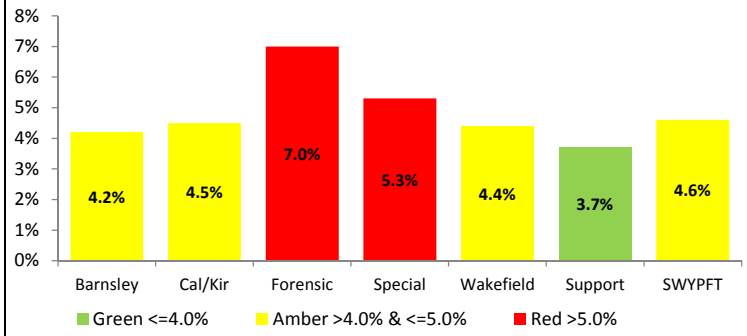
**Calderdale** - 97% Clustered remains stable but reviewed within frequency is still falling slowly at 70%. Care co-ordinators recorded has reduced to 85%

**Wakefield** - 98% Clustered stable. Reviewed within frequency is stable at 77% and care co-ordinators recorded are stable at 93%

# Workforce

## Human Resources Performance Dashboard - November 2014

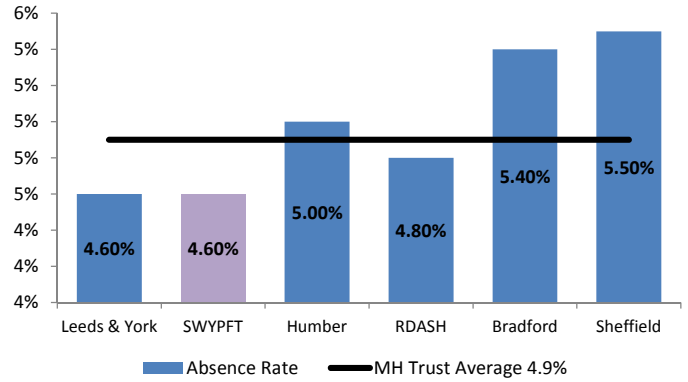
### Sickness Absence




**Current Absence Position - October 2014**

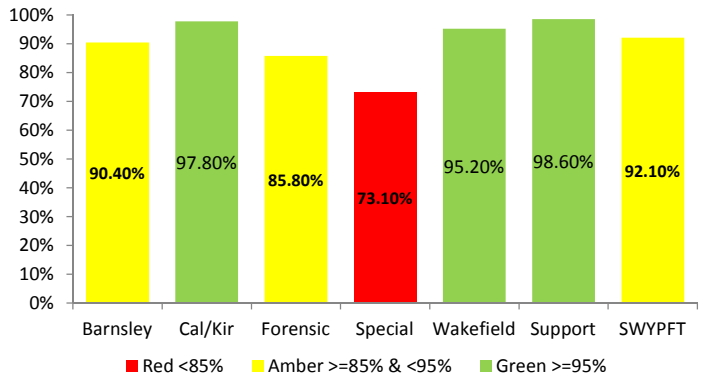
| | Barn | Cal/Kir | Fore | Spec | Wake | Supp | SWYPFT |
|---|---|---|---|---|---|---|---|
| Rate | 4.8% | 4.4% | 8.0% | 5.5% | 4.5% | 4.2% | 4.9% |
| Trend | ↓ | ↓ | ↑ | ↓ | ↓ | ↓ | ↓ |

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




The above chart shows absence levels in MH/LD Trusts in our region for April-Aug 2014. During this time the Trust's absence rate was 4.6% which is below the regional average of 4.9%.

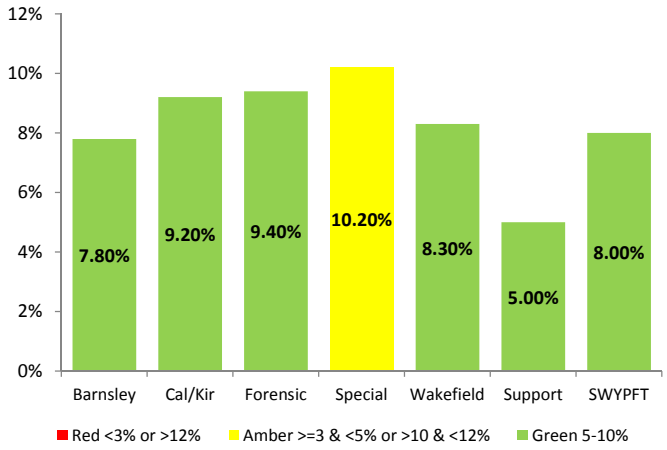
### Appraisals




The above chart shows appraisals rates for all staff.

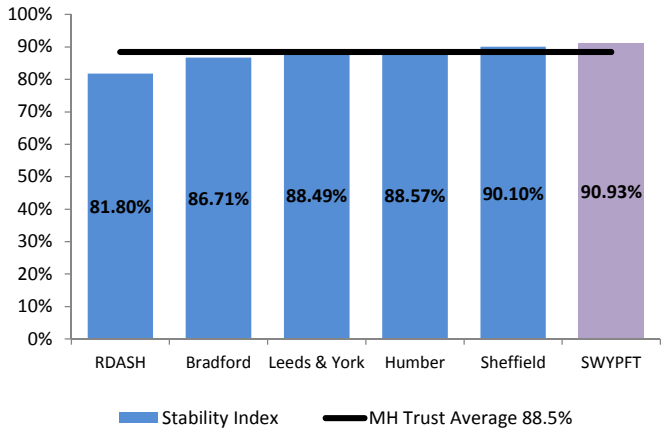
The Trust is below the 95% target but figures have increased significantly from October (88.1%).
Specialist Services have increased from 66.5% in October to 73.1% in November. Figures will continue to be monitored closely.

### Turnover and Stability Rate Benchmark



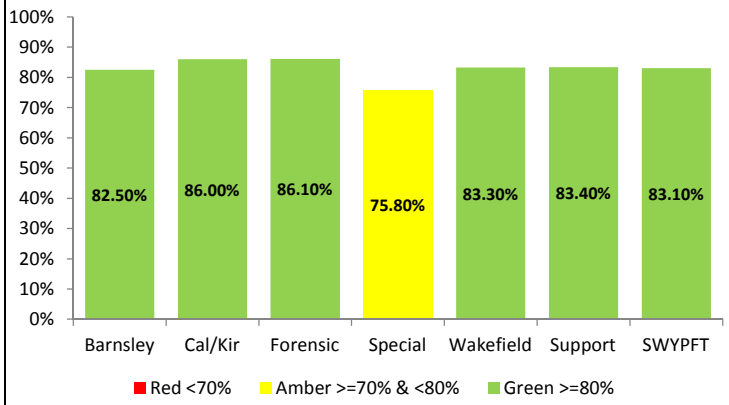

This chart shows Turnover levels up to the end of November 2014.

Overall turnover is within the target range of 5% to 10%. However, in Specialist Services turnover is above this level but continues to decrease (from 11.2% in October and 12.3% in September).




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 continues to achieve its 80% target for fire lecture training. Specialist Services are not currently achieving the target, however, fire training levels again improved in October/November.

# Workforce - Performance Wall

## Trust Performance Wall

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 4.6% | 4.6% | 4.6% | 4.5% | 4.5% | 4.6% |
| Sickness (Monthly) | <=4% | 4.6% | 4.5% | 4.6% | 4.5% | 4.8% | 4.9% |
| Appraisals (Band 6 and above) | >=95% | 54.1% | 58.8% | 74.6% | 88.5% | 93.1% | 95.0% |
| Appraisals (Band 5 and below) | >=95% | 17.0% | 23.8% | 40.2% | 78.3% | 90.8% | 94.2% |
| Aggression Management | >=80% | 56.6% | 59.1% | 61.2% | 62.6% | 64.4% | 64.4% |
| Equality and Diversity | >=80% | 62.3% | 64.8% | 66.7% | 70.2% | 71.5% | 73.6% |
| Fire Safety | >=80% | 76.7% | 77.7% | 80.5% | 82.7% | 84.0% | 83.1% |
| Food Safety | >=80% | 41.8% | 44.1% | 45.3% | 48.4% | 51.6% | 55.3% |
| Infection Control and Hand Hygiene | >=80% | 63.0% | 64.8% | 68.4% | 71.3% | 73.9% | 75.3% |
| Information Governance | >=95% | 89.9% | 89.7% | 89.2% | 89.8% | 89.2% | 87.1% |
| Moving and Handling | >=80% | 36.1% | 42.0% | 47.5% | 52.4% | 56.4% | 59.4% |
| Safeguarding Adults | >=80% | 74.2% | 75.5% | 77.3% | 78.6% | 78.7% | 79.0% |
| Safeguarding Children | >=80% | 69.7% | 73.2% | 75.0% | 77.3% | 78.4% | 80.3% |
| Bank Cost | | £333k | £440k | £367k | £365k | £399k | £350k |
| Agency Cost | | £411k | £360k | £430k | £337k | £366k | £388k |
| Overtime Cost | | £12k | £8k | £23k | £19k | £8k | £12k |
| Additional Hours Cost | | £64k | £81k | £74k | £73k | £72k | £77k |
| Sickness Cost (Monthly) | | £479k | £465k | £487k | £472k | £495k | £536k |
| Vacancies (Non-Medical) (WTE) | | 352.31 | 372.66 | 355.23 | 347.12 | 343.36 | 368.70 |
| Business Miles | | 332k | 309k | 308k | 317k | 305k | 371k |

## Barnsley District

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 4.4% | 4.3% | 4.3% | 4.3% | 4.1% | 4.2% |
| Sickness (Monthly) | <=4% | 4.4% | 4.2% | 4.2% | 4.4% | 4.1% | 4.8% |
| Appraisals (Band 6 and above) | >=95% | 56.5% | 61.1% | 76.7% | 89.1% | 92.9% | 96.3% |
| Appraisals (Band 5 and below) | >=95% | 22.3% | 28.6% | 44.4% | 75.3% | 87.9% | 92.8% |
| Aggression Management | >=80% | 59.9% | 60.3% | 65.4% | 67.7% | 69.6% | 70.3% |
| Equality and Diversity | >=80% | 74.3% | 75.0% | 76.7% | 77.7% | 78.1% | 79.2% |
| Fire Safety | >=80% | 76.0% | 77.8% | 78.6% | 81.8% | 84.3% | 82.5% |
| Food Safety | >=80% | 48.7% | 48.1% | 53.5% | 54.9% | 58.4% | 65.0% |
| Infection Control and Hand Hygiene | >=80% | 70.4% | 70.0% | 72.9% | 75.1% | 77.5% | 78.8% |
| Information Governance | >=95% | 88.8% | 89.0% | 88.9% | 89.3% | 89.6% | 89.7% |
| Moving and Handling | >=80% | 38.4% | 46.6% | 52.5% | 57.6% | 61.7% | 63.4% |
| Safeguarding Adults | >=80% | 79.4% | 80.5% | 81.3% | 83.4% | 83.4% | 83.1% |
| Safeguarding Children | >=80% | 75.6% | 76.4% | 77.2% | 78.5% | 78.5% | 80.1% |
| Bank Cost | | £43k | £55k | £53k | £50k | £36k | £51k |
| Agency Cost | | £190k | £168k | £157k | £129k | £95k | £151k |
| Overtime Cost | | £8k | £4k | £12k | £11k | £3k | £6k |
| Additional Hours Cost | | £32k | £34k | £39k | £38k | £35k | £34k |
| Sickness Cost (Monthly) | | £168k | £165k | £164k | £170k | £153k | £186k |
| Vacancies (Non-Medical) (WTE) | | 12225.0% | 11796.0% | 12461.0% | 12454.0% | 105.59 | 106.21 |
| Business Miles | | 139k | 127k | 131k | 137k | 130k | 172k |

## Calderdale and Kirklees District

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (Monthly) | <=4% | 4.6% | 4.1% | 4.5% | 4.5% | 4.8% | 4.4% |
| Appraisals (Band 6 and above) | >=95% | 60.9% | 67.5% | 83.1% | 96.2% | 98.8% | 99.1% |
| Appraisals (Band 5 and below) | >=95% | 19.7% | 25.8% | 37.7% | 76.7% | 96.2% | 97.9% |
| Aggression Management | >=80% | 56.4% | 59.8% | 60.6% | 60.8% | 64.0% | 64.6% |
| Equality and Diversity | >=80% | 56.6% | 60.8% | 63.1% | 69.0% | 71.7% | 74.6% |
| Fire Safety | >=80% | 79.0% | 78.9% | 82.5% | 85.1% | 85.8% | 86.0% |
| Food Safety | >=80% | 21.4% | 22.7% | 23.3% | 28.9% | 34.0% | 38.3% |
| Infection Control and Hand Hygiene | >=80% | 52.3% | 55.8% | 60.1% | 65.0% | 70.4% | 73.2% |
| Information Governance | >=95% | 90.8% | 91.6% | 92.9% | 93.2% | 93.4% | 91.1% |
| Moving and Handling | >=80% | 32.5% | 38.3% | 43.8% | 49.8% | 54.4% | 60.3% |
| Safeguarding Adults | >=80% | 74.0% | 76.9% | 78.4% | 78.4% | 79.7% | 79.7% |
| Safeguarding Children | >=80% | 54.0% | 62.4% | 65.8% | 70.7% | 73.3% | 77.5% |
| Bank Cost | | £98k | £117k | £83k | £94k | £108k | £75k |
| Agency Cost | | £36k | £54k | £107k | £43k | £73k | £51k |
| Overtime Cost | | £0k | £2k | £7k | £3k | £2k | £4k |
| Additional Hours Cost | | £3k | £2k | £3k | £2k | £5k | £6k |
| Sickness Cost (Monthly) | | £106k | £85k | £98k | £104k | £112k | £107k |
| Vacancies (Non-Medical) (WTE) | | 78.89 | 79.48 | 76.91 | 62.76 | 56.24 | 58.31 |
| Business Miles | | 75k | 62k | 64k | 73k | 68k | 70k |

## Forensic Services

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 7.1% | 7.3% | 7.3% | 7.1% | 6.8% | 7.0% |
| Sickness (Monthly) | <=4% | 7.4% | 7.5% | 7.3% | 6.4% | 6.2% | 8.1% |
| Appraisals (Band 6 and above) | >=95% | 44.4% | 46.4% | 58.5% | 86.5% | 92.3% | 94.1% |
| Appraisals (Band 5 and below) | >=95% | 3.5% | 10.7% | 27.0% | 75.5% | 83.0% | 89.3% |
| Aggression Management | >=80% | 69.2% | 72.8% | 73.5% | 72.8% | 70.8% | 71.0% |
| Equality and Diversity | >=80% | 55.1% | 60.3% | 61.7% | 67.6% | 71.1% | 74.2% |
| Fire Safety | >=80% | 84.7% | 87.8% | 88.2% | 88.4% | 88.0% | 86.2% |
| Food Safety | >=80% | 33.1% | 39.4% | 38.1% | 41.5% | 43.9% | 47.6% |
| Infection Control and Hand Hygiene | >=80% | 54.9% | 58.8% | 64.1% | 70.0% | 72.1% | 73.0% |
| Information Governance | >=95% | 89.4% | 90.9% | 92.4% | 92.5% | 87.7% | 87.7% |
| Moving and Handling | >=80% | 44.6% | 49.1% | 53.9% | 60.4% | 61.4% | 63.2% |
| Safeguarding Adults | >=80% | 74.2% | 76.9% | 78.0% | 77.3% | 70.3% | 73.1% |
| Safeguarding Children | >=80% | 64.7% | 70.6% | 71.5% | 75.0% | 75.4% | 75.6% |
| Bank Cost | | £96k | £129k | £97k | £90k | £104k | £101k |
| Agency Cost | | £2k | £3k | £2k | £3k | £6k | £55k |
| Additional Hours Cost | | £3k | £0k | £1k | £0k | £0k | £2k |
| Sickness Cost (Monthly) | | £66k | £66k | £69k | £64k | £53k | £70k |
| Vacancies (Non-Medical) (WTE) | | 36.6 | 41.91 | 38.91 | 43.15 | 47.01 | 43.93 |
| Business Miles | | 7k | 4k | 2k | 7k | 4k | 5k |

# Workforce - Performance Wall cont…

## Specialist Services

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 5.5% | 5.5% | 5.4% | 5.0% | 5.3% | 5.3% |
| Sickness (Monthly) | <=4% | 6.1% | 5.6% | 5.1% | 3.7% | 5.7% | 5.5% |
| Appraisals (Band 6 and above) | >=95% | 32.2% | 35.0% | 48.8% | 66.2% | 75.0% | 78.9% |
| Appraisals (Band 5 and below) | >=95% | 11.2% | 19.2% | 24.4% | 45.0% | 68.2% | 77.3% |
| Aggression Management | >=80% | 53.1% | 54.1% | 55.8% | 56.8% | 58.3% | 56.1% |
| Equality and Diversity | >=80% | 58.4% | 60.8% | 62.4% | 66.8% | 68.4% | 68.9% |
| Fire Safety | >=80% | 71.2% | 70.9% | 73.6% | 76.9% | 74.3% | 75.7% |
| Food Safety | >=80% | 74.1% | 74.6% | 74.6% | 76.2% | 76.6% | 75.8% |
| Infection Control and Hand Hygiene | >=80% | 58.1% | 59.7% | 62.3% | 64.0% | 65.7% | 68.7% |
| Information Governance | >=95% | 86.9% | 86.3% | 85.7% | 86.0% | 85.2% | 83.3% |
| Moving and Handling | >=80% | 31.4% | 37.3% | 42.4% | 46.1% | 49.1% | 51.6% |
| Safeguarding Adults | >=80% | 57.3% | 59.1% | 63.5% | 63.5% | 65.8% | 66.7% |
| Safeguarding Children | >=80% | 62.6% | 64.3% | 67.8% | 71.6% | 72.6% | 75.2% |
| Bank Cost | | £5k | £34k | £28k | £34k | £36k | £29k |
| Agency Cost | | £102k | £46k | £100k | £103k | £120k | £113k |
| Overtime Cost | | £1k | £2k | £3k | £3k | £3k | £1k |
| Additional Hours Cost | | £4k | £3k | £5k | £3k | £4k | £4k |
| Sickness Cost (Monthly) | | £61k | £54k | £50k | £32k | £48k | £61k |
| Vacancies (Non-Medical) (WTE) | | 32.94 | 42.1 | 31.4 | 34.08 | 36.83 | 41.96 |
| Business Miles | | 35k | 36k | 32k | 30k | 30k | 34k |

## Support Services

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 3.90% | 3.70% | 3.60% | 3.50% | 3.6% | 3.7% |
| Sickness (Monthly) | <=4% | 3.60% | 3.40% | 3.40% | 3.30% | 3.9% | 4.1% |
| Appraisals (Band 6 and above) | >=95% | 72.60% | 75.60% | 88.70% | 95.50% | 98.0% | 98.0% |
| Appraisals (Band 5 and below) | >=95% | 13.90% | 20.40% | 39.80% | 95.00% | 99.3% | 98.9% |
| Aggression Management | >=80% | 41.00% | 44.90% | 49.00% | 52.80% | 55.1% | 47.7% |
| Equality and Diversity | >=80% | 47.40% | 48.70% | 51.20% | 55.90% | 57.6% | 61.0% |
| Fire Safety | >=80% | 75.50% | 74.60% | 80.70% | 82.50% | 85.6% | 83.4% |
| Food Safety | >=80% | 96.10% | 96.20% | 89.30% | 87.80% | 95.6% | 95.5% |
| Infection Control and Hand Hygiene | >=80% | 63.10% | 67.50% | 70.90% | 73.30% | 74.1% | 74.7% |
| Information Governance | >=95% | 90.10% | 87.30% | 82.00% | 84.60% | 84.0% | 78.5% |
| Moving and Handling | >=80% | 32.00% | 34.90% | 40.10% | 44.40% | 51.3% | 53.6% |
| Safeguarding Adults | >=80% | 69.10% | 68.50% | 71.00% | 73.20% | 74.9% | 75.0% |
| Safeguarding Children | >=80% | 82.10% | 83.10% | 84.20% | 85.50% | 86.7% | 87.1% |
| Bank Cost | | £47k | £40k | £51k | £36k | £39k | £36k |
| Agency Cost | | £44k | £28k | £22k | £22k | £29k | £-17k |
| Overtime Cost | | £1k | £1k | £0k | £1k | £0k | £0k |
| Additional Hours Cost | | £17k | £35k | £17k | £20k | £20k | £18k |
| Sickness Cost (Monthly) | | £43k | £42k | £39k | £40k | £55k | £57k |
| Vacancies (Non-Medical) (WTE) | | 46.13 | 52.79 | 40.99 | 40.5 | 47.66 | 42.79 |
| Business Miles | | 40k | 41k | 42k | 31k | 41k | 45k |

## Wakefield District

| Month | | Jun-14 | Jul-14 | Aug-14 | Sep-14 | Oct-14 | Nov-14 |
|---|---|---|---|---|---|---|---|
| Sickness (YTD) | <=4% | 3.1% | 3.6% | 4.1% | 4.4% | 4.4% | 4.4% |
| Sickness (Monthly) | <=4% | 3.1% | 4.6% | 5.6% | 5.6% | 5.1% | 4.5% |
| Appraisals (Band 6 and above) | >=95% | 44.3% | 46.6% | 69.2% | 89.0% | 96.1% | 96.6% |
| Appraisals (Band 5 and below) | >=95% | 16.9% | 26.0% | 53.2% | 81.6% | 94.9% | 96.7% |
| Aggression Management | >=80% | 67.7% | 70.2% | 69.0% | 69.8% | 71.6% | 71.1% |
| Equality and Diversity | >=80% | 66.5% | 71.4% | 73.2% | 74.8% | 74.6% | 77.1% |
| Fire Safety | >=80% | 75.1% | 77.9% | 82.3% | 82.0% | 82.4% | 83.3% |
| Food Safety | >=80% | 40.1% | 45.4% | 45.2% | 47.4% | 48.2% | 49.5% |
| Infection Control and Hand Hygiene | >=80% | 69.5% | 69.9% | 74.3% | 75.3% | 77.0% | 75.9% |
| Information Governance | >=95% | 94.0% | 93.5% | 94.9% | 93.9% | 91.8% | 86.8% |
| Moving and Handling | >=80% | 39.3% | 43.4% | 49.1% | 52.1% | 54.0% | 57.5% |
| Safeguarding Adults | >=80% | 79.4% | 80.1% | 83.0% | 84.8% | 84.3% | 85.2% |
| Safeguarding Children | >=80% | 71.5% | 77.8% | 79.6% | 80.4% | 81.7% | 83.6% |
| Bank Cost | | £43k | £65k | £56k | £61k | £76k | £58k |
| Agency Cost | | £37k | £62k | £42k | £38k | £43k | £35k |
| Additional Hours Cost | | £5k | £7k | £9k | £9k | £9k | £12k |
| Sickness Cost (Monthly) | | £36k | £53k | £67k | £63k | £58k | £53k |
| Vacancies (Non-Medical) (WTE) | | 35.5 | 33.92 | 37.51 | 37.19 | 36.64 | 35.44 |
| Business Miles | | 37k | 39k | 37k | 39k | 33k | 44k |

# Publication Summary

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

**Exploring CQC's well-led domain: how can boards ensure a positive organisational culture?**

Following the Francis Report into the failures of care at Mid Staffordshire NHS Foundation Trust, and the government's response to the report, the Care Quality Commission (CQC) has introduced a more rigorous and wide-ranging approach to inspecting health care providers. The main purpose of inspections is to assess the quality of care delivered to patients. In making this assessment, CQC now also analyses the leadership and organisational culture of providers. The CQC's inspections focus on five key lines of enquiry as part of its 'well-led' domain. These lines of enquiry derive from research undertaken by staff at The King's Fund and the Centre for Creative Leadership into leadership and culture and draw on a strong evidence base.
Click here to view report

**Regulation 5: fit and proper persons: directors and Regulation 20: duty of candour - guidance for NHS bodies**

New fundamental standards for all care providers will come into force in April 2015. However, two regulations for NHS bodies that form part of these come into force on 27 November 2014. The fit and proper persons requirement outlines what providers should do to make clear that directors are responsible for the overall quality and safety of care. The duty of candour explains what they should do to make sure they are open and honest with people when something goes wrong with their care and treatment. The fundamental standards, which will be implemented in April 2015, will replace the existing essential standards of quality and safety. They will include guidance for all sectors on the fit and proper persons requirement for directors and the duty of candour.

Click here to view report

**Intelligent monitoring - trusts that provide mental health services**

These intelligent monitoring reports set out the analysis that will guide the Care Quality Commission's inspections of trusts that provide mental health services. Together with local information from partners and the public, the intelligent monitoring model helps to decide when, where and what to inspect. For trusts that provide mental health services, the model considers 59 different types of evidence, based on sources that include the NHS staff survey, bed occupancy rates, the national health outpatient survey and concerns raised by trust staff.
Click here to view FAQ's associated with the monitoring

**The autumn statement: NHS funding**

The NHS is facing huge pressures as a result of an ongoing funding squeeze, rising demand for services and the need to safeguard quality of care following the Francis report. This briefing says that without the additional £2 billion, staff numbers will be cut, waiting times will rise and quality of care will deteriorate, leaving patients to bear the cost.
Click here to view briefing

**Winterbourne view - time for change: transforming the commissioning of services for people with learning disabilities and/or autism**

Sir Stephen Bubb, chief executive of charity leaders body ACEVO, was asked by NHS England to work with stakeholders and make recommendations for the development of a national commissioning framework to address the shortcomings in the provision of support for people with learning disabilities. The report makes a series of recommendations for the NHS, local government, regulators and the government, that include a robust NHS commissioning framework to support people with learning disabilities and autism move out of hospitals and into the community.
Click here to access report

# Publication Summary Continued

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

NHS data breaches - report highlighting scales of data breaches in the NHS
Healthy cities : promoting health and equity - evidence for local policy and practice (WHO)
Markets for good: the next generation of public service reform
NHS Number Survey Report
Seasonal flu vaccine uptake in healthcare workers 1 September 2014 to 31 October 2014
Winter Health Watch Summary: 20 November 2014
The reconfiguration of clinical services: what is the evidence?
Evaluating health and wellbeing interventions for healthcare staff: key findings
Frontline First: Turning back the clock? RCN report on mental health services in the UK
Safer staffing: a guide to care contact time
Audit report on turnaround times: National Chlamydia Screening Programme
Drug statistics from the National Drug Treatment Monitoring System: financial year ending March 2014
Mental health bulletin, annual report from MHMDS returns - 2013-14
NHS contraceptive services, England - 2013-14, community contraceptive clinics
NHS workforce statistics - August 2014, provisional statistics
NHS sickness absence rates, July 2014 - monthly tables
Staff friends and family test, Q2 2014-15
Reforming the payment system for NHS services: supporting the Five Year Forward View
Improving the costing of NHS services: proposals for 2015 to 2021
Working better together: community health and primary care
Ethnicity, health and the private rented sector
Mental health for sustainable development
Managing quality in community health care services
NHS financial temperature check, December 2014
Complaints matter
Public health responses to an ageing society: opportunities and challenges (International Longevity Centre - UK (ILC-UK))
Adult social care outcomes framework 2015 to 16 (Department of Health (DH))
Commission on Hospital Care for Frail Older People main report

# Glossary

| | |
|---|---|
| **ADHD** | Attention deficit hyperactivity disorder |
| **ASD** | Autism spectrum disorder |
| **AWA** | Adults of Working Age |
| **AWOL** | Absent Without Leave |
| **B/C/K/W** | Barnsley, Calderdale, Kirklees, Wakefield |
| **BDU** | Business Delivery Unit |
| **C. Diff** | Clostridium difficile |
| **CAMHS** | Child and Adolescent Mental Health Services |
| **CAPA** | Choice and Partnership Approach |
| **CCG** | Clinical Commissioning Group |
| **CGCSC** | Clinical Governance Clinical Safety Committee |
| **CIP** | Cost Improvement Programme |
| **CPA** | Care Programme Approach |
| **CPPP** | Care Packages and Pathways Project |
| **CQC** | Care Quality Commission |
| **CQUIN** | Commissioning for Quality and Innovation |
| **CROM** | Clinician Rated Outcome Measure |
| **CRS** | Crisis Resolution Service |
| **CTLD** | Community Team Learning Disability |
| **DTOC** | Delayed Transfers of Care |
| **DQ** | Data Quality |
| **EIA** | Equality Impact Assessment |
| **EIP/EIS** | Early Intervention in Psychosis Service |
| **EMT** | Executive Management Team |
| **FOI** | Freedom of Information |
| **FT** | Foundation Trust |
| HONOS | Health of the Nation Outcome Scales |
| **HSCIC** | Health and Social Care Information Centre |
| **HV** | Health Visiting |
| **IAPT** | Improving Access to Psychological Therapies |
| **IG** | Information Governance |
| **IM&T** | Information Management & Technology |
| **Inf Prevent** | Infection Prevention |
| **IWMS** | Integrated Weight Management Service |
| **KPIs** | Key Performance Indicators |
| **LD** | Learning Disability |

| | |
|---|---|
| **MAV** | Management of Aggression and Violence |
| **MBC** | Metropolitan Borough Council |
| **MH** | Mental Health |
| **MHCT** | Mental Health Clustering Tool |
| **MRSA** | Methicillin-resistant Staphylococcus aureus |
| **MSK** | Musculoskeletal |
| **MT** | Mandatory Training |
| **NCI** | National Confidential Inquiries |
| **NICE** | National Institute for Clinical Excellence |
| **NHSE** | National Health Service England |
| **NHS TDA** | National Health Service Trust Development Authority |
| **NK** | North Kirklees |
| **OPS** | Older People's Services |
| **OOA** | Out of Area |
| **PCT** | Primary Care Trust |
| **PICU** | Psychiatric Intensive Care Unit |
| **PREM** | Patient Reported Experience Measures |
| **PROM** | Patient Reported Outcome Measures |
| **PSA** | Public Service Agreement |
| **PTS** | Post Traumatic Stress |
| **QIA** | Quality Impact Assessment |
| **QIPP** | Quality, Innovation, Productivity and Prevention |
| **QTD** | Quarter to Date |
| **RAG** | Red, Amber, Green |
| **RiO** | Trusts Mental Health Clinical Information System |
| **Sis** | Serious Incidents |
| **SK** | South Kirklees |
| **SMU** | Substance Misuse Unit |
| **SWYFT** | South West Yorkshire Foundation Trust |
| **SYBAT** | South Yorkshire and Bassetlaw local area team |
| **SU** | Service Users |
| **TBD** | To Be Decided/Determined |
| **WTE** | Whole Time Equivalent |
| **Y&H** | Yorkshire & Humber |
| **YTD** | Year to Date |

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
# 30 January 2015

| | |
|---|---|
| **Agenda item:** | **6** |
| **Report Title:** | Data breaches – Freedom of Information requests |
| **Report By:** | Dawn Stephenson |
| **Job Title:** | Director of Corporate Development |
| **Action:** | To receive |

**EXECUTIVE SUMMARY**

Purpose

The purpose of this item is to provide assurance to the Members' Council following recent media coverage of data breaches at the Trust.

Recommendation

**The Members' Council is asked to RECEIVE the report.**

Background

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:

- the number of staff convicted;
- the number where employment was terminated as a consequence;
- the number disciplined as a consequence; and
- the total number of breaches (all categories however minor, accidental or otherwise).

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.

Outcome

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 with 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.

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 from external audit with whom the information was shared.

The Trust's policy is that every information governance breach is recorded and graded in line with Department of Health requirements. Examples of the types of breaches recorded are:

- loss of employee identity badge;
- study leave form approval sent to wrong person;
- service user details not correctly recorded on RiO relating to a date of birth; and
- IT system issues where services were unable to update information.

The Members' Council 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.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
# 30 January 2015

| | |
|---|---|
| **Agenda item:** | **7.1** |
| **Report Title:** | Re-appointment of Trust Chair |
| **Report By:** | Nominations Committee |
| **Job Title:** | |
| **Action:** | To agree |

**EXECUTIVE SUMMARY**

Purpose and format

For the Members' Council to consider the proposal from the Nominations Committee to re-appoint Ian Black as Chair of the Trust for a further three-year term of office from 1 May 2015 to 30 April 2018.

Recommendation

**The Members' Council is asked to CONSIDER and AGREE the proposal.**

Background

Ian Black was appointed as Chair of the Trust following a national recruitment exercise and a robust and challenging interview process. The Nominations Committee recommended the appointment to the Members' Council, which was approved on 25 April 2012 and an appointment made for three years ending on 30 April 2015.

Process

The Nominations Committee considered the Chair's re-appointment at its meeting on 24 October 2014. Following an indication from the Chair that he would be willing to be considered for re-appointment, the Committee discussed the rationale for this.

- The Trust is heading into its most challenging period to date and this has been recognised by the Members' Council. As a result, the need for strong, stable leadership has never been greater.
- Ian has been a strong Chair in his role as leader of Trust Board and in chairing and making positive links to the Members' Council.
- Under his leadership, Trust Board has become a powerful vehicle for both determining future strategy and ensuring effective governance. This is evidenced through the strong performance of the Trust in relation to finance and quality.
- His relationship with the Chief Executive as Accounting Officer is good, balanced and appropriately challenging and supportive in equal measure.
- Ian chairs Trust Board effectively and conducts fair and rigorous appraisals of the Non-Executive Directors and the Chief Executive.
- In his external networks, such as the Foundation Trust Network (now NHS Providers) and the NHS Confederation, Ian has enhanced the reputation of the Trust and has brought back knowledge and learning.
- His interaction with other Chairs, local and regionally, is good and supports the Trust in maintaining a strong position at a critical time.
- As the Trust works to determine its long-term future, it needs a strong, stable, well-networked Chair who is performing well in the role, which Ian most certainly is. This view is supported by the

appraisal process led by the Deputy Chair with the Members' Council.

- Losing Ian at such a critical stage would undoubtedly place the Trust at greater risk.
- He embodies and provides a role model in terms of the Trust's values and continues to interact with service users, carers and staff seeking to identify and champion excellence in services.

The Nominations Committee was clear that, given the Trust's position currently, a recommendation to the Members' Council should be made to re-appoint the Chair to ensure stability for the organisation in a time of such challenge and change for the Trust. The Committee did consider whether a formal appointment process should be instigated and agreed there was a very clear distinction between recruitment and re-appointment, which is within the remit of the Members' Council.

Proposal

**The Members' Council is asked to CONSIDER and AGREE the proposal from the Nominations Committee that Ian Black is re-appointed as Chair of the Trust for a further three-year term from 1 May 2015 to 30 April 2018.**

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
# 30 January 2015

| | |
|---|---|
| **Agenda item:** | **7.2** |
| **Report Title:** | Elections to the Members' Council |
| **Report By:** | Dawn Stephenson |
| **Job Title:** | Director of Corporate Development |
| **Action:** | To receive |

## EXECUTIVE SUMMARY


Purpose and format

The purpose of this paper is to update the Members' Council on election process for 2015.

Recommendation

**The Members' Council is asked to RECEIVE the update.**


Background

When the Trust was working towards Foundation Trust status, a decision was made by Trust Board to stagger the terms of office for the governors elected in the first elections to the Members' Council to ensure that not all left at the same time. The Trust, therefore, holds elections every year during the spring for terms of office starting on 1 May each year.

Elections 2015

Elections will be held as follows.

*Barnsley*

One seat – Kevan Riggett has indicated that he wishes to resign from the Members' Council on 30 April 2015.

*Calderdale*

No vacant seats.

*Kirklees*

Three seats – Bob Mortimer and Jeremy Smith are retiring by rotation and both are eligible for re-election. There is also one vacant seat following the resignation of Barry Seal in 2014.

*Wakefield*

Two seats – Doug Dale and Robert Klaasen are retiring by rotation and both are eligible for re-election.

*Rest of South and West Yorkshire*

One seat – this seat, newly created in 2013, remains vacant.

*Staff*

Six seats – Claire Girvan (allied health professionals), Marios Adamou (medicine and pharmacy),

John Haworth (non-clinical support staff), Adrian Deakin (nursing) and Netty Edwards (nursing support) all come to the end of their terms of office and are eligible for re-election. There remains a vacancy for social care staff working in integrated teams.

Election process

Following advice from procurement, the Trust has taken the decision to tender for election services to ensure it is realising best value for money and that it is securing the best possible advice on its approach to the elections. This will include the option to introduce electronic voting, which was approved by Trust Board and the Members' Council in October 2014.

The tender has been undertaken through NHS Shared Business Services and three organisations invited to tender (Electoral Reform Services, UK Engage and Idox Software Limited). The closing date for tenders is 15 January 2015 and the outcome should be known by the time of the meeting on 30 January 2015.

There is also role for governors to talk to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
# 30 January 2015

| | |
|---|---|
| **Agenda item:** | **7.3** |
| **Report Title:** | Internal and external audit arrangements |
| **Report By:** | Peter Aspinall/Laurence Campbell |
| **Job Title:** | Audit Committee |
| **Action:** | To receive |

## EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on the arrangements for internal and external audit.

Recommendation

**The Members' Council is asked to RECEIVE the update and to AGREE two governor representatives to be involved in the tender process for external audit.**

Background

The Trust has two sets of arrangements for audit.

1. External audit, currently provided by Deloitte, reviews and reports on:
   - the financial aspects of the Trust's corporate governance arrangements;
   - the Trust's statement of accounts;
   - the Trust's arrangements to manage its performance specifically related to the economy, efficiency and effectiveness of its use of resources.

   External audit also provides a limited assurance opinion in relation to the content of the Trust's Quality Accounts and nationally mandated performance indicators, and to report on the Trust's mandated local indicator.

   Following a full tender exercise, Deloitte was appointed as the Trust's external auditors from 1 October 2010 for a period of three years, which was approved by the Members' Council at the time. Deloitte's contract was extended for a further two years from 1 October 2013, again with the approval of the Members' Council.

2. Internal audit, currently provided by KPMG, provides independent assurance that an organisation's risk management, governance and internal control processes are operating effectively.

   Following a full tender exercise, KPMG was appointed as the Trust's internal auditors from 1 July 2012 for a period of three years.

Current position

The contracts for both external and internal audit end in 2015 (KPMG on 30 June 2015 and Deloitte on 30 September 2015). There is capacity within the contract for internal audit services to extend the current contract for up to two years; however, there is no further capacity in the contract for external

audit services to extend the contract. There is a requirement, therefore, to tender for external audit services from 1 October 2015.

Audit Committee consideration

At its meeting in October 2014, the Audit Committee considered the Trust's position and was of the view that the Trust should not tender for both internal and external audit services at the same time. Therefore, the Committee approved an extension to the contract for KPMG as the Trust's internal auditors for one year and the tender of external audit services.

External audit process

The Audit Committee will approve the tender specification at its meeting in April 2015 and the tender process will begin at the end of April 2015. The Audit Committee will consider the outcome of the process at its meeting on 7 July 2015 and make a recommendation to the Members' Council to be considered at its meeting on 24 July 2015.

Members' Council involvement

The appointment and removal of the Trust's financial auditors (that is, external audit) is one of the Members' Council's statutory duties. **The Trust is, therefore, seeking the involvement of two governors in the process to appoint external auditors during June 2015.**

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

# Members' Council
# 30 January 2015

| | |
|---|---|
| **Agenda item:** | **7.4** |
| **Report Title:** | Quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales |
| **Report By:** | Alex Farrell |
| **Job Title:** | Deputy Chief Executive/Director of Finance |
| **Action:** | To receive |

**EXECUTIVE SUMMARY**

Purpose

The purpose of this paper is to inform the Members' Council of the outcome of quality review of the audit undertaken by the Trust's external auditor, Deloitte, for the period 1 April 2013 to 31 March 2014.

Recommendation

**The Members' Council is asked to RECEIVE the outcome of the audit.**

Background

The Audit Code for NHS Foundation Trusts makes provision for quality reviews of the work of auditors of NHS foundation trusts. Under these arrangements, Monitor requested that the Quality Assurance Directorate (QAD) of the Institute of Chartered Accountants of England and Wales reviewed a sample of audits relating to the period ended 31 March 2014 for nine NHS foundation trusts. The sample was selected to give a broad coverage of auditors of NHS foundation trust accounts.

This Trust's auditor for the period ended 31 March 2014, Deloitte LLP, was selected for review between August and late September 2014.

Outcome

At the Audit Committee in October 2014, Deloitte confirmed there were no findings of significance as a result of the audit and three minor 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.

The Trust has subsequently received a letter from Monitor (attached) confirming that there are no issues it wishes to raise with the Trust.

Monitor
Making the health sector work for patients

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Ms Alex Farrell
Mr Peter Aspinall
Mr Ian Black
South West Yorkshire Partnership NHS Foundation Trust
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

24 November 2014

Dear Ms Farrell, Mr Aspinall, Mr Black,

**Quality Review of Audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales ('QAD')**

I wrote to you in July 2014 to inform you that Deloitte LLP's audit of South West Yorkshire Partnership NHS Foundation Trust for the year ended 31 March 2014 was one of the audits of NHS foundation trusts selected for review by QAD for this year.

The Audit Code for NHS Foundation Trusts makes provision for quality reviews of the work of auditors of NHS foundation trusts. QAD is part of the Institute of Chartered Accountants of England and Wales (ICAEW) and Monitor employs QAD to conduct these quality reviews on its behalf. More information on this process can be found in chapter 7 of Monitor's *Audit Code for NHS Foundation Trusts*.

In October, Monitor received a report from QAD on their findings for each audit.

**There are no issues we would like to raise with you.**

We will shortly be publishing an anonymised summary of QAD's findings from across their nine reviews, and we will make this available on our website.

I have also written to your auditor informing them of this outcome.

I recommend that you consider sharing this outcome with your Council of Governors.

Yours sincerely

Jason Dorsett
Director of Finance, Reporting and Risk

Cc: Mr Steven Michael
Cc: Ms Jenna Knight