With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
Wednesday 29 April 2015
13:00 (with lunch available from 12:15)
Large conference room, Learning and Development Centre, Fieldhead, Ouchthorpe Lane, Wakefield, WF1 3SP

Agenda

Item	Time	Subject Matter	Presented by		Action
1.	13:00	Welcome, introductions and apologies	Ian Black, Chair	**Verbal**	To receive
2.		Declaration of Interests	Ian Black, Chair	**Paper**	To confirm
3.		Minutes of the previous meeting held on 30 January 2015	Ian Black, Chair	**Paper**	To agree
		Notes from the joint meeting with Trust Board held on 30 January 2015	Ian Black, Chair	**Paper**	To receive
4.	13:10	Chair's report and feedback from Trust Board	Ian Black, Chair	**Verbal**	To receive
		Chief Executive's comments	Steven Michael, Chief Executive		
5.	13:40	Performance report Quarter 4 2014/15. The full performance report for month 11 2014/15 is enclosed with these papers and can also be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/about-us/performance/reports/. The dashboard for Q4 2014/15 will be available at the meeting and summarised in a presentation.	Alex Farrell, Director of Finance	**Paper/ presentation**	To receive
6.	13:55	Annual plan and budgets 2015/16	Alex Farrell, Deputy Chief Executive/Director of Finance	**Paper/ presentation**	To receive
7.	14:05	Unannounced/planned visits annual report	Tim Breedon, Director of Nursing	**Presentation**	To receive
8.	14:20	Children's/child and adolescent mental health services	Discussion item	**Paper/ presentation/**	Discussion item

Item	Time	Subject Matter	Presented by	discussion	Action
9.	15:25	Trust museum	Cara Sutherland, Museum Curator	**Presentation**	To receive
10.	15:40	Members' Council business items			
		10.1 Non-Executive Director appointments	Ian Black, Chair	**Paper**	To agree
		10.2 Appointment of Deputy Chair/Senior Independent Director	Ian Black, Chair	**Paper**	To agree
		10.3 Members' Council elections	Dawn Stephenson, Director of Corporate Development	**Paper**	To receive
		10.4 Lead Governor appointment	Ian Black, Chair	**Paper**	To agree
		10.5 Governor reviews with the Chair – themes emerging	Ian Black, Chair	**Verbal**	To receive
		10.6 Chair's appraisal	Helen Wollaston, Deputy Chair	**Paper**	To receive
		10.7 Monitor well-led framework for governance reviews	Dawn Stephenson, Director of Corporate Development	**Paper**	To receive
11.	16:00	Date of next meeting Friday 24 July 2015 morning meeting, Legends Suite, Oakwell Stadium, Barnsley Football Club, Grove Street, Barnsley, S71 1ET *Close*	Ian Black, Chair	**Verbal**	

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South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**2**
Report Title:	Members' Council Declaration of Interests
Report By:	Dawn Stephenson on behalf of the Chair
Job Title:	Director of Corporate Development
Action:	To confirm

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to provide information regarding the declarations made by governors on their interests as set out in the Constitution and Monitor Code of Governance.

Recommendation

The Members' Council is asked to NOTE the individual declarations from newly appointed or elected governors and to CONFIRM the changes to the Register of Interests.

Background

The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor require a register of interests to be developed and maintained in relation to the Members' Council. During the year, if any such Declaration should change, governors are required to notify the Trust so that the Register can be amended and such amendments reported to the Members' Council.

Both the Members' Council and Trust Board receive assurance that there is no conflict of interest in the administration of the Trust's business through the annual declaration exercise and the requirement for governors to consider and declare any interests at each meeting.

There are no legal implications arising from the paper; however, the requirement for governors to declare their interests on an annual basis is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution.

Process

The Integrated Governance Manager is responsible for administering the process on behalf of the Chair of the Trust and the Company Secretary. The declared interests of governors are reported in the annual report and the register of interests is published on the Trust's website.

Members' Council Declaration of Interests

Governor	***Description of interest***
ADAMOU, Marios Staff elected, medicine and pharmacy	➢ Director, Marios Adamou Ltd. ➢ Board member, UKAAN ➢ Regional Adviser, Royal College Psychiatrists (Yorkshire) ➢ Governing Body, East Riding CCG (secondary care doctor) ➢ HTA Appeals Panel, NHS member, NICE ➢ Panel for advising governors, Monitor ➢ Secondary Care Doctor member, NHS East Riding of Yorkshire Clinical Commissioning Group
ASKEW, Jean Appointed, Wakefield Council	➢ Councillor, Wakefield Council
BAINES, Stephen Appointed, Calderdale Council	➢ Marketing Halifax ➢ Councillor, Calderdale Council
BREARLEY, Hilary Appointed, Barnsley Hospital NHS Foundation Trust	➢ Director, Poppies UK Ltd. ➢ Director and owner, HB HR Consulting Ltd.
BROWNBRIDGE, Garry Staff elected, psychological therapies	No interests declared
CRAVEN, Jackie *Publicly elected, Wakefield*	➢ *Board member, Complex Minds* ➢ *Board member, Young Lives* ➢ *Member, Alzheimer's' Society* ➢ *Volunteer, HealthWatch, Wakefield* ➢ *Parish Councillor, Crigglestone Parish Council* ➢ *Trustee, Crigglestone Village Institute* ➢ *Trustee, Worrills Almshouses* ➢ *Trustee, Hall Green Community Centre* ➢ *Trustee, 45 Durkar Scouts*
CROSSLEY, Andrew *Publicly elected, Barnsley*	➢ *Director, Pathway Sales Limited* ➢ *Part owner (and shareholder non-controlling), Liaison Financial Services* ➢ *Consultancy services via Pathway Sales Limited for Liaison Financial Services* ➢ *Deputy Director, Samaritans, Barnsley* ➢ *Volunteer mentor, Remedi* ➢ *Volunteer gateway assessor, Citizens' Advice Bureau*
DALE, Doug *Publicly elected, Wakefield*	➢ *Board member and Trustee, Wakefield District Sight Aid* ➢ *Board member, Yorkshire and Humber Board – Young Enterprise* ➢ *Trustee and Board member, Citizens' Advice Bureau, Wakefield*
DEAKIN, Adrian *Staff elected, nursing*	*No interests declared*
EDWARDS, Netty *Staff elected, nursing support*	*No interests declared*
FENTON, Michael Publicly elected, Kirklees	No interests declared
GIRVAN, Claire Staff elected, allied health professionals	No interests declared
HASNIE, Nasim *Publicly elected, Kirklees*	➢ *Community Member, Locala Members' Council (NHS Community Trust for Kirklees)*
HAWORTH, John *Staff elected, non-clinical support staff*	*No interests declared*
HILL, Andrew	➢ Director, Barnsley Older Peoples' Community

Governor	***Description of interest***
Publicly elected, Barnsley	Forum
HOLLINS, Chris *Publicly elected, Wakefield*	*Newly elected from 1 May 2015*
KIRBY, Susan *Publicly elected, Kirklees*	*Newly elected from 1 May 2015*
KLAASEN, Robert *Publicly elected, Wakefield*	*No interests declared*
MANKU, Manvir Appointed, staff side organisations	No interests declared
MASON, Ruth Appointed, Calderdale and Huddersfield NHS Foundation Trust	➢ Member, Board of Directors, 'Mind the Gap' theatre company, Bradford, which employs actors with a learning disability
MORGAN, Margaret *Appointed, Barnsley Council*	➢ *Councillor, Barnsley Council* *No other interests declared*
MORTIMER, Bob Publicly elected, Kirklees	➢ Director, Kirklees Community Association ➢ Director, Kirklees Housing Association ➢ Director, York House Leisure ➢ Director, South Kirklees Citizens' Advice Bureau ➢ President and Director, Golcar British Legion ➢ County President, The Royal British Legion ➢ County Vice Chairman, Service Personnel and Veterans' Agency, Yorkshire and the Humber ➢ Welfare caseworker, Royal British Legion ➢ Welfare caseworker, Veterans' Advice and Pensions and member of Committee ➢ Member, Voluntary Action, Kirklees ➢ Chairman, Kirklees Sports Council ➢ Chairman, Huddersfield and District Amateur Rugby League ➢ Armed forces covenant board
O'HALLORAN, Cath Appointed, University of Huddersfield	➢ Employed by University of Huddersfield
PRESTON, Jules Appointed, Mid-Yorkshire Hospitals NHS Trust	No interests declared
REDMOND, Daniel Publicly elected, Calderdale	➢ Director and Trustee, Calderdale Wellbeing Healthy Minds project
RIGGETT, Kevan *Publicly elected, Barnsley*	*No interests declared*
SMITH, Jeremy *Publicly elected, Kirklees*	*No interests declared*
SMITH, Michael *Publicly elected, Calderdale*	*No interests declared*
WALKER, Hazel *Publicly elected, Wakefield*	➢ *Unpaid volunteer co-ordinator, Bethany Healing Centre*
WALKER, Peter Publicly elected, Wakefield	No interests declared
WILKINSON, Tony Publicly elected, Calderdale	➢ Chair, Calderdale HealthWatch Programme Board (contract for Calderdale HealthWatch held by Voluntary Action Calderdale) ➢ Member, Calderdale Council Health and Wellbeing Board
WOODHEAD, David Publicly elected, Kirklees	No interests declared

Where no return has been received by the Trust, the current entry on the Register has been included in italics.

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Minutes of the Members' Council meeting held on 30 January 2015

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

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

Ian Black, Chair of the Trust, welcomed everyone to the meeting.

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

There were no additional or further declarations made; however, Jules Preston asked the Members' Council to note that Mid-Yorkshire Hospitals NHS Trust is part of a different partnership to this Trust tendering for Care Closer to Home services in Kirklees. This was not considered to be a significant conflict of interest given the agenda for this meeting.

MC/15/03 Minutes of the previous meeting held on 24 October 2014 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 24 October 2014. The action points were noted and there were no matters arising.

MC/15/04 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Ian Black began his remarks by commenting on the joint meeting with Trust Board, which follows this meeting and is Governors' opportunity to influence Trust strategic direction and the annual plan. He went on to comment that Governor annual reviews have now started and his aim is to complete these by the end of February 2015. He will ensure there is an agenda item for April's meeting to look at common themes and features. One theme emerging so far is that small group working is the preferred option for many Governors.

Ian Black went on to say that he was pleased to inform the Members' Council that an 'outstanding' rating had been given to another service in Barnsley – the musculo-skeletal service – which is the third service in the district to receive such a rating. He was of the view that the visits programme was an excellent initiative and fits well with the 15 Steps Challenge, which Governors are involved in.

Ian Black also mentioned the policy announcement from Nick Clegg, Deputy Prime Minister, regarding the model for suicide prevention adopted in Detroit. Whilst this was laudable and commendable, his concern is how this would work in the current arrangements in the NHS. Quite rightly, there is detailed investigation and review into each of the Trust's (secondary care) serious incidents with recommendations from which the Trust can learn; however, no agency will know the full extent of suicides in its area and his concern is the lack of investigation into suicides where individuals were not receiving care from the Trust or were no longer in receipt of Trust services/secondary care. He is involved in a national initiative to look at this through NHS Providers.

Ian Black commented on the Trust's sickness absence performance, currently at 4.6% against a target of 4% with varying performance across the Trust. Trust Board, through the Remuneration and Terms of Service Committee, will look at whether the target is the right one as part of planning for 2015/16, developing an evidence-based target with a clear rationale for the target set. Adrian Deakin asked if the Trust could measure sickness from a different aspect, such as hours lost. Ian Black responded that the target currently is an aspirational one and current performance puts the Trust as a top performer in the North of England and in the top 20% nationally; however, he will certainly ask the Committee to consider alternative ways of assessing absence on an evidence base to support a realistic and achievable target for 2015/16 and beyond.

Under his remarks, Steven Michael also commented on the 'outstanding' rating given to the musculo-skeletal service in Barnsley and why it was given such a rating. He took part in the visit and commented that it was clear that staff are delivering the service required of them with positive feedback from service users and an excellent standard of care. He commented on the efficient and robust admin system, the understanding by staff to effectively manage

risk in clinical activity and the effective management of the hub/spoke arrangements operating in the service.

He went on to talk about the General Election in May 2015 where it is clear that the NHS will be a central issue. The Five-Year Forward Vision, setting out the vision for the NHS, is a sensible document and the Trust is supportive of the direction of travel; however, the organisational and institutional model is not set up to deliver in a way the vision suggests and presents a significant challenge to effect change. The Dalton Review sets out options for models for provider organisations. Organisations will need to be 'credentialised' if they wish to be part of this process and the Trust will go through this process alongside the huge challenge faced within the NHS and by the Trust itself to remain sustainable and viable. Public satisfaction with the NHS is running at its highest level with a public perception that the NHS is doing a good job in increasingly difficult circumstances.

'Parity of esteem' provides for an increased level of attention for mental health at national level and will form a key part of national policy; however, resources are needed against a backdrop of difficulties in other sectors of the NHS, for example, acute trusts. Staying true to its values and goals is, therefore, very important to ensure the Trust continues to deliver services to the best possible standard. Areas of concern do remain, such as child and adolescent mental health services in Calderdale and Kirklees. The Trust continues to work hard to address issues; however, it is very obvious that further investment is required, particularly in crisis services.

He ended by saying that he is part of a national group to review leadership and management within the NHS with the aim to empower staff at all levels.

Andrew Hill commented on the plan by Barnsley Council to de-commission 30 intermediate care beds. Sean Rayner responded that the Council and Clinical Commissioning Group continue to consider the potential de-commissioning from 31 March 2015. This would result in a significant gap and create additional issues for services supporting individuals in their own homes and care homes, which the Trust would not currently be able to support. Steven Michael added that it would also present difficulties for Barnsley Hospital NHS Foundation Trust in terms of delayed discharge. Hilary Brearley commented that beds in the community are not suitable for accepting people in hospital who need to be discharged; therefore, a different configuration is needed, which may result in the need for fewer beds.

In response to a question regarding the methodology to come to a rating for Trust visits, Steven Michael responded that the visits programme is based on the Care Quality Commission (CQC) framework covering five domains of safe, caring, responsive, effective and well-led. It is a team approach, which reviews a body of evidence prior to a visit. The team agrees who will review which areas during the visit, which includes talking to service users and carers, and staff. Following the visit, the team agrees the rating for each domain and then comes to an agreement on an overall rating.

Michael Smith asked if any services require improvement. Steven Michael responded that there are. For example, child and adolescent mental health services would rate as 'requires improvement' rather than inadequate given the amount of resource and effort the Trust has put in to stabilise the service and make it work since its transfer. Tim Breedon explained to the Members' Council the action taken by the Trust, the key areas of improvement, the challenges and action needed; however, the Trust recognises that progress has not been as quick as it would have wanted. Funding and the commissioning model for the service are part of the challenge. He suggested an update to the next Quality Group meeting. Adrian Berry added that the Trust may come to the conclusion that the model as currently configured will not deliver an adequate service. Ian Black confirmed that the Clinical

Governance and Clinical Safety Committee will continue to scrutinise and monitor progress against the action plan on behalf of Trust Board.

In response to an issue raised by Bob Mortimer, Ian Black commented that a key issue currently is how health and social care work together and how services can work together and integrate to the benefit of service users and carers rather than focus on differences and lines of responsibility.

Ian Black went on to comment on the quarterly return the Trust makes to its Regulator, Monitor, reporting both detailed financial information and items 'by exception'. The report demonstrates to Monitor that the Trust is aware of areas of risk and where it needs to focus improvement activity.

MC/15/05 Performance report Quarter 3 2014/15 (agenda item 5)

Alex Farrell took the Members' Council through the key highlights from the quarter 3 report and the performance dashboard. The full report can be found on the Trust's website.

Tim Breedon commented on the two outstanding CQC compliance issues and confirmed that the Trust has completed the actions agreed with the CQC. The CQC has been notified but there is no indication of when it will re-visit to close and remove the compliance actions. He also commented that the planned themed review of crisis services in Barnsley by the CQC will be re-scheduled.

Adrian Deakin asked how the Trust determines what training is mandatory and what is essential for a service. Alan Davis responded that specialist advisers define what is needed linked to national guidance and Trust priorities. This tends to be a generalised approach rather than risk-based and in 2015/16 the Trust will seek to support managers to determine what is mandatory and what is essential in their area. The Trust will also look to improve access to training for staff and ways of enabling managers to gauge how their service is performing. Clare Girvan commented that a lot of work has been done by the Trust; however, it is part of an individual member of staff's professional responsibility to ensure they carry out their own mandatory training. Alan Davis agreed that this should be a joint approach being just as much staff responsibility as the Trust's to ensure training is undertaken.

In response to a question from John Haworth, Tim Breedon commented that there would be a focus on enhancing the provision of training through a two-pronged approach to make training available in the best possible way and to ensure services are able to release staff.

Alex Farrell also took the Members' Council through the current financial position, plans to utilise additional surplus and the cost improvement programme. Alan Davis outlined the current capital position and the reasons for the underspend. Clare Girvan asked if there were any areas of risk. Ian Black responded that sometimes plans have to change to reflect changing priorities or changes in circumstances and there will be areas where the Trust does not achieve its plan; however, the Trust does robustly measure performance against its targets and plans to ensure it is aware of areas of underperformance with mitigating action in place to address. Alex Farrell commented that there has been a significant amount of substitution where alternative cost improvements have been found, particularly in areas where the original cost saving was found not to be achievable in part or in full.

Jules Preston asked if the Trust would use its operational surplus and additional cash to improve payment of invoices to suppliers, particularly local suppliers. Alex Farrell responded that there had been a radical review last year of how the Trust organises creditor payments

and she agreed that there was room for improvement. The Trust aims to increase the proportion of items purchased through purchase orders, which will speed up payment.

Garry Brownbridge asked if the cost improvement programme was harsh. His particular concern was where staff leave and there is doubt whether they will be replaced. Alex Farrell responded that the report presents the quarter 3 position and the predicted spend on pay increases in the next quarter as vacancies are filled. Most of the end-of-year surplus will be attributable to re-valuation of estate and not through under-delivery of cost savings. Garry Brownbridge responded that staff are leaving and not being replaced. Ian Black responded that the Trust focuses on recurrent figures, which show the underlying position. The Trust cannot invest and improve if it does not make a surplus and is not financially sustainable. Helen Wollaston added that Trust Board does look at the level of vacant posts and whether this is having an impact on the quality and delivery of services, and to ensure the Trust has the capacity to deliver safe and effective services. It will continue to do so and, if there are specific examples, then the Trust needs to know. Steven Michael commented that the Trust's response is to ensure there is clarity of service vision and offer as this provides more certainty in its plans. The Trust works with staff side, holding both formal meetings and detailed financially-focussed meetings. Staff are able to feed any concerns to staff side. Alex Farrell added that the Trust uses service line reporting to understand its resources at team level and how resource can be managed better to ensure the Trust is getting best value for money and utilises resources to the best effect across all Trust services.

Hazel Walker asked if there was one particular area that is a problem as some areas are achieving. Ian Black responded that the Trust does not see particular services as a 'problem'. The most difficult and constant issue facing the Trust is to improve quality whilst reducing its cost base. This is being managed well at all levels but remains difficult. Alex Farrell added that this is one reason why the Trust has invested in a health intelligence and innovation function to use data and evidence to measure its performance and to benchmark with others.

MC/15/06 Data breaches – Freedom of Information request (agenda item 6)

The Members' Council NOTED the report.

MC/15/07 Members' Council business items (agenda item 7)

Chair re-appointment (agenda item 7.1)

Ian Black left the meeting for this item.

Michael Smith assumed the Chair for this item and explained that it was the clear view of the Nominations Committee that Ian Black has been an excellent and effective Chair and was happy to recommend that the Members' Council re-appoints Ian Black as Chair for a further three years.

The Members' Council APPROVED the proposal to re-appoint Ian Black as Chair of the Trust for a further period of three years from 1 May 2015 to 30 April 2018.

Members' Council elections (agenda item 7.2)

Dawn Stephenson explained that there would be a more detailed outline of the timescales for the elections when the award of the contract for election services is made. **The Members' Council NOTED the paper.**

Ian Black informed the Members' Council that Tony Wilkinson's term as Lead Governor ends on 30 April 2015, as agreed by the Members' Council, although his term of office as a governor ends on 30 April 2016. He thanked Tony for his time as Lead Governor and commented that he has found it immensely useful as Chair to have someone to discuss

issues with and to seek sound advice. There would, therefore, be a vacancy for the role of Lead Governor from 1 May 2015. He outlined the three key aspects to the role:

- to act as a sounding board and provide advice to the Chair;
- to be the contact for Monitor outside of Trust Board if the Trust has major difficulties or issues; and
- to form a view and advise other governors if/ when the Trust is involved in a significant transaction.

The process is managed by the Nominations Committee and is open to publicly elected governors. He ended by commenting that this is a significant appointment and should not be undertaken lightly. He asked individuals to come forward either directly to him or to Bernie Cherriman-Sykes.

Internal and external audit arrangements (agenda item 7.3)
The Members' Council NOTED the paper from the Chair of the Audit Committee and that the Trust is seeking two governors to support the process to appoint the Trust's external auditors.

Quality review of audits by the Quality Assurance Directorate of the Institute of Chartered Accountants of England and Wales (agenda item 7.4)
The Members' Council NOTED the report.

NHS Providers – elections to Governor Policy Board (agenda item 7.5)
The Members' Council NOTED the report. Ian Black informed the Members' Council that two individuals had put themselves forward for election to the Governor Policy Board, Marios Adamou and Michael Smith. He will discuss with both candidates and agree who should put themselves forward as the Trust's nominee. He will also raise his concern regarding the process, which may not necessarily provide the best calibre of governors within the required timescale.

Ian Black also informed the Members' Council that NHS Providers has circulated information on a conference for governors in April 2015 and the Trust is able to send two volunteers. He encouraged Governors to put themselves forward as a key theme from Governor reviews is the benefit of training events and conference such as these to network and share ideas.

Quality Accounts 2014/15 – mandated indicators (agenda item 7.6)
Tim Breedon introduced this item and proposed the selection of delayed transfers of care and seven-day follow up from the mandated indicators. Steven Michael commented that both support key clinical priorities for the Trust and, therefore, contribute to effective clinical practice. **The Members' Council APPROVED the selection of delayed transfers of care and seven-day follow up as mandated indicators.**

For the local indicator, Tim Breedon suggested an indicator based on pressure ulcer incidents related to improvement and reporting as this is a key performance area for Trust Board and the Clinical Governance and Clinical Safety Committee. He suggested taking this back to the Members' Council Quality Group in February 2015 for further discussion. **The Members' Council APPROVED the proposal to adopt a local indictor around pressure ulcers and for the detail to be agreed by the Members' Council Quality Group.**

Jeremy Smith asked how many suicides there have been in hospital and how many prevented if an individual is in hospital. Helen Wollaston replied that there had been one incident on an in-patient ward; however, the second part of the question was impossible to answer. Care and treatment is reviewed in each serious incident to learn lessons. Tim Breedon added that there is some information in the serious incident annual report on

suicide prevention, which he would be happy to share. Diane Smith commented that, nationally, 26% of all suicides are in touch with services and there is some empirical evidence that the Trust can use to support its annual reporting in this area.

MC/15/08 Any other business

Non-Executive Director vacancies

Ian Black informed the Members' Council that the terms of office for two Non-Executive Directors come to an end during 2015 and the Trust will lose, collectively, twelve years' service. This forms a key part of the Trust's governance arrangements and the benefits of a board that refreshes itself are very clear. Peter Aspinall will leave the Trust at the end of April 2015 and Helen Wollaston at the end of July 2015. The recruitment process is overseen by the Nominations Committee. The Trust held an open evening on 15 January 2015 to encourage people to apply, which was a very successful event and it was encouraging to see such a diverse group of people with real interest in the Trust considering applying. The formal process begins on 8 February 2015 with an advertisement in the Sunday Times and the process is supported by Penna to ensure openness and transparency.

MC/15/09 Date of next meeting (agenda item 8)

The next meeting will be held in the afternoon of Wednesday 29 April 2015 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP.

Ian Black reminded Governors that there will be an opportunity to visit the Trust's museum on the Fieldhead site and the start time of the meeting will be adjusted accordingly to allow for this. He encouraged Governors to attend early to visit the museum and it was his intention to ask for views and feedback at the beginning of the next meeting.

Signed …… Date ……

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NHS Foundation Trust

MEMBERS' COUNCIL 30 JANUARY 2015 – ACTION POINTS ARISING FROM THE MEETING

Minute ref	Action	Lead	Timescale	Progress
MC/15/04	Include agenda item on common themes and features arising out of governor reviews	IB	April 2015 Members' Council meeting	Included on agenda 29.04.15
MC/15/04	Review use of alternative ways of measuring absence	IB	To take to R&TSC when considering sickness absence target	Chair aware
MC/15/04	Provide update on CAMHS	TB	MC Quality Group 24.02.15	Done 24.02.15
MC/15/07	Agree local indicator for Quality Accounts 2014/15 relating to pressure ulcers	TB	MC Quality Group 24.02.15	Done 24.02.15
MC/15/07	Share SI annual report in relation to suicide prevention	TB	Immediate with Jeremy Smith	
MC/15/09	Seek views and feedback on visit to museum	IB	April 2015 meeting	Included on agenda 29.04.15

Joint Trust Board/Members' Council meeting
Friday 30 January 2015

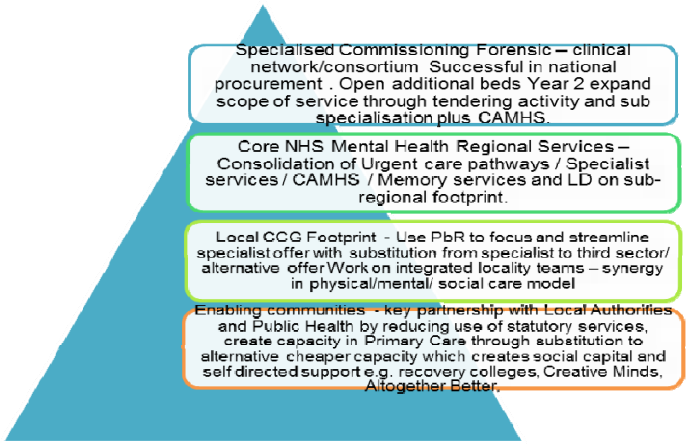
1. Introduction

Ian Black welcomed everyone to the joint Trust Board and Members' Council meeting. The focus of this session is forward looking as opposed to the formal meetings, which tend to look retrospectively at and monitor the Trust's performance. A key part of the Members' Council role is to support the Trust in preparing its forward plans and this is much appreciated.

2. Context, strategic direction and planning assumptions

Key points from Alex Farrell, Deputy Chief Executive/Director of Finance

- Despite the message from Monitor last year that foundation trusts should be able to plan strategically more effectively than they do, Monitor has asked for a one-year plan only for submission in April 2015 and there is no requirement for the Trust to produce a five-year strategic plan; however, this Trust continues to plan for the medium-terms.
- The basis for the Trust's sustainability declaration made in June 2014 in its five-year strategic plan was that, on its current scope and configuration, the Trust is sustainable financially, operationally and clinically up to the end of year 3. Beyond this timescale, in order to be sustainable, services would need to be part of a bigger entity with critical mass as a specialist mental health and community provider.



- Key assumptions and priorities for the Trust's plan, which is an evolution of the existing five-year strategic plan:
  - takes note of the Five-year Forward View and the Dalton Review;

- provides a sustainable platform for services;
- strengthens partner relationships;
- develops capacity and capability in key areas (including the 'trios' and other clinical and operational leaders, and support services, where emerging skill sets are required); and
- continues to drive efficiency.

Key messages in the NHS Five-year Forward View are:
- prevention/understanding need and linking services to needs;
- individuals being in control; and
- removing professional and organisational silos.

The emphasis for the Trust's future vision is to deliver the best services it can rather than focus on organisational configuration. There is a significant risk that the NHS will be subject to another reconfiguration of how it is organised as a result of the General Election. So, key to the future for the Trust is to stratify services, determine how and who it will partner, and determine the geographic configuration most appropriate to deliver the best configuration of services for people who use Trust services. The Trust will prepare a two-year plan and take a five-year view based on the best service delivery options for service users.

Two key areas were highlighted by Peter Aspinall and Hilary Brearley:
- the Trust must understand its market and understand its own business to be flexible enough to adapt and change;
- recruitment to primary care is a major challenge.

The Trust's priorities in response are:
- the need to revisit the Trust's health and wellbeing offer in the light of Five-year Forward View, including building community capacity and links to primary care;
- the need to review links to primary care;
- development of an integrated model for mental health and community services in each BDU, including a wider geography for acute/specialised services;
- formalise partnerships, including identification of preferred partners;
- position the Trust as a good partner for integration with a stable platform for the moment, enabling change;
- ensure Trust 'USPs' are reflected in system-wide solutions.

3. Planning for sustainability

The Members' Council and Trust Board divided into groups and were asked to identify risks, issues and the impact on the five-year plan.

Group 1

Facilitated by Laurence Campbell Adrian Berry	Hilary Brearley John Haworth Michael Smith Karen Taylor

Feedback

Risks

- Working in partnership – key risk but essential. The system does not facilitate co-operation as organisational interests are a priority for each player. Therefore, need to be brave – organisations most equipped to do so must lead.
- Increase in demand – at both ends of the age spectrum. Focus on prevention agenda.
- Role of primary care.
- Workforce – counter prevailing media view of NHS, particularly amongst young people.
- Political re-organisation – Trust must take leadership position earlier rather than later. Create local provider solutions and, where these are a success, publicise.
- Voice of mental health needs to be heard. Link to physical health and loss of life expectancy.
- Not having community services in an area reduces the influence the Trust can have.
- Funds for transformation – make our own investments and provide evidence they realise benefits. If necessary, share with commissioners.
- IT capability – workforce skills and difference in systems prevents integration.
- Workforce – part-time nature, therefore, more complex management.
- Financial pressures in acute providers.

Group 2

Facilitated by Julie Fox Alan Davis	Adrian Deakin Claire Girvan Ruth Mason Jules Preston Peter Walker

Feedback

- Workforce needs to be flexible and diverse (i.e. can work anywhere) whilst maintaining specialisms i.e. culture change, demolishing of silos and understanding other people's roles.
- Primary care – more in-reach
- Staff wellbeing, involved and engaged.
- Break down barriers internally and externally
- Transformation – important to remove areas that do not work as part of the process
- Signposting of care so it is clear for service users.

- Service users need to be involved in the change process

De-commissioning	Growing issue
Commissioning	Landscape volatile
Service vision	What will the Trust look like?
Partnerships	Who, where, when?
Service users	What do they want/need?
Pace of change	Rate needs to be appropriate
Demolish silos while maintaining specialisms	Joint team working to understand individual skills
Understanding	Service user empowerment
Change	Involvement
Primary care	In-reach to GP services
Link between professional identity and resilience	Loss of identity has high risk of burnout
Staff wellbeing	Disenfranchised staff increases absence
Breaking down barriers	Partnerships with other sector providers
Inefficiency	Additional rather than different
Culture change	Expectations/attitude/education
Single point of access	Signpost care
Flexible workforce	Attitudes and using skills across the Trust

Group 3

Facilitated by Helen Wollaston Alex Farrell	 Nasim Hasnie Andrew Hill Diane Smith Hazel Walker

Feedback

Focus on preventative model

Principles

- Role of carers and families with training and support to help 'carers' manage their loved ones. How is this reflected in service models?
- Dementia friendly – how do our services keep people as independent as possible?
- Do not label older people as a 'burden' or a 'problem'.
- Tackle social isolation – preventative (health champions, role of volunteers, point of contact via technology).
- Understand communities, their networks and ways to in-reach.
- Share information – agencies have common information.

Risks

Workforce

- Appropriate now but what about the future?
- Recruitment – need to address changing skill sets and impact of skill shortages elsewhere
- Influence education (at all levels)
- Professional barriers may resist multi-skilling

Technology

- Pace of change
- Investment

Principles

- Digitisation.
- Workforce i.e. succession planning, recruitment of skilled, trained people and up-skilling. Multi-skilled team to provide an holistic approach to the individual and their family.
- Our plan needs to demonstrate how it is meeting the needs of communities.
- Responsive – both to ensure access at the right time for deterioration in health and identifying people at risk before crisis. If we want to create community resilience and capacity, we need the right skills and capacity.
- Our plan needs to be responsive, outcome-focussed and predicated on needs.

Risks

System alignment

- Full impact not realised if there is no negotiation of common goals with partners (such as, opening times)

Group 4

Facilitated by Peter Aspinall Tim Breedon	Andrew Crossley Bob Mortimer Jeremy Smith Dawn Stephenson David Woodhead

Feedback

Principles

- Experts at the front as first point of contact (best assessment = more efficient care)
- Invest in prevention and recovery (i.e. reduce investment in traditional interventions)
- But there is a balance – cannot remove services until new/alternatives are in place
- Spend less on drugs and i.e. invest in prevention
- Focus on young people

Links

- Links with GPs, primary care, drop-in clinics and co-location
- Links with pharmacies?
- Externally and internally – mental and physical health joined up and investment in training. Reduce silos
- Community cohesion and use of other community partners and facilities

4. Next steps

Trust Board will return to the Members' Council to demonstrate how the points and themes emerging from this session have influenced the one-year plan and have been included in the Trust's five-year future view.

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.

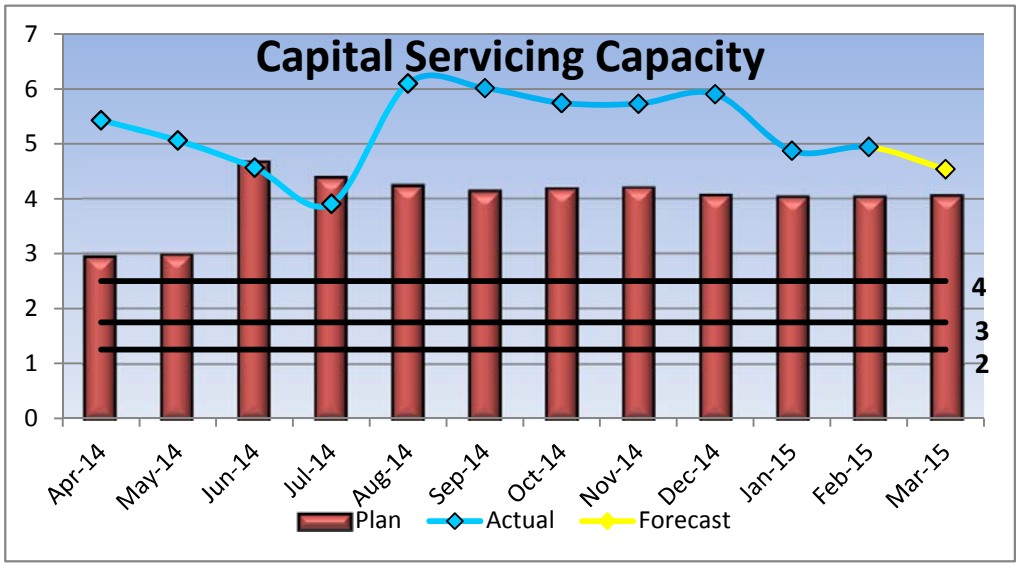
5. The Trust remains on target to deliver the programme in full, and as at month 11 is £0.1m ahead of plan. £1.7m of the plan (13%) is currently being achieved through non-recurrent substitutions.

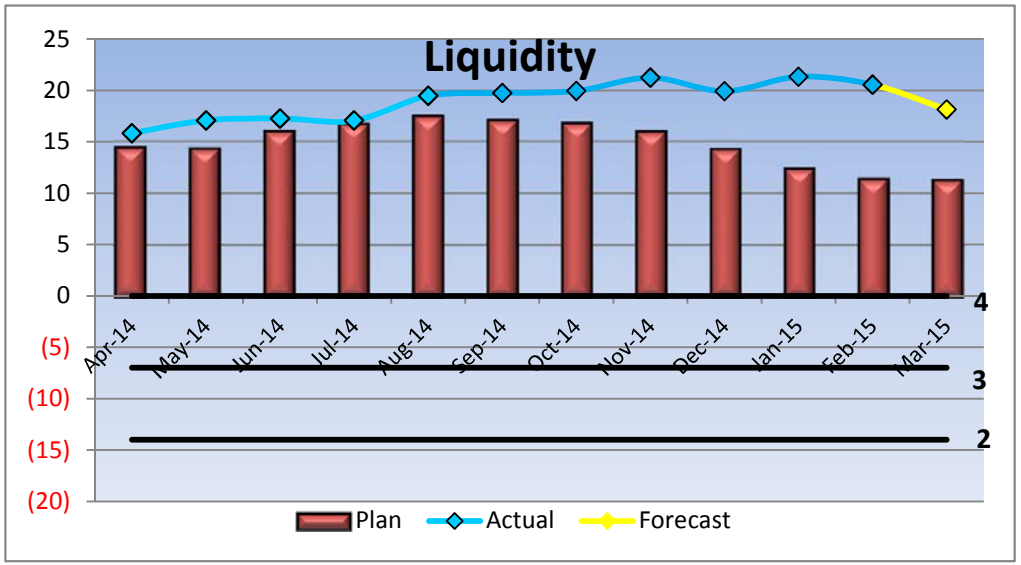
6. As at 28th February 2015 (Month 11) 87% of NHS and 92% of non NHS invoices have achieved the 30 day payment target (95%).

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:

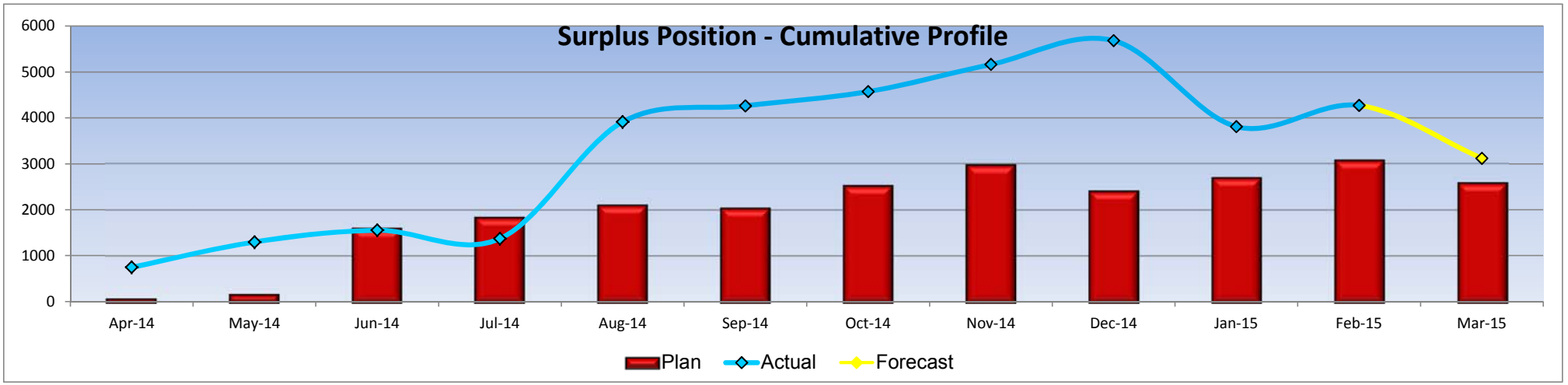
* Quarter 3 (year to date) the sector overall planned for a deficit of £54m. Actual performance for all FT's is a deficit of £321m.

Within these results:

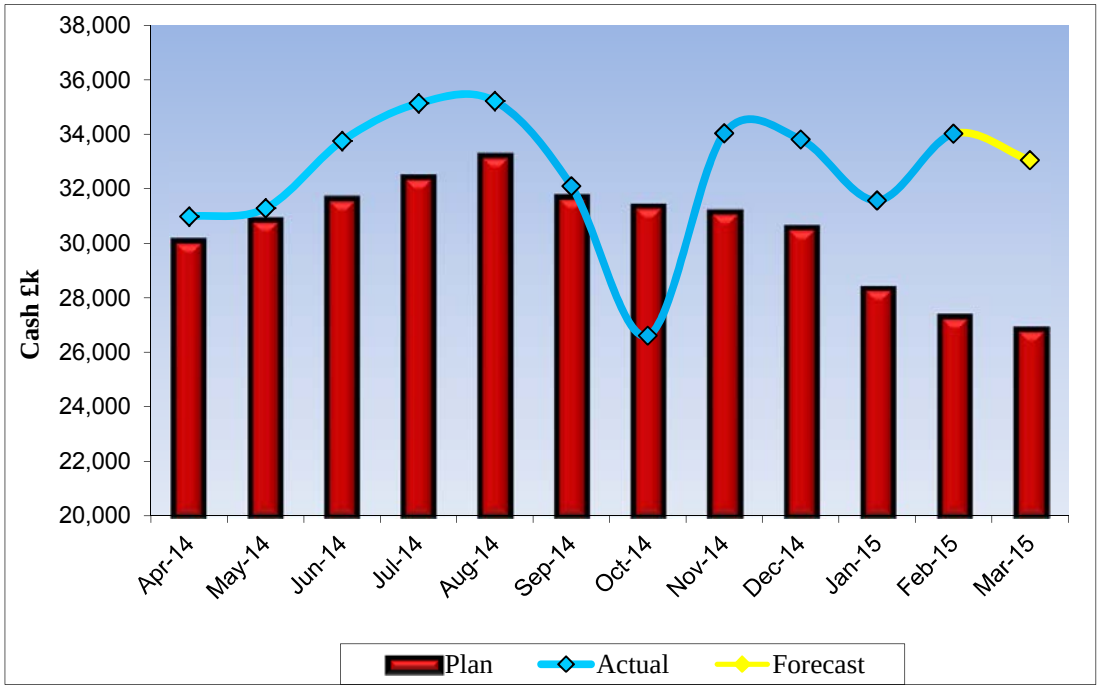
* 78 FT's reported Qtr 3 deficits (81 at Qtr 2 14/15)
* 77% of these Trusts were Acute Trusts
* 9 Mental Health Trusts reported a deficit at Qtr 3, same as Qtr 2.
* 71 Trusts reported a Surplus (£209m)
* Agency costs of £1,265m (£697m more than planned)
* CIP Delivery £811m (£210m less than planned)

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.

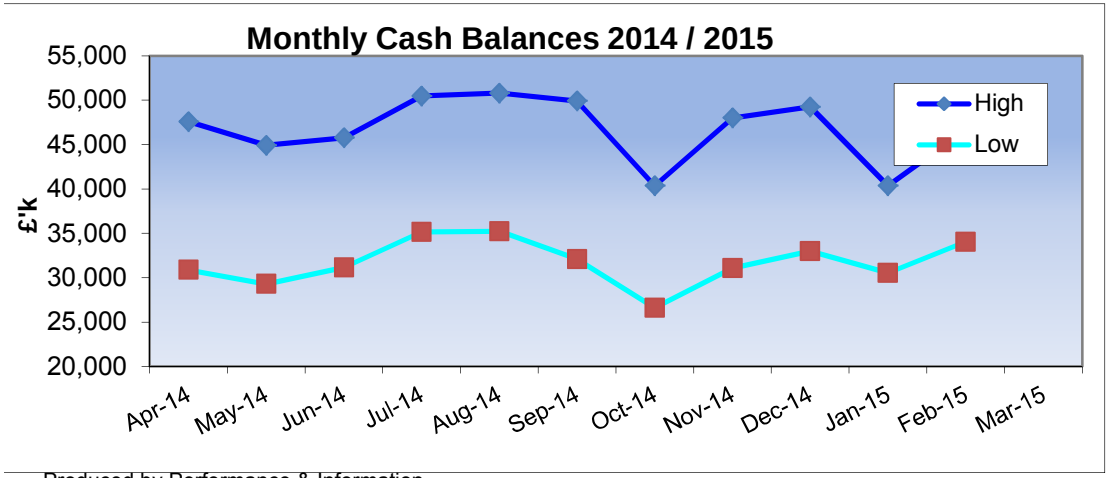
The Trust continue to complete a detailed reconciliation of cash and working capital balances. This highlights the main movements as:

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.



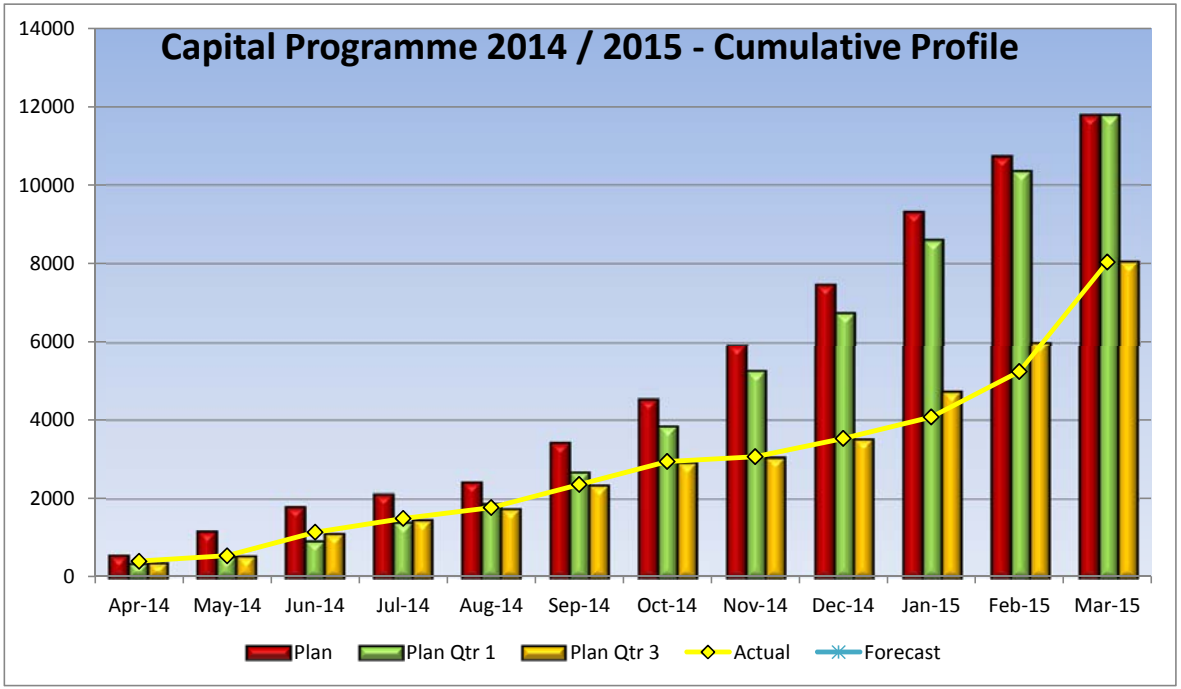
The graph to the left demonstrates the highest and lowest cash balances with each month. Maintaining an appropriate lowest balance is important to ensure that cash is available as required.

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

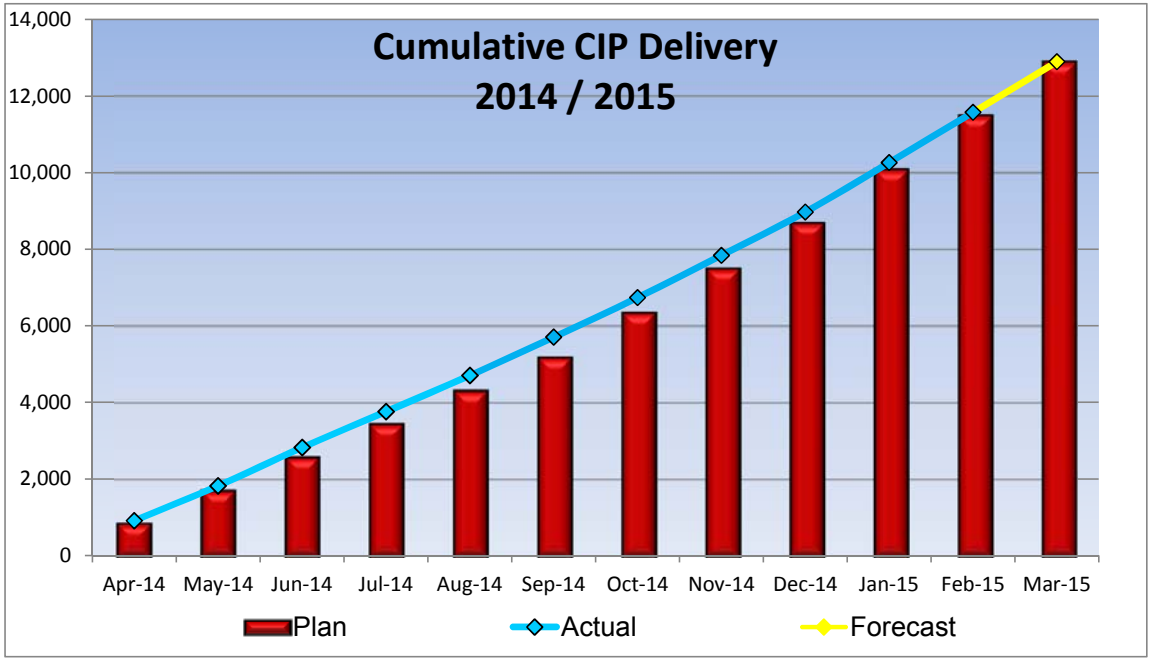
Due to unforeseen site issues the project is delayed by approximately seven weeks.

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.

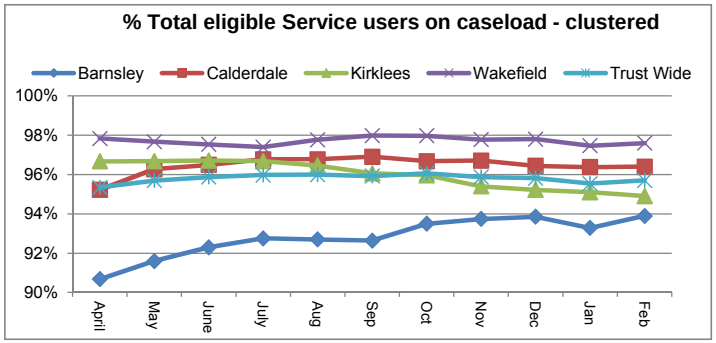
The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing 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.

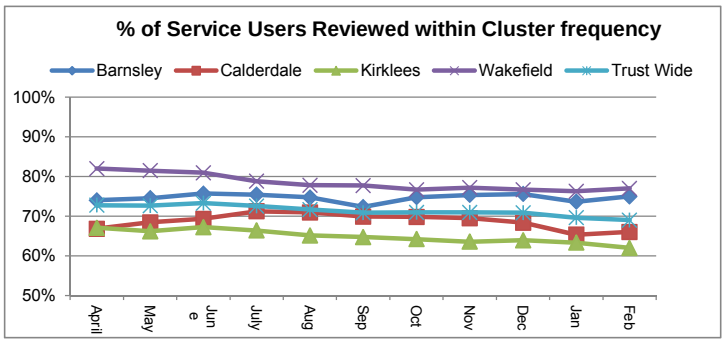
The scope of PbR is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

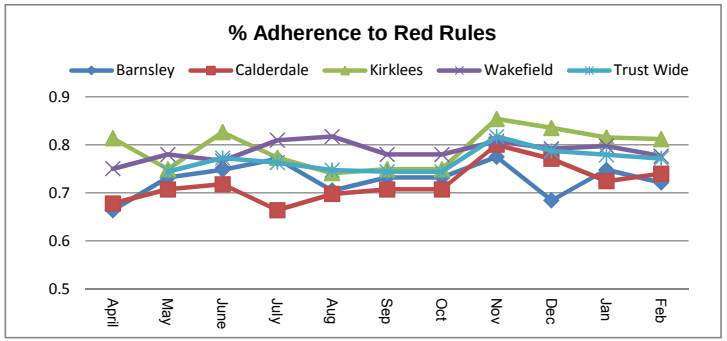
The Trust have been successful in agreeing a CQUIN related to MH Clustering in the two main commissioning contracts and this will assist greatly in the data quality preparatory work that needs to be undertaken in advance of April 2016.

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.

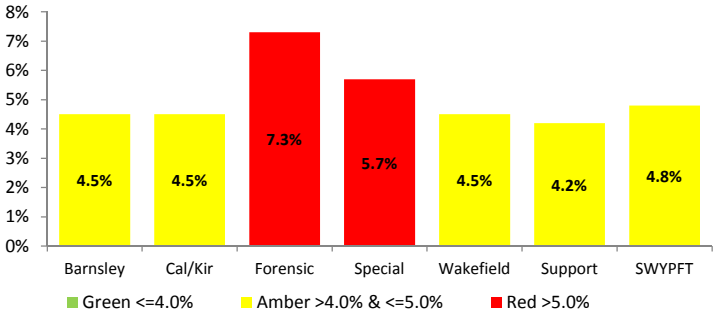
Learning Disabilities

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

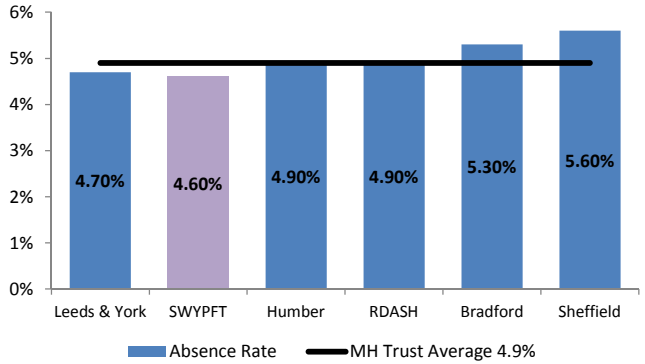
Sickness Absence



Current Absence Position - January 2014

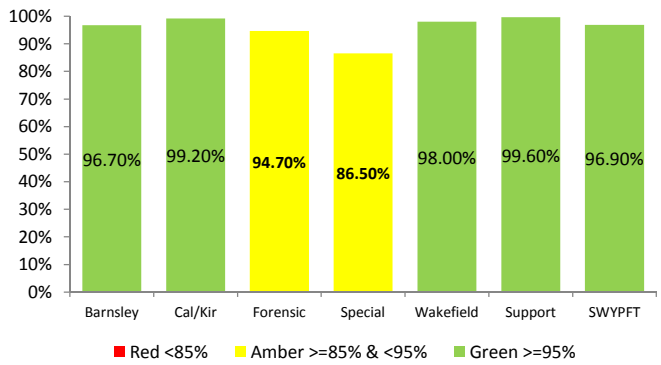
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.2%	4.9%	8.5%	6.9%	4.8%	5.0%	5.5%
Trend	↓	↓	↑	↔	↓	↔	↓

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%.

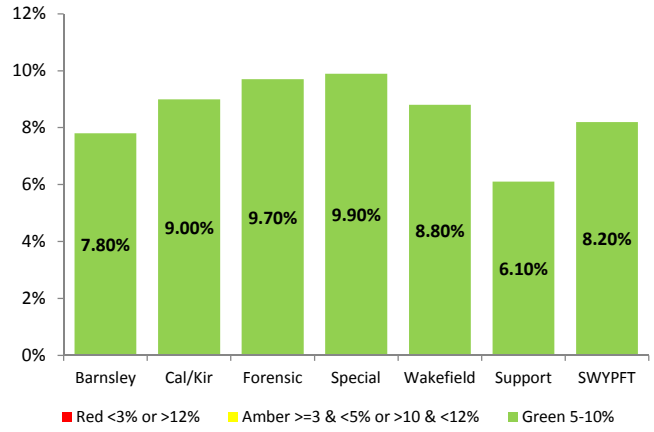
Appraisals



The above chart shows appraisals rates for all staff.

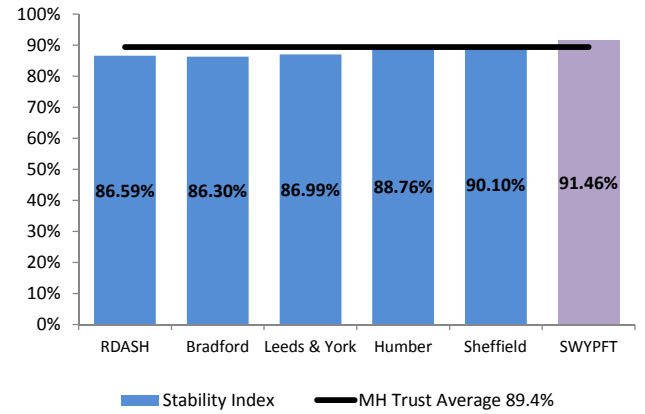
The Trust has improved throughout the year and continues to stay above the 95% target as do the figures of 4 of the BDUs. Specialist Services have increased from 84.4% in January to 86.5% in February; Forensic Services have also improved. Figures will continue to be monitored closely.

Turnover and Stability Rate Benchmark



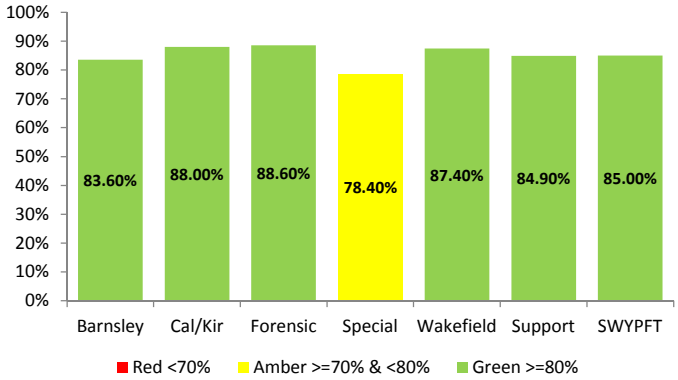
This chart shows Turnover levels up to the end of February 2015.

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

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**6**
Report Title:	Annual plan and budgets 2015/16
Report By:	Alex Farrell
Job Title:	Deputy Chief Executive/Director of Finance
Action:	To receive

Background

For 2015/16, the national context for annual planning has changed and the requirement to produce a two-year operational plan and a five-year strategic plan has been replaced with the requirement to submit a plan to Monitor in two stages:

- a one-year summary financial operational plan (by 7 April 2015) ; and
- a one-year strategic plan both narrative and financial (by 14 May 2015).

Submission of the plan was delayed following rejection of the tariff arrangements by providers of NHS services in February 2015. Trusts were asked to consider an alternative proposal, which sought to:

- reduce pressures on acute services without detriment to mental health and primary care;
- support wider work to realise provider and commissioner–led efficiencies; and
- provide some certainty for the 2015/16 financial position.

Trusts were asked to decide between two options. This Trust chose the 'enhanced tariff option' as this provided a better outcome providing approximately £1.8 million additional income. This was the option chosen by most trusts and, therefore, adopted for 2015/16.

The Trust is also required to set an annual budget, which is approved by Trust Board.

Process

At its meeting in March 2015, Trust Board considered the draft one-year plan and the annual budget and provided robust challenge in a number of areas focussing on:

- the cost improvement programme and the timescales for achievement of a challenging programme;
- the supporting Quality Impact Assessments undertaken to assess risk to services and the assurance this process provides to Trust Board;
- the Trust's transformation programme and how and when it would produce the service changes and efficiencies needed for future years;
- how the Trust will realise benefits from the significant investments and the plan to deliver a challenging capital programme in 2015/16.

Trust Board will focus on the 'investment' element of the plan in 2015/16 as well as continuing to scrutinise progress against the cost improvement programme through finance and performance reports.

Trust Board unanimously approved the annual budget for 2015/16 and the allocation of capital funding for 2015/16 on 31 March 2015. Trust Board will approve the one-year plan at its meeting on 28 April 2015.

Deloitte was commissioned to provide an independent review of the Trust's plans for implementation of the 2014/15 plan and was asked to undertake a similar exercise for 2015/16. Deloitte presented the outcome of its review, which found that the process demonstrated an improved level of BDU ownership in 2015/16, provided a robust quality impact assessment process and that the external review of risk was broadly similar to the Trust's own assessment.

Annual plan 2015/16

The Trust's strategic approach to sustainability was set out in its five-year strategic plan (appendix 1), which was presented to the Members' Council in July 2014. Key principles and elements of the annual plan for 2015/16 were presented to the Members' Council in January and this is attached at appendix 2.

The plan is supported by a number of major initiatives for sustainability identified by Trust Board for focus in 2015/16.

Strategic goal	2015/16 action
Focus on recovery and self-care	• Strengthen operational links with the third sector and local authorities to support resilient communities • Grow innovative service models in health and wellbeing, therapies, etc. as a share of the whole through, for example, Creative Minds and recovery colleges
Deliver transformation and cost savings	• Implement acute and community pathway • Consolidate service offers/operations for quality – liaison, child and adolescent mental health services, ADHD, improving access to psychological therapies, etc. • Achieve clarity on what 'good' looks like through health intelligence, transformation and quality strategy
Effective and efficient support services	• Fully mobilise use of digital technology – changing how we communicate and use information • Estate strategy aligned to service strategy • Workforce strategy emphasising creativity and flexibility • Right corporate vehicles to support sustainability • Communications and engagement to support change, including marketing and influencing
Partnership and income generation	• Positioning for forensic procurement • Locality working/partnership and integrated mental and physical healthcare

The Trust will work with commissioners to ensure that mental health services are responsive to new access and quality targets, particularly around the urgent care pathway, and will continue to develop partnership opportunities across its local health economies using the Five Year Forward View models to guide the development of sustainable platforms for all its services.

Key principles – financial plan

The annual plan has retained the key principles agreed by Trust Board in 2014/15.

- Achievement of a recurrent underlying surplus of around 1% to 1.5%, which is increased non-recurrently to fund the Trust's capital programme (or reduced to provide additional non-recurrent investment).
- Continued significant capital investment in 2015/16 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.
- Maintain 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 and efficiency savings programme (cost improvement programme).

The key headlines in the 2015/16 budget are as follows.

- A reduction in income of £3.9 million due to deflation in line with Enhanced Tariff Option.
- Delivery of £9.6 million cost improvement programme, which represents 4.4% efficiency. This is 0.9 % above the national requirement of 3.5%.
- Pay expenditure uplift consistent with national guidance.
- An additional £11 million investment in services, which is split between £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 current income assumptions. Due to the delay in determining the tariff arrangements, there 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 2015.

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. 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.

The Trust's risk rating is set out at appendix 3 and the summary annual plan position at appendix 4.

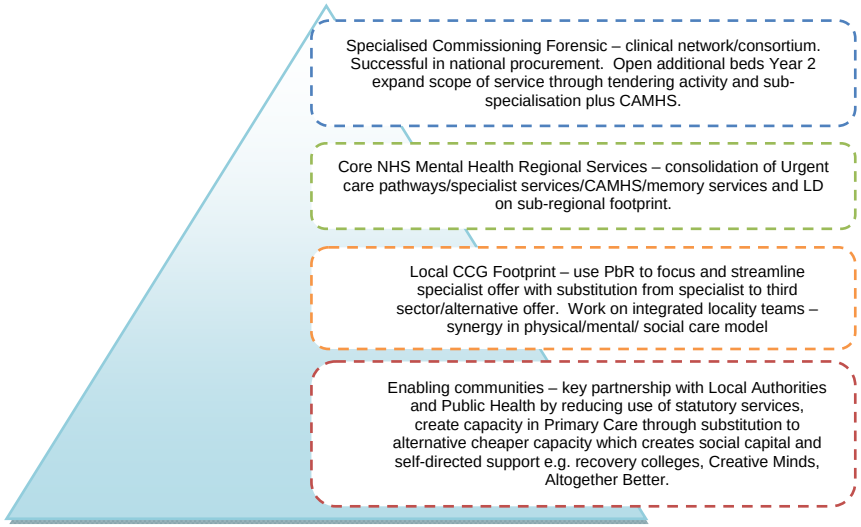
Five-year strategic framework for sustainability

The Trust's chosen plan for sustainability is predicated on:

- driving hard on CIPs through transformation in years 1 to 3; and
- increasing our focus on income generation through service line specific plans.

In addition, the plan recognises that the challenges of sustainability for the services we provide become increasingly challenging at the current scale from Year three onwards; therefore the emphasis is additionally on the following:

- growth through partnership to find a sustainable platform for the delivery of each strata of service provision;
- achieving scale and operating model efficiency in support services to serve an increasingly dispersed internal customer base;
- continuing the journey towards enabling recovery and promoting self-care.



South West Yorkshire Partnership NHS
NHS Foundation Trust

Five Year Strategic Plan and Operational Plan 2015/16

Members' Council

29 April 2015

Item 6 appendix 2

With all of us in mind

Five Year Forward View

South West Yorkshire Partnership NHS
NHS Foundation Trust

Key Messages

- Radical upgrade in prevention and public health
- When people need healthcare they are in control
- Removal of professional and organisational silos in care
- Better understanding of needs of communities and tailoring of service offer to needs
- Primary care needs to be part of system solution
- Local flexibility and solutions – testing 4 new models of care

Models of Care

- Multi specialty community provider
- Primary and Acute Care Systems
- Urgent and emergency care networks
- Viable smaller hospitals
- Specialised care
- Modern maternity services
- Enhanced health in care homes
- Demonstrator sites to be selected nationally

Five Year Forward View

South West Yorkshire Partnership NHS
NHS Foundation Trust

What does this mean for our Annual Plan?

- System model is predicated on reducing activity in acute settings by keeping people well and pro active interventions in the community for those that need health and social care .
- System which keeps individuals at lowest level of need and contractual / organisation structures which incentivise this.

Key Enablers

- Themes emerging from local work
- Understanding health and social care need
- Role of digitisation and enabling sharing of information
- Best use of resources – estate
- Strategic planning for workforce – different roles/ skills/ managing transition and redeployment
- Are we clear on internal plan – what can we offer to system re solutions. If not who does and can we partner

Dalton Review

South West Yorkshire Partnership NHS
NHS Foundation Trust

Key Messages

- One size does not fit all in terms of organisational form
- Quicker transformational and transactional change is required
- Ambitious organisations with a proven track record should be encouraged to expand their reach and impact
- Overall sustainability for the provider sector is a priority
- Dedicated implementation programme is needed to make change happen.

What does this mean for us?

- Which organisational form is right for each of our services?
- What business do we want to be in?
- Development of Enterprise Strategy
- Review support and clinical services
- Grow or divest through partnership
- Quicker transformational and transactional change at micro-system level is required
- Influence commissioner models of care
- Best service offer and best able to provide

Market position/USPs

South West Yorkshire Partnership NHS
NHS Foundation Trust

- Recognised greater emphasis on evidence and understanding of need (Director of Health Intelligence)
- Tangible success in working with third sector to create alternative capacity – Altogether Better and Creative Minds
- Expertise in care navigation and co ordination including using technology
- Recovery approach – puts people in control
- Understand development of local offers whilst needing core standards

Priorities for plan

South West Yorkshire Partnership NHS
NHS Foundation Trust

- Need to revisit our health and well being offer in the light of FYFV to include building community capacity and link to primary care
- Need to review links to primary care
- Develop integrated model for our mental health and community services in each BDU including wider geography for acute/specialised services
- Formalise partnerships – preferred partners
- Position ourselves as a good partner for integration with a stable platform for the moment, enabling change
- Ensure our USPs are reflected in system-wide solutions

Key Financial Assumptions

South West Yorkshire Partnership NHS
NHS Foundation Trust

- In June 2014 we planned for a £2.5m surplus at the end of 2015/16. In January 2015, with an understanding of 2014/15 performance and 2015/16 CIP plans and emerging commissioning intentions, this looks closer to £1.5m
- Planning for 2015/16 CIP is relatively positive compared to same time in 2014/15. £9.1m proposed (£0.8m of which is non-recurrent). This compares to a plan of £11.8m indicated in the two-year operational plan published in April 2014.
- Quality Impact Assessment of CIPs undertaken in January 2015 supports the deliverability and acceptable nature of the CIPs proposed
- Commissioner plans emerging – and largely as anticipated – details on next slide…….

Commissioner headlines

South West Yorkshire Partnership NHS
NHS Foundation Trust

- Deflation at 1.5% in the main but, on some contracts, commissioners are pressing for higher levels of deflation.
- CQUIN schemes currently being agreed, with strong indication that can align to direction of travel set out in our transformation work. 2.5% of contract value contingent on achievement of CQUIN.
- QIPP proposals currently being agreed. In many cases well aligned to our own transformation work e.g. supporting commissioners regarding Rehab and Recovery and learning disability out-of-area placements; however, there is some risk carried forward from under delivery of 2014/15 QIPP, and commissioners pressing for additional cash releasing efficiencies in 2015/16. Not yet fully quantified in all CCG areas.
- Additional commissioner investment also currently being agreed. A mix of non-recurrent resilience money and recurrent investment. Areas likely to benefit include mental health acute pathway and learning disability community services.

Monitor Planning Guidance

South West Yorkshire Partnership NHS
NHS Foundation Trust

•Monitor has two main expectations of foundation trusts.

- **'Resilience'** – addressing any performance issues and engaging appropriately with health system partners. How quality, operational and financial requirements will be met in 2015/16 underpinned by strong financial projections.

- '**Sustainability**' – evolving a credible strategy for achieving required performance into the long term. How last year's strategy has been refreshed in light of 2014/15 performance and changes in the Trust's environment. How the Trust will achieve progress against that strategy in 2015/16 with particular reference to the NHS Five Year Forward View.

•Monitor requires a one-year operational plan only, sitting within the context of our overarching strategy. Monitor does not currently require submission of a refreshed five-year strategic plan BUT we will refresh our own five-year plan to ensure we have a current medium term strategy in place and to provide context for a more detailed 2015/16 operational plan.

SWYPFT Annual Budget Setting 2015/16 **Appendix 3**

Monitor Financial Risk Ratings				
	Forecast 2014/15		2015/16 Plan	
Metric		Rating		Rating
Capital Service Capacity		4		4
Liquidity		4		4
Weighted Average		4.0		4.0

Based upon the current modelled position liquidity (ability to pay debts as they come due) will reduce to a rating of 3 in 16/17 - however as the weighted average rounds up the overall rating remains at 4.

Key Financial Metrics				
	Forecast 2014/15		2015/16 Plan	
EBITDA	10,701	4.8%	5,146	2.4%
Surplus / (Deficit)	3,119	1.4%	(743)	-0.3%
Surplus - Recurrent			3,514	1.7%
CIP	12,898	5.7%	9,687	4.4%
CIP - Full Year Effect			10,934	5.0%
Capital	6,485		16,480	

SWYPFT Annual Budget Setting 2015/16 **Appendix 4**

Annual Plan Position 2015/2016 & 2016/2017

	14/15 FOT Total	2015 / 2016 Rec	2015 / 2016 Non Rec	2015 / 2016 Total
Healthcare Income	218,510	210,592	0	210,592
Other Income	16,812	12,069	2,899	14,968
Total Income	**235,322**	**222,661**	**2,899**	**225,560**
Pay	(171,904)	(163,855)	(3,915)	(167,771)
Non Pay	(52,717)	(46,703)	(5,941)	(52,644)
Total Expenditure	**(224,621)**	**(210,558)**	**(9,856)**	**(220,415)**
EBITDA	10,701	12,102	(6,957)	5,146
Capital Charges -				
Depreciation & PDC	(7,965)	(8,664)	0	(8,664)
Interest	94	75	0	75
Estates Impairment	289			0
Estates Revaluation		0	2,700	2,700
Restructuring & Re-organisation				0
Surplus / (Deficit)	**3,119**	**3,514**	**(4,257)**	**(743)**
EBITDA as percentage of Operating Expenditure	**4.8%**	**5.7%**	**-70.6%**	**2.3%**
Surplus as percentage of Operating Expenditure	**1.4%**	**1.7%**	**-43.2%**	**-0.3%**

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council 29 April 2015
Children's services and Child and Adolescent Mental Health Services
Briefing for discussion item (agenda item 8)

Background

The Trust is commissioned to provide child and adolescent mental health services across all four of its districts (Barnsley, Calderdale, Kirklees and Wakefield). An outline of the service is provided below. The paper then outlines the current position in Calderdale and Kirklees specifically.

The Trust also provides a number of children's services in Barnsley.

Service	Description
Children's community learning disability nursing team	Offers specialist support and advice to families and carers whose children have a learning disability or associated condition. (Also provided in Kirklees.)
Children's speech and language therapy service	Provides support to children and young people aged 0-18 years with communication and/or eating and drinking difficulties (dysphagia) who live in Barnsley or who are registered with a Barnsley GP and who meet the referral criteria.
Family Nurse Partnership	Offers an intensive, preventative home visiting programme delivered by specially trained family nurses. Clients are visited in their own homes or places of their choice and the programme aims to improve parent's economic self-sufficiency, pregnancy outcomes, child health and development and future school readiness. The programme believes in maximising clients' strengths, talents, skills and resources with the expectation that clients will succeed and be the best parents they can be.
Paediatric audiology team	Provides specialist assessment and management of babies and children aged 0-16 with hearing problems, with close links to others professionals who have contact with these children. (This service is also provided in Wakefield.)
Paediatric epilepsy nursing service	Provides specialist support to children who have a diagnosis of epilepsy or who are suspected to have epilepsy, and their families, in the Barnsley area. This is a community-based service providing support in a variety of settings including patients' homes, schools, nurseries, hospital clinics or over the telephone.
Paediatric therapy service	Aims to enable the child to maximise their potential, in all aspects of daily life. The service works in close partnership with families, carers, schools, nurseries, and other professionals. Paediatric therapists see children in clinics, children's centres, nurseries, schools and in their homes.
Barnsley Change4Life weight management service	Provides the residents of Barnsley, who are overweight or obese, with person-centred advice, help and support to achieve and maintain a healthy weight. The service aims to reduce the number of people who are overweight and obese and increase the number of people who maintain or increase their weight

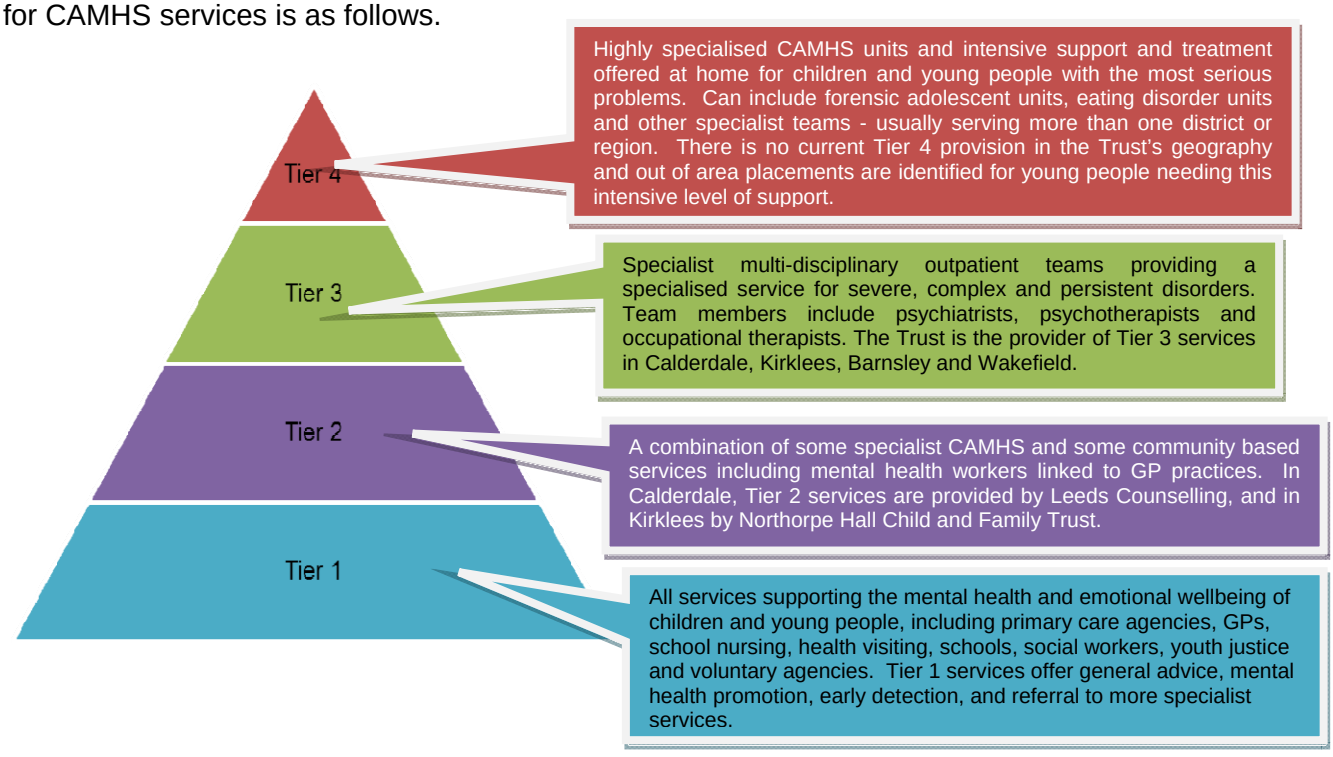
Service	Description
	loss. (This service is provided to both adults and children in Barnsley.)
Barnsley health visiting service	Supports families with children 0-5 years in Barnsley. The service is committed to improving the health of children and families in the crucial first years of life and works in the community to offer support, advice and programmes of support for families.
School nursing service	Offers help, guidance and support on a range of physical and emotional problems. Nurses visit schools regularly and provide health advice to pupils, parents and staff. They also carry out health promotion activities in the classroom. A member of the school health team will see children for individual health assessments if required.

Background to child and adolescent mental health services (CAMHS)

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 as follows.



The following part of the 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. In response to this, the Chief Officer of Greater Huddersfield CCG, proposed the convening of a CAMHS Summit in a letter dated 6th March. 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. 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.

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.

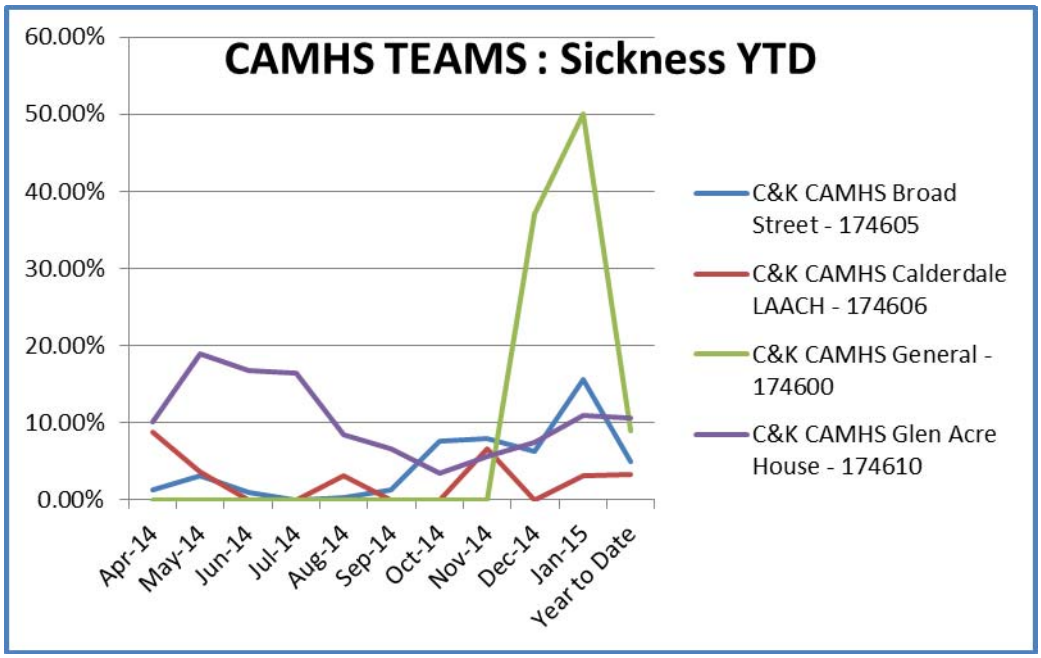
Workforce

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.

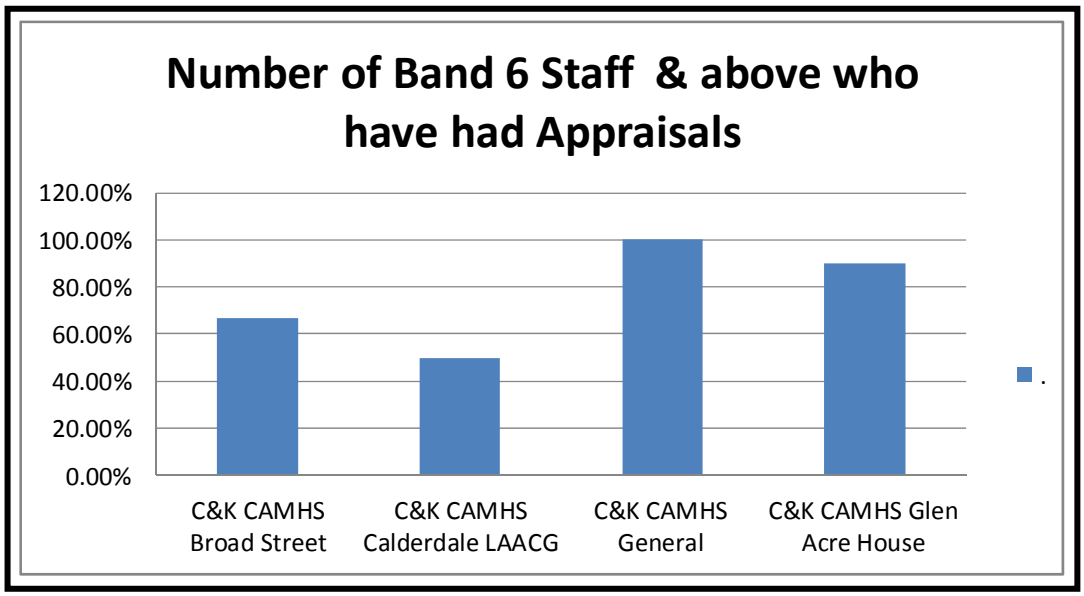
Training	Target	% staff trained Mar 2015	Status
Aggression Management	80%	71.4	Amber
Equality and Diversity	80%	72.1	Amber
Fire Safety	80%	74.4	Amber
Infection Prevention and Control, including hand hygiene.	95%	61.9	Red
Information Governance	95%	61.1	Red
Moving and Handling	80%	34.9	Red
Safeguarding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

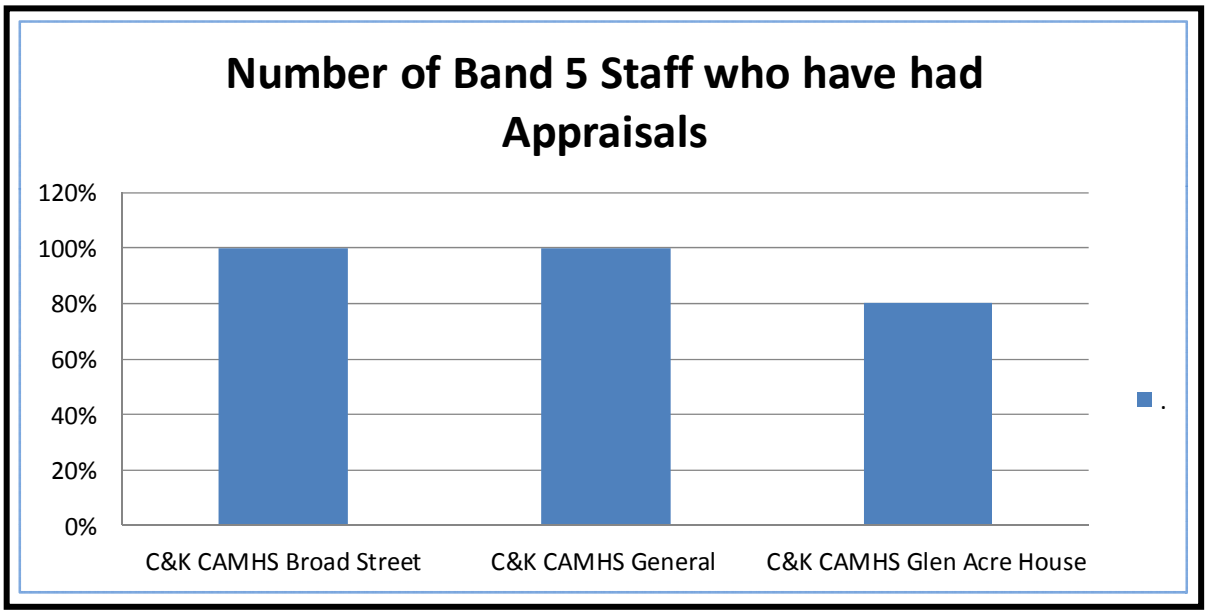
Staff sickness for the year to date (to March 2015) is 8.6% and sickness levels remain high, compared to the Trust wide rate of 4.6%. Management of long-term sickness absence is a priority. The 'spike' of 50% in the C&K CAMHS General line is due to 2 people being in this category, one of whom was on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

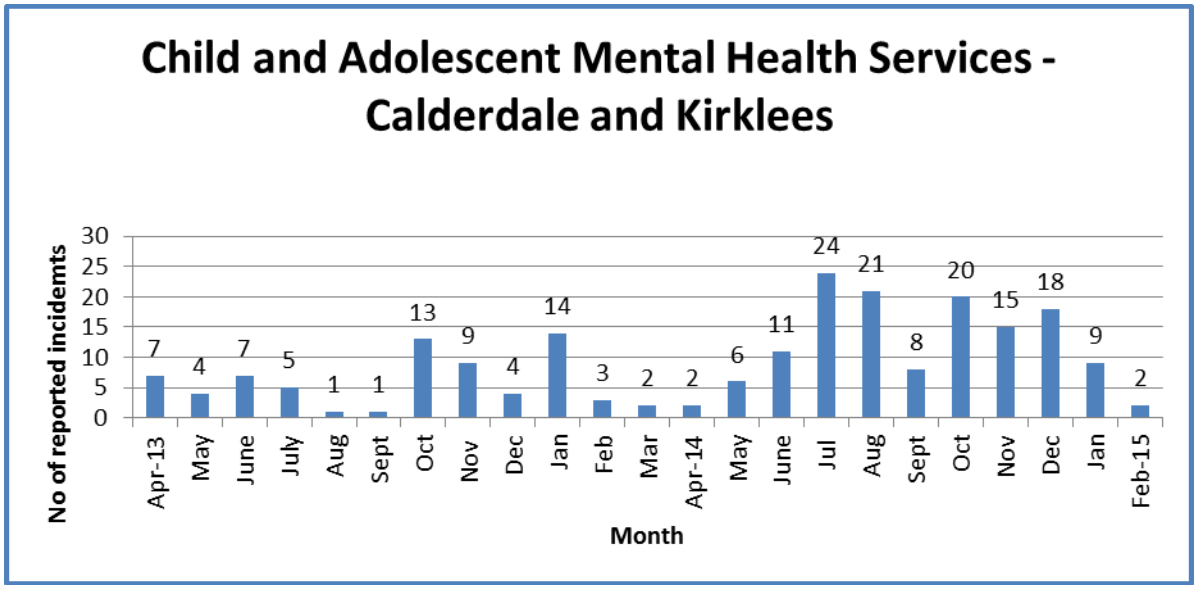




Incident Reporting

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 the following.

- 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 and 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

Members' Council
29 April 2015

Agenda item:	**10.1**
Report Title:	Non-Executive Director appointments
Report By:	Nominations Committee
Job Title:	
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on the appointment of two Non-Executive Directors to replace Peter Aspinall and Helen Wollaston, who retire from Trust Board on 30 April and 31 July 2015 respectively. Governors will be asked to approve the appointment of two new Non-Executive Directors at the meeting.

Recommendation

The Members' Council is asked to RECEIVE the update and APPROVE two new appointments.

Background

The role of the Nominations Committee is to ensure the right composition and balance of Trust Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair/Senior Independent Director, and the Lead Governor.

Process

The Committee met throughout the process from December 2014 to the interview date on 27 April 2015 to oversee the process. It was agreed that the process would benefit from a degree of independence and transparency by using an external recruitment consultant and this was useful in terms of assisting the front-end of the process. Penna was once again appointed to support the Trust in the recruitment process.

The Nominations Committee agreed it would seek to attract candidates with commercial/retail experience at a senior level, with a good grasp of business development and experience of change in a challenging time, and/or experience of the voluntary/community sector. The recruitment process also specifically targeted female candidates and those from a BME background.

The timetable for recruitment was as follows.

- Opening date (national advertisement, Sunday Times) – 8 February 2015
- Closing date – 27 February 2015
- Initial longlisting – 17 March 2015
- Shortlisting – 27 March 2015
- Informal meeting with Chief Executive and Deputy Chief Executive – 20 and 22 April 2015
- Interviews, including session with service users/carers – 27 April 2015

The process was also supported by an information event for potential candidates, which was held on 15 January 2015.

The members of the longlisting and shortlisting panel were Ian Black (Chair), Ruth Mason, Michael Smith and Tony Wilkinson. The members of the interview panel are Ian Black, Ruth Mason and Michael Smith, with representation from Penna.

Outcome

In all, 39 applications were received and, following initial sifting by Penna, considered by the panel. Twelve were taken through to informal interview and assessment by Penna and six shortlisted for interview on 27 April 2015.

The Chair will make a recommendation to the Members' Council on 29 April 2015 on the appointments.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**10.2**
Report Title:	Deputy Chair/Senior Independent Director appointment
Report By:	Ian Black
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

For the Members' Council to agree a recommendation from the Chair, as Chair of the Nominations Committee, on the appointment of a Deputy Chair/Senior Independent Director to replace Helen Wollaston from 1 August 2015.

Recommendation

The Members' Council is asked to AGREE the recommendation from the Chair, on behalf of the Nominations Committee, to appoint Julie Fox as Deputy Chair/Senior Independent Director from 1 August 2015 to 31 July 2017.

Background

The Trust's Constitution requires the Trust to appoint a Deputy Chair and Monitor's Code of Governance requires the Trust, in consultation with the Members' Council, to appoint one of its Non-Executive Directors as the Senior Independent Director. The Senior Independent Director provides a sounding board for the Chair and serves as an intermediary for the other Directors when necessary. The Senior Independent Director is also available to Governors if they have concerns that contact through the normal channels of the Chair, Chief Executive, Director of Finance or Company Secretary has failed to resolve, or for which such contact is inappropriate. The Senior Independent Director is usually also the Deputy Chair.

The Nominations Committee met on 17 March 2015 to consider a proposal from the Chair regarding the Deputy Chair/Senior Independent Director position. Helen Wollaston has fulfilled the role since February 2012. The Chair proposed to the Committee that Julie Fox is appointed as Deputy Chair/Senior Independent Director for a period of two years from 1 August 2015 to 31 July 2017.

Rationale

Julie Fox has been a Non-Executive Director of the Trust since 1 August 2011 and was appointed for a second three-year term from 1 August 2014. She has also served as:

- Chair of the Charitable Funds Committee;
- Chair of the Mental Health Act Committee; and
- member of the Clinical Governance and Safety Committee.

Julie's professional background is with the Parole Office and National Offending Groups, especially in the area of children and young people. She is currently employed full-time in this area, but this commitment will change in the coming twelve months. She is a resident of Barnsley and has taken a particular interest in the district.

The role of Deputy Chair is primarily reactive in nature and quite often involves contact with the regulators, such as the Care Quality Commission and Monitor, particularly in any times of difficulty, as well as the more traditional role of being a deputy for the Chair in his/her absence. The Chair sees the Deputy Chair as:

- someone with a very different skill set and method of working to that of the Chair;
- an existing and experienced Non-Executive Director with experience of chairing board committees; and
- an individual who is respected and influential around the Board table and within the wider Trust.

The Chair believes Julie's skills and experience complement the commercial and financial skills of the Chair, providing a good balance between the Chair and Deputy Chair within the Board.

Outcome

The Nominations Committee supported the proposal from the Chair to appoint Julie Fox as Deputy Chair for a period of two years from 1 August 2015 to 31 July 2017 and to make such a recommendation to the Members' Council.

Recommendation

The Members' Council is asked to APPROVE the recommendation from the Nominations Committee to appoint Julie Fox as Deputy Chair/Senior Independent Director from 1 August 2015 to 31 July 2017.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**10.3**
Report Title:	Elections to the Members' Council
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

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

Recommendation

The Members' Council is asked to RECEIVE the update.

Background

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

Election process

The Nominations process opened on 27 February 2015 and closed on 16 March 2015. Nominations were received as follows.

Barnsley (one seat) – no nominations received
Kirklees (three seats) – two nominations received
Wakefield (two seats) – one nomination received
Rest of South and West Yorkshire (one seat) – no nominations received

Staff

- allied health professionals – two nominations received
- medicine and pharmacy – one nomination received
- non-clinical support staff – one nomination received
- nursing – one nomination received
- nursing support – no nominations received
- social care staff working in integrated teams – no nominations received

Outcome

As a result of the nominations process, the following were elected unopposed from 1 May 2015 for a period of three years.

Kirklees
Susan Kirby
Bob Mortimer (re-elected for a third term)

Wakefield
Chris Hollins

Staff – medicine and pharmacy
Marios Adamou (re-elected for a second term)

Staff – non-clinical support staff
John Haworth (re-elected for a second term)

Staff – nursing
Adrian Deakin (re-elected for a second term)

An election is currently being held for the staff allied health professionals seat, which closes on 27 April 2015. The outcome of the election will be known on 29 April 2015.

Vacancies remain as follows:

- Barnsley – one seat;
- Kirklees – one seat;
- Wakefield – one seat;
- Rest of South and West Yorkshire – one seat;
- Staff nursing support – one seat;
- Staff in integrated teams – one seat.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**10.4**
Report Title:	Appointment of Lead Governor
Report By:	Ian Black
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to seek the Members' Council approval on the appointment of a Lead Governor.

Recommendation

The Members' Council is asked to CONSIDER and AGREE the proposal from the Nominations Committee.

Background

From October 2009, Monitor requires all foundation trusts to appoint a Lead Governor. The main duties of the Lead Governor are to:

1. act as the communication channel for direct contact between Monitor and the Members' Council;
2. chair any parts of Members' Council meetings that cannot be chaired by the person presiding (i.e. the Chair or Deputy Chair of the Trust) due to a conflict of interest in relation to the business being discussed;
3. be a member of Nominations Committee (except when the appointment of the Lead Governor is being considered);
4. be involved in the assessment of the Chair and Non-Executive Directors' performance; and
5. be a member of the Co-ordination Group to assist in the planning and setting of the Members' Council agenda.

The individual appointed should be confident they can undertake the duties outlined above and be able to deal with senior personnel at Monitor should the need arise. The individual should also need to:

- have the confidence of Governors and of Trust Board;
- be able to commit the time necessary should the need arise, which may be at very short notice;
- have excellent communication skills, including the ability to influence and negotiate;
- be able to present a well-reasoned argument;
- be committed to the success of the Trust and to its mission, vision, values and goals;
- be able to demonstrate experience of chairing both large and small meetings effectively;
- have the ability to work with others as a team and to encourage participation from less experienced Governors;
- demonstrate an understanding of the Trust's Constitution and how the Trust is influenced by other organisations.

The Members' Council agreed at the time that the Lead Governor should be appointed from publicly

elected governors and this process should be overseen by the Nominations Committee. The process was agreed as follows.

1. Publicly elected Council Members would be invited to self-nominate supported by a brief written explanation of why they are putting themselves forward and evidencing how they would be able to fulfil the role.
2. The Nominations Committee would shortlist the self-nominations and invite shortlisted candidates to make a brief presentation and answer questions based on their 'application'.
3. The Nominations Committee would then consider the self-nominations and make a recommendation to the full Members' Council.

Tony Wilkinson, publicly elected Governor for Calderdale, has been the Lead Governor since 1 February 2012. Tony indicated to the Chair that he wished to stand down as Lead Governor from 1 May 2015 to enable a smooth transition process before his term of office as Governor ends on 30 April 2016.

Process

The Chair invited expressions of interest from publicly elected Governors at the Members' Council meeting in January 2015 and also discussed the role with Governors at their annual review meetings early in 2015.

One expression of interest was received from Michael Smith, publicly elected Governor for Calderdale, and the Chair asked that the Nominations Committee consider the self-nomination made by Michael for the NHS Providers Governor Policy Board in support of his nomination at its meeting on 17 March 2015. The self-nomination can be found at appendix 1.

The Chair also identified the significant time, commitment, passion and skill Michael has demonstrated during his time on the Members' Council. He particularly highlighted his work as:

- Chair of the Members' Council Co-ordination Group and, as a result, his role in influencing and shaping agendas for Members' Council meetings;
- sitting on the panel to appoint the Trust's auditors;
- attendance at Trust Board meetings;
- attendance at the Trust's Audit Committee;
- work on the Members' Council Quality Group; and
- not least, his contribution at Members' Council meetings.

The Chair strongly recommended Michael as an outstanding candidate to assume the role of Lead Governor.

Outcome

The Nominations Committee supported the recommendation from the Chair to appoint Michael Smith as Lead Governor for a period of two years, subject to his re-election as a governor in 2016, from 1 May 2015 to 30 April 2017 with the option to extend the appointment for a further year to 30 April 2018. This forms the recommendation to the Members' Council.

Recommendation

The Members' Council is asked to AGREE the recommendation from the Nominations Committee to appoint Michael Smith as Lead Governor for a period of two years, subject to his re-election as a governor in 2016, from 1 May 2015 to 30 April 2017 with the option to extend the appointment for a further year to 30 April 2018.

Candidate statement for Michael Smith for the NHS Providers Governor Policy Board in February 2015 in support of his application (considered by the Nominations Committee on 17 March 2015).

I have been a publically elected member of the governing body of South West Yorkshire Partnership NHS Trust, a mental health and community services trust, for the past five years.

Governance is a much mis-understood concept; our prime role as the Trust's governing body is to hold the non-executive directors to account. The purpose of this accountability is to seek assurance about the performance of the board; more specifically a trust's governing body must seek assurance, confidence backed by sufficient evidence that the board is setting strategies, controlling the trust and delivering accountability.

This is a significant burden of responsibility placed upon NHS FT governing bodies which are comprised of individuals with a broad range of skills and interests representing the wide community of the trust.

In order that the governing body can be effective, it is essential that proper and extensive training programmes are established. These will range from a comprehensive new governor induction course through to an effective, structured, continuing education and training programme readily available to all.

Since my initial election I have undertaken continuous training; currently I chair our Members' Co-ordination Committee, jointly chair our Quality Accounts Group, membership of our Nominations Committee, together with regular attendance at our Audit Committee and Trust Board meetings. I have established good working relationships with our Trust chair, chief executive and all operational directors, together with the Trust's NEDs.

I believe that I possess a mature clarity of vision to our prime role which I would bring to the newly-established Governor Policy Board.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**10.6**
Report Title:	Chair's appraisal
Report By:	Helen Wollaston
Job Title:	Deputy Chair
Action:	To receive

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to RECEIVE the following report on the Chair's appraisal.

Background

Good practice and the Monitor Code of Governance suggest that, led by the Senior Independent Director, the Non-Executive Directors should meet without the Chair at least annually to evaluate the Chair's performance, as part of a process, which should be agreed with the Member's Council, for appraising the chair. The process for the Chair's appraisal followed that of previous years but was undertaken electronically, which enable all members of Trust Board and all governors to contribute.

Process

The process in 2015 was an electronic process and was open to all members of Trust Board and all Governors to participate.

Step 1	The Chair undertakes a self-assessment. This will take the form of an online questionnaire.
Step 2	On behalf of the Senior Independent Director (SID), the Board Secretary will ask all Board Directors to complete a confidential assessment of the Chair. This will take the form of an online questionnaire and the relevant information will be circulated to Trust Board by email. On behalf of the SID, the Board Secretary will ask all governors to complete a confidential assessment. This will take the form of an online questionnaire and the relevant information will be circulated to governors by email. All responses will be returned to the Board Secretary to summarise for the Chair and SID.
Step 3	The SID will contact the Lead Governor to establish if there are any additional views or comments relevant to the appraisal arising from governors, and the Chief Executive to establish any additional views or comments from Executive Directors. The SID also canvasses the views and comments of Non-Executive Directors.
Step 4	If considered appropriate, the SID will take into account the views of external stakeholders, such as the Chairs of clinical commissioning groups and acute trusts in the Trust's area to seek feedback on the Chair's performance.
Step 5	The SID and Chair will discuss performance and professional/personal development on a one-to-one basis, following which an appraisal proforma is

completed. (BC-S to provide analysis of results.)

Step 6 The appraisal form will be summarised and a report, including any recommendations, produced for the Members' Council. This will include the Chair's own assessment of his performance and any development identified.

Timings for 2015

1. The SID agrees the process with the Board Secretary and the Chair – February 2015.
2. Link to questionnaire emailed to all members of Trust Board and all governors early March 2015.
3. SID seeks views of Lead Governor and Chief Executive in April 2015.
4. Non-Executive Directors meet with the SID in April 2015 (29 April 2015).
5. SID meets with Chair to discuss outcome in April 2014 prior to Members' Council meeting.
6. Report to Members' Council from SID on 29 April 2015 prepared by the Board Secretary.

Responses

Out of fifteen Trust Board respondents, thirteen responded (eleven in 2014). Of these, four out of five Non-Executive Directors responded (as last year); three out of five Executive Directors responded (two in 2014); and one out of five Directors (three in 2014). There were five anonymous returns. This represents a good overall response.

Out of 30 possible governor responses, eleven responded (ten in 2014). One return was anonymous. Four public governors responded (five in 2014), three staff governors responded (one in 2014), and three appointed governors responded (as last year).

Outcome of appraisal

The Deputy Chair will discuss the outcome of the appraisal process with the Chair and a summary of the responses will be tabled at the meeting.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
29 April 2015

Agenda item:	**10.7**
Report Title:	Monitor well-led framework for governance reviews
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to RECEIVE the following report on Monitor's well-led framework for governance reviews.

Background

In 2014, Monitor stated its expectation that all foundation trust boards would carry out an external review of their governance arrangements every three years given that:

- good governance is essential in addressing the challenges the sector faces;
- oversight of the Trust's governance arrangements is the responsibility of Trust Board;
- governance issues are increasing across the sector; and
- regular reviews can provide assurance that governance arrangements are fit for purpose.

As a result, Monitor issued guidance (the framework) to support Trusts in ensuring they are 'well-led'. The framework is intended to support the NHS's response to the Francis Report and is aligned with the assessment the Care Quality Commission will make on whether a foundation trust is well-led as part of its revised inspection regime.

Monitor is very clear that this is a Trust Board-led process and is not a 'tick-box' exercise undertaken by Trust officers.

The framework is similar to the existing 'Quality Governance Framework' with four domains, ten high-level questions and a description of 'good practice' that can be used to assess governance. The four domains cover:

- strategy and planning – how well is the Board setting direction for the organisation?
- capability and culture – is the Board taking steps to ensure it has the appropriate experience and ability, now and into the future, and can it positively shape the organisation's culture to deliver care in a safe and sustainable way?
- process and structures – do reporting lines and accountabilities support the effective oversight of the organisation?
- measurement – does the Board receive appropriate, robust and timely information and does this support the leadership of the Trust?

Each domain has specific questions and associated outcomes and Monitor has provided examples of good practice against each outcome.

Process

All foundation trusts have to undertake a review every three years. Trusts are able to do this when they want within a three-year window (unless advised otherwise by Monitor); however, reviews can be no longer than three years apart. The Trust is required to inform Monitor when it has scheduled its review and who will carry it out (see below).

Monitor guidance must be used as basis for the review and trusts are expected to add to the scope or change the emphasis to reflect Trust Board knowledge of the organisation.

Monitor "considers" that independent reviewers should be used to ensure objectivity; however, Monitor is of the view that reviewers should not have carried out audit or governance-related work for the Trust during the previous three years. Reviewers must be independent of Trust Board, should be multi-skilled and bring different disciplines (experience of evaluating board leadership and governance arrangements, knowledge of the healthcare sector and specialist expertise, particularly clinical, leadership experience and management information systems).

Review steps and timescales

The steps in the review are set out at appendix 1.

A tender exercise was undertaken in March 2015 to appoint the independent reviewer. Following shortlisting of the tenders received, the Chair and Chief Executive 'interviewed' two shortlisted organisations on 30 March 2015 and Deloitte was duly appointed. The Chair and Chief Executive were assured that the review team is completely independent from the Trust's external audit function. Monitor was informed of the timing of the Trust's review and the appointment of Deloitte on 10 April 2015.

The review will be undertaken in May, June and July 2015 with presentation of the final report to Trust Board on 21 July 2015. Trust Board has begun its self-assessment process and the outcome of this will be discussed at an informal Trust Board session on 28 April 2015.

As an integral and important part of the Trust's governance arrangements, the Members' Council will be a vital part of the review. The reviewer will want to interview the Lead Governor (both current and future), a selection of Governors individually and the Members' Council as a whole. This will be achieved through a mix of face-to-face interviews, telephone contact and questionnaires. As the detailed project plan is worked up with Deloitte, the Trust will share further information on the timing and format of Governor involvement.

Outcome

The reviewer will use Monitor's suggested 'RAG' rating approach to come to its opinion (below). Trust Board will consider the outcome of the review and agree an action plan in July before confirming the outcome with Monitor within 60 days of the end of the review.

RAG rating

- GREEN – meets or exceeds expectations (many elements of good practice and no major omissions).
- AMBER-GREEN – partially meets expectations but confident in management's capacity to deliver GREEN performance within a reasonable timeframe (some elements of good practice, some minor omissions and robust action plans to address perceived gaps with proven track record of delivery).
- AMBER-RED – partially meets expectations but with some concerns on capacity to deliver within a reasonable timeframe (some elements of good practice with no major omissions. Action plans to address perceived gaps are in early stage development with limited evidence of track record of delivery).
- RED – does not meet expectations (major omissions in governance identified. Significant volume of action plans required with concerns regarding management's capacity to deliver).

  Monitor will consider any material governance concerns identified and the Trust's response and what, if any, steps it will then take.

Appendix 1

Stage	Steps	Activity	Lead	Timescales
Preliminary	Chair and CE briefing		DS	December 2014
	Trust Board briefing		Chair/DS	January 2015
	First stage assessment	- Project established with Director briefing - Table top assessment exercise - Identification of any additional areas Trust would like included	DS BC-S Trust Board	March/April 2015
	Scope, tender and appoint reviewer	- Trust Board to agree scope, identify any additional areas Trust would like to include and agree tender process - Appoint reviewer - Inform Monitor	Chair/CE Chair/CE DS	March 2015 March 2015 April 2015
Review activities	Step 1 – Initial review	- Board self-assessment - Initial investigation against Monitor's questions	Trust Board Reviewer	
	Step 2 – Scope	- Using the inputs from initial investigation, agreement of scope of in-depth review with reviewer and methods to be used	Trust Board/ reviewer	
	Step 3 – Detailed review	Such as - Board observations - Focus groups - Interviews with key staff - Interviews with key internal and external stakeholders	Reviewer	
Action plan	Step 4 – Board report and action planning	- Production of report setting out findings of the review - Review team present to and discuss with Trust Board - Agreement of action plan to address any issues and risks	Reviewer/ Trust Board	
	Step 5 – Letter to Monitor	- Chair writes to Monitor to advise review has taken place, setting out any material issues identified and proposed action plan to address.	Chair/DS	