



With all of us in mind

Trust Board (business and risk)
Tuesday 21 July 2015 at 12:30
Small conference room, Learning and Development Centre, Fieldhead,
Wakefield, WF1 3SP

AGENDA

- 1. Welcome, introduction and apologies**
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 30 June 2015**
- 4. Chair and Chief Executive's remarks** (verbal item)
- 5. Strategic overview of business and associated risks** (to follow)
- 6. Performance reports month 3 2015/16**
 - 6.1 Performance and finance reports month 3 2015/16 (to follow)
 - 6.2 Customer services report quarter 1 2015/16
 - 6.3 Exception reporting and action plans
 - (i) Calderdale and Kirklees child and adolescent mental health services progress report
 - (ii) Clinical record keeping/data quality (to follow)
 - (iii) Equality and inclusion annual report 2014/15
- 7. Nursing Strategy**
- 8. Monitor return quarter 1 2015/16**
- 9. Assurance Framework and risk register**
- 10. Date and time of next meeting**

The next meeting of Trust Board will be held on Tuesday 22 September 2015 in rooms 49/50, Folly Hall, Huddersfield.

Trust Board 21 July 2015

Agenda item 2

Title:	Declaration of interests by the Chair and Directors of the Trust
Paper prepared by:	Director of Corporate Development on behalf of the Chair of the Trust
Purpose:	To ensure the Trust continues to meet the NHS rules of Corporate Governance, the Combined Code on Corporate Governance, Monitor's Code of Governance and the Trust's own Constitution in relation to openness and transparency.
Mission/values:	The mission and values of the Trust reflect the need for the Trust to be open and act with probity. The Declaration of Interests and independence process undertaken annually supports this.
Any background papers/ previously considered by:	Annual declaration made by the Chair and Directors of the Trust April 2015.
Executive summary:	<p>The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and Monitor require Trust Board to receive and consider the details held for the Chair of the Trust and each Director, whether Non-Executive or Executive, in a Register of Interests. During the year, if any such Declaration should change, the Chair and Directors are required to notify the Company Secretary so that the Register can be amended and such amendments reported to Trust Board.</p> <p>Trust Board receives assurance that there is no conflict of interest in the administration of its business through the annual declaration exercise, received in April 2015, and the requirement for the Chair and Directors to consider and declare any interests at each meeting.</p> <p>There are no legal implications; however, the requirement for the Chair and Directors of the Trust to declare interests on an annual basis and for Non-Executive Directors to declare their independence is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution. There is also a requirement for the Trust to assure itself that members of its Board meeting the fit and proper person requirements.</p> <p>Declarations made by new and existing Directors are as follows.</p> <p><u>Non-Executive Director – Rachel Court</u></p> <p>Non-Executive Director, Leek United Building Society. Chair, NHS Pensions Board (to note – this is a public appointment) Chair, PRISM (the charity's purpose is primarily educational but does a small amount of healthcare work with young people, primarily avoidance of teenage pregnancy)</p> <p>Rachel has also signed a declaration of independence and made a declaration that she meets the fit and proper person requirements.</p> <p><u>Non-Executive Director – Julie Fox</u></p> <p>Seconded from HMI Probation (Ministry of Justice) to Youth Justice Board Advisory Board Member for Peer Power, a social justice organisation</p>

	supporting young people <u>Chief Executive – Steven Michael</u> Removal of the following from June 2015. <ul style="list-style-type: none"> ➤ Member, Leeds University Centre for Innovation in Health Management ➤ Member, Leeds University Centre for Innovation in Health Management International Fellowship Scheme
Recommendation:	Trust Board is asked to CONSIDER the attached declarations, particularly in terms of any risk presented to the Trust as a result of a Director's declaration, and, subject to any comment, amendment or other action, to formally NOTE the details in the minutes of this meeting.
Private session:	Not applicable



With all of us in mind

Minutes of Trust Board meeting held on 30 June 2015

Present:	Ian Black	Chair
	Laurence Campbell	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Alan Davis	Director of Human Resources and Workforce Development
	Alex Farrell	Deputy Chief Executive/Director of Finance
Apologies:	Helen Wollaston	Deputy Chair
In attendance:	Nette Carder	Interim District Service Director, CAMHS and Forensic Services (item 8.1)
	Kate Henry	Interim Director, Marketing, Engagement and Commercial Devel.
	Dawn Stephenson	Director of Corporate Development
	Bernie Cherriman-Sykes	Board Secretary (author)
Guests:	Chris Hollins	Publicly elected governor, Wakefield
	Fiona Miller	Xerox
	Bob Mortimer	Publicly elected governor, Kirklees
	Steven Picken	Senior Manager, Deloitte (observer as part of well-led governance review)
	Jules Preston	Appointed governor, Mid-Yorkshire Hospitals NHS Trust

TB/15/35 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, including the visitors attending. The apology, as above, was noted. Helen Wollaston (HW) had given notes to the Chair prior to the meeting, which he would refer to as appropriate. IB commented that the meeting would be followed by Values into Excellence, celebrating and demonstrating the excellent work staff do and he asked all Board members to attend.

TB/15/36 Declaration of interests (agenda item 2)

The following declarations were considered by Trust Board.

Name	Declaration
CHAIR	
Ian Black	Chair representative, Mental Health Foundation Trust, NHS Providers' Board (from 1 July 2015)
NON-EXECUTIVE DIRECTORS	
Charlotte Dyson	Independent marketing consultant, Beyondmc (no clients engaged in NHS work) Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional) Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE
Chris Jones	Director, Chris Jones Consulting Ltd.

Name	Declaration
	Director and part-owner, Chris Jones Consulting Ltd. The business works primarily in the education and skills sector. Trustee, Children's Food Trust
CHIEF EXECUTIVE	
Steven Michael	Chair, Mental Health Network, NHS Confederation Trustee, NHS Confederation
OTHER DIRECTORS	
Kate Henry	No interests declared (although currently on secondment from NHS Improving Quality)

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that the two new Non-Executive Directors had signed the declaration of independence and all new Directors had made a declaration that they meet the fit and proper person requirement.

TB/15/37 Minutes of and matters arising from the Trust Board meeting held on 28 April 2015 (agenda item 3)

It was RESOLVED to APPROVE the minutes of the public session of Trust Board held on 28 April 2015 as a true and accurate record of the meeting. There were no matters arising.

TB/15/38 Assurance from Trust Board committees (agenda item 4)

TB/15/38a Audit Committee 7 April and 22 May 2015 (agenda item 4.1)

Laurence Campbell (LC) highlighted the following for Trust Board.

- Data quality is a continuing issue for the Trust and the Committee recognises the ongoing work to address the issues raised in an internal audit report. This will be considered again at the Committee's next meeting in July 2015.
- The Audit Committee annual report, a key item for the Committee, was presented to Trust Board in April 2015 and, under delegated authority, the Committee approved the annual report, accounts and Quality Accounts on 22 May 2015.
- In relation to reference costs, the Committee will consider the assurance provided on the methodology to calculate the costs at its meeting on 7 July 2015, which may subsequently come to Trust Board.
- The Committee currently has a concern about the construction of ratings from internal audits undertaken, which has been raised with KPMG for review in 2015/16. LC will report back on the outcome to Trust Board.
- Internal audit has been asked to consider 'culture' in its programme for 2015/16 and this will be reviewed when the outcome of the well-led governance review is known and an action plan developed.

The Chief Executive (SM) commented that he was unsure how an internal audit would align with the well-led review as there are limitations for an internal audit review areas in such as culture. Alex Farrell (AF) commented that it was more to do with scoping of the work after the well-led review and, in her view, it may focus more on performance culture and how performance information is used. Jonathan Jones (JJ) asked how the Trust will benchmark and AF responded that it is likely to be internal benchmarking and identification of areas of

good and poor practice. Alan Davis (AGD) added that there is a strong link to the wellbeing and engagement review and, therefore, it is important that any audit does not “reinvent the wheel”. The wellbeing survey has tangible outcomes and is externally benchmarked.

In relation to the annual report and accounts, IB thanked Trust staff involved for their support and contribution to the development and presentation of the annual report and accounts, which was commended by Deloitte in its report.

TB/15/38b Clinical Governance and Clinical Safety Committee 21 April, 12 May and 16 June 2015 (agenda item 4.2)

Julie Fox (JF) highlighted the following on behalf of HW.

- Child and adolescent mental health services (CAMHS) continues as a standing item on the Committee’s agenda.
- The Committee was advised of issues in relation to quality and values at the Horizon Centre and was concerned that these had not been identified through the Trust’s own internal visits programme. The Committee has asked for this to be reviewed.
- The Committee expressed a degree of frustration at the pace and lack of clinical leadership for the rehabilitation and recovery transformation workstream following a presentation from the programme manager at June’s meeting. JF added that clarity on the future was raised as an issue by staff during a recent Middleground module and the impact on motivation and morale and uncertainty for the future of the service.

With regard to Horizon, SM commented that this is a longitudinal values-based issue, which would not necessarily have been identified through a Trust internal visit. Tim Breedon (TB) added that the introduction of new leadership and management arrangements very quickly identified these issues and action to address these was immediately put in place.

Trust Board noted that JF would take over as Chair of the Clinical Governance and Clinical Safety Committee from its next meeting in September 2015.

TB/15/38c Mental Health Act Committee 12 May 2015 (agenda item 4.3)

Julie Fox (JF) highlighted the following.

- The Committee was disappointed with the outcome of an audit of consent to treatment and has asked for a repeat audit in six months’ time. The Medical Director and Director of Nursing were asked to bring an update on action taken in the interim to the next meeting and to provide sight of the terms of reference for the re-audit to the Committee.
- The new Mental Health Act Code of Practice has been published. This represents an extensive piece of work and there is an implementation plan in place, which includes training of staff. This work should be complete by the end of August 2015. TB commented that it is understood that the Care Quality Commission (CQC) will want to see that the Code of Practice has been embedded by the end of September/mid-October 2015 whilst appreciating the scale of the challenge for Trusts to implement.

TB/15/38d Remuneration and Terms of Service Committee 21 April 2015 (agenda item 4.4)

IB highlighted the following.

- The Committee approved the awards to Directors under the performance related pay scheme for 2014/15 on 22 June 2015.
- The Committee has agreed the Trust will no longer continue with the national scheme for Clinical Excellence Awards. Adrian Berry (ABe) commented that a scheme will continue but will be locally-determined to ensure the criteria for merit awards are linked to service quality development and improvement activities to support Trust service needs. He added that there is a lot of support and interest in the approach the Trust is taking. JJ

asked if clinicians were supportive of the new approach. ABe responded that the Trust is in dialogue with the British Medical Association in relation to its plans. JF asked if the national scheme was likely to be changed. AGD responded that national arrangements will not change and many Trusts have continued with the national scheme. He confirmed that the local scheme would not cost any more than currently and an upper limit will be set. The Committee will look at a revised scheme and IB commented that other Directors are welcome to see the scheme and to attend the Committee meeting when it is discussed.

- Trust Chairs have received a letter from the Secretary of State for Health, Jeremy Hunt, asking Trusts to provide information on very senior managers' (VSM) pay using the Prime Minister's salary without benefits as an upper limit. This may result in a national approval mechanism for any appointments over this amount, which has implications for recruitment and appointment to senior posts and for the autonomy of foundation trusts.

Charlotte Dyson (CD) asked whether there was a remit for the presentation to Trust Board on the Trust's commercial and marketing approach. SM responded that the presentation in September would be a general update on progress against objectives and SM will discuss with CD further to agree the purpose and remit.

The Chair invited JJ to raise any issues from the Estates Forum. JJ highlighted that this was a very busy agenda focussing on disposal of surplus estate, development of community hubs and optimisation of the Fieldhead site.

IB highlighted two areas from the Information Management and Technology Forum in relation to a practical demonstration of agile working supported by a benefits analysis, both quantitative and qualitative, and the Trust's clinical information system and developments for RiO and SystmOne, which will be supported by a post-implementation audit.

JF asked for feedback on the Phoenix contract to which AF responded that this had also been discussed at the Forum. There had been early teething problems, particularly in terms of legacy and backlog issues; however, feedback now is that the position has improved.

TB/15/39 Chair and Chief Executive's remarks (agenda item 5)

IB raised the following.

- Deloitte will provide feedback from the well-led governance review to Trust Board in July. There has been positive informal feedback to date. Deloitte will also attend the Members' Council on 24 July 2015. A workshop for Trust Board and the Members' Council will be arranged.
- Induction arrangements for two new Non-Executive Directors are in place with Chris Jones starting on 1 August 2015 and Rachel Court on 1 October 2015.
- Non-Executive Director end-of-year appraisals are complete and IB thanked Executive Directors for their input. He will review membership of Committees after the three new Non-Executive Directors are in place.
- He ended by confirming his success in securing a place on the NHS Providers Board to represent mental health chairs.

SM covered the following in his remarks.

- There are a number of newly elected MPs in the Trust's area and the Trust has arrangements in place to meet with them to ensure they are aware of the Trust, its position and its issues. This complements the ongoing engagement with continuing MPs.

- Provider contact with Lord Prior of Brampton, Parliamentary Under Secretary of State for NHS Productivity.
- Current Vanguard pilots and the invitation for second wave bids. The Trust is working with partners to develop an emergency and urgent care mental health bid across West Yorkshire.
- SM personally thanked Carol McKenna, Chief Executive Officer of Greater Huddersfield Clinical Commissioning Group (CCG), as commissioning lead for CAMHS, for the thorough and professional work to bring partners together and ensure the matter receives appropriate attention. Transformation and staff engagement are important issues, which links to the work on engagement as a whole and is the focus of the Executive Management Team (EMT) time out on 16 July 2015.
- The visit from Monitor on 24 June 2015 was positive. The review of the Trust's annual plan focussed on the non-recurrent deficit and Monitor's interest is in the recovery position for 2016/17 and the trajectory for which the Trust was able to provide a robust response.
- There should be a formal announcement of the outcome of the Care Closer to Home tender exercise on 6 July 2015. There has been a great deal of media interest, both nationally and locally.
- SM chaired a CQC inspection in London, which was very helpful in terms of learning. He will open an internal Trust event on 8 July 2015 to provide feedback and learning.

TB/15/40 Annual report, accounts and Quality Accounts 2014/15 (agenda item 6)

It was RESOLVED to RECEIVE and ADOPT the annual report, accounts and Quality Accounts for 2014/15.

TB/15/41 Strategic human resources framework (agenda item 7)

AGD introduced this item and explained that the framework sets the context with three underpinning strands:

- the nature, size and shape of the workforce will have to change;
- the wellbeing of and engagement with staff; and
- leadership and management development.

The framework will be supported by a longer-term five-year Human Resources Strategy, which will come to Trust Board in September 2015.

The Chair invited comments and questions from Trust Board.

- JJ asked how the Trust will know the Strategy has been successful. AGD responded that key performance indicators and performance metrics will be tracked and progress monitored through the staff wellbeing survey. AF added that this would also become part of the annual planning process at team, BDU and Trust level in terms of experience, process and impact.
- JF commented that this was a good document but she would like to see more attention to equality and diversity. She also suggested including reference to Non-Executive Directors.
- SM commented that the Trust is judged by the outcomes of the national staff survey and it must use its own wellbeing survey to inform its approach and its response to the national outcomes. He added that the Trust will develop a suite of KPIs at all levels, which would also link to the outcome of the well-led review. He also suggested that the Trust should make use of technology to support staff engagement.

- SM also advised Trust Board that the Trust has retained its Customer Service Excellence award.
- JJ commented that he would like to see a shared objective in relation to leadership and management across the EMT included in the gateway objectives for the performance related pay scheme and it was agreed this would be discussed by the Remuneration and Terms of Service Committee.
- CD commented that staff need to see the Trust celebrating success. She advocated the use of 'crowd sourcing' to engage staff and commented that how the Trust markets itself as an organisation and as an employer to attract good candidates who want to work at the Trust is important.
- IB commented that Trust Board would keep appropriate human resources indicators and objectives reporting under review through the Remuneration and Terms of Service Committee and make adjustments to Trust Board reporting as required.

It was RESOLVED to APPROVE the human resources strategic framework, staff engagement strategy and leadership and management development strategy, subject to consideration and development of the comments made.

TB/15/42 Performance reports month 2 2015/16 (agenda item 8)

TB/15/42a Exception reports and action plans – Child and adolescent mental health services recovery plan – progress report (agenda item 8.1(i))

Nette Carder (NC) took Trust Board through the progress report for Calderdale and Kirklees. It was noted that the Clinical Governance and Clinical Safety Committee received a full report on CAMHS across the Trust at its meeting on 16 June 2015. She also advised Trust Board that commissioners have approved additional funds for the service, which was welcomed by Trust Board.

IB asked what the biggest concern was currently. TB responded that ensuring the crisis and home-based treatment aspect of the service becomes a reality now additional investment is forthcoming. IB asked for an assessment of when this would be. NC responded by April 2016. Recruitment has started and development of this part of the service will begin to have an impact on the regular service. Progress will continue to be scrutinised by the Clinical Governance and Clinical Safety Committee.

JF asked what the implications were for re-commissioning of the service. NC responded that commissioners propose to work with the Trust to extend its contract for a further year to improve and develop the service and to develop a more outcome-based approach to commissioning of the service. JJ asked for clarity that, if the crisis part of the service is adequately commissioned and funded, the Trust would be willing to continue providing the service for a further year. IB asked Trust Board to take a view given the clinical and reputational risk on the basis that the Trust will work with commissioners to develop a revised specification for the service from April 2017.

- JF commented that the Trust should not 'walk away' before then to ensure the service remains in place for the individuals who use it and given the work by the Trust to develop the service to date.
- There was strong support from the Director of Nursing and Medical Director to continue for a further year on the current basis.
- AF added that the Trust does still need to consider the detail in terms of financial sustainability as well as clinical and operational sustainability and work with commissioners on transformation and the future view of the service for the national September deadline.

Trust Board was supportive of working with commissioners to extend the Trust's contract for a further year.

JF expressed concern about the continued strategic leadership when NC's contract ends. SM responded that he intends to ask the Remuneration and Terms of Service Committee to consider future arrangements at its meeting in July 2015. After she had left the meeting, JJ commented that he derived a great deal of assurance and comfort from the appointment and actions of NC. SM responded that he has agreed to retain NC until a substantive appointment can be made, which will be discussed at the Remuneration and Terms of Service Committee on 13 July 2015.

It was RESOLVED to NOTE the progress report.

TB/15/42b Exception reports and action plans – Incident management annual report 2014/15 (agenda item 8.1(ii))

TB took Trust Board through the key points in the report.

JJ left the meeting.

Trust Board noted that there were a number of areas (set out in the front sheet to the report) where the Clinical Governance and Clinical Safety Committee has asked for further analysis, which included the increase in the number of suicides. SM added that he would want the analysis to also consider how the Trust has learned from previous experience, how risk assessment has identified risk, and where and what the Trust can learn from this. HW had also asked IB to highlight to Trust Board that record-keeping is in the top three themes and is, therefore, an area where the Trust really needs to prioritise to really make a difference. AF commented on three strands in relation to record-keeping and it is important that Trust Board is aware of the action taken in relation to all three:

- clarity on clinical processes and the reasons the Trust requires information;
- the design of data capture makes it easy for staff; and
- ensuring individuals record data and are able to do so.

TB commented that there is a quality day arranged for 8 July 2015, which includes a self-assessment, identification of areas for improvement and how this can be delivered. A report will be presented to the next Clinical Governance and Clinical Safety Committee.

It was RESOLVED to RECEIVE the report.

JJ re-joined the meeting.

TB/15/42c Exception reports and action plans – Customer services annual report 2014/15 (agenda item 8.1(iii))

CD suggested incorporating what has changed as a result of complaints on the Trust's website. SM commented that, when beginning Trust Board with a story, it must be meaningful, add value and show where the Trust has learnt from experience.

It was RESOLVED to NOTE the report.

TB/15/42d Exception reports and action plans – Health and safety annual report 2014/15 and objectives 2015/16 (agenda item 8.1(iv))

Following introduction of this item, AGD confirmed that a report would be presented to the Clinical Governance and Clinical Safety Committee in September 2015 with a six month review of objectives and the outcome of the health and safety audit reports.

LC asked why health and safety training was lower than other training. AGD responded that not all health and safety training is 'badged' as such and staff do not always recognise it training as being health and safety training. A communications exercise is needed to ensure staff are aware.

It was RESOLVED to APPROVE the health and safety annual report for 2014/15 and APPROVE the action plan for 2015/16.

TB/15/42e Exception reports and action plans – Sustainability strategy 2015/16 to 2019/20 (agenda item 8.1(v))

On behalf of HW, IB asked whether the Trust measures food waste. Dawn Stephenson (DS) confirmed that it does and would include this in reports to Trust Board in future. JF suggested linking to the Estates Strategy in terms of sustainable travel and use of sustainable energy. HW also welcomed the decrease in travel and would like to see how use of technology can influence this in the future.

It was RESOLVED to NOTE the progress made and APPROVE the five-year Sustainability Strategy.

TB/15/42f Exception reports and action plans – Medical appraisal/revalidation annual report 2014/15 (agenda item 8.1(vi))

ABe advised that the first five-year cycle of revalidation comes to an end in 2016. The General Medical Council is likely to raise standards considerably for the next five-year cycle, which will have resource implications for the Trust both in terms of process and work needed to develop clinicians. LC asked if the Trust is ensuring that the people it employs are suitable. ABe responded that the Trust has robust pre-employment screening and checks in place.

TB also alerted Trust Board to the national proposals for nurse re-validation, which will be reviewed by the Clinical Governance and Clinical Safety Committee when guidance is issued in September 2015. IB asked the EMT to consider whether this should be placed on the Trust's risk register and SM asked that the Remuneration and Terms of Service Committee considers both issues.

It was RESOLVED to NOTE the report and APPROVE the statement of compliance.

TB/15/42g Performance and finance reports (agenda item 8.2)

AF highlighted that the format of the report and indicators are under review, trend analysis has been included in the report and more information has been included on contracting to reflect contract delivery and productivity. AF then took Trust Board through the key points relating to the Trust's financial position.

- The Trust has achieved a financial risk rating of 4 against a planned rating of 4.
- The year-to-date position is a net surplus of £0.2 million, which is £0.67 million ahead of plan. The forecast remains consistent with a planned deficit of £0.74 million.
- The cash position is £29.35 million, which is £3.15 million behind plan. This is primarily due to higher than planned debtors and further progress has been made to reduce this during June 2015.
- The capital spend to May 2015 is £1.24 million, which is £0.22 million (15%) behind plan.
- At month 2, the cost improvement programme is £0.28 million (21%) behind plan and, currently, £2.3 million (23%) of the plan is rated as 'red'.

JJ asked for clarification of current position that the cost improvement programme is offset by the release of provisions but in the longer-term either the 'red' rated cost improvements will no longer be 'red' or will have substitutions or mitigations in place. AF confirmed this

was the case but asked Trust Board to bear in mind that this was only month 2 of 2015/16. There will be a full stocktake and risk assessment with clear action agreed to close the gap and she expected a significant improvement in the next two months.

JJ also asked about the underspend on the capital programme. AGD responded that this reflects an invoicing issue, which will be resolved in month 3.

The position with the sale of Aberford Field was discussed in detail at the Estates Forum on 1 June 2015. Delegated authority was given by Trust Board at its meeting in March 2015 to the Chair of the Trust and Chief Executive to agree the terms of the payment with the purchaser. Both had confirmed to the Forum that they were happy to agree a revised proposal. The Forum had acknowledged and recognised the risk involved in the agreement and a risk remains that the funds will not be realised in 2015/16.

For October's Trust Board meeting, IB asked for the current position and anticipated end-of-year outturn positions for both the cost improvement programme and the capital programme with an update on the sale of Aberford Field. This would form part of the finance report for month 6 and the report on the end-of-year outturn.

TB raised the following in relation to service delivery and quality.

- Focus continues on supporting service users into employment and settled accommodation, including discussions with partners to seek to resolve.
- Clustering remains an issue and AF commented that the Trust is currently achieving 95% for service users assigned a cluster in the previous twelve months. Trust Board was asked to note that, of 4,000 service users, there is a shortfall of 36, which is being actively managed by the Trust.
- The focus on mandatory training also continues.

TB/15/42h Meeting the challenge and changes to Monitor's Risk Assessment Framework (agenda item 8.3)

It was RESOLVED to NOTE the changes and implications for the Trust.

TB/15/43 Corporate Governance Statement 2015/16 and self-certification (agenda item 9)

It was RESOLVED to CONFIRM that Trust Board could make the required self-certification in relation to the Corporate Governance Statement and training for governors, and to NOTE the self-assessment against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance.

TB/15/44 Use of Trust seal (agenda item 10)

It was RESOLVED to NOTE the use of the Trust seal since the last report in March 2015.

TB/15/45 Date and time of next meeting (agenda item 11)

The next meeting of Trust Board will be held on Tuesday 21 July 2015 in the small conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP. The dates for 2016 were also agreed.

Signed **Date**



With all of us in mind

Quality Performance Report

Strategic Overview

June 2015

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Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for June 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

QUALITY ACCOUNT 2015-16

The 7 specified quality priorities for 15-16 are underpinned by a number of identified performance indicators including some current key performance measures and CQUIN targets. Note: figures/ratings used do not exactly correlate with achievement of CQUIN targets set by commissioners - this is because for the Quality Account a rounded average is taken across BDUs and care groups rather than split down into target achievement in each care group and BDU.

Quality Priority	Key Performance Indicators	Target	Reporting Period	Q1			Q2			Q3			Q4			Year End Position @ Q4 Month 12
				A	M	J	J	A	S	O	N	D	J	F	M	
Quality Priority 1: To continue to listen to our service users and carers and act on their feedback	% of people in forensic services who are extremely likely/ likely to recommend the service to friends and family	70%	Quarterly													
	% of people in CAMHS service who are extremely likely/ likely to recommend the service to friends and family	75%	Quarterly													
	% of people in District Nursing services who are extremely likely/likely to recommend the service to their Friends & Family	90%	Bi annually													
	% of people in Learning Disability services who are extremely likely/likely to recommend the service to their Friends & Family	85%	Quarterly													
	Friends and Family Test: percentage of scores recommending our services as either likely or extremely likely:															
	ü Mental Health Services	80%	Quarterly													
Quality Priority 2: Continue to improve the timeliness and ease of people accessing services when they need them	ü Community services	95%														
	Improving access for people experiencing non-acute mental health problems (routine) ; face to face contact within days of referral (CKW)		Quarterly													
	Improving access for people experiencing non-acute mental health problems (routine)face to face contact within 14 days of referral (B)	90%	Quarterly													
	CAMHS Patients seen within 5 weeks of initial referral	95%	Quarterly													
	CAMHS - development of service line pathways to improve access	Progress report	Annual													
	Access to care navigation and tele health services (Barnsley Community Services)	Q1 establish baseline. Q2-4= 100% of new referrals into the service will be allocated a score	Quarterly													
Quality priority 3: Continue to improve care, care planning & evaluation of care.	Implementation of mental health Crisis Concordat	Progress report	Bi annually from Q2													
	Implementation of a Single Point of Access in each BDU for access to mental health teams	Progress report	Bi annually from Q2													
	The number of people in mental health services (adult and older persons) who have had an assessment of their needs and allocated a care pathway within 8 weeks (Mental health CKW)	98%	Quarterly													
	Mental Health currency development: Adherence to care pathway reviews	80%	Quarterly													
	Monitor the quality of care plans: service users subject to the care Programme Approach will have a care plan that is individualised underpinned by recovery principles and focussed on staying well (Mental Health CKW)	Audit by SWYPFT & CCG: 80% of case notes to contain relevant evidence	Quarterly													
	Increase the number of clinical audits that have actions implemented/ demonstrate outcomes (Trust wide)	Progress report	Quarterly													
Quality priority 4: Improve clinical record keeping and data quality	Involve secure service users in a process of collaborative risk assessment & management. (Forensic services)	Progress report	Quarterly													
	Measure the use of clinically relevant outcome tools across the learning disability (LD) service. (Calderdale/ Kirklees and Wakefield) 2 parts to measure: A: % of service users for whom an outcome measure has been achieved and reviewed. B: % of improvement identified at discharge or review.	A: Q1 = 50%; Q2= 60%; Q3= 70%; Q4=80%; B: 50% of service users to achieve improvement at review or discharge.	Quarterly													
	Monitor compliance with mental health Act documentation in Acute and community mental health services Forensic services Learning Disability services.	Progress report	Quarterly													
	Implementation of recommendations from clinical record keeping audits in the following areas Acute & community mental health services Community & Wellbeing services CAMHS Forensic services Learning Disability services	Progress report	Quarterly													
Quality priority 5: Continue to improve transfers of care by working in partnership across the care pathway	Delayed transfers of Care (DTOC) 1. Monitor performance figures 2. implementation of Standard Operating Procedure (trust wide / residential areas)	<=7.5 Progress report	Monthly Quarterly													
	Development and implementation of CAMHS transition protocols	Progress report	Quarterly													
	Improve communications with GP's: people on CPA with a diagnosis of psychosis should have an updated CPA care plan or a comprehensive discharge summary shared with GP.	Audit report	Quarterly													
	Implementation of the Care Programme Approach framework in CAMHS services	Progress report	Quarterly													
	Development of an Intermediate Care Service (Barnsley Community & Well Being)	Progress report from Q2	Quarterly													
Quality priority 6: Ensure that our staff are professionally physically and mentally fit to undertake their duties	Implementation of trust wide clinical supervision audit	Progress report	Quarterly													
	Staff Friends & Family Test: percentage of scores recommending 1. the Trust as a place to work	80%	Quarterly (Q1,2,4)													
	2. Our services to friends and family	80%	Quarterly (Q1,2,4)													
Quality priority 7: To improve the safety of our service users, carers, staff and visitors	Implementation of MH safety thermometer - action from monthly audits	Progress reports	Quarterly													
	Implementation of the sign up to safety campaign	Progress report	Quarterly													
	Cardio metabolic assessment & treatment for patients with psychosis. (Forensic services)	90% by Q4	Quarterly													
	Cancer screening (Barnsley Learning Disability services)	30% by Q4	Quarterly													

Key: Green: achieving target Amber: within 10% of target Red =more than 10% away from target Blue: no information expected in the reporting period.

Quality Headlines

Safer Staffing

In *Hard Truths* (2013), the Secretary of State outlined the requirement for NHS organisations to demonstrate they are delivering safe and effective staffing levels. A range of actions and support have since been put in place. These include the Trust publishing actual versus planned staffing numbers on a monthly basis for in-patient wards. The National Institute for Health and Care Excellence (NICE) has published safer staffing guidelines for acute adult care and endorsed staffing models. In November 2014, a guide to support providers and commissioners identify 'care contact time' was published. However, work on developing NICE guidance for mental health services has recently been suspended.

Additionally, nursing safer staffing indicators now provide an overall RAG rating for Trusts. These indicators support the patient safety information already published and provide comparable information for the Trust to use and for service users to make an informed choice of care provider. It will also be used by the regulatory bodies as part of their Trust assurance process.

The Chief Nursing Officer's letter dated February 2015 includes 'composite indicators' that make up the required data set of staffing indicators. There is an indication of a need for the Trust to maintain accurate and up-to-date information on ESR in relation to the proposed **Safer Staffing Indicators**:

- ✓ Staff sickness rate, taken from the ESR (published by HSCIC);
- ✓ The proportion of mandatory training completed, taken from the National staff survey measure;
- ✓ Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
- ✓ Staff views on staffing, taken from the National staff survey measure; and
- ✓ Patient views on staffing, taken from the National patient survey measure.

SWYPT has responded positively to the safer staffing requirements that originated from *Hard Truths* (2013). The Trust has developed a decision support tool for safer staffing and this has been used to evaluate current e-rostered staffing levels. Findings suggest that established staffing levels based on the e-roster are optimal. SWYPT has consistently had fill rates over 100% since reporting began and most recent fill rates for May 2015 suggest that SWYPT over-fill by 7% overall and none of the wards fell below a 90% fill rate. However, qualified fill rates have been lower than 80% on a number of wards. Exception reporting identified several reasons for this including inaccurate roster completion, increased acuity, sickness, reduced bed occupancy, covering qualified staff with unqualified and unrostered cover by senior staff (e.g. ward manager) and staff from other wards. Remedial action is planned in all the areas.

Monthly exception reporting will continue and a business case to develop a more flexible and responsive peripatetic workforce is currently being considered in the Trust. The preferred option is to run the initial phase of a new centralised bank system and employment of a peripatetic workforce as a pilot on the one of the Trust sites, with full monitoring and evaluation. To this end, job descriptions have been drafted and a project timeline produced.

Horizon Unit External Review

The trust have now received the external review of Horizon Services and shared the early stage findings with our CCG colleagues. An action plan is underway and a detailed report will be taken to future CCG meetings.

On Horizon unit there is a care situation that is extremely complex in nature and providing significant challenge to our governance processes. The Multi - Disciplinary team are overseeing the care and treatment of the person with support from quality academy colleagues. The management and leadership team, in conjunction with CCG partners are monitoring progress.

Information Governance

During Quarter 1, the Trust was asked to sign an undertaking by the Information Commissioner's Office due to data breaches under the Data Protection Act 1998 involving staff sending misdirected mail. There were 8 incidents of mail being sent to the wrong address recorded during the quarter. A communication has been sent to all staff highlighting this issue and providing a number of practical steps to follow for all mail going forward. The Information Governance team is also intending to launch more bespoke training packages to ensure that staff are clear on how Information Governance relates to

Quality Headlines cont....

CAMHS Summit

The CAMHS Summit met on 19th June and confirmed:

- ✓The Trust was on track with its Data Quality plan and able to report that the backlog of referrals for the generic CAMHS service had now been cleared, with the earliest referral now waiting being May 2014.
- ✓There are still long waits for a multi-agency assessment for Autistic Spectrum Disorder (ASD). Commissioners are aware of the situation and looking at ways to improve the ASD position, whilst acknowledging that SWYPFT provides only a part of the solution to a robust multi-agency pathway for those families seeking an assessment for ASD.
- ✓The CCGs agreed that there was significant underinvestment in the CAMHS service in Calderdale & Kirklees and this needed to be remedied.
- ✓The SUMMIT 'Task and Finish' group would continue to meet to make recommendations for further investment to ensure that the service was able to meet the outcomes of the specification when it was revised.
- ✓As part of the jointly agreed programme of 'Enhanced Surveillance', a detailed Quality Dashboard has been agreed. In addition, Commissioner visits had been undertaken on 29th May and 10th June 2015. Positive feedback – from both Commissioners and the Trust - was given and all agreed that these had been beneficial. Further visits will be arranged, particularly from Kirklees Commissioners.

A report on the Governance arrangements within CAMHS is in draft and will be presented to the July summit meeting. The CCGs are starting to prepare their Transformation Plans, with the Lead Commissioner in Calderdale being Calderdale Council and the CCG in Kirklees. The plans are due for completion by the end of September 2015 and will require engagement with stakeholders and young people and will also have to go through an assurance process.

Safeguarding children supervision statistics –

The safeguarding children team have provided and achieved a 96% success rate, of the staff that were required to have one to one child protection supervision (Health visitors, School Nurses, and Family Nurse Partnership) and for the 4 % that were not able to achieve their supervision in this quarter the reasons included; demands placed upon them for attendance at child protection conferences and long term sickness.

This is an increase of over 20% and a rise of 34% from quarter 1 last year where compliance was 62%.

Safeguarding supervision is now provided and embedded into Trust wide CAMHS and Early Intervention in Psychosis teams.

Safeguarding Children training –

The safeguarding children mandatory training figures indicate a compliance with all three levels above the mandatory 80%:

Level 1 – 90.79%

Level 2 – 82.74%

Level 3 – 86.70%

There has been a large increase in the number of attendees from specialist areas with 81.63% compliance at level 3.

Quality Improvement Group

The inaugural meeting of the Quality Improvement Group was held on 8th July. The meeting was chaired by the Deputy Director of Nursing and was well attended with representatives from Executive, District and Deputy Directors, Clinical Leads, General Managers, Practice Governance Coaches and quality academy staff. Initial feedback is that the meeting was viewed positively by those in attendance. An evaluation of the event is being planned. A brief overview of the day is being produced and will be presented to Clinical Governance & Clinical Safety Committee in September.

Strategic Overview Dashboard 2015/16

Business Strategic Performance Impact & Delivery

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	4
	Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4	4
CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green	Green	Green	Green	4
CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
	CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	3
IAPT	IAPT Kirklees: % Who Moved to Recovery	C	52%	41.48%	49.21%	55.15%	54.17%	64.03%	57.78%	Data Not Avail	60.95%	4
	IAPT Outcomes - Barnsley	C (FP)	90%	97.42%	99.00%	98.02%	98.96%	99.24%	99.33%	Data Not Avail	Data Not Avail	4
	IAPT Outcomes - Calderdale	C (FP)	90%	96.00%	78.79%	100%	94.29%	95.12%	Data Not Avail	95.56%	Data Not Avail	4
	IAPT Outcomes - Kirklees	C (FP)	90%	95.81%	95.75%	97.24%	100%	99.35%	Data Not Avail	99.49%	Data Not Avail	4
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	8	0	2	0	0	0	0	0	Data Not Avail	4
C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	Data Not Avail	4
PSA Outcomes	% SU on CPA in Employment	L	10%	6.60%	7.47%	7.47%	7.43%	7.23%	7.27%	7.33%	7.33%	3
	% SU on CPA in Settled Accommodation	L	60%	72.20%	70.66%	66.91%	66.08%	65.82%	63.66%	63.53%	65.82%	4

Customer Focus

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	13%(8/61)	13% 23/180	15%24/160	18%29/159	12% 8/66	14% 6/44	13% 9/69	14% 23/179	4
MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	4
	Physical Violence - Against Staff by Patient	L	50-64	Above ER	Within ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	4
FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100%	100%	100%	100%	100% 24/24	100% 17/17	100% 24/24	100% 65/65	4
Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	83.00%	73.00%	75.00%	92.00%	92.00%	92.00%	92.00%	92.00%	4
Member's Council	% of Publicly Elected Council Members Actively Engaged in Trust Activity	L	50%	30.00%	56.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	4
	% of Quorate Council Meetings	L	100%	100%	100%	100%	100%	100%	100%	100%	100%	4
Membership	% of Population Served Recruited as Members of the Trust	M	1%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	4
	% of 'Active' Members Engaged in Trust Initiatives	M	50%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	40.00%	4
Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	75.00%	80.00%	50.00%	50.00%	50.00%	50.00%	50.00%	50.00%	4
	% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	88.00%	80.00%	80.00%	100.00%	100.00%	100.00%	100.00%	100.00%	4
	% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%	100%	100%	100%	4

Operational Effectiveness: Process Effectiveness

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.10%	98.92%	99.33%	99.49%	99.11%	100%	99.86%	99.11%	4
	Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.50%	97.31%	97.95%	98.25%	98.06%	97.09%	99.82%	98.06%	4
	Delayed Transfers Of Care (DTOC) (Monitor)	M	7.50%	4.18%	4.97%	4.59%	3.20%	2.50%	1.52%	2.03%	1.99%	4
	% Admissions Gatekept by CRS Teams (Monitor)	M	95%	96.50%	95.06%	100%	100%	93.28%	96.30%	97.20%	95.51%	4
	% SU on CPA Followed up Within 7 Days of Discharge (Monitor)	M	95%	96.84%	95.36%	96.33%	98.41%	98.20%	100%	96.43%	98.21%	4
	% SU on CPA Having Formal Review Within 12 Months (Monitor)	M	95%	96.50%	98.06%	98.64%	98.59%	96.37%	95.18%	97.92%	97.92%	4
	Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	186.19%	179.49%	200.84%	177.82%	106.25%	100.00%	102.04%	102.04%	4
	Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100%	100%	100%	4
	Data completeness: comm services - Referral information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94%	4
	Data completeness: comm services - Treatment activity information	M	50%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94.00%	94%	4
	Data completeness: Identifiers (mental health) (Monitor)	M	97%	99.40%	99.54%	99.58%	99.59%	99.70%	99.64%	99.62%	99.62%	4
	Data completeness: Outcomes for patients on CPA (Monitor)	M	50%	84.40%	83.20%	80.04%	80.27%	78.83%	79.07%	77.63%	77.63%	4
	Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4
Data Quality	% Inpatients (All Discharged Clients) with Valid Diagnosis Code	L	99%	81.71%	100%	100%	99.46%	99.51%	100%	100.00%	99.75%	4
	% Valid NHS Number	C (FP)	99%	99.94%	99.94%	99.65%	99.88%	99.87%	99.88%	Data not avail	Data not avail	4
	% Valid Ethnic Coding	C (FP)	90%	93.34%	94.87%	95.32%	95.11%	99.05%	94.93%	Data not avail	Data not avail	4
Mental Health PbR	% of eligible cases assigned a cluster	L	100%	95.90%	95.90%	95.81%	95.48%	95.30%	95.48%	95.10%	95.30%	3
	% of eligible cases assigned a cluster within previous 12 months	L	100%	80.10%	79.10%	78.56%	76.64%	76.60%	77.62%	82.30%	76.60%	3

Strategic Overview Dashboard 2015/16

Fit for the future Workplace

Section	KPI	Source	Target	Quarter 1 14/15	Quarter 2 14/15	Quarter 3 14/15	Quarter 4 14/15	Apr-15	May-15	Jun-15	QTD	Year End Forecast
Sickness	Sickness Absence Rate (YTD)	L	4%	4.50%	4.50%	4.70%	4.80%	4.80%	5.10%	5.00%	5.00%	1
Vacancy	Vacancy Rate	L	10%	4.60%	4.70%							4
Appraisal	Appraisal Rate Band 6 and above	L	95%	54.10%	88.50%	95.90%	96.45%	Avail M3	Avail M3	56.80%	56.80%	4
	Appraisal Rate Band 5 and below	L	95%	17.00%	78.30%	96.30%	97.07%	Avail M6	Avail M6	Avail M6	Avail M6	4
Mandatory Training	Aggression Management	L	80%	56.60%	62.60%	67.30%	72.95%	73.70%	73.65%	75.83%	75.83%	1
	Equality, Diversity & Inclusion	L	80%	62.30%	70.20%	74.70%	81.43%	82.30%	84.55%	84.87%	84.87%	4
	Fire Safety	L	80%	76.74%	82.70%	84.30%	86.28%	86.50%	86.24%	86.31%	86.31%	4
	Infection, Prevention & Control & Hand Hygiene	L	80%	63.00%	71.30%	76.70%	80.90%	80.60%	82.09%	82.82%	82.82%	4
	Information Governance	M	95%	89.91%	89.80%	85.70%	96.04%	91.90%	92.55%	92.67%	92.67%	4
	Safeguarding Adults	L	80%	74.20%	78.60%	78.40%	82.19%	82.80%	82.60%	84.14%	84.14%	4
	Safeguarding Children	L	80%	69.70%	77.30%	81.50%	84.38%	84.70%	85.22%	86.00%	86.00%	4
	Food Safety	L	80%	41.80%	48.40%	57.70%	63.66%	65.20%	66.89%	69.00%	69.00%	1
	Moving & Handling	L	80%	36.10%	52.40%	62.00%	70.14%	71.80%	73.66%	75.31%	75.31%	1

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
Data Not Avail	Data not available at time of report
<i>Above ER</i>	Bold Italic means figure represents the last month in a quarter not a quarter figure

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.
- June 2015 position is green for Monitor Risk Ratings and CQC compliance.
- Quarter One Quality indicators (CQUINs) are due to be submitted at the end of July. The overall forecast is 81%, The risk assessment on achievement of all indicators for 2014/15 is predicting an overall potential shortfall in income of £900K and the overall rating for the year end position is Amber/Green.
- Number of service users on CPA in employment – continues to be below 10% and has remained static for the last 2 months. 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. During 2015-16, the Trust intends to identify a small number of focus areas and prioritise their improvement. A clinical record keeping/data quality workshop is to be organised focussed on engaging the management “Trios” and agreeing priority areas and practical steps for improvement.

Workforce

- Sickness continues to remain above trajectory at end of June 15. Work continues to focus on reducing sickness related absence within the Trust.
- Review of mandatory training KPIs are being undertaken by HR to focus on key staff groups and risk areas – the year end position has shown significant improvement in most mandatory training areas with all now exceeding threshold, with the exception of Aggression Management, Food Safety and Moving & Handling, this shows a positive impact of the work being undertaken within the organisation.
- BDUs and Support services continue to review compliance with mandatory training to ensure completion. This is supported by the staff appraisal and objective setting process.

Overall Financial Position

Performance Indicator		Month 3 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					2	1	-
1	Monitor Risk Rating	●	●	↔	●	●	
2	£0.74m Deficit on Income & Expenditure	●	●	↓	●	●	
3	Cash Position	●	●	↑	●	●	
4	Capital Expenditure	●	●	↑	●	●	
5	Delivery of CIP	●	●	↑	●	●	
6	Better Payment Practice Code	●	●	↑	●	●	

Key

●	In line, or greater than plan
●	Variance from plan ranging from 5% to 15%
●	Variance from plan greater than 15%

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 that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at June 2015, is a small surplus of £0.16m. This is £0.82m ahead of plan.

Supported by the utilisation of Trust provisions the Trust are confident that the financial plan for 2015 / 2016 will be achieved. If the current trend continues this would enable the Trust to achieve a break even position rather than deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At June 2015 the cash position is £30.18m which is £1.32m behind plan. This is a £1.9m improvement from month 2 (£3.2m). The main issue continues to be prompt

4. Capital spend to June 2015 is £2.28m which is £0.41m (15%) behind the Trust capital plan.

5. At month 3 the Cost Improvement Programme is £0.19m (9%) behind plan. Overall a Full Year Value of £1.3m (14%) has been rated as red, after mitigations. A red rating indicates that the CIP opportunity does not currently have an implementation plan and therefore carries a high risk on non achievement.

6. As at 30th June 2015 (Month 3) 88% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This is an improvement from month 2.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations

BBDU NHSE H&J: Liaison & Diversion Service - received for signature	£290.2
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CQUIN Performance

Q1 Forecast based on

Quarter	Quarter 1 £000s	Achieved	Variance	M2 Performance	Vari
Barnsley	£369.0			£353.0	-£16.0
Wakefield	£118.1			£118.1	£0.0
Kirklees	£133.2			£133.2	£0.0
Calderdale	£59.8			£59.8	£0.0
Specialised	£73.1			£73.1	£0.0
Forensics	£22.5			£22.5	£0.0
Trust Total	£775.8	£0.0	£0.0	£759.8	-£16.0

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,625.3	-£164.8
Wakefield	£793.9	£566.0	-£228.0
Kirklees	£878.2	£629.9	-£248.4
Calderdale	£394.1	£282.6	-£111.5
Specialised	£292.6	£254.8	-£37.8
Forensics	£562.3	£453.6	-£108.7
Trust Total	£4,711.3	£3,812.1	-£899.2

CQUIN Performance Q1 Hotspots

West CCGs Improving Urgent & Emergency Care, Reduction in A&E MH reattendances Scheme still tbc with Commissioners and risk share agreed

BBDU MH Clustering - Clustering Initial Referrals

Contract Performance Issues

CAMHS C&K: Commissioners more assured about data quality and what is being reported The service has received positive feedback from arranged Commissioner visits into the service

CAMHS: W -Data being pulled via RiO continues to not reflect service delivery. This is being picked-up internally. Commissioner/Service relations are extremely good.

LD W - Requirement to develop a suite of data and reporting by Sep 2015 that reflects our performance against the service specification.

LD C - Addressing reporting requirements against the new specification with Commissioners from September 2015

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,398.9	-£391.1	
Kirklees**	£1,000.0	£1,450.0	£450.0	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,790.0	£2,848.9	£58.9	

* W target is cumulative covering 2014/15 & 2015/16: ** K includes Specialist LD scheme

Proposals under the QIPP scheme -

W:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Savile Park): MH Contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget) - delivered: Repricing LD beds - nearly complete:

C:- 15/16 Schemes to be identified by end of Q1. Potential Productivity Schemes identified, not finalised/agreed.

K:- £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£25.0	MSK m2

Contract Performance Information - based on month 2

Key areas where performance is above contracted levels

- Acute MH Inpatient services for adults of working age across W,K,C BDUs
- MH PICU Inpatient services for adults of working age in Calderdale
- Older People's MH inpatients services in Wakefield
- Older People's Memory services across W & K
- Intermediate Care in Barnsley

Key areas where performance is below contracted levels

- MH PICU Inpatient services for adults of working age in W & K
- MH Adult Crisis Resolution services in Wakefield
- MH Adult Rehabilitation services in Wakefield & Calderdale
- Diabetes nursing and MSK in Barnsley

Key areas where performance is back on target

- IAPT: Kirklees - remains above 52% target

Contract Performance Issues

Health & Wellbeing - Both Sheffield & Barnsley Stop Smoking will have to reduce costs due to the reduction in funding in the revised contracts

Forensics:- National procurement identified during 2015/16 for Medium & Low Secure MH Services. Joint Commissioner / Provider review of Outreach services & pathways to verify funding Joint Review of Service Unit Prices to inform future Commissioning and service delivery Commissioners identified Re-procurement of Forensic CAMHS Services

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 there is some protocol behind this. The mental health clustering tool (MHCT) guidance booklet has recently been revised to update the care transition protocols.

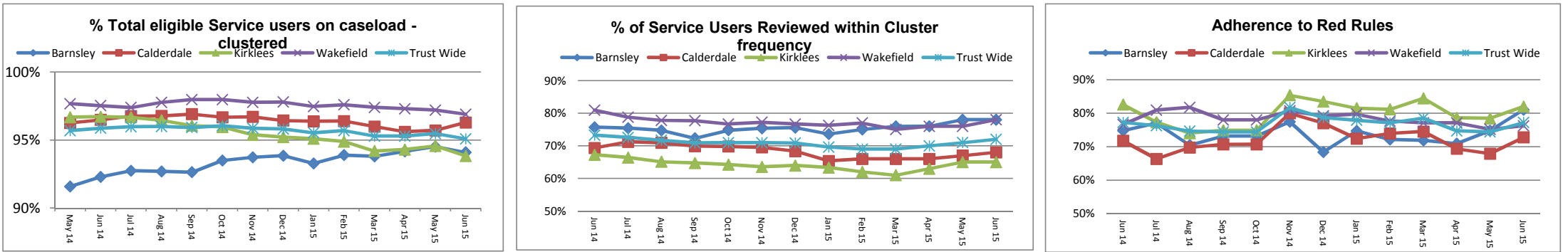
The scope of PbR is now being extended into other areas of Mental Health such as Learning Disabilities, Forensic, IAPT and Children and Adolescent Mental Health Services.

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)
- The West contract includes the development of a PbR Dashboard and this will be an interactive reporting tool. Developments are on track and quarter 1 requirements have been met.

As part of the Mental Health Transformation work stream, the clusters and care packages are being used to feed into demand and capacity modelling.

MH Currency Indicators - June 2015



IAPT & Forensic Secure Services and Clustering

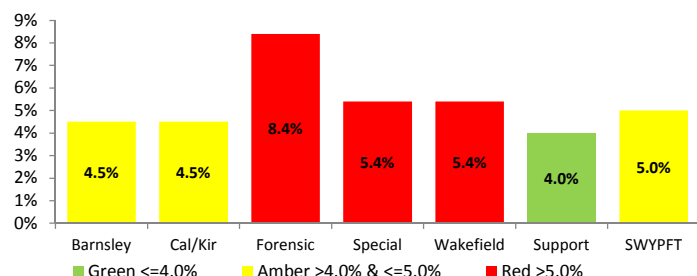
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added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

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.

Human Resources Performance Dashboard - June 2015

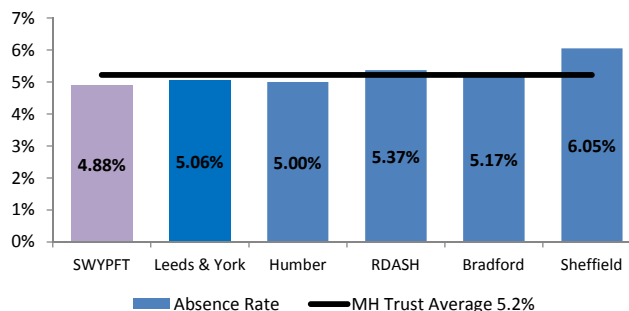
Sickness Absence



Current Absence Position - May 2015

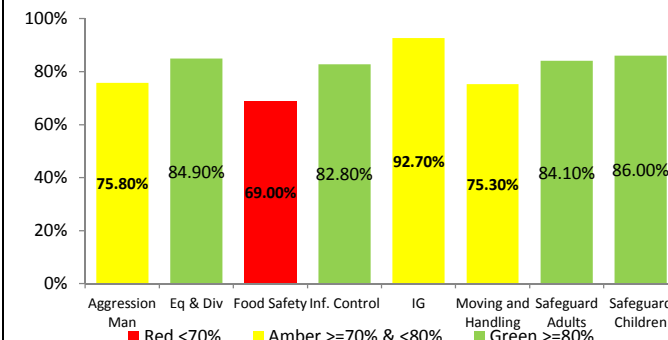
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.5%	4.1%	8.4%	5.4%	5.2%	4.1%	4.9%
Trend	↓	↓	↑	↓	↓	↓	↓

The Trust YTD absence levels in May 2015 (chart above) were above the 4% target at 5.0%



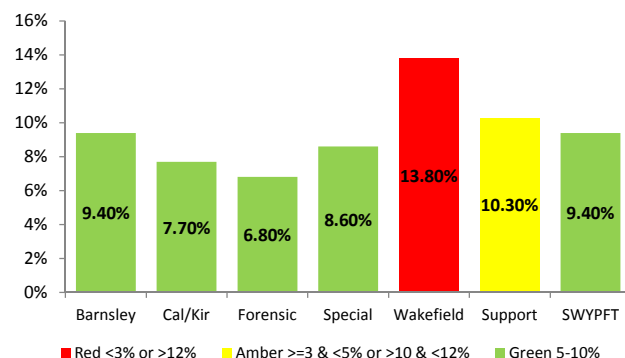
The above chart shows absence levels in MH/LD Trusts in our region to the end 2014/15. During this time the Trust's absence rate was 4.88% which is below the regional average of 5.2%.

Mandatory Training



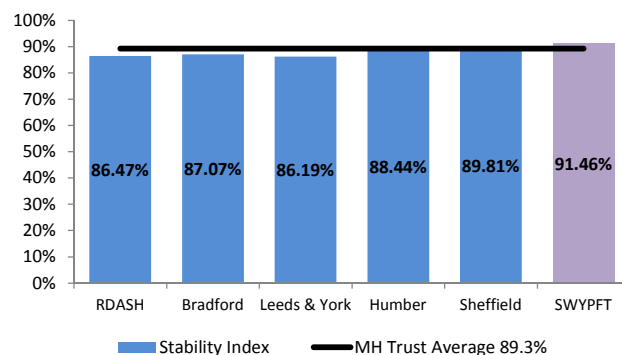
The above chart shows the mandatory training rates for the Trust. Apart from Information Governance (IG), mandatory training has a target of above 80%; IG has a target of above 95%; all are based on a rolling year. All training rates have shown a continuous improvement over the last months.

Turnover and Stability Rate Benchmark



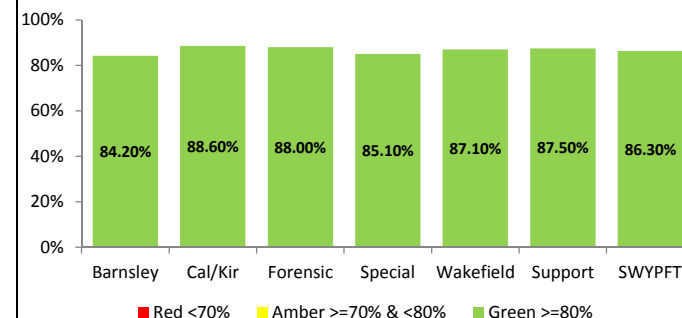
This chart shows Turnover levels up to the end of June 2015.

Turnover figures may look high but this due to the small amount of data, the above figures will level out over the new reporting year.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in Jan 2015. 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, with all areas having maintained their figures above target for several months.

Workforce - Performance Wall

Trust Performance Wall							
Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.70%	4.80%	4.80%	4.80%	5.10%	5.00%
Sickness (Monthly)	<=4%	5.30%	5.40%	5.00%	5.30%	5.10%	4.90%
Appraisals (Band 6 and above)	>=95%	96.20%	96.50%	96.50%	4.00%	13.10%	56.70%
Appraisals (Band 5 and below)	>=95%	96.90%	97.00%	97.10%	2.70%	5.40%	16.90%
Aggression Management	>=80%	68.60%	70.90%	72.90%	73.70%	73.70%	75.80%
Equality and Diversity	>=80%	77.00%	78.90%	81.40%	82.30%	84.50%	84.90%
Fire Safety	>=80%	84.10%	85.00%	86.30%	86.50%	86.20%	86.30%
Food Safety	>=80%	58.00%	62.40%	63.70%	65.20%	66.90%	69.00%
Infection Control and Hand Hygiene	>=80%	77.10%	78.70%	80.90%	80.60%	82.10%	82.80%
Information Governance	>=95%	83.80%	86.10%	96.00%	91.90%	92.60%	92.70%
Moving and Handling	>=80%	65.00%	67.40%	70.10%	71.80%	73.70%	75.30%
Safeguarding Adults	>=80%	79.50%	81.00%	82.20%	82.80%	82.60%	84.10%
Safeguarding Children	>=80%	82.50%	83.40%	84.40%	84.70%	85.20%	86.00%
Bank Cost		£334k	£363k	£502k	£412k	£360k	£398k
Agency Cost		£269k	£383k	£517k	£296k	£720k	£608k
Overtime Cost		£12k	£14k	£11k	£12k	£13k	£16k
Additional Hours Cost		£70k	£89k	£93k	£104k	£76k	£90k
Sickness Cost (Monthly)		£585k	£581k	£481k	£567k	£526k	£515k
Vacancies (Non-Medical) (WTE)		381.86	408.27	404.26	308.42	343.02	328.68
Business Miles		306k	314k	310k	295k	304k	305k

Calderdale and Kirklees District							
Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.50%	4.50%	4.50%	4.60%	4.80%	4.50%
Sickness (Monthly)		4.40%	4.90%	4.80%	5.40%	4.80%	4.10%
Appraisals (Band 6 and above)	>=95%	100.00%	100.00%	100.00%	2.40%	4.70%	65.50%
Appraisals (Band 5 and below)	>=95%	98.90%	98.70%	98.40%	5.10%	7.30%	22.70%
Aggression Management	>=80%	66.90%	67.80%	71.10%	75.40%	77.90%	79.50%
Equality and Diversity	>=80%	77.30%	80.40%	82.50%	83.10%	85.00%	85.90%
Fire Safety	>=80%	87.90%	88.00%	90.40%	90.00%	86.90%	88.60%
Food Safety	>=80%	42.40%	52.80%	54.50%	58.70%	59.50%	64.90%
Infection Control and Hand Hygiene	>=80%	76.80%	78.40%	80.60%	81.20%	82.90%	84.30%
Information Governance	>=95%	90.00%	92.30%	98.70%	92.60%	94.80%	94.60%
Moving and Handling	>=80%	65.20%	66.00%	67.40%	68.80%	70.40%	72.20%
Safeguarding Adults	>=80%	78.30%	80.20%	81.00%	81.20%	79.70%	80.90%
Safeguarding Children	>=80%	80.90%	81.70%	82.00%	83.10%	84.60%	85.30%
Bank Cost		£89k	£105k	£120k	£117k	£108k	£104k
Agency Cost		£59k	£40k	£83k	£59k	£157k	£57k
Overtime Cost		£7k	£6k	£3k	£1k	£0k	£3k
Additional Hours Cost		£6k	£4k	£3k	£3k	£2k	£5k
Sickness Cost (Monthly)		£105k	£105k	£99k	£113k	£98k	£86k
Vacancies (Non-Medical) (WTE)		61	89.55	89.24	75.76	79.76	83.33
Business Miles		59k	61k	63k	58k	66k	61k

Barnsley District							
Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.30%	4.40%	4.40%	4.50%	4.60%	4.50%
Sickness (Monthly)	<=4%	5.10%	4.90%	5.00%	5.30%	4.60%	4.50%
Appraisals (Band 6 and above)	>=95%	96.90%	96.90%	96.70%	4.70%	18.10%	58.90%
Appraisals (Band 5 and below)	>=95%	96.50%	96.50%	96.80%	3.10%	5.80%	18.80%
Aggression Management	>=80%	74.20%	82.70%	83.70%	85.30%	79.90%	81.80%
Equality and Diversity	>=80%	81.40%	82.60%	83.80%	84.60%	86.90%	86.70%
Fire Safety	>=80%	82.80%	83.60%	83.70%	82.60%	83.60%	84.20%
Food Safety	>=80%	65.80%	69.90%	70.40%	74.40%	76.30%	77.80%
Infection Control and Hand Hygiene	>=80%	80.10%	81.30%	83.20%	82.40%	83.90%	83.70%
Information Governance	>=95%	84.10%	84.80%	93.20%	90.10%	90.20%	90.40%
Moving and Handling	>=80%	69.40%	70.80%	72.10%	73.40%	76.00%	77.70%
Safeguarding Adults	>=80%	83.80%	84.00%	85.40%	85.20%	86.10%	86.80%
Safeguarding Children	>=80%	82.70%	84.10%	84.50%	84.70%	85.10%	86.10%
Bank Cost		£44k	£54k	£64k	£57k	£67k	£71k
Agency Cost		£12k	£109k	£181k	£46k	£259k	£214k
Overtime Cost		£3k	£5k	£6k	£9k	£10k	£10k
Additional Hours Cost		£33k	£46k	£48k	£56k	£43k	£43k
Sickness Cost (Monthly)		£197k	£181k	£158k	£201k	£179k	£170k
Vacancies (Non-Medical) (WTE)		119.47	119.54	122.38	110.55	120.43	105.51
Business Miles		134k	138k	129k	135k	134k	128k

Forensic Services							
Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	7.20%	7.30%	7.40%	7.40%	8.40%	8.40%
Sickness (Monthly)	<=4%	7.90%	8.40%	7.50%	7.70%	8.40%	8.50%
Appraisals (Band 6 and above)	>=95%	98.20%	98.10%	98.10%	3.10%	6.00%	43.10%
Appraisals (Band 5 and below)	>=95%	93.40%	94.10%	93.90%	1.00%	2.30%	6.80%
Aggression Management	>=80%	72.60%	74.70%	76.40%	77.60%	76.30%	77.00%
Equality and Diversity	>=80%	78.60%	84.00%	85.80%	87.70%	88.70%	89.30%
Fire Safety	>=80%	86.00%	88.50%	89.60%	91.80%	90.30%	88.00%
Food Safety	>=80%	50.30%	50.00%	51.00%	52.90%	55.80%	57.60%
Infection Control and Hand Hygiene	>=80%	77.10%	80.40%	83.20%	83.50%	84.20%	84.90%
Information Governance	>=95%	84.50%	95.70%	98.40%	94.10%	94.40%	93.40%
Moving and Handling	>=80%	68.40%	74.30%	76.60%	78.20%	79.20%	80.20%
Safeguarding Adults	>=80%	76.60%	83.90%	85.60%	86.40%	86.90%	87.00%
Safeguarding Children	>=80%	77.90%	79.40%	81.50%	83.10%	84.60%	85.00%
Bank Cost		£92k	£83k	£137k	£93k	£61k	£82k
Agency Cost		£61k	£96k	£56k	£58k	£116k	£91k
Additional Hours Cost		£0k	£0k	£3k	£0k	£1k	£3k
Sickness Cost (Monthly)		£71k	£76k	£63k	£70k	£74k	£78k
Vacancies (Non-Medical) (WTE)		46.46	41.9	39.5	16.26	16.94	16.7
Business Miles		4k	4k	7k	3k	4k	4k

Workforce - Performance Wall cont...

Specialist Services

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	5.50%	5.70%	5.70%	5.70%	5.50%	5.40%
Sickness (Monthly)	<=4%	5.80%	6.90%	6.00%	5.30%	5.60%	5.40%
Appraisals (Band 6 and above)	>=95%	82.20%	84.90%	84.70%	4.80%	12.70%	33.50%
Appraisals (Band 5 and below)	>=95%	86.80%	89.00%	88.80%	1.40%	3.90%	9.40%
Aggression Management	>=80%	66.30%	71.60%	74.30%	67.50%	69.30%	70.60%
Equality and Diversity	>=80%	73.40%	75.30%	82.50%	83.70%	86.70%	87.30%
Fire Safety	>=80%	76.10%	78.40%	84.00%	86.20%	86.00%	85.10%
Food Safety	>=80%	78.70%	79.30%	83.90%	70.20%	72.20%	72.70%
Infection Control and Hand Hygiene	>=80%	68.50%	72.70%	77.60%	78.60%	79.50%	81.10%
Information Governance	>=95%	79.40%	75.40%	94.80%	88.40%	89.20%	91.10%
Moving and Handling	>=80%	57.30%	60.90%	66.30%	69.60%	72.50%	74.80%
Safeguarding Adults	>=80%	70.00%	72.10%	75.10%	77.50%	78.10%	80.40%
Safeguarding Children	>=80%	76.30%	78.80%	83.40%	82.20%	81.80%	84.30%
Bank Cost		£29k	£25k	£34k	£24k	£31k	£33k
Agency Cost		£114k	£69k	£152k	£92k	£145k	£195k
Overtime Cost		£1k	£2k	£2k	£2k	£2k	£2k
Additional Hours Cost		£5k	£7k	£6k	£9k	£7k	£7k
Sickness Cost (Monthly)		£69k	£84k	£62k	£58k	£58k	£56k
Vacancies (Non-Medical) (WTE)		37.5	36.48	33.44	42.31	52.51	52.47
Business Miles		30k	31k	31k	29k	29k	38k

Support Services

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.10%	4.20%	4.20%	4.10%	3.90%	4.00%
Sickness (Monthly)	<=4%	5.40%	5.00%	3.60%	3.80%	3.90%	4.20%
Appraisals (Band 6 and above)	>=95%	100.00%	99.50%	99.50%	1.50%	9.50%	66.80%
Appraisals (Band 5 and below)	>=95%	99.40%	99.60%	99.60%	1.90%	4.00%	11.90%
Aggression Management	>=80%	51.90%	49.60%	49.20%	49.20%	51.00%	57.10%
Equality and Diversity	>=80%	65.00%	65.90%	68.60%	69.20%	72.40%	73.20%
Fire Safety	>=80%	85.10%	84.90%	88.30%	88.90%	88.00%	87.50%
Food Safety	>=80%	94.50%	96.20%	97.10%	87.70%	89.30%	90.20%
Infection Control and Hand Hygiene	>=80%	75.50%	74.90%	76.00%	76.50%	78.60%	78.90%
Information Governance	>=95%	77.70%	82.20%	97.10%	93.60%	94.80%	94.80%
Moving and Handling	>=80%	60.90%	65.00%	70.80%	72.10%	72.80%	74.90%
Safeguarding Adults	>=80%	77.90%	78.60%	81.70%	81.70%	79.70%	81.60%
Safeguarding Children	>=80%	87.70%	87.00%	88.20%	88.00%	87.60%	87.80%
Bank Cost		£16k	£31k	£47k	£42k	£25k	£38k
Agency Cost		£3k	£23k	£23k	£16k	£25k	£27k
Additional Hours Cost		£14k	£19k	£20k	£21k	£17k	£23k
Sickness Cost (Monthly)		£88k	£80k	£47k	£59k	£58k	£64k
Vacancies (Non-Medical) (WTE)		45.78	47.33	49.43	21.26	26.51	24.8
Business Miles		37k	42k	45k	38k	32k	34k

Wakefield District

Month		Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Sickness (YTD)	<=4%	4.40%	4.50%	4.50%	4.60%	5.50%	5.40%
Sickness (Monthly)	<=4%	4.80%	4.80%	4.80%	5.60%	5.50%	5.20%
Appraisals (Band 6 and above)	>=95%	97.70%	97.70%	97.70%	6.80%	19.20%	54.80%
Appraisals (Band 5 and below)	>=95%	98.50%	98.10%	98.10%	1.10%	7.60%	25.60%
Aggression Management	>=80%	75.60%	75.60%	78.80%	77.80%	77.70%	80.40%
Equality and Diversity	>=80%	82.00%	83.20%	87.00%	87.90%	89.40%	89.50%
Fire Safety	>=80%	85.50%	87.40%	83.70%	85.20%	88.20%	87.10%
Food Safety	>=80%	53.40%	58.70%	59.50%	61.50%	62.60%	62.40%
Infection Control and Hand Hygiene	>=80%	77.10%	80.50%	82.30%	79.40%	80.70%	83.20%
Information Governance	>=95%	84.60%	87.20%	98.00%	95.40%	94.00%	94.20%
Moving and Handling	>=80%	60.40%	62.80%	65.80%	68.60%	69.60%	70.60%
Safeguarding Adults	>=80%	80.20%	81.60%	77.60%	80.50%	81.00%	85.70%
Safeguarding Children	>=80%	85.40%	85.10%	85.30%	85.90%	86.50%	86.10%
Bank Cost		£64k	£65k	£100k	£79k	£69k	£69k
Agency Cost		£19k	£46k	£20k	£24k	£18k	£24k
Additional Hours Cost		£12k	£12k	£12k	£15k	£6k	£9k
Sickness Cost (Monthly)		£56k	£56k	£52k	£66k	£59k	£61k
Vacancies (Non-Medical) (WTE)		37.51	34.65	33.16	43.08	48.87	47.87
Business Miles		41k	37k	34k	32k	39k	40k

Publication Summary

Department of Health and Health Education England framework agreement

The framework agreement defines how the department and Health Education England will work together to serve patients, the public and the taxpayer. It sets out roles, responsibilities, governance and accountability arrangements.

[Click here for link](#)

NHS England

Accessible information standard

The accessible information standard will be implemented on 31 July 2016 and aims to provide people who have a disability, impairment or sensory loss with information that they can easily read or understand. This means informing organisations how to make sure people get information in different formats, for example in large print, braille or via a British Sign Language interpreter.

[Click here for link](#)

Monitor

Consultation on changes to the NHS foundation trust annual reporting manual 2015/16

This consultation document summarises the main changes to the NHS foundation trust annual reporting manual 2015/16. The manual 2015/16 will be republished once consultation responses have been received and reviewed, subject to approval by the Department of Health. The consultation closes on 31 July 2015.

[Click here for link](#)

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

Hospital activity data, April 2015

Mental health crisis review – experiences of black and minority ethnic (BME) communities (race Equality Foundation)

Direct access audiology waiting times, April 2015

Transforming our health care system: ten priorities for commissioners (The Kings Fund)

NHS workforce statistics - March 2015, provisional statistics

NHS sickness absence rates: February 2015

Delayed transfers of care: monthly situation reports, May 2015

Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data - April 2015 to March 2015

Friends and family test, May 2015

NHS foundation trust bulletin: 1 July 2015

Transforming care for people with learning disabilities: next steps (NHS England)

Hospital episode statistics, mental health and learning disabilities dataset data linkage report, summary statistics: March 15

Referral to treatment waiting times statistics, May 2015

Hospital activity data, May 2015

Glossary

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



Finance Report

Month 3 (2015 / 2016)

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Overall Financial Performance 2015 / 2016

Performance Indicator		Month 3 Performance	Annual Forecast	Trend from last	Last 3 Months - Most recent		
Trust Targets					2	1	-
1	Monitor Risk Rating	●	●	↔	●	●	
2	£0.74m Deficit on Income & Expenditure	●	●	↓	●	●	
3	Cash Position	●	●	↑	●	●	
4	Capital Expenditure	●	●	↑	●	●	
5	Delivery of CIP	●	●	↑	●	●	
6	Better Payment Practice Code	●	●	↑	●	●	

Key		●	In line, or greater than plan
		●	Variance from plan ranging from 5% to 15%
		●	Variance from plan greater than 15%

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 that the Trust will retain a rating of 4 at 31st March 2016.

2. The year to date position, as at June 2015, is a small surplus of £0.16m. This is £0.82m ahead of plan.

Supported by the utilisation of Trust provisions the Trust are confident that the financial plan for 2015 / 2016 will be achieved. If the current trend continues this would enable the Trust to achieve a break even position rather than deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At June 2015 the cash position is £30.18m which is £1.32m behind plan. This is a £1.9m improvement from month 2 (£3.2m). The main issue continues to be prompt payment of debtors.

4. Capital spend to June 2015 is £2.28m which is £0.41m (15%) behind the Trust capital plan.

5. At month 3 the Cost Improvement Programme is £0.19m (9%) behind plan. Overall a Full Year Value of £1.3m (14%) has been rated as red, after mitigations. A red rating indicates that the CIP opportunity does not currently have an implementation plan and therefore carries a high risk on non achievement.

6. As at 30th June 2015 (Month 3) 88% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This is an improvement from month 2.

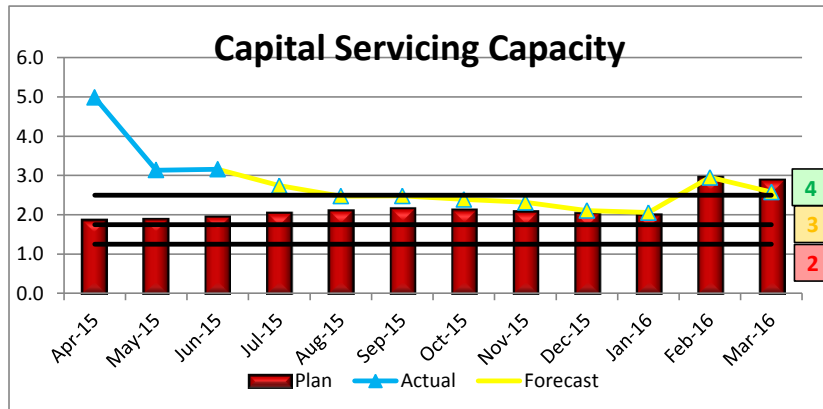
Monitor Risk Rating

Continuity of Service Risk Rating 2015 / 2016

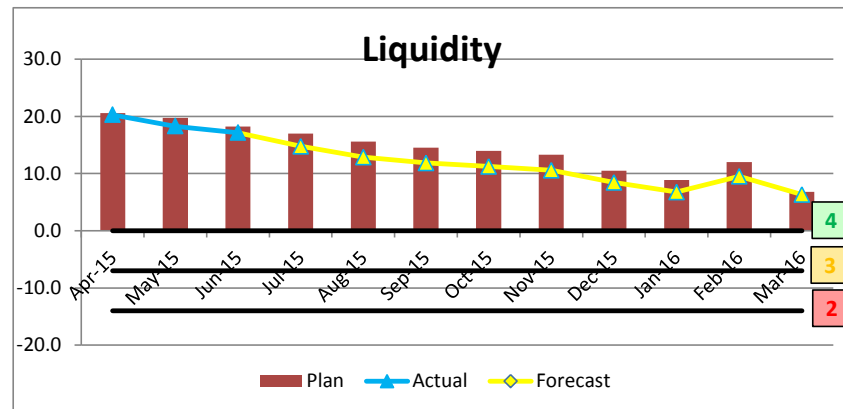
Metric	Actual Performance		Annual Plan June 2015	
	Score	Rating	Score	Rating
Capital Servicing Capacity	3.2	4	2.0	3
Liquidity	17.2	4	18.2	4
Weighted Average		4		4

Monitor are currently undertaking a consultation in regards to the Risk Assessment Framework (RAF). This proposes introducing 2 further Financial metrics

- * I & E Margin - the current planned deficit would score a 2
- * Variance from plan for:
 - * I & E Margin
 - * Capital Expenditure



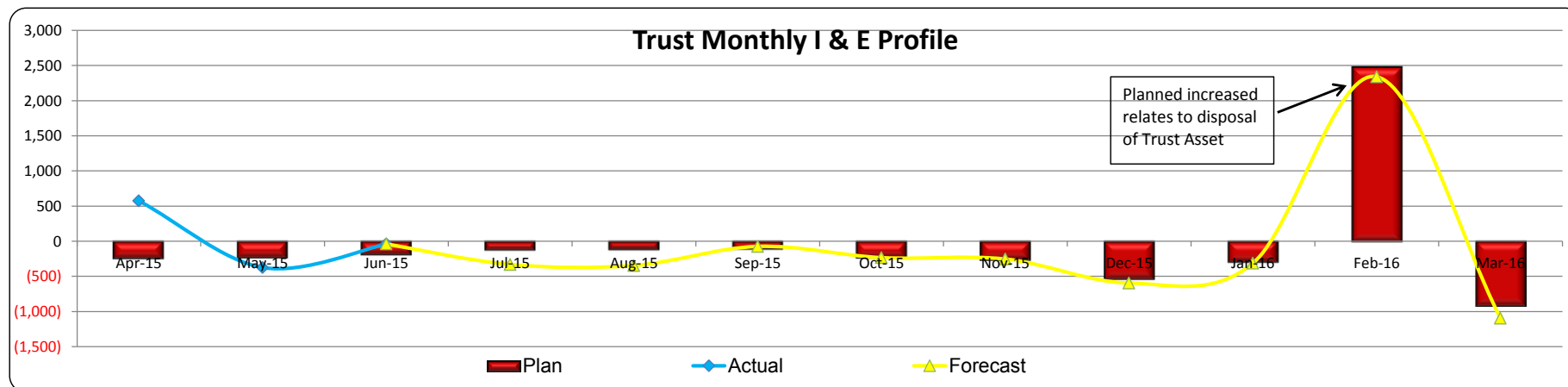
Capital Servicing Capacity - the degree to which the Trust's generated income covers its financing obligations; rating from 1 to 4 relates to the multiple of cover.



Liquidity - how many days expenditure can be covered by readily available resources; rating from 1 to 4 relates to the number of days cover.

Income & Expenditure Position 2015 / 2016

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
				(17,568)	(17,481)	87	Clinical Revenue	(53,027)	(52,794)	233	(209,966)	(209,635)	331
				(17,568)	(17,481)	87	Total Clinical Revenue	(53,027)	(52,794)	233	(209,966)	(209,635)	331
				(1,458)	(1,644)	(185)	Other Operating Revenue	(3,997)	(4,091)	(93)	(14,660)	(15,046)	(385)
				(19,026)	(19,124)	(98)	Total Revenue	(57,024)	(56,884)	140	(224,626)	(224,681)	(55)
4,428	4,242	(187)	4.2%	14,378	14,343	(35)	BDU Expenditure - Pay	43,097	42,684	(413)	168,778	168,493	(285)
				3,967	3,951	(17)	BDU Expenditure - Non Pay	11,399	10,890	(510)	44,870	46,373	1,503
				179	172	(7)	Provisions	1,063	1,057	(6)	5,941	4,804	(1,137)
4,428	4,242	(187)	4.2%	18,524	18,465	(59)	Total Operating Expenses	55,559	54,630	(929)	219,588	219,669	81
4,428	4,242	(187)	4.2%	(502)	(659)	(157)	EBITDA	(1,465)	(2,254)	(789)	(5,038)	(5,011)	26
				438	448	10	Depreciation	1,369	1,345	(24)	5,475	5,451	(24)
				257	257	0	PDC Paid	770	770	0	3,080	3,080	0
				(6)	(7)	(1)	Interest Received	(19)	(21)	(3)	(75)	(78)	(3)
				0	0	0	Revaluation of Assets	0	0	0	(2,700)	(2,700)	0
4,428	4,242	(187)	4.2%	186	39	(147)	Deficit / (Surplus)	655	(160)	(815)	742	742	0



Income & Expenditure Position 2015 / 2016

Month 3

The year to date position, as at month 3, reflects a surplus position of £0.16m. This is currently £0.82m (124%) ahead of plan. The main reason for this is an overall underspend within BDU operational budgets.

All pay categories are underspending, year to date, with the exception of agency which is significantly higher than planned. This continues to be reviewed internally, both in line with Monitor reporting requirements, and in terms of ensuring that staff levels are appropriate and efficient.

The pay position overall takes account of the impact of vacancies, bank, agency and locum staff. Headline vacancies are at 4.2%.

Variances within non pay include current underspends against out of area expenditure (£0.20m) - this has historically been a cost pressure for the Trust and as such non recurrent funding was provided within the Trust Annual Plan to recognise this. Teams continue to work to ensure appropriate bed management.

Forecast

The forecast outturn position for 2015 / 2016 is a deficit position of £0.74m which is in line with plan.

Based upon the current forecasts, contingency funds within provisions (£1.1m) are being used to support this position.

All BDU's, except 1, have forecast increased levels of expenditure during the remainder of the year. These run rates continue to be reviewed and refined. The net position is that pay is forecast to be broadly in line, non pay is forecasting an overspend variance and the main area relates to CIP delivery.

Delivery of this position incorporates the following assumptions; the most significant of which are:

- * £1.4m Assumption that CIP's, classified as red at month, will not be achieved. Work is ongoing to find substitutions and the final position is expected to be better than this.
- * £2.2m Assumption that CIP's, classified as amber, will be delivered in full during 2015 / 2016
- * £2.7m That the planned disposal of a Trust Asset during 2015 / 2016 will occur and cash payment will be received.
- * £0.5m The forecast position currently assumes full income recovery of the Trust CQUIN target. Risk has currently been assessed as £0.5m.

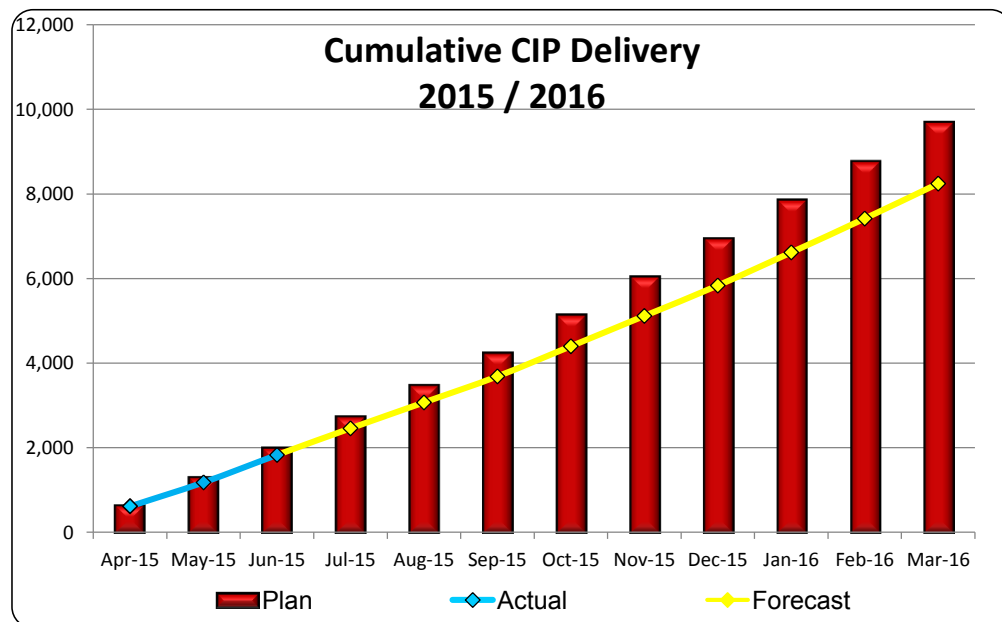
Provisions will continue to be monitored and managed in order to ensure that this position is achieved.

Cost Improvement Programme 2015 / 2016

	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 - Recurrent	606	613	642	686	690	705	845	850	850	857	857	865	1,860	9,065
Target - Non Recurrent	52	52	52	52	52	52	52	52	52	52	52	52	155	622
Target - Monitor Submission	657	664	694	738	742	756	897	902	902	909	909	917	2,016	9,687
Target - Cumulative	657	1,322	2,016	2,754	3,496	4,252	5,149	6,051	6,952	7,861	8,770	9,687	2,016	9,687

Delivery as planned	523	1,026	1,203	1,751	2,285	2,830	3,478	4,131	4,786	5,506	6,242	6,988	1,203	6,988
Mitigations - Recurrent	11	22	32	43	54	65	76	87	97	108	119	130	32	130
Mitigations - Non Recurrent	80	131	593	663	730	791	844	897	950	1,003	1,056	1,126	593	1,126
Total Delivery	614	1,179	1,828	2,458	3,069	3,687	4,399	5,115	5,834	6,617	7,418	8,244	1,828	8,244

Shortfall / Unidentified	44	143	188	296	426	566	751	935	1,118	1,244	1,352	1,443	188	1,443
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The profile of the Trust Cost Improvement Programme for 2015 / 2016 is outlined above. This follows a detailed bottom up process conducted as part of the Trust Annual Plan; one which was subjected to an external review.

Year to Date

£1.8m CIP achieved out of the £2.0m target (91%) It is £188k behind plan (9%).

The CIP achievement includes £593k non recurrent substitutions (32% of total delivered)

Forecast

£8.2m CIP achieved out of the £9.7m target (85%) therefore it is £1.4m behind plan. This shortfall represents the schemes currently rated red. Based on the current forecast of the predicated £8.2m achievement, £1.1 is through non recurrent mitigation (14%). This means in the current forecast position there is a £2.5m risk carried forward to 2016 / 2017. (27%) (£1.4m + £1.1m)

Summary - CIP Performance (Year to Date & Forecast)

BDU	Director	Year to Date			Forecast			
		Target	Achieved	Unacheived / Shortfall	Target	Green	Amber	Red
		£k	£k	£k	£k	£k	£k	£k
Wakefield	S Rayner	82	230	(148)	836	605	227	4
Kirklees & Calderdale	K Taylor	191	191	0	1,043	1,043	0	0
Barnsley	S Rayner	984	769	215	3,935	2,120	1,264	552
Forensics	N Carder	214	219	(4)	976	827	0	149
Specialist	K Taylor	24	24	0	173	116	57	0
Support	Various	520	395	125	2,724	1,311	675	738
Total		2,016	1,828	188	9,687	6,023	2,222	1,443
			91%	9%		62%	23%	15%

Key	
Green	High Confidence - CIP will deliver in full (or better) and on time
Amber	Medium Confidence - Risk around CIP delivery, plans to be finalised
Red	Low Confidence - significant risk to delivery / has not delivered in line with planned timetable

This is a snapshot of month 3 performance, focus continues to be primarily against delivery of the original targets with minimal substitutions identified.

For the Year to Date 91% has been achieved; this means that £188k has not and this is reflected in the Trust overall financial position.

The forecast position assumes that both Green and Amber schemes will be delivered; red will not. This means that a financial pressure of £1.44m has been included.

Balance Sheet 2015 / 2016

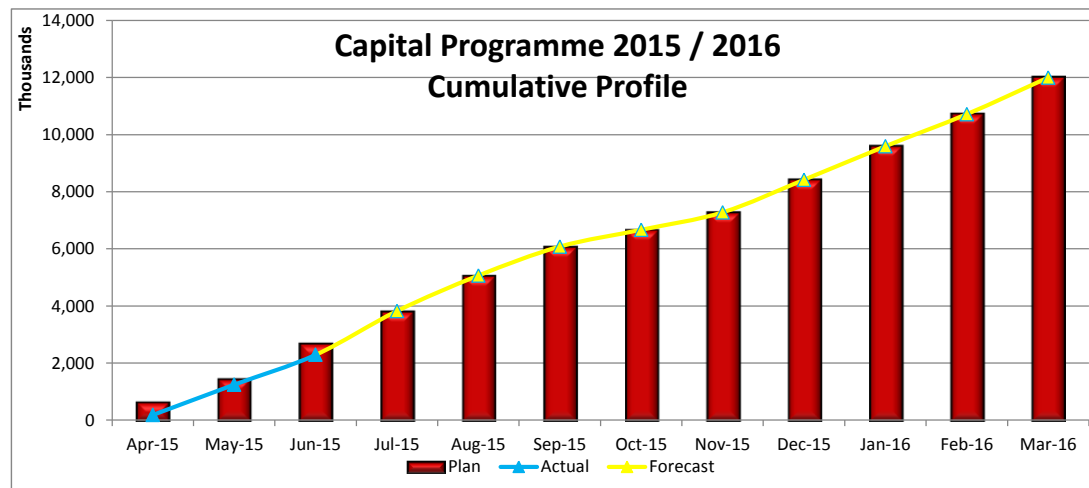
	2014 / 2015 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	106,649	107,947	107,588	1
Current Assets				
Inventories & Work in Progress	204	204	206	
NHS Trade Receivables (Debtors)	3,015	2,165	1,407	2
Other Receivables (Debtors)	4,963	5,013	9,446	2
Cash and Cash Equivalents	32,617	31,494	30,178	3
Total Current Assets	40,799	38,876	41,236	
Current Liabilities				
Trade Payables (Creditors)	(5,851)	(5,851)	(4,145)	4
Other Payables (Creditors)	(3,621)	(4,391)	(4,137)	4
Capital Payables (Creditors)	(770)	(1,020)	(1,100)	
Accruals	(10,335)	(9,735)	(12,595)	5
Deferred Income	(751)	(751)	(1,128)	
Total Current Liabilities	(21,328)	(21,748)	(23,107)	
Net Current Assets/Liabilities	19,471	17,127	18,130	
Total Assets less Current Liabilities	126,120	125,075	125,718	
Provisions for Liabilities	(8,104)	(7,713)	(7,542)	
Total Net Assets/(Liabilities)	118,016	117,361	118,176	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,492	
Revaluation Reserve	16,780	16,780	16,780	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,524	51,869	52,684	6
Total Taxpayers' Equity	118,016	117,361	118,176	

The Balance Sheet analysis compares the current month end position to that within the Monitor Annual Plan, submitted May 2015. The previous year end position is included for information.

1. Fixed Assets are currently slightly behind plan; as noted within the capital programme.
2. Progress has been made within NHS Debtors, notably with NHS England and this is lower than plan. Non-NHS Debtors remains higher than planned, due to delays with payments from Local Authorities. Discussions continue to facilitate prompt payment.
3. The reconciliation of Actual Cash Flow to Plan compares the current month end position to the Annual Plan position for the same period. This is on page 12. The main factor is the level of debtors.
4. Creditors are lower than planned as the Trust continues to proactively pay invoices. Work continues to ensure that the Trust does not hold any old creditor values / unresolved issues.
5. Accruals are higher than planned as the Trust is still awaiting invoices. These continue to be reviewed and chased. Significant values (c.£1.3m and £0.7m) relate to SLA with other NHS organisations. The former of this is expected to be resolved in August.
6. This reserve represents year to date surplus plus reserves brought forward.

Capital Programme 2015 / 2016

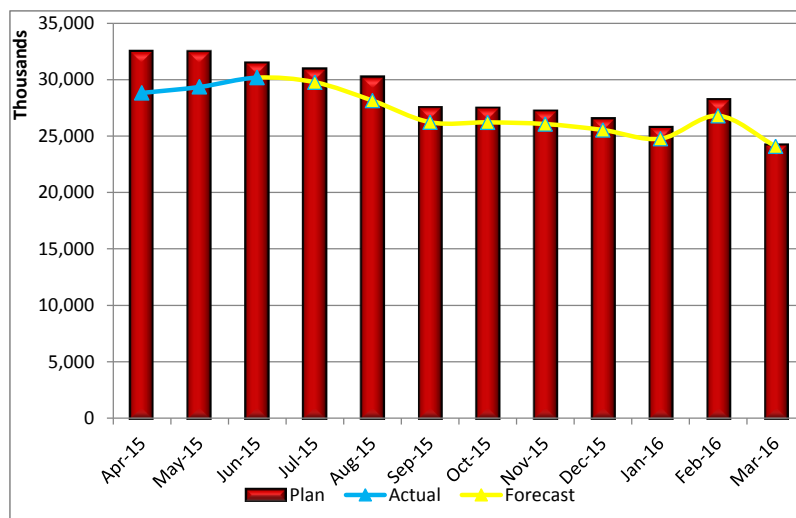
	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,200	326	168	(158)	2,200	0	3
IM&T	2,348	79	(4)	(83)	2,348	0	4
Total Minor Capital & IM & T	4,548	405	165	(240)	4,548	0	
Major Capital Schemes							
Barnsley Hub	950	517	469	(48)	950	0	5
Halifax Hub	4,052	1,772	1,555	(217)	4,052	0	6
Hub Development	1,450	0	63	63	1,450	0	
Fieldhead Development	1,000	0	34	34	1,000	0	
Total Major Schemes	7,452	2,289	2,121	(168)	7,452	0	
VAT Refunds	0	0	(1)	(1)	0	0	
TOTALS	12,000	2,694	2,284	(410)	12,000	0	



Capital Expenditure 2015 / 2016

1. The Trust Capital Programme for 2015 / 2016 is £12.0m and this forms part of the overall Trust Estates Strategy.
2. The year to date position is £0.41m under plan (15%). The full year forecast is that expenditure will be in line with plan.
3. **Maintenance** All schemes are expected to complete in year and on budget. Delays have occurred in the first quarter due to issues around sourcing suitable products.
4. **IM & T** The capital spend is supported by a number of external tenders. These are complete and due diligence is being undertaken. This process has taken longer than expected and it is anticipated this will be in line with profile by month 5.
5. **Barnsley Hub** This project remains on plan to deliver on time and on budget.
6. **Halifax Hub** The project remains on schedule to deliver and within budget. Due to site constraints the P21+ partner has not fully recovered lost productive time from previous delays. A plan is in place to recover this.
7. **Disposal** The Trust Annual Plan assumed disposal of a Trust asset during 2015 / 2016 with agreement expected to be reached by Quarter 2.

Cash Flow & Cash Flow Forecast 2015 / 2016



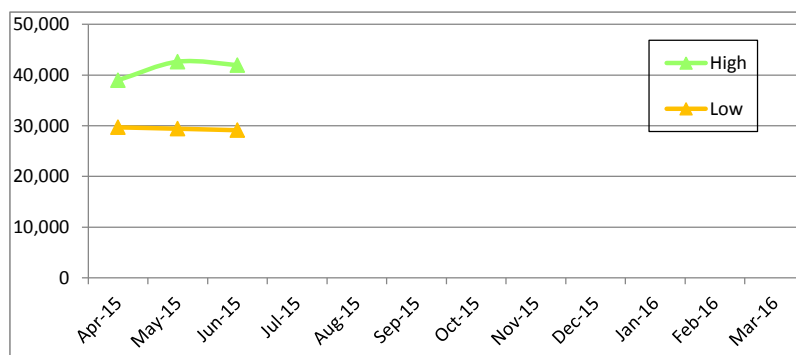
	Plan £k	Actual £k	Variance £k
Opening Balance	32,617	32,617	
Closing Balance	31,494	30,178	(1,316)

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 is £30.18m which is £1.32m under plan. This is £1.9m closer to plan than at month 2.

A detailed reconciliation of working capital compared to plan is presented at page 13.



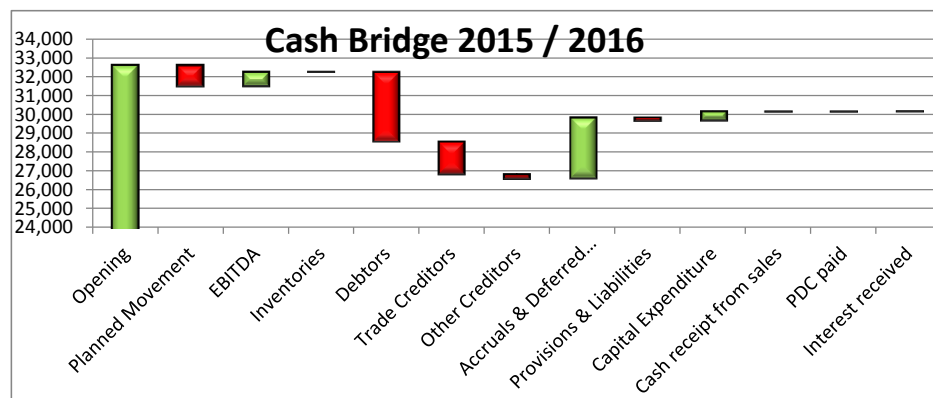
The graph to the left demonstrates the highest and lowest cash balances with each month. This is important to ensure that cash is available as required.

The highest balance is: £41.95m
The lowest balance is: £29.11m

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

Reconciliation of Cashflow to Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	32,617	32,617		
Surplus (Exc. non-cash items & revaluation)	1,493	2,254	761	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	(2)	(2)	
Receivables (Debtors)	800	(2,875)	(3,675)	4
Trade Payables (Creditors)	0	(1,705)	(1,705)	5
Other Payables (Creditors)	0	(254)	(254)	
Accruals & Deferred income	(600)	2,637	3,237	2
Provisions & Liabilities	(391)	(562)	(171)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(2,444)	(1,954)	490	3
Cash receipts from asset sales	0	0	0	
PDC Dividends paid	0	0	0	
PDC Received	0	0	0	
Interest (paid)/ received	19	21	3	
Closing Balances	31,494	30,178	(1,316)	



The Plan value reflects the May 2015 submission to Monitor.

Factors which increase the cash position against plan:

1. EBITDA, arising from the current operational I & E position, is better than planned. This is shown within the overall Trust financial position.
2. Accruals remain higher than planned; specifically the Trust is awaiting invoices in relation to Service Level Agreements with other NHS organisations. Progress has been made against these in July.
3. The capital programme is currently behind plan, and additionally, capital creditors are high as the Trust are still awaiting for invoices for work which has been completed.

Factors which decrease the cash position against plan:

4. Debtors are higher than planned. All aged debts continue to be chased. Progress has been made in June 2015 in relation to NHS debtors (which are now lower than planned - £2m reduction in month) and we continue to work with our Local Authority colleagues to address those remaining outstanding. (In month increase from £2.9m to £3.2m) The forecast risk of non recovery is currently low.
5. Creditors are lower than planned as the Trust continues to proactively pay invoices as soon as possible. This is being reviewed in line with the Trust overall cash position.

The cash bridge to the left depicts, by heading, the positive and negative impacts on the cash position as compared to plan.

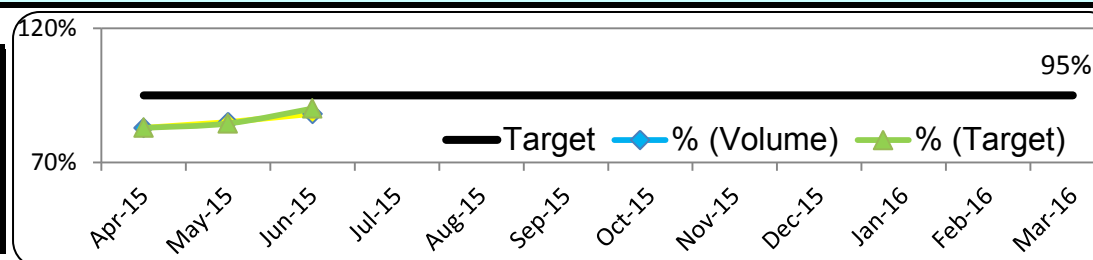
Better Payment Practice Code

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

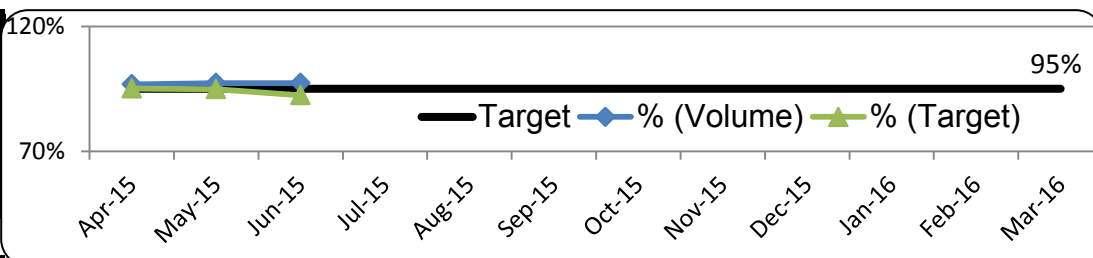
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process.

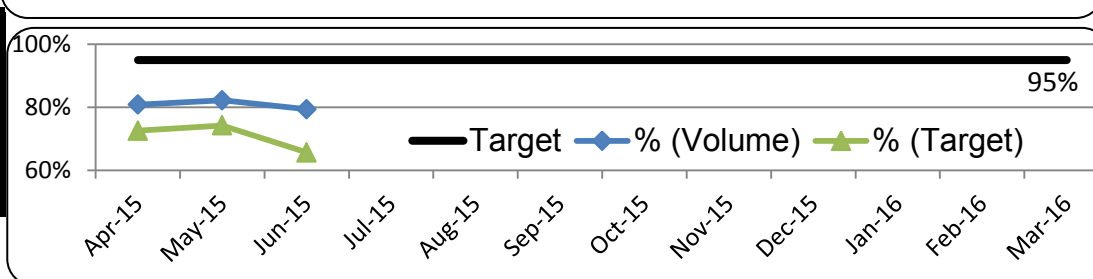
	NHS	
	Number	Value
	%	%
Year to May 2015	85%	84%
Year to June 2015	88%	90%



	Non NHS	
	Number	Value
	%	%
Year to May 2015	97%	95%
Year to June 2015	97%	92%



	Local Suppliers	
	Number	Value
	%	%
Year to May 2015	82%	74%
Year to June 2015	79%	66%



Transparency Disclosure

As part of the Government's commitment to greater transparency, there is a requirement to publish online, central government expenditure over £25,000.

This is for non-pay expenditure; however, organisations can exclude any information that would not be disclosed under a Freedom of Information request as being Commercial in Confidence.

At the current time Monitor has not mandated that Foundation Trusts disclose this information but the Trust has decided to comply with the request.

The transparency information for the current month is shown in the table below.

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
22/06/2015	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS FT	2183384	244,619
22/06/2015	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS FT	2183385	244,619
22/06/2015	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS FT	2183386	244,619
02/04/2014	Radiology SLA	Trustwide	Calderdale and Huddersfield NHS FT	2183350	125,542
22/05/2015	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	2181518	106,350
15/05/2015	Legal/Prof Fees	Trustwide	Care Quality Commission	2181043	94,966
04/06/2015	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	2182439	57,565
01/10/2014	Radiology SLA	Trustwide	Calderdale and Huddersfield NHS FT	2183349	54,055
12/05/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2180784	46,499
13/01/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2177232	45,447
30/04/2015	Radiology SLA	Trustwide	Calderdale and Huddersfield NHS FT	2180268	44,011
12/05/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2180784	42,020
13/01/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2177232	41,099
12/06/2015	Legal/Prof Fees	Trustwide	NHS Litigation Authority	8137646	29,048
23/04/2015	Membership Fees	Trustwide	NHS Shared Business Services	2183757	25,200
04/06/2015	Staff benefits expenses	Trustwide	Childcare Vouchers Ltd	2182259	25,044

Glossary

- * Recurrent - action or decision that has a continuing financial effect
- * Non-Recurrent - action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus - This is the surplus we expect to make for the financial year
- * Target Surplus - This is the surplus the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. Recently this has been set as part of the IBP/LTFM process. Previously we aimed to achieve breakeven.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - We only agree actions which have a recurring effect, so these savings are part of our Recurrent Underlying Surplus.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. This Trust has historically only approved recurrent CIP's. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of its services.
- * IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

Trust Board 21 July 2015

Agenda item 6.2

Title:	Customer services report – Q1 2015/16
Paper prepared by:	Director of Corporate Development
Purpose:	To note the service user experience feedback received via the Trust's Customer Services function, the themes arising, learning, and action taken in response to feedback.
Mission/values:	A positive service user experience underpins the Trust's mission and all values. Ensuring people have access and opportunity to feedback their views and experiences of care is essential to delivering the Trust's values and is part of how we ensure people have a say in public services.
Any background papers/ previously considered by:	<p>Trust Board approved a revised Customer Services policy and procedure in December 2014. The revised policy reflects CQC essential standards, the duty of candour and Trust action following KPMG audit. The audit provided assurance that Trust policy is robust and in line with best practice in NHS complaints management, and recommended only minor amendment to policy wording to reflect existing practice.</p> <p>Enhanced Customer Services reporting at BDU level is enabling increased scrutiny of issues and themes and action planning to ensure service improvement in response to feedback.</p> <p>The Trust-wide Customer Experience Group is now re-constituted and work is being taken forward with a clinical lead as Chair, with a revised reporting and governance framework to enable more robust triangulation of service user experience data.</p>
Executive summary:	<p>Customer Services Report – Q1 2015/16</p> <p>This report provides information on feedback received, the themes indicated, lessons learned and action taken in response to feedback. In Q1:</p> <ul style="list-style-type: none"> • 333 issues were responded to; • 81 formal complaints were received and 149 compliments; • clinical treatment, communication, waiting times and values and behaviours were the most common themes; • four complainants asked the Parliamentary and Health Service Ombudsman to review their complaint; • over 160 public enquiries were responded to and over 400 staff enquiries; • 65 requests for information under the Freedom of Information Act were actioned.
Recommendation:	Trust Board is asked to REVIEW and NOTE the feedback received through customer services in Q1 of financial year 2015/16 and the changes made as a consequence of taking action and learning from the feedback.
Private session:	Not applicable



With all of us in mind

CUSTOMER SERVICES - REPORT FOR THE PERIOD 01 APRIL 2015 – 30 JUNE 2015

(QTR. 1 15/16)

TRUST WIDE

INTRODUCTION

This report covers all feedback received by the Trust's Customer Services Team - comments, compliments, concerns and complaints, which are managed in accordance with policy approved by Trust Board. The policy is subject to annual review and was most recently reviewed by the Board in December 2014. It takes account of relevant regulation and best practice and emphasises the importance of using insight from service user experience to influence and improve services.

The Customer Services function provides one point of contact at the Trust for a range of enquiries and feedback and offers accessible support to encourage feedback about the Trust and its services.

The report includes:

- the number of issues raised and the themes arising
- equality data
- external scrutiny and partnering
- Customer Service standards
- actions taken and changes made as a consequence of service user and carer feedback
- compliments received
- the number and type of requests processed under the Freedom of Information Act

Each Business Delivery Unit (BDU) receives a more detailed report on a quarterly basis showing a breakdown of issues at service line.

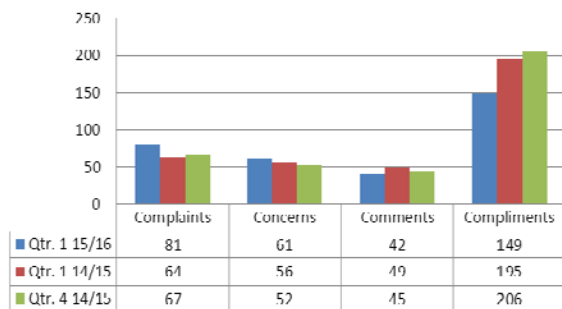
FEEDBACK RECEIVED

The tables below illustrate Customer Services activity in Qtr. 1. The Customer Services team responded to 333 issues; 81 formal complaints were received (an increase on the previous quarter) and 149 compliments. This compares to 369 issues, 68 formal complaints and 206 compliments in Qtr. 4 2014/15.

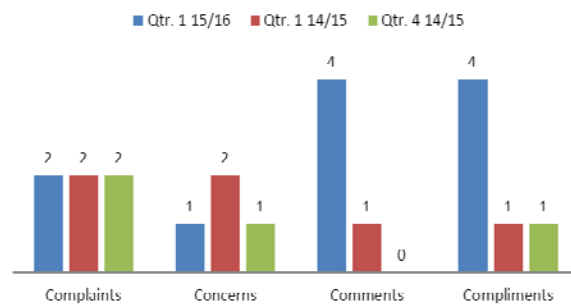
Example feedback included – 22 complaints in CAMHS services relating to access to services and waiting times, 14 relating to Calderdale and Kirklees services. In Kirklees mental health services, 7 complaints were received about aspects of care and treatment, and 5 related to communications. Comments and concerns raised in Forensic services related to Trust procedures and staff attitude; and 3 Trust members commented on the revised arrangements for payments to volunteers.

CUSTOMER SERVICES ACTIVITY QTR.1

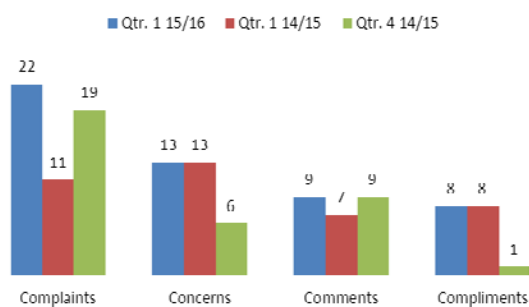
Trust wide



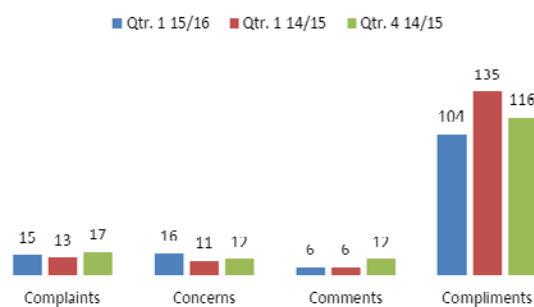
Specialist Services



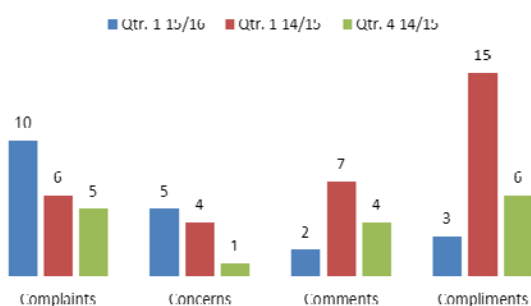
CAMHS



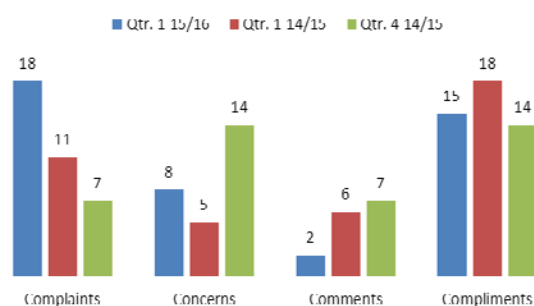
Barnsley



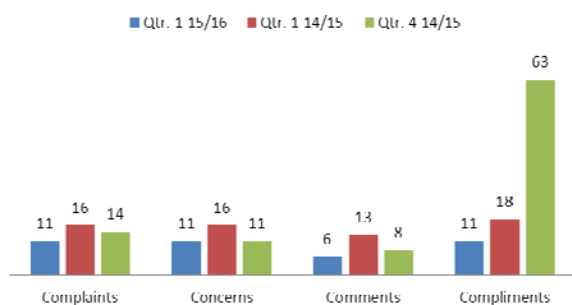
Calderdale



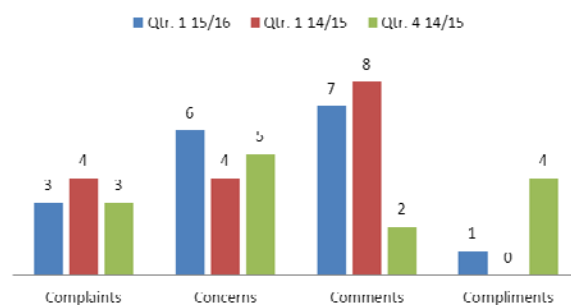
Kirklees

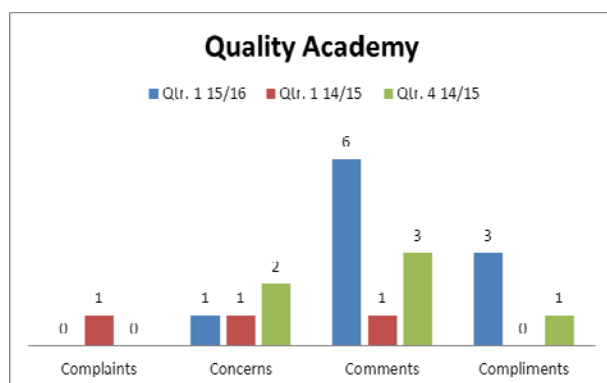


Wakefield



Forensics





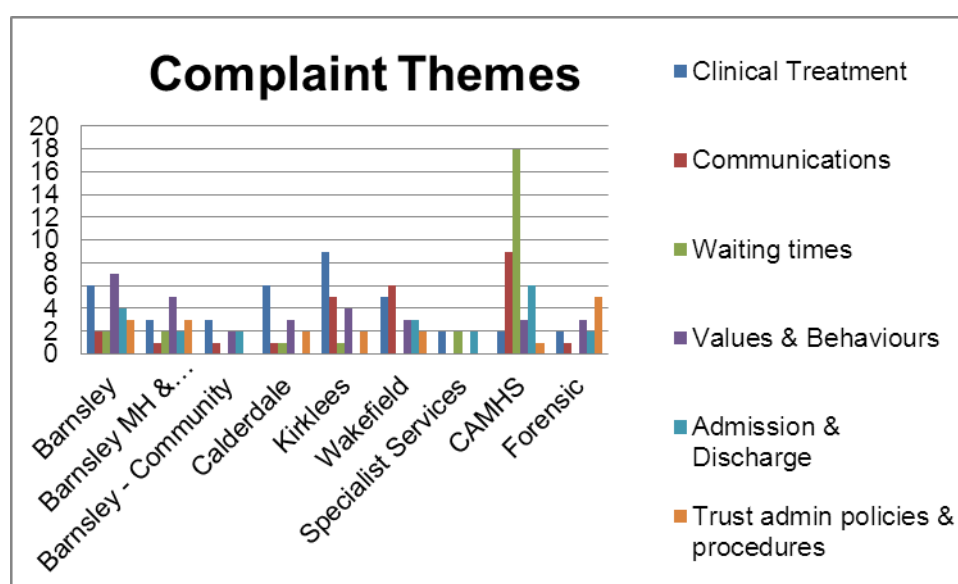
NUMBER OF ISSUES RAISED INFORMALLY

During Qtr. 1, Trust services responded to 61 issues of concern at local level. The Customer Services team worked with service lines to ensure the recording of issues raised informally and to capture action taken in response to this feedback. This promotes a default position of putting things right as and when they happen wherever possible and supports shared learning about service user and carer experience.

THEMES

Consistent with past reporting, clinical treatment was the most frequently raised negative issue (32). This was followed by communication (24), waiting times (mostly in CAMHS services) (24), values and behaviours (23), admission and discharge (17) and Trust admin policies and procedures (15). Most complaints contained a number of themes.

The Customer Services function connects to a weekly risk scan which brings together intelligence from the Patients Safety Support Team and the Legal Services Team to triangulate any issues of concern and assess the impact on service quality.

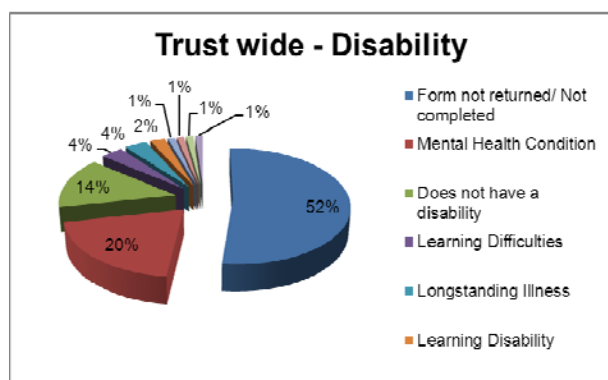
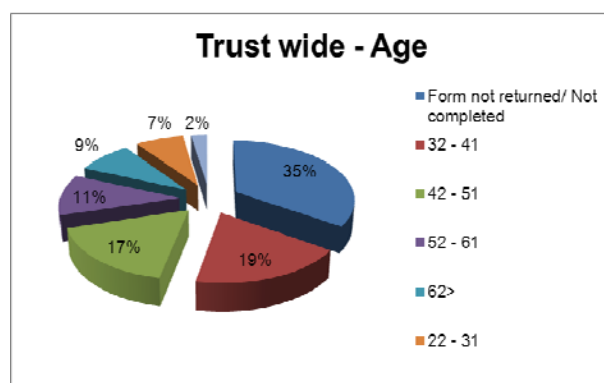
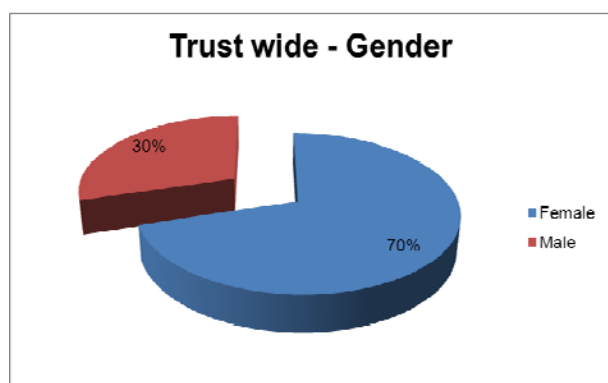
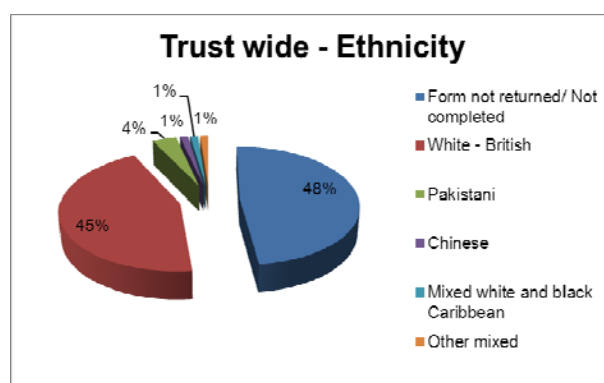
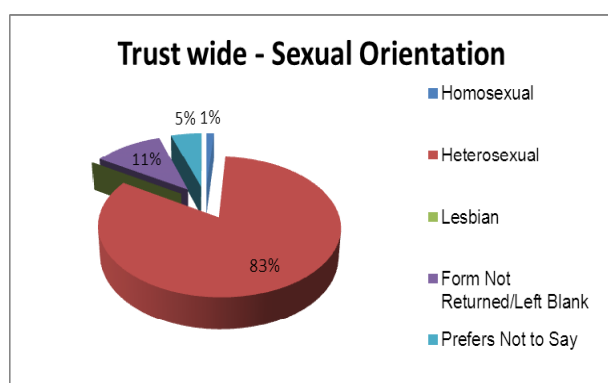


TRUST WIDE EQUALITY DATA

Equality data is captured, where possible, at the time a formal complaint is made. Where complaints are received by email or letter, an equality monitoring form is issued with a request to complete and return. Additional information is now also shared explaining why collection of this data is important to the Trust and that it is essential to ensure equality of access to Trust services.

The Team is exploring best practice in data capture, internally with the Partnerships Team and externally with partner organisations and will incorporate any learning into routine processes.

The charts that follow show, where information was provided, the breakdown in respect of gender, age, disability and ethnicity trust wide. The return rate of information is shown underneath the tables.



Age 28/81

Gender 81/81

Disability 42/81

Ethnicity 39/81

Sexual Orientation 44/81

The team makes every effort to collect equality data, but some people prefer not to share this and indicate that it has no bearing on whether or not they provide feedback to the Trust or want to raise an issue.

MP CONTACT

During Qtr. 1, there were 10 occasions where complaints and feedback were received via local MPs, acting on behalf of constituents. MP enquiries are processed in line with routine practice and contact made direct with individuals wherever possible.

CAMHS services: Jo Cox (1) Mike Wood (1) Barry Sheerman (1) Jon Trickett (1)

Three enquiries related to access to CAMHS services. One enquiry related to the service provision at CNDH.

Wakefield BDU – Yvette Cooper (2) Jon Trickett (1)

Two enquiries related to the possible closure of the Peppermill, a voluntary sector facility, and the possibility of Trust financial support. One enquiry related to the possible closure of Saville Park View House.

Calderdale BDU – Craig Whittaker (1)

Enquiry related to perceived lack of support available for constituents in crisis.

Barnsley BDU – Dan Jarvis (2)

Both enquiries were on behalf of constituents, one regarding accessing community detox and one in relation to access to health records.

The Trust makes proactive contact with MPs to keep them informed of news and initiatives on a monthly basis and offers specific briefing about relevant issues, most recently on partnership working with CCGs to enhance CAMHS provision. The Chief Executive is currently meeting with a number of MPs across the geography to increase understanding of the Trust and its services and to promote positive dialogue about issues impacting on local communities and on the broader health agenda.

PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

During Qtr.1, 4 complainants (1Forensics, medium secure, 2 Barnsley community services MH, and 1 Wakefield, adult community MH services) asked the Parliamentary and Health Service Ombudsman to review their complaint. Such cases are subject to rigorous scrutiny by the Ombudsman, including a review of all documentation and the Trust's complaints management processes. All requested information was provided within the prescribed timeframe.

During the quarter, the Trust received feedback from the Ombudsman regarding 3 cases (1 CAMHS - Kirklees/Calderdale and 2 Kirklees/Calderdale MH community services) which have been subject to review. All 3 cases have been closed by PHSO with no further action required by the Trust.

The Trust is still waiting decisions on 2 cases, 1 - Wakefield (inpatient OPS) from March 2015, and 1 Forensic (medium secure) from December 2013. All information requested has been provided to the Ombudsman.

MENTAL HEALTH ACT

7 complaints were made in Qtr. 1 with regards to service user detention under the Mental Health Act. Four individuals chose not to specify their ethnicity, two described their ethnicity as white – British, and one as 'mixed'.

Information on the numbers of complaints regarding application of the Act is routinely reported to the Mental Health Act Sub Committee of the Trust Board.

CARE QUALITY COMMISSION (CQC)

1 issue was referred to the Trust by the CQC in Qtr. 1: (Kirklees, MH in-patient). The CQC requested information in regards to the administration of depot medication and the service user's detention under the MHA. The Trust provided a response in May 2015; with no further follow up to date.

JOINT WORKING

National guidance emphasises the importance of organisations working jointly where a complaint spans more than one health and social care organisation, including providing a single point of contact and a single response.

Joint working protocols are in place with each working partnership. The purpose of these is to simplify the complaints process when this involves more than one agency and improve accessibility for users of health and social care services.

The Customer Service function also makes connection to local Healthwatch to promote positive dialogue and respond to any requests for information.

Issues spanning more than one organisation Qtr. 1	Complaint	Concern	Comment	Total
Barnsley Metropolitan Borough Council	0	1	0	1
Calderdale and Huddersfield NHS Foundation NHS Trust	0	1	0	1
Care Quality Commission	1	0	0	1
Harrogate and District Foundation NHS Trust	1	0	0	1
Member of Parliament	1	2	7	10
NHS Barnsley CCG	0	0	1	1
NHS Calderdale CCG	0	0	1	1
Total	3	4	9	16

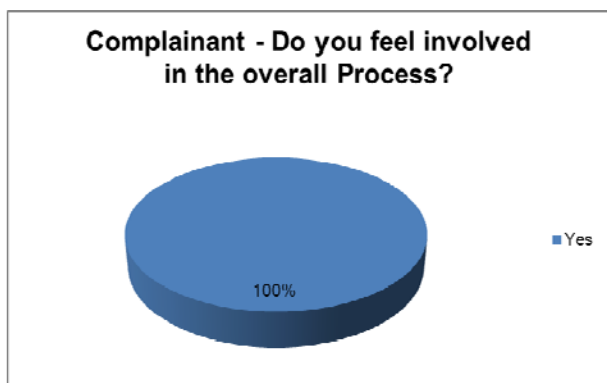
CONTACT WITH CUSTOMER SERVICES TEAM

The customer services team processed 163 general enquiries in Qtr. 1, in addition to '4 Cs' management. These included provision of information about Trust Services, signposting to Trust services, providing contact details for staff and information on how to access healthcare records. The team also responded to over 413 telephone enquiries from staff, offering support and advice in resolving concerns at local level.

In responding to contact of any kind, the team negotiates with each individual regarding the timescales for responding to issues, and regular contact is maintained throughout the investigation. This connection results in positive feedback to the service regarding complaints management.

'Meeting Expectations' is a recently introduced real-time feedback process, to enable customer services to listen and respond to the feedback provided by people using the customer services function, and to act on feedback quickly and efficiently. Two questions are asked as part of on-going contact with people using customer services:

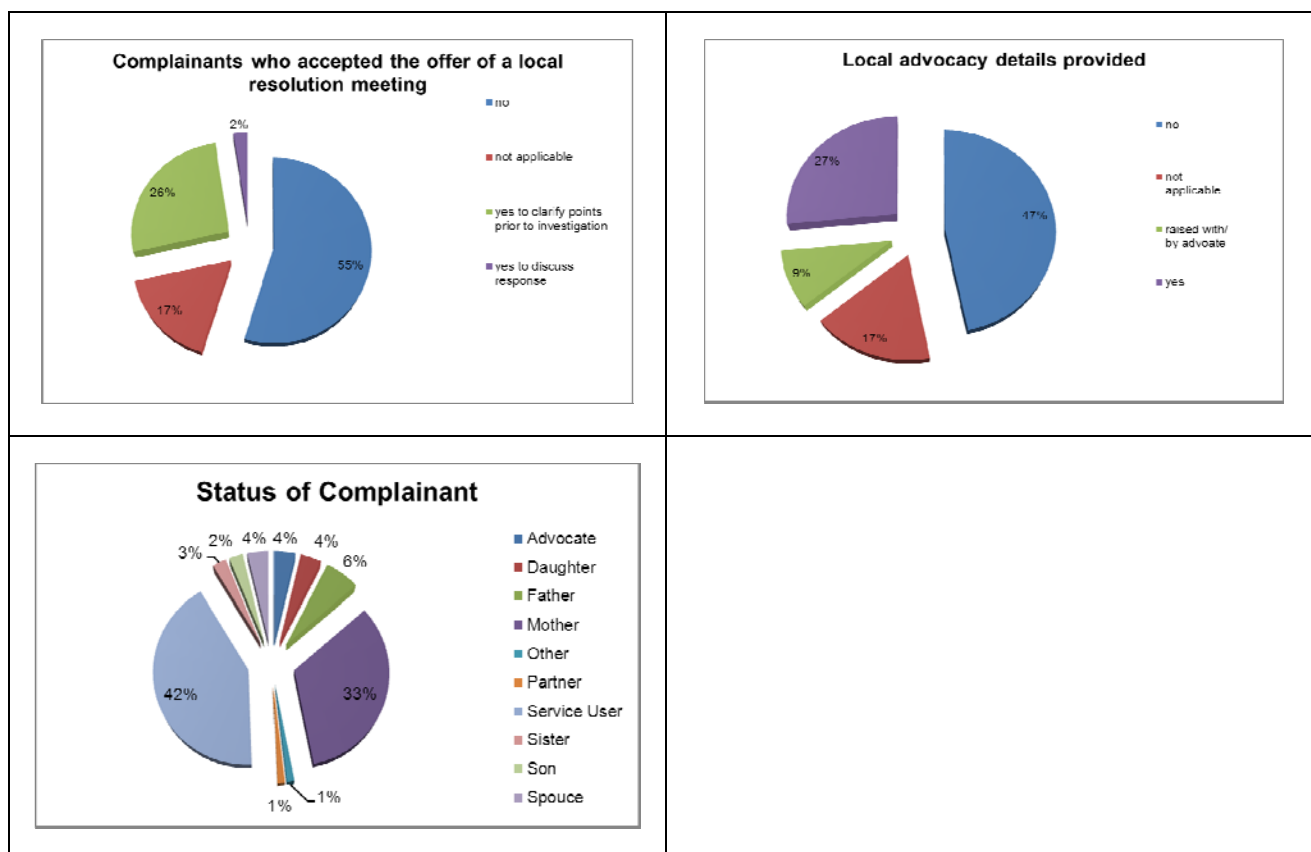
Forty-five service users offered this feedback in Qtr. 1



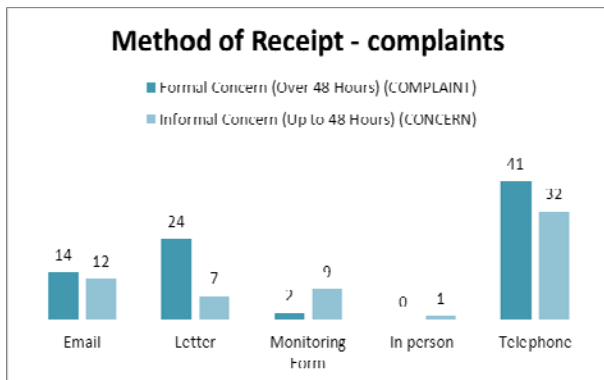
The Trust recognises that it is good practice to offer complainants the opportunity to meet staff to discuss issues. This offer is made early in the process to all complainants, but is particularly encouraged where complaints relate to more serious issues or complex circumstances. These meetings are ideally attended by both Customer Services and service staff and provide an opportunity for staff to reflect on the experience from the service user's perspective. A small number of complainants take up the offer to meet, with those declining indicating they are satisfied with the contact offered via Customer Services.

In relation to staff satisfaction (evaluated by questionnaire), 9 members of staff offered feedback that they were 100% satisfied with the support provided.

Complainants are offered contact details for independent advocacy services when their complaint is acknowledged and people are encouraged to use this support if helpful. 55% of complainants did not feel they required this support, and were happy to raise their concerns themselves with the support provided by customer services. A small number of service users were already supported by an advocate when they first contacted the Trust.



Complainants may wish to communicate in writing (by letter or completion of the Customer services feedback form), by 'phone, email, text message, via the website or through face to face meetings. Ensuring that people have access and opportunities to feedback their views and experiences of care is essential to delivering the Trust's values and is part of how we ensure that people have a say in public services. The Customer Services function is part of a developing framework of activity to facilitate feedback about all aspects of services and ensuring any lessons learned are acted upon. This includes internally and externally generated surveys, real time data collected via tablets, friends and family test results and focussed engagement activity.



RESPONDING IN A TIMELY MANNER

The customer services standard is for complaints to be acknowledged within three days, with a named case worker assigned. Timescales are negotiated on an individual basis, with each complainant offered regular updates on progress until issues are resolved to their satisfaction or a full explanation has been provided. All complaints are dealt with as speedily as possible. The team (internal) standard is for every complaint to be responded to within 25 days; or 40 days for more complex cases.

In Qtr.1, 41% (26/ 63) of complaints were closed within 25 days, but 31% (20/63) of cases (12) took longer than 40 days to investigate and offer a response, due to delay in investigation at BDU level (allocation of a lead investigator). General Managers are alerted in such cases.

8% (7/85) of cases (7) could not progress to investigation. This related to issues raised by a third party where the individual in receipt of care and treatment refused to give consent for investigation.

47 formal complaints remained open at the end of the quarter (7 of which were received prior to Qtr. 1).

COMPLIMENTS

During Qtr. 1, 149 compliments were recorded. These are acknowledged by the Chief Executive and positive feedback is shared with the individual, the team and across the Trust via the intranet to support sharing of positive practice.

Example compliments received in Qtr.1

The health visitor was a very lovely person and very helpful.

Barnsley, Health Visiting Team

To all staff at Priory 1, thank you very much for the support that you have given. As a family we can't put into words just how much we appreciated the help and support that your team has given.

Wakefield, Priory 1

The service has given me the strength and tools needed to overcome a period of low mood, after the first session I soon realised I was normal and that it's ok to have a bad day.

Kirklees, IAPT

Thank you for the excellent service provided in the community.

Calderdale, CMHT

I feel I must tell you how much difference a visit from your member of staff has made to my everyday life. Firstly she was very friendly and knew what she was doing, and helped and advised me throughout her visit. She was able to assess the thing I needed and was able to fit me a flashing door alarm, a phone adaptable to my hearing difficulties and a device to improve my TV reception. She was very professional in every way, even contacting the local fire prevention unit to arrange a visits, which resulted in them fitting suitable fire alarms and vibrating unit for when I am in bed (without my hearing aids) I can't speak too highly of the service I received and would like to thank everyone.

Barnsley, Equipment and Adaptations

Most frequently used words in compliments about Trust services:

A word cloud of compliments about Trust services. The words are arranged in a circular pattern, with 'amazing-service' and 'helpful' at the top, 'supportive' and 'thank-you' on the right, 'friendly' and 'dedication' at the bottom, and 'motivating' and 'care' on the left. The words are in various colors including red, orange, yellow, green, and blue.

helpful
amazing-service
supportive
thank-you
friendly
dedication
care
motivating
positive
kindness
attention

ACTION TAKEN IN RESPONSE TO FEEDBACK / CHANGES MADE AS A CONSEQUENCE OF FEEDBACK

Not all complaints require action plans to remedy issues, but all provide helpful feedback which is used in services to support service improvement. The responsibility to deliver on action plans is held within the BDUs and monitored through governance processes.

All complainants are offered the opportunity to meet with Trust staff to discuss their concerns, and some take this up. All complainants received a detailed response to the issues raised and an apology that their experience did not meet their expectations.

The Customer Services monitoring form has been shared with all wards and staff are encouraged to capture all feedback at service level. Progress in capturing this additional information is being monitored.

Actions taken by BDUs in response to service user and carer feedback include:

Barnsley BDU

- Staff to ensure service users have an understanding of their medication, so that they can make informed decisions. **(inpatient - Ward 4)**
- Staff will ensure that records are updated regularly, and a full review of current systems and practices will be undertaken in order to avoid errors reoccurring. **(inpatient, Ward 4)**
- Members of staff to ensure that they listen to family member/carers, and take on board their concerns and feelings. **(primary care and preventative, speech and language therapy)**
- The team are currently reviewing communication given to both parents, when there are complex relationships involved. **(children's services)**

Calderdale & Kirklees BDUs

- Staff to ensure service users have a clear understanding of primary care services in Calderdale (IAPT and Insight) to avoid possible confusion. **(acute, assessment and intensive home based treatment team)**
- Staff to be mindful when dealing with service user information. **(acute, Elmdale)**
- New administrative process to be integrated ensuring that if a message is left for a member of staff, admin staff will alert them by text message or email. **(community, IAPT)**
- The importance of adhering to the professional guide for pharmacists when prescribing controlled drugs, and ensuring up to date service user information is displayed on prescriptions. **(substance misuse, alcohol team)**
- Service to improve communication with service users regarding care plans/medication options. **(community, CMHT)**
- Service to improve record keeping ensuring that all information provided to service users and their family/carers is reflected within the records. **(inpatient, Ward 19)**
- Staff have been reminded of the importance of offering carers assessments. Staff training will be provided regarding the use of morphine patches. **(inpatient, Ward 19)**
- Service to improve communication with service users/family members/carers when there are changes to a service users appointed social worker/named nurse/care coordinator **(OPS, CMHT)**
- Current appointment letters are to be reviewed to ensure that full information is provided about the review process that takes place within the clinic. **(community, CMHT)**
- Service to ensure advocacy details are available and easily accessible. **(rehab and recovery, Enfield Down)**
- Staff to ensure that they explain the reasons behind clinical decisions. **(OPS, CMHT)**
- Following a recent audit, staff have been reminded of the importance of providing all paperwork/information completed at review is sent out in a timely manner. **(OPS, CMHT)**

- Staff to make sure that staff review and update any management plans when service users disengage from service. **(community, care management team)**

Wakefield BDU

- Service and staff to ensure that clear communication exists between all health professionals involved in a person's care and reasons behind clinical decisions are fully explained. **(community, CMHT)**
- Staff to ensure that practitioners adhere to principles of good, clear communication. **(community, CMHT)**
- It has been re-iterated to staff the importance of clear communication regarding the transfer of care between teams. **(community, early intervention team)**
- Staff have been reminded of the importance of sensitivity when dealing with service users, and offer families/carers the opportunity to discuss their concerns regarding a service user, in private. **(ops, memory service)**
- It has been reiterated to staff the importance of asking all the questions in the assessment process. **(acute, crisis service)**
- Staff are to ensure that any outstanding tasks are completed and signed off in the team diary. **(acute, crisis services)**
- The pathway for transfers between psychiatric intensive care units and acute wards will be reviewed, and training offered to improve links between staff and carers. **(acute, Trinity 2)**

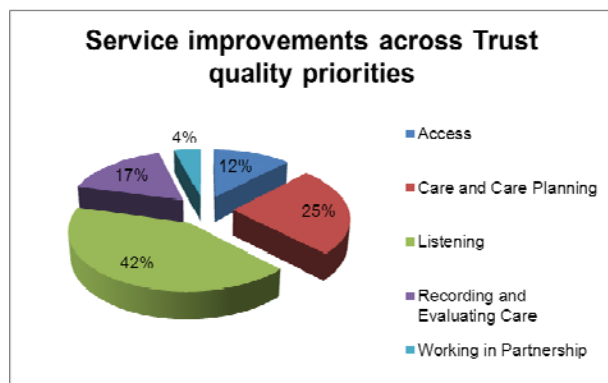
CAMHS services

- Manager to review the way work/ information/ cases are dealt with when staff members are away from work ensuring that all cases are re allocated where necessary and that communication is maintained with families and other health professionals, and appropriate contact details are provided to families. **(CAMHS, Kirklees)**
- Team to ensure that letters are sent out in a timely manner following discharge. **(CAMHS, Kirklees)**
- Actions plans are being put in place with commissioners for improvements to services. **(CAMHS, Barnsley)**
- Staff have been reminded of the importance of sending out correct paperwork in a timely manner following a referral. **(CAMHS, Calderdale)**
- Members of staff have been reminded of the importance of good communication and clear explanations regarding clinical decisions in dialogue with service user and carers. **(CAMHS, Barnsley)**
- Staff are to meet with a school to explain why a psychological assessment is not appropriate, and also to discuss care going forward. Service will work on improving communication with external agencies. **(CAMHS, Barnsley) (CAMHS, Calderdale) (CAMHS, Wakefield)**
- The service will provide training to staff around screening referrals to ensure that they are based on the locality of the referring GP. **(CAMHS, Kirklees)**

Forensics

- Staff to ensure that the service user feels fully involved in decisions made about their treatment, and that their opinion is considered when making decisions about medication. **(Forensics, Johnson Ward)**

Improvements made as a result of feedback as shown against Trust quality priorities:



EXAMPLES OF SERVICE USER AND CARER EXPERIENCE

Sam raised concerns regarding issues relating to a recent breach of confidentiality in which his daughter's notes were shared with the family without her consent. Sam felt that the Trust's had affected his daughter's access to care. Sam also raised issues around the lack of information re the decision to stop ongoing sessions due to the breach had not been communicated with his daughter or the family.

As a result of the issues raised the Trust instructed a full review of the current IG processes in relation to the release of a young person's healthcare records, ensuring that, where a young person has capacity, communication about care and treatment is with them primarily, and where consent is given, information is relayed to the family.

Richard reported that he was unhappy with length of time it was taking to receive an appointment to be assessed. He also had concerns with the lack of response his family and his GP had received back from the CMHT when they were raising concerns.

As a result of the issues raised, the service will ensure that clear communication exists between all health care professionals involved in a person's care. Staff have also been reminded of the importance of fully explaining the rationale for clinical decisions, including to family members where appropriate.

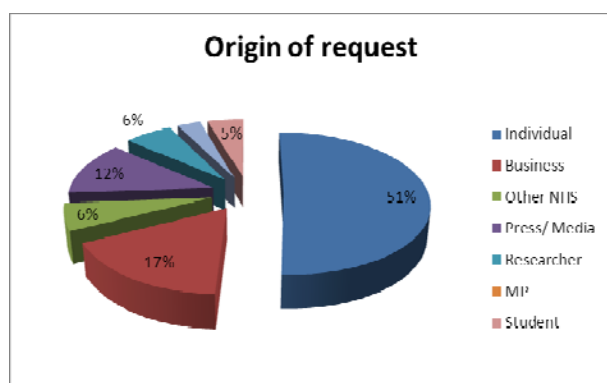
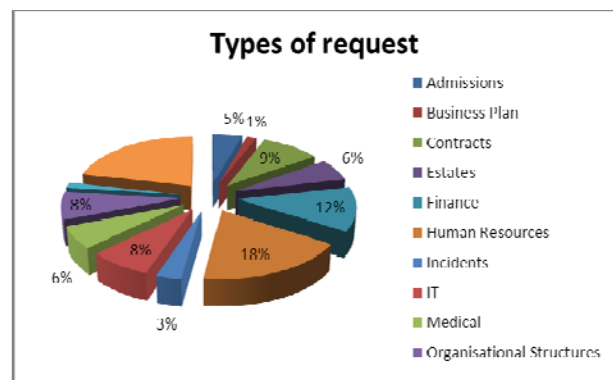
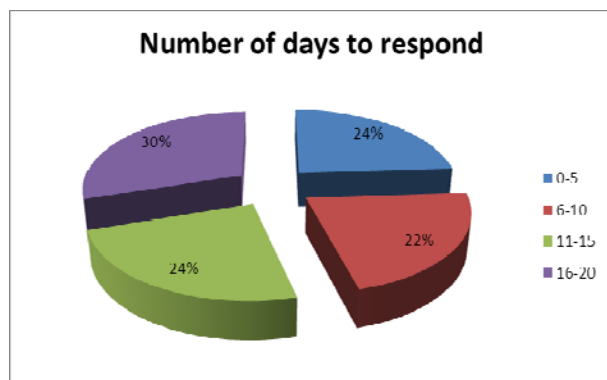
As part of the investigation a full review of Richard's clinical notes revealed that he had previously been offered a fast track referral into our services. Services are working with other health care organisations to ensure that staff provide correct up to date information to manage expectations.

FREEDOM OF INFORMATION REQUESTS

65 requests to access information under the Freedom of Information Act were processed in Qtr. 1, a decrease on the previous quarter when 75 requests were processed. Many requests were

detailed and complex in nature and required significant time to collate an appropriate response working with services and quality academy functions.

The Customer Services team works with information owners in the Trust to respond to requests as promptly as possible, but within the 20 working day requirement.



During Qtr. 1, 3 exemptions were applied, section 21 - information reasonably accessible to the applicant by other means, section 40 – personal information and section 41- information provided in confidence.

There were no complaints or appeals against decisions made in respect of management of requests under the Act during the quarter.

LOOKING FORWARD

Customer Services efforts continue to focus on gathering insight into service user experience and to support teams to develop action plans to change and improve services as a consequence of feedback.

The move to service line reporting and subsequent update of the Datixweb feedback module has enabled the introduction of revised reporting for BDUs. This will help services (in particular practice governance coaches) to review feedback and issues raised and ensure an appropriate service response. Some services have adopted a proactive approach, requesting additional detail regarding complaint themes and BDU efficiency in respect of investigation and action planning. Further work is on-going with BDUs regarding ownership of action plans and monitoring of delivery of same.

The Customer Experience Group has been re-constituted, with a clinical lead as Chair and with a remit to work to a single reporting and governance framework to enable more robust triangulation of experience data. Membership of the group has also been reviewed and representation aligns with the new 'trio' structure in BDUs (clinical lead, general manager and practice governance coach).

The remit of the group is to:

- Maintain oversight of all initiatives to gather feedback about service user and carer experience and ensure high level co-ordination
- Triangulate feedback and commentary from service users, carers and volunteers, identifying themes and trends
- Ensure services are supported to make appropriate and timely response to feedback
- Ensure linkages with CQC and other regulatory bodies
- To identify and commission the top 5 task and finish development projects as a follow up to customer feedback.

CUSTOMER SERVICES EXCELLENCE

The Trust has recently been re-accredited against the Customer Services Excellence standard - a nationally recognised award for good practice across a range of criteria including understanding customer needs, staff professionalism and attitude, delivery outcomes and working with partners. This follows a robust assessment, including document review and site visits.

In respect of the Customer Services function, services users commented as part of the assessment process that:

- 'The Trust sees complaints as an opportunity'
- 'They are now more open about complaints; which fosters a foundation of trust.'



With all of us in mind

Trust Board 21 July 2015

Agenda item 6.3(i)

Title:	Calderdale and Kirklees Child and Adolescent Mental Health Services (CAMHS) – progress report
Paper prepared by:	Director of Nursing, Medical Director and Interim Director of CAMHS
Purpose:	To provide an update on progress in CAMHS service improvement
Mission/values:	Improve and be outstanding in relation to the delivery of services Open, honest and transparent in terms of public reporting
Any background papers/ previously considered by:	Update reports previously provided to Trust Board, most recently 30 th June 2015
Executive summary:	<p>Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013.</p> <p>As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns about the scale and pace of change, a series of multi-agency 'Summit' meetings are being held to jointly oversee the CAMHS service improvement within the whole health and social care economy.</p> <p>This paper provides a progress update against the actions agreed following the CAMHS Summits on 8 May and 19 June 2015 and the report to the Trust Board on 30 June 2015.</p> <p>The Clinical Governance and Clinical Safety Committee also received a detailed update on the Trust's portfolio of CAMHS services in Wakefield, Barnsley, Calderdale and Kirklees at its meeting on 16 June 2015.</p> <p>The investment in Calderdale and Kirklees CAMHS services agreed by commissioners is welcomed.</p>
Recommendation:	Trust Board is asked to NOTE the progress report
Private session:	Not applicable



With all of us in mind

Calderdale and Kirklees Child and Adolescent Mental Health Services (CAMHS)

Progress report Trust Board 21 July 2015

Introduction

The Trust took on the responsibility for the provision of Tier 3 CAMHS in Calderdale & Kirklees in April 2013, following a successful tender bid. Both commissioners and the Trust have been clear that the scale of the challenge to remodel and transform the service was initially underestimated. A recovery plan was instigated in February 2014 and a substantial amount of work undertaken – and investment made – by the Trust to improve the service.

In January 2015, the Trust invested in additional management capacity to focus on CAMHS and also raised its concerns formally with Commissioners. This resulted in a programme of CAMHS 'Summits' with the CCG CEOs and local authorities looking to produce a joint resolution. The CAMHS Summit met originally on 20 March and subsequently in May and June, with the next meeting to be held on 24 July.

Formal Trust monitoring takes place through the Trust's Clinical Governance and Clinical Safety Committee, which received a detailed report on the position on 16 June 2015.

The Trust Board receives regular monthly updates on CAMHS in Calderdale & Kirklees, most recently on 30 June 2015. This report provides an update on progress.

National Context

Transformation plans and an identified Lead Commissioner are required as part of the 'Future in Mind' national programme and additional funds. In Calderdale, the local authority is the Lead Commissioner and in Kirklees it will be the CCGs. Commissioners need to develop and agree Transformation plans by the end of September. Improvement in access and waiting times for CAMHS services remain a significant national priority, as well as being of great concern to parents and families locally.

CAMHS Summit

The Trust Board report of 30 June updated Trust Board on the deliberations and actions from the two CAMHS Summit meetings on 8 May and 19 June. The next Summit meeting is on 24 July 2015. Work continues in the following areas.

- The Trust remains on track with its data quality plan and more robust data is now flowing to commissioners on referrals and waiting times.
- There are still long waits for a multi-agency assessment for Autistic Spectrum Disorder (ASD). Commissioners are fully aware of the position and have established an ASD Board to look at ways to improve the ASD pathway and the service offered to families and young people. The Trust is represented by the Deputy Director for CAMHS and a senior expert clinician on that Board.
- Commissioners are currently considering extending the Trust's contract for a further year, in order to embed the improvements and develop a specification that met the

CCGs' requirements and incorporate the requirements of the national NHS England CAMHS Specification.

- The programme of visits continues, with the Trust CEO visiting Calderdale & Kirklees CAMHS on 3 July. Visits from Kirklees Commissioners are now planned.
- The need for proactive, rather than reactive, communications remains important in dealing with media enquiries and communications with stakeholders.

Trust Governance

A detailed report on the performance of the Trust's CAMHS services in Wakefield, Barnsley and Calderdale & Kirklees was presented to the Clinical Governance and Safety Committee on 16 June 2015, with the next report scheduled for 8 September 2015.

The Trust's CAMHS services will be joining the Quality Network for Community CAMHS. This is an initiative of the Royal College of Psychiatrists' Centre for Quality Improvement and aims to improve CAMHS services by setting our clear standards and supporting a programme of peer review between CAMHS services.

Service Development

The additional investment from the CCGs is to be welcomed as is their clear commitment to improving CAMHS services for children and young people in Calderdale and Kirklees.

Pending the formal confirmation of funding, the Trust had already commenced the recruitment of additional crisis team staff in order to manage the operational risks of providing both emergency and planned care. Recruitment to the team continues. Commissioners, whilst acknowledging the low levels of investment, are keen that any additional investment is not permanently tied to any definite element of service provision. Commissioners would ideally wish to commission a service based on outcomes, rather than particular service elements. The need for flexibility in service provision has been acknowledged by the Trust.

Trust Board: 21 July 2015

Agenda item 6.3(ii)

Title:	Update on Data Quality
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	The purpose of the paper is to update Trust Board on the assurance on data quality and current projects in progress to improve performance in this area.
Mission/values:	Ensuring that there are appropriate standards for clinical record keeping and data collection is a key enabler to delivering services which are patient centred, clinically effective and safe. The subject matter supports the values in terms of patient centred delivery and transparent recording and reporting of information.
Any background papers/ previously considered by:	Performance against data quality metrics is included in monthly performance reports with additional detail updated each quarter in the Integrated Quality Report.
Executive summary:	<p>Data quality has been included as an item in the corporate risk register for some time. The Trust has a track record of meeting the national requirements for data quality in the national data sets which tend to focus on completeness of record keeping. In addition, the Trust can demonstrate a track record in meeting the performance requirements for Monitor which focus on three key clinical metrics:</p> <ul style="list-style-type: none"> - seven-day follow up following inpatient admission; - a twelve-month review for service users on Care Programme approach who have been on caseload for twelve months or more; - evidence of gatekeeping for acute mental health admissions. <p>The reason for highlighting data quality as an issue is that the national standards represent a 'minimum' requirement. The ability of services to adapt and transform to meet the needs of service users and patients in the future requires the Trust to take a more pro-active approach to recording keeping and data collection to be able to:</p> <ul style="list-style-type: none"> - evidence clinical practice is consistent with professional standards; - take advantage of the benefits of technology using electronic clinical records without creating an administrative burden; - respond to developments in mental health currency which makes an explicit link between assessment of need; clinical interventions and the use of resources; - ensure that clinical record keeping and data collection can support the evidence that clinical interventions deliver improvement in outcomes for people. <p>The information below sets out the key areas of assurance that the Trust relies on currently to achieve the required standards.</p> <ul style="list-style-type: none"> • The Trust has processes in place which define clinical standards and protocols for record keeping. • Standard operating procedures are produced to support staff with meeting record keeping standards. These are reviewed and updated if requirements change or adherence to standards drops.

	<ul style="list-style-type: none"> • The Trust has processes in place to monitor the compliance with standards for clinical record keeping. • An annual audit of clinical record keeping is undertaken which can identify areas of patchy or poor clinical record keeping that could impact on client care or data quality. • The recommendations from each audit are approved via the Trust's Health Records Group and Data Quality Steering Group (DQSG). • Suites of reports are made available to teams through live reports that can be looked at on the Trust's clinical systems at any time to allow compliance with standards to be monitored at a team or individual level. • The Trust has appropriate controls and procedures for the recording of information on the key clinical systems • Both the Trust's main clinical systems, SystmOne and RiO, are nationally accredited clinical systems with password and access controls to ensure that user access is confined to the relevant information. Access to the system is audited. • Staff are given training prior to access to the systems. • Quarterly, monthly or weekly reporting of various data quality measures is undertaken and these reports are discussed at the Executive Management Team and individual Business Delivery Unit (BDU) performance meetings. Some BDUs also hold separate data quality meetings to focus on key issues. • The Trust's Data Quality Steering Group meets on a quarterly basis to pick up any escalated data quality issues and to prioritise areas of focus and communications around data quality and clinical record keeping. • The Trust has appropriate processes in place to ensure that the clinical system design is fit for purpose. • The Trust's Systems' Development Board manages the quality of the design and capabilities of the organisation's clinical systems. This group has clinical and non-clinical members and leads on clinical engagement. • System upgrades are undertaken after consultation with clinical staff; during this year, plans to upgrade RiO were postponed to allow more time for clinical consultation to take place. • Suppliers are requested to adhere to information standards issued by the national Standardisation Committee for Care Information (SCCI). • In order to ensure the systems continue to meet our organisation's requirements, particularly in relation to service transformation, the Business Change and Training team work with clinical services to process map current and future state requirements based on existing and new system functionality as it becomes available. Any new development aspects borne out of this process are raised with the systems' suppliers at user groups for consideration for future development. • The Trust has appropriate processes in place to ensure the proper extraction and reporting of clinical data for internal and external submissions. <ul style="list-style-type: none"> - All information for internal and external submissions should be produced and validated by the Performance & Information Team who are trained in data extraction and required to abide by national standards and definitions. This team works with services to refine reporting and resolve any queries around data extraction and reporting.
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	<ul style="list-style-type: none"> - Standard Operating Procedures are available and used for routine reports. - The extraction and reporting of a number of key performance measures (e.g. indicators requested by Monitor) are internally audited each year. Recommendations are agreed with the auditor and actioned. - As part of the Trust's Quality Account process, some measures are also externally audited to ensure they meet national standards of completion and accuracy. • The Trust has appropriate processes in place to support improvement and innovation in clinical record keeping and data capture. • The Trust supports and continues to develop contemporaneous record keeping and data sharing through agile working and use of store and forward functionality which enables remote access and updating of records where there is no internet access. • The Trust has begun a review of digital solutions for record storage. <p>In addition to the assurances above, the key elements of the Trust's Quality Improvement Strategy and Quality Accounts for 2015/16 are outlined below.</p> <ul style="list-style-type: none"> ➤ Undertake the annual Trust-wide record keeping audit and develop action plans to address specific concerns at BDU level. ➤ Targeted record keeping campaigns. ➤ Monitor reports on clinical performance data and ensure implementation of related action plans. ➤ Continue to optimise the clinical information systems (RiO and SystmOne) and exploit new technologies to make these systems as easy to access and use as possible. ➤ Systematic use of benchmarking to identify areas for improvement <p>During 2015/16, the Trust intends to identify a small number of focus areas and prioritise their improvement. A clinical record keeping/data quality workshop is to be organised focussed on engaging the management 'trios' and agreeing priority areas and practical steps for improvement.</p> <p>Key areas are likely to be:</p> <ul style="list-style-type: none"> - communication of the issues and impacts and better engagement with clinical and administrative staff on this agenda; - timeliness of recording; - completeness of recording data items for mandated national performance indicators and CQUINs (Commissioning for Quality and Innovation measures that have income attached to achievement); - ensuring all information is captured electronically and not just in paper records; - providing access to agile equipment and links to clinical systems "on the go" to ease input of information in real time.
Recommendation:	Trust Board is asked to NOTE the assurance provided on the current systems for recording and reporting clinical data and the key activities and improvements planned for 2015/16.
Private session:	Not applicable

Trust Board 21 July 2015

Agenda item 6.3(iii)

Title:	Annual Equality and Inclusion Report looking back to 2014/15 and forward to 2015/16
Paper prepared by:	Director of Corporate Development
Purpose:	To look back over 2014/15 at the differences the Trust has made to the lives of serviced users/carers and staff through the implementation of its Equality First Strategy, with a look forward to 2015/16 and the areas the Trust will be focusing on to make a difference
Mission/values:	Valuing diversity in the communities we serve and in the staff who deliver our services, is fundamental to our value of person first and in the centre.
Any background papers/ previously considered by:	Equality First Strategy
Executive summary:	<p>The purpose of this report is two-fold. Firstly, to demonstrate how we value and deliver inclusivity in the services we provide and support our staff who deliver them and, secondly, through this approach, to show we are meeting our public sector duties, embedding this through the organisation and showing the differences we are making to service users, carers and staff. This is not a tick box exercise but part and parcel of what we stand for as an organisation.</p> <p>Equality, diversity and inclusion are an intrinsic part of improving the service user and carer experience and the workplace culture of everyone in our care, in line with our mission and values.</p> <p>The Trust is committed to promoting an agenda of inclusivity and respect. We will do this through co-produced patient centred services, valuing the diversity of the communities we serve and the staff we employ.</p> <p>The recently formed Equality and Inclusion Forum, chaired by a Non-Executive Director of the Board, will focus on driving a values-based approach to equality and inclusion through the organisation rather than a traditional compliance-based approach.</p> <p>The key priorities for 2015/16 as agreed by the Equality Inclusion Forum are as follows.</p> <ol style="list-style-type: none"> 1. New training which equips staff and managers to be effective champions of diversity. We want to give people confidence to challenge behaviours inappropriate to living our values, to communicate with people from different backgrounds and to ensure those responsible for recording equality monitoring information feel comfortable asking the necessary questions. 2. Improve representation of Asian people in the workforce to better reflect the communities we serve and to increase the number of people from a BME background at managerial grades 8 and 9, where they are currently under represented. 3. Targeted community engagement, using technology to bring voices and stories to Trust Board to give us insight which will improve the accessibility of services to people from different backgrounds and improve the experience of service users from Black and Asian backgrounds (the latter measured by the friends and family service user question "how likely are you to recommend this service to friends or family"). 4. Increasing the percentage of service users in employment through a new pilot

	<p>project in the Barnsley BDU working in partnership with the Local Authority and local employers</p> <p>Trust Board should note that the focus on the above four priorities does not replace activities and initiatives already in place, including examples of good practice. This strategic approach is designed to embed diversity in our core business, which will increase the impact of the four goals previously agreed by the Board to meet the EDS2 framework.</p>
Recommendation:	Trust Board is asked to note the progress made during 2014/15 and the key areas of focus for 2015/16.
Private session:	Not applicable



With all of us in mind

Annual Equality and Inclusion Report

**Looking back to 2014/15 and forwards to
2015/16**

**“Valuing Inclusivity and treating every one
with respect and dignity”**

July 2015

1. Introduction

The purpose of this report is two-fold, firstly, demonstrating how we value and deliver inclusivity in the services we provide and support our staff who deliver them and secondly, through this approach show we are meeting our Public Sector Duties as set out below, embedding this through the organisation and showing the differences we are making to service users, carers and staff. This is not a tick box exercise but part and parcel of what we stand for as an organisation.

Equality, diversity and inclusion are an intrinsic part of improving the service user and carer experience and the workplace culture of everyone in our care, in line with our Mission and values.

Our Mission: Enabling people to reach their potential and live well in their community.

Our Values: Honest, open and transparent
Respectful
Person first and in the centre
Improve and be outstanding
Relevant today, ready for tomorrow
Families and carers matter

Equality Act 2010

Section 149 of the Equality Act outlines the general duties to have due regard to the following in the exercising of our functions:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

These duties are relevant to the protected characteristics of:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Section 149.3 of the Equality Act explains what is involved in 'having due regard':
(also a synopsis of the Public Sector Equality Duty)

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to
- Tackle prejudice and promote understanding.

2. Background to our organisation

We are a specialist NHS Foundation Trust that provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. The Trust also provides some medium secure (forensic) services to the whole of Yorkshire and the Humber.

Over 1 million people live in Barnsley, Calderdale, Kirklees and Wakefield across urban and rural communities from a range of diverse backgrounds. We aim to match the community's needs with locally sensitive and efficient services.

To provide the flexible, individually tailored care that local people have told us they want, we work from a variety of sites as well as with people in their own homes. Our community based services are well supported by inpatient services for when people need care or assessment in a hospital setting.

The Trust, which was first established in 2002, now employs more than 4700 staff, in both clinical and non-clinical support services.

We work with other local NHS organisations to provide comprehensive health care to people in our area. We also work closely with local authorities (social care) and with other government departments, third sector and voluntary organisations. Working in partnership is very important to us and is vital if we are to continue delivering high quality services for local people.

Working in partnership also means working with the members of our Foundation Trust, who can have a say in how we run the Trust and how they wish our services to be developed. Around 16,500 local people (including our staff) are members of our Trust. Foundation Trusts are still part of the NHS and operate according to NHS principles – free care, based on need, not ability to pay – but they are run locally and are accountable to their members.

Membership engagement work is undertaken to ensure that our membership reflects the communities we serve. The Trusts membership is assessed annually against our local population to ensure that we are engaging with the diverse communities we serve, the current analysis shows an under representation in a number of sectors within our communities, this will be addressed through implementation of our Involving People Strategy.

Our members directly elect representatives to serve on our Council of Governors. The Council of Governors are members of the public who work with the Board of Directors to agree the future plans for the Trust. They are also responsible for the appointment of the Trust Chair and Non-Executive Directors. The Board of Directors retain responsibility for the day to day running of the Trust.

3. Our Commitment

We are committed to promoting an agenda of inclusivity and respect and we aim to provide patient centred services which promote recovery, challenge stigma, enable social inclusion and promote an inclusive and fair working environment for our staff. Our aim is to ensure that everyone who needs to, can access our services and that we have a workforce that is free from discrimination and harassment.

4. Equality Objectives and Equality Delivery System 2 (EDS2)

As a Trust we have adopted the NHS Equality Delivery System 2 Framework, to assess our equality performance and to provide assurance that we are meeting the public sector equality duties, in partnership with our Commissioners, other external stakeholders and partners.

The EDS2 Framework supports NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS2 is a tool for NHS organisations engaging with service users, carers, staff, the public and other key stakeholders – to use, to review, their equality performance and to identify future priorities and actions. It includes local and national reporting and accountability mechanisms.

At the heart of the EDS2 is a set of 18 outcomes grouped into four goals. These outcomes focus on the issues of most concern to patients, carers, communities, NHS staff and Boards. It is against these outcomes that performance is analysed and graded, and equality objectives and associated actions determined.

The four goals are:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

We are working to:

- Involve local interests with the NHS in a sustained, informed and meaningful way
- Present information in accessible language and accessible formats
- Focus on people and outcomes rather than processes
- Ensure that we take this opportunity to make real improvements

The adoption of EDS2 also supports the delivery of the Care Quality Commission (CQC) requirements, who expect to find evidence that the Trust is actively promoting equality and inclusion across all its services and functions.

In 2013 - 2014 we identified one outcome from each goal to work upon, both in terms of EDS2 and also as the Equality Objectives for the Trust. In autumn 2014 we undertook an exercise to measure our progress with our stakeholders against our chosen objectives and determine future year's priorities. We agreed that we are at a "developing stage" for all the outcomes that we have chosen to focus upon. Set out below are the four chosen outcomes, showing what we have delivered during 2014/15 and what we plan to do during 2015/16 to move us towards "achieving".

Goal 1: Better Health Outcome

1.3 - Transitions from one service to another, for people on care pathways, are made smoothly with everyone well informed.

The rationale for choosing this area of work:

- Key message from our public engagement in transformation events- 'I want all services and organisations, both big and small, to work together so I don't see the joins'
- Pilot bid won, Integration work being undertaken between Health and Social Care in Barnsley can use this as a model for future delivery.

Some examples of what we have achieved:

- RiO/IT Systems – Work, around improving the data collection of all the equality strands information is currently on-going, clinically led, which will be supported by a training package for staff as version 7 is rolled out June 2015 onwards. The data collection is also now in place for veteran status.
- A Forensic Learning Disabilities network has been set up to support partnership working. The network focuses on issues relating to the practice of working together with service users and their carer's.

- Barnsley Better Care Fund - the Barnsley Health and Wellbeing Strategy is designed from a whole systems perspective focused around integrated pathways and service re-design. This will ensure the health and care system is fit for purpose and sustainable, able to meet the needs of local people and deliver the best possible outcomes for the people of Barnsley. The project work in Barnsley has been cited as evidence of good practice in the recent report from the Winterbourne View Joint Investment Programme.
- Learning disabilities and mental health services interface working group continues to work on the learning disabilities access into mental health services and the interface working practices. Joint training has taken place as well as shadowing of roles between learning disabilities and mental health services.
- The Mental Health Access Team in Barnsley has worked on adjusting their service to accommodate the needs of people with a learning disability.
- Making safeguarding personal: Work has started on involving individuals and carers within safeguarding issues in response to the Care Act. Where individuals may not have the capacity to understand, families/carers are also being involved.
- Mental health services at Kendray hospital and Community mental health teams have an allocated police officer to assist with any unallocated safeguarding cases or associated issues. The aim of this work is to give a seamless and supportive service for vulnerable people.
- Over 1000 opinions were heard across 14 public events, engaging service users, carers and the public in the future design of our services

What we plan to focus on next:

- Monitor the rollout of RiO7 and evidence the of collection equality data.
- Continue the “Making Safeguarding Personal” implementation.
- Working with on-going “Hub” developments across the Trust to ensure that the ‘joins’ across internal services are more seamless for service users and their carers.
- Continue to provide opportunities for service user, carer and public opinion to influence our services.

How we will measure progress:

- Dashboard reports within RiO/IT Systems will be monitored and identified hotspots in teams/services will be addressed as necessary by BDU Management Teams supported by the Quality Academy.
- To look at the feedback received and monitor any complaints that may arise with regard to this new approach to working in “Hubs” .
- Continually monitor the attendance at our public events and feed insight gathered into service transformation.

Goal 2: Improved patient access and experience

2.2 - Patients are informed and supported to be as involved as they wish to be in decisions about their care.

The rationale for choosing this area of work:

- We are in the bottom 20% nationally re. Service users not being offered or given a care plan, or having a care review in the last 12 months.
- The CPA process – “No decisions about me without me...” aligns with National Policy.
- Makes links within “Parity of Esteem” programme which is to support the reduction of mental illness inequalities.

Some examples of what we have achieved:

- Trust wide review of CPA policy implementation is currently being undertaken with a key focus on embedding the principles of “No decisions about me without me” ensuring people feel informed and supported and involved in their care.
- Calderdale Memory Service, recognised by the Royal College of Psychiatrists for the care they provide to people with memory problems and dementia and their families.
- Work to support and engage carers across the Trust is progressing with projects in our forensics services, on wards 18 and 19 in Dewsbury, on Elmdale ward at the Dales unit and on the Priory Unit at Fieldhead.
- Forensic Child and Adolescent mental health services shared their good practice and learning at the annual Faculty of Child and Adolescent Psychiatry conference 2014, facilitating a workshop titled “How to take a good psychosexual history (without blushing)”.
- The Trust was awarded the Customer Service Excellence accreditation 2013 and maintained it through follow up visits during 2014.
- As part of the Friends and Family test we have put in place a postcard questionnaire as well as a long questionnaire which will capture equality protected characteristics information. This has been acknowledged as a piece of good practice within the Equality and Diversity Regional network.
- Medicines for You events, took place from November 2014 – April 2015, with a focus on the role of the pharmacists and the use of medication. Over 60 service users and carers were involved.
- Calderdale services are working in partnership with the Women’s Activity Centre on 2 projects which are going to be co-delivered around mental health awareness training and a Diabetes self-care programme.
- A Trust wide mapping exercise is currently being undertaken to map service user and carer involvement in clinical services.
- Veterans work: Several training days have taken place provided by British Legion and delivered to all mental health staff. Staff have feedback that the awareness and understanding of the veteran ‘culture’ is having a positive impact on the adjustments made by staff within services.
- Hearing impaired: Portable headsets purchased and used in central Community mental health teams to help individuals who have forgotten or who choose not to wear hearing aids; staff found by offering the use of the headsets, with adjustable volume, has helped service users engage with the service.

What we plan to focus on next:

- Continue to support the work to embed the CPA policy, by ensuring that Care Plans are offered to everyone as the norm.
- Analyse and advise on the appropriate actions to the Friends and Family Test results in particular the equality profile of respondents.
- Prepare for the release of the Accessible Information Standard due in July 2015 which will ensure that individuals are offered information in a format appropriate to their needs.
- By the end of 2016 make sure that every clinical service has a dialogue process in place with service users and carers. Targeted training, ensuring staff are able to challenge behaviours inappropriate to living our values, and are confident communicators when dealing with service users and carers with a protected characteristic ensuring a sensitive holistic patient centred approach to care.
- Targeted community engagement, ensuring that we develop accessible services that meet the needs of the diverse communities we serve, using the friends and family service user question “how likely are you to recommend this service to friends or family”, to measure and reduce the experience gap between different groups of service users.
- Working in partnership on a pilot in the Barnsley BDU with the Local Authority and local employers, improving the pathway for service users on a care programmed approach back into employment.

How we will measure progress:

- Implementation of Friends and Family Test provides real time feedback through the dashboard including the equality profile. This will be monitored and trends/hotspots identified and addressed from the feedback.
- Retention of the Customer Service Excellence award following review in June 15.
- Achieve the Accessible Information Standard.

Goal 3: A represented and supported workforce:

3.1 – Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.

The rationale for choosing this area of work:

- Delivery on the staff rights and pledges of the NHS Constitution.
- The NHS England strategic priority “creating an NHS workforce and leadership that is reflective of the communities we serve, and that are free from discrimination”.
- Delivery on the Workforce Race Equality Scheme (WRES), introduced on 1st April 2015, which seeks to tackle the consistently less favourable treatment of the BME workforce.

Some examples of what we have achieved:

- Rolling out values based recruitment, induction and appraisal across the organisation.
- Monitoring outcomes of the NHS survey and action planning in relation to WRES indicator 7 (KF 27 - Trust providing equal opportunities for career progression or promotion).
- Continuing membership of Project Innov8, supporting Trust strategic aims while increasing workforce diversity.
- Monitoring outcomes of the bi-annual wellbeing survey and action planning for areas which require improvement.
- Introducing a clinical training and development recruitment scheme, Trust wide, for all Health Care Support Workers (HCSW's) who do not hold a relevant health care qualification.
- Our Equality, Diversity and Inclusion face to face training has been recently reviewed by Professor Archibong of Bradford University.
- Delivering Recruitment and Selection training to service users, carers and the Members Council Trust wide, in order to enhance ‘lived experience’ insight on interview panels.

What we plan to focus on next:

- Targeted training, ensuring staff are able to challenge behaviours inappropriate to living our values, and are confident communicators when dealing with service users and carers with a protected characteristic ensuring a sensitive holistic patient centred approach to care.
- Ensuring through positive (not discriminatory) action we have a workforce that is representative of the communities we serve. With a particular focus on improving the number of staff from a BME background at managerial grades 8 and 9, where we are currently under represented.
- Rolling out a 10 months Equality Awareness Campaign for staff across “ALL” the protected Equality Characteristics to provide insight and knowledge in this area using different tools and formats
- Continuing to refresh the Equality, Diversity and Inclusion training for staff including our e-learning package based on the feedback from Professor Archibong.
- Developing a process to deliver on the WRES indicators.
- Supporting the development of a staff BME network.

How we will measure progress:

- Demonstrating compliance with, and improvement against, WRES indicator 7 (linked to the NHS survey outcomes).

- Demonstrating improvement in Wellbeing survey outcomes.
- Monitoring improvements to protected characteristic data in the annual Equality Workforce Monitoring report.

Goal 4: Inclusive Leadership

4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisation.

The rationale for choosing this area of work:

- Key leadership agenda.
- Visibly supporting the equality agenda, through Board/Senior leadership team and direct reports reflective of the communities we serve.

Some examples of what we have achieved:

- As a member of the Innov8 charter, supported the development of a healthy organisation which values inclusive leadership and develops organisational capability with a focus on utilising diversity.
- Ongoing work to reflect the population profile on the Board and encourage up take of Band 7 staff in Middleground training by senior managers creating opportunities for a diverse workforce.

What we plan to focus on next:

- Establishment of Non-Executive Director led Equality Inclusion Forum to focus on driving 3 to 4 key priorities in the next 12 months.
- Participation in Board Leadership Programmes for equality, and active promotion of equality-based initiatives for services and the workforce including local mentoring schemes.
- Work with the Board and senior leadership to embed Equality and Inclusion in the culture of the organisation through the newly established Equality and Inclusion Forum.
- Encourage senior leaders and Board members to mentor staff, "Diversity Partnerships" within the Trust to develop their skills and knowledge and those of staff from diverse communities, commencing with "Race".

How we will measure progress:

- CQC Inspection potentially due in 2015/16, await result of Independent review taking place to address areas identified.
- Board/Senior Leadership Group for Equality and Inclusion to be created/set up in May 2015 to lead and champion as well as addressing culture change needs that are identified in service areas.
- Retain Innov8 Charter Mark.
- Work with the Inclusive Leadership agenda and the creation of a "Diversity Partnership".

5. Quality Accounts

Our Quality Account report for 2014-15 details achievements and future priorities for improving the quality of the services we provide. The report provides examples of initiatives and work streams within our services that aim to reduce inequalities in access and outcomes and outlines our priorities for 2015-16.

Our Quality Accounts focus on quality of services in seven areas, consistent with our strategy:

- Access
- Listening and involving service users and carers
- Care and care planning
- Recording and evaluating care
- Working in partnership
- Fit and well to care
- Safeguarding

More information can be found in our Quality Report for 2013-14 which is published on our website: <http://www.southwestyorkshire.nhs.uk/quality-innovation/quality-account/> . The Quality Report for 2014-15 will be made publically available following Audit, submission to our regulator Monitor and being laid before Parliament.

6. Equality Analysis

Where we are now:

We use an Equality Impact Assessment (EIA) process, to assess the impact of service or procedural changes and developments to identify whether there is an adverse impact for people with protected characteristics. We have worked with over 125 managers and team leaders across clinical and support services in 2014/15 to increase their knowledge, skills and awareness of the importance, benefits and need for robust evidenced based equality information and assessment, so that our services are based on our values of patient first and in the centre.

Equality Impact Assessments are carried out routinely in respect of introduction/changes to policies/services, any areas of concern are addressed via an action plan for “ALL” policies, service redesign and development to ensure that the “Due Regard duty” has been duly addressed.

Where any adverse impact is identified a full assessment is required and where appropriate, an action plan developed and implemented to address areas for improvement. More information can be found in our Equality Impact Assessment Guide and details of some completed EIAs which are available on our website: <http://www.southwestyorkshire.nhs.uk/about-us/corporate-information/equality-and-diversity/>

What we plan to focus on next;

- BDU and Quality Academy ownership of corporate objectives, coupled with analysis of BDU equality data to inform decision making at a strategic and operational level, will accelerate progress towards more equitable outcomes for protected groups.
- Equality and Inclusion to be positioned as an important element of each BDU's Governance agenda to make valuing Equality and Inclusion a key part of each directorates operational business.

7. Volunteers

Where we are now:

A programme of work is currently underway within the organisation to develop volunteering and there are already approximately 300 volunteers within the Trust. Evidence and research demonstrates that volunteering does add value and could add further enormous value to us in a variety of ways such as:

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

Our volunteer roles currently include but are not limited to:

- Health champions.
- Befrienders, co-producers and co-facilitators in recovery colleges.
- Expert patient programme volunteers.
- Meet and greet.
- Horticulture.
- Conversation buddies in speech and language service.
- Catering.

The Trust has become a member of the National Association of Volunteer Service Managers (NAVSM) and has drawn upon best practice guidance and support from the association and will commence the Investing in Volunteers accreditation process in April 2015. Our volunteers are all members of our Trust

What we plan to focus on next:

- Grow the number of volunteer opportunities across the Trust, working alongside services to identify new and creative volunteer roles; working towards a target of 500 volunteers within the organisation by January 2016.
- Achieve Investing in Volunteers accreditation in 2016.

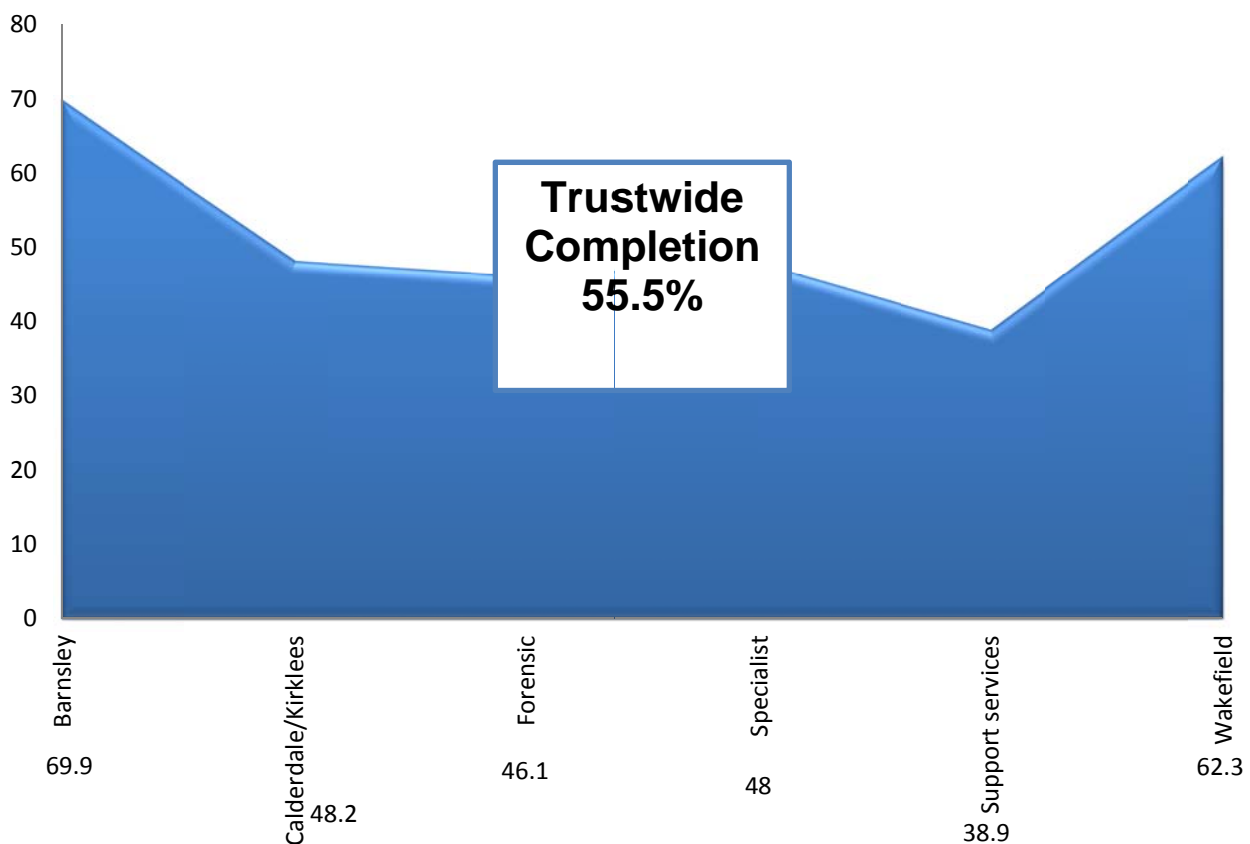
8. Training and awareness raising

Where we are now:

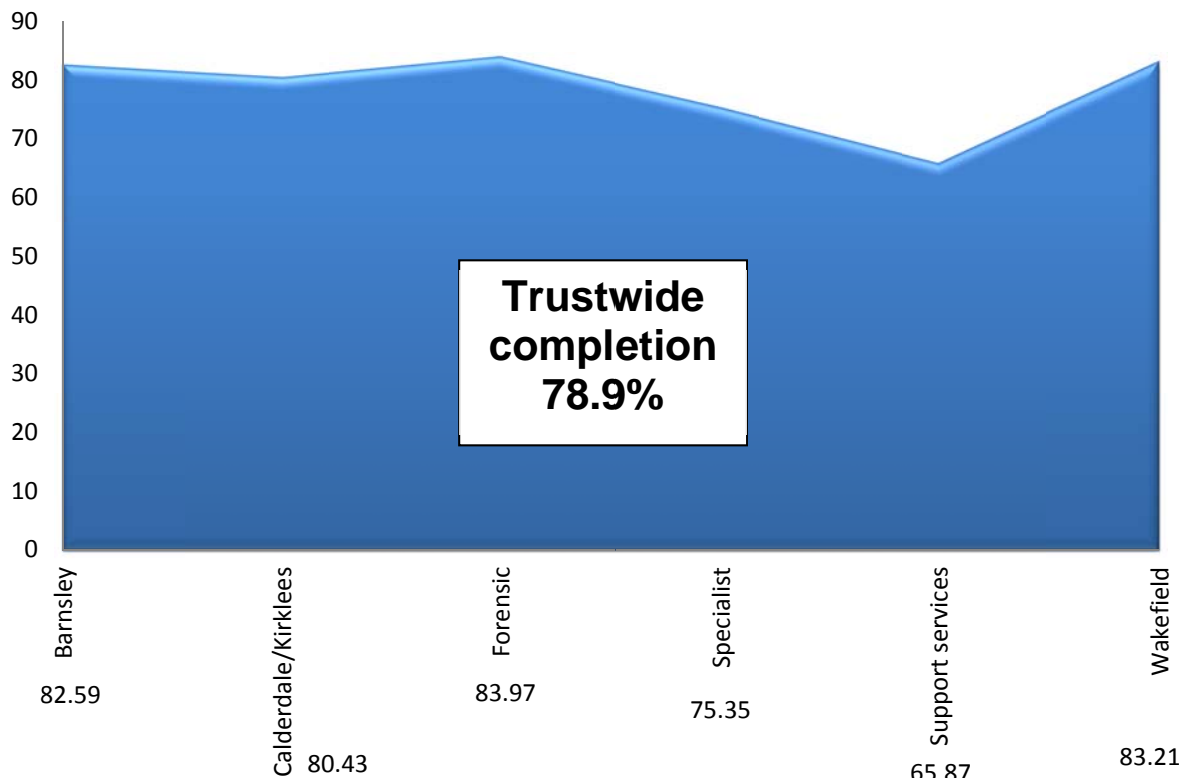
Equality and diversity training is mandatory for all staff and is required to be undertaken every three years; it is available through e-learning or through face to face training sessions. Four sessions are provided monthly across the Trust – one in each of our BDU areas.

The graphs below show the improvements we have made in respect of training completion rates since 2013/14. We will continue to proactively drive this target upwards to achieve over 80% during 2015/16.

Training completion rate by BDU (including support services)
April 2013 to March 2014



Training completion rate by BDU (including support services)
April 2014 to March 2015



We also provide bespoke and focussed awareness sessions to staff to increase awareness and support staff teams or services around the particular issues related equality, diversity and inclusion and/or protected characteristics. This has included; trans-awareness training, human trafficking and sexual exploitation training. We will be providing more targeted training, ensuring staff are able to challenge behaviours inappropriate to living our values, and are confident communicators when dealing with service users and carers with a protected characteristic ensuring a sensitive holistic patient centred approach to care.

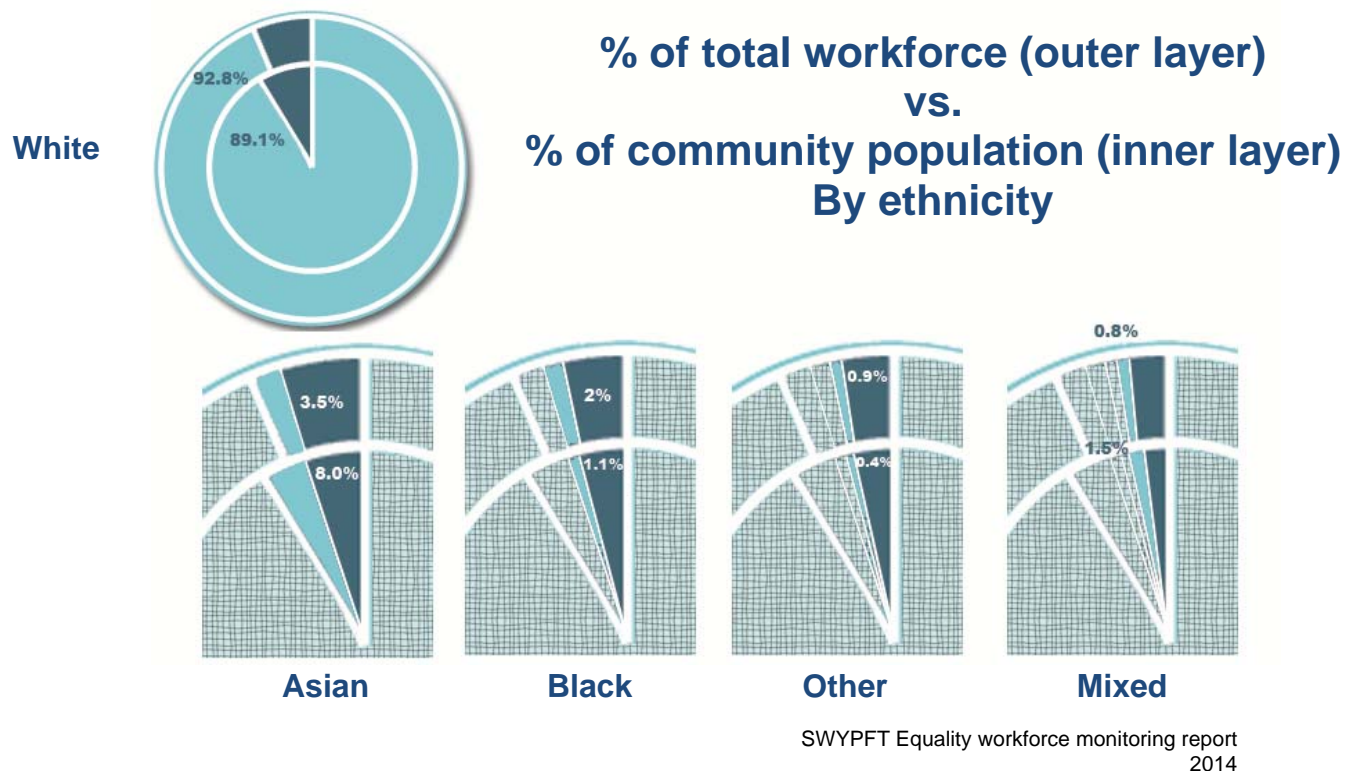
A protected characteristics awareness campaign has been launched across the Trust which will link when appropriate to a national focus such as Carers Week, Gay Pride, Black History Month, Inter-Faith Week. The aim of this campaign is to focus each month on raising staff awareness and increasing knowledge around a protected characteristic. <http://nww.swyt.nhs.uk/protected-characteristics-awareness/Pages/default.aspx>

Wakefield Disabilities Health and Wellbeing team have delivered Dementia Friends and Safer Places Scheme training to staff from Arriva. This has informed, supported and raised awareness for staff when in contact with vulnerable individuals.

9. Workforce Information

Where we are now:

We undertake an annual staff survey and identified areas for improvement are incorporated within our directorate and service workforce plans on an annual basis. Outcome measures are aligned to our Trust strategy measures and progress reported to the Board of Directors on a quarterly basis through the quarterly performance report. More information can be found within our quarterly Board reports which are published within 'Our performance' pages on our website: www.southwestyorkshire.nhs.uk.



(See below re actions to be taken to improve % of total workforce to % of community population by ethnicity).

The Trust:

- Has a Work Partnership Group, with its main focus being on wellbeing, resilience and engagement issues and a bi-annual wellbeing survey. The group's work also ensures compliance with NICE guidance regarding employment and health promotion with a focus on keeping people in employment.
- Holds the "2 ticks" disability symbol and complies with the 5 commitments regarding recruitment, training, retention, consultation and disability awareness.
- Is a member of the "Mindful Employer Charter" which provides information and guidance on how people with mental health conditions learning disabilities and hidden impairments could be supported into and maintained in employment.
- Has a specialist Occupational Health service including physiotherapist, occupational therapist, mental health advisors relapse plans, anxiety management, wellbeing checks, expert patient programme, OH physician and staff counselling.
- Provides some job carving opportunities for people with learning disabilities to undertake selected elements of a job role for a few hours a week without them losing their entitlement to benefits.
- Has a sickness absence policy which supports making reasonable adjustments and retaining people in employment.
- Is a member of the Innov8 charter, which supports the development of a healthy organisation which values inclusive leadership and develops organisational capability with a focus on utilising diversity.
- Has introduced a pilot clinical training and development recruitment (apprenticeship) scheme in Barnsley, Wakefield and Forensic Services, for Health Care Support Workers (HCSW's) who do not hold a relevant health care qualification.

What we plan to focus on next:

- The introduction of a BME staff network which will support members through peer support, advice and guidance events, raising awareness of issues and contributing to the development of policies and the Trust's agenda on diversity and inclusion.
- The introduction of a Trust wide clinical training and development recruitment (apprenticeship) scheme, for HCSW's who do not hold a relevant health care qualification. This will be developed to include strategies to increase the diversity of the Trusts workforce.
- Targeting work on ensuring our workforce more closely matches the communities we serve.

10. Service User Information

Where we are now:

Through our Clinical System RiO we collect and monitor service user demographic data relating to gender, ethnicity, religion or belief, postcode and age for all our services. We submit and analyse data under the Mental Health and Learning Disabilities Data Set (MHLDDS) to the NHS Information Centre relating to gender, age and ethnicity. The MHLDDS is a national NHS information standard and provides comparable person-based information on people accessing secondary mental health services.

The information we collect enables us to have a greater understanding of the overall care and outcomes for people who use our services, so through co-production we can develop the services that people need.

There are currently still gaps in the reporting of patient level information and demographic data reporting across all our services. For example within RiO 6 recording of patient level information is across three forms and the fields required to record some Equality Protected Characteristics are not available. This has now been addressed, and the new Comprehensive Assessment that will be built in to RiO 7 (being rolled out end of June 2015) will simplify recording of service user demographics, ensuring all Protected Characteristics can be recorded and making recording of the data mandatory. Moving forward, this will allow us to profile each team/service across the Trust against each Equality Protected Characteristic.

What we plan to focus on next:

- Need to monitor that the data is being collected consistently across all the Trust services.
- Monitor the intelligence that this information is providing and address hotspots and areas of concern.
- Ensure that all IT packages used across the Trust have the mechanism in place to collect the data and cost implications are built into future business cases to address any deficits.

11. Service User Experience

Where we are now:

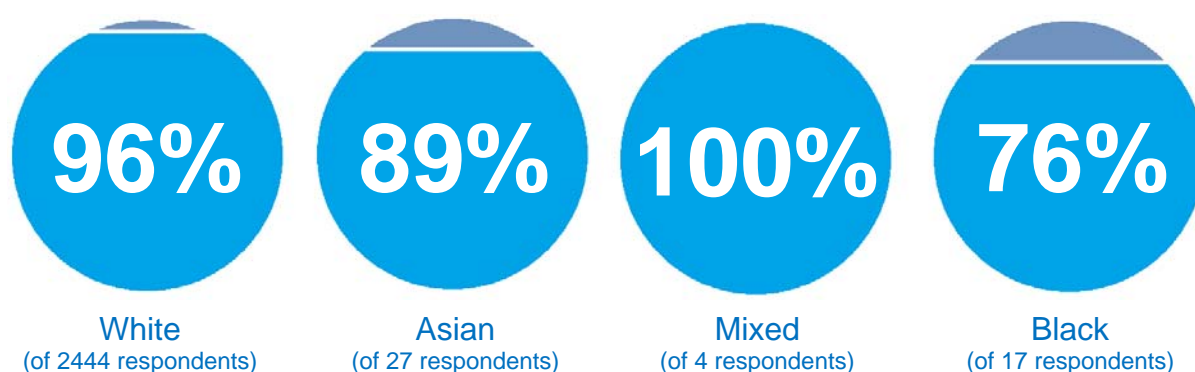
Following a best practice review by Internal Audit the Patient Experience Group (PEG) has realigned its function and terms of reference. This has taken into account the need for a single reporting and governance framework which will have enabled more robust triangulation of the different intelligence arising from volunteer, service user and carer engagement; somewhere to understand and make sense of that feedback. The PEG has been renamed - the Customer Experience Group.

One of the Trust's quality priorities is that people have a positive experience of their care and support. We measure how people who use our services rate their care; and whether they feel they have been treated with dignity and respect. We obtain this information from national and local surveys, both quantitative and qualitative, through feedback obtained through our patient experience project.

<http://www.swyt.nhs.uk/friends-and-family-test/Pages/default.aspx> and through complaints, concerns and compliments.

In October 2014 the Trust implemented the 'friends and family test' (FFT). One of the key benefits of the FFT is that patients can give their feedback in near real time and the results are available to staff more quickly than traditional feedback methods. This enables staff to take swift and appropriate action should any areas of poor experience be identified. The results of the FFT are published so that patients and members of the public can see how their local services are viewed by those who have used them. The results can provide a broad measure of patient experience that can be used alongside other data to inform patient choice. The Trust as a key priority will be targeting community engagement, ensuring that we develop accessible services that meet the needs of the diverse communities we serve, using the friends and family service user question "how likely are you to recommend this service to friends or family", to measure and reduce the experience gap between different groups of service users.

% of service users who are likely/extremely likely to recommend the service to friends or family, by ethnicity



SWYPFT Patient experience survey results
2014-15

Engagement

Fundamentally we believe that working together (sometimes referred to as co-production) with people who use our services, their carers' and the local community in the design and delivery of services, produces better results – giving greater ownership and more say in how services and projects are planned and run.

For us, involving people is about us all working together to improve and develop our services for the benefit of everyone. It is about being able to show how the insight gained from "involving people and working together" has made a difference to improving the quality of the current service, and when developing new services, leading to an increased level of service user and carer satisfaction in those future services. Involvement and working together is an integral part of our culture and we strive to make sure that people are routinely able to influence the services they receive and that we explain the reasons when, by exception, they are unable to do so.

We are clear and honest about why people are being involved and do not give unrealistic expectations. Our approach to making engagement 'real' includes having a multi layered approach – making sure we listen to and take into account as many opinions as possible.

Engaging with our communities:

Around 16,500 local people (including our staff) are members of our Trust, from age 11 upwards. Membership engagement work is always ongoing to ensure that our membership reflects the communities we serve and our members directly elect representatives to serve on our Council of Governors.

Through our membership, we engage regularly with our communities including hard to reach groups such as young people, the transient community and those suffering from dementia, and keep them and us in touch and involved with developments and progress. We do this through:

- our 'Insight into' events in local communities,
- attending local community groups,
- through our excellent community networks
- inviting our members to attend our public board meetings and our annual members meeting.

So that we have the right competencies and skills we have developed a network of 'table hosts' across the Trust to support the facilitation of large scale public events. The hosts are made up of volunteers and staff from across front line services working at band 4 and below and members of the Trust's talent pool from a variety of roles. We also meet regularly with our local Healthwatch representatives to keep up to date with themes emerging in communities which we need to pay attention to.

Engaging with our service users and carers at service level:

Person first and in the centre – when people are actually using our services, high quality engagement and involvement in their own care is at the core of any interaction with us. We have a host of mechanisms in place to enable this to be the best that it can be – the centre of which is the individuals care plan. We also have in place other processes to help service users engage with us including: interpreting services which include telephone support and interpretation, advocacy, information and easy read materials and self-help information (which is recognised as a best practice), regular patient surveys and more recently our patient experience dashboard. Many of our clinical services have service user and carer engagement processes in place. Over 1000 opinions have been given about the transformation of our clinical services across 14 public events held throughout 2014/15.

12. What to do if you think we are not meeting our duties

We are accountable to our service users, staff, members, governor and members of the public.

If you have any concerns or feedback, either positive or negative about equality of access to services or in the workplace please contact Partnerships Team: telephone: 01924 328610.

13. Conclusion

The Trust is committed to promoting an agenda of inclusivity and respect, we will do this through co-produced patient centred services, valuing the diversity of the communities we serve and the staff we employ.

In support of delivering the agenda set out in the report, the Equality and Inclusion Forum have prioritised the following areas, in order to provide leadership and support:

1. New training which equips staff and managers to be effective champions of diversity. We want to give people confidence to challenge behaviours inappropriate to living our values, to communicate with people from different backgrounds and to ensure those responsible for recording equality monitoring information feel comfortable asking the necessary questions.
2. Improve representation of Asian people in the workforce to better reflect the communities we serve and to increase the number of people from a BME background at managerial grades 8 and 9, where they are currently under represented.
3. Targeted community engagement, using technology to bring voices and stories to Trust Board to give us insight which will improve the accessibility of services to people from different backgrounds and improve the experience of service users from Black and Asian backgrounds (the latter measured by the

friends and family service user question “how likely are you to recommend this service to friends or family”).

4. Increasing the percentage of service users in employment through a new pilot project in the Barnsley BDU working in partnership with the Local Authority and local employers.



With all of us in mind

Agenda item 7 Trust Board 21 July 2015

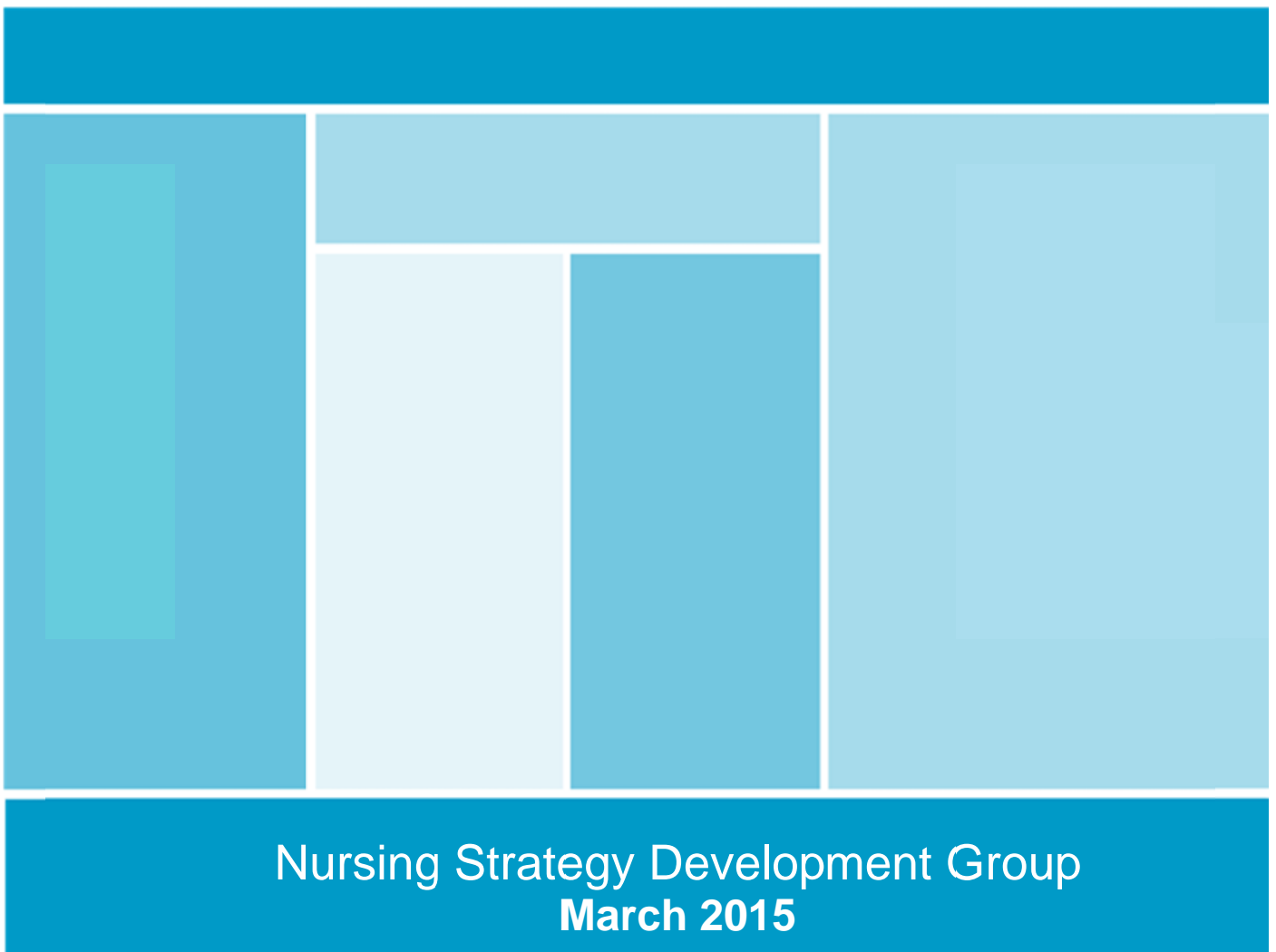
Title:	Nursing Strategy and Nurse Revalidation
Paper prepared by:	Director of Nursing, Clinical Governance and Safety
Purpose:	The purpose of the paper is to present the Nursing Strategy to Trust Board for approval and to provide summary of nursing revalidation, implications for the Trust and proposed action plan.
Mission/values:	Honest, open and transparent, person first and in the centre & improve and be outstanding
Executive summary:	<p><u>Nursing Strategy</u></p> <p>The Nursing Strategy Development Group was formed in November 2014 as a task and finish working group with the main aim of developing a Nursing Strategy for the Trust. The aim of the strategy is to support safe, effective, caring, responsive, innovative and well-led nursing practice.</p> <p>The strategy was subject to wide consultation within the Development Group and throughout the Trust through focus groups and a survey. Over 150 nurses contributed to the development of the strategy.</p> <p>There are six themes covered.</p> <ol style="list-style-type: none"> 1. Six 'Cs' and standards (caring, compassionate, competence, communication, courage and committee) 2. Service user and carer engagement 3. Leadership 4. Innovation and evidence-based practice 5. Communication and engagement 6. Modern workforce <p>A new Nursing Quality Group will be formed and it will establish task and finish groups to take key areas of the strategy forward. It will also be responsible for developing annual plans, performance monitoring and progress. It is anticipated that progress against the strategy will be reported to Trust Board on a six monthly basis.</p> <p>The strategy is challenging but closely linked to the Trust vision, values and goals. There will be resource implications in terms of implementing the strategy, staff being supported to make a difference and to enable the realisation of benefits. These will be presented in business cases as the need arises.</p> <p><u>Nurse revalidation</u></p> <p>Nurse revalidation is being introduced from 1 April 2016 to:</p> <ul style="list-style-type: none"> • protect the public and increase public confidence in nurses and midwives; • to help those on the Nursing and Midwifery Council's register meet the standards required of them; • use practice related feedback to improve the quality of care; • help promote a culture of professionalism and accountability through on-going reflection on the Code and standards.

	<p>From 1 April 2016, nurses will need to revalidate every three years. This will include:</p> <ol style="list-style-type: none"> 1. confirming 450 hours of relevant practice; 2. confirming CPD of 40 hours; 3. practice related feedback and critical reflection; 4. five pieces of written reflection and discussion and how it relates to the code; 5. health and character declaration and professional indemnity; and 6. confirmation from a third party that portfolio is in good shape. <p><u>Implications</u></p> <ul style="list-style-type: none"> ➤ Requires an increase in the numbers of trained registered nurse appraisers. ➤ Requires an increase in the release of nurses from direct clinical/patient care to appraise and be appraised. ➤ Inability to implement an effective system of revalidation means nurses may not be in a position to practice, affecting both direct patient care and services. ➤ Some individual nurses may not meet the new requirements for revalidation thus affecting clinical care and service delivery. ➤ Additional financial resources are required to implement nurse revalidation Trust-wide (exact investment allocation to be confirmed). <p><u>Plan</u></p> <p>As of 3 July 2015, the Trust had 1,416.6 WTE registered nursing staff. The Trust's response to the new arrangements will be led by the Nursing Directorate and the Director of Nursing, Clinical Governance and Safety. Development of the new nursing strategy included a review of the implications of revalidation and this is a key priority for action. The Trust attended a nursing revalidation workshop in London on 10 June 2015. This was hosted by the Nursing Times and facilitated by the NMC and provided very useful and practical guidance on how to meet the challenge of implementing nursing revalidation.</p> <p>The Trust has reports in its electronic staff records that can identify every registered nurse's revalidation date. The intention is to remind all nurses very soon when their revalidation is due, especially those who will be subject to the new arrangements from April 2016. Senior staff from the nursing and HR directorates are meeting in July 2015 to identify the first cohort of registrants who will be subject to the new arrangements in quarter 1 2016. This will be part of a wider implementation plan driven by the nursing strategy, which will also include a local pilot of the new arrangements later in 2015, following the results from the national revalidation pilot.</p> <p>Updates will be provided the Clinical Governance and Clinical Safety Committee.</p>
Recommendation:	Trust Board is asked to APPROVE the Nursing Strategy and NOTE plans to meet new nurse revalidation requirements.
Private session:	Not applicable



With all of us in mind

Nursing Strategy 2015/18



1. Foreword

"This strategy sets out how we can meet our ambitions to be a world class organisation. Putting people at the heart of all we do, listening to and learning from people will help us to continually improve the quality of our services" Steven Michael OBE (Chief Executive Officer, SWYPFT)

The new nursing strategy describes how we can work together to deliver high quality, safe, effective care with compassion. It describes how all nursing staff have an important part to play in improving patient experience and delivering our Trusts vision and values.

People using our services want their contact with nurses to make them feel safe, cared for, respected and involved. They want to know that nurses are there for them unconditionally. They want to be assured that nurses' actions will be in their best interests and will help them improve, recover to their full potential, feel in control of their lives and live life to the full.

To enable nurses to provide consistent, high quality nursing care requires nurses to consistently deploy and develop their existing and new nursing knowledge and skills. Nurses are required to work in collaboration, not only with each other and other professionals but also with those in receipt of care, and their carers. Modern nursing requires nurses to support individuals to be the expert in their own experience, to make their own decisions, and to learn from their own mistakes - nurses must also be prepared to learn from those they are caring for.

We are proud of our nursing workforce because of the dedication and professionalism which is shown to the people who access, receive and use services 24 hours a day, every day of the year.

Our values of care and compassion are the attributes that are most valued by our service users, their carers and the public, and these must underpin everything that we do.

We envisage that this strategy will encourage pride and enthusiasm about being part of the nursing team within our organisation. We are proud of our nurses and believe that they should be, and are, proud of themselves.

I would like to thank our nursing workforce for their hard work and thoughtful and considered contributions to the development of this strategy.

Tim Breedon, Director of Nursing

I think it is important that nurses recognise and value what a privileged position we have in being able to shape and influence healthcare. – Safeguarding Nurse

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- 11. Implementation and Monitoring**
- 12. References/Reading List**

3. Our vision and values

Our Vision ...

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

Our values ...

- *Honest, open and transparent*
- *Respectful*
- *Person first and in the centre*
- *Improve and be outstanding*
- *Relevant today, ready for tomorrow*
- *Families and carers matter*

4. Introduction

Caring is ... “helping people to get well and able to go home and live their life to their best ability” Health Care Support Worker, Mental Health Ward

“nursing is an honour and a privilege, we see people at their best and at their worst and they see us as someone to guide and support them to make the best choices available “ Tele-health Nurse

“being a nurse says many things about who I am and it gives me a place and an identity ...” Memory Nurse

“being a nurse for me is not just a job, it’s a great job... Memory Nurse

“We are visitors in our service users lives; being asked to share people’s experiences, contribute to their recovery, and see them progress in positive ways is a rewarding privilege” Ward Team Leader

Nurses are the largest group of staff within South West Yorkshire Partnership Foundation Trust (SWYPFT) and the wider NHS. The Trust has over 2500 nurses (1500 registered, 1000 in nursing support roles, and we also support hundreds of student nurses in training) working across community, mental health, adult, children and learning disability settings.

Our nurses work with people within our services and their own homes, across all age ranges and from every walk of life. We work in cities, towns and villages, in urban and rural settings. Our primary role is the provision of high quality care for those that we come into contact with, including families and carers. Whether working with the individual in their own home or within a hospital environment, the nurse creates the milieu which surrounds this and is responsible and accountable for the quality of care that they deliver. Care that is delivered with respect for the individual, their dignity, diversity and needs.

Good nursing practice is fundamentally about the quality of the relationship between the nurse and the person in receipt of that care. It is based on compassion, hope, mutual respect and positive regard, and on optimistic attitudes that support an individual’s personal recovery. It isn’t just about the care we give, but how we give it. Nor is it just about what we say and do, but also its impact.

This strategy has been written for both registered nurses and nursing support staff and aims to provide a framework to support safe, effective, caring, responsive, innovative and well-led nursing practice. It is anticipated that it will be used in a number of different ways:

- For individual nurses to read and understand the Trust’s strategic direction
- For nursing teams to use to plan objectives
- For Directorate leadership teams to ensure the professional nursing agenda is aligned to service strategies
- For the nursing networks to drive implementation and monitor performance
- For other staff groups to understand key issues and priorities for nursing
- For members of the public and other key stakeholders, including commissioners and regulators to understand the key issues and priorities for nursing in SWYPFT
- To inspire our nurses to be the best that they can

Our strategy has been developed utilising information from a variety of sources including consultation with nursing staff, registered and those in nursing support roles at all levels and disciplines across the organisation. This was achieved through discussions in dialogue groups, team meetings and ward handovers, use of an online consultation questionnaire, individual interviews and email responses. In addition, a number of key strategic documents have informed its development, and links to these are available in the appendices.

5. Six C's and Nursing Standards

"Compassion is listening. Putting all your differences/views/ideas aside and take on board what the service user has to say...". Community Learning Disability Nurse

Caring is ... *"Empowering, enabling and when required assisting"* Ward Manager, Forensics

Standards *"ensure everyone gets good care..."* Memory Team

Nurses need to work within and maintain standards, which both shape care and enable us to measure our performance. However, we are also guided by professional standards, as set by our regulatory body, the Nursing and Midwifery Council (NMC). Our care needs to meet the fundamental standards as set out by the Care Quality Commission (CQC). In addition we follow clinical guidelines, policy and procedure, and adhere to our legal and ethical obligations. How effective we are in this reflects upon us as an individual, on the team we work in, on our organisation and on the nursing profession as a whole.

As Nurses we need to understand our responsibility and accountability as individuals and collectively. This involves working together in upholding professional standards, not only for ourselves but also in supporting others to recognise and uphold them also.

Underpinning Compassion in Practice and shaping how we perform as nurses are the *6C's of nursing*, which support safe, effective, innovative and quality care. They guide Nurses and enable those who receive it to expect and experience care that is:

- **Caring**, - defines what nurses do. It must be person centred, safe and evidence based and documented clearly, accurately and contemporaneously. People expect their care to be right for them. It is about putting service users/patients first. Effective nursing cannot take place without caring.
- **Compassionate** - respectful of the person's dignity and driven by empathy. This isn't just about the way we give care; it is about how we listen to others, what we say and how we do this. We also need to understand the impact of what we say and do, capturing the service users/patients experience of the care we give. Sometimes defined as "intelligent kindness".
- Delivered with **Competence**, which is the ability to deliver knowledgeable, evidence based care, displaying clinical and technical expertise. This needs to be done with confidence and trust, ensuring our service users/patients feel included, have confidence in us and what we are doing.
- Underpinned by clear and effective **Communication** - if we are to effectively work with each other, our colleagues, leaders, patients, and carers, we need to be able to work as a team and communicate with those receiving care and those delivering treatments alongside us. Effective communication is essential to the delivery of compassionate care. Listening is as important as what we say
- Based on having the **Courage** to act and to speak up. This means challenging and influencing others. Do the right thing for people we care for, challenge and be willing to be challenged yourself. It's also the courage to innovate and embrace change.
- Offered by a **Committed** staff group who aim to do the right thing every time. Who also commit to understand, be transparent and change what we do when this is needed. It is self-evident that we need commitment to those we care for but it also refers to our commitment to each other, the profession, the organisation we work for and its values and goals. To commit is to embrace accountability.

Living the 6c's requires –

- Acceptance of the values that underpin them
- Understanding and recognising our professional accountabilities and responsibilities
- Being proud of our profession and of the role we perform
- Our attitudes, values and behaviours reflect upon our profession and employer.
- working with those we provide care for in true partnerships
- Getting the basics right every time
- Knowing what we are doing, why we are doing it and why it matters

Arguably there is a 7th C in **Confidence**. If the other 6c's are delivered, confidence is likely to be the outcome. Confidence in us as practitioners by those we provide care for service users/patients and their carers, confidence in our organisation by the communities it serves and confidence in each other as part of the nursing family.)

Goal

SWPFT nurses will use the 6 C's to underpin their nursing actions and interactions. We will support each other to set, maintain and uphold the highest standards of care and behaviours. We will continually strive to improve the quality of the care that we give.

Our Objectives

1. Nurses will experience strong clinical and professional leadership supported by strong management.
2. All nurses will have access to regular supervision.
3. Nurses will understand their roles, responsibilities and accountability.
4. Those in nursing support roles will be expected to maintain similar standards of conduct and performance as the regulated Nursing workforce.
5. Methods of measuring the quality of nursing practice (nursing metrics) will be developed.

6. Working with Service Users

“... to support, care and facilitate change you first must listen, learn and understand...” Safeguarding Nurse

“service users and carers are the experts in their life, their illness, and their recovery. In order to understand the care someone needs, we need to understand what is meaningful and important to that person” Ward Team Leader

Service user experience of the nursing care they receive is rightfully the ultimate judgement of successful care delivery. We aim to develop relationships with our service users and patients that involve better listening and decision-making: Supporting the principle of *“no decision about me without me”* (Liberating the NHS, 2012)

Engagement and communication with our service users is an essential and integral part of service planning, commissioning and delivery. Through engagement and communication we aim to ensure that the patient/service user is our primary concern and is an equal partner, working alongside nurses in assessing and identifying options about the most appropriate package of care for that individual.

We plan and deliver our service for the benefit of everyone, but we must be able to demonstrate how engagement and involving people makes a difference to improving quality.

The Trust is committed to improving the service user experience and to ensure that, every single patient/service user receives the best possible support and care, and that this is built on the mutual respect, highly effective management and excellent customer service. In particular, recognising that first impressions matter and continually seeking to get that right.

Right Here, Right Now: Taking co-production into the mainstream (2010) argues that people’s needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done. This is the underlying principle of co-production – a transformational approach to delivering services – to make every contact count.

Nurses working towards co-production require a particular mix of skills. Currently there is a significant shift away from a culture of ‘caring for’ to one of enabling and facilitating.. In other words whilst professional expertise is vital, it is best applied alongside the knowledge that comes from personal experience. Prevention via better public health outcomes is also central to this culture shift (The NHS Five Year Forward View, DH, 2014)

The NHS Five Year Forward View sets out a vision for the future of the NHS. It suggests that nurses need to engage with communities, families, parents, carers and individuals in new ways, involving them directly in decisions about the future of health and care services. This will include better support for carers building on the new rights created by the Care Act and creating new options for health-related volunteering. These accredited volunteers will become part of the extended NHS family – not as substitutes for but as partners with our skilled nursing staff. We already have 250 volunteers across the organisation with an ambition to raise this to 500, working across all parts of the organisation.

We are demonstrating the importance of how we can use lived experience to help develop more recovery focused services. This includes the use of volunteers with lived experience, how we proactively use the lived experience of staff and also through the employment of peer support workers (peer support workers draw on their own experiences of illness and support others using services in their own recovery journeys).

We are working towards developing more opportunities for Peer Volunteers and Peer Support Workers and Staff with Lived Experience working alongside each other delivering services through a co-produced reciprocal relationship.

At times our engagement with those we care for can be affected by the challenging nature of our relationship, particularly in services where individuals may be subject to legal deprivations of their liberty, including those in forensic services. However, at these times it is even more important to demonstrate good nursing practice and have the skills to develop and maintain that relationship – to listen and to learn. We must see the person first.

Goal

To ensure that effective engagement with patient/service users and their carers will underpin all of our nursing interventions in support of “no decision about me, without me”. We will augment our nursing skills with the use of volunteers, support workers and our own lived experiences to deliver care that recognises and maximises the value of those who receive our services as experts by experience and utilises that to support their treatment and recovery

Our Objectives

1. All nursing teams will continually review and seek to improve the extent to which we make people feel welcome when they enter our services, including how we provide information and involve people in their care
2. We will work to reduce levels of complaints against nurses citing staff attitude as a reason
3. We will work in partnership with service users to reduce use of Restrictive Physical Interventions
4. We will increase involvement of service users/patients and/or carers in recruitment for nursing posts except where there are very clear and justifiable organisational, professional, legal or ethical grounds that would prevent this.
5. We will utilise measures such as the 15 step challenge and friends and family test to improve our understanding of how our services are perceived by our own staff as well as those who use them
6. We will gather and use patient/service user stories to help us learn where we are getting things right and where we can improve.
7. We will seek to utilise every opportunity to support co-production, from the development of care/safety plans through to service redesign

7. Leadership

"looking up to other nurses with more experience for my continuous learning and looking forward to further developing my nursing career... Memory Nurse

Leadership is. "... Innovation, inspiration, motivation, dedication..." Ward Team Leader

"knowledge, courage to decide, ability to empower and understand ... " Ward Manager, Forensics

"effective leadership requires doing the right thing rather than just doing things right" Senior Nurse

Most reports and inquiries that had an impact on nursing in recent years have reflected upon strong nursing leadership as key to the provision of safe and effective high quality healthcare services. The Francis inquiry into failures at Mid Staffs, the Keogh review into care and treatment (2013) and Berwick report into safety (2013), all have recommendations related to leadership. We know that highly visible leadership is associated with good outcomes and we know that nurses learn from effective role models.

"To make every service user contact count, leadership at ward, unit and department level is key to future success". (How the Organisation Runs, SWYPFT, 2014). All individual nurses require leadership skills to deliver care. Service users/patients and their carers expect to receive care from nursing teams who are well led but they also expect individual nurses to demonstrate confidence and competence and to be able to work seamlessly with other members of the care team. They expect to see all nurses demonstrating effective leadership skills. Nurses lead by example, develop self and others, develop services and support positive effective change. They provide inspiration and direction which can support the modernisation agenda and recovery focussed approaches which benefit those using our services. In other words all nurses are expected to display leadership skills and qualities and are at their most effective when acting with authority and accountably in line with the NMC Code of Practice.

"... effective nurse leaders were characterised as flexible, collaborative, power sharing as using personal values to promote high quality performance!" (Kings Fund, 2014)

Individuals are effective when they are confident and competent, aware of their own behaviours, strengths and areas for development, when they work well with their team members and are outcome-focused, when they are good at networking and are politically aware. Our Leadership and development programmes supports nurses at all levels to equip them with the skills and resilience to implement significant service and cultural change. Nurses need to be confident in providing leadership that places service users at the centre and core of everything that they do. In How the Organisation Runs Part 2, describes how "accountability and responsibility (is) being invested in the roles of individuals and teams, not the system itself (SWYPFT, Mar 15)". We will lead on the achievement of national and locally defined standards.

We aim to enable nurses to provide effective, accountable clinical leadership at all levels, promoting clinical and operational leadership skills in clinical care, innovative practice, development and support to others. Nurses will have clear roles, responsibilities and accountability in a structure which enables them to lead and manage services and practice to support the achievement of positive outcomes for individuals. In addition nurses will act as role models to each other and to nurses in training.

Senior nurses in the Nursing Directorate are available to provide professional advice and support to the nursing workforce, helping them work to the NMC Code. In addition, the trust has a network of specialist advisors who can provide specialist advice and support for their area of expertise. Nurse consultants are also available to provide leadership, lending their expert nursing knowledge.

Goal

All of our nurses will have opportunities to develop their leadership skills and senior nurses will role model standards of behaviour and leadership for others to follow. Senior nurses in the nursing directorate will lead the profession through visibility and engagement. Individual nurses will support the directorate maintain high standards. This will help ensure SWYPFT nurses are viewed as exemplary role models for peers and undergraduate nurses in training. Leadership is best demonstrated by nurses at all levels acting with authority and accountably in line with professional standards.

Our Objectives

1. All nurses will take responsibility for the self-policing of standards, challenging poor practice and mediocrity, and developing an open and honest learning culture – to role model “this is how we do things round here” and the Trusts ‘Values into Behaviours’.
2. All nurses will have an opportunity to develop their leadership & management skills, knowledge and capabilities via the trusts Leadership & Management Competency Framework and Trust-wide Development programme to equip themselves with the skills and resilience to implement significant service and cultural change.
3. As part of supervision and appraisal, nurses will display appropriate development and reflection time on their role as a leader.
4. Mentorship and coaching will be provided to aspiring leaders who are determined to make a difference and will be supported in doing so through the Trusts ‘Talent Development’ and ‘Succession Planning’ processes.
5. We will develop a set of case studies/scenarios to raise awareness of the new NMC Code.

8. Innovation and Evidence Based Practice

"... ensure we are providing consistent, high quality care that is continually improving..." Ward team leader

"... we continue to evolve and develop, we are the most responsive profession in today's health care as we historically have had to pull the strands of care together. The ability to strive for better and not take our position as a given right ensures that we are responsive, adaptable and innovative" Ward Manager Forensic Services

" positive change and innovation bubbles upwards!" Senior Nurse

"evidence based practice, service user experience and practice based evidence are equally important for nursing practice..." Senior Nurse

Nurses are central to providing evidence based practice across the services delivered by our Trust. Whether at an individual practice level, within multidisciplinary teams or when leading more strategic change, nurses are core to innovation in service delivery. "Putting nurses at the forefront of leading and managing services brings many benefits" (Front Line Care, 2010). The current broad range of service transformation across services is focused on empowering service users/patients and carers. Nurses are key to this transformation and central to ensuring that those accessing our services are truly our first priority and at the centre of decision making. Many services are under more pressure than ever before with the requirement to be efficient yet lean, to meet performance targets and in the context of increased regimes of scrutiny and inspection. Rightly there is a growing expectation from those accessing services that we deliver innovative services supported by best practice and evidence. Demographic changes, and a need to focus on early intervention across all services provided by the Trust requires all nurses to continually consider how they and their teams can innovate to provide the best services in a challenging financial climate.

To achieve this we will need to become better at harnessing and utilizing the data available to us. To establish that our care is effective and outcome focused we will need to continually improve the use of nursing metrics and outcome measures.

Co-production work in the Trust already demonstrates how nurses can lead recovery focused organisational change, with services designed *by* those accessing them *for* those accessing them. Care pathways work, clustering and nursing role definition all enable an evidence based approach to ensuring nurses have the right skill sets to competently deliver the best care. Innovation thrives in a learning organisation that supports personal development and career progression.

We already have Advanced Practice Roles, non-medical prescribing, nursing diagnostics and non-medical radiology requests as examples of innovation and best practice currently delivered by our nurses. Our workforce strategy will ensure that we have nurses with the right skills and qualifications to deliver evidence-based services in a modern healthcare environment. Nurse led teams and units can combine the best of medical, nursing and multi-professional practice. This offers us clear opportunities to modernise the nursing workforce.

Graduate nurses of the future will require clear career pathways for advanced practice, research, education and management streams. They will access Masters level courses and PhD's where appropriate. Core nursing roles at Band 5 & 6 must be confident in their practice and the research and evidence that support this.

We need support worker roles that are fulfilling and grounded in effective training, skills and supervision. This will require connecting Trust strategies for workforce planning, education, and research, with commissioned evidence based care pathways to provide clarity of roles & responsibilities matched to skill sets and qualifications. The trust is developing a framework to support innovation, this will include, where appropriate, giving individuals the time to

work on innovative ideas. The contribution of nursing to that will be significant, and we already have a track record of sharing good ideas.

Goal

Nurses will continue to seek to find innovative and creative solutions to providing effective outcome driven care in challenging times. We will create the space for innovative thinking and developments and look to maximise efficiencies wherever we can so that service users/patients derive the maximum benefit from the nursing contribution, including the development of new roles (e.g. nurse led services), which we will strive to develop and implement in partnership with key stakeholders. We will continue to develop and use data including nursing metrics to help us better understand and evaluate the effectiveness of the care and support we provide.

Our Objectives

1. We will measure what we do and use variations in our data so we can commission improvement projects and research in areas that will improve safety, including the development of nursing metrics/benchmarking tools.
2. We will utilise available tools (e.g. Sign up to Safety, Patient Safety Thermometer) to benchmark nursing practice with each other and with other organisations.
3. We will seek to develop and implement new and innovative advanced and extended roles and practices, which improve efficiency and maximise the nursing contribution to care.
4. Trust board Quality Reports will contain data about the standard and quality of nursing care.
5. We will continue to seek out new opportunities to strengthen and improve the nursing contribution to the care pathway in collaboration with our partners in the local health economy and higher education.

9. Communication and Engagement

“90% of problems arise because of communication problems; the other 10% are because people don’t talk to each other”. Senior Nurse

“I want patients to receive the best” Staff Nurse, Long term conditions

Good communication and engagement are best achieved through a variety of channels and formats which are aligned to the needs of relevant audiences.

The successful adoption and implementation of a strategy is largely dependent on how well it is understood and owned by those it is intended for. A Nursing Strategy is particularly challenged as one of the great strengths of nursing, the breadth of diversity within it, can also at times be a weakness as smaller nursing groups feel excluded or conversely, larger ones don’t feel strategy is relevant to them.

The continued expansion in the diversity of nursing roles could lead to the perceived dilution of the core role of a nurse. Arguably the move towards sub specialisation we have seen in recent years has accentuated this with some nurses taking on more specialised and arguably less generic nursing roles. Similarly, because we are a large organisation in terms of numbers as well as geography, it is not always easy to reach each and every individual nurse. However, this makes it even more crucial that we get our communication and engagement right. Effective and high quality communication and engagement needs to be normal day-to-day practice across the trust. The nursing workforce needs to feel engaged with itself and the wider organisation.

The opportunities opening up to us with the advance of technology needs to be harnessed alongside more traditional methods. We aim to explore how we can maximise the benefits of using for example newsletters, leaflets and posters, interactive web tools, online discussions and forums, emails, podcasts and blogs. However, we will also need to review the traditional methods we use – our meetings, networks and forums and ask if they are fit for purpose. Do we need to explore other approaches such as workshops, peer reviews, master classes or advice surgeries for example.

The importance of “board to frontline” communication is well understood. This nursing strategy endorses the need for robust lines of communication and engagement, not only from board to frontline but across the professional group and beyond that to other professional groups (another section describes how we will engage with service users and carers).

Good communication within and across the fields of nursing will support information sharing and collaboration on best practice and learning lessons. It can help bring together the collective body of knowledge all nurses contribute to best meet needs of our service users/patients. We tend to be very good at communicating “bad news” when things have gone wrong. Learning from where things have gone wrong is essential, but we must also use communication to share and celebrate the wealth of positive work and achievements within nursing. Our engagement with each other should allow us to bring that to the fore more readily and more often.

Goal

Existing lines of communication and engagement will be reviewed and where appropriate new and innovative ways explored and implemented. We will also support more effective engagement with other professional groups with goal of improving service user/patient outcomes. Effective and high quality communication should become normal day-to-day practice across the trust.

Our Objectives

1. A new trust-wide nursing quality group will be developed to implement the objectives of this strategy, establish clear lines of communication between nurses across the Trust and promote high quality care.

2. All nurses throughout the organisation will receive regular updates from the Director of Nursing and their senior team on contemporary issues affecting nurses and nursing.
3. We will seek new ways to further enhance engagement between the Director and Deputy Director of Nursing and frontline staff and increase visibility of senior nursing leaders, improve board to ward communication and visibility across services, across teams and within teams.
4. Improved communication across all fields and between all fields of nursing to promote cross fertilisation of skills and best practice across mental health-LD-general nursing.
5. Support nurses across BDU to communicate clearly with each other – ensure BDU working doesn't lead to nursing silos.
6. Nurses will continue to work collaboratively within multi-agency environments to place public health and social wellbeing at the core of our health and social care system.
7. Explore opportunities to implement and maximise interdisciplinary working and learning (e.g. RAMPPS).
8. Continue to support nurses to share their good practice on a local, national and international stage.

10. Modern Workforce

“the nursing role ... has changed so much in recent years” School Nurse

“... having nurses who are trained in modern techniques ... so we may provide the best possible care” ECT nurse

“allowing us to prioritise and deliver a responsive care package” Ward Manager, Forensics

It has been forecast that there will be a £30 billion funding gap within the NHS by the year 2020. As a consequence the NHS need to recognise the challenges posed and as the largest part of the workforce, ‘nurses’ are best placed to lead on reform with a vision for their own changing roles and responsibilities. In recognition of the challenges, a vision and strategy for nursing, midwifery and care staff was set out by the Chief Nursing Officer for England (CNO, 2012). This identifies 6 core values and behaviours that must be embedded within the nursing roles both now and in the future (the six C’s). In developing a modern nursing workforce four key objectives have been identified to provide structures for the future. These are to:

1. Develop a competent, flexible and diverse workforce.
2. Update career pathways and choices.
3. Prepare nurses to lead in a changed health care system.
4. Modernise the image of nursing and nursing careers.

Nurses should be prepared for different patterns of working and care delivery to reflect the changing nature of the demands on healthcare provision. They need to be competent to deliver the highest quality care that is efficient and value for money. There will be a need to manage change in capacity and demand, and to plan for, and develop specialist and advanced roles in nursing along with new and advanced clinical interventions. Our Leadership and Development framework creates a foundation and structure to build a capable, flexible workforce that has the capacity to transform in line with service development. Revalidation provides us with a framework to check out that we have the competencies required.

Nursing careers and pathways of the future will be shaped by the changing needs of the service users and carers. These should encompass the wide range of specialist and advanced nursing roles and how they fit with the wider workforce and how new technologies can be utilised particularly around care delivery in the community. The role of the mentor in preparing the professional workforce of tomorrow is crucial and we look to strengthen the governance around practice learning environments. Greater clarity will be required on the skill mix of the nursing workforce that develops the role and responsibilities of the non-professionally qualified staff. We will need to continue to explore how we can develop all nursing roles, including nursing support, to provide greater flexibility across all areas of the care pathway.

It is suggested that ‘nurse leaders’ of the future will need to deliver ever improving quality of services that will require a degree of business skill and knowledge. There will be a need to grow confidence in ‘entrepreneurship’, in engagement within the business marketplace in order to achieve maximum capacity and deliver better health outcomes for the public. However, we also need to make sure that quality of nursing care and practice is not compromised. As nursing support roles will continue to develop and be given greater autonomy, we must ensure that we utilise every opportunity this affords us to add value to the care pathway. The planned nurse education review (Willis report) and exploration of the generic practitioner role mean that nurses need more than ever to have a clear vision for their roles, core functions and skills.

Modernising the image of nursing will promote a more accurate view of what nursing involves and reflect the different career pathways, motivations and career choices. This may go some way to attract the best and most suitable people of the future. Those entering the profession as nursing support workers or undergraduates need to have a clear understanding of what it means to be a modern nurse, what opportunities are available now and in the

future. The implementation of the Care Certificate for nursing support staff and revalidation for registered nurses will hopefully help individuals and the profession understand how and where it might need to modernise. We are also aware that the demographic profile of our workforce suggests we have many nurses reaching retirement age in the coming years. We need to ensure that we remain the employer of choice, working to attract and retain a diverse workforce of talented and motivated staff who demonstrate the desired values and behaviours, this will contribute to strengthening our reputation as a provider of high quality nursing care.

Goal

We will seek every opportunity to consolidate and improve the nursing contribution to the development of safe and effective care pathways. Nurses have proved to be an extremely adaptable part of the NHS workforce. No other professional group spans so many roles as those occupied by nurses. As we seek to continually make the care pathways those who use our services more lean and efficient, nurses are uniquely placed to identify, develop and occupy roles which support this.

Our Objectives

1. We will use the process of revalidation to support nurses demonstrate that their skills and knowledge are evidence based and contemporary.
2. The nursing contribution to Multi-Disciplinary Team work will continue to be strengthened and developed.
3. We will maximise opportunities to improve the skills and knowledge of our nursing support staff through apprenticeships, achievement of Care Certificate and look for opportunities to develop the Band 4 role to support care pathways.
4. We will aim to identify, nurture and support those in support roles who demonstrate the desire and commitment to make a difference to undertake undergraduate study towards registration.
5. Extended and advanced nursing roles will be encouraged and developed to enhance clinical pathways in collaboration with other disciplines.
6. We will aim to utilise the use of IT to enhance the effectiveness of nursing care, for example via agile working.
7. Student Nurses are supported in their learning by nurse mentors who are able to educate and inspire them, we will Improve governance of Practice Learning areas and strengthen the role of the Educational Lead/Learning Environment Manager.

11. Implementation, Monitoring and Evaluation

A new Nursing Quality Group will be formed, led by the Director of Nursing, and it will establish task and finish groups to take key areas of strategy forward. It will also be responsible for developing annual plans, performance monitoring and progress. It is anticipated that progress against the strategy will be reported at the Trust Board on a six monthly basis.

The new Nursing Quality Group will also advise on contemporary issues and challenges as they arise and may also focus on other key issues affecting nursing, for example: the image of nursing, evidence based practice, recovery and relationships, safe environments and developing nurse leaders.

In addition to the objectives set out in the strategy, other key activities will support and strengthen the nursing strategy implementation. These will include:

- Publication of staffing levels so that the board and the public can be assured.
- Establish a Nursing Research Group to provide a system of research supervisors and mentors.
- “Impact of nursing” metrics to be developed for inclusion in quality report

The Nursing Strategy will be launched during **Autumn 2015**. A ‘strategy on a page’, a short video, media, posters and face to face events will all be developed to raise awareness and understanding of the key messages and priorities within the strategy.

12. References/Reading List

The Code: Standards of conduct, performance and ethics for nurses and midwives
Nursing and Midwifery Council (May 2008).

<http://www.nmc.org.uk/globalassets/sitedocuments/standards/the-code-a4-20100406.pdf>

Compassion in Practice

<http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf#>

<http://www.england.nhs.uk/wp-content/uploads/2014/12/nhs-cip-2yo.pdf>

Mid Staffs Public Enquiry (Francis report)

<http://www.midstaffspublicinquiry.com/report>

Review into the quality of care and treatment provided by 14 hospital trusts in England: (Keogh report)

<http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-finalreport.pdf&rct=j&frm=1&q=&esrc=s&sa=U&ei=Ha9dVfXhBomE7Qa6qICACg&ved=0CCcQFjAD&usg=AFQjCNGI0pbZ-Lv9nvS6Pax9ePogmYAoiA>

A promise to learn – a commitment to act (Berwick report)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

Right Here, Right Now Taking co-production into the mainstream (2010)

https://www.nesta.org.uk/sites/default/files/right_here_right_now.pdf

The NHS Five Year Forward View

<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Liberating the NHS, No Decision about me without me, (2012)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/d_h_digitalassets/@dh/@en/documents/digitalasset/dh_134218.pdf

Care Act

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Front Line Care: The Prime Minister's Commission on the Future of Nursing (March 2010).

http://webarchive.nationalarchives.gov.uk/20100331110400/http://cnm.independent.gov.uk/wp-content/uploads/2010/03/front_line_care.pdf

Developing Collective Leadership for Health Care

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/developing-collective-leadership-kingsfund-may14.pdf

Developing a Collective Leadership Strategy for Health Care

<http://www.kingsfund.org.uk/sites/files/kf/media/delivering-collective-leadership-ccl-may.pdf>

How the Organisation Runs, (SWYPFT, 2014, 2015).

Trust Board 21 July 2015

Agenda item 8

Title:	Trust Board self-certification – Monitor Quarter 1 return 2015/16
Paper prepared by:	Director of Corporate Development
Purpose:	To enable Trust Board to be assured that sound systems of control are in place including mechanisms to identify potential risks to delivery of key objectives.
Mission/values:	Compliance with Monitor's Risk Assessment Framework supports the Trust to meet the terms of its Licence and supports governance and performance management enabling the Trust to fulfil its mission and adhere to its values.
Any background papers/ previously considered by:	The exception report to Monitor highlights issues previously reported to Trust Board through performance and compliance reports.
Executive summary:	<p><u>Quarter 1 assessment</u></p> <p>Based on the evidence received by Trust Board through performance reports and compliance reports, the Trust is reporting a governance risk rating of green under Monitor's Risk Assessment Framework.</p> <p>Based on performance information set out in reports presented to Trust Board, the Trust is reporting a continuity of services/finance risk rating of green with a score of 4.</p> <p><u>Self-certification</u></p> <p>Monitor authorises NHS foundation trusts on the basis that they are well-governed, financially robust, legally constituted and meet the required quality threshold. Monitor's Risk Assessment Framework is designed to:</p> <ul style="list-style-type: none"> - show when there is a significant risk to the financial sustainability of a provider of key NHS services, which endangers the continuity of those services through the continuity of services risk rating; and/or - show where there is poor governance at an NHS Foundation Trust through the governance rating. <p>Trust Board is required to provide board statements certifying ongoing compliance with its Licence and other legal requirements to enable Monitor to operate a compliance regime that combines the principles of self-regulation and limited information requirements. The statements are as follows.</p> <ul style="list-style-type: none"> - For continuity of services, that the Trust will continue to maintain a risk rating of at least 3 over the next twelve months. - For governance, that the board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the Framework and a commitment to comply with all known targets going forward. - And that Trust Board can confirm there are no matters arising in the quarter requiring an exception report to Monitor, which have not already been reported. <p>The Framework also uses an in-year quality governance metric, which is currently the same as that used since quarter 3 of 2013/14, of executive team</p>

turnover as this is seen as one of the potential indicators of quality governance concerns. The Trust is required to provide information on the total number of executive (voting) posts on the Board, the number of these posts that are vacant, the number of these posts that are filled on an interim basis, and the number of resignations and appointments from and to these posts in the quarter.

The in-year governance declaration on behalf of Trust Board will be made to confirm compliance with governance and performance targets.

Given that Trust Board is early in July, the attached report is a first draft of the exception report to be submitted to Monitor in respect of Quarter 1. The Chair has asked that the final version is circulated to Trust Board before submission.

Foundation Trust sector comparison

At the year-end, there were 152 Foundation Trusts authorised by Monitor. Of these, three are newly authorised and do not have a risk rating (Bradford District Care, Kent Community Health and Nottinghamshire Healthcare).

In April 2015, Monitor issued the Quarter 4 Performance Report for 2014/15 for the sector. This allows us to place Trust performance in a national context. The tables below show that the Trust remains in the upper quartile with a Continuity of Service Rating of 4 and a Green Governance rating. The key headlines are as follows.

- Foundation Trust deficit £349 million against a planned deficit of £10 million; therefore, the deficit was £339 million more than planned. The overall NHS deficit was £822 million.
- Of 152 foundation trusts. 77 reported a deficit. These totalled £636 million (78 at Quarter 3).
- 54 acute trusts are in deficit accounting for 94% of the overall deficit.
- 14 mental health trusts reported a deficit.
- Issues previously identified continued to be the prime causes of the deficit relating to £1 billion unplanned agency spend and £315 million under-delivery on cost improvement programmes.
- The sector has indicated that 2015/16 will be even tougher.

All Foundation Trusts

		Governance rating			
		No evident concerns	Issues identified	Enforcement action	Total
Continuity	4	68	2	3	73
	3	24	9	6	39
	2	2	10	8	20
	1	0	1	16	17
	Total	94	22	33	149

Mental Health Trusts

		Governance rating			
		No evident concerns	Issues identified	Enforcement action	Total
Continuity	4	29	0	1	30
	3	6	1	1	8
	2	0	2	1	3
	1	0	0	0	0
	Total	35	3	3	41

Recommendation:

Trust Board is asked to APPROVE the submission and exception report

	to Monitor, subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable

Trust Board self-certification - Monitor Quarter 1 return 2015/16

Trust Board 21 July 2015

Compliance with the Trust's Licence

The Trust continues to comply with the conditions of its Licence.

Trust Board

As previously notified to Monitor, the Trust appointed three new Non-Executive Directors. Charlotte Dyson was appointed from 1 May 2015, Chris Jones from 1 August 2015 and Rachel Court from 1 October 2015. An induction programme for all three is in place.

The Trust continues the interim operational support at Director level to cover the child and adolescent mental health services and the forensic services portfolio until September 2015. The Trust has also sought interim support for six months at Director-level for engagement, marketing and commercial development through the secondment of Kate Henry from NHS Improving Quality.

Members' Council

The election process for the Members' Council staff elected seat for Allied Health Professionals concluded on 27 May 2015 and the retiring governor was re-elected to this seat.

Following the election the following seats are vacant:

- Barnsley – one seat
- Kirklees – one seat
- Wakefield – one seat
- Rest of South and West Yorkshire – one seat
- Staff nursing support – one seat
- Social care staff working in integrated teams – one seat

The Trust will hold an additional election at the end of the summer to seek to fill these seats.

The Trust is also awaiting notification of a representative from Barnsley Hospital NHS Foundation Trust. The seats for Barnsley and Wakefield Councils for appointed governors that became vacant on 1 May 2015 have been filled following local elections.

Care Quality Commission (CQC)

- The two compliance actions from the Fieldhead inspection visit (Trinity 2, Newton Lodge and Bretton) against outcomes 7 (safeguarding) and 10 (safety and suitability of premises) remain open. As previously reported the Trust has formally notified CQC of completion of the action plan.
- The CQC continues to monitor the Trust in regard to admission of patients to wards when no beds are available.
- There was one CQC Mental Health Act visit in Q1, which was made to Clark Ward, Kendray.
- Within the quarter, two Mental Health Act monitoring summary reports have been received relating to visits made to Newhaven, Wakefield, and to Clark Ward, Barnsley.

Most aspects of the monitoring visits were positive in terms of practice and implementation of actions identified from previous visits; however, recurring issues related to:

- the ward-based processes for storage of Mental Health Act documentation; and
- lack of recording of assessments of capacity.

In addition concerns were raised by patients in respect of the quality of the food provided and the meal ordering system.

Absent without Leave (AWOL)

There were no CQC reportable cases during Q1.

Eliminating Mixed Sex Accommodation (EMSA)

- There have been no reported breaches in Q1.
- The Trust continues to monitor (via DATIX) where service users are placed in an individual room on a corridor occupied by members of the opposite sex. Between 12 April and 25 June 2015, there were nine reported incidents (four in Q4). All incidents have been appropriately care-managed with required levels of observation and support implemented.

Infection prevention and control

- Barnsley BDU has been set a locally agreed C difficile Toxin Positive Target of six. In Q1, 1 there have been no cases of C difficile in Barnsley or for the rest of the Trust.
- There have been no MRSA bacteraemia cases reported in the Trust during Q1.
- There has been no outbreak of infection within the Trust in Q1.

Information Governance

To be updated.

Safeguarding Children

In Q1, there were 35 recorded incidents directly relating to issues of child protection. 77% (27) were graded as green

Safeguarding Vulnerable Service Users

No referrals have been made to the Disclosure and Barring Service this quarter and no red incidents reported through the Trust's reporting system, DATIX.

Serious Incidents

- During the course of Q1 there have been 18 SIs reported to the Commissioners (two in Barnsley (mental health), one in Calderdale, eleven in Kirklees, three in Wakefield and one in forensic services (low secure)).
- Recording of pressure ulcers changed from February 2015. Only those pressure ulcers attributable to the Trust that are deemed as being avoidable are now reported as SIs. This has resulted in a significant reduction in the number of pressure ulcer SIs.
- SI investigations and reports are being completed within timeframes agreed with commissioners; however, there is continued pressure to complete reports within timescales.
- No 'Never Events' occurred in the Trust during this quarter.

- The independent review process in relation to the Kirklees cases 2010/9926, 2011/11370 and 2011/11502 and a thematic analysis report to cover the learning outcomes from three previous Kirklees homicides that took place in 2007/08 has been completed. The report and action plan has been published by NHS England, commissioners and the Trust on 23 January 2015. The action plan is being implemented and monitored by the clinical governance and clinical safety committee and with the CCG through the Quality Board.

Duty of Candour (Q4 figures)

The Trust aims to deliver the highest standards of healthcare to all its service users. The promotion of a culture of openness is a prerequisite to improving patient safety and the quality of healthcare systems. This communication is open, honest and occurs as soon as possible following a patient safety event. It should be noted that the severity of the incident as recorded on the Trust's Datix system is different from the National Patient Safety Agency definition of harm; therefore, this set of data is not comparable with other data.

- Total number of incidents meeting NPSA definition of moderate, severe harm or death = 30 (Q1 – 35, Q2 – 38, Q3 – 31)
- Number reported on STEIS as SIs = 16 (Q1 – 24, Q2 – 23, Q3 – 28)
- Other (all moderate) = 14 (Q1 – 11, Q2 – 15, Q3 – 3)

Customer Services

- The Trust received a total of 81 formal complaints in quarter 1. The breakdown is as follows:
 - Barnsley – 15;
 - Calderdale – 10;
 - Kirklees – 18;
 - Wakefield – 11;
 - Specialist services – 24;
 - Forensic – 3.
- In Specialist Services, 22 complaints related to child and adolescent mental health services (CAMHS) with the Calderdale and Kirklees service having the most complaints (fourteen relating to access to services and waiting times, 14 relating to Calderdale and Kirklees services. Access to services and waiting times (particularly the wait time from the initial 'Choice' appointment to treatment) were the most common issues raised.
- Consistent with past reporting, clinical treatment was the most frequently raised negative issue (32). This was followed by communication (24), waiting times (mostly in CAMHS) (24), values and behaviours (23), admission and discharge (17) and Trust administration policies and procedures (15). Most complaints contained a number of themes.
- During Q1, four complainants (one in Forensics (medium secure), two Barnsley community services mental health, and one Wakefield, adult community mental health services) asked the Parliamentary and Health Service Ombudsman (PHSO) to review their complaint. Such cases are subject to rigorous scrutiny by the Ombudsman, including a review of all documentation and the Trust's complaints management processes. All requested information was provided within the prescribed timeframe. During the quarter, the Trust received feedback from the Ombudsman regarding three cases (one in CAMHS (Calderdale and Kirklees) and two in mental health community services in Calderdale and Kirklees), which have been subject to review. All three cases have been closed by PHSO with no further action required by the Trust. The Trust is still waiting decisions on two cases in relation to one in Wakefield (in-patient older people's services) from March 2015, and one in Forensic (medium secure) from December 2013. All information requested has been provided to the Ombudsman.

Third party reports

In quarter 4 of 2014/15, the Trust received an internal audit report with partial (formerly limited) assurance in relation to follow up of a previous audit of patients' property. Management action has been agreed with internal audit to address the recommendations and ongoing monitoring of implementation will be undertaken by the Audit Committee.

Summary Performance Position

Based on the evidence received by the Trust Board through performance reports and compliance reports, the Trust is reporting the achievement of all relevant targets.

An update to be included on the early intervention in psychosis target review in light of the issues raised through the internal audit on data quality.

Child and adolescents mental health services (CAMHS)

To be updated following Trust Board and the next Summit on 24 July 2015.

DRAFT

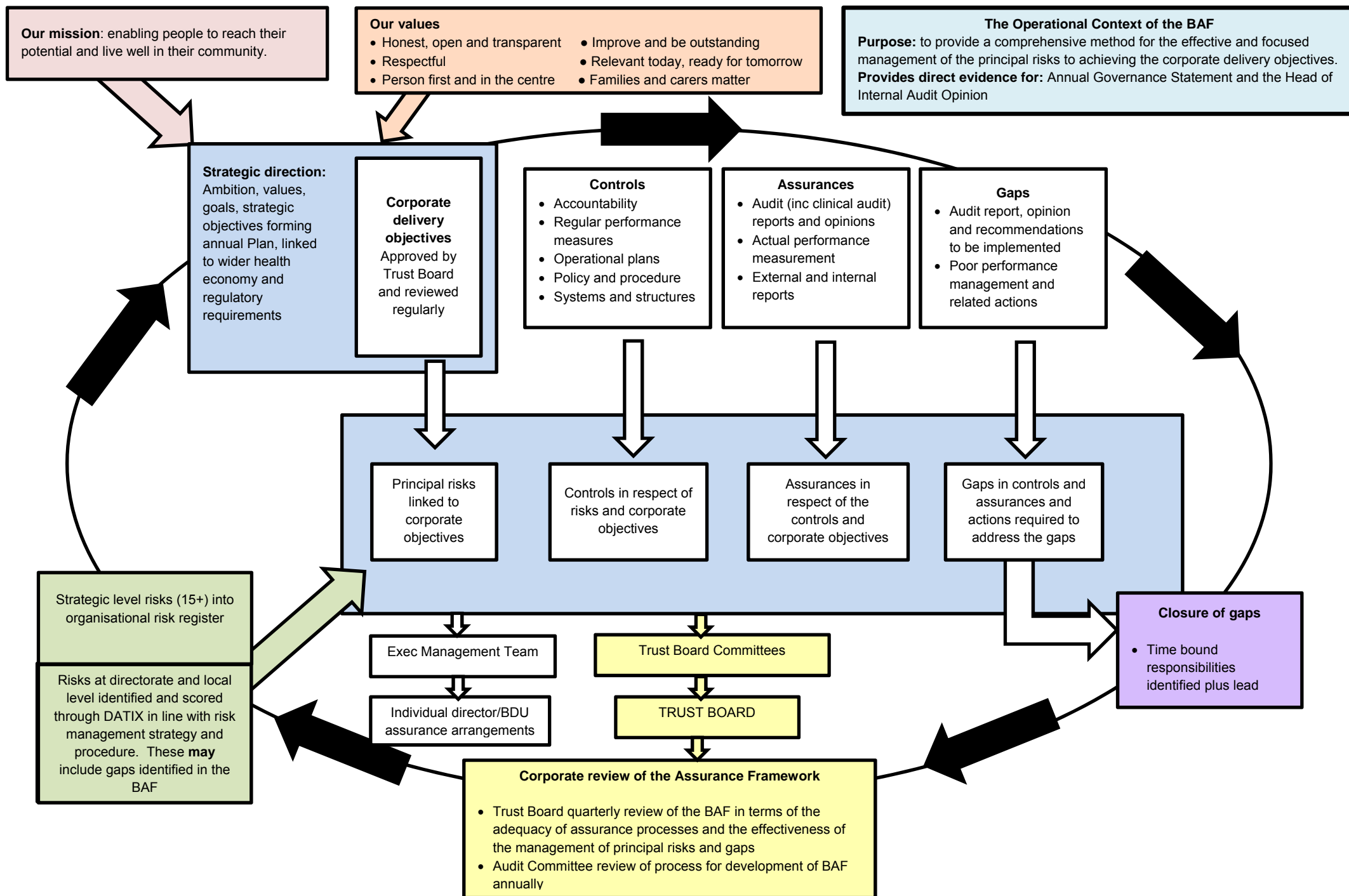
Trust Board 21 July 2015

Agenda item 9

Title:	Assurance framework and organisational risk register 2015/16
Paper prepared by:	Director of Corporate Development
Purpose:	Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives.
Mission/values:	The Assurance Framework and risk register are part of the Trust's governance arrangements and integral elements of the Trust's system of internal control, supporting the Trust in meeting its mission and adhere to its values.
Any background papers/ previously considered by:	Previous quarterly reports to Trust Board.
Executive summary:	<p>Assurance framework 2015/16</p> <p>The Board assurance framework provides Trust Board with a simple but comprehensive method for the effective and focused management of the principal risks to meeting the Trust's corporate objectives. It simplifies Trust Board reporting and the prioritisation of action plans allowing more effective performance management. It sketches an outline of the controls and where assurances can be sought. Lead Directors are responsible for identifying the controls in place or that need to be in place for managing the principle risks and providing assurance to Trust Board.</p> <p>The strategic corporate objectives for 2015/16 were approved by Trust Board and form the basis of the assurance Framework for 2015/16.</p> <p>In respect of the Assurance Framework for 2015/16, the principle high level risks to delivery of corporate objectives have been identified and, for each of these, the Framework sets out:</p> <ul style="list-style-type: none"> - key controls and/or systems the Trust has in place to support the delivery of objectives; - assurance on controls where Trust Board will obtain assurance; - positive assurances received by Trust Board, its Committees or the Executive Management Team confirming that controls are in place to manage the identified risks and these are working effectively to enable objectives to be met; - gaps in control (if the assurance is found not to be effective or in place); - gaps in assurance (if the assurance does not specifically control the specified risks or no form of assurance has yet been received or identified), which are reflected on the risk register. <p>A schematic of the assurance framework process is set out as an attachment.</p> <p>The Chief Executive uses the Assurance Framework to support his quarterly review meetings with Directors to ensure Directors are delivering against</p>

	<p>agreed objectives and action plans are in place to address any areas of risk identified.</p> <p>Further work will be undertaken on the assurance framework for 2015/16 following feedback from Deloitte as part of the well-led review of the Trust's governance arrangements.</p> <p>Organisational risk register</p> <p>The organisational risk register records high level risks in the organisation and the controls in place to manage and mitigate the risks. The risk register is reviewed by the Executive Management Team on a monthly basis, risks are re-assessed based on current knowledge and proposals made in relation to this assessment, including the addition of any high level risks from BDUs, corporate or project specific risks and the removal of risks from the register.</p> <p>The risk register contains the following risks:</p> <ul style="list-style-type: none"> - issues around data quality; - mechanisms for contracting and pricing for mental health and community services; - impact on services as a result of continued local authority spending cuts and changes to the benefits system; - transformational service change programme (this has been separated and is now reflected in two risks relating to the Trust's transformation programme, its implementation and staff engagement, and then the wider health economy transformation and engagement and alignment with commissioners); - the Trust's financial viability; - bed occupancy; - child and adolescent mental health services; and - Trust sustainability declaration. <p>A new risk in relation to local authorities as commissioners has been added. The Executive Management Team (EMT) also considered the suggestion at Trust Board on 30 June 2015 that nurse re-validation was included in the organisational risk register. On the advice of the Director of Nursing, EMT agreed that this did not present a sufficiently high risk currently to place on the register. The position will be reviewed when guidance is issued in September 2015.</p>
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ NOTE the controls and assurances against corporate objectives for 2015/16; ➤ NOTE the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST ASSURANCE FRAMEWORK – STRUCTURE AND PROCESS





With all of us in mind

Assurance Framework 2015/16

RISK DESCRIPTION	Risk lead	KEY CONTROLS (systems/processes in place to manage risk)	ASSURANCE (planned outputs)	Positive assurance	Gaps in control	Gaps in assurance
Corporate delivery objective – strategy						
Embedded person-centred delivery system, delivering safe services, efficiently and effectively across the Trust						
S1 Continued uncertainty of strategic partnership landscape, including commissioning, acute partners and local authorities linked to the Five-Year Forward View	CE	<ul style="list-style-type: none"> C1, C2, C3, C63, C64 	<ul style="list-style-type: none"> A7, A26, A38, A41, A55 			
S2 Failure to understand and respond to changing market forces leading to loss of market share and possible de-commissioning of services.	CE AF	<ul style="list-style-type: none"> C1, C2, C3, C4, C27, C64 	<ul style="list-style-type: none"> A4, A5, A7, A39, A55 			
S3 Failure to deliver the Estates Strategy and capital programme for 2015/16	DDs DH	<ul style="list-style-type: none"> C14, C31, C32, C34, C59, C60 	<ul style="list-style-type: none"> A4, A6, A8, A9, A15, A16, A18, A26, A43 			
S4 Failure to adopt agile working approaches, which could compromise the future estate model.	DF DDs	<ul style="list-style-type: none"> C3, C13, C14, C31, C32, C33, C60 	<ul style="list-style-type: none"> A4, A5, A6, A8, A15, A16, A26 			
S5 Trust plans for service transformation are not aligned to the multiplicity of stakeholder requirements leading to inability to create a person-centred delivery system.	DDs CDs	<ul style="list-style-type: none"> C3, C13, C14, C25, C27, C30, C40, C46 	<ul style="list-style-type: none"> A1, A4, A5, A8, A15, A16, A26, A39, A51 			
S6 Failure of transformation plans to realise appropriate quality improvement leading to development of a service offer that does not meet service user/carer needs and/or commissioning intentions.	DDs CDs	<ul style="list-style-type: none"> C3, C13, C14, C25, C27, C30, C40, C46 	<ul style="list-style-type: none"> A1, A4, A5, A8, A15, A16, A26, A39, A51 			
S7 Changing service demands and external financial pressures in local health and social care economies have an adverse impact on ability to manage within available resources.	DDs	<ul style="list-style-type: none"> C4, C5, C16, C18, C22, C23 	<ul style="list-style-type: none"> A1, A8, A9, A10, A11, A15, A16, A23, A30 			

RISK DESCRIPTION	Risk lead	KEY CONTROLS (systems/processes in place to manage risk)	ASSURANCE (planned outputs)	Positive assurance	Gaps in control	Gaps in assurance
Corporate delivery objective – execution						
Well-governed, legally constituted, well-led and financial sustainable Trust; clear consistent messages are articulated and communicated at all levels in the Trust.						
E1 Failure to deliver level of transformational change required impacting on ability to deliver resources to support delivery of the annual plan.	DDs DF	▪ C13, C14, C25	▪ A1, A2, A4, A5, A35, A37			
E2 Unexplainable variation in clinical practice resulting in differential patient experience and outcomes and impact on Trust reputation.	MD DN DDs	▪ C4, C19, C20, C21, C38	▪ A1, A8, A33, A36, A45, A50			
E3 Lack of capacity and resources not prioritised leading to non-delivery of key organisational priorities and objectives.	DDs CDs	▪ C13, C14, C28, C30	▪ A1, A3, A4, A5, A41			
E4 Inadequate capture of data resulting in poor data quality impacting on ability to deliver against care pathways and packages and evidence delivery against performance targets and potential failure regarding Monitor Compliance Framework.	DN MD DDs DF	▪ C13, C15, C16, C17, C18	▪ A1, A9, A10, A11, A13, A15, A16, A17, A42			
Corporate delivery objective – culture						
Embedded mission and values across the Trust, focussing not just on what we do but how we do it.						
C1 Failure to create and communicate a coherent articulation of Trust Mission, Vision and Values leading to inability to identify and deliver against strategic objectives.	CE	▪ C26, C28, C39, C42, C43, C58	▪ A1, A7, A35, A41			
C2 Failure to engage the workforce	ALL	▪ C43	▪ A55			
C3 Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation.	DN DDs	▪ C36, C44, C45	▪ A15, A19, A24, A27, A45, A46			
C4 Staff and other key stakeholders not fully engaged in process around redesign of service offer leading to lack of engagement and benefits not being realised through delivery of revised models and ability to deliver best possible outcome through changing clinical practice	DDs DH DCD DM	▪ C4, C7, C9, C10	▪ A1, A4, A38			

RISK DESCRIPTION	Risk lead	KEY CONTROLS (systems/processes in place to manage risk)	ASSURANCE (planned outputs)	Positive assurance	Gaps in control	Gaps in assurance
C5 Failure to motivate and engage clinical staff through culture of quality improvement, benchmarking and changing clinical practice, impacting on ability to deliver best possible outcomes.	MD DN	<ul style="list-style-type: none"> C26, C27, C29, C39, C40, C41 	<ul style="list-style-type: none"> A1, A11, A21, A29, A35, A47, A50 			
Corporate delivery objective – structure Delegated decision-making to the front-line, improving quality and use of resources; embedded meta, macro, meso and micro view of the external and internal environment						
St1 Unclear lines of accountability and responsibility within Directorates and between BDUs and Quality Academy impacting on ability to deliver safe, effective and efficient services.	DDs CDs	<ul style="list-style-type: none"> C13, C28, C47 	<ul style="list-style-type: none"> A12, A15, A16, A23, A35 			
St2 Failure to achieve devolution and local autonomy for BDUs within the new leadership and management arrangements impacting on ability to deliver safe, effective and efficient services.	DDs	<ul style="list-style-type: none"> C1, C3, C28, C46, C47, C48, C49 	<ul style="list-style-type: none"> A1, A5, A26, A33, A35 			
St 3 Lack of suitable technology and infrastructure to support delivery of revised service offer leading to lack of support for services to deliver revised service offers.	AF DDs	<ul style="list-style-type: none"> C1, C13, C27, C34 	<ul style="list-style-type: none"> A1, A4, A5, A14, A26 			
Corporate delivery objective –partnerships Co-production is the Trust's way of designing and delivering services.						
P1 Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being awarded to other providers.	DF DDs	<ul style="list-style-type: none"> C1, C4, C5 	<ul style="list-style-type: none"> A1, A36, A39 			
P2 Failure to respond to market forces and on-going development of new partnerships leading to loss of market share and possible de-commissioning of services.	DF DDs	<ul style="list-style-type: none"> C1, C2, C3, C6, C25 	<ul style="list-style-type: none"> A26, A29, A39, A40 			
P3 Lack of engagement and ownership to manage risk in the local economy impacting on available resources.	CE DF	<ul style="list-style-type: none"> C4, C5, C6, C7, C8 	<ul style="list-style-type: none"> A28, A29, A35, A38 			

RISK DESCRIPTION	Risk lead	KEY CONTROLS (systems/processes in place to manage risk)	ASSURANCE (planned outputs)	Positive assurance	Gaps in control	Gaps in assurance
P4 Failure to listen and respond to our service users and, as a consequence, service offer is not patient-centred, impacting on reputation and leading to loss of market share.	DCD DDs	▪ C7, C11, C12, C35, C37, C38	▪ A2, A20, A21, A29, A44, A49			
P5 Risk of lack of stakeholder engagement needed to drive innovation resulting in key stakeholders not fully engaged in process around redesign of service offer	DM DDs	▪ C9, C13, C14, C25, C27	• A1, A4, A35, A38			
P6 Failure to deliver relationships with the third sector to delivery alternative community capacity leading to loss of market share and Trust inability to optimise business opportunities.	DF DM DDs	▪ C3, C6, C7, C9, C35, C51, C54	• A4, A38, A39			
P7 Partners unclear of the intent and purpose of relationships leading to misunderstanding and conflict.	DF	▪ C4, C5, C8, C11, C23, C35, C51	• A4, A38, A39, A41			
Corporate delivery objective –leadership						
Embedded leadership and competency framework across the Trust describing the competencies and behaviours required.						
L1 Lack of clear service model(s) to support a workforce plan to identify, recruit and retain suitably competent and qualified staff with relevant skills and experience to deliver the service offer and meet national and local targets and standards.	DH	▪ C1, C10, C24, C30	▪ A1, A10, A20, A21, A22, A24			
L2 Failure to articulate leadership requirements to identify, harness and support talent to drive effective leadership and succession planning.	DDs CDs DH	▪ C21, C39	▪ A3, A22, A35			
Corporate delivery objective –innovation						
Evidence-based recovery approach to delivery of services across the Trust.						
I1 Lack of resources to support development and foster innovation to support delivery of plan	DDs CDs	▪ C39, C48, C55	▪ A5, A34, A35			
I2 Lack of engagement with staff, particularly clinical staff, which means they are unable to participate in research and development, or in development of innovative approaches	DH DDs DHI	▪ C43, C55	▪ A54, A55			

RISK DESCRIPTION	Risk lead	KEY CONTROLS (systems/processes in place to manage risk)	ASSURANCE (planned outputs)	Positive assurance	Gaps in control	Gaps in assurance
I3 Lack of analytical capacity and skills to support transformation and bids and tenders	DHI	▪ C55	▪ A55			
Corporate delivery objective –talent						
Developed talent management programme and succession planning for key organisational roles						
T1 Lack of strategic approach to talent management linked to clinical leadership, clinical specialist and senior management roles	MD DN DH	▪ C21, C24, C26, C29, C30, C39, C40, C41, C42, C43, C50	▪ A3, A25, A28, A35, A41, A50, A53, A55			
T2 Lack of strategic approach to address potential shortages in certain staff groups	DH	▪ C21, C24, C26, C29, C30, C39, C40, C41, C42, C43, C50	▪ A3, A25, A28, A35, A41, A50, A53, A55			
T3 Lack of strategic approach to succession planning	DH	▪ C21, C24, C26, C29, C30, C39, C40, C41, C42, C43, C50	▪ A3, A25, A28, A35, A41, A50, A53, A55			

Abbreviations:

DN - Director of Nursing
 DDs - District Directors
 DF - Director of Finance
 DCD - Director of Corporate Development
 DH - Director of Human Resources
 MD - Medical Director
 CDs - Corporate Directors
 DM - Director of Marketing, etc.

DHI - Director of Health Intelligence
 MC - Members Council
 AC - Audit Committee
 CGCSC - Clinical Governance and Clinical Safety Committee
 RC - Remuneration Committee
 MHAC - Mental Health Act Committee
 TAG - Trust Action Group

Control (C...)	Key Control (systems/processes)
1.	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives.
2.	Production of market assessment against a number of frameworks including PESTEL/SWOT and threat of new entrants/substitution, partner/buyer power.
3.	Production of annual plan and five-year strategic plan demonstrating ability to deliver agreed service specification and activity within contracted resource envelope or investment required to achieve service levels and mitigate risks.
4.	Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services.
5.	Development of joint QIPP plans with commissioners to improve quality and performance, reducing risk of decommissioning
6.	Third Sector Strategy and action plan in place approved by Trust Board, promoting and developing key relationships
7.	Involving People Strategy and action plan in place approved by Trust Board, promoting and developing key relationships
8.	Care Pathways and personalisation Project Board established with CCG and Local Authority Partners
9.	Creative Minds Strategy and action plan in place approved by Trust Board, promoting different ways of working and partnership approach
10.	Partnership Boards established with staff side organisations to manage and facilitate necessary change
11.	Framework in place to ensure feedback from customers, both internal and external, including feedback loop, is collected, analysed and acted upon by through delivery of action plans through Local Action Groups
12.	Member Council engagement and involvement in working groups
13.	Director leads in place for transformation programme and key change management projects linked to corporate and personal objectives, with resources and deliverables identified.
14.	Project Boards for transformation workstreams established, with appropriate membership skills and competencies, PIDs, Project Plans, project governance, risk registers for key projects in place.
15.	Risk assessment and action plan for data quality assurance in place
16.	Risk assessment and action plan for delivery of CQUIN indicators in place.
17.	Cross-BDU performance meetings established to identify performance issues and learn from good practices in other areas
18.	Performance Management system in place, with KPIs covering national and local priorities
19.	Process in place for systematic use of benchmarking to identify areas for improvement and identifying CIP opportunities.
20.	Peer review and challenge processes in place i.e. Medium Secure Quality Network
21.	Values-based appraisal process in place and monitored through KPI
22.	Internal control processes in place to produce and review monthly budget reports and take mitigating actions as appropriate

Control (C...)	Key Control (systems/processes)
23.	CCG/Provider performance monitoring regime of compliance with QIPP plan and CQUIN targets in place.
24.	HR processes in place ensuring defined job description, roles and competencies to meet needs of service, pre-employment checks done re qualifications, DBS, work permits
25.	Project management office in place led at Deputy Director level with competencies and skills to support the Trust to make best use of its capacity and resources and to take advantage of business opportunities
26.	Further round of Middleground developed, delivered and evaluated linked to organisational and individual resilience to support staff prepare for change and transition and to support new ways of working
27.	BDU revised service offer through the transformation programme, with workstreams and resources in place, overseen by project boards and EMT
28.	Alignment and cascade of Trust Board-approved corporate objectives supporting delivery of Trust mission, vision and values through appraisal process down through director to team and individual team member
29.	Medical Leadership Programme in place with external facilitation.
30.	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity.
31.	Estates plans in place to support Estates Strategy with identification of risk and mitigating action to meet forward capital programme.
32.	Estates Forum in place with defined Terms of Reference chaired by a NED
33.	Estate TAG in place ensuring alignment of Trust strategic direction, with estates strategy and capital plan
34.	IM&T strategy in place
35.	Public engagement and consultation events gaining insight and feedback, including identification of themes and reporting on how feedback been used.
36.	Weekly serious incident summaries (incident reporting system) to EMT supported by quarterly and annual reports to EMT, Clinical Governance and Clinical Safety Committee and Trust Board
37.	Staff wellbeing survey conducted, with facilitated group forums to review results and produce action plans
38.	Complaints policy and complaints protocol covering integrated teams in place.
39.	OD Framework and plan in place
40.	New leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services
41.	Facilitated engagement of clinicians in TAGs
42.	Values-based Trust induction policy in place covering mission, vision, values, key policies and procedures.

Control (C...)	Key Control (systems/processes)
43.	Communications and Engagement Strategies and approaches in place for service users/carers, staff and stakeholders/partners
44.	Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training
45.	Audit of compliance with policies and procedures co-ordinated through clinical governance team.
46.	Annual Business planning guidance in place standardising process and ensuring consistency of approach
47.	Standing Orders, Standing Financial Systems, scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities
48.	Standardised process in place for producing businesses cases with full benefits realisation
49.	Policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval.
50.	A set of leadership competencies developed as part of Leadership and Management Development Plan supported by coherent and consistent leadership development programme
51.	Member of local partnership boards, building relationships, ensuring transparency of agenda's and risks, facilitating joint working, cohesion of policies and strategies
52.	Staff excellence award schemes in place to encourage and recognise best practice and innovation.
53.	Fostering links to Jonkoping in Sweden as part of on-going development of Quality Academy Approach and learning from best practice.
54.	Investment Appraisal framework including ensuring both a financial and social return on investment providing clarity of approach
55.	Innovation fund established to pump prime investment to deliver service change and innovation
56.	Leadership and Management Development Strategy in place covering development framework, talent management and succession planning.
57.	Board strategic development sessions setting overarching strategy and strategic direction scheduled
58.	Achievement of financial targets
59.	Achieve of targets and indicators mandated by Monitor
60.	Approval by Trust Board of business cases for capital developments during 2015/16 and for planned disposals during 2015/16
61.	Continued compliance with CQC registration and Monitor Licence conditions
62.	Review Scheme of Delegation
63.	Monthly review by EMT of stakeholder and partnership position through rich picture and risk assessment
64.	Trust Board sets the Trust vision and corporate objectives as the strategic framework within which the Trust works
65.	Quality Impact Assessment process in place to assess impact of cost improvement programme on quality and safety of services

Assurance (A..)	Assurance on controls (planned outputs)	Board reports received (including sub-committees and EMT)
1.	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems.	➤
2.	Production of Patient Experience quantitative and qualitative reports, triangulating themes, 'you said, we did' to Trust Board and Members' Council.	➤
3.	Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year for staff in Bands 6 and above and in Q2 for all other staff, performance managed by EMT.	➤
4.	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks.	➤
5.	Business cases for expansion/change of services approved by EMT and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework.	➤
6.	Performance management of estates schemes against resources through Estates TAG, deviations identified and remedial plans requested and overseen by the Estates Forum	➤
7.	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives.	➤
8.	Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken.	➤
9.	Quarterly Monitor exception report to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken, which includes confirmation that the Trust complies with the conditions of its Licence and, where it does/may not, the risk and mitigating action.	➤
10.	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken. Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place.	➤
11.	Assurance reports to Clinical Governance and Clinical Safety Committee covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place.	➤
12.	Annual Governance Statement reviewed and approved by Audit Committee and Trust Board and externally audited.	➤
13.	Monitor Risk Assessment Framework assurance group review performance before Trust Board on quarterly basis ensuring all exceptions identified and reported to Trust Board and Monitor.	➤
14.	Information Governance Toolkit provides assurance and evidence that systems and processes in place at the applicable level, reported through IM&T TAG, deviations identified and remedial plans requested receive, performance monitored against plans.	➤

Assurance (A..)	Assurance on controls (planned outputs)	Board reports received (including sub-committees and EMT)
15.	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested.	➤
16.	Monthly review and monitoring of integrated and quality performance reports by Trust Board with exception reports requested around risk areas.	➤
17.	Annual report to Trust Board to risk assess changes in compliance requirements and achievement of performance targets.	➤
18.	Independent PLACE audits undertaken and results and actions to be taken reported to EMT, Members' Council and Trust Board.	➤
19.	CQC registration in place and assurance provided that Trust complies with its registration	➤
20.	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board.	➤
21.	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans.	➤
22.	Remuneration Terms of Service Committee receive HR Performance Reports, monitor compliance against plans and receive assurance from reports around staff development, workforce resilience.	➤
23.	Audit Committee review evidence for compliance with policies, process, standing orders, standing financial instructions, scheme of delegation, mitigation of risk, best use of resources.	➤
24.	Independent CQC reports to Mental Health Act Committee providing assurance on compliance with Mental Health Act.	➤
25.	External accreditation against IIP GOLD supported by internal assessors, ensuring consistency of approach in the support of staff development and links with organisational objectives.	
26.	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor.	➤
27.	Health and Safety TAG monitor performance against plans deviations identified and remedial plans requested.	➤
28.	Staff opinion and wellbeing survey results reported to Trust Board and/or Remuneration and Terms of Service Committee and action plans produced as applicable.	➤
29.	Service user survey results reported annually to Trust Board and action plans produced as applicable.	➤
30.	Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and director leads to provide assurance against annual plan	➤
31.	External and internal audit reports to Audit Committee setting out level of assurance received.	➤
32.	External and internal audit reports performance managed through EMT.	➤

Assurance (A..)	Assurance on controls (planned outputs)	Board reports received (including sub-committees and EMT)
33.	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities.	➤
34.	Innovation fund allocation approved through EMT with guidance to ensure consistency of approach and alignment with strategic priorities and corporate objectives.	➤
35.	Monitoring of organisational development plan through Chief Executive-led group, deviations identified and remedial plans requested.	➤
36.	QIPP performance monitored through delivery EMT, deviations identified and remedial plans requested.	➤
37.	Sustainability action plans monitored through Sustainability TAG, deviations identified and remedial plans requested.	➤
38.	Strategic overview and analysis of partnerships in line with Trust vision and objectives provided through EMT and Trust Board.	➤
39.	Market analysis reviewed through EMT, market assessment to Trust Board ensuring identification of opportunities and threats.	➤
40.	Production of Corporate Governance Statement to support submission of Trust plans, setting out evidence of compliance/assurance against the statements reviewed by Trust Board	➤
41.	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	➤
42.	Data quality Improvement plan monitored through EMT deviations identified and remedial plans requested.	➤
43.	Estates Forum monitors delivery against Estates Strategy.	➤
44.	Equality and Inclusion Forum established to drive improvement in delivery of equality, involvement and inclusion agenda reporting into Trust Board	➤
45.	Serious Incidents from across the organisation reviewed through the Clinical Reference Group including the undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation.	➤
46.	Assurances received by Committees of Trust Board reported quarterly to Trust Board, providing assurance on systems and controls in place and operating.	➤
47.	Medium secure quality network undertake annual peer reviews providing external assurance on systems and controls in place and operating.	➤
48.	Independent Hospital Managers review detentions providing external assurances of compliance with MH Act.	
49.	HealthWatch undertake unannounced visits to services providing external assurance on standards and quality of care.	➤
50.	Medical staff appraisal and revalidation in place evidenced through annual report to Trust Board and supported through Appraisers forum.	➤
51.	Chief Executive-led Operational Requirement Group established to drive delivery of annual plan.	➤

Assurance (A..)	Assurance on controls (planned outputs)	Board reports received (including sub-committees and EMT)
52.	Operational delivery plan to ensure IM&T Strategy is implemented within timescales and within resource envelope monitored through IM&T TAG, EMT and IM&T Forum	➤
53.	Risk assessment of nurse re-validation proposals	➤
54.	Development of health intelligence manual	➤
55.	Communications and engagement strategies in place for service users and carers, staff, and stakeholders/partners	➤



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ORGANISATIONAL LEVEL RISK REPORT

DATE: Trust Board 21 July 2015

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Green	1 - 3	Low risk
Yellow	4 - 6	Moderate risk
Amber	8 - 12	High risk
Red	15 - 25	Extreme risk

Risk ID	Hist Ref.	Source	Risk Responsibility	BDU / Directorate	Service	Speciality	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Summary of risk action plan	Fin cost (£)	Risk owner	Expected date of completion	Monitoring & reporting requirements		Risk level (target)	Is this rating acceptable?	Comments	Risk review date
267			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Capture of clinical information on RiO will be insufficient to meet future compliance and operational requirements to support service line reporting and the implementation of the mental health currency leading to reputational and financial risk in negotiation of contracts with commissioners.	<ul style="list-style-type: none">> Data quality Strategy approved by Board Oct 2011.> Annual report produced for Business and Risk Board to identify risks and actions required in order to comply with regulatory and contract requirements.> Data quality improvement plans are monitored by the Data Quality Steering group. Chaired by the Director of Nursing.> Accountability for data quality is held jointly by Director of Nursing and Director of Finance.> Responsibility for data quality is delivered by BDU directors, BDU nominated quality leads and clinical governance.> Key metrics for Data quality are produced monthly in BDU and trust dashboards and reviewed by Performance EMT.> Annual clinical audit programme is planned to reflect data quality priorities.	4 major	4 Likely	16	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">> Progress against data quality action reviewed at Delivery EMT on ongoing basis.> Communication via Team Brief and Extended EMT on key messages.> Performance on Payment by Results metrics reviewed at EMT. Dedicated clinical resource in each BDU as part of PbR project team.> RiO Optimisation – re-focused and linked to PBR roll out with engagement of clinical staff.> Roll out plan reviewed by systems development Board.> Wider system development network established with clinicians and managers.> Data quality metrics included in monthly performance reports.> EMT agreed additional resources in October 2014 to be managed by BDU to support clean-up of caseload to prepare for requirements of contracting in 2015/16> Link of clustering data to mental health transformation work in Mental Health Summit October 2014 to ensure mainstreamed into redesigned services.> RiO V7 upgrade due in Q3 2015		DoF and Director of Nursing	Implementation of national guidance during April 2016	<ul style="list-style-type: none">EMT and Trust Board monthly review for data quality indicators. Steering group review for<ul style="list-style-type: none">> Data quality Board> PbR Project Board> RiO system development Board.Monthly system development board for RiO system. Agreed work plan and prioritisation.	12	Amber/ high (8-12)	Yes		Trust Board July2015
270			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Implementation of new currency models for mental health and community services will move the current funding arrangements from block contracts to activity-based contracts. This may present clinical, operational and financial risk if cost and pricing mechanisms are not fully understood at local, regional and national level.	<ul style="list-style-type: none">> Accountability arrangements in place for delivery of mental health currency. Incorporated into transformation workstream for mental health. Data quality and clinical system linkages picked up through the data quality Steering group and the System development Board respectively.> Progress reviewed by Audit Committee and Board.> Key issues/risks and progress monitored by EMT through Delivery EMT.> Key representation at national level for development of costing by Chief Executive and Director of Finance.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">> All mental health transformation projects consider the impact of mental health clustering and the four-tier pathway for mental health services is cross referenced to the 21 clusters.> Contract agreements and monitoring in place with commissioners for 2015/16. This includes CQUIN targets to incentivise key metrics for the embedding of the mental health clusters in clinical practice.> Specific case review project in progress to ensure only 'live' caseload included on clinical system.> Monitoring at service line by practice governance coach, general manager and clinical lead with escalation of issues which need trust wide response.> Scheduled reviews at EMT on progress and metrics included in monthly performance report.> Mental health currency and service line reporting standing items on Audit Committee agenda. Has included presentation from BDU Directors on implementation within BDUs.	Included in 267	DoN Medical Director BDU lead director for MH transformation DoF	As above and included in transformation programme and two-year operational plan	<ul style="list-style-type: none">> EMT Progress reports> Report on progress to every Audit Committee> Regular Board updates	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board July 2015
			Corporate/organisation level risk (corporate)	Trust wide (Corporate)			Impact of continued reduction in Local Authority budgets may have negative impact	<ul style="list-style-type: none">> District integrated governance boards established to manage integrated working with good track record of cooperation.	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">> Continues to be monitored through BDU/commissioner forums. Given latest round of austerity measures (July 2015) urgent review of		EMT	Included in two-year operational plan	EMT (monthly) and Trust Board (monthly) EMT review of 2015/16 contracts	12	Amber/ high (8-12)	Yes		Trust Board July 2015

			use only EMT)	support services)			on level of financial resources available to commission services from NHS providers which represents a clinical, operational and financial risk.	<ul style="list-style-type: none">➢ Maintenance of good operational links through BDU teams and leadership.➢ Monthly review through Delivery EMT of key indicators which would indicate if issues arose regarding delivery, such as delayed transfers of care and service users in settled accommodation.					<ul style="list-style-type: none">➢ position in progress.➢ Board-to-Board meeting with Barnsley senior team, where objectives were agreed which should facilitate a system response to current challenges.➢ Joint commissioned work between Trust and Wakefield Council to provide baseline for ensuring joint service provision for mental health service is fit for purpose linked to system wide transformation and MCP Vanguard➢ With Calderdale Council, joint working under review through consideration of new ways of working in the MCP Vanguard.				October/November 2015.					
275			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Continued reduction in Local Authority funding and changes in benefits system will result in increased demand of health and social care services which may impact on capacity and resources in integrated teams where local authorities are providers. Reduced service capacity in integrated teams carries a clinical and operational risk that there will be insufficient capacity to manage clinical needs impacting on waiting times, assessment and management of risk.	<ul style="list-style-type: none">➢ District integrated governance boards established to manage integrated working with good track record of cooperation.➢ Maintenance of good operational links through BDU teams and leadership.➢ Monthly review through Delivery EMT of key indicators which would indicate if issues arose regarding delivery, such as delayed transfers of care and service users in settled accommodation.	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Continues to be monitored through BDU/commissioner forums. Given latest round of austerity measures (July 2015) urgent review of position in progress.➢ Board-to-Board meeting with Barnsley senior team, where objectives were agreed which should facilitate a system response to current challenges.➢ Joint commissioned work between Trust and Wakefield Council to provide baseline for ensuring joint service provision for mental health service is fit for purpose linked to system wide transformation and MCP Vanguard➢ With Calderdale Council, joint working under review through consideration of new ways of working in the MCP Vanguard.➢ Use of service line reporting and health intelligence to drill down to facilitate early detection of quality issues.➢ Weekly risk scan by Director of Nursing and Medical Director to identify any emerging issues reported weekly to EMT.		BDU Directors	Included in two-year operational plan	EMT (monthly) and Trust Board (monthly) EMT review of 2015/16 contracts October/November 2015.	12	Amber/ high (8-12)	Yes		Trust Board July 2015
463			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the planning and implementation of transformational change through the programme will increase clinical and reputational risk in in-year delivery by imbalance of staff skills and capacity between the 'day job' and the 'change job'.	<ul style="list-style-type: none">➢ Scrutiny of performance dashboards and review at EMT and ORG to ensure performance issues are picked up early.➢ Weekly risk review by Director of Nursing and Medical Director to ensure any emerging clinical risks are identified and mitigated.➢ Monthly performance review by Trust Board.➢ Clear accountability arrangements for leadership and milestones for the transformation programme which are monitored by EMT.➢ Engagement of extended EMT in managing and shaping transformational change and delivering in year performance.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Ongoing internal engagement events programme on transformation programme.➢ Staff engagement strategy approved by Trust Board.➢ Results of staff wellbeing survey used to target engagement.➢ Director objectives linked to deliverables in the transformation programme and engagement.➢ Mental health summit October 2014. Action agreed by EMT and business cases scheduled for 2015.➢ Roll-out of mental health acute commissioning implementation starting January 2015.	£500,000	Work stream leads	Two-year operational plan	Monthly transformation and strategy and risk EMT meetings. Trust Board reports as appropriate. Business cases approved by Calderdale, Kirklees and Wakefield commissioners.	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board July 2015
			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the planning and implementation of transformational change through the programme is not aligned to CCG and LA commissioning intentions and will increase clinical operational financial and reputational risk through potential implementation of service models which are not supported by commissioners.	<ul style="list-style-type: none">➢ Transformation projects required to include engagement with external partners to ensure alignment.➢ Communications through contract meetings and other working groups to ensure appropriate sharing of information.➢ Development of team-to-team meetings with commissioner organisations to ensure strategic alignment.➢ Scheduled review of stakeholder engagement including external relationship management at EMT.➢ Interim Director of marketing, engagement and commercial development to increase capacity and skills to support this agenda.	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Development of engagement plan by Interim Director of Marketing, Engagement and Commercial Development.➢ Active participation at all levels in service integration initiatives across all LA/CCG patches including West Yorkshire urgent care.➢ Forging stronger links with national bodies to influence local and national systems thinking in relation to mental health and community services, for example, Trust Chair member of NHS Providers' Board and Chief Executive Chair of Mental Health Network at NHS Confederation.➢ Strengthen link between transformation programme and contracting in particular using the transformation programme to identify areas for QIPP savings.	£500,000	Work stream leads	Two-year operational plan	Monthly transformation and strategy and risk EMT meetings. Trust Board reports as appropriate. Business cases approved by Calderdale, Kirklees and Wakefield commissioners.	16	Red/extreme /SUI risk (15-25)	Yes		Trust Board July 2015
522			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements (such as, CCG allocation and the Better Care Fund) coupled with emerging intensified local acute Trust pressures.	<ul style="list-style-type: none">➢ Develop a clear service strategy through the internal Transformation Programmes to engage commissioners and service users on the value of services delivered.➢ Ensure appropriate Trust participation in system transformation programmes.➢ Robust process of stakeholder engagement and	5 Catastrophic	3 Possible	15	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Trust is proactive in involvement in system transformation programmes which are led by commissioners.➢ Internal Trust transformation programme linked to CCG commissioning by including schemes within the QIPP in2014/15. Currently negotiating this for 2015/16.➢ Planned improvement in bid management process	Loss of income could be in the order of £1m - £5m	Deputy DCE lead & Directors	Two-year operational plan	Monthly at EMT.	12	Amber/ high (8-12)	Yes		Trust Board July 2015

							Risk that local re-tendering will increase and will increase level of savings required to >5% to maintain financial viability and potential to fragment pathways and increase clinical risk.	management in place through EMT. ➤ Progress on Transformation reviewed by Board and EMT.					including additional skills building and increase in joint bids with partners. ➤ Horizon scanning for new business opportunities. ➤ Effective communication of successes to build Trust in delivery and increase likelihood of future business. ➤ Maintain tight control on costs to maximise contribution.										
527			Corporate/organisation level risk (corporate use only EMT)	Trust wide (Corporate support services)			Bed occupancy is above that expected due to an increase in acuity and admissions, which is causing pressures across all bed-based mental health areas across the Trust.	➤ Revised bed management protocol. ➤ Review of protocol completed and action plan developed. ➤ Patient flow system established in BDUs with rest to follow. ➤ Linked to Acute Care Transformation Programme.	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	➤ Actions in place to manage patient flow have had positive impact on numbers of bed days out of area and the level of cost incurred. ➤ Trajectory monitored at delivery EMT. ➤ Internal audit undertaken on implementation of the bed management protocol. ➤ Action plan in place following review with ongoing monitoring.		BDU Director	Reviewed Protocol February 2014	Monthly at EMT	12	Amber/ high (8-12)	Yes			Trust Board July 2015
668			Corporate/organisation level risk (corporate use only EMT)	Specialist Services	Child and Adolescent Mental Health Services (CAMHS)	Child and Adolescent Mental Health Services - Calderdale and Kirklees	Children potentially at serious risk due to lack of robust systems and processes to ensure safe clinical delivery. Reputation of the organisation if the concerns and issues are not addressed and the service governance aligned with the rest of the organisation.	➤ Recovery plan to address the immediate concerns. ➤ Change Management plan to align delivery to the service specification. ➤ Trust wide CAMHS transformation programme under development.	5 Major	4 Likely	20	Red/extreme /SUI risk (15-25)	➤ Dedicated team in place to deliver the recovery plan. This includes the appointment of interim support at Director-level. ➤ Monitoring of delivery of plans with specific timescales through EMT and BDU ➤ Recovery Plan developed as further concerns/issues have been raised. ➤ Summit meetings in place with commissioners. ➤ Additional funding secured for service in Calderdale and Kirklees.		Interim BDU Director	Timescale for completion 2015/16 and ongoing to ensure the actions in the recovery plan are implemented	EMT Clinical Governance and Clinical Safety Committee, Trust Board Specialist Services BDU meeting - monthly	16	Red/extreme /SUI risk (15-25)	Yes			Trust Board July 2015
695			Corporate/organisation level risk (corporate use only EMT)	Trust wide			Ongoing requirement to reduce costs and meet commissioner QIPP will place increasing financial risk on the Trust's sustainability and reputational risk with commissioners. This is an increasing risk as Trust approaches year 3 (2016/17) of the five-year plan where the Board declaration indicated that the Trust was not sustainable operationally, clinically or financially in the current form and function of the Trust.	Risk scenario modelled in five-year plan submitted to Monitor in June 2014, which identified a tiered strategy to achieve sustainability which assumes consolidation of pathways and efficiencies in existing services, substitution of current service models for recovery-based alternative service offers at lower cost, and strategic consolidation of key services to drive savings through critical mass.	5	4	20	Red/extreme /SUI risk (15-25)	➤ Active stakeholder management to create opportunities for partnership and collaboration which are reflected in corporate objectives. An update for 2015/16 in progress. ➤ Development of preferred partners through Memorandum of Understanding and joint tender bids. ➤ Quarterly review of strategy by Trust Board every quarter. ➤ Recruitment to key areas of expertise to enable five-year plan to be realised through health intelligence, marketing and commercial skills, strategic planning and programme management. ➤ Increased use of service line reporting information. ➤ Celebrate success of achievements in 2014/15 – team working to over £750,000 saving for Wakefield CCG. Planned saving of £1 million for Kirklees CCGs in 2015/16.		EMT	Review of plan submission to regulator May 2015	Monthly review EMT Transformation Board review Quarterly updates to Board	12	Amber/ high (8-12)			Trust Board July 2015	



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Risk profile 21 July 2015

Consequence (impact/severity)	Likelihood (frequency)				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)			= Trust's financial viability affected as a result of national funding arrangements (522)	= Mechanisms for contracting and pricing for mental health and community services (270) = Transformation programme (463) ! Trust transformation aligned with commissioners' transformation programmes and intentions > CAMHS Calderdale and Kirklees (668) = Trust sustainability declaration made in five-year strategy plan (695)	
Major (4)				< Data quality and capture of clinical information on RiO (267) ! Reduction in local authority funding to commission services = Reduction in local authority funding (275) = Bed occupancy (527)	
Moderate (3)					
Minor (2)					
Negligible (1)					

- = same risk assessment as last quarter
- ! new risk since last quarter
- < decreased risk rating since last quarter
- > increased risk rating since last quarter