With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board (public session)
Tuesday 31 March 2015 at 12:30
Boardroom, Kendray, Doncaster Road, Barnsley, S70 3RD

AGENDA

1. Welcome, introduction and apologies

2. a) Declaration of interests
b) Declaration of interests policy for Directors, including the fit and proper person requirement

3. Minutes and matters arising from previous Trust Board meeting held on 27 January 2015

4. Assurance from Trust Board committees
4.1 Audit Committee 20 January 2015
4.2 Clinical Governance and Clinical Safety Committee 3 February 2015
4.3 Mental Health Act Committee 24 February 2015
4.4 Remuneration and Terms of Service Committee 26 January and 10 February 2015

5. Chair and Chief Executive's remarks (verbal item)

6. Corporate objectives 2015/16

7. Performance report month 11 2014/15
7.1 Performance report month 11 2014/15 (to follow)

7.2 Exception reporting and action plans
(i) Child and adolescent mental health services (to follow)
(ii) Information governance toolkit
(iii) Eliminating mixed sex accommodation
(iv) Quarterly serious incidents report

8. a) Annual plan and budgets 2015/16 (to follow)
b) How the organisation runs – part 2

9. Vision for volunteering, engagement and involvement

10. Use of Trust seal

11. Date and time of next meeting

The next meeting of Trust Board will be held on Tuesday 28 April 2015 in the small conference room, Fieldhead, Wakefield, WF1 3SP.

Trust Board – 31 March 2015
Agenda item 2

Title:	**Declaration of interests policy for Directors of the Trust Board, including fit and proper person requirement**
Paper prepared by:	Director of Corporate Development (for the Chair of the Trust)
Purpose:	To ensure the Trust and its Directors continue to meet obligations and responsibilities under the NHS rules of Corporate Governance, the Combined Code on Corporate Governance, Monitor's Code of Governance, the Trust's Constitution and the fit and proper person requirement.
Mission/values:	The mission and values of the Trust reflect the need for the Trust to be open and act with probity. This policy and associated process undertaken annually support this.
Any background papers/ previously considered by:	None (although Trust Board received a paper on the fit and proper person test in September 2014)
Executive summary:	In accordance with the Constitution of the Trust, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's Code of Governance for Foundation Trusts, and in recognition of the Codes of Conduct and Accountability issued by the Department of Health and the UK Corporate Governance Code produced by the Financial Reporting Council, the Trust is required to maintain a Register of Interests of Directors. The Trust's approach to this is set out in a policy approved by Trust Board. The Trust has had a policy in place in relation to Directors' declarations of interests since its inception in April 2002. This policy was replaced in May 2009 when the Trust was authorised as a Foundation Trust. This was subsequently revised in September 2011 to incorporate the Bribery Act 2010, which came into force on 1 July 2011 and created criminal offences of being bribed, bribing another and failing to prevent bribery for all organisations, including the NHS. In December 2013, a further revision was made to reflect the changes to the Trust's Constitution as a result of the provisions in the Health and Social Care Act 2012 relating to Directors' interests. The policy has now been further revised to incorporate the fit and proper person requirement for directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which comes into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014. Although there are no specific legal implications arising from the paper, the requirement for Directors to meet the fit and proper person requirement, to declare their interests and for Non-Executive Directors to declare their independence are statutory duties. Directors are also subject to the

	provisions of the Bribery Act 2010. Trust Board should note that there is a separate policy and process for the Members' Council and staff.
Recommendation:	**Trust Board is asked to approve the revised Declaration of interests policy for Directors of the Trust Board, including fit and proper person requirement.**
Private session:	Not applicable

Policy for Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality
Approved by Trust Board 31 March 2015

1. Introduction and background

In accordance with the Constitution of the Trust, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's Code of Governance for Foundation Trusts, and in recognition of the Codes of Conduct and Accountability issued by the Department of Health and the UK Corporate Governance Code produced by the Financial Reporting Council, the Trust is required to maintain a Register of Interests of Directors. The Trust is also required, under the new fundamental standard regulations set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to ensure its Directors meet fit and proper person requirements, which came into force on 1 October 2014.

2. Policy development

The Trust has had a policy in place in relation to Directors' declarations of interests since its inception in April 2002. This policy was replaced in May 2009 when the Trust was authorised as a Foundation Trust. The policy was subsequently revised in September 2011 to incorporate the Bribery Act 2010, which came into force on 1 July 2011 and created criminal offences of being bribed, bribing another and failing to prevent bribery for all organisations, including the NHS. Under the Act, bribery is defined as an inducement or reward offered, promised or provided to gain personal, commercial, regulatory or contractual advantage. If a Director is offered, or any attempt is made to offer, any type of possible inducement or reward covered by the Bribery Act, details should be immediately reported to the Trust's Local Counter Fraud Specialist.

In December 2013, a further revision was made to reflect the changes to the Trust's Constitution as a result of the provisions in the Health and Social Care Act 2012 relating to Directors' interests.

A further revision was made in March 2015 to incorporate the fit and proper person requirement for directors set out in the new fundamental standard regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which came into force on 1 April 2015. Within the new regulations, the duty of candour and the fit and proper person requirements for Directors came into force earlier for NHS bodies on 1 October 2014.

3. Fit and proper person requirement for directors

The fit and proper person requirement for directors states that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care and, as such, can be held accountable if standards of care do not meet legal requirements. It applies to all directors and 'equivalents', which, for this Trust, includes both Non-Executive and Executive Directors of the Trust, and 'other' Directors forming the Executive Management Team. It is the responsibility of the Chair to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

In addition to the usual requirements of good character, health, qualifications, skills and experience, the regulation bars individuals who are prevented from holding the office (for example, under a director's disqualification order) and excludes from office people who:

"have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider."

The Care Quality Commission (CQC) is the body that will decide whether a person is not fit to be a director on the basis of any previous misconduct or incompetence in a previous role for a service provider. This would be the case even if the individual was working in a more junior capacity at that time, or working outside England.

The regulation requires the Chair to:

- confirm to the CQC that the fitness of all new directors has been assessed in line with the regulations; and
- declare to the CQC in writing that they are satisfied that they are fit and proper individuals for that role.

A notification is required following a new director-level appointment. The CQC will cross-check notifications about new directors against other information they hold or have access to, to decide whether it wants to look further into the individual's fitness. The CQC will also have regard to any other information they hold or obtain about directors in line with current legislation on when convictions, bankruptcies or similar matters are to be considered 'spent'.

Where a director is associated with serious misconduct or responsibility for failure in a previous role, the CQC will have regard to the seriousness of the failure, how it was managed, and the individual's role within that. There is no time limit for considering such misconduct or responsibility. Where any concerns about an existing director come to the attention of the CQC, it may also ask the Trust to provide the same assurances.

Should the CQC use its enforcement powers to ensure all directors are fit and proper for their role, it will do so by imposing conditions on the provider's registration to ensure the provider takes appropriate action to remove the director.

4. Fit and proper person requirement – Trust duties

To meet the requirements of the fit and proper person test, the Trust must carry out all necessary checks to confirm that persons who are appointed to the role of director in the Trust are:

- of good character (Schedule 4, Part 2 of the regulations);
- have the appropriate qualifications, are competent and skilled (including that they show a caring and compassionate nature and appropriate aptitude);
- have the relevant experience and ability (including an appropriate level of physical and mental health, taking account of any reasonable adjustments); and
- exhibit appropriate personal behaviour and business practices.

In addition, persons appointed to these roles must not have been responsible for, or known, contributed to or facilitated any serious misconduct or mismanagement in carrying on a regulated activity.

The Trust will ensure it has procedures in place to assess an individual against the fit and person requirements for new Director appointments prior to that appointment. The Company Secretary is responsible for ensuring procedures are in place and implemented for Non-Executive Director appointments and the Director of Human Resources for Executive and 'other' Director appointments.

The CQC does recognise that the Trust may not have access to all relevant information about a person, or that false or misleading information may be supplied to it; however, the CQC does expect the Trust to demonstrate due diligence in carrying out checks and that it has made every reasonable effort to assure itself about an individual by all means available to it.

If the Trust decides to appoint a director, or continues to employ or appoint a Director, who does not meet the 'fit and proper person' test, it will need a strong rationale for doing so, which is defendable by the Chair both to the CQC and to Monitor. Currently, the only outcome if the CQC decides an individual is not a 'fit and proper person' is removal.

5. Fit and proper person requirement – individual responsibilities

Although the obligation is on the Trust to ensure it meets the regulation particularly in relation to new appointments, Trust Board agreed in September 2014 that Directors have a responsibility to continue to make a declaration that they meet the fit and proper person requirement as part of the annual declaration of interests process and should their circumstances change.

The criteria for a 'fit and proper person' are as follows.

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

<u>Schedule 4 criteria</u>

Fit and proper

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

And for good character

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

6. Conflicts of interest – duties of Directors

Meeting the fit and proper person requirement as set out above does not remove the responsibility of Directors of the Trust to adhere to the duties of a Director of the Trust, as set out in the Trust's Constitution, which include the following.

1. A duty to avoid any situation where a Director has (or could have) a direct or indirect interest that conflicts (or may possibly conflict) with the interests of the Trust. This duty is not infringed if the situation cannot reasonably be regarded as likely to give rise to a conflict of interest or the matter has been authorised in accordance with the Constitution.

2. A duty not to accept a benefit from a third party because they are a Director or doing (or not doing) anything in this capacity. This duty is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest. (A "third party" means a person other than the Trust or a person acting on its behalf.)

If a Director of the Trust has a direct or indirect interest in a proposed transaction or arrangement with the Trust, the Director must declare the nature and extent of that interest to Trust Board. If a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any declaration must be made before the Trust enters into the transaction or arrangement.

If the Director is not aware of an interest, or where the Director is not aware of the transaction or arrangement in question, no declaration is required.

A Director need not declare an interest:

a) if it cannot reasonably be regarded as likely to give rise to a conflict of interest;
b) if, or to the extent that, the Directors are already aware of it;
c) if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered either by a meeting of the Board of Directors or by a committee of the Directors appointed for the purpose under the Constitution.

7. Declaration of interest – duties of Directors

In a spirit of openness and transparency, Directors are also encouraged to declare all relevant and material interests. These apply to the Director as well as the husband/wife, partner, parent, child or sibling of the Director and can be defined as follows.

a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust;
c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS or which may conflict with the interests of the Trust;
d) A position of authority in a charity or voluntary organisation in the field of health and social care;
e) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services;
f) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks.

If Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chair.

Details of any such interests will be recorded in the register of interests of the Directors as outlined below.

8. Declaration of interest – conduct at meetings

Any Director who fails to disclose any interest required to be disclosed under the Constitution and as set out in this Policy may be removed from office in accordance with the process for removing a Director as set out in the Trust's Constitution.

Any Director who has an interest in a matter to be considered by Trust Board that needs to be declared should declare such interest to Trust Board and:

1. withdraw from the meeting and play no part in the relevant discussion or decision; and
2. not vote on the issue (and, if by inadvertence, they do remain and vote, their vote shall not be counted).

At the time an interest is declared, it should be recorded in Trust Board meeting minutes. Any changes in interests should be officially declared at the next Trust Board meeting following the change occurring. The Trust should be informed in writing within four weeks of becoming aware of the existence of, or a change to, an interest. The Register of Interests will be amended on receipt within seven working days and the interest notified to the next relevant meeting.

During the course of a Trust Board meeting, if a conflict of interest is established, the Director(s) concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, a majority will resolve the issue with the Chair having the casting vote.

9. Register of interests

Details of any interests declared by Directors will be recorded in the register of interests of the Directors.

The details of Directors' interests recorded in the Register will be kept up-to-date by means of a monthly review of the Register by the Company Secretary during which any changes of interests declared during the preceding month will be incorporated.

Subject to contrary regulations being passed, the Register will be available for inspection by the public free of charge and will be available on the Trust's website. The Company Secretary will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it. Copies or extracts of the Register must be provided to members of the Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the Register, informed by guidance from the Information Commissioner.

10. Annual review

An annual review process will be undertaken by the Company Secretary and the Register of Interests presented to Trust Board on an annual basis (usually in March each year). As part of this process, Trust Board will assess any apparent conflicts and/or any risks an interest might present to the Trust. This annual review is over and above the requirement for Directors to declare interests during the year and is a standing item on each public Trust Board meeting agenda.

11. Determination of independence

Monitor's Code of Governance also requires the Board to identify in the Trust's annual report those Non-Executive Directors it considers to be independent in character and judgement and whether there are any relationships or circumstances likely to affect, or could appear to affect, the Director's judgement. In addition to the above fit and proper person requirements and declaration of interests, Non-Executive Directors are also asked to declare whether he/she:

a) has been an employee of the Trust within the last five years;
b) has, or has had within the last three years, a material business relationship with the Trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust;
c) has received or receives additional remuneration from the Trust apart from the Non-Executive Directors' fee, participates in the Trust's performance related pay scheme, or is a member of the Trust's pension scheme;
d) has close family ties with any of the Trust's advisers, Directors or senior employees;
e) holds cross-directorships or has significant links with other Directors through involvement in other companies or bodies;
f) has served on the Trust Board for more than nine years from the date of their first appointment.

12. Gifts and hospitality

a) Directors are expected to refuse gifts, benefits, hospitality or sponsorship of any kind that might reasonably be seen to compromise their personal judgement or integrity and/or exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused other than isolated gifts of a trivial nature, such as, calendars, or conventional hospitality, such as working lunches.

b) Directors are expected to declare and register gifts, benefits and sponsorship of any kind within two weeks of it being offered, whether refused or accepted. If an individual is unsure whether the offer constitutes hospitality, gifts or rewards as defined by the Trust's policy, then they should declare.

c) This applies to both implicit and explicit offers and whether or not linked to the awarding of contracts or a change in working practices.

d) All declarations of hospitality, gifts or rewards will be entered into the Trust's hospitality register maintained by the Company Secretary.

NB there are separate arrangements to declarations of interest, gifts and hospitality for the Members' Council and Trust staff.

Director of Corporate Development on behalf of the Chair of the Trust
March 2015
Review March 2018

Minutes of Trust Board meeting held on 27 January 2015

Present:	Ian Black	Chair
	Peter Aspinall	Non-Executive Director
	Laurence Campbell	Non-Executive Director
	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Helen Wollaston	Deputy Chair
	Steven Michael	Chief Executive
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
Apologies:	None	
In attendance:	Nette Carder	Interim District Director, CAMHS and forensic services
	Sean Rayner	District Director, Barnsley and Wakefield
	Diane Smith	Director of Health Intelligence and Innovation
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Director, Calderdale, Kirklees and Specialist Services
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Georgina Fenton	Member of the public

TB/15/01 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular, Nette Carder (NC), attending her first Trust Board meeting as interim District Director for child and adolescent mental health services (CAMHS) and forensic services. There were no apologies.

TB/15/02 Declaration of interests (agenda item 2)

It was noted that Karen Taylor (KT) is no longer a Trustee at Barnsley Hospice. There were no declarations made over and above those made in March 2014 and subsequently.

TB/15/03 Minutes of and matters arising from the Trust Board meeting held on 16 December 2014 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 16 December 2014 as a true and accurate record of the meeting. There were no matters arising.

TB/15/04 Chair and Chief Executive's remarks (agenda item 4)

IB began his remarks by commenting that Trust Board will lose twelve years of experience later this year when Peter Aspinall (PA) and Helen Wollaston (HW) come to the end of their terms of office. The recruitment process formally begins with an advertisement in the Sunday Times on 8 February 2015. An informal information event was held on 15 January 2015 and IB was very impressed by the quality and variety of potential candidates who attended. The Chief Executive (SM) commented that there was a diverse range of people with a wide range of skills, experience and backgrounds. HW added that it was heartening that so many people had shown an interest in the roles and the majority were genuinely interested candidates. IB went on to say that the Trust is particularly seeking more diversity on the Board to fill the two vacancies.

IB also commented on the policy announcement from Nick Clegg, the Deputy Prime Minister, on the Detroit model. The Trust spends much time and effort investigating and reviewing suicides of people who have used Trust services; however, there are suspected suicides in the wider community that are not investigated with similar rigour. He is involved in a piece of work co-ordinated by NHS Providers to assess the level of incidents where an individual has not accessed secondary mental health services and how they should be investigated.

Under his remarks, SM commented on the following.

- The outstanding rating given to musculo-skeletal services at Mount Vernon, Barnsley, following a Trust planned visit. Palliative care services and the stroke rehabilitation unit in Barnsley also achieved an outstanding rating. Sean Rayner (SR) commented that this recognised the commitment of staff and the nature of the culture and approach of all involved in the services. IB asked that the Trust Board's thanks are passed on to staff.
- Five-year forward view and the form of organisations that could emerge as a result.
- The Trust is discussing forms of service delivery with commissioners and partners in each of its districts although these take a different form in each. This includes ideas such as employment of GPs and a multi-specialist provider model.
- He also commented on the Provider Alliance in Wakefield, the Care Closer to Home work in Kirklees in partnership with Locala to develop a service model and discussions in Calderdale regarding an appropriate model for future service delivery. He also commented on the Prime Minister's Challenge fund aimed at improving access to primary care.
- Local authority funding pressures continue to present challenges in the system.
- The Mental Health Crisis Concordat, its relationship with Trust Section 136 suites and the letter from Norman Lamb, Minister of State for Care and Support, and Mike Penning, Minister for Policing, Criminal Justice and Victims. HW commented that this had been discussed in both the Clinical Governance and Clinical Safety and Mental Health Act Committees and is also seen as an issue for discussion with commissioners.

IB asked about the state of the Trust's preparedness for the planned industrial action. Alan Davis (AGD) responded that there is further action planned over twelve hours on 29 January 2015. The Trust has good dialogue with staff side to ensure service users and staff are safe. The Trust needs to balance the legitimate right of staff to take industrial action with the provision of safe services. He confirmed that services are covered and care will not be compromised. A planned 24-hour action will present additional issues, particularly with continuity of care. The arrangements in place were supported by the Director of Nursing, the Medical Director and BDU Directors.

TB/15/05 Performance reports month 9 2014/15 (agenda item 5)

TB/15/05a Quality performance reports (agenda item 5.1)

Tim Breedon (TB) introduced this item and advised Trust Board of the ratings for the Quality Accounts indicators awaiting data and particularly asked Trust Board to note that significant progress had been made on the red rated area (CAMHS in Barnsley – patients seen within five weeks of initial referral). There will be a further review of the rating when the figures are validated for quarter 3.

TB also referred to the following.

- Safer staffing – a detailed analysis and review of the implementation of twelve-hour shifts will be presented to the Clinical Governance and Clinical Safety Committee on 3 February 2015, which will include an outline of the proposed tool for assessing safer staffing levels.

- Department of Health physical interventions benchmarking – the Trust is reviewing its seclusion figures and the way it reviews and records interventions. This will be reported to the Clinical Governance and Clinical Safety Committee.
- There has been a positive improvement in the performance for Ward 19, Priestley Unit, Dewsbury and District Hospital, which reflects the hard work of staff.
- The Care Quality Commission (CQC) themed review of crisis services in Barnsley has been postponed by the CQC. The CQC review of services for looked after children and safeguarding in Barnsley in November 2014 has now reported and, although there is no grading attached to the review, the comments made by the CQC were positive with many examples of good practice. A multi-agency service improvement plan is in place, which the Trust will contribute to.

TB went on to highlight a number of performance areas, including:

- data quality (a clear message has been sent to clinicians regarding data recording and quality imperatives through the 'trios' with a review by Practice Governance Coaches);
- mandatory training;
- gatekept admission (the model of service has changed and crisis services are covered by more services than solely crisis teams; therefore, the Trust will review how it measures gatekeeping);
- Friends and Family figures from NHS England will be aggregated with the Trust's results and reported to Trust Board in March, including benchmarking with similar Trusts.

TB went on to update Trust Board on CAMHS in Calderdale and Kirklees. Strengthened general management capacity is now in place supported by NC to address operational issues, which will include the ability to measure activity and provide performance data. Jonathan Jones (JJ) asked what will happen at the end of the interim Director-level appointment. NC responded that part of her remit was to advise the Trust on the optimum management structure and support required for the service. SM added that the issue for the Trust is to ensure a sustainable model is in place on which CAMHS is commissioned and part of this is to articulate what a well-specified service looks like. He clarified that part of NC's work during the six-month appointment is to agree a structure to manage the service. NC confirmed that this would be based on the 'trio' arrangements already in place adopting the principle of clinical, general management and practice governance partnership. SM added that the Trust recognises the shortfalls in the service specification and, therefore, will need to prioritise where the current level of resource is directed. HW confirmed this is a standing item on the agenda for the Clinical Governance and Clinical Safety Committee.

Alex Farrell (AF) took Trust Board through the key points relating to the Trust's financial position.

<u>Vacancy factor</u>

AGD commented that the Trust continues to review the vacancy factor given its potential impact on services. The Trust will also re-visit the 10% rate as this was set during the foundation trust application process. Laurence Campbell (LC) asked whether the issue was the length of time between a vacancy occurring and filling it. AGD responded that the process does need to be leaner although it has been rationalised over time and there is sometimes a delay before the recruitment process starts; however, it is more pertinent to ensure the Trust recruits the right people. He assured Trust Board that there is no moratorium on recruitment or a policy of holding posts; however, there is a tendency to consider workforce changes as a result of transformation prior to the move to fill a vacancy.

Sickness absence

IB commented that this had been reviewed in detail at the additional Remuneration and Terms of Service Committee the previous day. The Committee reviewed Office of National Statistics (ONS) information in relation to sickness absence, an analysis of Trust performance and benchmarking against other Trusts. He would like to see a more relevant target rather than a blunt 4% and would, therefore, wish to see an evidence-based target for 2015/16 based on:

- what is realistic;
- Deloitte's comments on this as part of its review of the Trust's plan for 2015/16;
- plans to implement.

This would be considered through the Committee and it may be that a different target is set.

Capital expenditure

The current position was discussed in detail at the Estates Forum on 21 January 2015. AGD reported that there is a £3 million shortfall on the capital programme of £11.78 million. This was mainly due to underspend on the Wakefield community hub and the inability to find a suitable property, and the Fieldhead masterplan.

IB commented that there is a perception of a poor history of forecasting capital and estates expenditure and he would, therefore, like to review this in the context of the quarter 3 return to Monitor. JJ responded that the Trust's Estates Strategy is complex and demanding and the Trust could have spent funds inappropriately to meet its capital plan. Instead, it has adopted a sensible approach in reviewing and deferring expenditure for the good of Trust services.

TB/15/05b Customer services/patient experience report quarter 3 2014/15 (agenda item 5.2)

Dawn Stephenson (DS) outlined the key points from the report and explained that it demonstrates how the Trust has adopted best practice as set out in the House of Commons Select Committee report. The Trust will review the detail of the report to ensure its reporting approach reflects best practice.

She went on to report to Trust Board that the Trust now explains to service users and carers why it collects equality monitoring information and what use it makes of it. Work has begun through the Partnerships Team to identify best practice and whether there is any other action the Trust can take to improve its recording, such as training for staff or further information for service users.

PA asked if there are learning points for the effectiveness of the system where complaints are referred to the Ombudsman. DS responded that the Trust learns lesson where it is found not to have responded appropriately.

HW asked if service users are involved in the Patient Experience Group or in its review. DS responded that the review will include looking at service user and/or carer involvement, the involvement of BDU 'trios' and the involvement of the Members' Council.

Julie Fox (JF) commented that customer services seems very process-driven and she would like to see a more outcome-focussed approach.

It was RESOLVED to NOTE the report.

TB/15/05c Exception reports and action plans – Independent investigation report (agenda item 5.3(i))

It was RESOLVED to NOTE the publication date of the report and action plans, which will include publication on the Trust's website, and the monitoring process for the action plans.

The following comments were made.

- TB commented that, now the process is complete, the Trust will contact NHS England to express its concern at the length of time the process has taken.
- SM commented that the report demonstrates that the Trust's review of caseloads is the right approach to ensure that the Trust does not retain individuals on caseloads unnecessarily, which then has the effect of leading other agencies to assume that an individual is receiving some form of care.
- PA expressed surprise that the Trust was not aware of an individual's criminal history. He commented that multi-agency co-operation and arrangements are a recurring theme and he was disappointed that there seems to be no progress or a catalyst to make co-operation happen. TB responded that there are some areas, such as safeguarding and the Mental Health Crisis Concordat, where this is happening. The Trust should make use of opportunities where it can support development of co-operative arrangements and overcome information governance issues between partners.

TB/15/05d Exception reports and action plans – Potential development of Tier 4 CAMHS (agenda item 5.3(ii))

HW asked what the timescales might be for this development and Adrian Berry (ABe) responded that this was likely to be the summer of 2016.

It was RESOLVED to NOTE the ongoing development work and APPROVE the preparation of a formal business case to be presented for future Trust Board consideration.

TB/15/05e Exception reports and action plans – Monitor well-led framework governance review (agenda item 5.3(iii))

IB commented that this is a significant piece of work for Trust Board and, in future, organisations will be credentialised, based on Monitor's risk assessment and CQC ratings. There is no confirmation of when the CQC inspection will take place and, therefore, this piece of work will also provide evidence in relation to one part of the CQC inspection criteria.

It was RESOLVED to NOTE the Monitor well-led framework for governance reviews and APPROVE the timescales proposed.

TB/15/05f Exception reports and action plans – Wakefield integration programme – business rules for partners (agenda item 5.3(iv))

JF commented that there seems to be a gap in terms of equality and diversity and she would like to see this included.

IB commented that, if this is a good idea, why is it not replicated across all districts and will each district develop something similar but with specific differences. SM responded that the district approaches are currently very different and there is no suggestion that this will change. AF added that aspirations contain common themes; however, where there is difference is in partner arrangements to develop frameworks and how issues are resolved. SR commented that having a framework provides consequences if a provider does not work within the principles and business rules. KT added that if the Trust can show collaborative approaches work well in some districts then it can influence other districts to adopt different practices.

It was RESOLVED to SUPPORT the Wakefield Clinical Commissioning Group business rules.

TB/15/06 Strategies for approval (agenda item 6)

TB/15/06a Risk Management Strategy (agenda item 6.1)

DS commented on the annual risk management training undertaken prior to Trust Board.

HW commented that there appears to be a gap regarding equality and diversity as some groups are at higher risk than others. DS responded that the Trust has individual policies in place that relate to clinical practice. IB suggested that, next year, the Trust looks to develop a shorter document and takes a fresh look at its approach to risk. SM responded that, as Accounting Officer, the Strategy provides him with one lens on how the organisation runs and is managed, and this is not the only review of risk at Trust Board level.

It was RESOLVED to APPROVE the Risk Management Strategy.

TB/15/06b Treasury Management Strategy (agenda item 6.2)

LC confirmed that the Audit Committee was supportive of the Strategy and Policy but had asked for the signatory requirements to be clarified on page 12. IB also asked that it is made explicit that the Trust only invests in sterling.

Subject to these two amendments, **it was RESOLVED to APPROVE the Treasury Management Strategy.**

TB/15/07 Monitor quarter 3 return 2014/15 (agenda item 7)

It was agreed to include the following:

- the visit from the Health and Safety Executive to Newton Lodge (AGD assured Trust Board there was no action as a result of the visit);
- an explanation of CASH/GUM services;
- the review of gatekept admissions; and
- the proposal to re-appoint the Chair.

It was RESOLVED to APPROVE the submission and exception report to Monitor, subject to the changes and additions, and to make the declaration regarding the capital plan.

TB/15/08 Assurance framework and risk register quarter 3 return 2014/15 (agenda item 8)

DS explained that the assurance framework had been 'RAG' rated at the request of the Chief Executive to help inform his quarterly reviews with Directors. Further work will be undertaken with Directors to refine the assessment. AF suggested that Trust Board might find it useful to receive guidance on what positive assurance is expected and what gaps in control remain.

In terms of the risk register, IB suggested that the ratings for the risks are reviewed as a result of the comments made during the risk training prior to Trust Board, particularly around recognition of the 'top five' risks identified earlier as CAMHS, the Trust's sustainability position, the overall financial envelope, particularly any impact following the General Election, the commissioning environment and the changing provider environment. AF suggested moving to the beginning of the agenda for the next meeting and a review of the

top five issues for discussion. It was also suggested that key sensitivities from external sources, such as Monitor, Deloitte and KPMG, should inform this review.

It was RESOLVED to NOTE the assurances for quarter 3 2014/15, and NOTE the key risks identified.

TB/15/09 Date and time of next meeting (agenda item 9)

The next meeting of Trust Board will be held on Tuesday 31 March 2015 in the Boardroom, Kendray, Doncaster Road, Barnsley.

Signed …… Date ……

Minutes of Audit Committee held on 20 January 2015

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

AC/15/01 Welcome, introduction and apologies (agenda item 1)

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

AC/15/02 Minutes of the meeting held on 7 October 2014 (agenda item 2)

Paul Hewitson (PH) requested that the minute in relation to the quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales (AC/14/67) be amended to reflect the narrative in the audit plan (under agenda item 5). Subject to this amendment, **it was RESOLVED to APPROVE the minutes of the Audit Committee held on 7 October 2014 as a true and accurate record of the meeting.**

AC/15/03 Matters arising from the meeting held on 7 October 2014 (agenda item 3)

There were two matters arising.

AC/14/71 Internal audit – patients' property

Alex Farrell (AF) informed the Committee that a revised report was circulated with the papers for this meeting with responsibility for action allocated to finance, nursing and operational directorates. John Keaveny (JK) provided an update in terms of operational implementation. The policy has been reviewed from an operational perspective and a gap found in the understanding of the detail of the policy and implementation. Work is underway to ensure all staff are aware of their responsibilities and this should be complete in early February 2015. Action to specifically address the recommendations in service areas where issues were raised has already begun and it is intended to review the position across all BDUs against the audit and the policy during March 2015. There are some parts of the policy that required further discussion between operations and finance to ensure the policy is simple to operate.

LC asked if there was a detailed work plan available. JK responded there is in Calderdale and Kirklees; however, he would take this back to Sean Rayner as BDU Director for Barnsley and Wakefield to confirm.

Peter Aspinall (PA) asked how internal audit viewed the outcome of the audit and the Trust's response in terms of the Head of Internal Audit Opinion. Mark Dalton (MD) responded that KPMG has agreed with the Trust for a re-audit in March 2015 to assess whether sufficient progress has been made to inform the Opinion. This will include a judgement on the part of the year when systems and controls were not adequate. PH commented that Deloitte would expect some form of disclosure in the Annual Governance Statement and annual report. MD concurred as the Annual Governance Statement and the Head of Internal Audit Opinion should align.

AC/14/73 E-procurement

Tony Cooper (TC) updated the Committee on the current position. A paper has not yet been taken to the Executive Management Team as any developments are dependent on an upgrade to Agresso. The paper should be presented to set out the next phase before the end of this financial year. TC confirmed the Agresso upgrade is in the IM&T plan and will not affect achievement of procurement cost savings for 2015/16.

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

The Committee received a presentation from Emma Polhill, Finance Manager, on progress to develop service line reporting. Jonathan Jones (JJ) asked whether the issue reported to Trust Board in relation to capital costs attributed to BDUs for capital developments had been resolved, particularly for the Fieldhead site. AF responded that this will be part of the options appraisal for the Fieldhead masterplan. It also reflects a national debate regarding pricing and costing methodologies and models and how capital elements of costing are used to determine price. Currently, the Trust includes capital where it falls; however, there are options for the Trust to consider if this results in an uncompetitive or unrealistic price against market rates.

AF went on to comment that the Trust's methodology has been externally validated by Capita with a positive result. Core principles were established at the beginning of the process and the methodology reflects these principles. Debbie Hogg (DH) added that service line reporting has enabled the Trust to establish the cost of the Trust's services against the price commissioners pay, which will be helpful in discussions around re-aligning the cost base in contract schedules to ensure block income is more appropriately spread over services.

LC asked if there was any risk to current commissioning arrangements. AF responded that clinical commissioning groups (CCGs) are aware of the work undertaken and the Trust is progressing discussions in terms of the price commissioners should pay; however, unpicking this in one area may make services in another unsustainable as a standalone area. Payment by Results/currency will help balance the budget across districts.

JJ asked whether the Trust has assessed the level of cost savings to come out of this exercise. AF responded that it has allowed the Trust to identify anomalies between BDUs, to identify why and whether there are opportunities to address these. DH added that service line information identifies areas/opportunities where cost savings could be made but cost savings would not be realised from this exercise specifically.

AC/15/05 Review and agree external audit plan and fees (agenda item 5)

Paul Thomson (PT) introduced the report and alerted the Committee to the four significant risks identified and the enhanced audit reporting requirements. PH then took the Committee through the detail of the report.

The significant audit risks were outlined as follows.

- Recognition of NHS revenue – *fraudulent misstatement of revenue continues to be a presumed risk of misstatement.*
- Property valuations – *the valuation of the Trust's £96 million of property assets (as at 31 March 2014) is inherently judgemental.* This was identified as a continuing significant risk.
- Accounting for capital expenditure – *the Trust has begun a significant programme of investment in community hubs.* Deloitte specifically highlighted the Calderdale community hub development at Laura Mitchell House in Halifax.
- Management override of controls – *Deloitte will use computer-assisted audit techniques to support its work on the risk of management override.*

PH went on to comment that the Trust's annual report should specifically address the risks, either explain the mitigating action to address or explain why the Trust does not consider these to be risks, and explain its tolerance of any residual risk. He also outlined other accounting judgements not currently identified as audit risks in relation to:

- segmental reporting;
- results of the recent Quality Assurance Directorate review;
- implementation of payment by results;
- delivery of transformation;
- related parties; and
- patients' property.

PH also highlighted the introduction of the ISA 700 (enhanced auditor's report) and a draft Opinion will be presented to the meeting in April 2015.

Action: Deloitte

PH also commented that the Trust has to consider whether service line reporting is used to determine and shape operational decisions rather than influencing decisions made. If the Trust does use it in such a way, he asked whether the Trust intends to disclose its segmentation. If it does not make a disclosure, the Trust will need a strong rationale as to why and Deloitte, as external auditors, will need to disclose this in its Opinion. He understood and appreciated the confidentiality of some of the information; however, the Committee will need to discuss its position regarding disclosure. AF suggested taking to Trust Board on 27 January 2015.

Clare Partridge (CP) added that it is part of the Audit Committee's responsibility to ensure it has considered risks during the year and is assured that the Trust has action in place to mitigate risk or tolerate a level of risk.

PH went on to outline the control recommendations made in respect of:

- authorisation of journals;
- formal valuation instructions; and
- risk management.

AF responded that management's response is articulated in the paper, which will be acted on.
In relation to the accounting judgement made on related parties, AF asked that the note reflects the assurance provided to the Committee in relation to declarations of interests and the development that the Trust is implementing. PH responded that a comprehensive declaration of interests process will highlight any discrepancies and the need for related party disclosures.

It was RESOLVED to APPROVE the audit plan and fees to 31 May 2015.

AC/15/06 Audit Committee annual report, agreement of work plan and review of terms of reference (agenda item 6)

AF introduced this item. There are a number of areas for inclusion when the final draft is presented to the Committee in April 2015:

- the Committee's review of other risk Committees' effectiveness;
- any change in audit Opinion and any implications for the terms of reference;
- any changes as a result of the training item previous to this meeting for the annual report and terms of reference; and
- assessment of external audit.

It was RESOLVED to:

- **APPROVE the first draft of the annual report and to RECEIVE an updated version in April 2015; and**
- **APPROVE the annual work plan.**

Consideration of the terms of reference and the outcome of the self-assessment will be undertaken at April's meeting.

AC/15/07 Agreement of final accounts timetable and plan (agenda item 7)

It was RESOLVED to APPROVE the accounts timetable and plan for 2014/15.

AC/15/08 Review of Accounting Policies (agenda item 8)

Subject to an addition to the pensions note on the extent of exposure and explanation of next year's contributions, **it was RESOLVED to APPROVE the changes to the Accounting Policies.**

AC/15/09 Treasury Management Strategy and Policy and update (agenda item 9)

It was RESOLVED to RECOMMEND APPROVAL of the Treasury Management Strategy and Policy to Trust Board at its meeting on 27 January 2015. The update report was noted and **it was RESOLVED to APPROVE the revised signatory list.**

AC/15/10 Closure of quality review of audits by Quality Assurance Directorate of Institute of Chartered Accountants of England and Wales (agenda item 10)

The letter from Monitor was noted. An update on the issues raised was included in the audit plan from Deloitte (item 5).

AC/15/11 Information management and technology – security of Trust systems and safeguards (agenda item 11)

PA asked whether the Trust undertakes an annual penetration test and, if so, how robust it is. AF agreed to find out the detail and update the Audit Committee to provide assurance that the arrangements are robust.

Action: Alex Farrell

AC/15/12 Currency development (agenda item 12)

AF reported that the Monitor consultation on currency ended in December 2014. The Trust has responded on areas specific to mental health in relation to the proposed application of a patient-level costing methodology for mental health and community services and how quality can be assessed through this methodology.

She also reminded the Committee that there had been an independent review of the Trust's currency development, which was positive with some issues raised relating to data recording and case management, which are being addressed through training and a review of case management/record keeping within BDUs. Currency development is included in the transformation programme to underpin and support the transformation of mental health services.

AC/15/13 Triangulation of risk, performance and governance (agenda item 13)

The report was noted.

AC/15/14 Internal audit progress report (agenda item 14)

Progress report

Two reports were presented in final form:

- information governance toolkit, which received partial assurance with improvements required; and
- financial management and reporting, which received significant assurance with minor improvement opportunities.

CP commented that, based on the testing of internal systems and controls to date, the Head of Internal Audit Opinion is likely to be positive. Narrative will be included in relation to the patient's property audit.

In relation to the information governance toolkit audit, MD commented that there will be a further review in March 2015 before the return is submitted and he would expect the opinion to be one of significant assurance following the experience in previous years. He was comfortable that the recommendations can be addressed to meet the submission date at the end of March 2015.

There were also two further reports in draft:

- payroll, which received significant assurance with minor improvement opportunities; and
- risk management and board assurance framework, which received significant assurance.

In relation to the financial management report, LC queried the recommendation regarding budget holder statements not being signed-off as part of monthly reporting. DH confirmed that a reminder to managers has been issued; however, this is only one way the Trust receives assurance in this area and it is not considered to be a major risk for the organisation.

MD also outlined the plan for the re-deployment of fifteen days set aside to review the Trust's annual plan. As a comprehensive review has been undertaken by Deloitte, it was considered to be duplication of work. Five days will be used for data analysis in payroll, five days will be used to follow up the patients' property recommendations and five days will be used to analyse data for Monitor indicators and how these are applied across the Trust.

PA expressed a concern regarding the downward direction of travel of the key performance indicator for the issue of draft reports. MD responded that this was due to annual leave commitments, which PA thought should have been anticipated to ensure the target was achieved. The concern was noted by KPMG.

Patients' property
The revised report was noted and considered under item 3.1

Tracker report
The Committee noted that the review of service level agreements for infection prevention and control services will now be completed in May 2015. The Committee asked to receive an update on why the review was delayed and progress at the April 2015 meeting from the Director of Nursing.

Action: Tim Breedon

The technical update was noted.

AC/15/15 Counter fraud progress report (agenda item 15)

MD took the Committee through the report on behalf of Jon Cohen. LC asked what determines the quarter a case falls into. MD agreed to check on this and confirm.

Action: KPMG

With regard to case 15.003, CP informed the Committee that there was ongoing discussion as to whether this is a police matter or one for the local counter fraud specialist (LCFS). CP will be involved in any meeting.

PA asked how case 15.001 would have been raised. MD responded that it would have come through payroll and the Trust will seek to recover monies even though the member of staff has given notice. MD agreed to find out the action taken by HR and the LCFS and the level of monies involved.

Action: KPMG

AF asked that the report is cross-referenced to the independent review in October 2013 and this was agreed by KPMG.

Action: KPMG

AC/15/16 Procurement report (agenda item 16)

TC took the Committee through his report.

LC commented on the discrepancy between tender waivers in the report. TC explained that this was likely to be a timing issue between the waiver and the placement of an order.

AC/15/17 Losses and special payments report (agenda item 17)

The report was noted.

PH asked whether the two fraud cases reported under agenda item 15 should be included in the report. AF responded that they would be included if the Trust decided not to or could not recover monies.

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

The next meeting will be held on Tuesday 7 April 2015 at 14:00 in the Boardroom, Kendray Hospital, Doncaster Road, Barnsley, S70 3RD.

AC/15/19 Any other business (agenda item 19)

No other business was raised.

Minutes of Clinical Governance and Clinical Safety Committee held on 3 February 2015

Present:	Ian Black	Chair of the Trust
	Julie Fox	Non-Executive Director
	Helen Wollaston	Deputy Chair of the Trust (Chair)
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Dawn Stephenson	Director of Corporate Development
Apologies:	None	
In attendance:	Sue Barton	Deputy Director, Health Intelligence and Innovation (item 15)
	Mike Doyle	Deputy Director, Nursing, Clinical Governance and Safety
	Karen Holland	Assistant Director, Compliance
	Karen Taylor	BDU Director, Calderdale, Kirklees and specialist services
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)

CG/15/01 Welcome, introduction and apologies (agenda item 1)

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

CG/15/02 Minutes of the previous meeting held on 11 November 2014 (agenda item 2)

It was RESOLVED to APPROVE the minutes of the meeting held on 11 November 2014.

CG/15/03 Matters arising (agenda item 3)

There were three matters arising.

CG/14/83 Review of managing aggression and violence incidents (agenda item 3.1)

Mike Doyle (MD) confirmed that the Managing Aggression and Violence Team is reviewing the 'caring approaches around situations' accredited approach by British Institute of Learning Disabilities (BILD) as it is equally applicable to adult, older people's and forensic services in the Trust.

CG/14/84 Care Quality Commission thematic review of crisis services in Barnsley

The Committee noted that the review had been deferred by the Care Quality Commission (CQC). A report will come to the next meeting.

Action: Tim Breedon

CG/14/90 Reduction and management of Child Exploitation (agenda item 3.2)

A risk assessment has been developed and is currently out for consultation with designated nurse leads with a view to development of a single agency strategy and policy by the end of February 2015.

CG/15/04 Quality impact assessment of cost improvement programme (agenda item 4)

Tim Breedon (TB) introduced this item and commented that challenge events for both BDUs and support services are complete and quality impact assessment ratings of cost improvements reviewed. He commented that, this year, the process was robust and integrated with a greater degree of preparation and a clear rationale for the development of cost improvements. The overall programme will be reviewed in preparation for the Executive Management Team (EMT) time out on 5 and 6 February 2015. Of the cost improvements considered:

- £700,000 were rated as 'weak';
- £1.2 million as 'poor';
- £5.3 million as 'neutral';
- £1.47 million as 'fair';
- £1.4 million as 'good'; and
- £176,000 as excellent.

The full outcome will be presented to commissioners in a spirit of openness and transparency and there will be an internal quarterly review with the outcome reported to this Committee. There will be an overview of the work completed to date in April 2015 and the outcome of the first review in June 2015.

Action: Tim Breedon

HW remarked on a comment made at the Members' Council regarding the impact on the quality of services and how Trust Board would receive assurance. She asked where the focus of this Committee should be. Karen Holland (KH) suggested presentation of more detail on 'poor' and 'weak' areas and substitutions on an ongoing basis.

Action: Tim Breedon

HW suggested internal communications around the process. TB responded that this would be done when the process is complete, providing information on the outcome of the process and the position by BDU. Karen Taylor (KT) confirmed that this had very much been a BDU-owned and led process this time with a more creative approach to realisation of savings. Alan Davis (AGD) commented that he would like to see a review of the cost savings attributed to the vacancy factor, where it is coming from, the impact on services and where proposals fit in terms of future staffing.

Ian Black (IB) asked for an update to be circulated to Trust Board as it very much informs consideration of the annual plan and budgets.

Action: Tim Breedon

CG/15/05 Review of safer staffing and implementation of twelve-hour shift patterns (agenda item 5)

TB explained that the paper outlines the current position, the Trust's approach to delivering its own evidence-based tool and next steps. The Committee noted that the Trust reports against 'optimal' levels as opposed to 'safe' levels. The Trust does not consider that reporting against 'safe' levels not to be in the spirit of the original requirement for Trusts to be transparent. AGD acknowledged this distinction but commented that operational policies need to identify levels below which staffing becomes 'unsafe'. Cross-cover and ward managers forming part of the nursing establishment also need to be recorded when applicable.

MD advised the Committee that there will be a review of the implementation of twelve-hour shifts at three months (the following week) and six months (24 March 2015). The review will:

- survey ward managers and staff;
- look at quantitative data, such as sickness absence, use of band and agency staff, and mandatory training;
- look at finances (actual cost savings realised); and
- incidents.

Anecdotally, there are mixed views amongst staff with more positive feedback from service users and more formal views from both staff and service users will be collected. AGD commented that staff views could also be canvassed through the staff wellbeing survey rather than surveying staff twice.

MD agreed to bring an update back to the Committee in April 2015.

Action: Mike Doyle

HW was keen that the Trust did not forget the extension of safer staffing tool to community services. TB commented that the Trust will review the timing when the evidence-based tool is rolled-out and embedded across in-patient areas. He anticipated that the work would begin in June 2015. AGD was nervous that extension to community services will identify a number of issues around management of the vacancy factor within BDUs. TB commented that roll-out of the staffing tool will provide an understanding of any resulting cost pressures. The review will also look at the impact on other areas such as mandatory training.

CG/15/06 Quality Accounts 2014/15 (agenda item 6)

The Committee noted that the Members' Council approved two mandatory indicators and one local indicator based on pressure ulcers, which will be discussed in more detail with Deloitte at the Members' Council Quality Forum on 24 February 2015.

IB raised a concern in relation the involvement of Overview and Scrutiny Committees given the timescales to meet Trust timescales and local elections.

CG/15/07 Care Quality Commission (agenda item 7)

Care Quality Commission annual report – learning lessons (agenda item 7.1)

The report was noted. IB commented on the proposed requirement for trusts to be 'credentialised' by Monitor and the CQC, which poses a risk for the Trust in terms of the timing of a CQC inspection. He added that he will also raise with NHS Providers around earned autonomy and the anomaly in the Government's approach to the outcome of OfSTED and CQC inspections.

Implications for the Trust arising from the Care Quality Commission reports on Mid-Yorkshire Hospitals NHS Trust and Leeds and York Partnership NHS Foundation Trust (agenda item 7.2)

The report was noted. Julie Fox (JF) asked for a paper on the issues in relation to the Mental Health Act to be considered in the Mental Health Act Committee.

Action: Tim Breedon

IB asked whether the Trust should consider a Non-Executive Director safeguarding lead. If there was a lead for this area, he would have to consider leads for other areas. He will discuss with Non-Executive Directors and the Chief Executive in terms of what such a role actually involves. He would consider HW as Chair of this Committee, the Senior

Independent Director and whistleblowing lead to be adequate, clear and sufficient. HW commented that, as the Senior Independent Director, any concerns could be raised through this channel and it might be worth discussing with Leeds and Yorkshire Partnership NHS Foundation Trust why they identified a Non-Executive Director lead for safeguarding.

Action: Ian Black

AGD commented that how values relate to staff at local level is a key part of the appraisal process and would be picked up as part of staff reviews in this Trust.

IB asked for information on the date of both the visit and the time taken to produce a report to be included in any report to the Committee in future. He would also be interested in how the CQC looks at different parts of the inspection and amalgamates the outcomes into one rating. Adrian Berry (ABe) added that it would be helpful to understanding the rating of 'inadequate' for safety at Mid-Yorkshire Hospitals NHS Trust as the Trust has services on its site in Dewsbury and has shared liaison services.

Action: Karen Holland

Care Quality Commission themed inspection – child safeguarding and looked-after children (agenda item 7.3)
The report was noted.

Care Quality Commission Mental Health Act visits – clinical and environmental (agenda item 7.4)
The report on clinical issues was noted.

In relation to the estates paper, AGD commented that he has requested an audit trail of action in relation to Castle Lodge to ensure the environment remains fit for purpose. For Lyndhurst, there is an ongoing issue in relation to the acuity of service users and the fitness for purpose of the building and environment. The Trust will take responsibility for the majority of maintenance issues in relation to privacy and dignity but the long-term future of the unit is in question. KT added that the Trust will undertake a mock CQC inspection of all three rehabilitation and recovery units in Calderdale and Kirklees. HW asked if there were any themes emerging. AGD responded that the Trust must continue to maintain an environment when the long-term future of a building is uncertain and roll-out improvements to other areas if successful in one.

Care Quality Commission visits/Trust planned visits (agenda item 7.5)
KH updated the Committee that there have been 42 visits since April 2014 (21 to community services and 21 to in-patient services). Finalised reports have been issued on 36 visits. Three services have been rated as outstanding, musculo-skeletal, palliative care and stroke rehabilitation, all in Barnsley. The Trust will review the reports for common themes for learning in other Trust services and environments, such as leadership and management, which can be applied across the Trust.

There have also been 23 good ratings, eleven requiring improvement across a range of services and no ratings of inadequate.

For 2015/16, BDUs will be asked to identify areas on which to focus visits. IB asked that BDUs articulate the reasons/rationale for identifying particular service areas, which KH confirmed would be included.

CG/15/08 Sub-groups – exception reporting (agenda item 8)

Item 8.1 Drugs and therapeutics

ABe reported that there have been drug supply issues with a number of medications, which has implications in terms of disruption to service users and a cost pressure for the Trust. He also confirmed that the Chief Pharmacist will attend the next meeting to present the Pharmacy Strategy. IB asked for the presentation to cover the Trust's approach to disposal of drugs.

Action: Adrian Berry

Item 8.2 Health and safety

AGD explained the background to the Health and Safety Executive visit to Newton Lodge. No action has been taken as a result and no fee incurred by the Trust.

Item 8.3 Infection Prevention and Control and item 8.4 Safeguarding

The reports were noted.

Item 8.5 Managing aggression and violence

The report was noted. JF asked for national figures for incidents per 1,000 staff to be included in the report each time to benchmark performance.

Action: Tim Breedon

CG/15/09 Committee annual report 2014/15, approval of work programme, review of terms of reference and self-assessment (agenda item 9)

Annual report

It was agreed to include reference to the annual BDU governance report, the clinical reference group and the appointment of a medical lead for patient safety.

Action: Bernie Cherriman-Sykes

TB will review the work programme with Executive Director colleagues in terms of how the Committee receives assurance based on development of the Patient Safety Strategy and approach, which could re-focus the Committee on improvement activity, receiving assurance through alternative sources.

Action: Tim Breedon

Priority areas were identified as:

- cost improvements and quality impact assessment;
- planned/unannounced visits;
- child and adolescent mental health services;
- transformation;
- nurse re-validation; and
- care certification for healthcare support workers

IB asked for inclusion of planning/preparation for the CQC visit in 2015.

The Committee considered that the terms of reference remained fit for purpose. IB asked that the outcome of the Non-Executive Director lead discussion is included if appropriate.

Action: Ian Black/Bernie Cherriman-Sykes

Dawn Stephenson (DS) commented on the good practice raised by Deloitte at the Audit Committee's 'training' session on best practice in terms of reporting issues arising from Trust Board Committees to the Members' Council as part of Governors' duty to hold Non-Executive Directors to account.

Subject to the amendments and comments above, **it was RESOLVED to APPROVE the annual report for 2014/15, the terms of reference and the work programme.** The self-assessment will be circulated to Committee members and the outcome included in the final version for the Audit Committee in April 2015.

Action: Bernie Cherriman-Sykes

CG/15/10 Child and adolescent mental health services (CAMHS) (agenda item 10)

A full report was presented to Trust Board on 27 January 2015. Following the appointment of an interim BDU Director, a thorough review of the recovery plan has been completed and will be presented to commissioners on 12 February 2015. It was agreed to receive this at the next meeting with revised timescales and a progress update.

Action: Tim Breedon/Adrian Berry/Nette Carder

Priorities currently are:

- data quality and use of RiO;
- safeguarding training;
- continued presence of a full-time general manager.

An interim deputy director will transfer to the service.

JF asked for the update in April to include how the Trust will address other tier issues (that is, tiers 1 and 2) and how the Trust works with organisations providing these services, as well as next stage commissioning arrangements and the relationship with commissioners.

Action: Tim Breedon/Adrian Berry/Nette Carder

In terms of Trust Board and Committee reporting, IB confirmed that the Committee looks in detail at the issues and Trust Board receives an update and exception report.

CG/15/11 Independent review reports – action plan (agenda item 11)

The report was noted. The action plan will be monitored through the Quality Board externally and this Committee internally.

CG/15/12 Quality performance report month 9 2014/15 (agenda item 12)

The report was noted and considered in detail at Trust Board.

JF commented that there has been no real progress on cluster reviews. TB responded that he is discussing with Alex Farrell how to effectively reinforce the message with staff and will take back through the Data Quality Steering Group for agreement of action.

Action: Tim Breedon

CG/15/13 Recovery (agenda item 13)

Sue Barton (SB) presented to the Committee on the Trust's approach to recovery.

In relation to supporting service users into employment, JF suggested that next steps could include contact with employers for placement and employment opportunities. DS will also follow up examples of other Trusts where achievement of the service users into employment target is above this Trust's performance.

Action: Dawn Stephenson

It was noted that the Trust's target relates to individuals on care programme approach and individuals in recovery colleges are not necessarily receiving secondary care. There can certainly be a joined up approach where individuals are in receipt of Trust services; however, some individuals are referred to the colleges through different routes. HW commented that she would like to see a clearer way of measuring whether recovery colleges are having an impact on getting service users into employment although the restrictions on what the Trust can report were noted. She also suggested that the Trust should monitor the percentage of its own service users who access the Recovery College in order to monitor impact for Trust services.

IB asked how learning was shared between different colleges and sought assurance that the Trust is not 'reinventing the wheel' each time. SB provided examples of learning and the transfer of best practice. National learning is through Implementing Recovery through Organisational Change (ImROC).

MD asked if there were any plans to publicise the Trust's work. SB responded that this would be discussed with ImROC. IB added that Trust Board is keen that the Trust publicises its achievements and is recognised.

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

MD took the Committee through the working draft of the Patient Safety Strategy and the direction of travel and format was supported. The Strategy will be formally launched in April 2015 for a three-year period, linked to the Sign-up to Safety initiative. The Strategy Implementation Steering Group will report progress to the Committee.

IB asked for the arrangements for whistleblowing if staff believe patient safety is compromised to be explicit to staff. AGD responded that there is a review of raising concerns information for staff and this will be re-launched.

CG/15/15 National audit of schizophrenia, Royal College of Psychiatrists (agenda item 15)

The report was noted. An action plan will be developed and presented to the meeting in June 2015.

Action: Adrian Berry

CG/15/16 Suicide preventions – the Detroit model (agenda item 16)

A paper was tabled and MD took the Committee through the key points. The implications for the Trust were noted.

ABe commented that the principles reflect best practice, which the Trust can use and learn from; however, the basis for the conclusions are difficult to evidence, particularly in the UK, and to extrapolate to mental health as a whole.

The Patient Safety Strategy will include suicide prevention and what the Trust can learn from incidents where it has successfully prevented suicide.

CG/15/17 Any other business

Clinical audit plan

This will be circulated and any comments should be returned to MD by 27 February 2015.

Action: Committee members

CG/15/18 Date of next meeting (agenda item 17)

The next meeting will be held on Tuesday 21 April 2015 at 14:00 in training room 4, Learning and Development Centre, Fieldhead, Wakefield.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Minutes of the Mental Health Act Committee Meeting held on 24 February 2015

Present:	Julie Fox	Non-Executive Director (Chair)
	Jonathan Jones	Non-Executive Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Dawn Stephenson	Director of Corporate Development
Apologies:	**Members**	
	Helen Wollaston	Non-Executive Director
	Adrian Berry	Medical Director
	Attendees	
	Alwyn Davies	Lead Professional, Safeguarding Adults, Barnsley Hospital NHS Foundation Trust – acute trust representative
	Geoff Naylor	Independent Associate Hospital Manager
In attendance:	Shirley Atkinson	Local authority representative – Barnsley
	Andy Brammer	Mental Health Act Professional Lead (Wakefield) – local authority representative
	Julie Carr	Clinical Legislation Manager
	Bernie Cherriman-Sykes	Board Secretary (author)
	Yvonne French	Assistant Director, Legal Services
	Anne Howgate	AMHP Team Leader (Kirklees) – local authority representative
	Lorraine Jeffrey	Independent Associate Hospital Manager
	Antonis Lakidis	Associate Specialist, Calderdale
	Ian Priddey	Professional Lead and Development Co-ordinator (Mental Health) (Calderdale) – local authority representative
	Anita Theaker	Head of Forensic Social Work (item 1)
	Stephen Thomas	MCA/MHA Team Manager (Wakefield) – local authority representative

MHAC/15/01 Welcome, introduction and apologies (agenda item 1)

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

MHAC/15/02 The Act in practice – Multi Agency Public Protection Arrangements (MAPPA) (agenda item 2)

The Committee received a presentation from Anita Theaker, Head of Forensic Social Work Service, on MAPPA and the Trust's involvement in the multi-agency approach.

MHAC/15/03 Legal update/horizon scanning (agenda item 3)

Mental Health Act Code of Practice

The Committee noted that the issues raised by the Trust in its response to the consultation had been noted although not necessarily included in the final version. Julie Carr (JC) outlined the main changes in the Code:

- adoption of values-based practice;
- the impact of human rights legislation and the Mental Capacity Act;
- new chapters on equality and diversity, human rights and appropriate use of restrictive interventions;
- a move to individual care plans; and
- use of Deprivation of Liberty Standards.

The Code will be published on 1 April 2015 and will be put on the Trust's intranet for staff to access. JF asked that, given the cost of purchasing the Code, the Trust looks at the possibility of a 'bulk' purchase of copies of the Code.

Action: Julie Carr

Implementation of the revised Code will be supported by a training programme for clinical staff, some of which may be undertaken in conjunction with local authorities for staff in integrated teams. JF also asked that the Trust considers offering training to GPs. It was noted that training for Hospital Managers has been arranged for May 2015.

Action: Tim Breedon/Yvonne French

Policies, procedures and protocols will be reviewed as a result of the revised Code and these will be approved through Executive Management Team processes and reported to the Committee. The Code will also impact on a number of other Trust policies, which clinicians will need to be aware of. Tim Breedon (TB) commented that the revisions will require a significant review of the Trust's approach to, and policies for, seclusion.

Action: Yvonne French

Ian Priddey (IP) commented that there had been a missed opportunity to resolve issues in relation to conveyancing.

Care Quality Commission Deprivation of Liberty Standards monitoring report
The Committee noted the summary report.

Care Quality Commission Mental Health Act annual monitoring report
The Committee noted the summary report.

Local Government Ombudsman decision – recording of capacity and compliance with the Mental Capacity Act 2005
It was suggested that the decision is circulated to clinical leads to ensure staff in BDUs are aware of the recommendations accompanied by brief guidance. It was noted that Adrian Berry (ABe) is considering Mental Capacity Act training for medical staff, which would include learning from cases such as this. JF asked that a summary of the case in Essex is shared with the Committee at the next meeting.

Action: Julie Carr

Anorexia, force feeding and best interest decision
The Committee noted the summary report.

Under 18s and place of safety
The Committee noted the summary report.

MHAC/15/04 Minutes from the previous meeting held on 21 November 2014 (agenda item 4)

It was RESOLVED to APPROVE the minutes from the meeting held on 21 November 2014.

MHAC/15/05 Matters arising from previous meeting (agenda item 5)

There were eight matters arising.

MHAC/14/31 Section 132 data (Data Quality Steering Group)
TB confirmed that this item was on the agenda for the next meeting of the Group (26 February 2015) and is included in the data quality action plan. He will bring an update to the next meeting.

Action: Tim Breedon

MHAC/14/33 and MHAC/14/45 Ethnicity of admissions
Following the concerns raised by Helen Wollaston (HW) at the last meeting on the number of 'ethnicity not known' responses and the lack of improvement in recording levels, TB reported that the new version of RiO (V7) is likely to include a mandatory field, which staff have to complete before they can move onto the next step. He confirmed that roll-out is expected in June 2015.

MHAC/14/38 Understanding and interpreting trends of care in ethnic diversity
TB updated that the intention is to replicate the audit and bring the findings, together with those of the original piece of work, back to the next meeting.

Action: Tim Breedon/Adrian Berry

MHAC/14/42 S136 Place of Safety/Mental Health Crisis Concordat
TB confirmed that each BDU is involved in its local crisis concordat. Acute liaison teams are part of the Trust's transformation programme for mental health services and policies, and procedures for liaison teams will be reviewed as part of the transformation programme.

MHAC/14/43 Bretton Centre
An update will be brought to the next meeting.

Action: Tim Breedon/Adrian Berry

MHAC/14/43 Consent to Treatment audit
ABe will bring an update to the next meeting.

Action: Adrian Berry

MHAC/14/45 Monitoring information
TB reported that he reviewed the death of a 78-year old female patient following concerns expressed by the Committee at the previous meeting and confirmed there was no health-related theme or concern raised. He will follow up with ABe with a view to reviewing this within the Clinical Reference Group.

Action: Tim Breedon/Adrian Berry

MHAC/14/45 Local authority information and data
A meeting will be arranged by the Trust with local authority representatives to agree the information, format and presentation of information for the Committee.

Action: Julie Carr/local authority representatives

MHAC/15/06 Compliance and assurance – Mental Health Act Committee annual report (agenda item 6)

The Committee asked for three minor amendments and that the report is updated to include items from this agenda. **Subject to these amendments, the Committee approved the first draft of the annual report.** It was noted that a report on complaints in relation to the Mental Health Act will come to the Committee from 1 April 2015.

Action: Dawn Stephenson

The Committee also approved the terms of reference and work programme for 2015. The self-assessment will be sent out to Committee members in due course.

MHAC/15/07 Compliance and assurance – Transformation update (agenda item 7)

TB reminded the Committee that he previously agreed to bring any fundamental changes to services as a result of the transformation programme that might affect areas within the Committee's remit. There were none to report to this meeting; however, he suggested it would be useful to bring a summary presentation on the four-step model for mental health services and the interface with primary care to the Committee at the next meeting.

Action: Tim Breedon

MHAC/15/08 Compliance and assurance – Audit and compliance reports (agenda item 8)

Community Treatment Orders and Section 132 patients' rights in community settings

It was agreed to receive a summary of the research into the effectiveness or otherwise of Community Treatment Orders (CTOs) at the next meeting.

Action: Julie Carr

Dawn Stephenson left the meeting at this point and it was noted that the meeting was no longer quorate.

Four recommendations were made in the audit:

- to continue to monitor CTO activity and benchmark year-on-year against available figures;
- to circulate a reminder to all wards and community teams to raise understanding of the requirements regarding patients' rights;
- to include Section 132A recording in the systems development (RiO) project to ensure Trust-wide consistency of recording; and
- to review the Trust's CTO policy and guidance notes to ensure compliance with the revised Mental Health Act Code of Practice from 1 April 2015.

JF expressed a serious concern about the outcome of the audit and asked that it is repeated in six months rather than a year. It was suggested that more information is given to community teams regarding the audit and expectations, and that this should also be cascaded through BDU Directors. TB also agreed to raise through the Data Quality Steering Group.

Action: Julie Carr (for repeat audit)

The Committee was also concerned that a different policy operates in Barnsley and asked TB to review the position as it was Trust Board's understanding that harmonisation of policies across the Trust had taken place.

Action: Tim Breedon

MHAC/15/09 Compliance and assurance – Care Quality Commission Visits (agenda item 9)

Recent visits

The four monitoring visits to Poplars, Pontefract (24 September 2014), Johnson, Newton Lodge, Fieldhead (16 October 2014), Beamshaw, Kendray, Barnsley (24 November 2014) and Bronte, Newton Lodge, Fieldhead (9 December 2014) were noted.

Yvonne French (YF) updated the Committee on the progress made to address the recommendations made by the Care Quality Commission (CQC). JF suggested writing to

teams and/or individuals where exemplary activity is identified by the CQC from the Committee.

Action: Yvonne French

Estates issues
In relation to observations about Lyndhurst, TB was asked to raise these with Alan Davis as Director lead. The Committee noted that the position is related to the transformation of rehabilitation and recovery services.

Action: Tim Breedon to raise with Alan Davis

Clinical issues
JF commented that it is the expectation of the Committee that actions following CQC visits should be agreed, actioned and completed within three months. Specifically, JF asked for an update from James Waplington on the outstanding recommendations in relation to Trinity 1, Priory 2 and Trinity 2. The Committee also asked to see a copy of the patients' rights leaflet, for receipt of the outcome of the local audit of Section 17 leave in Newton Lodge, and evidence that staff are meeting the requirements for Section 132 patients' rights.

Action: Yvonne French

The Committee appreciated and commended instances where action had been undertaken and completed by staff in response to CQC recommendations.

MHAC/15/10 Monitoring Information (agenda item 10)

JF asked for further information on the numbers of black people sectioned and what the 'other' group consists of. The Committee also suggested inclusion of a line chart for tribunal activity.

Action: Yvonne French

Local authority information
The concern remains regarding the mis-match between activity reported by local authorities and actual activity (see MHAC/14/45 above).

Hospital Managers' Forum 2 December 2014
The Forum notes from 2 December 2014 were received and noted.

MHAC/15/11 Partner agency update (agenda item 11)

Local authority
Taken under previous items.

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

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

- the revised Mental Health Act Code of Practice;
- transformation and the impact on application of the Mental Health Act;
- Community Treatment Orders and policy harmonisation;
- Care Quality Commission visits; and
- data with particular reference to ethnicity.

MHAC/15/13 Any other business

None was raised.

MHAC/15/14 Date of next meeting

The next meeting will be held on Tuesday 12 May 2015 from 14:00 to 16:30 in room 40, Folly Hall, Huddersfield.

Minutes of the Remuneration and Terms of Service Committee held on 26 January 2015

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

RTSC/15/01 Welcome, introduction and apologies

The Chair (IB) welcomed everyone to the meeting. There were no apologies. He explained that the purpose of this additional meeting was to ensure the Committee discharges its duty by scrutinising sickness absence data in detail to provide assurance to Trust Board that the Trust is managing sickness absence.

RTSC/15/02 Sickness absence

Alan Davis (AGD) introduced this item and took the Committee through the paper, which outlined:

- the current internal position and trends;
- how the Trust benchmarks externally; and
- hotspots.

He made the following points.

- There has been a downward trend over the last three years in the headline figure, particularly in short-term absence. This means that management focus now is on long-term sickness absence (that it, over 28 days).
- Specialist services are identified as a hotspot, adversely impacted by the transfer of child and adolescent mental health services (CAMHS) in Calderdale and Kirklees in April 2014. This was also occurred when CAMHS transferred to the Trust in Wakefield in 2012.
- There has been a steady increase in sickness in forensic BDU over time.
- The Trust has worked to develop an infrastructure to support managers and staff manage sickness absence and to discharge their duties.
- Sickness absence is often an indicator of wider issues within a service requiring a different response and this can be seen, for example, in CAMHS, low secure services and Ward 19 (Priestley Unit, Dewsbury and District Hospital).
- Although the Trust has the lowest sickness rate of all mental health/learning disability trusts within the North West, Yorkshire and the Humber, and the North East, national benchmarking shows a clear north/south divide. There is no intelligence as to why this should be so and discussions with KPMG have not shed any light on the reasons.
- The main reason for absence in the Trust is stress followed by musculo-skeletal, which does not reflect Office of National Statistics (ONS) figures.

IB commented that the Trust is not achieving its 4% target due to the impact of a number of hotspots. Deloitte has been asked to look at the Trust's budgets and annual plan for 2015/16 and he would like Deloitte to also look at remuneration and 'people' statistics, including sickness absence.

IB asked Peter Aspinall (PA) to outline his concerns in relation to the ONS report on sickness absence. PA commented that, taking the ONS figures and 'flexing' these to the Trust's male/female ratio (estimated at 2.2%), this leaves 2.5% to explain in terms of gap analysis on a performance of 4.7%. In financial terms, this is a significant resource, which the Trust could be utilising to deliver services. IB invited comments and observations.

- Helen Wollaston (HW) commented that there is one key difference in that the Trust pays six months full pay to staff on sick leave; therefore, it is always likely to see higher sickness rates than say, the private sector. It may be unrealistic to expect that the Trust could reduce its rate to 2.2% but she believed it could do more to reduce the rate to 4% or slightly lower.
- IB commented that, within the ONS figures, health is at 3.4%. AGD confirmed that an allowance of 3.6% is made in ward budgets.
- PA commented that the Trust should be able to quantify improvements rather than relying on anecdotal evidence. He would like to see the Trust analyse the gap and identify where focussed management effort is required.
- Jonathan Jones (JJ) asked how much in the way of cost savings would be realised through improving sickness absence in 2015/16. AGD responded that there were no savings in the plan and, therefore, any reduction will deliver a benefit although would still be above the ONS figures. JJ commented that the Executive Management Team (EMT) needs to develop a strategy to achieve this. There may be a stark choice between the current level of sickness absence and making staff redundant; therefore, amendments to staff terms and conditions may be needed.
- Steven Michael (SM) commented that mental health services involve a high degree of human interaction, which is liable to be more stressful than other parts of the health sector, which is borne out in the Trust's ratios for musculo-skeletal and stress-related illnesses. He added that staff side is supportive of the Trust's drive to keep sickness absence down and to lower further. Certainly, long-term sickness absence may require a differing organisational stance; however, this may involve people who are seriously ill. His view was that an organisation like Robertson Cooper could offer expert advice.
- HW reiterated her view that there is more the Trust can do. She was not aware of any sanctions for managers where management action was not adequate or effective.
- IB commented that there was no real evidence base for the choice of the 4% target. It was an aspirational target with that intention rather than an upper limit; however, it is lower than the Trust has achieved and an aspirational target provides a challenge. For 2015/16, he would like to see the budgeting process include a clear audit/evidence trail to support the choice of target. There is evidence to show that patient-facing acute services have higher absence levels than, for example, support services. Whilst this might be obvious, more evidence is needed as to why.
- AGD responded that this is why the staff wellbeing survey is so important to identify hotspots and areas where other issues affect a service's performance, of which sickness is one factor.
- JJ suggested a comparison with Priory, for example, and why its rates are lower. He also suggested other mental health trusts where the rate is lower. SM suggested that a review of Priory's people policies may highlight a contradiction with Trust and NHS values. Contact with comparator trusts and a review of their HR policies would be useful as well as looking at the reasons for the difference in absence between north and south.

IB suggested sharing the full ONS report with members of the Committee. He also asked that, to support the budget setting process, the full ONS report should be reviewed by the

Committee at its next meeting supported by further analysis from AGD. He would also want the Committee to agree a clear rationale for the absence rate for 2015/16 and discuss a differential target for different BDUs again. It may be that the Trust has to accept that the sickness absence level remains as it is; however, it will have evidence that it operates and implements model policies and procedures and manages sickness absence in the right way.

Action: Alan Davis

JJ asked whether there was a link between higher sickness rates and the relative effectiveness of the staff managing them. SM agreed that a more detailed analysis should be included in the report for the next meeting.

Action: Alan Davis

PA commented on a fraud incident reported to the Audit Committee through counter fraud in relation to a member of staff working in their own private business whilst absent from work due to sickness. AGD agreed to review the case as the mechanism for recouping costs is through NHS Protect. PA commented that, in his view, counter fraud should not be taking business decisions on behalf of the organisation in cases such as this.

Action: Alan Davis

In summary, IB concluded that:

- the next meeting would consider and agree an evidence-based assessment of the target for 2015/16, which would include a quality impact assessment of the agreed rate and approach;
- he would report the outcome of this meeting to Trust Board on 27 January 2015 and set out the next steps to inform budget setting;
- AGD should circulate the ONS report and prepare the detailed analysis agreed at this meeting; and
- he would also cover the matter at the Members' Council on 30 January 2015.

RTSC/15/03 Any other business

No other business was raised.

RTSC/15/04 Date of next meeting

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

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Minutes of the Remuneration and Terms of Service Committee held on 10 February 2015

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

RTSC/15/05 Welcome, introduction and apologies

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

RTSC/15/06 Minutes of the meetings held on 16 December 2014 and 26 January 2015

It was RESOLVED to APPROVE the minutes from the previous meetings held on 16 December 2014 and 26 January 2015.

RTSC/15/07 Action points arising from the meetings on 14 October and 16 December 2014 and 26 January 2015

RTSC/14/39 DATIX reported attacks on staff by service users

Tim Breedon has provided assurance to Alan Davis (AGD) that incidents are reviewed in detail through the Managing Aggression and Violence Trust-wide Action Group and reported into the Clinical Governance and Clinical Safety Committee.

RTSC/14/44 Actions arising from the wellbeing survey

The full annual report from the staff wellbeing survey will be presented to the Committee, which will highlight actions across the Trust and by BDU. AGD outlined the action already underway to address issues raised in the last survey, which will be included in the annual report.

Action: Alan Davis

RTSC/14/45 Recognising and rewarding talent

AGD confirmed that this will be addressed through the Nursing Strategy for nursing staff, which will be presented to Trust Board for approval by Tim Breedon. The talent pipeline and talent pool for other staff will be covered by the Leadership and Management Development Strategy, which will be presented to Trust Board in April 2015. IB asked for a short paper to summarise all the initiatives around talent management. SM commented that he does feel this is an area of challenge for the Trust and there may be a need to track individuals through the system, not just within this Trust.

Action: Alan Davis

Jonathan Jones (JJ) commented that the management team should reflect the wider environment in terms of gender, ethnicity, etc. AGD outlined a number of opportunities the Trust can make use of to enhance diversity. Helen Wollaston (HW) asked that this is also covered in the paper on talent management.

Action: Alan Davis

JJ asked how the Trust can focus on equality, diversity and inclusion to raise its profile. The Chief Executive (SM) responded that it needs an organisational culture to build equality and diversity with less focus on process.

IB asked for a clear and coherent strategy for talent management and, in particular, the approach to increasing diversity, to come to the next meeting prior to presentation to Trust Board.

Action: Alan Davis

RTSC/14/48 Directors' performance related pay scheme – Care Quality Commission inspection
Inclusion of the Care Quality Commission (CQC) inspection outcome was considered a given for the Directors' performance related pay scheme for 2015/16; however, there were some reservations regarding what a successful outcome would look like and it was agreed that a 'good' outcome would 'meet expectations', with an 'outstanding' outcome comparable to 'outstanding'.

RTSC/14/57 Targets and work plan for Director of Health Intelligence and Innovation
The update from SM was noted.

RTSC/15/08 Matters arising

There were two matters arising from the meeting held on 16 December 2014.

RTSC/14/56 Leadership and management arrangements update – child and adolescent mental health services
SM reminded the Committee that Nette Carder's appointment was specifically made to focus on three areas:

- to provide day-to-day senior management;
- to provide additional capacity within the Executive Management Team (EMT); and
- to give advice to the Chief Executive on the best arrangements at Director level.

He clarified that a recruitment process has not yet begun for a permanent post but will do so when he is sure what role and optimum arrangements are required.

AGD confirmed that the Trust has agreed a finder's fee with Odgers, which the Committee agreed was acceptable.

There was one matter arising from the meeting held on 26 January 2015.

RTSC/14/16 Benchmarking of Agenda for Change bands
The KPMG review will now take place in 2015/16. AGD explained that the Trust uses the Christmas tree to benchmark against other trusts to determine whether its profile looks different, the reasons for any difference and the strategy to address. The paper demonstrates that mental health trusts are broadly comparable and there are no major outliers reflecting what is a national grading scheme. AGD commented that he would expect band 2 to broaden (Healthcare Support Worker role) with clear career progression, and training and development, which will optimise resource in the salary bill. He would also expect to see band 5 reduce as the skills mix changes.

RTSC/15/09 Human resources exception report

IB asked if the Trust has clarified what mandatory training is applicable to which staff at what level. AGD responded that this is currently based on national policy and the Trust will take a risk-based approach identifying priorities for staff. By the end of this financial year, the Trust will have a risk-based system, which it can report against.

The Office of National Statistics report and key issues were noted. The Committee also noted the updated performance report.

RTSC/15/10 Directors' contracts of employment

Fit and Proper Person's Test

Guidance has been circulated in relation to the inclusion of the CQC's Fit and Proper Person's Test (FPPT) in Board-level contracts. AGD reported that Directors' current contracts broadly reflect the model and it was agreed that Trust contracts would be updated in line with FPPT. This will have implications for recruitment at Director-level and the Trust would work with an external agency to undertake background checks. Revised contracts may be extended to designated deputy posts as these individuals may be required to occupy a Director-level role. It was noted that a separate piece of work is underway to review Non-Executive Director agreements with the Trust and the inclusion of the FPPT by Dawn Stephenson.

Notice periods

It was noted that the proposed change would apply to the Chief Executive and Executive Directors (that is, voting Directors) only. The Committee considered an extension to the notice period to six months. JJ commented that this feels appropriate but asked whether there should be a differentiation between the Chief Executive and other Executive Directors.

SM and AGD left the meeting at this point.

IB asked for the Committee's view of a move to a notice period of six months for Executive Directors with a differential period for the Chief Executive. JJ was of the view that they should be treated in a similar way as this would provide the Trust with an adequate time period to address any vacancy. IB commented that, as this would be a mutual arrangement, the Trust and the individual can negotiate an agreement.

It was RESOLVED to APPROVE the proposal to extend the notice period for the Chief Executive and Executive Directors to six months.

SM and AGD re-joined the meeting.

RTSC/15/11 Directors' performance related pay scheme update

SM reported that Directors' quarter 3 reviews were now complete. As in previous years, the process has been helpful and has provided good discipline. Directors see the process as supportive. It also allows a degree of flexibility within the year to reflect external factors and changing priorities. He added that:

- it includes a review of the assurance framework to link performance against objectives at Trust Board-level;
- there has been good performance at Trust-wide level with differing performance between individual achievement of objectives;
- he will ask for the views of Non-Executive Directors on the contribution Directors have made.

He added that Directors have also undertaken a 360° appraisal process during 2014/15 and he has discussed the outcome with Directors to identify any action required.

JJ asked if the Trust would achieve the same outcome if the reward was not monetary. SM commented that it could be linked to access of additional training and development, for example, but he was not entirely sure that financial reward is the motivating factor for most Directors. He would see this as more related to achieving objectives and ensuring the Trust is a success. It was agreed to come back to this issue at the next meeting when considering the scheme for 2015/16. IB commented that it was also worth considering the split between corporate and personal objectives.

AGD commented that the scheme represents an additional payment over and above the salary agreed for the role for performance. JJ added that there is a fine balance between public perception and recognition, which in the private sector for a similar organisation would not be unusual.

RTSC/15/12 Annual review of Remuneration and Terms of Service Committee

It was RESOLVED to APPROVE the first draft of the Committee's annual report and the annual work programme for 2015. The Committee also agreed there was no revision needed to the Committee terms of reference.

RTSC/15/13 Commercial Manager appointment

AGD took the Committee through the paper. After some consideration, the Committee felt it could not approve the paper**.**

RTSC/15/14 Clinical Excellence Awards

AGD informed the Committee that, in 2013/14, there was a change to the consultant contract giving trusts discretion on Clinical Excellence Awards. HW asked if the Trust could use the Awards in a similar way to Directors' performance related pay. AGD responded that he would prefer to see a scheme that is local, has a strategic focus on change and rewards discretionary effort. He would look, therefore, to re-design and negotiate a very different scheme. Nothing has been introduced for 2014/15 and he may ask the Committee to consider retrospective roll-over arrangements in the new scheme. It will be made very clear that clinicians not over the line will not receive an award. AGD will develop a scheme with the Medical Director and bring a proposal to the April 2015 meeting.

Action: Alan Davis

RTSC/15/15 Redundancy business cases

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

RTSC/15/16 Any other business

NHS Leadership Academy executive search board recruitment survey

The report from June 2014 was noted. It has some use for the Committee in terms of the talent pool and fostering talent internally.

RTSC/15/17 Date of next meeting

The next meeting will be held on Tuesday 21 April 2015 at 9:30 in the Chair's office, Block 7, Fieldhead, Wakefield.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 6

Title:	**Strategic delivery framework and corporate objectives 2015/16**
Paper prepared by:	Chief Executive
Purpose:	The purpose of this paper is to enable Trust Board to confirm the strategic delivery framework for 2015/16.
Mission/values:	The strategic delivery framework sets the context and priorities for strategic corporate objectives for 2015/16.
Any background papers/ previously considered by:	This paper builds upon the 2014/15 framework approved by Trust Board on 25 March 2014, updated in light of recent Board strategic discussions.
Executive summary:	The attached strategic delivery framework provides an easily communicable structure for the Trust's strategic corporate objectives for 2015/16 and is based on the discussions at the strategic session in March 2015. The framework will support the ongoing development of the Trust's annual and five-year plans. The framework shows a clear line of sight from the Trust's mission and values co-produced with service users, carers, staff and other key stakeholders through to the Trust's goals, based around stakeholder priorities identified through the recent transformation events. The goals of the organisation will be supported by the alignment of transformation, planning and delivery through corporate objectives set against eight distinct delivery areas. These will operate at a number of levels externally and internally (Trust-wide, Business Delivery Unit, service line and team) embedding the meta, macro, meso and micro view of the environment in which the Trust operates. The delivery objectives (the 'what') will be underpinned by organisational development objectives (the 'how') both utilising the 4+4 'What Really Works' framework. This approach, if approved by Trust Board, will be supported by clear key performance indicators (KPIs), encapsulating key enablers such as finance, workforce, estate and information management and technology, including responsibilities and timeframes at all levels, cascading from the Chair and Chief Executive through Directors down through teams, having a relevance at all levels in the organisation and monitored through Directors quarterly review meetings with the Chief Executive.
Recommendation:	**Trust Board is asked to APPROVE the strategic framework and underpinning delivery and organisational development objectives.**
Private session:	Not applicable

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

STRATEGIC FRAMEWORK AND CORPORATE OBJECTIVES 2015/16
DRAFT V2

Our mission

Enabling people to reach their potential and live well in their community

Stakeholder priorities

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

Our values

1. **Honest, open and transparent**
2. **Respectful**
3. **Person first and in the centre**
4. **Improve and be outstanding**
5. **Relevant today, ready for tomorrow**
6. **Families and carers matter**

Our quality priorities

1. Access
2. Listening and involving service users and carers
3. Care and care planning
4. Recording and evaluating care
5. Working in partnership
6. Fit and well to care
7. Safeguarding

Our delivery objectives – the what

Strategy	Execution	Culture	Structure	Partnerships	Leadership	Innovation	Talent
To create a person-centred delivery system, delivering safe services, efficiently and effectively.	To be well governed, legally constituted, well-led and financially sustainable.	Embed the mission and values across the Trust to focus not just on what we do but how we do it.	Delegation of decision-making to the front line to improve quality and use of resources, embedding the meta, macro, meso, micro view of the external and internal environment .	Embed the principles of co-production across the Trust as the Trust's way of designing and delivering services.	Embed our leadership and competency framework across the Trust describing the competencies and behaviours required.	Encourage and foster an evidenced-based recovery approach to delivery of services across the Trust.	Development of a talent management programme and succession planning for key organisational roles.

Our OD support objectives – the how

Strategy	Execution	Culture	Structure	Partnerships	Leadership	Innovation	Talent
Embed the mission across the Trust to enable people to reach their potential and live well in their community.	Foster an approach that focuses on doing the day job well, right first time.	Create and sustain a culture of continuous quality improvement.	Achieve the best possible structure for the Trust's leadership and management through Business Delivery Unit and Quality Academy development.	Maximise the benefit of both external and internal partnerships in support of improving the service offer.	Foster a progressive approach to leadership and development across all levels and disciplines within the Trust.	Drive a commitment to innovation at all levels within the Trust.	Create an organisational approach which harnesses the best talents available.

Key performance indicators (To be populated subject to Board approval of framework)

	KPIs - underpinning the Trust's delivery objectives (the "what")						
Strategy	**Execution**	**Culture**	**Structure**	**Partnerships** .	**Leadership**	**Innovation** .	**Talent** .

	KPI's – underpinning the Trust's OD support objectives (the "how")						
Strategy	**Execution**	**Culture**	**Structure**	**Partnerships**	**Leadership**	**Innovation**	**Talent**

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Quality Performance Report

Strategic Overview

February 2015

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Introduction

Dear Board Member/Reader

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

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

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

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

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

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

Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

1	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Q1	Q2	Q3	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	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	4
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	2	Green	Green	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	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	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	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	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	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%	55.15%	61.24%	58.17%	50.99%	51.34%	53.26%	61.24%	52.54%	4
11		IAPT Outcomes - Barnsley	C (FP)	90%	Not Avail	98.43%	97.42%	99.45%	97.39%	99.00%	99%	96.95%	*98.02%*	Not Avail	Not Avail	Not Avail	Not Avail	Not Avail		Not Avail	4
12		IAPT Outcomes - Calderdale	C (FP)	90%	97.00%	100%	96.00%	82.76%	91.67%	78.79%	90.91%	90.70%	100%	96.15%	96.15%	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%	97.45%	97.24%	98.52%	98.52%	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	0	0	0	2	0	0	2	4
15	C-Diff	C Diff avoidable cases	C	0	0	0	0	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%	7.47%	7.36%	7.43%	7.47%	7.37%	7.54%	6.60%	7.47%	7.47%	7.37%		3
17		% SU on CPA in Settled Accommodation		60%	70.30%	72.20%	72.20%	71.28%	71.52%	70.66%	69.26%	69.11%	66.91%	65.37%	66.77%	72.20%	70.66%	66.91%	65.37%		4

Customer Focus

18	Section	KPI	Source	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Q1	Q2	Q3	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	22% 10/45	15% 7/47	15% 2/44	Not Avail	13% 23/180	15%24/160	9.89% 9/91	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	Above ER	Within ER	Above ER	Not Avail	Not Avail	Not Avail		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	Above ER	Within ER	Within ER	Not Avail	Not Avail	Not Avail		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% (20)	100% (31)	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%	75.00%	75.00%	75.00%	83.00%	73.00%	75.00%	75.00%		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%	50.00%	50.00%	50.00%	30.00%	56.00%	50.00%	50.00%		4
25		% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	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%	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%	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%	50.00%	50.00%	50.00%	75.00%	80.00%	50.00%	50.00%		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%	80.00%	80.00%	80.00%	88.00%	80.00%	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%	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	Dec-14	Jan-15	Feb-15	Q1	Q2	Q3	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%	98.16%	100%	99.36%	99.65%	100%	99.10%	98.92%	99.33%			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%	97.21%	99.46%	95.83%	97.35%	98.38%	98.50%	97.31%	97.95%			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%	4.86%	4.49%	3.16%	4.18%	4.97%	4.59%	3.71%	4.24%	4
35		% Admissions Gatekept by CRS Teams (Monitor)	M	95%	100%	100%	96.50%	100%	99.06%	95.06%	100%	100%	100%	98.53%	98.99%	96.50%	95.06%	100%	98.72%	99.37%	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%	96.67%	98.10%	98.63%	96.84%	95.36%	96.33%	98.78%	96.99%	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%	98.64%	96.70%	95.30%	96.50%	98.06%	98.64%	95.94%		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%	189.4%	200.84%	141.03%	142.86%	186.19%	179.49%	200.84%	142.86%		4
39		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	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%	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%	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%	99.58%	99.60%	99.65%	99.40%	99.54%	99.58%	99.62%	99.80%	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%	80.04%	72.45%	81.05%	84.40%	83.20%	80.04%	76.68%		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	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%	100%	100%	95.33%	81.71%	100%	100%	100%		4
46		% Valid NHS Number	C (FP)	99%	Not Avail	Not Avail	Not Avail	99.97%	99.93%	99.60%	99.91%	99.85%	99.65%	99.79%	*99.87%*	Not Avail	99.60%	99.65%			4
47		% Valid Ethnic Coding	C (FP)	90%	Not Avail	Not Avail	Not Avail	94.50%	94.84%	86.15%	95.58%	95.45%	95.32%	95.15%	*95.08%*	Not Avail	86.15%	95.32%			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%	95.81%	95.54%	95.66%	95.90%	95.90%	95.81%	95.59%		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%	78.56%	77.20%	76.92%	80.10%	79.10%	78.56%			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	Dec-14	Jan-15	Feb-15	Q1	Q2	Q3	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%	4.70%	4.70%	4.80%	4.50%	4.50%	4.70%	4.80%	4.80%	3
52	Vacancy	Vacancy Rate	L	10%	2.50%	3.50%	4.60%	4.40%	4.50%	4.70%	3.70%	4.9%		5.40%	5.50%	4.60%	4.70%		5.50%	5.50%	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%	95.90%	96.20%	96.50%	54.10%	88.50%	95.90%	96.50%	96.50%	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%	96.30%	96.90%	97.00%	17.00%	78.30%	96.30%	97.00%	97.00%	4
55	Mandatory Training	Aggression Management	L	80%	56.00%	56.90%	56.60%	59.10%	61.20%	62.60%	64.37%	64.40%	67.30%	68.60%	70.90%	56.60%	62.60%	67.30%	70.90%	70.90%	2
56		Equality, Diversity & Inclusion	L	80%	55.50%	58.60%	62.30%	64.80%	66.70%	70.20%	71.54%	73.60%	74.70%	77.00%	78.90%	62.30%	70.20%	74.70%	78.90%	78.90%	3
57		Fire Safety	L	80%	74.39%	74.75%	76.74%	77.71%	80.50%	82.70%	84.04%	83.10%	84.30%	84.10%	85.00%	76.74%	82.70%	84.30%	85.00%	85.00%	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%	76.70%	58.00%	62.40%	63.00%	71.30%	76.70%	62.40%	62.40%	3
59		Information Governance	M	95%	90.47%	89.31%	89.91%	89.68%	89.24%	89.80%	89.16%	87.10%	85.70%	77.10%	78.70%	89.91%	89.80%	85.70%	78.70%	78.70%	4
60		Safeguarding Adults	L	80%	71.10%	72.30%	74.20%	75.50%	77.30%	78.60%	78.68%	79.00%	78.40%	83.80%	86.10%	74.20%	78.60%	78.40%	86.10%	86.10%	3
61		Safeguarding Children	L	80%	64.50%	66.90%	69.70%	73.20%	75.00%	77.30%	78.42%	80.30%	81.50%	65.00%	67.40%	69.70%	77.30%	81.50%	67.40%	67.40%	3
62		Food Safety	L	80%	40.80%	40.20%	41.80%	44.10%	45.30%	48.40%	51.62%	55.30%	57.70%	79.50%	81.00%	41.80%	48.40%	57.70%	81.00%	81.00%	2
63		Moving & Handling	L	80%	23.80%	30.90%	36.10%	42.00%	47.50%	52.40%	56.44%	59.40%	62.00%	82.50%	83.40%	36.10%	52.40%	62.00%	83.40%	83.40%	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

Impact and Delivery

• Compliance - The Trust still has 2 CQC compliance actions outstanding and these will remain in place until CQC re-inspect. The action plan related to the compliance actions has been fully implemented.

• Year to date and forecast is green for Monitor Risk Ratings and CQC compliance.

• Quarter Three Quality indicators (CQUINs) were submitted at the end of December. Final achievement has been confirmed across all Commissioners and this equated to 85%, quarter 4 forecast is 87%, which would equate to 88% full year achievement for the Trust. The risk assessment on achievement of all indicators for 2014/15 is predicting an overall potential shortfall in income of £550K and the forecast remains at Amber/Green.

• Number of service users on CPA in employment – continues to be below 10% and has increased slightly compared to last month. Benchmarking has been undertaken to compare achievement between BDUs. There are some data quality issues linked to the completeness of this indicator, however, this is unlikely to impact on the percentage in employment. A piece of work is underway which will review how the Trust supports all service users back to eventual employment i.e. volunteering, Recovery Colleges etc., compare with best practise and what further actions the Trust or with partners are required to support service users.

Operational Effectiveness

• Issues in performance associated with Data quality (DQ) indicators continue and are mostly associated with clinical record keeping, case management and the caseload allocation in teams – the Trust have agreed a CQUIN for Mental Health Clustering for 15/16 across the two main commissioner contracts and this should assist with an improvement against the % of eligible cases assigned a cluster and timeliness of initial cluster and review.

• The trajectory compared to 2013-14 continues to be one of improved performance overall. Improving clinical record keeping and clustering are key objectives in all the BDU data quality plans which are reviewed by the Data quality Steering Group chaired by the Director of Nursing.

Overall Financial Position

Performance Indicator		Month 11 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent			Assurance	
Trust Targets					10	9	8		
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 **REVISED** plan.			↓				4	-
5	Delivery of CIP			↑				4	-
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 February 2015 shows a net surplus of £4.3m which is £1.1m ahead of plan.
The forecast out turn position for month 11 is £3.1m surplus which is £0.5m ahead plan. The forecast in month 10 was a surplus of £1.7m - this

Net EBITDA position	(£0.2m)	Decrease
Asset Impairment	£1.6m	Increase

The EBITDA position arises due to an improved income position and further reductions in BDU operational spend which is largely attributed to savings arising from pay. An additional provision is forecast to be made for the implications of future restructuring.

Following last months write off of costs associated with Fieldhead Infrastructure a further examination has been undertaken which has highlighted the Trusts ability to offset these costs with previous charges to I & E. We have examined historical accounts to ensure that we maximise the benefit due to the Trust in 2014 / 2015. This equates to a movement of c. £1.6m.

3. At February 2015 the cash position is £34.02m which is £6.69m ahead of plan.

4. Capital spend to February 2015 is £5.24m which is £0.76m (13%) 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 £8.04m which is £0.03m (0%) behind plan. Most of the forecast underspend relates to the slippage in the development of hubs.

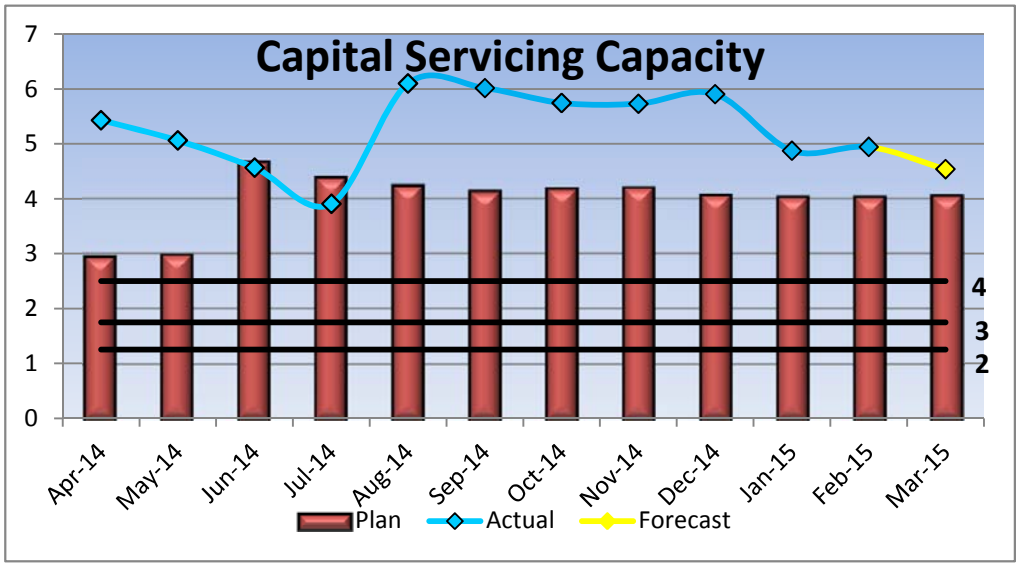
5. The Trust remains on target to deliver the programme in full, and as at month 11 is £0.1m ahead of plan. £1.7m of the plan (13%) is currently being achieved through non-recurrent substitutions.

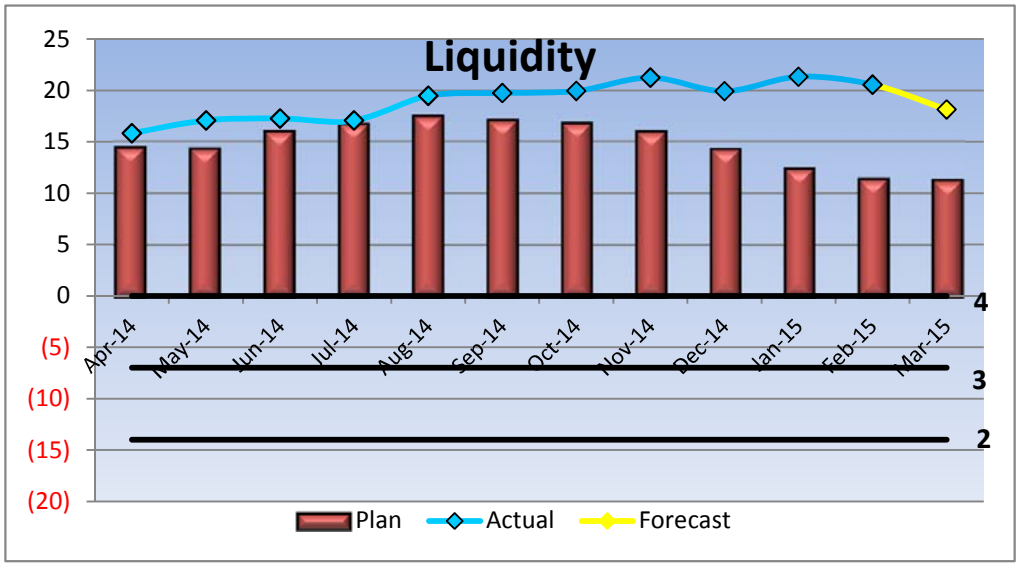
6. As at 28th February 2015 (Month 11) 87% of NHS and 92% of non NHS invoices have achieved the 30 day payment target (95%).

Monitor Risk Rating

Continuity of Service Risk Rating 2014 / 2015				
	Actual Performance		Annual Plan February 2015	
Metric	Score	Rating	Score	Rating
Capital Servicing Capacity	4.9	4	4.0	4
Liquidity	20.6	4	11.4	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.





Monitor Benchmarking

All Foundation Trusts

Continuity	Governance Rating: No Evident Concerns	Issues Identified	Enforcement Action	Total
4	**71**	2	2	**75**
3	30	8	5	**43**
2	7	3	5	**15**
1	0	8	9	**17**
Total	**108**	**21**	**21**	**150**

Mental Health Trusts

Continuity	Governance Rating: No Evident Concerns	Issues Identified	Enforcement Action	Total
4	**28**	0	1	**29**
3	7	1	1	**9**
2	2	1	0	**3**
1	0	0	0	**0**
Total	**37**	**2**	**2**	**41**

As at 3rd March 2015 there are 150 Foundation Trusts (monitored by Monitor). This is an increase of 2 as Nottinghamshire Healthcare and Kent Community Health have been recently authorised. There are 41 Mental Health Trusts.

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

In February 2015 Monitor issued the Quarter 3 performance report for the Foundation Trust Sector. This allows us to place the financial performance of the Trust in a national context. The key financial headlines from this were:

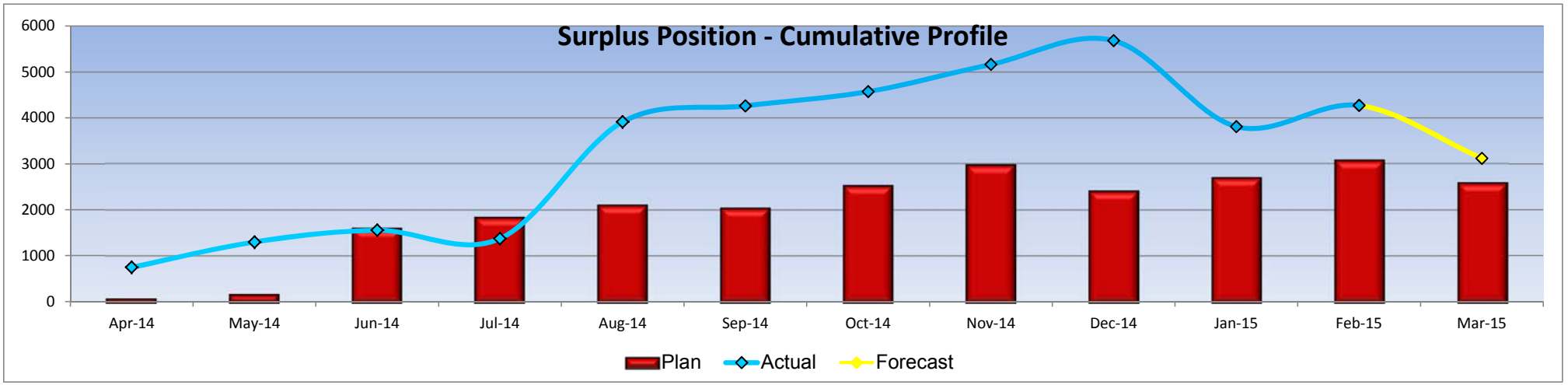
* Quarter 3 (year to date) the sector overall planned for a deficit of £54m. Actual performance for all FT's is a deficit of £321m.

Within these results:

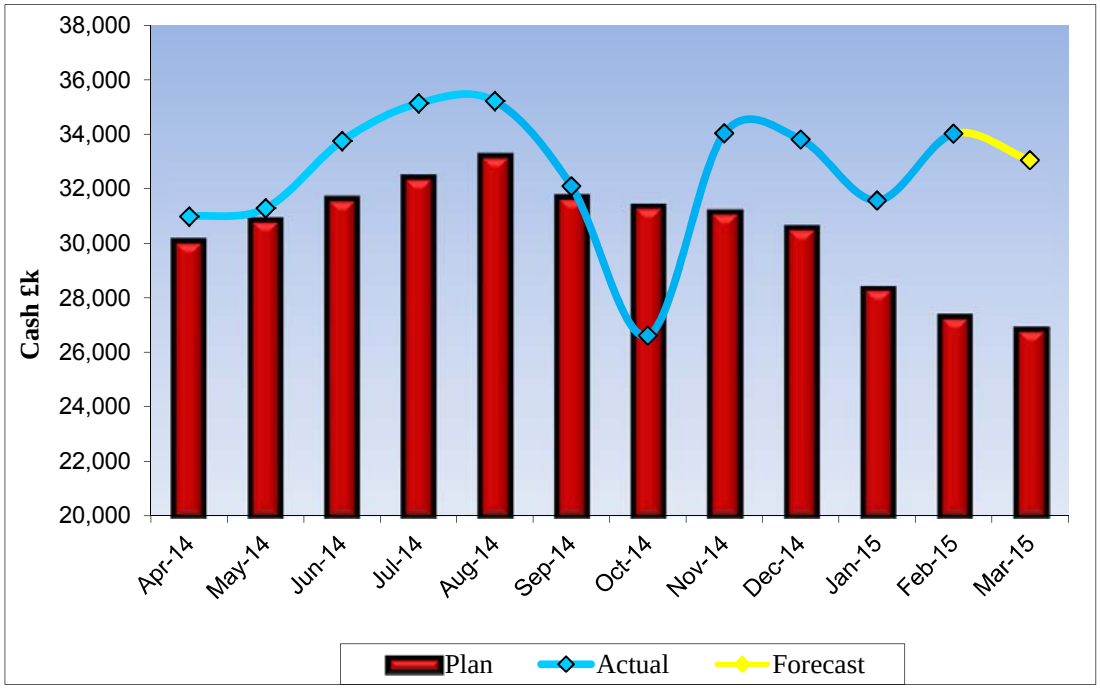
* 78 FT's reported Qtr 3 deficits (81 at Qtr 2 14/15)
* 77% of these Trusts were Acute Trusts
* 9 Mental Health Trusts reported a deficit at Qtr 3, same as Qtr 2.
* 71 Trusts reported a Surplus (£209m)
* Agency costs of £1,265m (£697m more than planned)
* CIP Delivery £811m (£210m less than planned)

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**
				(18,395)	(18,321)	74	Clinical Revenue	(200,666)	(199,518)	1,148	(219,247)	(218,510)	737
				(18,395)	**(18,321)**	**74**	**Total Clinical Revenue**	**(200,666)**	**(199,518)**	**1,148**	**(219,247)**	**(218,510)**	**737**
				(1,331)	(1,384)	(53)	Other Operating Revenue	(14,960)	(15,427)	(467)	(16,287)	(16,812)	(525)
				(19,726)	**(19,705)**	**21**	**Total Revenue**	**(215,626)**	**(214,945)**	**681**	**(235,534)**	**(235,322)**	**212**
4,581	4,348	(233)	5.1%	14,606	14,261	(345)	BDU Expenditure - Pay	161,403	156,995	(4,408)	176,062	171,904	(4,159)
				3,900	3,902	2	BDU Expenditure - Non Pay	43,045	44,633	1,588	47,144	48,660	1,516
				116	761	644	Provisions	1,694	2,178	484	2,090	4,057	1,966
4,581	**4,348**	**(233)**	**5.1%**	**18,622**	**18,923**	**301**	**Total Operating Expenses**	**206,142**	**203,806**	**(2,336)**	**225,297**	**224,621**	**(676)**
4,581	**4,348**	**(233)**	**5.1%**	**(1,104)**	**(782)**	**322**	**EBITDA**	**(9,485)**	**(11,139)**	**(1,655)**	**(10,237)**	**(10,701)**	**(464)**
				433	438	5	Depreciation	4,758	4,723	(36)	5,191	5,185	(6)
				264	179	(84)	PDC Paid	2,900	2,521	(380)	3,164	2,780	(384)
				0	(8)	(8)	Interest Received	0	(87)	(87)	0	(94)	(94)
				0	(289)	(289)	Revaluation of Assets	(1,300)	(289)	1,011	(700)	(289)	411
4,581	**4,348**	**(233)**	**5.1%**	**(408)**	**(462)**	**(55)**	**Surplus**	**(3,126)**	**(4,272)**	**(1,146)**	**(2,582)**	**(3,119)**	**(537)**



Cash Position Statement and Cash Flow Forecast 2014 / 2015



	Plan	Actual
	£k	£k
Opening Balance	33,114	33,114
Closing Balance	27,334	34,024

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 February 2015 is £34.02 m which is £6.69 m ahead of plan.

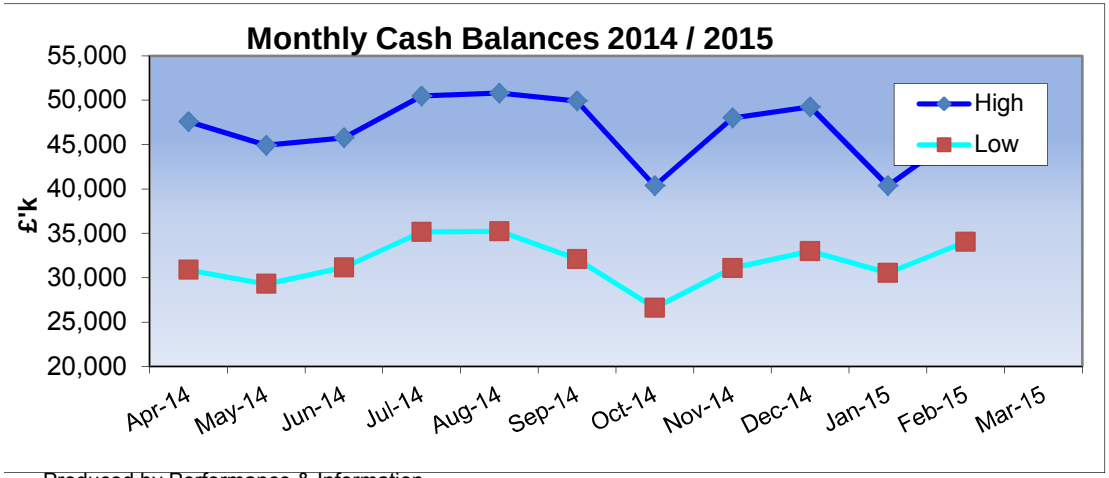
The Trust continue to complete a detailed reconciliation of cash and working capital balances. This highlights the main movements as:

Factors increasing the cash position

* Capital expenditure behind plan
* Accruals for outstanding invoices

Factors reducing the cash position

* Debtors are higher than planned. These continue to be chased.



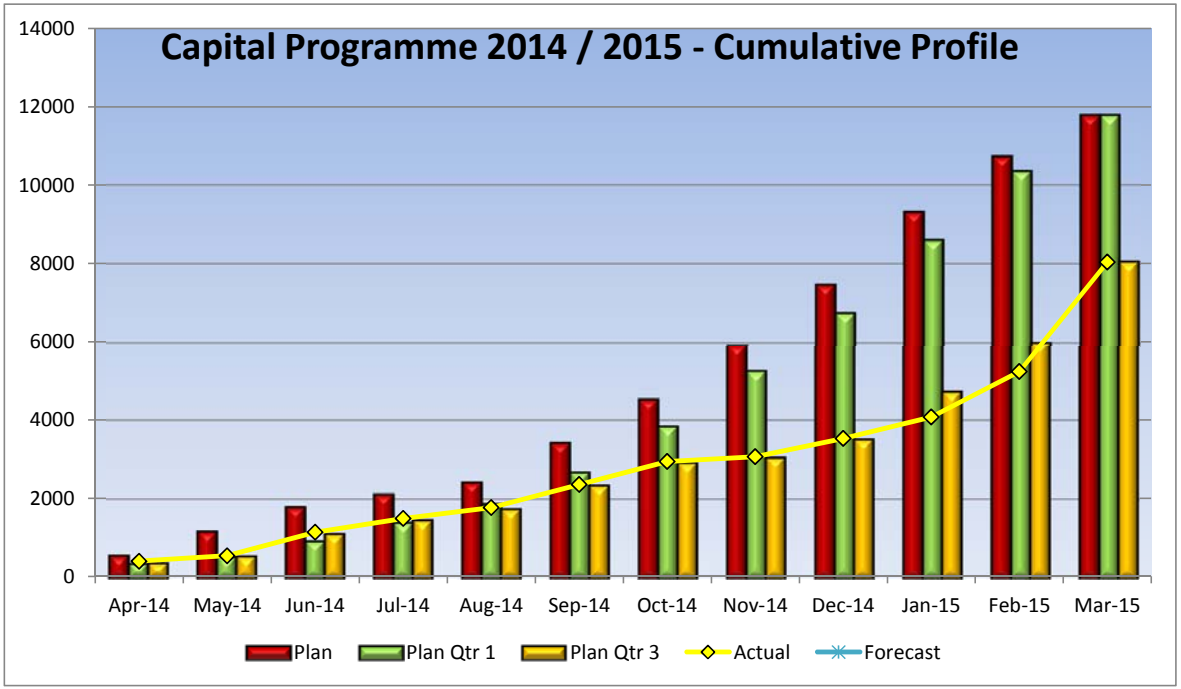
The graph to the left demonstrates the highest and lowest cash balances with each month. Maintaining an appropriate lowest balance is important to ensure that cash is available as required.

The highest balance is : £46.61m.
The lowest balance is : £34.02m.

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

Capital Programme 2014 / 2015

Capital Expenditure Plans - Application of funds	REVISED Annual Budget £k	REVISED Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,805	1,991	2,339	348	2,831	25	
Total Minor Capital	**2,805**	**1,991**	**2,339**	**348**	**2,831**	**25**	
Major Capital Schemes							
Hub Development / Forensics	4,002	2,955	1,910	(1,045)	3,906	(96)	*3*
Fieldhead Hospital Development	808	808	772	(36)	880	72	
IM&T	450	247	209	(39)	410	(40)	
Total Major Schemes	**5,260**	**4,011**	**2,891**	**(1,120)**	**5,196**	**(64)**	
VAT Refunds			9	9	9	9	
TOTALS	**8,065**	**6,002**	**5,239**	**(763)**	**8,036**	**(29)**	*1, 2*



Capital Expenditure 2014 / 2015

1. The original 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 as Plan Qtr 1.

A further revised capital plan was triggered as part of the Quarter 3 monitor return. This revised the overall programme for 2014 / 2015 to £8.07m.

2. The year to date position is £0.76m under the Quarter 3 revised plan (13%). The current forecast is that expenditure will total £8.04m, this is £0.03m behind plan (0%). and assumes £2.8m spend in March 2015.

Based upon this revised profile the main headlines are:

3. Calderdale Hub

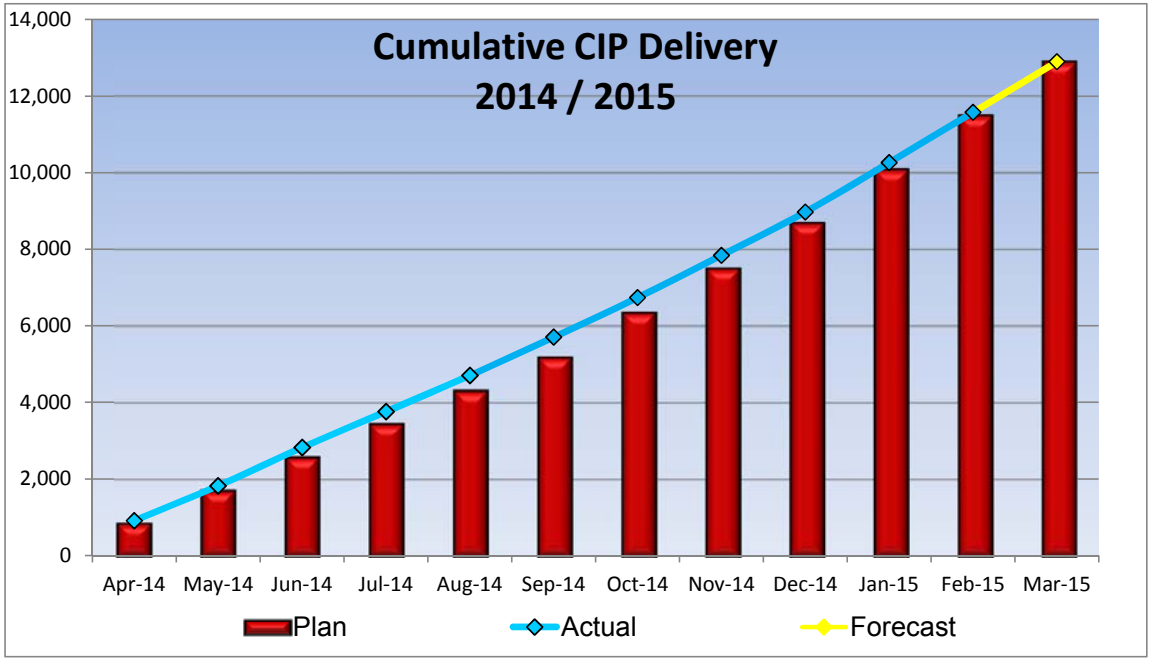
Due to unforeseen site issues the project is delayed by approximately seven weeks.

Other schemes are forecast to deliver largely in line with their revised profile.

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	11,497	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	11,497	12,898
Delivery as planned	774	1,549	2,323	3,091	3,858	4,627	5,433	6,238	7,092	8,095	9,100	10,105	9,100	10,105
Mitigations - Recurrent	60	120	237	317	404	518	609	704	799	894	991	1,090	991	1,090
Mitigations - Non Recurrent	77	152	260	351	440	560	695	896	1,080	1,274	1,485	1,703	1,485	1,703
Total Delivery	**911**	**1,821**	**2,820**	**3,759**	**4,701**	**5,705**	**6,737**	**7,839**	**8,971**	**10,263**	**11,577**	**12,898**	**11,577**	**12,898**
Shortfall / Unidentified	(47)	(94)	(229)	(299)	(374)	(509)	(381)	(324)	(274)	(166)	(80)	(0)	(80)	(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. Total mitigations are £2793k of which £1090k are recurrent. (39%)

The year to date position is that, including mitigations, the Trust is £80k ahead of plan.

Better Payment Practice Code

NHS		
	Number	Value
	%	%
Year to January 2015	89.5%	92.2%
Year to February 2015	87.3%	88.9%

Non NHS		
	Number	Value
	%	%
Year to January 2015	92.9%	88.9%
Year to February 2015	92.2%	86.8%

Local Suppliers - 10 days		
	Number	Value
	%	%
Year to January 2015	80.4%	70.3%
Year to February 2015	82.8%	71.1%

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

The performance against target for NHS invoices is 87% of the total number of invoices that have been paid within 30 days and 89% by the value of invoices.

The performance against target for Non NHS invoices is 92% of the total number of invoices that have been paid within 30 days and 87% 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 83% of Local Supplier invoices by volume and 71% by the value of invoices within 10 days.

Mental Health Currency Development

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

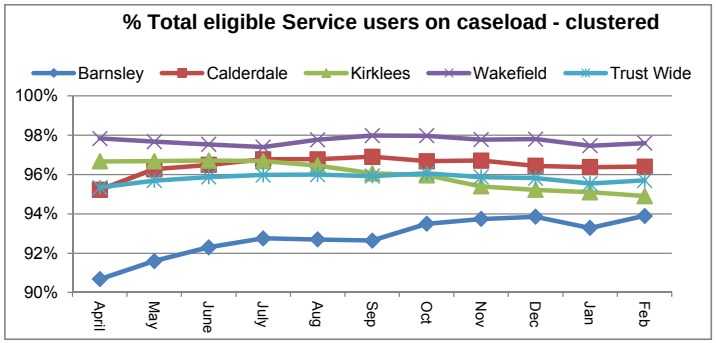
The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing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

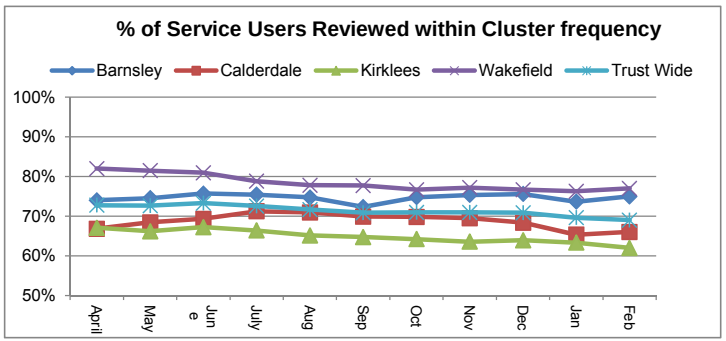
The scope of PbR is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

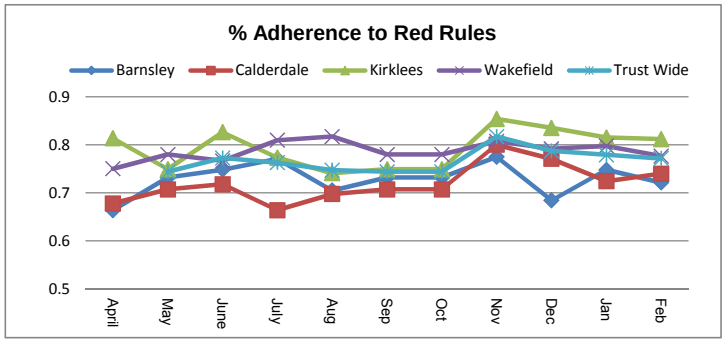
The Trust have been successful in agreeing a CQUIN related to MH Clustering in the two main commissioning contracts and this will assist greatly in the data quality preparatory work that needs to be undertaken in advance of April 2016.

The CQUINs have 3 common elements:
Clustering of Initial Referral Assessments - 98% to be clustered within 8 weeks of 'eligible' initial referral assessments
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.
Adherence to Red Rules (assurance that the cluster is accurate, complete and of high quality)

MH Currency Indicators - February 2015







IAPT & Forensic Secure Services and Clustering

The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from 16th March to enable more robust reporting to be made for inclusion into the Forensic PbR Pilot submission.

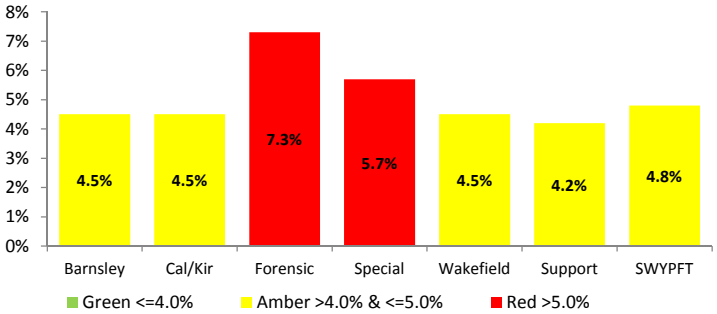
Learning Disabilities

The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, focus will be placed within the service to ensure this data begins to flow.

Workforce

Human Resources Performance Dashboard - February 2015

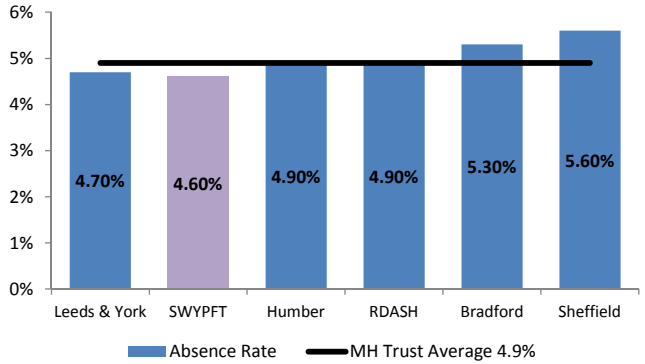
Sickness Absence



Current Absence Position - January 2014

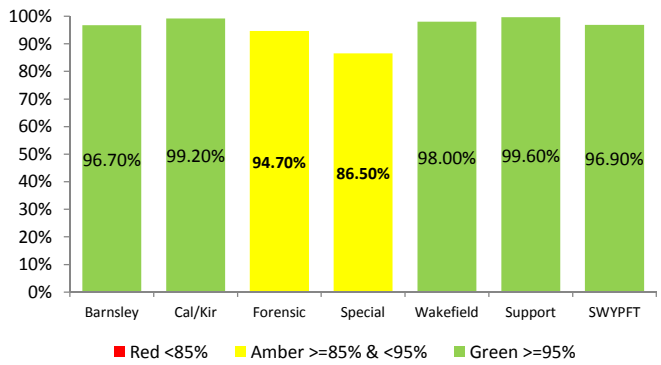
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.2%	4.9%	8.5%	6.9%	4.8%	5.0%	5.5%
Trend	↓	↓	↑	↔	↓	↔	↓

The Trust YTD absence levels in January 2014 (chart above) were above the 4% target at 4.8%



The above chart shows absence levels in MH/LD Trusts in our region to the end of Q2 2014/15. During this time the Trust's absence rate was 4.6% which is below the regional average of 4.9%.

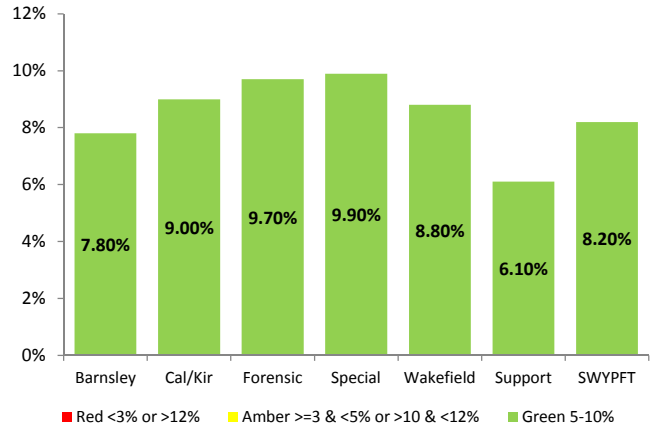
Appraisals



The above chart shows appraisals rates for all staff.

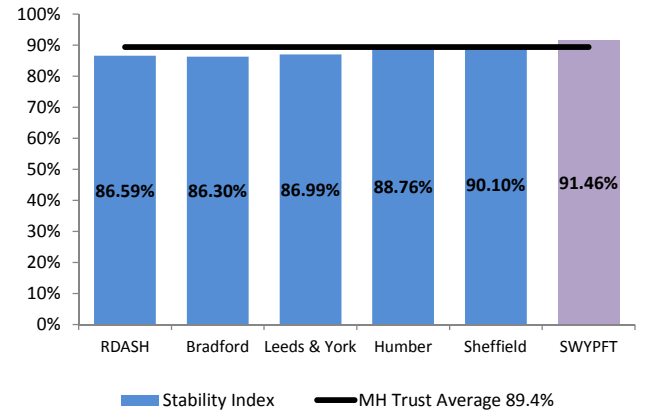
The Trust has improved throughout the year and continues to stay above the 95% target as do the figures of 4 of the BDUs. Specialist Services have increased from 84.4% in January to 86.5% in February; Forensic Services have also improved. Figures will continue to be monitored closely.

Turnover and Stability Rate Benchmark



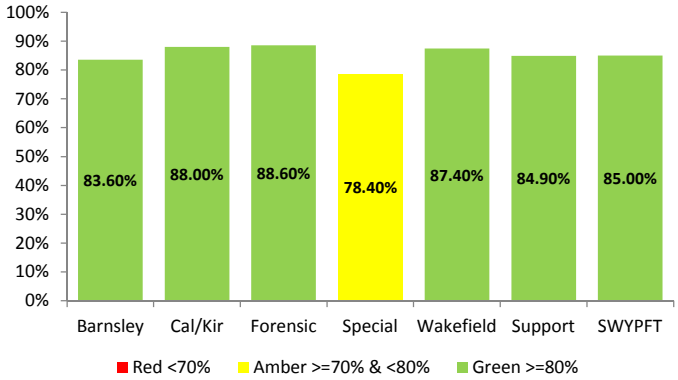
This chart shows Turnover levels up to the end of February 2015.

All BDUs and the total Trust figure are well within the target range between 5 and 10%.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in Nov 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 have not achieved the target in February but have improved from their January position of 76.2%.

Workforce - Performance Wall

Trust Performance Wall

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	4.50%	4.50%	4.50%	4.60%	4.70%	4.80%
Sickness (Monthly)	<=4%	4.40%	4.60%	4.80%	5.20%	5.40%	5.50%
Appraisals (Band 6 and above)	>=95%	88.50%	93.10%	95.00%	95.90%	96.20%	96.50%
Appraisals (Band 5 and below)	>=95%	78.30%	90.80%	94.20%	96.30%	96.90%	97.00%
Aggression Management	>=80%	62.60%	64.40%	64.40%	67.30%	68.60%	70.90%
Equality and Diversity	>=80%	70.20%	71.50%	73.60%	74.70%	77.00%	78.90%
Fire Safety	>=80%	82.70%	84.00%	83.10%	84.30%	84.10%	85.00%
Food Safety	>=80%	48.40%	51.60%	55.30%	57.70%	58.00%	62.40%
Infection Control and Hand Hygiene	>=80%	71.30%	73.90%	75.30%	76.70%	77.10%	78.70%
Information Governance	>=95%	89.80%	89.20%	87.10%	85.70%	83.80%	86.10%
Moving and Handling	>=80%	52.40%	56.40%	59.40%	62.00%	65.00%	67.40%
Safeguarding Adults	>=80%	78.60%	78.70%	79.00%	78.40%	79.50%	81.00%
Safeguarding Children	>=80%	77.30%	78.40%	80.30%	81.50%	82.50%	83.40%
Bank Cost		£365k	£399k	£350k	£320k	£334k	£363k
Agency Cost		£337k	£366k	£388k	£358k	£269k	£383k
Overtime Cost		£19k	£8k	£12k	£11k	£12k	£14k
Additional Hours Cost		£73k	£72k	£77k	£76k	£70k	£89k
Sickness Cost (Monthly)		£459k	£473k	£520k	£537k	£591k	£590k
Vacancies (Non-Medical) (WTE)		347.12	343.36	368.7	371.42	381.86	408.27
Business Miles		317k	305k	371k	308k	306k	314k

Barnsley District

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	4.10%	4.10%	4.20%	4.30%	4.40%	4.50%
Sickness (Monthly)	<=4%	4.20%	4.10%	4.50%	4.80%	5.30%	5.30%
Appraisals (Band 6 and above)	>=95%	89.10%	92.90%	96.30%	97.10%	96.90%	96.90%
Appraisals (Band 5 and below)	>=95%	75.30%	87.90%	92.80%	95.60%	96.50%	96.50%
Aggression Management	>=80%	67.70%	69.60%	70.30%	76.70%	74.20%	82.70%
Equality and Diversity	>=80%	77.70%	78.10%	79.20%	79.90%	81.40%	82.60%
Fire Safety	>=80%	81.80%	84.30%	82.50%	84.20%	82.80%	83.60%
Food Safety	>=80%	54.90%	58.40%	65.00%	66.20%	65.80%	69.90%
Infection Control and Hand Hygiene	>=80%	75.10%	77.50%	78.80%	81.30%	80.10%	81.30%
Information Governance	>=95%	89.30%	89.60%	89.70%	89.20%	84.10%	84.80%
Moving and Handling	>=80%	57.60%	61.70%	63.40%	65.80%	69.40%	70.80%
Safeguarding Adults	>=80%	83.40%	83.40%	83.10%	84.20%	83.80%	84.00%
Safeguarding Children	>=80%	78.50%	78.50%	80.10%	82.10%	82.70%	84.10%
Bank Cost		£50k	£36k	£51k	£34k	£44k	£54k
Agency Cost		£129k	£95k	£151k	£134k	£12k	£109k
Overtime Cost		£11k	£3k	£6k	£4k	£3k	£5k
Additional Hours Cost		£38k	£35k	£34k	£37k	£33k	£46k
Sickness Cost (Monthly)		£164k	£154k	£170k	£181k	£203k	£191k
Vacancies (Non-Medical) (WTE)		124.5	105.6	106.2	117.9	119.5	119.5
Business Miles		137k	130k	172k	131k	134k	138k

Calderdale and Kirklees District

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (Monthly)	<=4%	4.40%	4.80%	4.50%	4.20%	4.40%	4.90%
Appraisals (Band 6 and above)	>=95%	96.20%	98.80%	99.10%	99.70%	100.00%	100.00%
Appraisals (Band 5 and below)	>=95%	76.70%	96.20%	97.90%	98.90%	98.90%	98.70%
Aggression Management	>=80%	60.80%	64.00%	64.60%	67.00%	66.90%	67.80%
Equality and Diversity	>=80%	69.00%	71.70%	74.60%	75.90%	77.30%	80.40%
Fire Safety	>=80%	85.10%	85.80%	86.00%	86.50%	87.90%	88.00%
Food Safety	>=80%	28.90%	34.00%	38.30%	42.20%	42.40%	52.80%
Infection Control and Hand Hygiene	>=80%	65.00%	70.40%	73.20%	74.40%	76.80%	78.40%
Information Governance	>=95%	93.20%	93.40%	91.10%	86.60%	90.00%	92.30%
Moving and Handling	>=80%	49.80%	54.40%	60.30%	62.80%	65.20%	66.00%
Safeguarding Adults	>=80%	78.40%	79.70%	79.70%	75.10%	78.30%	80.20%
Safeguarding Children	>=80%	70.70%	73.30%	77.50%	79.00%	80.90%	81.70%
Bank Cost		£94k	£108k	£75k	£73k	£89k	£105k
Agency Cost		£43k	£73k	£51k	£68k	£59k	£40k
Overtime Cost		£3k	£2k	£4k	£4k	£7k	£6k
Additional Hours Cost		£2k	£5k	£6k	£3k	£6k	£4k
Sickness Cost (Monthly)		£106k	£111k	£104k	£94k	£106k	£104k
Vacancies (Non-Medical) (WTE)		62.76	56.24	58.31	60.12	61	89.55
Business Miles		73k	68k	70k	70k	59k	61k

Forensic Services

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	7.00%	6.80%	7.00%	7.10%	7.20%	7.30%
Sickness (Monthly)	<=4%	6.10%	6.20%	8.10%	7.90%	7.90%	8.50%
Appraisals (Band 6 and above)	>=95%	86.50%	92.30%	94.10%	96.20%	98.20%	98.10%
Appraisals (Band 5 and below)	>=95%	75.50%	83.00%	89.30%	92.70%	93.40%	94.10%
Aggression Management	>=80%	72.80%	70.80%	71.00%	71.90%	72.60%	74.70%
Equality and Diversity	>=80%	67.60%	71.10%	74.20%	74.70%	78.60%	84.00%
Fire Safety	>=80%	88.40%	88.00%	86.20%	86.70%	86.00%	88.50%
Food Safety	>=80%	41.50%	43.90%	47.60%	50.70%	50.30%	50.00%
Infection Control and Hand Hygiene	>=80%	70.00%	72.10%	73.00%	73.80%	77.10%	80.40%
Information Governance	>=95%	92.50%	87.70%	87.70%	88.50%	84.50%	95.70%
Moving and Handling	>=80%	60.40%	61.40%	63.20%	64.80%	68.40%	74.30%
Safeguarding Adults	>=80%	77.30%	70.30%	73.10%	73.10%	76.60%	83.90%
Safeguarding Children	>=80%	75.00%	75.40%	75.60%	76.50%	77.90%	79.40%
Bank Cost		£90k	£104k	£101k	£95k	£92k	£83k
Agency Cost		£3k	£6k	£55k	£33k	£61k	£96k
Additional Hours Cost		£0k	£0k	£2k	£1k	£0k	£0k
Sickness Cost (Monthly)		£54k	£53k	£71k	£67k	£71k	£75k
Vacancies (Non-Medical) (WTE)		43.15	47.01	43.93	45.31	46.46	41.9
Business Miles		7k	4k	5k	4k	4k	4k

Workforce - Performance Wall cont…

Specialist Services

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	5.20%	5.30%	5.30%	5.50%	5.50%	5.70%
Sickness (Monthly)	<=4%	4.30%	5.70%	5.70%	6.40%	5.80%	7.00%
Appraisals (Band 6 and above)	>=95%	66.20%	75.00%	78.90%	80.10%	82.20%	84.90%
Appraisals (Band 5 and below)	>=95%	45.00%	68.20%	77.30%	83.80%	86.80%	89.00%
Aggression Management	>=80%	56.80%	58.30%	56.10%	58.60%	66.30%	71.60%
Equality and Diversity	>=80%	66.80%	68.40%	68.90%	68.70%	73.40%	75.30%
Fire Safety	>=80%	76.90%	74.30%	75.70%	74.20%	76.10%	78.40%
Food Safety	>=80%	76.20%	76.60%	75.80%	79.00%	78.70%	79.30%
Infection Control and Hand Hygiene	>=80%	64.00%	65.70%	68.70%	68.60%	68.50%	72.70%
Information Governance	>=95%	86.00%	85.20%	83.30%	82.80%	79.40%	75.40%
Moving and Handling	>=80%	46.10%	49.10%	51.60%	55.50%	57.30%	60.90%
Safeguarding Adults	>=80%	63.50%	65.80%	66.70%	66.40%	70.00%	72.10%
Safeguarding Children	>=80%	71.60%	72.60%	75.20%	74.70%	76.30%	78.80%
Bank Cost		£34k	£36k	£29k	£26k	£29k	£25k
Agency Cost		£103k	£120k	£113k	£96k	£114k	£69k
Overtime Cost		£3k	£3k	£1k	£2k	£1k	£2k
Additional Hours Cost		£3k	£4k	£4k	£6k	£5k	£7k
Sickness Cost (Monthly)		£38k	£47k	£66k	£70k	£69k	£86k
Vacancies (Non-Medical) (WTE)		34.08	36.83	41.96	35.92	37.5	36.48
Business Miles		30k	30k	34k	32k	30k	31k

Support Services

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	3.60%	3.60%	3.70%	3.90%	4.10%	4.20%
Sickness (Monthly)	<=4%	3.20%	3.80%	4.20%	5.10%	5.50%	5.00%
Appraisals (Band 6 and above)	>=95%	95.50%	98.00%	98.00%	99.00%	100.00%	99.50%
Appraisals (Band 5 and below)	>=95%	95.00%	99.30%	98.90%	99.20%	99.40%	99.60%
Aggression Management	>=80%	52.80%	55.10%	47.70%	49.50%	51.90%	49.60%
Equality and Diversity	>=80%	55.90%	57.60%	61.00%	62.50%	65.00%	65.90%
Fire Safety	>=80%	82.50%	85.60%	83.40%	85.40%	85.10%	84.90%
Food Safety	>=80%	87.80%	95.60%	95.50%	95.40%	94.50%	96.20%
Infection Control and Hand Hygiene	>=80%	73.30%	74.10%	74.70%	74.80%	75.50%	74.90%
Information Governance	>=95%	84.60%	84.00%	78.50%	77.70%	77.70%	82.20%
Moving and Handling	>=80%	44.40%	51.30%	53.60%	57.40%	60.90%	65.00%
Safeguarding Adults	>=80%	73.20%	74.90%	75.00%	77.80%	77.90%	78.60%
Safeguarding Children	>=80%	85.50%	86.70%	87.10%	87.20%	87.70%	87.00%
Bank Cost		£36k	£39k	£36k	£33k	£16k	£31k
Agency Cost		£22k	£29k	£-17k	£11k	£3k	£23k
Overtime Cost		£1k	£0k	£0k	£0k	£1k	£1k
Additional Hours Cost		£20k	£20k	£18k	£17k	£14k	£19k
Sickness Cost (Monthly)		£42k	£55k	£59k	£71k	£87k	£79k
Vacancies (Non-Medical) (WTE)		40.5	47.66	42.79	38.94	45.78	47.33
Business Miles		31k	41k	45k	41k	37k	42k

Wakefield District

Month		Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Sickness (YTD)	<=4%	4.30%	4.30%	4.30%	4.40%	4.40%	4.50%
Sickness (Monthly)	<=4%	5.10%	4.80%	4.30%	4.90%	4.80%	4.80%
Appraisals (Band 6 and above)	>=95%	89.00%	96.10%	96.60%	97.70%	97.70%	97.70%
Appraisals (Band 5 and below)	>=95%	81.60%	94.90%	96.70%	98.50%	98.50%	98.10%
Aggression Management	>=80%	69.80%	71.60%	71.10%	74.00%	75.60%	75.60%
Equality and Diversity	>=80%	74.80%	74.60%	77.10%	80.10%	82.00%	83.20%
Fire Safety	>=80%	82.00%	82.40%	83.30%	85.20%	85.50%	87.40%
Food Safety	>=80%	47.40%	48.20%	49.50%	51.40%	53.40%	58.70%
Infection Control and Hand Hygiene	>=80%	75.30%	77.00%	75.90%	78.90%	77.10%	80.50%
Information Governance	>=95%	93.90%	91.80%	86.80%	85.70%	84.60%	87.20%
Moving and Handling	>=80%	52.10%	54.00%	57.50%	59.00%	60.40%	62.80%
Safeguarding Adults	>=80%	84.80%	84.30%	85.20%	81.30%	80.20%	81.60%
Safeguarding Children	>=80%	80.40%	81.70%	83.60%	84.50%	85.40%	85.10%
Bank Cost		£61k	£76k	£58k	£58k	£64k	£65k
Agency Cost		£38k	£43k	£35k	£16k	£19k	£46k
Additional Hours Cost		£9k	£9k	£12k	£11k	£12k	£12k
Sickness Cost (Monthly)		£55k	£53k	£50k	£53k	£56k	£55k
Vacancies (Non-Medical) (WTE)		37.19	36.64	35.44	34.53	37.51	34.65
Business Miles		39k	33k	44k	30k	41k	37k

Publication Summary

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

NHS England

Guidance to support the introduction of access and waiting time standards for mental health services in 2015/16

This guidance is aimed at CCGs and how new access and waiting time standards for mental health services are to be introduced. It explains the case for change in four areas and sets out the expectations of local commissioners for delivery during the year ahead working with providers and other partners.
Click here for link

Department of Health

Equality analysis: The National Health Service (charges to overseas visitors) regulations 2015

Overseas visitors who need healthcare while in England will soon be charged differently for using the NHS as part of efforts to recoup £500 million a year by 2017 to 2018. This equality analysis assesses the effect of the changes introduced by the regulations on overseas visitors with 'protected characteristics' compared to the rest of the overseas visitor and ordinarily resident population.

Tariff arrangements for 2015/16 NHS activity

This letter to all chief executives of providers of NHS-funded care provides new information on next year's NHS funding and contracting round, and sets out decisions that need to be taken in the next fortnight.
Click here for link

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

Pharmacy Legislation on dispensing errors and standards Consultation - Department of Health (DH)
Review of 2013/14 audits of NHS foundation trusts: summary of findings (Monitor)
Detailed requirements for quality reports 2014/15 (Monitor)
Detailed guidance for external assurance on quality reports 2014/15 (Monitor)
NHS indicators: February 2015 (House of Commons Library)
Winter health check, 13 February 2015
Assuring transformation data, quarter ending 31 December 2014
Implementing the NHS five year forward view: aligning policies with the plan (The Kings Fund)
Staff engagement: six building blocks for harnessing the creativity and enthusiasm of NHS staff (The King's Fund)
Bed availability and occupancy: quarter ending December 2014
Direct access audiology waiting times, December 2014
NHS Outcomes Framework indicators - February 2015 release
Preventing deaths in detention of adults with mental health conditions (Equality and Human Rights Commission)
NHS Staff Survey 2014
NHS foundation trusts: quarterly performance report (quarter 3, 2014/15)

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

Trust Board 31 March 2015
Agenda item 7.2(i)

Title:	**Calderdale and Kirklees Child and Adolescent Mental Health Services (CAMHS) recovery plan – progress report**
Paper prepared by:	Director of Nursing, Medical Director and Interim Director of CAMHS
Purpose:	To provide an update on progress in the delivery of the recovery plan
Mission/values:	Improve and be outstanding in relation to the Recovery Plan Open, honest and transparent in terms of public reporting
Any background papers/ previously considered by:	Update reports previously provided to Trust Board, most recently 27 January 2015.
Executive summary:	Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013. As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. This plan is ambitious and has shown progress, but the Trust and Commissioners remain concerned that the Trust has not achieved the scale and pace of change that was planned and desired. Additional managerial capacity to drive the recovery plan and provide visible and clear leadership to staff was put in place from early January 2015. Given the depth of the issues and problems being faced, it is too soon to see dramatic improvements in performance; however, it is clear that the enhanced leadership, particularly that of the General Manager, has improved staff morale. The Recovery Plan has been refreshed and continues to be monitored internally and with commissioners in Calderdale and Kirklees. The Recovery Plan forms the focus of the agreed improvement work with service commissioners. The provision of accurate and robust data remains a priority for service management, Trust information and for performance information for commissioners. On 6 January 2015, the Chief Executive of the Trust wrote to the Chief Officers of the three Clinical Commissioning Groups expressing his concerns about the service and requesting a meeting to review the position. In response to this, the Chief Officer of Greater Huddersfield CCG acknowledged the concerns and proposed the convening of a CAMHS Summit in a letter dated 6 March 2015. The summit took place on 20 March 2015, and a summary of this is included in the report It is clear that one of the major issues the service is struggling with is the need to balance emergency and planned work. As the service offers a 24-hour response to children and young people in a crisis or emergency, with a limited staff resource, planned work is frequently cancelled to ensure that emergencies are dealt with. Accordingly, at the request of the CCGs, an outline business case has been developed to establish a Crisis Response/Emergency/Intensive Home Treatment Service. This is currently being considered by the CCGs. The national Task Force on CAMHS released its report 'Future in Mind' on 17 March 2015. The Task Force stressed the urgent need for change in CAMHS services nationally, "set against a context of many local and specialist services struggling to cope with what benchmark surveys demonstrate is increasing demand in a very tight financial environment". It is hoped that the

	new national spotlight on CAMHS will support further focus on this traditionally neglected area of service for children, young people and their families.
Recommendation:	**Trust Board is asked to:** • **SUPPORT the position as described in the report;** • **SUPPORT the request for an urgent resolution to be agreed with commissioners to the crisis and Intensive Home Based Treatment position by the end April 2015.**
Private session:	Not applicable

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Calderdale and Kirklees Child and Adolescent Mental Health Services (CAMHS)
Progress Report
Trust Board 31st March 2015

Background to CAMHS services

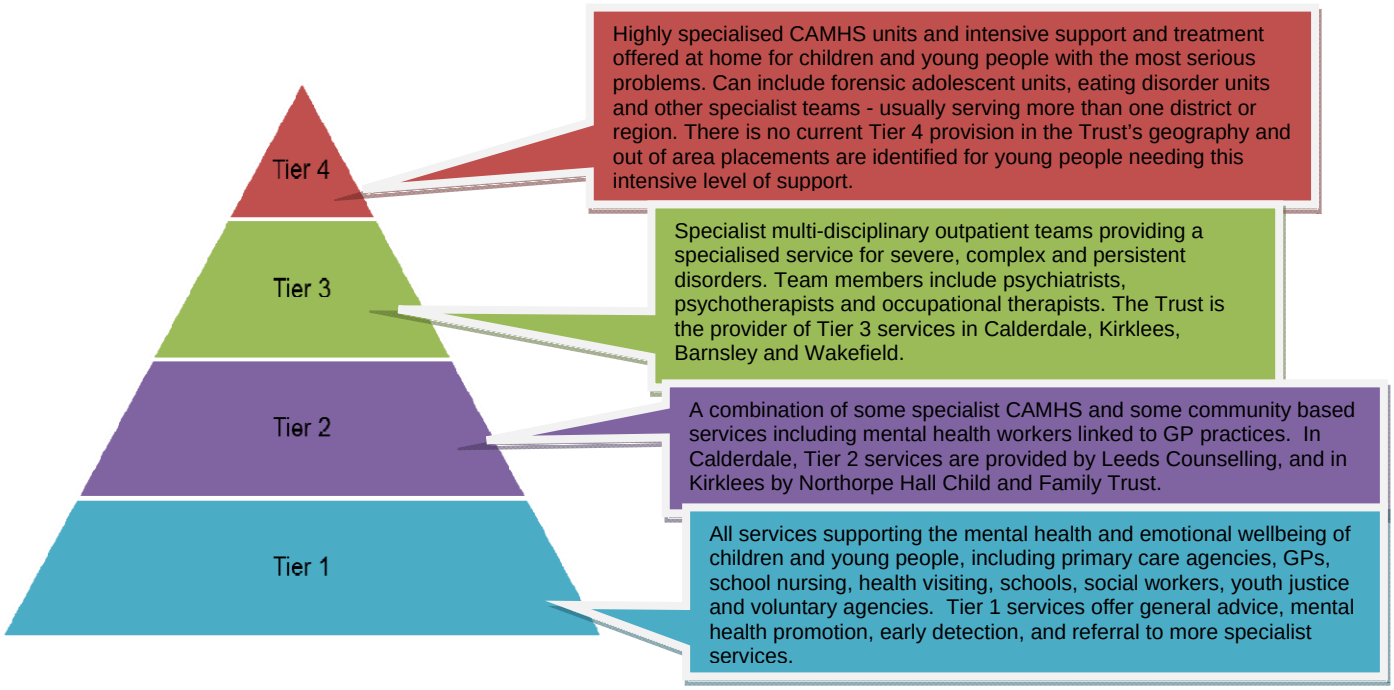
Child and adolescent mental health services (CAMHS) deliver services in line with a four-tier strategic framework which is now widely accepted as the basis for planning, commissioning and delivering services. Although there is some variation in the way the framework has been developed and applied across the country, it has created a common language for describing and commissioning services.

Most children and young people with mental health problems will be seen at Tiers 1 and 2. However, it is important to bear in mind that neither services nor people fall neatly into tiers. For example, many practitioners work in both Tier 2 and Tier 3 services.

Similarly, there is often a misconception that a child or young person will move up through the tiers as their condition is recognised as more complex. In reality, some children require services from a number (or even all) of the tiers at the same time.

The model provides a framework for ensuring that a comprehensive range of services is commissioned and available to meet all the mental health needs of children and young people in an area, with clear referral routes between tiers.

The current model of provision for CAMHS services is:



This report focusses on the provision of Tier 3 services in Calderdale and Kirklees.

Historical Overview

The CAMHS service in Calderdale and Kirklees was provided for many years by Calderdale and Huddersfield NHS Trust and had experienced delivery challenges, many consistent with the national position, including the challenge of providing a specialist mental health service within an acute Trust. The Calderdale, Greater Huddersfield and North Kirklees Clinical Commissioning Groups took the decision to re-procure the service in 2012. South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) responded to the tender, as a respected CAMHS provider able to evidence previous experience and expertise in this field. However, the Trust was concerned by the paucity of information that was available about the CAMHS service, this concern being shared by Commissioners. The limited opportunity to conduct Due Diligence was identified as part of the Risk Register submitted with the bid and both commissioners and provider acknowledged this risk. With the benefit of hindsight the Trust acknowledges that it should have insisted on receipt of detailed clinical information. The Tier 3 CAMHS service transferred to SWYPFT in April 2013.

However, upon taking responsibility for Tier 3 service provision, it became clear that the scale and nature of the challenge to transform the service to a new model, and introduce the required systems and processes, was greater than either the Commissioners or the Trust had anticipated. The service did not have in place the required governance, systems or processes to ensure the delivery of a robust CAMHS service to children and young people.

Accordingly, a Recovery Plan was developed in February 2014 and work continued to improve the position. A significant amount of work was undertaken by the Trust, dealing with the backlog of administrative filing and poor record keeping, introducing a new electronic record keeping system (RiO), merging two smaller teams into one and moving from a hospital to a community base at Broad Street Plaza in Halifax. There was extensive corporate input to ensure that staff had the right equipment and training to use the RiO system, supported by the right connectivity. A Clinical Lead and General Manager took up post and the Deputy Director of Specialist Services focussed attention almost full-time on this service, reporting to the District Director for Calderdale and Kirklees.

Additional resources were invested by both Commissioners and the Trust to stabilise the position, attend to the backlog of referrals and ensure that administrative process were in place to support the clinical service. A total of £800,000 has been expended over and above the original contract value, of which Commissioners contributed £347,000 and the Trust the remainder. This has supported enhanced staffing levels to deal with the demands of the service.

By way of further scrutiny, the Trust commissioned an external review from a respected CAMHS provider, who visited the service in August 2014, consulting with both the Trust and Commissioners. The Review confirmed the Trust's concerns, but also reaffirmed the belief of Commissioners in the skills and leadership of the Deputy Director to remedy the position, but challenged SWYPFT to address the shortfalls in the delivery system to provide commissioners with assurance that all matters were being addressed. Unfortunately, a key member of the management team became unavoidably absent from work from Autumn 2014, which left a gap in leadership at a critical time.

To ensure that Management grip on the process remained and that Trust and commissioner aspirations were progressed, a number of actions were taken to strengthen leadership and management:

- The Chief Executive sourced an experienced interim Director to provide extra – and focussed – drive and capacity for the service, who joined the Trust in January 2015. The interim Director is a qualified social worker, with extensive director level experience in managing services, predominantly in mental health trusts, in adult community services in a local authority, and with previous experience of running CAMHS in both a care trust and a community trust.
- The post of deputy director of CAMHS was established and an experienced operational deputy director was seconded to the position in February 2015.
- A General Manager, a qualified paediatric nurse from the successful Wakefield CAMHS service, was seconded to Calderdale and Kirklees to manage the service in January 2015 for four days a week.

These actions have significantly enhanced the management capacity and experience to lead the service and drive the required improvements. This arrangement will be kept under review by the Chief Executive and Trust Board, but it is currently providing the most effective support required at this current moment in time.

CAMHS Summit

On 6th January 2015 the Trust's Chief Executive wrote to the Chief Officers of the three CCGs expressing concerns about the service and requesting a meeting to review the position (*letter attached at Appendix 1*). In response to this, the Chief Officer of Greater Huddersfield CCG, proposed the convening of a CAMHS Summit in a letter dated 6th March (*letter attached at Appendix 2)*. The Summit was held on 20th March 2015.

The summit was attended by the Chief Officers of Greater Huddersfield CCG, Calderdale CCG and North Kirklees CCG, together with Director of Children and Young People's Services for Kirklees Council and the Trust's Chief Executive, Director of Nursing and Interim Director of CAMHS (*Summit Agenda attached at Appendix 3).* Action notes are not yet available but the Trust's summary of the meeting is as follows.

The primary purpose of the meeting was to consider how we could foster a stronger joint working approach to effect the improvement all agencies wish to see for children and young people in Calderdale and Kirklees.

As indicated in the Chief Officer's letter of 6 March, the meeting considered the following:

- Progress relating to the recovery programme
- Current issues and concerns
- Stocktake on national developments
- Proposed changes to the service model, including crisis and intensive home based treatment business case
- Future governance arrangements.

The Director of Children and Young People's Service in Kirklees expressed concerned about the ability of the Tier 3 service to respond to children and younger people's needs, including

reference to associated safeguarding matters. The Trust committed to working with the Local Authority to understand the full nature of the concerns, and seek to find an appropriate solution.

There was an acknowledgement that the service as currently commissioned is not fit for purpose and the lack of robust data was of concern to all parties. There was also acceptance of the Trust's position that the service was unable to meet the demand for both planned and emergency care and that investment was necessary to rectify this situation. All partners were committed to a co-produced solution for CAMHS services in Calderdale and Kirklees and the Trust reiterated its ongoing commitment to CAMHS services.

In addition it was agreed that NHS England should be kept fully appraised of the situation and that both CQC and Monitor should continue to be appraised in detail of all risk and recovery work.

It was agreed that further discussions would take place and clear plan of action developed, together with a revised robust partnership governance process and a clear joint communications plan. All agreed that a further CAMHS summit would be convened within the next few weeks.

RECOVERY PLAN UPDATE

Management and leadership

It is clear that the skilled and experienced CAMHS General Manager has the confidence of staff in Calderdale & Kirklees and the significant visible presence at Broad Street Plaza, the CAMHS service base, have been very much welcomed. Although fragile, there is noticeably improved staff morale in the short time the general manager has been in post.

The management team have worked with Commissioners and partners to ensure that the Trust's commitment to working in partnership to resolve the current problems is communicated and reinforced and is slowly building the necessary trust and confidence. The Trust's CAMHS services are an important part of the whole system in Calderdale & Kirklees and positive relationships are essential to ensuring that all parties work effectively together. In order to support this fully, there needs to be an agreed strategic vision for CAMHS services at all levels as part of a mental health and emotional wellbeing offer to children and young people.

Demands on the service

Whilst the management team are starting to improve the systems and processes that support the delivery of good care, there is a growing recognition that the service as currently funded is simply unable to meet the demands on it within the current configuration, most obviously with regard to emergency and crisis response to young people and their families. The service received 36 emergency referrals in January and 65 emergency referrals in February 2015. A response is expected to all these referrals, usually within 4 hours, the majority of which are for deliberate self-harm and suicidal ideation.

Out of hours referrals have a significant impact on planned work, resulting in cancellation of appointments to enable emergency response. Such referrals are significant in number - there were 24 in January and 49 in February. Cancellation is disruptive to young people and their families, and also to staff who may have been up in the night in A&E departments when 'on-call'.

The need to respond both to planned and emergency work with a limited workforce is placing a significant burden on staff, which longer term is not sustainable and is undoubtedly a major contributory factor to the high sickness levels still being experienced.

In addition, the service finds it challenging to meet the demand for assessments, and although the service lacks extensive data, the Select Committee set out a national picture of increasing demand for CAMHS services across England, for both generic and emergency referrals. In January, the service received 199 referrals and 216 in February 2015. All these referrals need to be screened by a CAMHS practitioner and those that are considered appropriate offered a first 'Choice' appointment.

As indicated earlier, a total of £800,000 has been expended over and above the contract value, of which commissioners contributed £347,000, and the Trust the remainder. The Trust is planning for a cost pressure of £500,000 in 2015/16 for CAMHS and the Trust has been clear that commissioners will need to consider additional investment in 2015/16 if the service is to safely and effectively meet at least some of the existing demand. A business case was forwarded to the CCG for their consideration, following CEO to CEO discussions. This set out the case for a Crisis Response/Emergency/Intensive Home Treatment Team (based on the successful Wakefield model) which will enable:

- Young people and their families to be supported at home, thus reducing the demand for Tier 4 CAMHS beds
- The development of an appropriately skilled workforce who can work with young people, their families and professionals at times of crisis, often out of hours
- A reduction in cancelled appointments, reduced waiting lists and reduced complaints
- A reduction in waiting times for responses to A&E for CAMHS assessments
- The ability to support people intensively at home, thus enabling people to be discharged from paediatric beds in acute hospital care.
- The ability to respond to young people in a planned way, rather than a young person and their family waiting until their mental health deteriorates and then needing crisis care.

Commissioners were presented with two options to enable the service to offer crisis and intensive support. A response to this business case was identified as urgent by Summit participants. The Trust has undertaken to work with commissioners to find a solution, including the link to the wider mental health and emergency care system.

Clinical Pathways

At present emergency referrals (most often presenting in A&E) are usually seen within 4 hours, whilst parents and young people are usually given their first 'Choice' appointment within 6-8 weeks. However, long waiting times are experienced when people wait for an intervention, particularly if waiting for a diagnosis of Autistic Spectrum Disorder.

A revised referral pathway will be introduced in Calderdale in April 2015. The pathway is the result of consultation with the Tier 2 provider and primary care partners and is specifically designed to reduce the number of inappropriate Tier 3 referrals.

Pathway design has been completed for the following pathways; Eating Disorder, Looked After Children, Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder. This has now been supplemented with a Deliberate Self-Harm pathway and for each mapped pathway a lead clinician has been identified. Work is progressing alongside the Trust's specialist Learning Disability (LD) services to develop a robust LD pathway. The General Manager, Clinical Lead and Practice Governance Coach continue to work closely with senior clinical and administrative staff to ensure administrative processes support clinical practice.

As part of the investment by Commissioners in 2014/15 of £347,000, a Recovery Team was established to offer support to those people who had been waiting for an assessment before April 2014. Work to address the pre-April 2014 generic waiting list will be concluded by the end of May 2015 when assessment will have been offered to all 149 people waiting to be seen. However, there still remain some people waiting for an assessment for an Autistic Spectrum Disorder (ASD), with the current service lacking the ability to keep up with the demand for this service.

Data Quality

The lack of relevant and reliable data was identified as a key service risk in April 2013 and remains so. The implementation of RiO in 2013 - backed by intensive support from Information Management and Technology colleagues - provided the basis for accurate and timely data capture/reporting and cleansing of historical data. However, the accuracy of the information gained from RiO is entirely dependent on the accurate and timely input into the system, which remains a challenge for hard pressed clinical staff and their administrative support. This is being addressed by the management team as a priority, with training, mentoring and coaching for staff on the use of RiO. The recovery plan has recently been refreshed to reflect this strengthened focus on data quality.

Commissioners concerns in relation to data quality remain and have recently become heightened. Part of the CAMHS Summit addressed this issue and the Trust will undertake further work to understand the Commissioner perspective and determine a realistic timescale for improvement.

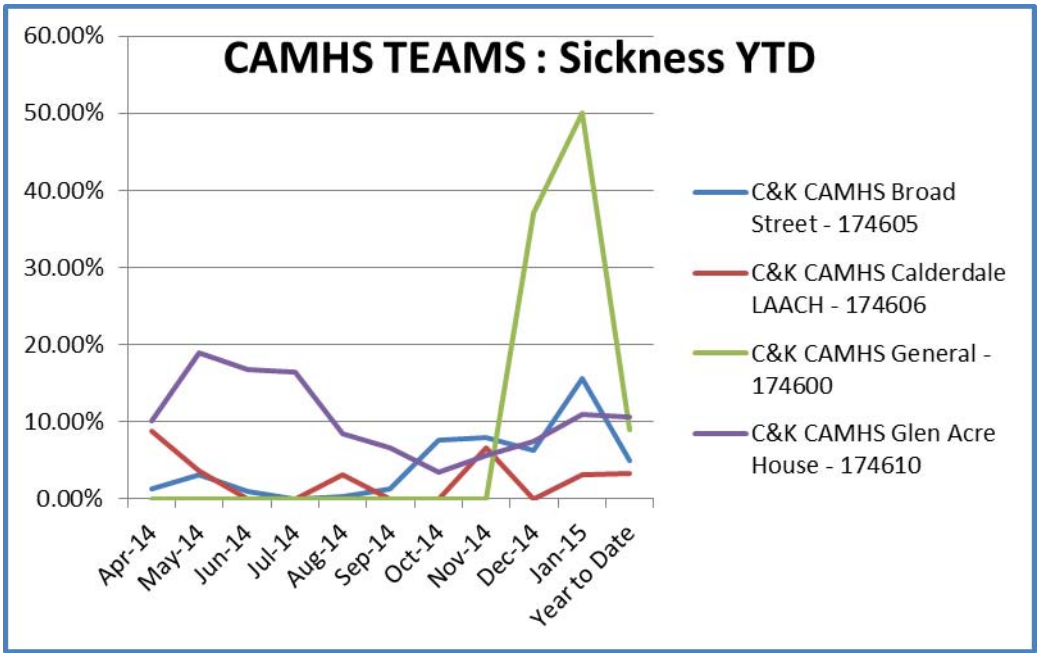
Workforce

The position in relation to mandatory training is showing some small improvement. The management team is currently prioritising Information Governance and Safeguarding Children training to ensure minimum standards are achieved and maintained. The position on Information Governance performance from January 2015 reflects the number of staff due to undertake refresher training as the financial year ends. Measures are in place to ensure that these staff accessed training before the end of March.

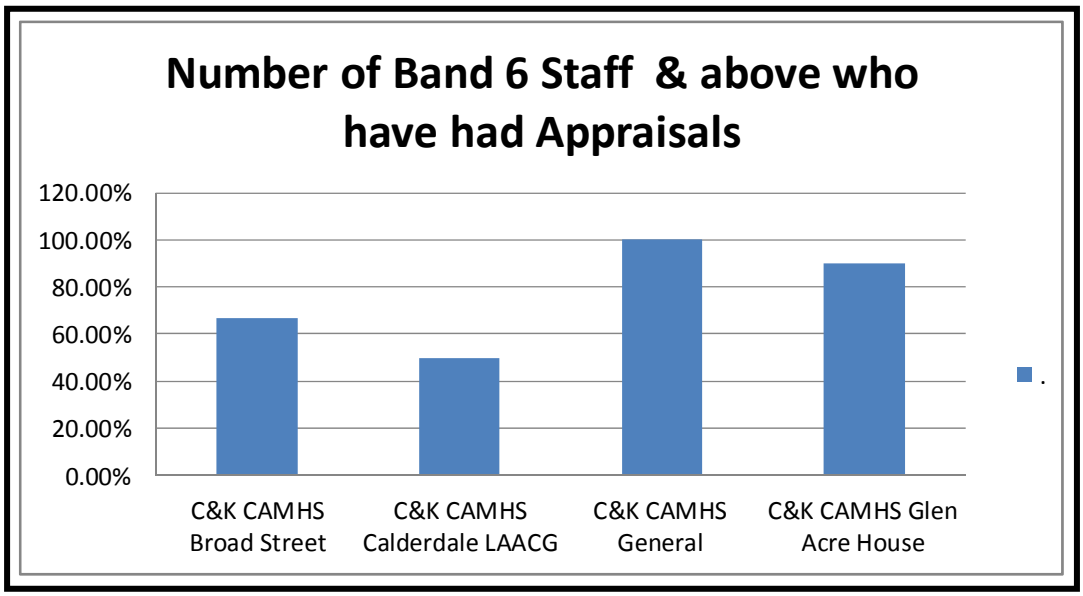
Training	Target	% staff trained Mar 2015	Status
Aggression Management	80%	71.4	Amber
Equality and Diversity	80%	72.1	Amber
Fire Safety	80%	74.4	Amber
Infection Prevention and Control, including hand hygiene.	95%	61.9	Red
Information Governance	95%	61.1	Red
Moving and Handling	80%	34.9	Red
Safeguarding Children	80%	79.0	Amber
Safeguarding Adults	80%	64.3	Red

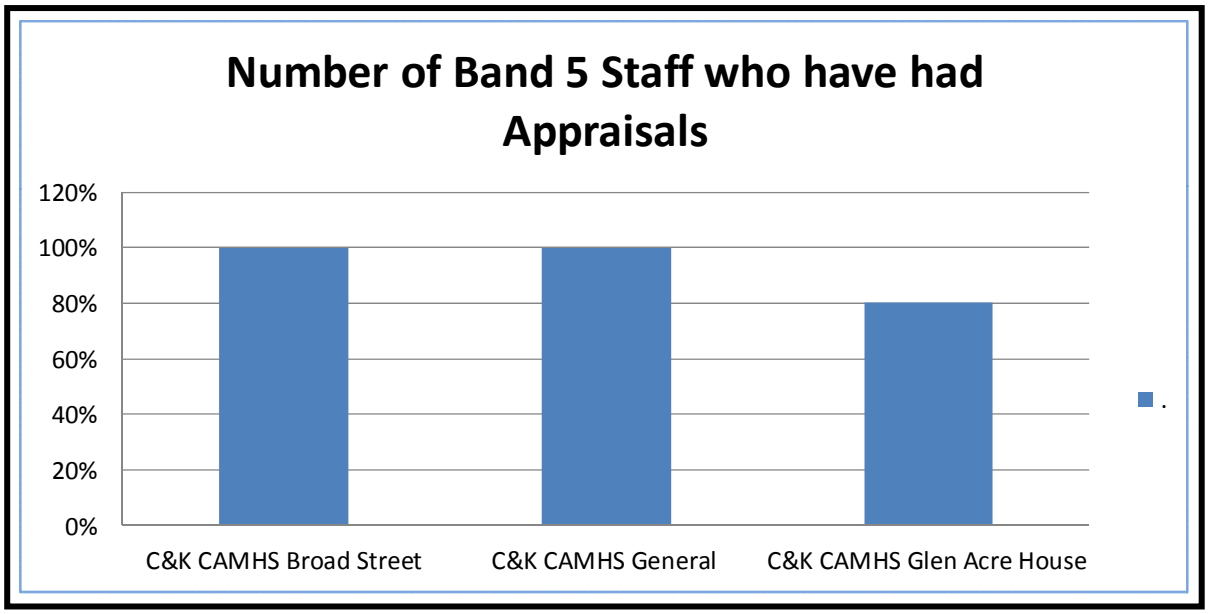
Staff sickness for the year to date (to March 2015) is 8.6% and sickness levels remain high, compared to the Trust wide rate of 4.6%. Management of long-term sickness absence is a priority. The 'spike' of 50% in the C&K CAMHS General line is due to 2 people being in this category, one of whom was on long term sick.

The sickness rate at the time of service transfer in 2013 was 15.8%. Barnsley CAMHS services are currently reporting 5.4% sickness and Wakefield CAMHS 4.5%, thus demonstrating the Trust's ability to manage sickness levels to an acceptable standard as a Tier 3 CAMHS provider in other districts.



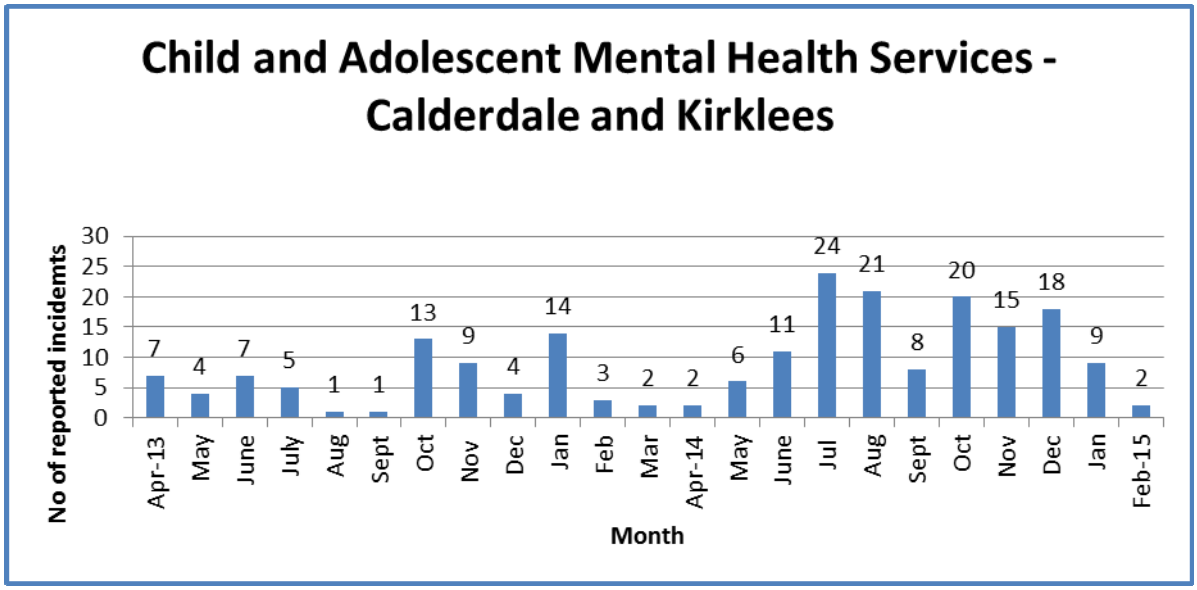
The vast majority of staff appraisals - for all staff groups - are up to date.





Incident Reporting

An important part of the recovery plan remains the desire to embed a positive incident reporting culture through on-going management and clinical supervision. Incident reporting levels are increasing, demonstrating an improved reporting culture since transfer (see chart below). All incidents are analysed in depth to look for patterns and themes, ensure action to prevent re-occurrences where necessary and learn lessons to improve service user safety and experience. All safety matters remain subject to the usual Trust governance processes which include review at service and BDU governance groups, a weekly Trust-wide risk scan, and review at Executive Management Team meetings. The Clinical Governance and Clinical Safety Committee and the Trust Board receive regular reports on incidents and the learning that results. An annual incident report is provided to the Board describing the assurance and improvement activity over the previous year.



Internal & External Governance Arrangements

Robust internal governance structures have been developed and implemented to support improved quality and safety. The measures include:

- A Practice Governance Coach embedded within the service to focus on practice quality and governance who works closely both with the General Manager and Nurse Advisor.
- A monthly CAMHS service line meeting chaired by the General Manager involving clinical and team leaders as well as Performance and Information, Compliance and other Quality Academy representation. The meeting focuses on performance, finance and human resource issues.
- A monthly CAMHS governance group meeting chaired by the Assistant Director Quality and CAMHS Clinical Lead Consultant. There is representation from all Trust CAMHS services including managers, practice governance coaches, local clinical leads, trust safeguarding team, trust compliance team. The group enables review and shared learning from issues/incidents, understanding and implementation of relevant national guidance (such as NICE Guidance), consideration of CQC standards, risk assessment and policy review.
- A weekly CAMHS operational group chaired by the Interim Director at which the recovery plan is reviewed and progress assessed. Priority areas include data quality and record keeping and mandatory training. Some patient experience feedback is currently being obtained via tablets and paper surveys - available within clinics to provide children and/or their carer's with the opportunity to give their views and opinions about the service. Issues raised formally and informally are subject to robust investigation in conjunction with the Trust's Customer Services function, and the resulting learning and action plans are included in quality monitoring processes. There is a commitment to strengthen relationships with existing service user and carers groups, for example the service has agreed to be routinely represented at the local Parents of Children with Additional Needs (PECAN) group
- Monthly performance reporting to the Trust Executive Management Team.
- Regular CAMHS recovery plan reporting to the Clinical Governance and Clinical Safety Committee (and through the Committee to the Trust Board). The Trust Board has also received direct reports regarding CAMHS Tier 3 services in Calderdale and Kirklees.
- The Chair of the Clinical Governance and Clinical Safety Committee, who is a Non-Executive Director, has taken a key role in ensuring the service has been scrutinised on a regular basis at Committee and has also attended a local operational meeting to understand the issues.

External governance is as follows:

- Provision of update reports against the CAMHS recovery plan at each meeting of the SWYPFT Quality Board (involving commissioners from Greater Huddersfield, North Kirklees, Calderdale and Wakefield Clinical Commissioning Groups). Reports have been presented in 2014/15 on: 12th May 2014, 30th June 2014, 1st September 2014, 27th October 2014, 15th December 2014, 23rd February 2015.
- A joint CCG and SWYPFT recovery executive board was established to oversee the implementation of the recovery plan. It was acknowledged at the CAMHS summit meeting that this board requires a review of its terms of reference in order to respond to the revised challenge presented.
- Regular discussion about CAMHS in liaison meetings with the CQC. Last meeting dated 12.12.2014
- Regular updates have been provided to Monitor as part of the quarterly exception reporting process. The Q3 report covered the independent review of the service and the resulting recommendations and the strengthening of the leadership and management arrangement. A teleconference in February 2015 provided a further opportunity to discuss the issues and Monitor have been fully appraised about the Trust's approach.

Summary

Progress is being made with implementation of the recovery plan, but significant challenges remain. It is clear that there is a great deal of work to be done. Data quality is being prioritised as a means of providing essential management information and of assuring commissioners regarding performance. Understanding service user and carer experience will continue to be a key driver in service improvement.

There is a growing recognition that the service is unable to meet the increasing demands, most immediately with regard to emergency and crisis response. A business case has now been forwarded to the CCG for consideration and sets out the case for a Crisis Response/Emergency/Intensive Home Treatment Service. A multi-agency CAMHS Summit considered the position on 20th March and agreement was made to identify a timely solution through joint working.

The Director of Nursing, Clinical Governance and Safety, the Medical Director and interim BDU Director retain executive oversight and leadership of the service, working with Executive colleagues. The Chief Executive is providing direct support to this agenda.

The Trust remains committed to ensuring it provides a good Tier 3 service, as part of a whole system which supports the emotional health and wellbeing of children and young people in Calderdale and Kirklees. This commitment was reaffirmed at the summit with Commissioners.

26th March 2015
Tim Breedon, Director of Nursing, Clinical governance & Safety
Nette Carder, Interim Director of CAMHS.
Adrian Berry, Medical Director

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

6 January 2015

See distribution below

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Steven.Michael@swyt.nhs.uk

Dear colleagues

CALDERDALE AND KIRKLEES CAMHS

I am writing to offer a position statement on the provision of CAMHS services and to suggest a way forward.

As you are aware, the Tier 3 CAMHS service transferred to SWYPFT in April 2013. Since that time the service has been subject to review and transition to new ways of working to deliver the required specification. It was recognised by all parties at the time of transfer, that whilst the key priority was to transform the service to the new delivery model, progress and pace would be impacted by the level of change required which would only become clear once management of the service transferred to the Trust. Over recent months, you have been kept fully appraised of the challenges in delivering the agreed recovery plan, the residual governance issues and that the scale of transformation required was significantly beyond that anticipated – and certainly beyond a simple transfer from one provider to another within existing resources.

It was helpful to meet with Matt Walsh recently to review the position and I know that all commissioners are mindful of the issues. Carol McKenna also recently visited our Wakefield CAMHS services, an area where we feel we have made real progress, although we are continuing to improve processes and address carer concerns.

At the Trust's most recent Board meeting, the Calderdale and Kirklees CAMHS position was reviewed in the private session and our non-executive directors sought assurance regarding delivery of the recovery plan. We are able to provide a reasonable level of assurance, but concerns remain. I think, therefore, it would be an opportune time to jointly revisit the overall scope and specification for the service, given the insight gained over the past two years, and the opportunity to benchmark against provision in other districts within the Trust's geography.

I suggest we convene a meeting to review the position. I know Matt Walsh is supportive of this and of involving GP representatives given the significant clinical issues involved. This would allow for a constructive, balanced discussion on what is possible in relation to local services. I will take the lead from this end to ensure arrangements are put in place for us to meet.

Yours sincerely

STEVEN MICHAEL
Chief Executive

Distribution
Dr Steve Ollerton, Chairman, Greater Huddersfield CCG
Carol McKenna, Chief Officer, Greater Huddersfield CCG
Dr David Kelly, Chairman, North Kirklees CCG
Chris Dowse, Chief Officer, North Kirklees CCG
Dr Alan Brook, Chairman, Calderdale CCG
Matt Walsh, Chief Officer, Calderdale CCG

Copies
Karen Taylor, District Director, Calderdale, Kirklees and Forensics
Nette Carder, Interim BDU Director

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Tel: 01484 464113

Steven Michael
SWYPFT
Fieldhead
Ouchthorpe
Wakefield
WF1 3SP

Date: 6th March 2015

Dear Steven

CAMHS Services

When we held our teleconference on 23 February, you may recall that Matt and I indicated that we had a conversation planned across North Kirklees, Calderdale and Greater Huddersfield CCGs later the same week. I'm writing on behalf of the three CCGs to feedback the issues raised at that meeting, and also the actions we agreed.

Firstly, we received an update on the recovery programme and acknowledged that elements of this were progressing well. In particular, Nette and Linda's roles in the senior management team were welcomed and we also noted that good progress had been made in other areas such as estates changes.

We also spent some time considering the issues that have been raised around the current model of service and the potential solutions you identified in our meeting on 23 February.

The feedback on the recovery work highlighted one particular area of concern – that of data accuracy – which obviously has a wider impact across a range of issues. We understand that following further review by the new management team, concerns have been raised again around the accuracy of data provided to us. This is clearly concerning as we had previously been assured that we could now have high levels of confidence in data provided. This uncertainty around the data has re-opened concerns around our shared understanding of issues such as levels of demand and waiting times, with the obvious knock on questions in relation to patient safety.

It was also noted that Kirklees Council had recently raised concerns around the ability to access services in a crisis, in particular for looked after children. Implications in relation to safeguarding had been brought to the CCGs' attention by the Director of Children's Services in Kirklees.

Given these immediate issues, we felt it would be beneficial to convene a CAMHS summit, bringing together the CCGs, Calderdale Council and Kirklees Council, and senior members of your team. We would like to arrange this as a matter of priority, and would appreciate it if you and colleagues could offer some flexibility with diaries where possible.

We have asked Rhona Radley (Calderdale CCG) and Tom Brailsford (Kirklees Council, NK (GH CCGs) to co-ordinate this session and it would be helpful if you nominate a point of contact from your end for them to liaise with.

If you wish to discuss any of this further in the meantime, please feel free to contact me.

Yours sincerely

Carol McKenna.

Carol McKenna
Greater Huddersfield CCG

Copy to: Matt Walsh, Chief Officer, Calderdale CCG
Chris Dowse, Chief Officer, NK CCG
Nette Carder, Interim BDU Director, SWYPFT

CALDERDALE AND KIRKLEES CAMHS SUMMIT

Friday 20 March 2015, 4.00 pm to 5.00 pm
Shibden Meeting Room, Dean Clough
Chair: Carol Mckenna

AGENDA

No	Agenda item	Purpose	Lead	Time	Timing
1	Welcome and Introductions		Carol McKenna	5 minutes	4.00 pm
2	Current State of the Recovery Programme , Key Themes: • Data/information to understand data and performance • Access • Activity and Data Quality • Workforce • Communications	Update	Nette Carder	10 minutes	4.10 pm
3	Current Issues and Concerns	Update	All	10 minutes	4.20 pm
6	Stocktake on National Developments • Task Force report due to be published on Tuesday	Taskforce paper attached  Childrens_Mental_Health.pdf https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf	Carol McKenna	10 minutes	4.30 pm

CALDERDALE AND KIRKLEES CAMHS SUMMIT

Friday 20 March 2015, 4.00 pm to 5.00 pm
Shibden Meeting Room, Dean Clough
Chair: Carol Mckenna

AGENDA

7	Proposed Changes to Service Model	Crisis/IBHT Business Case attached  Crisis Emergency Home Based Treatme	SWYFT	15 minutes	4.45 pm
8	Future Governance (inc Recovery Executive Board)	Discussion	All	10 minutes	4.55 pm
12	Any other business		Carol McKenna	5 minutes	5.00 pm

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 7.2(ii)

Title:	**Information Governance Toolkit 2014/15**
Paper prepared by:	Deputy Chief Executive/Director of Finance
Purpose:	Advise the Trust Board on the Trust's position in relation to information governance as at March 2015
Mission/values:	Information governance is a key issue for patient safety and for the Trust's reputation. Information Governance Toolkit Compliance at Level 2 across all 45 requirements is currently a requirement to remain IGSoC (IG Statement of Compliance) compliant.
Any background papers/ previously considered by:	Update papers have been presented to the Clinical Governance and Clinical Safety Committee.
Executive summary:	Annual IG Toolkit Compliance – March 2015 Submission The Trust is submitting a level 2 in all areas. The Trust is therefore IGSoC (IG Statement of Compliance) compliant. Extract from information governance toolkit

Assessment	Level 0	Level 1	Level 2	Level 3	Not Relevant	Total Req'ts	Overall Score	Initial Grade	Current Grade
Version 12 (2014-2015)	0	0	44	0	1	45	66%	Satisfactory	Satisfactory

The Information Governance self-assessed scores are submitted annually. This paper updates Trust Board on the Trust position in relation to information governance by providing a summary of the scores and details of information governance SIRIs (serious incidents requiring investigation) which have occurred during the year. The scores are provisional at the time of writing. Each of the 45 standards has 4 possible levels of achievement (0, 1, 2, 3). Trusts are required to achieve level 2 on every applicable standard to remain compliant.

With regard to IG training, the target for the Trust is 95%. The Trust position at 3 March 2015 was 85% with approximately 730 staff still required to complete the training with this financial year. Approximately 8% of staff are excluded from the figures due to maternity leave, long-term sickness and other reasons for absence. There are 42 staff who had not completed the training this time last year. Due to targeting these staff this position has improved to 14.

A further review of the training itself and the ways in which it can be delivered is planned.

In April 2013, reforms in health and social care meant that information effectively changed hands as organisations were moved from health to social care with services moving, or in the process of moving, to the community and voluntary sector. This means the Trust's Information Asset Register is in

	need of a substantial revision, along with the corresponding flows of data between the Trust and other organisations. **Information Governance Incidents** Guidance was issued in February 2015 requiring Trusts to report any incidents involving cyber incidents. The IG toolkit functionality has been extended to accommodate this. At the current time, three incidents have been reported as meeting the threshold for external reporting, under the new reporting requirements. One of these involved, a wrongly addressed Compulsory Treatment Order in Kirklees, is currently being followed up by the Information Commissioner's Office. In all 480 incidents were reported internally in 2014/15. This is an increase of 44% from 2013/14 with 332 incidents. The majority of increases in incidents were from June 2014 to October 2014. They consisted of disclosures of information, such as incorrectly addressed mail or erroneous inclusion of patient information with another patient's correspondence, failure to follow procedure leading to breaches and lost or missing health records. A steady increase in disclosures of patient information was identified. Wrongly addressed mail alone was identified as a cause in 30 incidents. There were also a number of incidents where access to network drives was an issue following a network migration. Completion of the network migration resulted in improvements to connectivity and other issues. Regarding other incidents, a number of measures were taken to address the issues including visits to services where high numbers of incidents were recorded to offer advice and support with identifying cause and effect and developing solutions to ensure the issues are addressed. These interventions revealed a number of weaknesses and did result in improvements to local processes. From October 2014, there has been a decrease in the number of reported incidents. **Planned Changes for 2015/16** The Trust has a newly appointed Information Governance Manager and changes in the way information governance is promoted across the Trust are planned for the new financial year 2015/16. Planned work includes a new work programme, which has been devised to ensure the key responsibilities are addressed periodically throughout the year. A revision of the Information Governance Framework, which incorporates programmes of work to strengthen and embed Caldicott and data protection, information security, records management, data quality, data flows, asset registers, Registration Authority, policy and procedures, and compliance with the Toolkit is being undertaken. Modification and improvement in the way IG is perceived across the Trust will be established with a fresh campaign of a more supportive, interactive and enabling approach. Information governance training and the understanding of information governance values is important in the underpinning of Trust values. 'Putting the person first and in the centre' and being 'honest, open and transparent' are synonymous with the legislative and regulatory guidelines that are cornerstones of the information governance agenda. Ensuring service users are treated with respect and dignity requires the Trust to safeguard their rights as individuals and their confidentiality as an integral part of their care. This refreshed agenda will strengthen and reinforce the evidence requirements for the 2016 toolkit submission with the expectation that improved planning and the implementation of robust processes across the IG Framework will create improvement across the standards. Enhanced scores offer assurance to the Trust and to external stakeholders, giving confidence

	that the Trust offers a complete care package and understands its responsibilities. **For information: Director leads** The Director of Finance is the Trust SIRO (Senior Information Risk Owner) and IG director lead. The Director of Nursing is the Trust Caldicott Guardian and the lead director for clinical records. The Director of Corporate Development is the lead director for non-clinical records.
Recommendation:	**Trust Board is asked to APPROVE the Trust's information governance submission.**
Private session:	Not applicable

Trust Board 31 March 2015
Agenda item 7.2(iii)

Title:	**Eliminating mixed sex accommodation declaration of compliance**
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	To appraise the Board of the Trust position in relation to eliminating mixes sex accommodation (EMSA) and to approve the annual declaration.
Mission/values:	Safeguarding the privacy and dignity of service users when they are often at their most vulnerable.
Any background papers/ previously considered by:	Trust Board reviews the compliance statement on an annual basis. Any exception reports regarding EMSA are reported to the Clinical Governance and Clinical Safety Committee by the Director of Nursing. There have been no exception reports in 2014.
Executive summary:	**Background** This paper is intended to assure Trust Board of the organisation's level of compliance with the national standard in respect of eliminating mixed sex accommodation. The declaration of compliance, which will appear on the Trust's website, is shown below. The Trust is expected to make a declaration to commissioners by 31 March 2015 to confirm the Trust's position regarding compliance with the EMSA standard. The statement of compliance is then required to be posted on the Trust website. The guidance in relation to EMSA expects Trusts to provide the following accommodation. Single Sex accommodation can be provided in: • single sex wards (the whole ward is occupied by men or women but not both); • single rooms with adjacent single sex toilet and washing facilities; • single sex accommodation within mixed wards (bays or rooms that accommodate either men or women, not both) with designated single sex toilet and washing facilities preferably within or adjacent to the bay or room. In addition, service users should not need to pass through accommodation or toilet/washing facilities used by the opposite sex to gain access to their own. **Current Trust position** During 2014 there have been no reported EMSA breaches. The Trust is, therefore, in a position to declare EMSA compliance as follows. *"Every service user has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The South West Yorkshire Partnership NHS Foundation Trust is committed to providing every service user with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.* *"We confirm that mixed sex accommodation has been eliminated in our organisation. Service Users that are admitted to any of our hospitals will only*

	share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed. Sharing of sleeping accommodation with the opposite sex will never occur. Occupancy by a service user within a single bedroom that is adjacent or near to bedrooms occupied by members of the opposite sex will only occur based on clinical need. If this occurs the service user will be moved to a bedroom block occupied by members of the same sex as soon as possible. On all mixed gender wards there are women only lounges or rooms which can be designated as such." **Compliance monitoring** The Clinical Governance and Clinical Safety Committee receive assurance through the Director of Nursing about the Trust's compliance with eliminating mixed sex accommodation. Any potential areas of risk are considered at quarterly EMSA review group meetings. During 2014, the EMSA review group has monitored all reported instances where service users have had to sleep in a single room on a corridor or pod designated for the opposite sex. From January to December 2014, there were 22 such instances reported on Datix compared with 55 for the same time period in 2013. The 2014 EMSA Best Practice Guidance Audit Report indicates that the Trust continues to perform well against best practice standards. The EMSA review group will implement action against any areas where improvements can be made. The Trust also has an action plan for continued monitoring and improvement, which is linked to the Patient-led Assessment of the Care Environment (PLACE). Provision of high quality facilities that meet the privacy and dignity of service users is a prime consideration when any changes to the Trust estate are made. **Financial implications** Non-compliance against the eliminating mixed sex accommodation standard is a 'nationally specified event'. An EMSA breach will continue to carry financial penalties. **Legal implications** The Trust will need to ensure that it is compliant with safeguarding issues related to the provision of services through safe delivery of the Department of Health guidance on eliminating mixed sex accommodation. **Equality and diversity** The Trust's statutory duties relating to equality and diversity have been met. The Trust has considered equality and diversity when developing its estate to meet the privacy and dignity needs of service users.
Recommendation:	**Trust Board is asked to APPROVE the compliance declaration.**
Private session:	Not applicable

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 7.2(iv)

Title:	**Serious incident report Q3 2014/15**
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	This report provides overall information in relation to incidents in Quarter 3 and more detailed information in relation to serious incidents.
Mission/values:	• Honest, Open and Transparent • Person First and in the Centre
Any background papers/ previously considered by:	A more detailed report is sent quarterly to the Clinical Governance and Clinical Safety Committee (CG&CSC). Previous quarterly reports and the annual report, which is presented to the CG&CSC and Trust Board.
Executive summary:	➢ The report contains overall figures for incident reporting. Trust reporting is similar to previous quarters, although a decrease of 173 from the previous quarter. Q had 2671 incidents. ➢ Physical aggression/threat (no physical contact) was the most reported category, as per previous quarters. ➢ There have been no 'Never Events' reported in the Trust during quarter 3. ➢ There have been 30 SIs during quarter 3. The number of pressure ulcer incidents during Q3 (twelve of which eleven were grade 3 and one grade 4) is similar to the previous quarter. The highest category of serious incident is apparent suicides of current service users (eight) and then apparent suicide of discharged patients (three). ➢ The number of SI is higher this year than in previous years. The category of apparent suicide is higher and the Trust has reached the lower level of expected cases based on National Confidential Inquiry numbers. This has been examined and no themes have been found. ➢ The independent review process is complete in relation to the Kirklees Homicide cases 2010.9926, 2011.11370 and 2011.11502. The review was at level C, which is mainly desktop with some interviews. The report was presented to Trust Board in January 2015. NHS England also requested the investigation to cover the learning outcomes from three previous Kirklees homicides that took place in 2007/8. An action plan has been developed and is being monitored through CG&CSC and the Quality Board with commissioners. ➢ The quarterly reports have been produced and shared with the CG&CSC and BDUs.
Recommendation:	**Trust Board is asked to NOTE the report**
Private session:	Not applicable

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Trust-wide Incident Management Summary Report

For Quarter 3 2014/15 (01/09/2014 – 31/12/2014)

This summary report has been prepared by the Patient Safety Support Team to bring together Trust wide information on incident activity during Quarter 3 (October to December 2014), including reported serious incidents.

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

1 Updates from the Patient Safety Support Team

1.1 Incident Reporting and Datixweb Updates

- The Patient Safety Support Team intranet page has been updated and is now available online to view under the heading: Patient Safety.

- Datix Reports Training dates for 2015 are available on the Patient Safety Support Team's intranet page. These can be booked by forwarding a Study Leave Form to Learning and Development.
- Root Cause Analysis training dates for 2015 are available on the Patient Safety Support Team's intranet page. These sessions can also be booked by forwarding a Study Leave Form to Learning and Development.
- Structure changes on Datix to reflect the new leadership and management structure have been completed for Kirklees and Calderdale and Wakefield BDU's
- Work on electronic incident reporting guides via Captivate has continued

1.2 Work in Progress for Implementation in Quarter 4

- To continue with the restructure work on Datix to reflect the leadership and management changes for Barnsley BDU.
- Audit of Datix to ensure compliant with information governance requirements
- Action plan monitoring for BDU's.

1.3 Changes Implemented During Quarter 3

- The Patient Safety Support Team is not aware of any changes.

1.4 Changes in services in Quarter 3

- As above changes in services structures.

1.5 Incident Analysis requests from BDUs

During Quarter 3, the Patient Safety Support Team has responded to further requests for analysis of incident data, summarised below:

BDU	**Quarter 2 14/15**
Kirklees BDU	• There were no requests for information by services
Calderdale BDU	• There were no requests for information by services
Wakefield BDU	• There were no requests for information by services
Barnsley BDU	• Details of Incidents reported within Family Nurse Partnership • Deaths for previous year within mental health
Forensic BDU	• There were no requests for information by services
Corporate Services	There were no requests for information by services • Restraint/Seclusion information for National Benchmarking
Specialist Services	• All CAMHS incidents for quarter 2
Trust wide	• Pressure Ulcer incidents for quarter 2

Freedom of Information Requests received within Quarter 3

There were no Freedom of Information Requests in quarter 3

2 Analysis of all Incidents Reported Trust wide

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

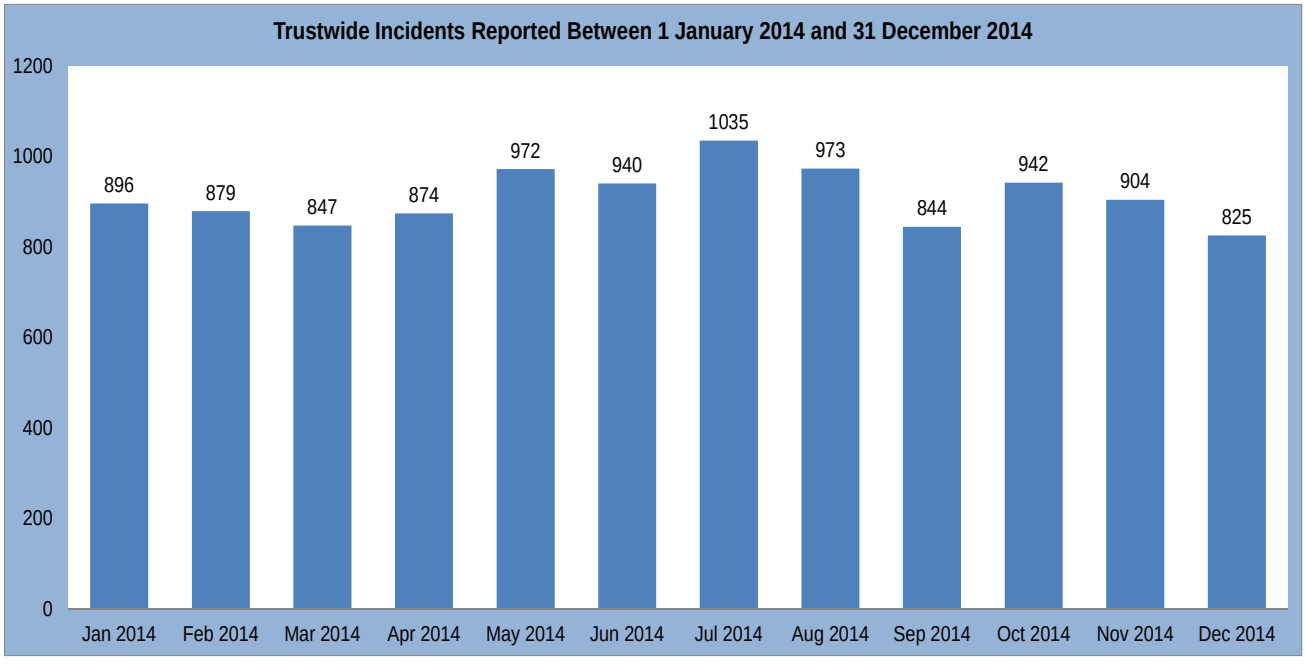
The incident data for Quarter 3 14/15 has been compared with previous quarters where possible.

Data for this period includes all reported incidents as at 12 January 2015; however it should be noted that incident categorisation and severity grading's may also be subject to change, once the incident review process has been completed by the reviewing manager.

A total of **2671** incidents were reported in the Trust during Quarter 3 2014/15. This is a decrease of 173 on the previous quarter.

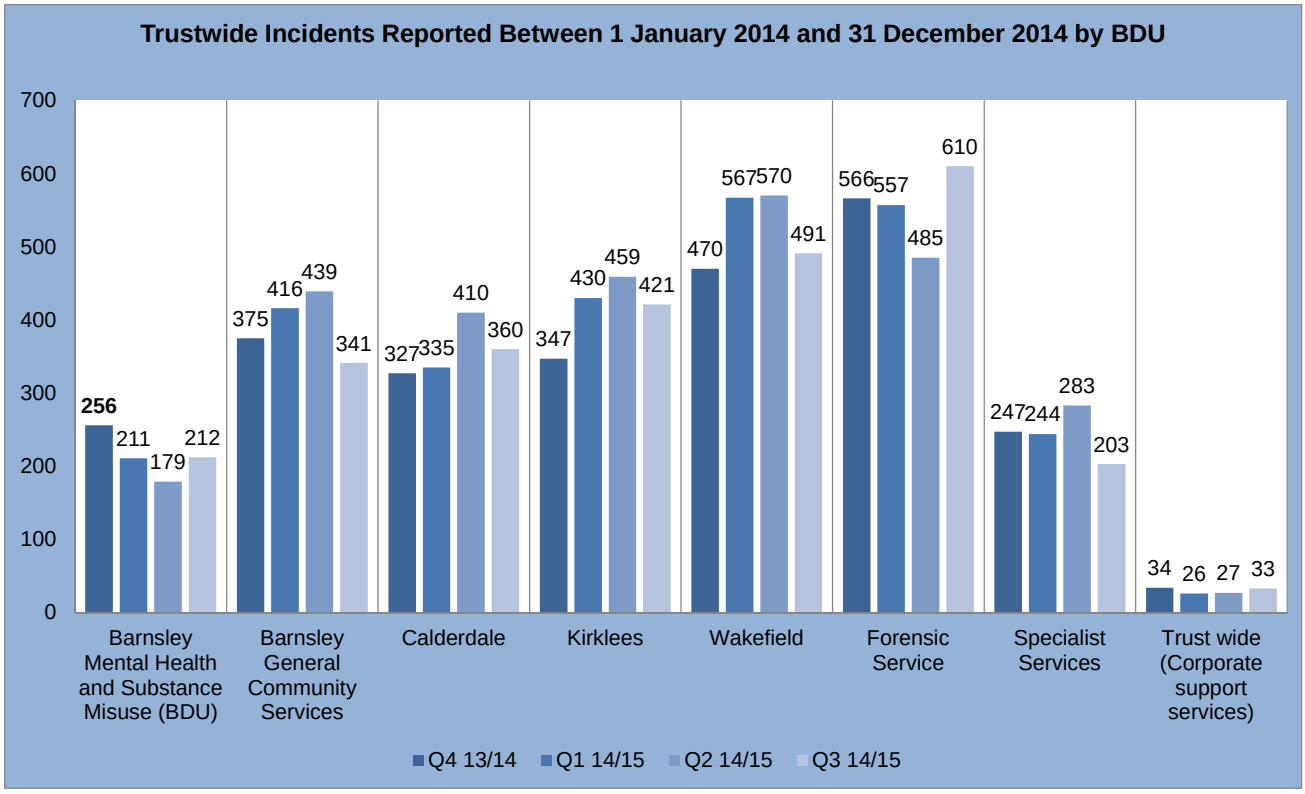
Graph 1 – Incidents Reported Over the Past Year

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



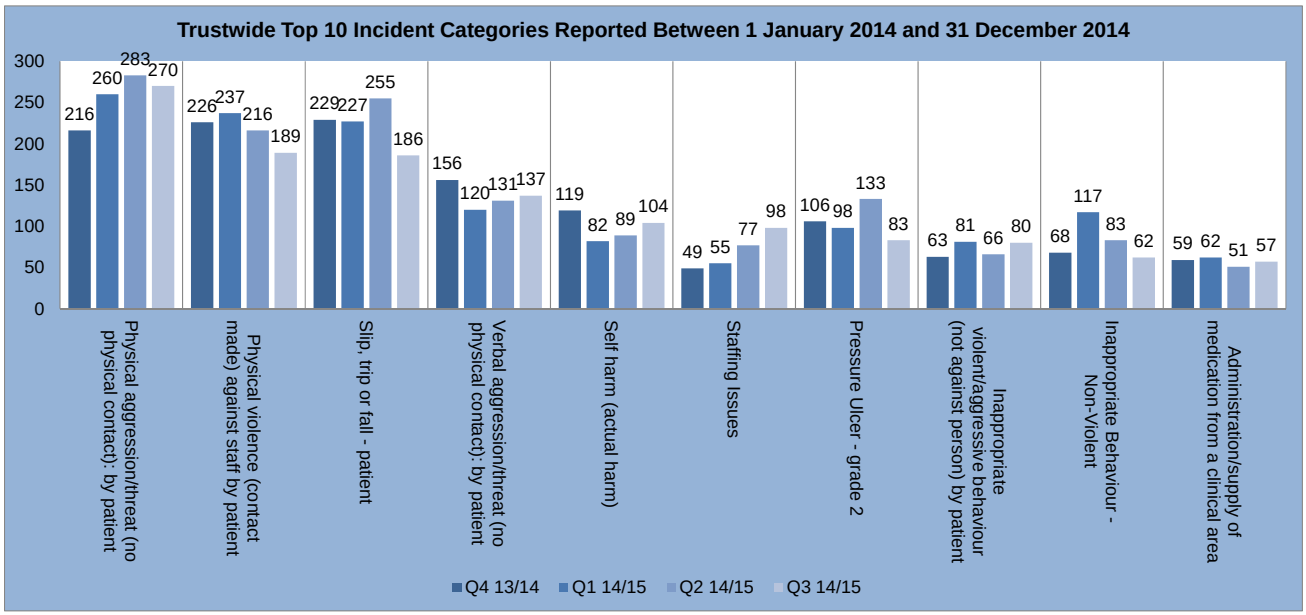
Graph 2 - Trust Wide Incidents by the BDU/Directorate Where They Occurred Over a Rolling 4 Quarter Period (1 January 2014 to 31 December 2014)

Forensic incidents have increased by 125 compared with the previous quarter, Barnsley Mental Health and Substance Misuse's incidents have increased by 33 and Trust wide Corporate Support Services by 6. All other BDU's have seen a reduction in the level of incidents reported.



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

During quarter 3 2014/15 Physical Aggression/Threat (no physical contact) by Patient was the most reported category. This has decreased slightly in comparison with quarter 2.



3 Learning Identified by Specialist Advisors

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

Medication	
Key learning points identified following recent incidents	As a result of medication incidents reported Safe Medicine Practice posters and bookmarks have been disseminated Significant updates have been made to the clozapine guidance as a result of a number of incidents identified relating to the drug. This will be issued within quarter 4.

Trust-wide Serious Incident (SI) Report for Quarter 3 2014/15
(data as 2/1/2015)

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

1. Never Events

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

Qu1	Qu2	Qu3	Qu4
0	0	0	

2. Serious Incidents reported to the Commissioners

During Quarter 3 there have been **30** serious incidents reported on STEIS.

Total SIs reported to the Commissioner by financial year and quarter up to the date of this report (2010/11 - 2014/15)						
Financial quarter	**10/11**		**11/12**	**12/13**	**13/14**	**14/15**
	SWYPFT	**Barnsley**	**SWYPFT**	**SWYPFT**	**SWYPFT**	**SWYPFT**
Quarter 1	9	5	12	15	14	31**
Quarter 2	4	2	12	7	**27**	**24*** **
Quarter 3	6	4	18	10	**31**	**30**
Quarter 4	7	1	6	12	**29**	
Totals	**26**	**12**	**48**	**44**	**101***	**85**

*One incident from 13/14 has since been de logged from the STEIS system.
**SI 2014/16081 from Q1 removed from STEIS following further information from Coroner re cause of death on 9/7/14. The quarter 1 figure has therefore reduced from 32 to 31.
***SI from Kirklees de logged from STEIS on 9/7/14 therefore figure reduced from 25 to 24.

SI reported by team types and BDU for Q3	Barnsley Mental Health and Substance Misuse	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Specialist Services	Corporate services	Total
Acute Inpatients (WAA)	0	0	1	0	0	0	0	1
District nursing	0	12	0	0	0	0	0	12
Child and Adolescent Mental Health Services, Wakefield	0	0	0	0	0	1	0	1
CMHT's (OPS)	1	0	0	1	0	0	0	2
CMHTs (WAA)	0	0	2	2	3	0	0	7
Improving Access to Psychological Therapy (IAPT) Team	1	0	0	0	0	0	0	1
Information Management and Technology	0	0	0	0	0	0	1	1
Inpatient Service (OPS)	0	0	0	0	1	0	0	1
Medical Records Support Staff	0	0	1	0	0	0	0	1
Memory Services (OPS)	0	0	1	0	0	0	0	1
Psychological Therapy Services (WAA)	0	0	1	0	0	0	0	1
Single Point of Access (SPA)	1	0	0	0	0	0	0	1
Total	3	12	6	3	4	1	1	30

The reporting of pressure ulcers grade 3/4 has significantly impacted the number of SI reported in Barnsley. This was a new requirement in 2013/14. We expect to see a change in this next quarter due to new agreed reporting criteria agreed from January 2015.Only incidents that are avoidable will be reported in line with other organisations.

Type of incident and BDU for Q3	Barnsley Mental Health and Substance Misuse	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Specialist Services	Corporate services	Total
Allegation of violence or aggression	0	0	1	0	0	0	0	1
Death - other cause	0	0	0	1	0	0	0	1
Disclosure of other information (e.g. third party)	0	0	0	0	0	0	1	1
Disclosure of Patient Information	0	0	1	0	0	0	0	1
Self harm (actual harm)	0	0	1	0	0	1	0	2
Slip, trip or fall - patient	0	0	0	0	1	0	0	1
Suicide (incl apparent) - community team care - current episode	1	0	3	1	3	0	0	8
Suicide (incl apparent) - community team care - discharged	2	0	0	1	0	0	0	3
Pressure Ulcer - grade 3	0	11	0	0	0	0	0	11
Pressure Ulcer - grade 4	0	1	0	0	0	0	0	1
Total	3	12	6	3	4	1	1	30

The number of pressure ulcer incidents reported as Serious Incidents during Quarter 3 was 12. This is comparable with previous quarters as follows: Q2 (11); Q1 (9) and Q4 13/14 (16).
The highest category of other serious incidents during Quarter 3 is apparent suicides of current community service users (8), followed by former community patients discharged within 12 months (3) and serious self harm (2).

3. Suspected Suicide reported to the Commissioners

The National Confidential Inquiry figures **July 2014** indicate that:

- Based on an average of the suicides recorded in the general population over the 10 years 2002 to 2012 there are approximately 9.85 suicides per 100,000 general populations each year. (range 9.4-10.6) (West Yorkshire 9.6 and South Yorkshire & Bassetlaw 9.7)
- On average during 2002-2012 patient suicides accounted for 28% of the general population suicide figures

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

District	Population ONS – population estimates Mid 2013	General population suicide rate (NCI)	Patient suicide rate (28% general pop) (NCI)
Barnsley	235,757	22-25	6-7
Calderdale	206,355	19-22	5-6
Kirklees	428,279	40-45	11-13
Wakefield	329,708	30-35	8-10
Trust-wide	1,200,099	111-128	31-36

ONS – Office of National Statistics
NCI – National Confidential Inquiry into Suicide and Homicide by people with Mental Illness

Suspected Suicides reported on STEIS 14/15

	Barnsley Mental Health & Substance Misuse	Calderdale	Kirklees	Wakefield	Total
14/15 Q1	3	3	5	3	14
14/15 Q2	2	1	3	1	7
14/15 Q3	3	3	2	3	11
Total	8	7	10	7	32

All serious incidents are subject to investigations. It must be noted that the figures above are apparent suicides and not confirmed by the Coroner. The total figure must be viewed with caution as the national figures above are 2 years out of date when produced so can only be indicative. Three quarters of a year figures continues to appear slightly high based on National Confidential Inquiry figures for a population the size of the Trust and patient suicide (28%). The cases have been reviewed and no trends could be identified.

Performance Management of Serious incidents

- **30** SI reports have been completed this quarter and sent to the Commissioners
- **29** SI reports have been closed by the Commissioners during the quarter
- There are currently **26** open SI investigations taking place across the Trust which are at the following stages (as at 2.1.15):

Progress of Ongoing SIs at 02/01/15	Barnsley MH & SMS	Barnsley General Community Services	Calderdale	Kirklees	Wakefield	Specialist Services	Corporate services	Total
Investigation panel being established	2	1	1	0	0	1	1	**6**
Investigation report over 12 weeks, no extension agreed	0	0	0	0	1	0	0	**1**
Investigation report over 12 weeks but extension agreed	1	0	3	2	1	0	0	**7**
Investigation within 12 week but off track	0	0	1	1	2	0	0	**4**
Investigation within 12 weeks and on track	1	4	2	0	0	0	0	**7**
Lead Investigator being allocated	0	0	0	0	1	0	0	**1**
Total	**4**	**5**	**7**	**3**	**5**	**1**	**1**	**26**

Breakdown of those over original timescale	Barnsley MH &SMS	Barnsley Community	Calderdale	Wakefield	Kirklees	Forensic Service	Specialist Services	Total
4-6 months since reported on STEIS			1	1				**2**
7-9 months since reported on STEIS	1							**1**
Total	**1**		**1**	**1**				**3**

There is nationally an agreement to aim to complete report in 45 working days. While the Trust tries to achieve this, it has the support of commissioners to complete a quality report above a timely report. There are less overdue reports, and the length of time for overdue reports has decreased. Delays are often due to complexity of the case including a number of organisations along with staff availability for interviewing.

4. SI Action plans

Each BDU monitors the implementation of action plans. The Patient Safety Support Team send out information on the current position status based on information completed on Datix each month in the Incident management monthly edition of the SI information and a detailed report to Directors and Deputy Directors of the BDUs. This is providing real time data more regularly and reducing overdue action plans.
The Clinical Support Unit is randomly reviewing completed action plans to provide Clinical Commissioning Group Assurance.

5. Updates on other SIs

Independent Reviews (DOH guidance HSG (94)27)
The independent review process has almost been completed in relation to the Kirklees cases listed below. The review is level C which is mainly desktop with some

interviews. The investigation reports are being published in January 2015. NHS England has also requested the investigations covers the learning outcomes from 3 previous Kirklees homicides that took place in 2007/8.

- **Kirklees BDU: 2010/9926** – A Kirklees CMHT service user being convicted of the murder of a neighbour and sent to prison. An internal investigation was completed in Feb 2011, and the action plan to address the recommendations has been implemented by the BDU and has evidence to demonstrate this.

- **Kirklees BDU: 2011/11370 and 2011/11502 -** 2 recent alleged homicides by ex-service users have been confirmed as homicide cases. The internal Trust investigations into these cases are completed and action plans are being implemented. 2011/11370 has been subjected to a domestic homicide review which is a multi-agency review and overseen by the Home Office.

  The action plan will be monitored through the clinical governance and clinical safety committee and with the Commissioners through the quality board.

6. Serious Incident Learning

Reporting on SI learning is contained within the quarter 2 report and in the annual report.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 8a

Title:	**Approval of Annual Budget**
Paper prepared by:	Deputy Chief Executive/Director of Finance
Purpose:	For Trust Board to approve the annual budget for 2015/16 in advance of the submission of the Annual Plan to Monitor on 14 May 2015. The current plan detail will form the initial financial submission to Monitor on 7 April 2015.
Mission/values:	The Annual Planning and budget underpin the use of resources in all services to meet the mission and values of the Trust.
Any background papers/ previously considered by:	June 2014 approval of two-year operational and five-year strategic plan
Executive Summary:	**Key points** • Trust Board oversees the annual planning and budget process each year with the approval of the annual budget in March each year. • In addition, the exercise is also designed to meet regulatory requirements for planning. For 2015/16 plans, two submissions are required by Monitor – an initial outline financial submission on 7 April 2015 and a full annual plan submission on 14 May 2015. The latter submission covers the financial year 2015/16 and includes a resubmission of the financial plan. • The annual plan has retained the key principles agreed by Trust Board as described below. ➢ Recurrent underlying surplus of around 1.0% to 1.5% which is increased non-recurrently to fund capital programme (or reduced to provide additional non recurrent investment). ➢ Continued significant capital investment in 2015-/6 funded through use of existing Trust cash balances. ➢ Prioritising capital expenditure which will enable service redesign, reduce estate costs or generate income through increased service offer. ➢ A Financial Risk Rating of 3 or above on the Continuity of Service Risk rating. ➢ Demonstrate efficiency of at least 3.5% through the Quality & Efficiency (CIP) savings programme. The key headlines in the 2015/16 budget are as follows. • Reduction in income of £3.9 million due to deflation in line with Enhanced Tariff Option. • Delivery of £9.6 million CIP programme in year which represents 4.4% efficiency. This is 0.9 % above the national requirement of 3.5%. • Pay expenditure uplift consistent with national guidance. • Additional £11 million investment in services, which is split £6.8 million recurrent and £4.2 million non-recurrent. The key elements of recurrent cost pressures of £6.8 million include: • safer wards and staffing investment of £1 million; • additional investment in information management and technology of £0.9

	million; • non-pay inflation on utilities, rent and rates and PFI accommodation of £0.7 million; • additional investment in child and adolescent mental health services of £0.5 million; • investment in clinical services of £1.2 million; and • non-recurrent cost pressures of £4.2 million including information management and technology investment (£1 million), investment in transformation (£0.9 million) and non-recurrent staff costs due to re-structuring (£1 million). The plan also includes a non-recurrent income benefit of £2.7 million from the sale of land which is surplus to requirements. The current budget plan reflects the income assumptions as currently understood. Due to the delay in determining the tariff arrangements there does remain some contracts where negotiations have not been fully concluded. The Trust does not anticipate having to resort to arbitration to agree contracts and any adjustments in income assumptions will be reflected in the final version of the plan to be reviewed by Trust Board in April. The overall position is an underlying recurrent surplus of £3.5 million but an in-year reported deficit of £743,000. The deficit position is due to the increased non-recurrent investment in transformation and technology of £3.1 million, which will enable the Trust to deliver more efficiency in future years and therefore remain clinically, operationally and financially sustainable. Trust Board will be considering the two and five-year plans during the first quarter of 2015/16. It is anticipated that the Trust will retain a recurrent surplus position in 2016/17. The cash position remains healthy and is supporting a proposed £16 million capital programme in 2015/16. The overall Monitor financial risk rating for the plan is 4 out of 4.
Recommendation:	**Trust Board is asked to:** • **APPROVE the annual budget for 2015/16 including the capital plan subject to the approval of the final submission of the Annual Plan to Monitor at the April Board; and** • **APPROVE the submission of the annual budget to Monitor for the preliminary submission of financial information on 7 April 2015.**
Private session:	Not applicable

South West Yorkshire Partnership NHS
NHS Foundation Trust

How the Organisation Runs – part 2

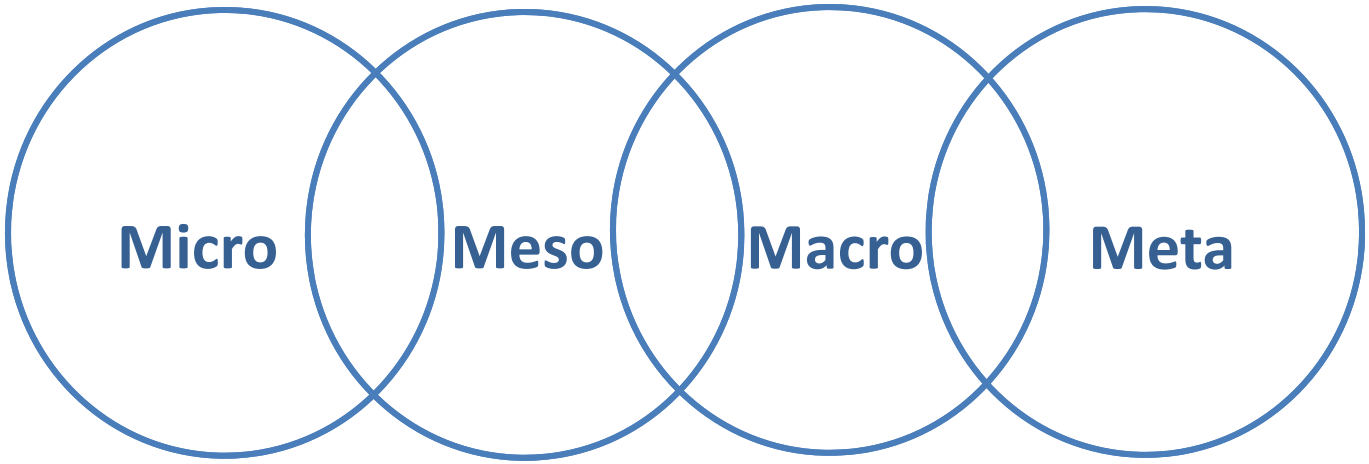
Steven Michael
Chief Executive
March 2015

With all of us in mind

Building on 'How the Organisation Runs' – Part 1

- 'How the Organisation Runs' – part 1 (October 2014) reiterated our mission and strategic objectives; and clarified the roles and responsibilities of each of us in delivering continued success.
- The purpose of this second presentation is to set out a clear and simple model that describes the systems we operate within and how they interact, enabling the organisation to run to best effect.
- The model is based on the work of Dartmouth Institute in the USA, most notably, Dr Gene Nelson, who through our ongoing relationship with Jönköping County Council in Sweden has provided the basis for this model. We are indebted to our Swedish colleagues who have created such an excellent learning community and to Dr Nelson and his colleagues, for their ideas and innovative thinking.

Consider how we work, operating in 4 interconnected systems …



The context within which the meta, macro, meso and microsystems operate will determine priorities, ways of working and leadership and management. Increasingly, these systems need to be embedded in the communities they serve. Seeing the person first and centre, rather than the health and social care system first and centre, will call for a significant shift in thinking and behaviour for many, regardless of the role they occupy within their system.

Microsystem

What Defines this System?	Examples of people working in this system
The smallest unit of clinical activity* e.g. ward, unit, department e.g. IHBTT, W18, CMHT, Palliative Care Team, Children's Speech and Language Therapy Team.	Frontline clinicians, Consultant Doctors, Nurses, Clinical Psychologists, Social Workers, AHPs, Ward and Team Managers, Support and Ancilary Staff. This includes the service user and their family.

NB: A single person is not a microsystem

** ref: Dr Paul Batalden, Dartmouth Institute*

Mesosystem

What Defines this System?	Examples of people working in this system
The place where two or more microsystems combine to form a pathway. Establishing the optimum system offer to enable the highest quality of service to be delivered through microsystems. Examples include: Community Services, Medium Secure and Low Secure Forensic Pathways, Acute and Community Mental Health pathways, Dementia, Rehabilitation and Recovery Services, Learning Disabilities Services, Child and Adolescent Mental Health Services.	BDU Directors, Deputy BDU Directors, Quality Academy Support Staff, Trios: Clinical Leads, Practice Governance Coaches, includes partners too e.g. voluntary sector, acute local authority and independent sector. As the system does not operate as a hierarchy, frontline clinical staff will clearly engage with the mesosystem, as will service users and carers.

Macrosystem

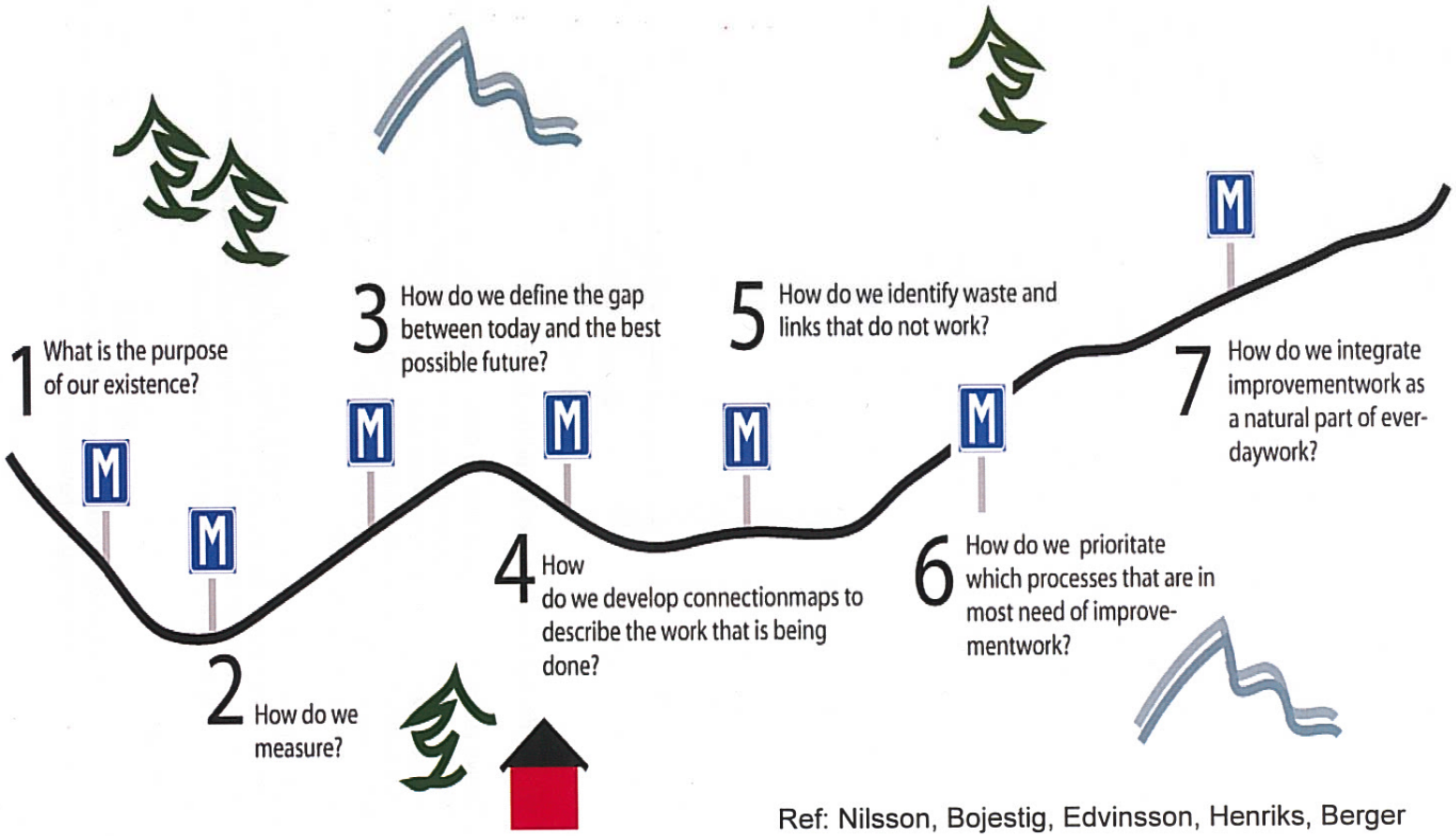
What Defines this System?	Examples of people working in this system
The whole of SWYPFT. Setting the necessary conditions and priorities to support the achievement of the Mission, whilst maintaining the Values. BDUs act as a 'Subset' of this macrosystem and therefore includes other agency partners in macrosystem development.	The Trust Board, CEO, Executive Team, Quality Academy, District Directors, Deputy BDU Directors, Quality Academy deputies, Professional Leads. Again, specific frontline clinical staff will support macrosystem development as will service users, carers and Member's Council. Also includes partner agency working.

Metasystem

What Defines this System?	Examples of people working in this system
The broader partnership and political environment where strategies, service priorities, policy response and contracts for services are determined.	The Trust Board, CEO, Executive Team, Quality Academy, District Directors, partners, commissioners, regulators, politicians. Clinical staff of all disciplines, particularly with specialist knowledge, will contribute at metasystem level.

Seven questions showing the way

for the microsystemteam on their journey to the best possible results.



Ref: Nilsson, Bojestig, Edvinsson, Henriks, Berger

The following example of Acute and Community Mental Health illustrates how the systems definition can be applied at each level and identifies the typical activities and requirements for system workers, managers and leaders. Acute and Community Mental Health, in this context should be seen as an agenda or issue to be dealt with or considered, not as a service. The nature of such activities and requirements will be common to all aspects of service i.e. Mental Health, Community, Forensic, Learning Disability, Dementia, but need to be rooted in the service reality of the meso and microsystems. Any detachment from the core at any level brings the risk of clinical safety and inefficiency.

Take an example: - Acute and Community Mental Health

Microsystems will include:

- ❑ Inpatient wards.
- ❑ Intensive Home Based Treatment Team.
- ❑ Community Mental Health Teams.
- ❑ Early Intervention in Psychosis Teams.
- ❑ Recovery Colleges.
- ❑ Creative Minds Partnerships.

Acute and Community Mental Health (continued)

Microsystem - Typical Activities and Requirements:

- Each ward team or service will carry responsibility and professional accountability for delivery of effective high quality care to a defined group of service users.
- Each microsystem will have clearly stated objectives and defined performance targets and outcomes.
- Each microsystem should seek to evolve and improve over time, receiving support from 'trios' to ensure efficiency of delivery, adopting best practice 'lean' approaches.
- Each microsystem will be supported in finding its relevant 'fit' within the mesosystem.

Acute and Community Mental Health

Mesosystem can include pathways for:

- ❑ People in crisis.
- ❑ People with depression.
- ❑ People recovering from enduring mental health problems.
- ❑ Younger people experiencing first episode psychosis.
- ❑ People experiencing an acute mental episode.
- ❑ People who need to find a better life through Creative Minds.

Acute and Community Mental Health

Mesosystem - Typical Activities and Requirements:

- Each mesosystem will engage in mapping and understanding the way the pathway is composed of the combination of two or more microsystems e.g. Crisis and Urgent Care: IHBT and Wards.
- Each mesosystem will aim to identify key synergies, focusing on eliminating waste and repetition in assessment and intervention.
- Each mesosystem will seek to evolve and improve, building a sound evidence base for practice and delivery.
- Each mesosystem will engage and work with partner agencies to improve efficiency and service user and carer experience.

Macrosystem – Acute and Community Mental Health

Essentially this will involve the Acute and Community Mental Health Services of the whole Trust across all BDUs. The macrosystem allows for the benefit of being a large multi-health specialist provider to be exploited, through improved use of benchmarking and identification of cross district planning opportunities e.g. bed usage. The BDU will act as a subset of the macrosystem to allow for improved population specific based service design, development and delivery.

Acute and Community Mental Health

Macrosystem - Typical Activities and Requirements:

- Drawing on Specialist Mental Health benchmarking data and intelligence. Clarifying the level of information, data and intelligence required to support effective decision making.
- Setting objectives, plans and priorities which are reflective of the organisation's overall strategy plan (and Mission), but capable of clear translation into specific BDUs and into key service areas.
- Prioritising the allocation of resources to support meso and microsystem work, including all Quality Academy support.
- Ensuring alignment with key partner agencies and plans, most notably those of commissioners.

Metasystem – Acute and Community Mental Health

The metasystem can be defined as the system which exists beyond the boundaries of the organisation, beyond day-to-day delivery of services, but is key to determining the nature and direction of service provision going forward. For Acute and Community Mental Health this will involve engagement in a wide variety of networks at national, regional and local level, but with a specific focus on the Acute and Community Mental Health agenda.

Acute and Community Mental Health

Metasystem - Included in this will be, for example:

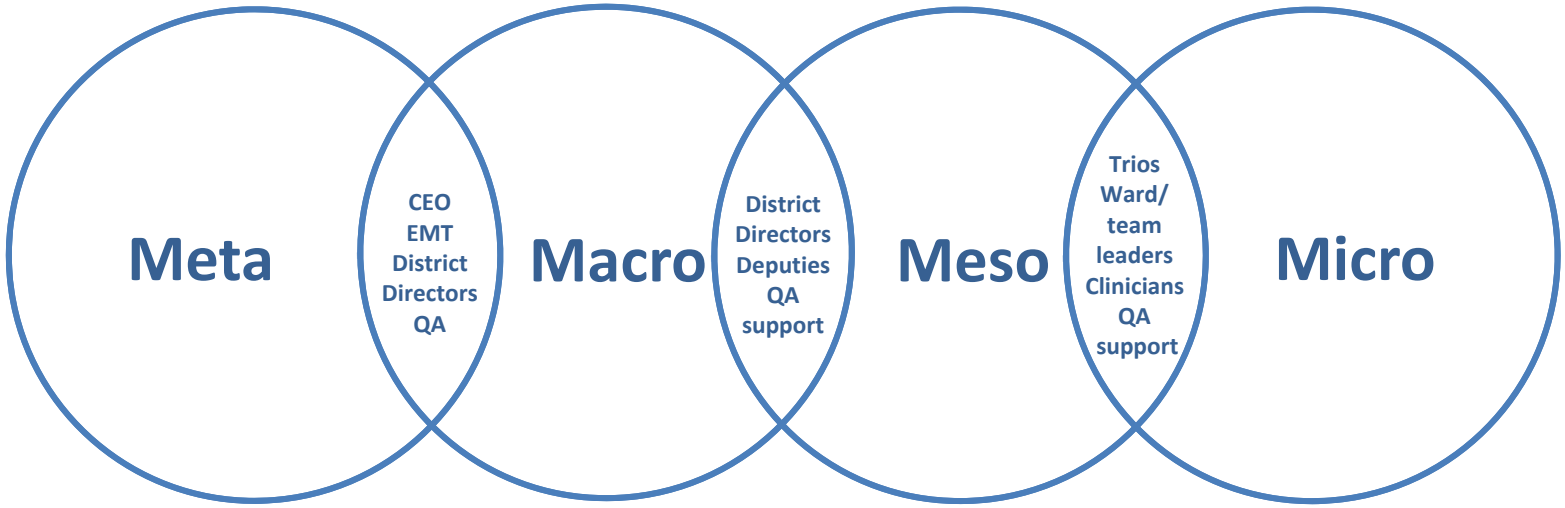
- National and regional policy.
- Commissioning relationships.
- Relationships with regulators e.g. CQC, Monitor.
- Links to Universities.
- Partnerships with fellow providers e.g. Acute, Local Authority, not for profit, Community Interest Companies.
- Partnerships with other agencies e.g. Police.
- Health and Wellbeing Boards.
- Health Watch.
- NHS Confederation Mental Health Network and NHS Provider's Mental Health Network.
- Overview and Scrutiny Committees.
- National Groups such as NHSE/DH Mental Health Steering Group.

Acute and Community Mental Health

Metasystem – Typical Activities and Requirements:

- Maintenance and development of relationship with key stakeholders in support of delivery of Trust's Mission and associated plans.
- Determination of appropriate strategic approaches, through effective market analysis, benchmarking and networking.
- Identification and prioritisation of opportunities for growth and system/service improvement.
- Effective negotiation of contracts with commissioners.
- Effective management of risk across agencies, in line with statutory and regulatory requirement.
- Developing thought and system leadership through international, national, regional and local engagement.

Examples of overlaps for systems workers



The list is not exhaustive, the key is for people to recognise which level (or levels) within which they are operating and what is their intent.

System v Hierarchical Leadership

There will inevitably be overlap at different levels. As this involves multi-system working and leadership, by necessity, this will call for a degree of agility and flexibility for those working within the service. This is a skill in its own right, as the model does not represent a rigid hierarchy, more a description of interconnected networks with accountability and responsibility being invested in the roles of individuals and teams, not the system itself.

No system can exist, function or perform in isolation from other systems: “no man is an island”.

So what next?

- We've put a lot of ground work into preparing all levels of the system for the next phase of organisational development.
- The meta, micro, meso, macro framework will provide a framework for the next stage of leadership and management work.
- Key to this will be support for and to people working in the system to discharge their accountabilities and responsibilities to best effort.
- Developing a clear approach to the use of health intelligence to support service delivery and innovation at all levels.
- Identify specific development and support required at every level of the system involving: framing, coaching, mentoring, supervision and appraisal.
- Ensure, that all work is supportive of the delivery of SWYPFT's mission of enabling people to reach their potential and live well in their community; and reflective of our values.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 9

Title:	**Vision for volunteering, engagement and involvement**
Paper prepared by:	Director of Corporate Development
Purpose:	The purpose of this paper is to describe the Trust's volunteering vision, outline the work completed to date and further work required.
Mission/values:	The volunteering vision supports the delivery of the Trust's mission to enable people to reach their potential and live well in their community.
Any background papers/ previously considered by:	Papers previously considered and approved by the Executive Management Team.
Executive summary:	To meet the strategic and financial challenges ahead, the Trust has to think differently about how it works and who it works with. Evidence and research demonstrates that volunteering can add value in a variety of ways. The added value includes: • service users – receiving support from a volunteer reduces isolation; • volunteers – improves self-esteem, provides experience and increases opportunities; • connects the Trust further with the communities it serves, hearing the community voice; • helps the Trust deliver transformation, creating powerful new bonds; • supports the design and delivery of integrated care – volunteers can play an important role in bringing together services delivered by different providers The Trust co-produced a vision with services users, carers, staff and volunteers in May 2014, which was fully supported by the Executive Management Team. A detailed programme plan was developed and is currently being implemented. The programme is being driven forward by a steering group, which has a wide membership including volunteers. The vision (attached) sets out the progress to date in implementing the vision.
Recommendation:	**Trust Board is asked to NOTE the progress to date and SUPPORT the ongoing journey of recruiting and supporting Trust volunteers to add value to its current service offer.**
Private session:	Not applicable

Trust Board 31 March 2015
Implementing our Vision for Volunteering

1. Background

To meet the strategic and financial challenges ahead we need to think differently about how we work and who we work with. Evidence and research demonstrates that volunteering can add value in a variety of ways. The added value includes:

- Service users – receiving support from a volunteer reduces isolation
- Volunteers – improves self-esteem, provides experience and increases opportunities
- Connects us further with our communities – we hear the community voice
- Help us deliver transformation - creates powerful new bonds
- Supports the design and delivery of integrated care - volunteers can play an important role in bringing together services delivered by different providers

We co-produced a vision with services users, carers, staff and volunteers in the May of last year fully supported by the Executive Management Team. A detailed programme plan was developed and is currently being implemented. The programme is being driven forward by a steering group which has a wide membership including volunteers.

2. The vision

- Volunteering is a real opportunity for people to build new skills, meet other people and gain new experiences. Our volunteers are from all walks of life and we actively seek to attract a diverse group of people who represent our communities.
- Co-production is about working together, recognising and drawing upon the strengths, skills and experiences of all stakeholders in working towards the best outcomes. We aim to co-produce the design, delivery and evaluation of all our services and support structures, placing people first and in the centre of our organisation.
- We will value all levels of volunteering from membership, to having a voice, to volunteer and peer roles.
- We will look after all of our volunteers and provide supportive recruitment, invitations to the Trust welcome events and welcome information, locality support to discuss volunteering opportunities and aspirations, links to local voluntary action/volunteer services, placement supervision and support, mandatory and role specific training and development and access to our volunteer lounges.
- As part of the programme we are exploring transitional peer volunteering models that align closely with acute and residential settings and are designed to help both the recipient and the volunteer with their own supported employment/vocational journey.
- We aim to explore the development of peer volunteer roles within the forensic BDU in line with the development of a forensic recovery college.
- The next steps for the model will also include exploring the concept of 'time banking' and staff volunteering.
- We currently have approximately 250 volunteers across the Trust. Our aim is to grow the number of volunteer opportunities across the Trust, working alongside services to identify new and creative volunteer roles, to realise our vision of 500 volunteers within the organisation by the end of 2016

3. Where are we up to?

- Within SWYPFT we define **all** freely gifted time as volunteering and have co-produced lean recruitment systems and processes to support this new vision.

- The newly designed paperwork, internal and external webpages and additional resources will be launched in March 2015. An updated volunteer policy will be published by June 2015.
- A new database for the management of volunteer information, reporting and volunteer opportunities will be in place by May 2015. The database will be combined with the membership database, and all of our new volunteers will become Trust members. All of our members will be contacted in 2016 and invited to become volunteers.
- The volunteer administrative function has moved from human resources to the partnerships team, corporate development.
- The Trust will commence the Investors in Volunteering national accreditation process for managing volunteers from April 2015 for a period of 12 months with the aim of being accredited by March 2016. Accreditation will further quality assure our approach and set the direction for future developments
- The Trust has become a member of the National Association of Volunteer Service Managers (NAVSM) and has drawn upon best practice guidance and support from the association.
- Within the model we aspire to moving towards a service user leadership approach and have a number of peer volunteer roles such as befriending, expert patient and co-producer and co-facilitator roles within our recovery colleges whereby people use their lived experience in carrying out their role in order to support others, and also provide a volunteer voice and opinion from their unique perspective
- We have developed a number of volunteer roles in addition to the peer roles above including health champions, meet and greet roles, table facilitators, catering roles, mental health museum roles, dining experience and mealtime support roles within dementia services and conversation buddies in speech and language therapy services.
- There is a groundswell of interest from both clinical and support services in volunteer roles adding value to our services.
- All volunteer role descriptions are reviewed re DBS guidance and DBS checks undertaken as applicable.

4. Further actions to progress

Physical space for volunteers

We need to make our volunteers feel welcome and provide a space where people get together, access resources, catch up on news, the intranet, meet members of the volunteering team, access peer support, learning, and access other events and activities. Best practice visits to other organisations have demonstrated the success of providing volunteer lounges within Trust premises. EMT has supported the request to identify a temporary volunteer lounge on the Fieldhead site as a pilot.

Volunteer expenses/reimbursement

The Volunteer Expenses Procedure has been approved by EMT. Key decisions included the following.

- Agreement that the volunteer expenses budget to be held centrally by Directorate of Corporate Development, the exception to this will be when the use of volunteers are part of a contract specification and, as such, will have a service specific budget.
- Subject to consultation and re-contracting to ensure a consistent approach across the Trust, replacing the current mileage rate of 44p per mile for a volunteer using their own car, with the public transport rate of 24p per mile in line with the practice of other organisations within the NAVSM association. This rate recognises that unlike staff, volunteers aren't required to have a car available for work and will be paid all their mileage from home to place of volunteering.
- Moving to a single system for the reimbursement of all volunteer expenses that treats all of our volunteers equally. We currently operate two systems for reimbursement which is

confusing and morally challenging. To cite examples, we currently pay service user and carer involvement fees to attend a meeting, but do not pay a volunteer who gifts their time every week as a befriender on one of our acute wards. We currently pay an involvement fee to deliver a single presentation or training session, but do not pay our co-producer volunteers in our recovery colleges. To ensure one approach, following on-going consultation, we will stop all involvement payments from 1 May 2015, a communications plan to support this has been developed to cascade the message.

Volunteer identification

We need to be able to identify our volunteers and best practice guidance suggests that volunteers are most clearly identified from the paid workforce via a different lanyard. Volunteers will receive a green lanyard with 'South West Yorkshire Partnership NHS Foundation Trust Volunteer' detailed, along with a standard identity badge detailing the name and 'volunteer'.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Board 31 March 2015
Agenda item 10

Title:	**Use of Trust seal**
Paper prepared by:	Chief Executive
Purpose:	The Trust's Standing Orders, which are part of the Trust's Constitution, require a report to be made to Trust Board on the use of the Trust's seal every quarter. The Trust's Constitution and its Standing Orders are pivotal for the governance of the Trust, providing the framework within which the Trust and its officers conduct its business. Effective and relevant Standing Orders provide a framework that assists the identification and management of risk. This report also enables the Trust to comply with its own Standing Orders.
Values/goals:	The paper ensures that the Trust meets its governance and regulatory requirements.
Any background papers/ previously considered by:	Quarterly reports to Trust Board
Executive summary:	The Trust's Standing Orders require that the Seal of the Trust is not fixed to any documents unless the sealing has been authorised by a resolution of Trust Board, or a committee thereof, or where Trust Board had delegated its powers. The Trust's Scheme of Delegation implied by Standing Orders delegates such powers to the Chair, Chief Executive and Director of Finance of the Trust. The Chief Executive is required to report all sealing to Trust Board, taken from the Register of Sealing maintained by the Chief Executive. The seal has been used twice since the report to Trust Board in December 2014 in respect of the following. - Licence to occupy Savile Close Day Centre, Halifax, with Calderdale Council. - Licence to occupy Slaithwaite Health Centre, Slaithwaite, Huddersfield, with NHS Property Services Limited.
Recommendation:	**Trust Board is asked to note use of the Trust's seal since the last report in December 2014.**
Private session:	Not applicable