



With all of us in mind

Trust Board (business and risk)
Friday 23 October 2015 at 10:00
Boardroom, Kendray, Doncaster Road, Barnsley, S70 3RD

AGENDA

- 1. Welcome, introduction and apologies** (verbal item)
- 2. Declaration of interests**
- 3. Minutes and matters arising from previous Trust Board meeting held on 22 September 2015**
- 4. Assurance from Trust Board committees**
 - 4.1 Audit Committee 6 October 2015 (verbal item)
 - 4.2 Feedback from Trust Board Forums – Equality and Inclusion Forum (verbal item)
- 5. Chair and Chief Executive's remarks** (verbal item)
- 6. Strategic overview of business and associated risks** (to follow)
- 7. Human resources and workforce development** (to follow)
- 8. Assurance framework and risk register**
- 9. Performance reports month 6 2015/16**
 - 9.1 Quality performance report month 6 2015/16 (to follow)
 - 9.2 Finance report month 6 2015/16
 - 9.3 Customer services report quarter 2 2015/16
 - 9.4 Exception reporting and action plans
 - (i) Child and adolescent mental health services progress report
 - (ii) Well-led review update

10. Board self-assessment of operational, clinical and quality risks

11. Date and time of next meeting

The next meeting of Trust Board will be held on Tuesday 22 December 2015 in rooms 49/50, Folly Hall, St. Thomas Road, Huddersfield, HD1 3LT

Trust Board 23 October 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>Director of Corporate Development and Company Secretary – Dawn Stephenson</u></p> <p>Chair, Kirklees Active Leisure (from 9 September 2015)</p>
Recommendation:	Trust Board is asked to CONSIDER the declaration, 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 22 September 2015

Present:	Ian Black Laurence Campbell Charlotte Dyson Julie Fox Chris Jones Jonathan Jones Steven Michael Adrian Berry Tim Breedon Alan Davis Alex Farrell	Chair Non-Executive Director Non-Executive Director Deputy Chair Non-Executive Director Non-Executive Director Chief Executive Medical Director Director of Nursing, Clinical Governance and Safety Director of Human Resources and Workforce Development Deputy Chief Executive/Director of Finance
Apologies:	None	
In attendance:	Nette Carder Rachel Court Kate Henry Dawn Stephenson Bernie Cherriman-Sykes	Interim District Service Director, CAMHS and Forensic Services (item 7.3(i)) Non-Executive Director (designate) Interim Director, Marketing, Engagement and Commercial Devel. Director of Corporate Development Board Secretary (author)
Guests:	Nasim Hasnie Bob Mortimer	Publicly elected governor, Kirklees Publicly elected governor, Kirklees

TB/15/56 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting. There were no apologies. IB introduced Jane and Simon Burton, Recovery College Co-ordinator, Kirklees. Jane's inspirational film was shown to Trust Board and she explained her journey and the help and support she received from the Recovery College based at Pathways in Mirfield. The film is also on the Trust's website.

TB/15/57 Declaration of interests (agenda item 2)

The following declarations were made over and above those made in April 2015 and subsequently.

Name	Declaration
NON-EXECUTIVE DIRECTORS	
Rachel Court	Magistrate, Calderdale Governor, Calderdale College
Charlotte Dyson	Marketing consultancy work for Royal College of Surgeons, Edinburgh (from September 2015)
Jonathan Jones	Trustee, Hollybank Trust (from 1 October 2015)

There were no comments or remarks made on the Declarations; therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by Directors of the Trust.**

TB/15/58 Minutes of and matters arising from the Trust Board meeting held on 21 July 2015 (agenda item 3)

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held on 21 July 2015 as a true and accurate record of the meeting. There were no matters arising.

IB went on to comment that, following the recommendation from Deloitte as part of the well-led review that there should be more distinction between the three Trust Board meetings in the quarterly cycle, he and the Chief Executive (SM) had given some thought to the focus of each meeting. The strategy meetings will remain as now to focus on the strategic direction of the Trust. There will be a quarterly performance and monitoring meeting, which will focus on the Trust's performance, and a quarterly business and risk meeting, which will be forward looking; however, this will not preclude urgent and/or significant items being taken in a timely manner.

Jonathan Jones joined the meeting.

TB/15/59 Assurance from Trust Board committees (agenda item 4)

TB/15/59a Audit Committee 7 July 2015 (agenda item 4.1)

Laurence Campbell (LC) highlighted the following.

- Service line reporting continues as a standing item on the Committee's agenda and there will a presentation to Trust Board in October 2015.
- Further consideration has been given to the proposed internal audit on 'culture' and a proposal will be presented to the Committee in October 2015.

TB/15/59b Clinical Governance and Clinical Safety Committee 16 June and 8 September 2015 (agenda item 4.2)

Julie Fox (JF) highlighted the following.

- The Committee was assured by the report presented on the Horizon Centre. A concern remained, however, that the issues had not been identified earlier through the Trust's own internal systems and process.
- A report was received on the Trust's preparation for a Care Quality Commission (CQC) inspection visit. Tim Breedon (TB) commented that activity in train is aligned to existing practice, systems and processes to ensure the Trust shows its services in the best possible light during the inspection. SM added that the CQC is aiming to complete all inspections by June 2016.

TB/15/59c Mental Health Act Committee 4 August 2015 (agenda item 4.3)

JF highlighted the following.

- The Trust is considering the consultation on the Mental Capacity Act and Deprivation of Liberty Standards, which closes in early November 2015. The Trust will review the implications of the new guidance when it is formally published.
- The Committee welcomed the completion of estates issues raised during CQC Mental Health Act visits. The Committee has an expectation that any actions arising from such visits, both clinical and estate related, should be completed within three months with a clear rationale for any longer period of time.
- Local authority pressures could impact on the Trust if community support in relation to the Mental Health Act is affected. This is an area the Committee will continue to review.

- The level of ethnicity reporting continues as a concern for the Committee. TB commented that progress has been made and will be shown in the next report to the Committee in November 2015.

JF also confirmed the appointment of eight new Hospital Managers following a recent interview process, which will increase the diversity of the pool.

TB/15/59d Remuneration and Terms of Service Committee 13 and 24 July 2015 (agenda item 4.4)

IB highlighted the performance related pay scheme for Directors and commented that the Trust is unusual in having such a scheme, which has been in place since 2010. The gateway objectives for 2015/16 include staff and stakeholder engagement (a key recommendation arising from the well-led review). It also includes the provision that no award will be made if the Trust is found not to be 'good' or 'outstanding' following its CQC inspection if it takes place within this year. It is, therefore, a stretching and challenging target and the Committee did not underestimate how difficult it will be to achieve. Only 20% of Trusts currently achieve good/outstanding CQC ratings. SM added that the Trust would not find 'requires improvement' acceptable as 'normal' even though there is discussion within the NHS that this is 'normal' with 70% of inspections achieving this rating.

TB/15/59e Changes to Audit Committee terms of reference (agenda item 4.5)

It was RESOLVED to APPROVE the proposed amendments to the Audit Committee terms of reference.

IB then invited feedback from the Trust Board Forums.

Information management and technology

The IT virus was managed well and quickly with a good partnership between operations, Phoenix and the IM&T team. There will be a full review in terms of emergency planning, which will report back to the Clinical Governance and Clinical Safety Committee as well as the Forum. The virus also impacted on the roll-out of the latest version of the Trust's clinical information system (RiO), which has been delayed until 11 November 2015.

Estates

Jonathan Jones (JJ) reported the Forum has a full agenda. Good progress has been made with the Halifax and Barnsley community hubs and progress continues with Pontefract and Wakefield community hubs, and the Castleford, Normanton and District Hospital site. There is an ongoing issue in relation to the timing of the receipt from the sale of Aberford Field. Alan Davis (AGD) commented that this is a complex situation and involves more parties than just this Trust. An independent valuer is now involved, who will report by mid-December 2015, making completion very close to the end of the financial year. There is a possibility that monies will be received in the next financial year. Alex Farrell (AF) added that Monitor will be advised of the position and this will form part of the review of the Trust's position at month 6, which will look at scenarios and options for the Trust in terms of the end-of-year outturn. LC asked if there was flexibility to retain the forecast position through use of provisions and contingencies and AF responded that this would be tested at the mid-year point.

The Forum also looked at options for the Fieldhead site.

IB asked if the Forum was coming to the end of its remit. JJ responded that he thought it would be another full year before this could be considered as much investment needs to be approved and started before this could happen. The Forum provides assurance from the Executive Management Team (EMT) to Trust Board and should remain in place. SM added that estate is central to the strategic position of the Trust and also links to its position as a

systems leader, where estate is a critical consideration. AGD added that the environment has changed radically since the Estates Strategy was approved in 2012 and the Forum has helped focus debate and discussion.

The changes to the Committee and Forum membership were supported by Trust Board. The Chair will review in March/April 2016, which will include chairing arrangements.

TB/15/60 Chair and Chief Executive's remarks (agenda item 5)

IB commented on the annual members' meeting held on 9 September 2015, which was an excellent event and well supported by service users, carers, staff and stakeholders.

The Chief Executive covered the following in his remarks.

- The Trust has discussed its position at Savile Park View House with Wakefield Council Overview and Scrutiny which is supportive of the Trust's position. Individual packages of care are to be developed for the remaining four service users.
- Developments on the Eastern Wakefield side of the Trust's area continue and SM met with the local MP who was supportive of the Trust's plans.
- SM also updated briefly on the Vanguard initiatives the Trust is involved in.
- He ended by referring to the letter received from Monitor asking foundation trusts to reconsider their forecast budget position. The Trust's budget forecasts a non-recurrent £700,000 deficit to allow for investment during 2015/16. This has been revised through use or release of provisions to forecast a £100,000 surplus.

IB went on to advise that the Trust has been shortlisted for the Health Service Journal awards in two categories – forensic child and adolescent mental health services in the Specialist Services Re-design category and for Board leadership. He was pleased the Trust was sufficiently confident to put itself forward for such awards and, particularly, that it had then been shortlisted.

TB/15/61 Transformation update (agenda item 6)

IB commented that there had been a fair observation by Deloitte as part of the well-led review that Trust Board has spent little time in comparison with other areas on transformation. It will become a standing item on the Trust Board agenda. He invited SM to introduce this item.

SM began by saying that the transformation of services is predicated on the Trust's mission, which will support the Trust to remain sustainable and viable. Services such as recovery colleges are key to the transformation of the Trust's offer. AF then took Trust Board through the paper, which acted as background for the discussion. She highlighted the following points in summary.

- The mental health workstream is the most advanced, which is appropriate given this is the largest element of Trust services. New models of service for acute and community, memory assessment, and rehabilitation and recovery are planned for implementation in 2015/16 in order to align with annual planning and cost improvement assumptions. A key enabler is the agreement by commissioners to new service models and the reflection of these in 2015/16 contracts.
- The transformation of learning disability services is at the full business case stage for planned implementation in 2016. The key enabler is commissioner agreement to the model and funding.

- For forensic services, the priority is preparation for national procurement to demonstrate an effective operational model and develop a clinical network and pathway approach with partners.
- The plans for transformation of general community services will be tested in 2015/16 through tender or revised service specification for intermediate care, integrated care and 0-19 services. Workstreams will be aligned with tender activity and annual planning for 2016/17.

IB invited questions and comments from Trust Board.

- Rachel Court (RC) commented that the report was really helpful and would be so on an ongoing basis. She asked if the financial benefits for each workstream would be included in business cases. AF responded that they would be clear.
- LC asked if there was a view of the plan for 2016/17 and how transformation would shape this. AF responded that this is currently under development and the opportunities, benefits, financial opportunities and workforce will be re-visited to develop the plan at a detailed level aligned to commissioner intentions.
- JJ asked if transformation plans were 'scaleable'. SM responded that there are opportunities, for example, through the West Yorkshire acute and emergency care Vanguard, to develop standard models of care and to learn from other areas. It will be a real advantage for the Trust if it can facilitate this. JJ commented that it would be a real opportunity for the Trust to develop an offer it can share with or deliver for others.
- JF commented that she had no feeling for where each workstream was in terms of priorities and key elements. She would like a clear picture of the Trust's position, what needs to be achieved and the timescales for Trust Board to be clear of the Trust's position. AF agreed but commented that the purpose of this paper was not to monitor progress but to enable Trust Board to understand the current position to each workstream.
- JF also commented on the need for clear messages on the models of service. AF responded that communication and engagement with service users, carers, staff and commissioners is key part of transformation work with messages tailored for each audience.
- RC asked what business change resource the Trust has. AF responded that the Project Management Office is responsible for co-ordinating activity with programme managers acting as dedicated business change managers. Other staff, including clinical staff, are seconded to work on transformation to ensure operational, clinical, financial and workforce are covered. SM added that development of models of care is clinically-led with strong clinical ownership within services.
- Charlotte Dyson (CD) commented that the Trust should promote 'quick wins'. AF responded that an element of this is to re-badge what the Trust does already, such as working with commissioners to reduce the number of service users sent out-of-area. She added that the next three months were critical to ensure convergence between internal transformation work and wider system integration and alignment. This will be a key factor in annual planning for 2016/17.
- JJ asked how the Trust would budget for this and AF responded that transformation underpins the Trust's cost improvement programme for next year.
- Chris Jones (CJ) commented that developing tools for Trust Board to monitor progress will be challenging, particularly in terms of monitoring return on investment. He also asked if there was a similar process for business support services. AF responded that the Dalton Review encourages Trusts to look at alternative ways to deliver support services such as estate and IM&T. This will form part of the annual planning process with an analytical review of overheads, the level of which is determined by services.
- IB commented that he would find a subjective view of progress across each workstream helpful. SM suggested bringing this back to Trust Board now the position has been

explained more clearly, particularly in terms of return on investment; however, he was wary of 'rating' progress.

SM highlighted three concerns that form a backdrop to the transformation programme that:

- existing 'processes' remain in place but with a different 'badge';
- the environment, particularly that of local authorities, becomes the driver, which obstructs any transformation the Trust intends; and
- use is not made of the drive for alternative organisational forms.

TB/15/62 Performance reports month 5 2015/16 (agenda item 7)

TB/15/62a Performance report (agenda item 7.1)

IB invited questions and comments from Trust Board.

- JF asked why there was no data available for key performance indicators in relation to managing aggression and violence. TB responded that the Trust's recording system, DATIX, was not closed down in time for inclusion in this report. JF asked if TB had a feel for the current position and TB responded that this was awaited; however, he had asked for a full review of the current position, which is high due to two particularly challenging individuals within Trust services.
- LC commented on the increase in C Difficile cases. TB responded that the projection is within target at the year-end. Serious incidents are recorded where cases are considered to be 'avoidable'.
- CD asked if the Trust assesses whether treatment provided under improving access to psychological therapies (IAPT) services are successful. AF responded that the Trust measures individuals through to recovery but does not routinely report re-admissions and re-referrals for the service. A key area for transformation is to review patient flows, which will include re-admissions and re-referrals.
- SM suggested a review of the elements of the performance dashboard to align service delivery, transformation, key performance indicators and reporting, measuring existing services and fitness for the future, aligned to corporate objectives to inform the assurance framework. AGD added that this should include workforce and wellbeing metrics. IB commented that the dashboard must enable Trust Board to form an objective and informed view of how the Trust is performing and the review would fit with the recommendations arising from the well-led report, representing a longer-term piece of work. It was agreed to set up a small working group involving Non-Executive Directors, particularly those recently appointed, to support AF in development of reporting. *[It should be noted that RC has volunteered.]*

TB/15/62b Finance report (agenda item 7.2)

IB invited questions and comments from Trust Board.

- JJ asked how confident the EMT was that the capital programme and cost savings would be delivered. AF responded that IM&T capital spend is behind plan currently but this is a matter of timing of contracts and should not impact on the end-of-year spend. A bigger issue is capital attributed to estate during 2015/16, which is likely to underspend. JJ asked if this would translate into a greater surplus. AF responded that the Trust is working through the options in terms of its cash and liquidity position.
- For the cost improvement programme, £900,000 remains 'red' and this is the focus for the Operational Requirement Group (ORG) over the next few weeks; however, this is not very different from the position this time last year. AF would expect to see substitutions, some of which will be non-recurrent, to ensure the programme is achieved. This will have a corresponding impact on 2016/17 adding to the level of cost savings required.

- JJ asked what the difficulty was to identify cost savings. AF responded that it is more to do with the impact and it is more difficult to find recurrent cost savings now that can be delivered by the year-end.
- LC asked if there was the same level of attention to this year's position or whether the focus has moved to next year. SM responded that this was not the case and the focus for ORG is both current operational performance, substitutions and mitigation, and development of plans for the coming year.
- RC asked what the level of next year's cost improvement programme was and AF responded that the outline figure is £10 million; however, Trust Board also has to consider the impact of cost pressures, any pay award and use of surplus. For example, this year the Trust has £11 million of investment as well as a cost savings programme to accelerate transformation through IM&T and safer staffing to deliver transformation efficiencies.

TB/15/62c Exception reports and action plans – Child and adolescent mental health services progress report (agenda item 7.3(i))

Nette Carder (NC) outlined the key points from the report. A report on child and adolescent mental health services (CAMHS) across the Trust was scrutinised in detail at the Clinical Governance and Clinical Safety Committee.

SM was asked if the summit on 18 September 2015 was the last. He responded that the Trust has worked with commissioners and local authorities to move from recovery to implementation and there would be a further meeting in December 2015 to assess progress. He reported that the previous day, Kirklees Council had indicated that it wished to undertake a detailed safeguarding review of Tier 3 CAMHS in its area. TB added that this had been an unexpected announcement and he would have expected the review to be wider than Tier 3 services given their interconnectedness. The Trust will work with any potential review team under an independent chair when the decision of the Kirklees Safeguarding Board is known on 25 September 2015. An update will be provided to Trust Board when the detail is known.

CJ asked when the Trust will begin to see an impact on outcomes. NC responded that detailed monitoring on improvement is reported through the Clinical Governance and Clinical Safety Committee and is beginning to show improvement. She would expect to be able to undertake a stocktake of outcome measures next April. RC asked if objectives and milestones were in place. NC responded that work to develop metrics is in place and reporting against these has started. The first aim was to stabilise the service, including capacity modelling for a service with increasing demand.

JJ asked how long NC would be with the Trust. She responded that part of her role has been to develop robust arrangements to pass on to her successor. SM confirmed that a job description was in place and an advert will appear next week for a BDU Director for CAMHS, forensic and specialist services. This represents a like-for-like replacement. NC will remain in post in the interim period and an appointment by the end of 2015 is anticipated.

It was RESOLVED to NOTE the progress report.

TB/15/62d Exception reports and action plans – Safer staffing (agenda item 7.3(ii))

TB outlined the background to the report and the key highlights. He reiterated that the Trust has only one set of safer staffing levels and these are publicly reported. He added that the peripatetic staffing business case has been approved by the EMT, subject to some further work to align with bank staffing arrangements. AGD commented that there is a high level of vacancies within in-patient services and the Trust has to balance this with development of a peripatetic workforce. SM also commented that the CQC will triangulate with other measures, such as the number of occasions escorted leave is cancelled, to come to a view as to whether safer staffing levels are in place.

It was RESOLVED to RECEIVE the paper as assurance that the Trust is meeting safer staffing requirements.

TB/15/62e Exception reports and action plans – Making service user and carer feedback more inclusive (agenda item 7.3(iii))

CJ asked about the scale of the challenge of the introduction of the accessible information standard. Dawn Stephenson (DS) responded that this is a big piece of work but there are good foundations in place to take it forward. IB added that it is important for the Trust to improve what it currently does.

It was RESOLVED to NOTE the update and the work to understand the service user and carer experience using this information to improve services.

TB/15/63 Governance matters (agenda item 8)

TB/15/63a Well-led governance review (agenda item 8.1)

The report and action plan were noted. IB observed that the outcome of the review is to improve services for the people who use them. The review shows the Trust has the basics in place on which it can develop and improve. He added that Deloitte's view is closely aligned to Trust Board's view, which demonstrates self-awareness of the Trust's position. SM commented that it is positive that Trust Board shows such awareness; however, the CQC emphasis will be on delivery at service level rather than 'Board-to-Ward' and vice versa.

It was RESOLVED to NOTE the outcome of the independent review of the Trust's governance arrangements.

TB/15/63b NHS Constitution (agenda item 8.2)

It was RESOLVED to RECEIVE the paper as assurance that the Trust meets the requirements of the NHS Constitution.

TB/15/64 Use of Trust seal (agenda item 9)

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

TB/15/65 Date and time of next meeting (agenda item 10)

The next meeting of Trust Board will be held on Friday 23 October 2015 in the boardroom, Kendray, Barnsley, S70 3RD.

Signed **Date**



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Trust Board 23 October 2015
Agenda item 4 – assurance from Trust Board Committees

Committee assurance

Audit Committee

Date	6 October 2015
Presented by	Laurence Campbell
Key items to raise at Trust Board	<ul style="list-style-type: none">➤ Internal audit of the implementation of the Trust's patients' property policy➤ Improving the quality of clinical information – current position, further monitoring and priorities, and ongoing assurance for the Committee➤ Caseload management (linked to above)



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Strategic overview of business and associated risks

Trust Board 23 October 2015





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Trust context

- An evolution of existing five year strategic plan, taking note of major external guidance
 - Five Year Forward View,
 - Dalton Review,
- Sustainable platform for services
- Strengthen partnership relationships
- Develop capacity and capability in key areas including
 - Trios – and other clinical and operational leaders
 - Quality Academy emerging skill sets required
- Continue to drive efficiency

Specialised Commissioning Forensic – clinical network/consortium Successful in national procurement . Open additional beds Year 2 expand scope of service through tendering activity and sub specialisation plus CAMHS.

Core NHS Mental Health Regional Services – Consolidation of Urgent care pathways / Specialist services / CAMHS / Memory services and LD on sub-regional footprint.

Local CCG Footprint - Use PbR to focus and streamline specialist offer with substitution from specialist to third sector/ alternative offer Work on integrated locality teams – synergy in physical/mental/ social care model

Enabling communities - key partnership with Local Authorities and Public Health by reducing use of statutory services, create capacity in Primary Care through substitution to alternative cheaper capacity which creates social capital and self directed support e.g. recovery colleges, Creative Minds, Altogether Better.



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Key issues

External Environment

- National picture
- Local Commissioners
- Local Providers

Internal Environment

- Performance in year
- Preparation for Annual Plan
- Transformation
- CQC





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External Environment

- National and regional
- National financial position Provider Sector £1 billion deficit forecast
- Changes to regulation – new chief of Monitor and TDA
- Guidance on mental health currency move to “diagnostic pathways “ and capitation budgets
- National focus on some MH areas – Early intervention in psychosis , Psychiatric liaison and CAMHS
- Continued uncertainty re specialist commissioning
- High expectation from Vanguard programme.
- Publication of national MH benchmarking





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Local Commissioners

- CCG Financial Challenge and acute pressures
- Wakefield Vanguard implementation start 1 November including Gateway to care
- Calderdale CCG about to submit value proposition for Vanguard which key element is joint venture between community provider and GP federation
- Gearing up for Urgent care Vanguard
- Critical point in agreeing commissioned model for rehab and recovery and Learning disabilities
- Impact of local authority cuts yet unknown – follow up of 0-19 bid Barnsley
- Commissioner funding dependent on outcome of funding review is November





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Local Providers

- Barnsley hospital no longer in turnaround
- CHFT turnaround plan in implementation – joint review with commissioner on configuration with expectation of consultation before end of financial year
- Mid Yorks CQC visit focusing on integrated care for older people
- Continued development of GP federations plus West Wakefield MCP
- Provider Alliance leadership agreed way forward on MCP Vanguard
- South Yorkshire successful in Vanguard for hospital chain
- Continued work with third sector in Wakefield on H& WB model and local authority on integrated MH teams





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Impact on risk

- Overall financial position and focus on acute targets potential for adverse impact on MH and community services
- Some additional focus and resources on MH services nationally but only in specific areas – EIP , CAMHS Barnsley hospital no longer in turnaround
- Local Authority financial position and impact on integrated teams
- Contracting round in 2016-17 likely to be tougher
- Impact of national drive for “accountable care organisations “ re locality focus and potential to influence.





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Internal Environment

Performance in year

- Currently on target to meet plan requirements

Preparation for Annual Plan

- Process for preparation of plans underway
- Agreed review of support services with zero based budgeting – framework to be developed by Director of HR and Deputy CEO/ Director of Finance
- Focus on Service Line as key building block and more incorporation of benchmarking

Preparation for CQC

- Collation of documents for review
- Programme of preparation mobilised





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Internal Environment

Transformation

- Stocktake of current plans by EMT
- Critical point for acute and community MH re agreeing new operating procedures
- Critical point for LD and rehab and recovery transformation to agree models of care with commissioners and undertake internal consultation with staff
- Pricing strategy needs to underpin this and provide some transparency and stability in levels of funding
- Workforce strategy also key in supporting new service models
- Meridian report presented on opportunities for improving services in older people MH . To proceed to mobilisation



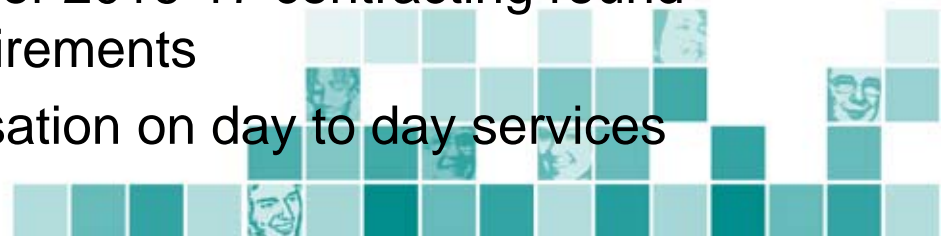


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Internal Environment

Key Internal risks

- Sustainability of CIP delivery – potential to roll forward savings targets to 2016-17 where savings only made non recurrently in 2015-16.
- Predicted shortfall in CQUIN income linked to achievement of KPIs linked to mental health currency
- Alignment of transformation work with requirements of annual plan e.g. testing sustainability of model ; deliverability of model and pace of change required ; financial impact ; engagement of workforce in developing new roles and new ways of working.
- Ensuring appropriate focus and participation in multiple transformation activities across system
- Ensuring adequate preparation for 2016-17 contracting round including national currency requirements
- Impact of bid activity and mobilisation on day to day services



Human Resources and Workforce Development – Strategic Overview of Workforce Business and Associated Risks Trust Board 23 October 2015



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Strategic Human Resources Framework

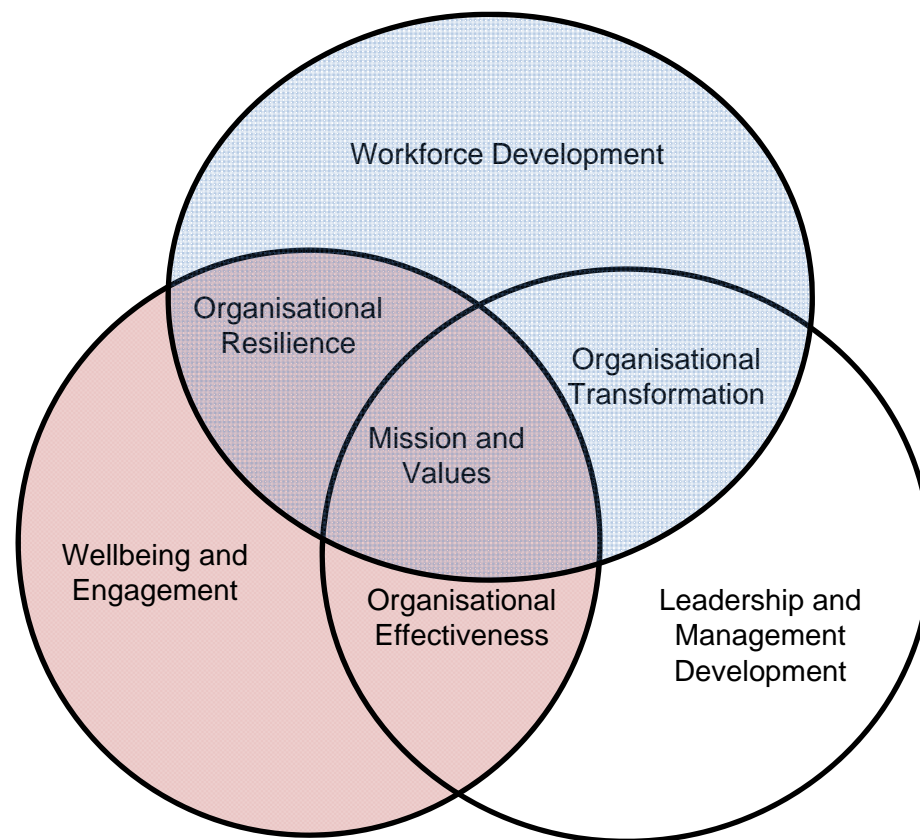
- Strategic Workforce Management and Development Key to the Trust's long term sustainability as staff are our largest areas of cost and expenditure
- The strategic overview of Business and Associated Risks identifies major challenges for the workforce challenges:
 - Competitiveness of the Workforce Costs
 - Supply of Qualified Staff
 - National Pay Framework (Agenda for Change and Medical Staff Terms and Conditions) limited flexibility to manage pay budgets
 - Quality of Services – Safer Staffing
 - Transformation of the Workforce linked to Service Transformation

Recap:

- The Strategic Human Resources Framework Presented to the Trust Board in June 2016 set out 3 Strategic Workforce Strands:
 - **WORKFORCE DEVELOPMENT** – Designing, developing and recruiting a workforce based on service needs and available resources
 - **STAFF WELLBEING AND ENGAGEMENT** – Building organisational, team and individual resilience through a proactive approach to engaging staff and improving the health and wellbeing
 - **LEADERSHIP AND MANAGEMENT DEVELOPMENT**– Developing and supporting current and future leaders and managers to ensure services are well led
- The integration of the 3 workforce strands support:
 - Improved organisational resilience in service delivery during period of significant change
 - Leaders and Managers being more effective through stronger staff engagement
 - Effective change management for Service Transformation



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- Right People, Right Time, Right Place
- Improve Quality
- Improve Performance



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Strategic Human Resources Framework

- The aims of the above strategic framework is to:
 - Ensure we have the Right People at the Right Time in the Right Place
 - Improving Service Quality
 - Improving Organisational Performance
- The Trust Board approved 2 key supporting workforce strategies in June 2016:
 - Staff Engagement
 - Leadership and Management Development Strategy



Workforce Planning Linked to Long Term Financial Model - Headlines

2015 to 2017

- Reduction in workforce of approximately 237 wte (-6.54%)
- Projected Turnover Rates 9.5% to 9.0%
- Projected Sickness 4.4%

Risk Rating

- | | | |
|----------------------------------|---|-------|
| ▪ Registered Nursing Age Profile | – | Red |
| ▪ Health Care Support Workers | – | Amber |
| ▪ Speciality Doctor Recruitment | – | Red |
| ▪ Registered Nursing Recruitment | – | Amber |

(20% projected shortage in Registered Nurses by 2020)



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Workforce SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Highly Knowledgeable and Skilled Workforce • Financially Sustainable Workforce • Sustained low turnover and high stability rates • Large workforce providing career opportunities • Employer of Choice in key specialities • Commitment to Staff Health and Wellbeing • Reducing Sickness Absence Rates with positive benchmarking against local organisations • Strong partnership working with Staff Side Organisations • Low instance of employee relation cases • Investment in learning development • Accreditation for learning and development eg City and Guilds and ILM • IIP Accreditation • Valued Based HRM • System Leadership model • Workforce Planning Model linked to operation • Strong Partnership working • Clinical apprenticeship • Middleground and development of Trio's • Staff Wellbeing and Engagement Survey • General Trust Wide Diversity matches overall local population • Strong links with Educational Providers 	<ul style="list-style-type: none"> • Ageing workforce profile • Workforce costs when competing against non NHS providers • Low turnover to support workforce changes • Workforce flexibility in providing 7 day services • Areas of Specialism requires succession planning • Difficulties in recruitment in certain specialities • Stress and Anxiety highest single reason for absence • High sickness rate in Forensic and Specialist Services • Staff Engagement linked to Transformation • National disputes impacting on Trust • Systematic Talent Management • Agile leadership model • Lack of control of supply newly qualified staff • Workforce not lean in certain services • Lack of corporacy in like for like services • Development of microsystem leaders • Service transformation lack of workforce model • Resistance to services transformation • Clinical support worker career structure limited • Depth of Clinical Leaders • Concerns growing on job security • Locality based diversity issues means in certain protected characteristics not matching local population



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Workforce SWOT Analysis

OPPORTUNITIES

- Technological advances (Agile working)
- Development of efficiencies within Partnership in Action, Joint Working, Integrated Teams
- Strong e-HR product – marketing opportunity
- Capable and adaptable workforce readiness for Transformation
- Arena to discover new ways of working within predominantly 'staid' healthcare roles. Development of new Community placed roles including HCSW roles
- Promotions and development for staff (1-4 workforce, speciality roles, CPD)
- Experience in working with diverse groups
- Expanding labour market opportunities – increase diversity of workforce
- Maximising workforce productivity linked to finance plans
- LEAN working
- Increasing Tender Opportunities – Ability to diversify workforce skills and ability
- TUPE of staff with skills/experience
- Fundamental redesign of available workforce (medical staffing, clinical support, In-patient ward areas, CMHT, Sub-specialisms, Psychology, Crisis Team, On-Call payments)

THREATS

- Demographic changes
- Unplanned changes (Government drives, recommendation, inquiries)
- National Employee Relations drivers affecting workforce efficiency
- Volatility of local contract changes, budget restraint 'Transformation by Commissioning'
- Statutory and Employment law changes – Restricting employment potential/freedom
- Increased CIP requirement – Increased pressure on workforce delivery/staff in post
- Increasing complexity of patient need – Skilling the workforce
- Increasing Private sector provision – drain on workforce – potential to poach experience
- Increasing Tender Opportunities – Loss of service provision for existing skilled workforce – potential fragmentation
- TUPE of staff with skills/experience
- Threat of competition within NHS Trusts for newly qualified staff – particularly NQD for Nursing roles in Acute sector, Speciality medical roles
- Inability to respond to CQC directive
- New competitors yet to enter healthcare market
- Insufficient newly qualified staff in future due to lack of horizon planning



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STRATEGIC HR FRAMEWORK 2015/2017: HEADLINE OBJECTIVES

Strategic HR Priorities	Organisational Outcomes		
	Right People Right Time Right Place	Enhancing Service Quality	Improving Trust Performance
Workforce Development	Development of a robust model of Workforce Plans linked to the Service Transformation Programme, including: <ul style="list-style-type: none"> • Development of new Clinical Support Worker roles • Advance Practitioner 	Development of Clinical Support Workforce training through: <ul style="list-style-type: none"> • Care Certificate • Clinical Apprenticeships 	Performance and Pay Progression linked to Trust objectives and goal
Wellbeing and Engagement	Focus approach to Wellbeing Reviews and Interviews	Ensure effective and regular wellbeing and engagement feedback systems are maintained and used to develop Key Performance Indicators	Implementation of Staff Engagement Strategy Action Plan agreed by the Trust Board June 2016
Leadership and Management Development Strategy	Talent management programme and succession planning for key organisational roles including: <ul style="list-style-type: none"> • Clinical Specialists • Directors and Senior Managers • Clinical Leaders 	Development programme for Micro system leaders	Developing Leadership and Management Competencies based on System Leadership model
Values Based HRM	Value Based Contracts of Employment	Value Based Recruitment and Induction Value Based Leadership Behaviours	Values based appraisal

Strategic Workforce Key Objectives 2015/2017

1. Re-design of Clinical Support Workforce aimed at extended roles, linked to qualified staff, better career structure and more cost effective:

- Assistant Practitioner role to support qualified workforce re-design and recruitment issues
- Development of Career Structure for Clinical Support Workers using Agenda for Change:
 - Assistant Practitioner (Band 4)
 - Senior Health Care Support Worker (Band 3)
 - Health Care Support Worker (Band 2)
 - Clinical Apprentices (Band 1/2)

2. Re-design of Qualified Clinical Workforce:

- Advance Practitioner role supporting medical workforce re-design and extending career opportunities



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(.....cont'd)

Strategic Workforce Key Objectives 2015/2017

3. Improving quality through better and systematic training of Clinical Support Workforce:
 - Clinical Apprenticeship gateway to Health Care Support Worker
 - Care Certificate
 - Vocational qualifications for all Clinical Support Workers
4. Performance and Pay Progression Policy linked to Trust objectives – move away from automatic incremental progression
5. Focus Well-being Programme and Interviews for services and individuals with high absence rates
6. Key Performance Indicators for Staff Engagement and Well-being
7. Implementation of Staff Engagement Action Plan agreed by Trust Board



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(.....cont'd)

Strategic Workforce Key Objectives 2015/2017

8. Talent Management and Succession Planning for Key Roles:

- Directors and Senior Managers
- Clinical Leaders
- Clinical Specialists

9. Microsystem Leaders Development Programme

10. Trust Leaders and Management Competencies linked to Strategic Planning



With all of us in mind

Trust Board 23 October 2015

Agenda item 8

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 agreed objectives and action plans are in place to address any areas of risk</p>

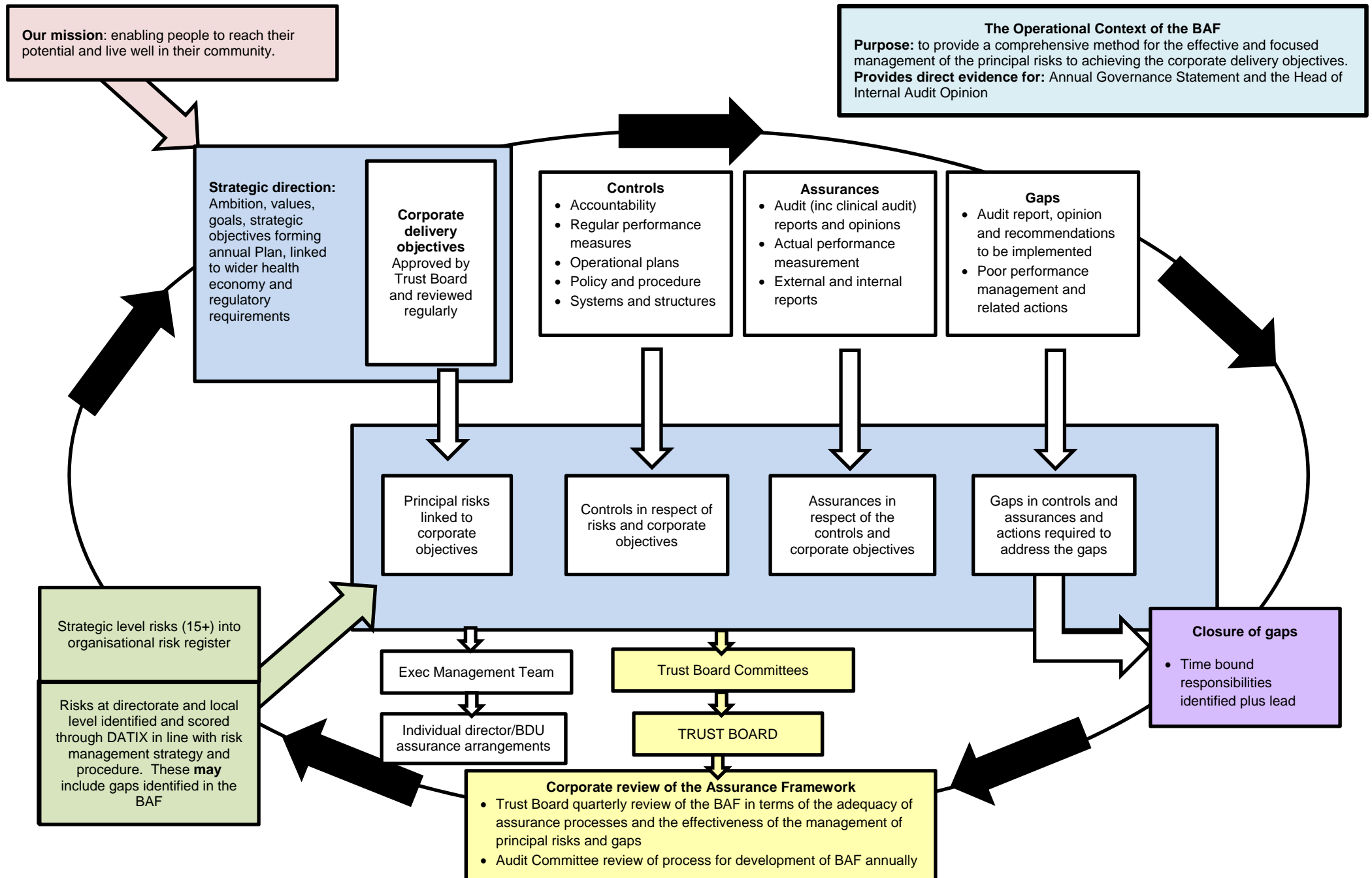
	<p>identified.</p> <p>The assurance framework for 2015/16 has been reviewed following feedback from Deloitte as part of the well-led review of the Trust's governance arrangements. A new format with rag ratings has been constructed which is designed to paint a picture on a page on the level of assurance the Trust Board can obtain in respect of risk mitigation for each of the key strategic corporate objectives.</p> <p>In order to facilitate the identification of gaps in control and assurance, a colour coding scheme has been adopted to identify the following types of control and assurance:</p> <p>Purple - Board Governance/setting strategic direction</p> <p>Peach - EMT Governance/execution</p> <p>Pink - Partnership working/Independent review</p> <p>Grey - Performance framework/monitoring</p> <p>Burgundy - Service Strategy</p> <p>Blue – Enabling Strategy</p> <p>The new assurance framework is work in progress and will be further refined through discussions with individual directors and Chairs of Board Committees and reviewed through EMT over the next 2 quarters, as we implement the well led review action plan.</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"> - capture of clinical information; - 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 – Trust's transformation programme, its implementation and staff engagement; - transformational service change – wider health economy transformation and engagement and alignment with commissioners); - commissioning risks – local commissioning intentions and impact of national developments; - bed occupancy; - child and adolescent mental health services; and - Trust sustainability declaration; - nurse re-validation.
<p>Recommendation:</p>	<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



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



Assurance Framework 2015/16

Board governance/setting strategic direction,
 EMT Governance/execution
 Partnership working/Independent review,
 Performance framework/monitoring,
 Service Strategy,
 Enabling strategy

Principle Delivery Objective: - Strategy Embedded person-centred delivery system, delivering safe services, efficiently and effectively across the Trust	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	CEO	CC & CS	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
S1	Continued uncertainty of strategic partnership landscape, including commissioning, acute partners and local authorities linked to the Five-Year Forward View leading to unsustainable organisational form.					A/R
S2	Failure to understand and respond to changing market forces leading to loss of market share and possible de-commissioning services.					A/G
S3	Failure to deliver the Estates Strategy and capital programme for 2015/16 leading to health and safety/compliance issues, poor service user and staff experience.					A/G
S4	Failure to adopt agile working approaches which could compromise the future estate model					A/G
S5	Trust Plans for service transformation are not aligned to the multiplicity of stakeholder requirements leading to inability to create a person-centre delivery system					A/G
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					A/R
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					A/R

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	Trust Board sets the Trust vision and corporate objectives as the strategic framework within which the Trust works
2	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives.
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	Director leads in place for transformation programme and key change management projects linked to corporate and personal objectives, with resources and deliverables identified
5	BDU revised service offer through the transformation programme, with work streams and resources in place, overseen by project boards and EMT
6	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives
7	Monthly review by EMT of stakeholder and partnership position through rich picture and risk assessment
8	EMT production and review of market assessment against a number of frameworks including PESTEL/SWOT and threat of new entrants/substitution, partner/buyer power.
9	Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services
10	Development of joint QIPP plans with commissioners to improve quality and performance, reducing risk of decommissioning. CCG/Provider performance monitoring regime of compliance with QIPP plan and CQUIN targets in place
11	SWYPFT performance management system in place with KPIs covering national and local priorities
12	IM & T strategy in place supporting delivery of strategic objectives, agile working, estates strategy.
13	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity
14	Estates Forum in place with defined Terms of Reference chaired by a NED, Estate TAG in place ensuring alignment of Trust strategic direction, with estates strategy and capital plan
15	Estates plans in place to support Estates Strategy with identification of risk and mitigating action to meet forward capital programme
16	IM&T Forum in place with defined terms of reference, chaired by a NED

17	Annual Business planning guidance in place standardising process and ensuring consistency of approach
18	New leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken.	
2	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	
3	Assurance reports to Clinical Governance and Clinical Safety Committee covering key area of risk in the organisation seeking assurance on robustness of systems and processes in place	
4	Audit Committee review evidence for compliance with policies, process, standing orders, standing financial instructions, scheme of delegation, mitigation of risk, best use of resources	
5	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor	
6	Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan.	
7	Monthly/Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	
8	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	
9	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks.	
10	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	
11	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	
12	Strategic overview and analysis of partnerships by EM, review of stakeholder and partnership position through rich picture and risk assessment	
13	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested	
14	Independent PLACE audits undertaken and results and actions to be taken reported to EMT, Members' Council and Trust Board	
15	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	

Gaps in control and what do we need to do to address these and by when	Date
<p>Risk register no 275 and 772 impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the organisational risk register</p> <p>Risk register no. 463 and 773 – transformational service change, implementation and staff engagement, being mitigated through action plans as set out in the organisational risk register</p> <p>Risk register no 668 – CAMs services, being mitigated through action plans as set out in the organisational risk register.</p> <p>MH Act audit visits identifying matters relating to the environment, being addressed through BDU action plans.</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>March 2016</p>

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
<p>Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers.</p>	<p>Monthly EMT</p>

Rational for current assurance level
<p>Independent Well Led Review assessed the Trust as Green in 2 areas and amber/green in 8 areas with action plan in place to move towards green by March 2016.</p> <p>Currently assessing governance rating as green and financial rating of 4 in line with Monitors Risk Assessment Framework.</p>

Principle 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	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	Direct. Corp. Dev/ Dir of Fin	Audit Co. B & R TB	Q1	Q2	Q3	Q4
			A/R	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
E1	Failure to deliver level of transformational change required impacting on ability to deliver resources to support delivery of the annual plan					A/R
E2	Unexplainable variation in clinical practice resulting in differential patient experience and outcomes and impact on Trust reputation					A/G
E3	Lack of capacity and resources not prioritised leading to non-delivery of key organisational priorities and objectives					A/G
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					A/R

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	Trust Board approved strategic objectives supporting delivery of Trust mission, vision and values monitored through appraisal process down through director to team and individual team member
2	Independent "Well led" review of governance arrangements commissioned and action plan in place
3	Director leads in place for transformation programme and key change management projects linked to corporate and personal objectives, with resources and deliverables identified
4	Risk assessment and action plan for delivery of CQUIN indicators in place
5	Project Boards for transformation workstreams established, with appropriate membership skills and competencies, PIDs, Project Plans, project governance, risk registers for key projects in place
6	Risk assessment and action plan for data quality assurance in place
7	Weekly Operational Requirement Group chaired by Chief Executive providing overview of operational delivery, services/resources, identifying and mitigating pressures/risks
8	Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services
9	Performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board
10	Process in place for systematic use of benchmarking to identify areas for improvement and identifying CIP opportunities
11	Values-based appraisal process in place and monitored through KPI's
12	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity
13	Complaints policy and complaints protocol covering integrated teams in place
14	Cross-BDU performance meetings established to identify performance issues and learn from good practices in other areas

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	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	
2	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken	
3	Assurance reports to Clinical Governance and Clinical Safety Committee covering key area of risk in the organisation seeking assurance on robustness of systems and processes in place	
4	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place	
5	Annual report to Trust Board to risk assess changes in compliance requirements and achievement of performance targets, in year updates as applicable	
6	Medical staff appraisal and revalidation in place evidenced through annual report to Trust Board and supported through Appraisers forum	
7	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	

8	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks.	
9	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	
10	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested	
11	Data quality improvement plan monitored through EMT deviations identified and remedial plans requested	
12	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	
13	Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	
14	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.	
15	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities	
16	Sustainability action plans monitored through Sustainability TAG, deviations identified and remedial plans requested.	
17	Rolling programme of staff, stakeholder and service user/carer engagement events to ensure we capture and respond top service user and carer needs	

Gaps in control and what do we need to do to address these and by when	Date
Risk register no. 267 - capture of clinical information, being mitigated through action plans as set out in the organisational risk register Risk register no. 522, 695 - Trust's financial viability and long term sustainability, being mitigated through action plans as set out in the organisational risk register MH Act audits identified issues with recording around capacity and consent, being addressed through BDU action plans working with MH Act officers, Internal audit report – patient property partial assurance with improvement requirements being addressed through BDUs.	On-going On-going March 2016 March 2016

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
Further updates to CG&CS Committee on capture of clinical information and impact on data quality	December 2015

Rational for current assurance level
Independent Well Led Review assessed the Trust as Green in 2 areas and amber/green in 8 areas with action plan in place to move towards green by March 2016. Currently assessing governance rating as green and financial rating of 4 in line with Monitors Risk Assessment Framework. Internal audit report – performance indicators significant assurance with minor improvement opportunities. Internal audit report – asset safeguarding and existence significant assurance with minor improvement opportunities.

Principle Delivery Objective: - Culture Embedded mission and values across the Trust, focussing not just on what we do but how we do it	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	D of N Med. Dir HR Direc.	CC & CS	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
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					G
C2	Failure to engage the workforce					A/G
C3	Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation					A/G
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 outcomes, through changing clinical practice					A/R
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					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	Trust Board approved strategic corporate objectives supporting delivery of Trust mission, vision and values monitored through appraisal process down through director to team and individual team member
2	Independent “Well led” review of governance arrangements commissioned and action plan in place
3	OD Framework re support objectives “the how” in place with underpinning delivery plan
4	Partnership Boards established with staff side organisations to manage and facilitate necessary change
5	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
6	Values based Trust Welcome event in place covering mission, vision, values, key policies and procedures
7	Creative Minds Strategy and action plan in place approved by Trust Board, promoting different ways of working and partnership approach
8	Involving People Strategy and action plan in place approved by Trust Board, promoting and developing key relationships
9	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
10	Communications and Engagement Strategies and approaches in place for service users/carers, staff and stakeholders/partners
11	Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training
12	Mandatory training standards set for each staff group
13	New leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	Staff engagement plan approved by Trust Board, Action Plan reviewed through EMT	
2	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives	
3	Assurance reports to Clinical Governance and Clinical Safety Committee covering key area of risk in the organisation seeking assurance on robustness of systems and processes in place	
4	Service user survey results reported annually to Trust Board and action plans produced as applicable	
5	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	
6	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested	
7	Monitoring of organisational development plan through General EMT group deviations identified and remedial plans requested	

8	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	
9	CQC registration in place and assurance provided that Trust complies with its registration	
10	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans	
11	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events, listening and responding to needs	

Gaps in control and what do we need to do to address these and by when		Date
Mandatory training standards not being delivered in all areas, routine reports to teams identifying individuals out of compliance.		On-going

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when		Date
Delivery of staff engagement strategy action plan and improvement in staff survey scores		March 2016

Rational for current assurance level	
Recent Well Led Review undertaken by independent reviewer, demonstrated through stakeholder engagement that the Trusts mission and values were clearly embedded through the organisation, staff living the values as evidenced through values into excellence awards.	

Principle 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.	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	Director of HR	CC & CS B & R TB	Q1 A/G	Q2 A/G	Q3	Q4

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
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					A/G
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					A/G
St3	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					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	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
2	Standing Orders, Standing Financial Systems, scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities
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	Director leads in place for transformation programme and key change management projects linked to corporate and personal objectives, with resources and deliverables identified
5	Through General EMT, Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives
6	Policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval
7	Standardised process in place for producing businesses cases with full benefits realisation
8	Creative Minds Strategy and action plan in place approved by Trust Board, promoting different ways of working and partnership approach
9	Annual Business planning guidance in place standardising process and ensuring consistency of approach
10	IM&T Strategy in place and assured through IM&T Forum

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	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	
2	Annual Governance Statement reviewed and approved by Audit Committee and Trust Board and externally audited	
3	Monthly review and monitoring of integrated and quality performance reports by Trust Board with exception reports requested around risk areas	
4	Audit Committee review evidence for compliance with policies, process, standing orders, standing financial instructions, scheme of delegation, mitigation of risk, best use of resources	
5	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor	
6	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	
7	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks.	
8	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	
9	Monitoring of organisational development plan through EMT, deviations identified and remedial plans requested	
10	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested	
11	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities	

Gaps in control and what do we need to do to address these and by when	Date
<p>Risk register no. 527 – bed occupancy pressures, being mitigated through action plans as set out in the organisational risk register.</p> <p>Meridian review of work flow in community and in-patient services being commissioned to work with front line teams, increasing productivity.</p> <p>Risk register 789 – nursing , being mitigated through action plans as set out in the organisational risk register.</p>	<p>On-going Feb 2016</p>
Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
<p>SITREP reports being reviewed by ORG and assurance provided through EMT</p>	<p>Nov 2015</p>
Rational for current assurance level	
<p>Embedding of new Trio model, bringing together clinical, managerial and governance roles working together at service line level, with shared accountability for delivery. Positive feedback re training and performance.</p>	

Principle Delivery Objective: - partnerships Co-production is the Trusts way of designing and delivering services.	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	CEO Med. Dir	B & R Strategic Audit Co.	Q1 A/G	Q2 A/G	Q3	Q4

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
P1	Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being awarded to other providers					A/R
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					A/G
P3	Failure to clearly articulate intent and purpose of relationships leading to misunderstanding and conflict					A/G
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					A/G
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					A/G
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					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	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
2	Member Council engagement and involvement in working groups
3	Third Sector Strategy and action plan in place approved by Trust Board, promoting and developing key relationships
4	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives
5	Production of market assessment against a number of frameworks including PESTEL/SWOT and threat of new entrants/substitution, partner/buyer power
6	Formal contract negotiation meetings with clinical commissioning groups and specialist commissioners underpinned by legal agreements to support strategic review of services
7	Development of joint QIPP plans with commissioners to improve quality and performance, reducing risk of decommissioning
8	Care Pathways and personalisation Project Board established with CCG and Local Authority Partners
9	Member of local partnership boards, building relationships, ensuring transparency of agenda's and risks, facilitating joint working, cohesion of policies and strategies
10	CCG/Provider performance monitoring regime of compliance with QIPP plan and CQUIN targets in place
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	Involving People Strategy and action plan in place approved by Trust Board, promoting and developing key relationships
13	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
14	Public engagement and consultation events gaining insight and feedback, including identification of themes and reporting on how feedback been used
15	Staff wellbeing survey conducted, with facilitated group forums to review results and produce action plans
16	Complaints policy and complaints protocol covering integrated teams in place
17	Investment Appraisal framework including ensuring both a financial and social return on investment providing clarity of approach

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board	
2	Service user survey results reported annually to Trust Board and action plans produced as applicable	
3	Equality and Inclusion Forum established to drive improvement in delivery of equality, involvement and inclusion agenda reporting into Trust Board	

4	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	
5	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks.	
6	Monitoring of organisational development plan through Chief Executive-led group deviations identified and remedial plans requested	
7	Strategic overview and analysis of partnerships in line with Trust vision and objectives provided through EMT and Trust Board	
8	Market analysis reviewed through EMT, market assessment to Trust Board ensuring identification of opportunities and threats	
9	HealthWatch undertake unannounced visits to services providing external assurance on standards and quality of care	
10	QIPP performance monitored through delivery EMT, deviations identified and remedial plans requested	
11	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans	
12	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	

Gaps in control and what do we need to do to address these and by when	Date
Risk register no. 270 – contracting mechanisms and pricing for mental health and community services, being mitigated through action plans as set out in the organisational risk register and development of pricing strategy.	On-going

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
Detailed conversations re stakeholder engagement in each locality, addressed through horizon scanning at EMT and procurement of CRM system.	On-going

Rational for current assurance level
Partnership working with Locala securing CC2H contract. Establishment of locality Recovery Colleges and production of co-produced prospectus. Increasing capacity of Creative Minds, through partnership development. Development of Spirit in Mind partnership network.

Principal Delivery Objective: Leadership Embedded leadership and competency framework across the Trust describing the competencies and behaviours required.	Lead Director(s)	Current Assurance Level			
	Dir of HR		Q1	Q2	Q3
			A/G	A/G	Q4

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment					Rag Rating
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				A/G
L2	Failure to articulate leadership requirements to identify, harness and support talent to drive effective leadership and succession planning				A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives
2	OD Framework and plan in place
3	Partnership Boards established with staff side organisations to manage and facilitate necessary change
4	Values-based appraisal process in place and monitored through KPI's
5	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
6	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	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	
2	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board	
3	Remuneration Terms of Service Committee receive HR Performance Reports, monitor compliance against plans and receive assurance from reports around staff development, workforce resilience	
4	Independent CQC reports to Mental Health Act Committee provided assurance on compliance with Mental Health Act	
5	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	
6	Monitoring or organisational development plan through EMT, deviations identified and remedial plans requested	
7	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	
8	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans	

Gaps in control and what do we need to do to address these and by when	Date
Mandatory training standards not being delivered in all areas, routine reports to teams identifying individuals out of compliance.	

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers.	

Rational for current assurance level
Internal Audit report on leadership development – significant assurance with minor improvement opportunities.

Principle Delivery Objective: - Innovation Evidenced based recovery approach to delivery of services across the Trust.	Lead Director(s)	Key Board of Committee	Current Assurance Level			
	D of H & Inc Med Direc.	Strategic Board CG & CS	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
I1	Lack of resources to support development and foster innovation to support delivery of plan					
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					A/G
I3	Lack of analytical capacity and skills to support transformation and bids and tenders					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	OD framework and implementation plan in place
2	Standardised process in place for producing businesses cases with full benefits realisation
3	Innovation fund established to pump prime investment to deliver service change and innovation
4	Innovation Framework in place
5	Thinking differently training in place tailored to BDU's/Quality Academy
6	Communications and Engagement Strategies and approaches in place for service users/carers, staff and stakeholders/partners

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	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	
2	Innovation fund allocation approved through EMT with guidance to ensure consistency of approach and alignment with strategic priorities and corporate objectives	
3	Monitoring of organisational development plan through EMT deviations identified and remedial plans requested	
4	Development of health intelligence manual	
5	Benchmarking of services and action plans in place to address variation	

Gaps in control and what do we need to do to address these and by when	Date
On-going delivery of thinking differently training, monitoring of take up by Directorate/BDU and Service line.	March 2016

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date

Rational for current assurance level
Involvement of senior leadership team through Extended EMT in innovation framework development and integrated performance report redesign, appetite for co=production and change.

Principle Delivery Objective: - Talent Developed talent management programme and succession planning for key organisational roles.	Lead Director(s)	Key Board of Committee	Current Assurance Level			
	D of HR	RTSC Business & Risk	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
T1	Lack of strategic approach to talent management linked to clinical leadership, clinical specialist and senior management roles					A/G
T2	Lack of strategic approach to address potential shortages in certain staff groups					A/G
T3	Lack of strategic approach to success planning					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)	
1	Staff Engagement Strategy approved by Board and action plan in place
2	Values-based appraisal process in place and monitored through KPI's
3	OD Framework and plan in place
4	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
5	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
6	Medical Leadership Programme in place with external facilitation
7	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity
8	Values-based Trust induction policy in place covering mission, vision, values, key policies and procedures
9	A set of leadership competencies developed as part of Leadership and Management Development Plan supported by coherent and consistent leadership development programme
10	New leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Date
1	Staff opinion and wellbeing survey results reported to Trust Board and/or Remuneration and Terms of Service Committee and action plans produced as applicable	
2	Medical staff appraisal and revalidation in place evidenced through annual report to Trust Board and supported through Appraisers forum	
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	Monitoring of organisational development plan through General EMT deviations identified and remedial plans requested	
5	External accreditation against IIP GOLD supported by internal assessors, ensuring consistency of approach in the support of staff development and links with organisational objectives	
6	Risk assessment of nurse re-validation proposals	
7	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events	

Gaps in control and what do we need to do to address these and by when	Date
Interim Director arrangements in place, being addressed through recruitment process.	Dec 2015
Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date

Rational for current assurance level
Internal Audit report on leadership development – significant assurance with minor improvement opportunities.



ORGANISATIONAL LEVEL RISK REPORT

DATE: 23 October 2015 (Trust Board)

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 to be managed by BDUs to support clean-up of caseloads, which is underway.➤ 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 November 2015.➤ Report to Audit Committee October 2015 and standing item on the agenda for Clinical Governance and Clinical Safety Committee.➤ Five priorities identified for focus (monitoring, supporting with guidance/SOPs, learning from each other's experiences, looking for ways to improve quality, and champion the importance of this work).		DoF and Director of Nursing	Implementation of national guidance during April 2016	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 October 2015
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	Included in 267	DoF BDU lead director for MH transformation DoN Medical Director	As above and included in transformation programme and annual 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 October 2015

												standing items on Audit Committee agenda. Has included presentation from BDU Directors on implementation within BDUs.											
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 annual plan	EMT (monthly) and Trust Board (monthly) EMT review of 2015/16 contracts October/November 2015.	12	Amber/ high (8-12)	Yes			Trust Board October 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 transformation 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. > Roll-out of mental health acute commissioning implementation starting January 2015. > Regular updates on progress and implementation through EMT and Trust Board. 	£500,000	Work stream leads	Annual 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 October 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. 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.	<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 management in place through EMT. > Progress on Transformation reviewed by Board and EMT. 	5 Catastrophic	3 Possible	15	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none"> > Trust is proactive in national discussions and forums to have positive influence on upholding concept of "parity of esteem" for mental health, such as Chair on Board of NHS Providers, CEO is Chair of NHS Confederation Mental Health Network. > Trust is proactive in engaging leadership of key leaders across the service footprint. > The Trust leadership is developing productive partnerships with other organisational to develop joint bids and shared services in preparation for integration of services. > The Trust is developing external engagement and communications to explain the benefits of mental health transformation for external stakeholders. > 2015/16 annual plan and strategy revision is key action for Board to manage this risk. 	Loss of income could be in the order of £1m - £5m	Deputy DCE lead & Directors	Annual plan	Monthly at EMT.	12	Amber/ high (8-12)	Yes			Trust Board October 2015
			Corporate	Trust-wide			Risk that Trusts financial and service viability will be adversely impacted as a result of local commissioning intentions from CCGs and local authorities which require either cash reduction in contract as a response to austerity with requirement for different models of care across different geographies which reduce the opportunity for generating service synergies and economies of scale across pathways.	<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 management in place through EMT. > Progress on Transformation reviewed by Board and EMT 	5	4	20	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, including four Vanguard programmes. > Internal Trust transformation programme linked to CCG commissioning by including schemes within the QIPP in2014/15 and 2015/16. > Planned improvement in bid management process including additional skills building and increase in joint bids with partners. > Horizon scanning for new business opportunities. > Increased capacity and skills to support stakeholder engagement in place. > Effective communication of successes to build Trust in delivery and increase likelihood of future business. > Maintain tight control on costs to maximise 	Loss of income could be in the order of £1m - £5m	Director leads for transformation and contracting plus deputies	Annual plan Contract development plans Inclusion in Vanguard action plans	Monthly at EMT. Quarterly Risk and business board	15	Amber/ high (8-12)	Yes			Trust Board October 2015

[illegible]

789			Corporate/ organisation level risk (corporate use only EMT)	Trust wide (Corpora te support services)			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)	The SWYPT response to the new arrangements will be led by the Nursing Directorate and the Director of Nursing, Clinical Governance and Safety. We have recently drafted a new nursing strategy for the trust where implications of revalidation were reviewed and implementing nursing revalidation is a key priority for action.	4 Major	4 Likely	16	Red/extrem e /SUI risk (15-25)	Trust has developed a revalidation action plan driven by our nursing strategy in readiness for revalidation. The plan is now under review in light of the formal revalidation announcement. Ongoing review of impact and implementation by Clinical Governance and Clinical Safety Committee.		Director of Nursing		Monthly review at EMT. Regular review by Clinical Governance and Clinical Safety Committee	6	Yellow/ moderate (4- 6)	Yes		Trust Board October 2015
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With all of us in mind

Quality Performance Report

Strategic Overview

September 2015

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Introduction

Dear Board Member/Reader

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

1. IPC - infection at MVH

A water safety incident occurred at Mount Vernon Hospital commencing on 13th August 2015. A Water Safety Group was convened and met regularly including specialist input from a trust appointed Water Safety Consultant, Consultant Microbiologist, Public Health England and the Infection Prevention and Control Team. Wards 4 and 5 were closed to admissions and restorative measures were utilised including flushing, filtering and chemical controls. Following adherence to a comprehensive action plan, it was deemed that it was safe to re-occupy the wards to full capacity on 06th October 2015. An online Chlorine Dioxide dosing system is due to be installed on the 28th October 2015, which is anticipated to negate the need for any further added control measures.

2. Update on actions taken against Horizon service external review

The Horizon outline improvement plan was approved at the Clinical Governance and Clinical Safety Committee Meeting on 8th September 2015. This is now being developed to provide a detail action by the LD Trio with support from the nursing clinical governance team. A multi-disciplinary team is to be set up to provide support and steer to the LD team and the LD transformation Board will receive regular action plan updates

The Clinical Governance and Clinical Safety Committee have asked for a verbal update in November and a written update report in January 2016.

3. Safer staffing - SEPT Trust Board report

The national commitment to safer staffing is ongoing and SWYPT need to maintain the progress already made in delivering safer staffing. The Trust currently meets its safer staffing requirement overall although there is regularly a shortfall in qualified staff and some areas have difficulty finding sufficient staff at times of increased demands. This results in use of existing, bank and agency staff and increases risks due to variable quality and competencies of staff and lack of familiarity with the Trust. Planned inpatient staffing numbers rostered onto shifts meet or exceed the requirements for minimum staffing. However, staff survey and Datix reports suggest concerns remain regarding safer staffing on wards and a more proactive, flexible and sustainable workforce is required to respond to fluctuations in need and demand. Within SWYPFT, significant financial investments of £954,153k have already been made since 2014 to support safer staffing. The proposed peripatetic workforce supported by an enhanced centralised bank staff management system is likely to result in financial savings while providing higher quality staffing and safer care for service users. Current plans will help the Trust prepare for new guidance from the centre and also provide the Trust with the capacity and a platform from which to explore further workforce initiatives around the quality of care contact time, multi-professional approaches and use of non-registered staff. Future plans include;

Continue to build upon and improve data in exception reports including develop dashboards for datix incidents

triangulation of DATIX, exception reporting and HR information

Extend and maximise functionality within current e-rostering system.

Convene a safer staffing group to manage the pilot peripatetic project and monitor safer staffing issues including a co-ordinated approach to recruitment, e-rostering, implementation of national staffing frameworks, monitoring use of agency staff, finance and related workforce issues. This will include members from HR and Nursing Directorate, Finance, BDUs and ward managers.

Consider Safer Staffing in the community and improve understanding and monitoring of direct care contact time

4. Revalidation - Quality Board report

On the 8th October 2015, the NMC made the decision to introduce revalidation for all nurses and midwives in the UK: the most significant change to regulation in a generation. Revalidation means that everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe, effective and professional way. All nurses and midwives will have to show they are staying up to date in their practice and living the values of the Code, by reflecting on their practice and engaging in discussions with colleagues. For the first time, they will also have to obtain confirmation that they have met all the requirements before they apply to renew their place on the register every three years.

As of 3rd July 2015, SWYPT had 1,416.6 WTE registered nursing staff. The SWYPT response to the new arrangements will be led by the Nursing Directorate and the Director of Nursing, Clinical Governance and Safety. We have recently drafted a new nursing strategy for the trust where implications of revalidation were reviewed and implementing nursing revalidation is a key priority for action.

The Trust has reports in our electronic staff records that can identify every registered nurses revalidation date. Our 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 met and identified the first cohort of registrants who will be subject to the new arrangements in quarter 1 2016. SWYPT has developed a revalidation action plan driven by our nursing strategy in readiness for revalidation. This has been developed in preparation for the results from the national revalidation pilot released in October 2015.

5. CAMHS - SEPT Trust Board report

Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013. As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns from the Trust and commissioners about the scale and pace of change, a series of multi-agency ‘summit’ meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy. Commissioners have now agreed investment in a Crisis/Home-Based Treatment service for children and young people in Calderdale and Kirklees. A separate Trust Board is also provided.

6. Urgent and emergency care bid

The Urgent and Emergency Care (UEC) Vanguard initiative bid, which encompasses the whole of the West Yorkshire UEC system, was successful. We are one of eight successful bids and one of the two that covers a whole system (the other being the North East). The whole programme is being led by Chris Dowse, Chief Executive of North Kirklees CCG. “Attain” have been engaged to provide programme management support. SWYPT are fully committed to making this a success and the mental health part of the bid is being led by Simon Large, Chief Executive of Bradford District Care trust. Other members are Leeds & Yorkshire Partnerships trust, Yorkshire Ambulance Services trust, West Yorkshire Police, Local Authority representative (Bradford).

The deadline for the finalisation of the Vanguard “Value Proposition”, i.e. exactly what the mental health offer is and what the outcomes are that it will deliver is end of November 2015. There are many good ideas and developments for the mental health offer and six priority themes have been identified:

- * Liaison services – young people and joint in reach assessment work
- * Baseline service modelling and tracking of access points and activity
- * Standard governance and operating model across whole of West Yorkshire
- * Young people’s crisis care concordat
- * Suicide reduction strategy
- * Emergency services conveyancing and disposal

7. End of life care for a person in Forensic Services

The Bretton Centre provided end of life care for an individual who has been known to the service for a number of years.

This gentleman chose to remain within the centre, rather than go to a hospice as he regarded it as his home and wanted to be with staff he trusted and knew well on his final journey. The staff received many positive acknowledgements for their attention to detail and holistic care, care “which can not be taught that comes automatically from staff who truly care”. The team supported this gentleman and the palliative care team felt that his physical, psychological, social and spiritual needs were met to a standard expected in hospice care.

8. 0-19 years tender

Following a successful tender bid, Calderdale and Kirklees CAMHS services transferred to the Trust in April 2013. As the work to transform services commenced, the scale of the challenge became clearer and a recovery plan was developed in February 2014. Following concerns from the Trust and commissioners about the scale and pace of change, a series of multi-agency ‘summit’ meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy. Commissioners have now agreed investment in a Crisis/Home-Based Treatment service for children and young people in Calderdale and Kirklees. A separate Trust Board is also provided.

9. Introduction of peer support workers

‘The Trust is committed to embracing the application of lived experience in the workforce and the enormous added value experience brings. The term ‘lived experience’ is used to describe:

The experience people have of living with a particular health issue

The experience people have of caring for somebody who lives with a particular health issue

In line with all our recovery development work it includes people with lived experience of both physical and mental health issues. The term peer has been adopted to describe people with lived experience who have been specifically chosen (either as an employee or a volunteer) for a role where they are asked to explicitly use their lived experience, and the framework for developing this supports the introduction of both peer volunteers and paid peer support worker posts, along with the application of lived experience within the existing workforce

The Trust have a number of peer volunteers taking up roles in October 2015, and peer support worker posts being developed for 2016 in line with transformation and workforce planning. The Trust wellbeing at work survey will also be reviewed to gather information regarding the prevalence and use of lived experience within the workforce and results will inform the trust action plan regarding next steps to both support and embrace this’

Quality Headlines

10. Peer to peer review programme

The seasonal 'flu programme has been and remains a challenge to deliver for a number of reasons. To increase accessibility of the vaccine we need to look at other modes of delivery to support the OH programme. Peer to peer vaccinators are ideally placed to improve the accessibility of the flu vaccine, dispel misconceptions & help situations where whole teams / departments are negative towards the vaccine. Our employees can be vaccinated by someone they know and trust both in ability and integrity.

The peer vaccinators play a vital role in minimising the impact of the potentially fatal flu virus by making sure as many colleagues as possible have easy, convenient access to flu jabs in all areas of the Trust. To date we have 24 staff trained to give the vaccine to colleagues and a further 4 staff pending training this week. The response from our staff has been fantastic and is a great development opportunity.

11. Ward manager network

However you can put in the report that the Ward Manager network is to be re-launched tying in with the Middleground programme and the Leadership and Management agenda. I am hoping we will have a date set for the first launch meeting before the end of this year. These will then be held throughout the year at a timeframe yet to be determined – I am hoping we can discuss this at the first meeting with the Ward Managers to enable the timeframe to be both meaningful

13. PICU accreditation

The College Centre for Quality Improvement (CCQI) is a department within the Royal College of Psychiatrists who are committed to supporting mental health services to improve the quality of care they provide. The accreditation for inpatient mental health services (AIMS) is a standard based programme. PICU recently went through this comprehensive process of review. Accreditation was awarded which assures staff, service users, carers, commissioners and regulators of the quality of the service being provided.

12. Outstanding CQC visits (Waterton and Elmdale)

Elmdale – visit 17th June 2015 received outstanding in three areas which led to an overall score of outstanding.

The service was able to demonstrate that they are safe and effective in that they have an excellent incident reporting culture with staff reporting incidents and learning discussed in team meetings. All staff could describe the safeguarding procedure, involvement of Trust specialist advisors. Mandatory Training requirements are discussed in each of the regular supervision sessions. Daily engagement audits are being undertaken on a daily basis to ensure and evidence personalised care. There are regular MDT reviews and there is a good relationship with the CMHTs. The service demonstrated that they are well led. All Band 6s, 5s and 3s are allocated leads for a subject area and have responsibility for feeding information on that subject back into the team/attending appropriate meetings etc. All staff are clear about their role and responsibilities and described the leadership structure within the ward as working effectively. They feel respected and valued by the ward and also the organisation. There is visible local leadership.

Waterton – visit 10th July 2015 received outstanding in three areas which led to an overall score of outstanding.

The service was able to demonstrate that they are effective and caring in that they held weekly MDT meetings, staff accessed regular supervision. Mandatory training was up to date and all staff have received appraisals. There was also evidence of outcomes measures being used to monitor effectiveness of care. In addition to this clinical records are of a good standard with service user involvement and risk assessment and management plans. Primary nurses address the physical health needs of the service users on a weekly basis.

The service demonstrated that they are well led. The ward manager holds regular team meeting, which has been adapted following the implementation of 12 hour shifts. Good support systems are in place for junior and new staff.

14. National Stroke Award

The stroke rehabilitation service based at Kendray Hospital has achieved many prestigious awards nationally reported and reviewed by the Care Quality Commission achieving 3rd best in England and top in Yorkshire and Humber for rehabilitation and after care services. More recently the CQC inspections achieved an "outstanding" review of the stroke rehabilitation unit.

Efficient and effective management of patients depends upon a well-organised, expert and integrated service that can respond to the particular needs of each individual patient following a stroke. The Barnsley model reflects the evidence that all patients following a stroke, benefit from being managed initially in a specialised integrated stroke service to maximise their potential and reduce long-term disability. By promoting GP and Public awareness of stroke and developing a local stroke strategy group has enabled us to develop the stroke service extensively over recent years from direct admission 7 days per week, inpatient rehabilitation, Rapid Access TIA Clinics and 24/7 stroke thrombolysis.

Compliance

CQC Intelligent Monitoring: Intelligent Monitoring is used to assign trusts providing mental health services into four priority bands for inspection. It is intended to raise questions about various aspects of care which, alongside inspection findings and local information (from partners, the public, and trusts through their specialist knowledge), provides a basis on which final judgements are made. It should be noted that an "Intelligent Monitoring" for Community Services is also being developed by the CQC. Many of the indicators included in the report are also Trust-wide rather than just mental health e.g., staff survey results.

The June 2015 intelligent monitoring report had SWYPFT's risk rating increase from a Band 4 to Band 3. This was due to 1 identified risk – relating to the inpatient death of a detained patient and 2 identified elevated risks – relating to the proportion of patients who have been in hospital less than a year who received a physical health check on admission and a snapshot of whistleblowing alerts received by CQC. The next report is due in November and an update will be provided in Q3.

Indicator MHMORT01 – Number of deaths of patients detained under the Mental Health Act as a result of suicide and suspected suicide for all ages

The Trust has reviewed our information and found that all patients, with the exception of 1 person died from natural causes whilst detained.

In the case of the one person who died from other causes the case was reviewed by an independent external reviewer who concluded that there were no contributory or causal factors arising from care or service delivery problems.

Indicator MHCAR201 - Proportion of patients who have been in hospital less than a year who received a physical health check on admission

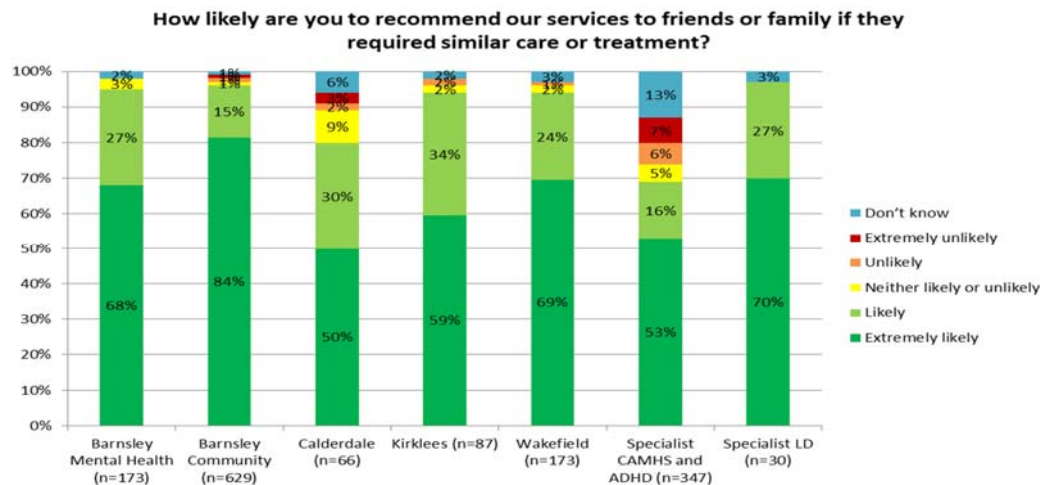
The Trust are confident we have robust systems in place to ensure physical health screening on admission and for annual health care checks in accordance with Trust policy. We are undertaking a piece of work to ensure consistent recording of physical healthcare checks across our services.

Information regarding the whistleblowing alerts received by the CQC is not shared with Trusts.

Patient Experience

The Trust has now adopted the FFT as its Quality Measure / KPI. This is due to the FFT being the one consistent patient experience question used across the organisation. For Quarter 2 the number of respondents Extremely Likely / Likely to recommend services were: Barnsley BDU 98%, Calderdale and Kirklees BDU 88%, Specialist Services BDU 71%, Wakefield BDU 94%. No FFT responses were received from the Forensic BDU in Q2 due to a separate CQUIN survey being developed – this survey will focus upon care planning, activities and food. The data collection will take place in Q3.

The Trust is in the process of setting up a sentiment analysis engine to theme and analyse text. The system was demoed in August by CRT and set up is due to start in Q3. This system will allow bulks of text to be analysed in a much more efficient way ensuring we make best use of patient feedback.



Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

1	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green		Green					4
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4		4					4
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green		Green					4
5	CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
6		CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
7		CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
8		CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G				3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	0	0	3				4
11	C-Diff	C Diff unavoidable cases	C	0	0	0	0	2	Data Not Avail	0	0					4

Customer Focus

12	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
13	Complaints	% Complaints with Staff Attitude as an Issue	L	< 25%	12% 8/66	14% 6/44	13% 9/69	12% 9/73	12% 5/42	15% 6/41	14% 23/179	13% 20/156				4
14	Service User Experience	Friends and Family Test	L	TBC	89.00%	92.00%	87.00%	93.00%	89.00%	91.00%	89.00%	91.00%				
15	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	N/A	N/A				4
16		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Data Not Avail	N/A	N/A				4
17	FOI	% of Requests for Information Under the Act Processed in 20 Working Days	L	100%	100% 24/24	100% 17/17	100% 24/24	100% 28/28	100% 20/20	100% 25/25	100% 65/65	100%73/73				4
18	Media	% of Positive Media Coverage Relating to the Trust and its Services	L	60%	92.00%	92.00%	92.00%	92.00%	92.00%		92.00%					4
19	Befriending services	% of Service Users Allocated a Befriender Within 16 Weeks	L	70%	50.00%	50.00%	50.00%	50.00%	50.00%		50.00%					4
20		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%		100%					4
21		% of Potential Volunteer Befriender Applications Processed in 20 Working Days	L	90%	100%	100%	100%	100%	100%		100%					4

Operational Effectiveness: Process Effectiveness																
22	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
23	Monitor Risk Assessment Framework	Max time of 18 weeks from point of referral to treatment - non-admitted	M	95%	99.11%	100%	99.86%	100%	99.32%	98.60%	99.70%	99.28%				4
24		Max time of 18 weeks from point of referral to treatment - incomplete pathway	M	92%	98.06%	97%	99.82%	100%	97.31%	99.16%	98.35%	98.76%				4
25		Delayed Transfers Of Care	M	7.50%	2.50%	1.52%	2.03%	1.96%	1.70%	1.80%	2.01%	1.88%				4
26		% Admissions Gatekept by CRS Teams	M	95%	93.28%	96.30%	97.20%	100%	95.90%	96.12%	95.51%	97.29%				4
27		% SU on CPA Followed up Within 7 Days of Discharge	M	95%	98.21%	100%	97.86%	97.70%	95.35%	100%	98.66%	97.97%				4
28		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	86.57%	98.44%	97.92%	98.44%				4
29		Meeting commitment to serve new psychosis cases by early intervention teams QTD	M	95%	108.97%	102%	104.60%	147.59%	108.97%	113.25%	104.60%	113.25%				4
30		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	100%	100%	100.00%	100%	100.00%				4
31		Data completeness: comm services - Referral information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4
32		Data completeness: comm services - Treatment activity information	M	50%	94.00%	94%	96.80%	96.80%	96.80%	96.80%	96.80%	96.80%				4
33		Data completeness: Identifiers (mental health)	M	97%	99.70%	100%	99.62%	100%	99.62%	99.54%	99.62%	99.54%				4
34		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	76.97%	77.63%	76.97%				4
35		Compliance with access to health care for people with a learning disability	M	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant				Compliant
36		IAPT - Treatment within 6 Weeks of referral	M	75%												
37		IAPT - Treatment within 18 weeks of referral	M	95%												
38		Early Intervention in Psychosis - 2 weeks (NICE approved care package)	M	50%	40.00%	81.82%	58.33%	56.25%	55.56%	80.00%						
39	Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%	99.58%	Avail Month7	99.88%					4
40		% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%	94.90%	Avail Month7	96.28%					4

Fit for the future Workplace																
41	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Q1	Q2	Q3	Q4	National Average	Year End Forecast Position
42	Sickness	Sickness Absence Rate (YTD)	L	4.4%	4.80%	5.10%	5.00%	4.80%	4.80%	4.90%	5.00%	4.90%				1
43	Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	87.30%	56.80%	87.30%				4
44		Appraisal Rate Band 5 and below	L	95%	Avail M6	Avail M6	Avail M6	Avail M6	Avail M6	66.30%	Avail M6	66.30%				4
45	Vacancy	Vacancy Rate	L	10%												4
46	Mandatory Training	Aggression Management	L	80%	73.70%	73.65%	75.83%	77.04%	78.89%	78.85%	75.83%	78.85%				1
47		Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	88.28%	84.87%	88.28%				4
48		Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	85.33%	86.31%	85.33%				4
53		Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	73.06%	69.00%	73.06%				1
50		Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	85.55%	82.82%	85.55%				4
51		Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	91.96%	92.67%	91.96%				4
52		Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	86.94%	84.14%	86.94%				4
53		Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	87.93%	86.00%	87.93%				4
54		Moving & Handling	L	80%	71.80%	73.66%	75.31%	77.40%	79.32%	80.37%	75.31%	80.37%				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														

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 6 Performance	Annual Foreca	Trend from	Last 3 Months - Most recent		
Trust Targets					5	4	3
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 September 2015, is a surplus of £0.6m. This is £1.58m 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 small surplus rather than a deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At September 2015 the cash position is £28.68m which is £1.12m ahead of plan. This is an improvement from previous months.

4. Capital spend to September 2015 is £5.47m which is £0.61m (10%) behind the Trust capital plan.

5. At September 2015 the Cost Improvement Programme is £121k behind plan. Overall a Full Year Value of £1165k (12%) 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 September 2015 90% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be an improvement from previous months.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations		
Barnsley BDU NHSE National Childhood Flu Immunisation (3 yr contract) - completed	£60.9	
Calderdale & Kirklees CAMHS: Awaiting signed 2015-16 deed of variation from Commissioners		
Wakefield BDU WCCG Portrait of a Life - Care Home Vanguard (received tbc)	£67.0	
SBDU WCCG offer tbc to fund 12-18mths Psychologist support to reduce ASD backlog	£61.4	

CQUIN Performance Q2 Forecast based on					
Quarter	Quarter 1 £000s	Achieved	Variance	M5 Performance	Variance
Barnsley	£369.0	£321.0	-£48.0	£379.8	-£32.0
Wakefield	£118.1	£85.8	-£32.3	£175.8	-£14.2
Kirklees	£133.2	£96.1	-£37.1	£200.0	-£14.6
Calderdale	£59.8	£43.1	-£16.6	£89.8	-£6.6
Specialised	£75.4	£75.4	£0.0	£75.4	£0.0
Forensics	£22.5	£22.5	£0.0	£120.0	£0.0
Trust Total	£778.1	£644.0	-£134.0	£1,040.8	-£67.4

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,593.3	-£196.8
Wakefield	£793.9	£533.6	-£260.3
Kirklees	£878.2	£592.8	-£285.5
Calderdale	£394.1	£266.0	-£128.1
Specialised	£301.7	£263.9	-£37.8
Forensics	£562.3	£528.6	-£33.7
Trust Total	£4,720.4	£3,778.2	-£942.2

CQUIN Performance Q2 Hotspots

West CCGs MH Clustering - Q1, 3 out of 4 indicators failed. Remedial work in place between BDU's, GMs and P&I

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

BBDU - MH Clustering - The BDU still predicts that the target for the Review of Service Users & Clusters will not be achieved. Work is still ongoing with the Teams to achieve this CQUIN

BBDU - Communications with GPs -the BDU predicts that it will only achieve a 50% payment for that part of the CQUIN. Work is ongoing to improve this.

Contract Performance Issues

Future in Minds report returns being submitted by Commissioners Fri 16th Oct. 5yrs allocation of funding available

Cald&Kirk CAMHS: SWYPFT & Commissioners to review Recovery Plan to form an Action Plan in October meeting. Lack of availability of T4 Beds: CCCG picking up with NHSE.

Documentation still not signed and sent by Commissioners.

Wakefield CAMHS: Urgent Assessments: Agreement for 2-3 patients p/a to be seen by service at LA request. Process to be defined.

Proposed revision of CQUIN descriptor for 15/16 accepted by WCCG.

Wakefield LD: Developing suite of data to reflect performance against service specification.

Cald LD: Addressing reporting requirements against new specification with intention to provide all data by Mar-16.

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG
Wakefield*	£1,790.0	£1,793.1	£3.1	***
Kirklees**	£1,000.0	£534.4	-£465.6	
Calderdale	£0.0	£0.0	£0.0	
TOTAL £000s	£2,790.0	£2,327.4	-£462.6	

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

*** W RAG remains at R as risks identified ~ see summary below

Proposals under the QIPP scheme -

Wakefield:- £1.79m in total. OOA Bed Mgt - above plan: OPS Reconfiguration (Savile Park) - on target: MH contract reduction - delivered: OAPs for LD & CHC (CCG held budgets)- high risk: Castle Lodge (CCG budget - prevention client OOA) ~ CCG contesting this £47k : Repricing LD beds - ongoing:

Risk within plan as includes £41k for use of Barnsley PICU bed & SWYPFT funded £338k

from contract growth for ADHD sustainable case & backlog clearance ~tbc by CCG

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

Kirklees:- £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. Below target

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£25.1	As at Month 5

Contract Performance Information - based on month 5

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 Wakefield
- Older People's MH inpatients services in Wakefield
- Older People's Memory services in Calderdale
- Intermediate Care in Barnsley

Key areas where performance is below contracted levels

- MH PICU Inpatient services for adults of working age in C & K
- MH Adult Crisis Resolution services in Wakefield
- MH Adult Rehabilitation services in W & C
- Older People's Memory services in Wakefield
- 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 Medium Secure bed occupancy has improved in M5 but remains below 90% threshold, BDU seeking new admissions to avoid financial penalty

Mental Health Currency Development

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

In the Trusts two main contracts for 2016 are a set of Quality (CQUIN) indicators related to MH Clustering, this will assist the Trust in preparedness for 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

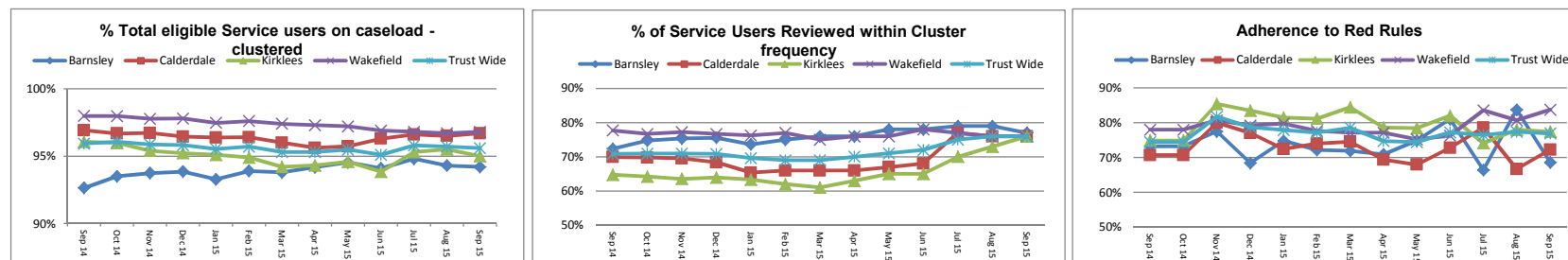
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.

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.

Across the Trust, a number of caseload reviewers have been undertaking a data quality exercise, work continues to focus on this area however, to date, there has been some underperformance against contract thresholds.

MH Currency Indicators - September 2015



IAPT & Forensic Secure Services and Clustering

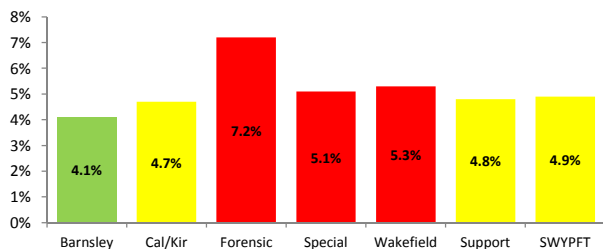
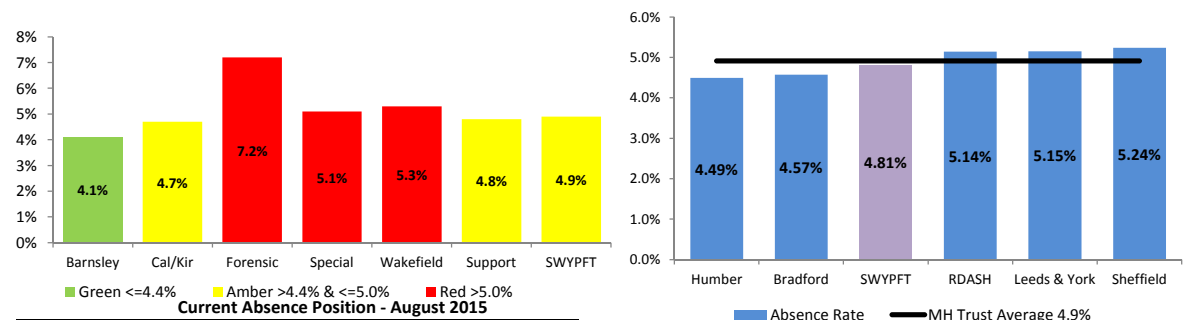
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to be reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental Health Clustering tool (MHCT) has been added to RiO with effect from March 15 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. From quarter 2, the monitoring of clustering for these services will be included in the relevant BDU dashboards.

Learning Disabilities

The implementation of Clustering for Learning Disabilities service users, in relation to the CP&PP LD pilot, has been slower than anticipated, the service are now planning to commence data collection in January 2016 which will then enable data to flow into the pilot.

Human Resources Performance Dashboard - September 2015

Sickness Absence

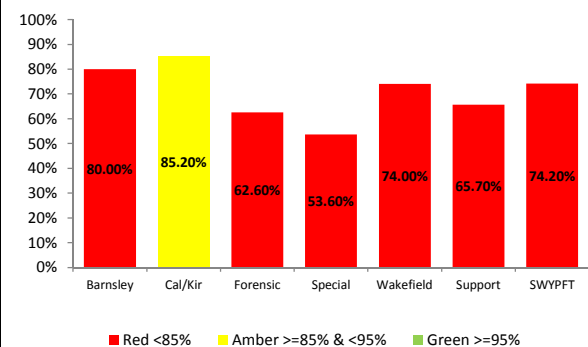


Current Absence Position - August 2015

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.1%	5.1%	5.8%	5.0%	5.7%	5.8%	5.0%
Trend	↓	↓	↑	↑	↓	↔	↓

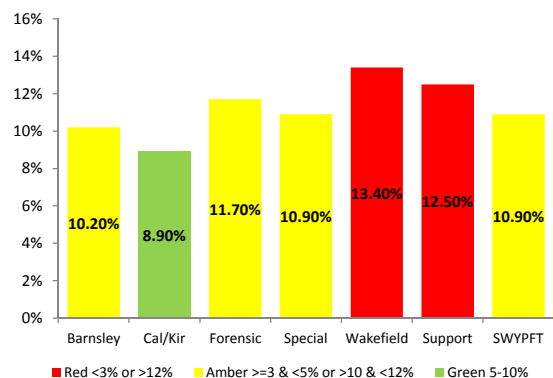
The Trust YTD absence levels in August 2015 (chart above) were above the 4.4% target at 4.9%

Appraisals - All Staff

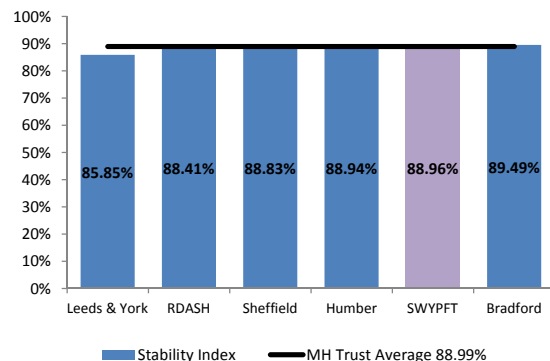


The above chart shows the YTD appraisal rates for all Trust staff to the end of Sept 2015. The Trust's target for appraisals is 95% or above. This is the first month that Band 5s and lower have been included in the figures; they will continue to be monitored to ensure improvement over the full year.

Turnover and Stability Rate Benchmark

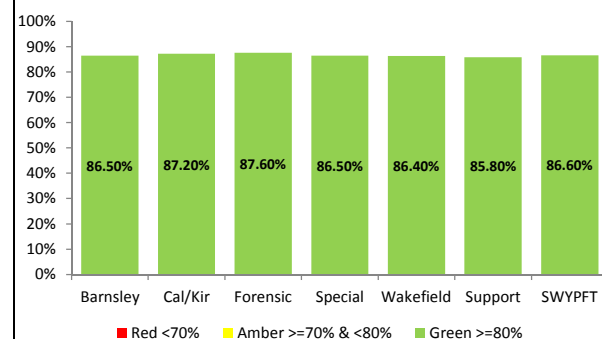


This chart shows YTD turnover levels up to the end of September 2015. Approximately half the leavers in Wakefield BDU were as a result of retirement. The increase in Support Services is due to 18 people leaving through retirement or redundancy since 1st April.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in May 2015. The stability rate shows the percentage of staff employed with over a year's service. The Trust's rate is at the average compared with other MH/LD Trusts in our region.

Fire Lecture Attendance



This chart shows fire training for the 12 month periods ending Sept 15. 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		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.80%	5.00%	4.90%	4.80%	4.80%	4.80%
Sickness (Monthly)	<=4.4%	5.30%	5.00%	4.80%	4.60%	4.80%	5.00%
Appraisals (Band 6 and above)	>=95%	4.00%	13.10%	56.70%	73.30%	80.30%	87.30%
Appraisals (Band 5 and below)	>=95%	2.70%	5.40%	16.90%	28.00%	42.10%	66.30%
Aggression Management	>=80%	73.70%	73.70%	75.80%	77.00%	78.90%	78.90%
Equality and Diversity	>=80%	82.30%	84.50%	84.90%	85.80%	87.20%	88.30%
Fire Safety	>=80%	86.50%	86.20%	86.30%	86.60%	86.40%	85.30%
Food Safety	>=80%	65.20%	66.90%	69.00%	70.70%	71.80%	73.10%
Infection Control and Hand Hygiene	>=80%	80.60%	82.10%	82.80%	83.70%	85.30%	85.50%
Information Governance	>=95%	91.90%	92.60%	92.70%	92.80%	92.70%	92.00%
Moving and Handling	>=80%	71.80%	73.70%	75.30%	77.40%	79.30%	80.40%
Safeguarding Adults	>=80%	82.80%	82.60%	84.10%	84.90%	86.20%	86.90%
Safeguarding Children	>=80%	84.70%	85.20%	86.00%	86.40%	87.10%	87.90%
Bank Cost		£412k	£360k	£398k	£473k	£445k	£488k
Agency Cost		£296k	£720k	£608k	£694k	£566k	£637k
Overtime Cost		£12k	£13k	£16k	£8k	£26k	£38k
Additional Hours Cost		£104k	£76k	£90k	£89k	£83k	£67k
Sickness Cost (Monthly)		£567k	£526k	£515k	£456k	£484k	£490k
Vacancies (Non-Medical) (WTE)		308.42	343.02	328.68	351.53	353.84	351.54
Business Miles		295k	304k	305k	313k	340k	270k

Barnsley District							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.50%	4.40%	4.30%	4.20%	4.20%	4.10%
Sickness (Monthly)	<=4.4%	5.30%	4.40%	4.10%	3.90%	4.30%	4.10%
Appraisals (Band 6 and above)	>=95%	4.70%	18.10%	58.90%	78.00%	83.60%	90.50%
Appraisals (Band 5 and below)	>=95%	3.10%	5.80%	18.80%	32.10%	51.90%	73.40%
Aggression Management	>=80%	85.30%	79.90%	81.80%	82.00%	84.30%	83.60%
Equality and Diversity	>=80%	84.60%	86.90%	86.70%	87.60%	89.20%	90.40%
Fire Safety	>=80%	82.60%	83.60%	84.20%	85.10%	86.60%	85.90%
Food Safety	>=80%	74.40%	76.30%	77.80%	81.10%	80.50%	80.70%
Infection Control and Hand Hygiene	>=80%	82.40%	83.90%	83.70%	84.40%	85.60%	86.60%
Information Governance	>=95%	90.10%	90.20%	90.40%	91.50%	91.80%	91.70%
Moving and Handling	>=80%	73.40%	76.00%	77.70%	80.00%	81.70%	82.60%
Safeguarding Adults	>=80%	85.20%	86.10%	86.80%	87.30%	87.90%	88.90%
Safeguarding Children	>=80%	84.70%	85.10%	86.10%	86.70%	88.30%	89.20%
Bank Cost		£57k	£67k	£71k	£67k	£70k	£84k
Agency Cost		£46k	£259k	£214k	£151K	£77K	£157k
Overtime Cost		£9k	£10k	£10k	£3K	£17K	£19k
Additional Hours Cost		£56k	£43k	£43k	£40K	£47K	£31k
Sickness Cost (Monthly)		£201k	£179k	£170k	£134K	£149K	£137k
Vacancies (Non-Medical) (WTE)		110.55	120.43	105.51	111.96	116	100.85
Business Miles		135k	134k	128k	139K	137K	111k

Calderdale and Kirklees District							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	4.60%	5.00%	4.60%	4.50%	4.50%	4.70%
Sickness (Monthly)	<=4.4%	5.40%	4.90%	4.20%	4.50%	4.40%	5.10%
Appraisals (Band 6 and above)	>=95%	2.40%	4.70%	65.50%	79.40%	90.60%	97.50%
Appraisals (Band 5 and below)	>=95%	5.10%	7.30%	22.70%	33.90%	49.50%	76.50%
Aggression Management	>=80%	75.40%	77.90%	79.50%	81.10%	82.60%	83.00%
Equality and Diversity	>=80%	83.10%	85.00%	85.90%	86.60%	87.70%	89.80%
Fire Safety	>=80%	90.00%	86.90%	88.60%	87.70%	87.20%	85.40%
Food Safety	>=80%	58.70%	59.50%	64.90%	65.90%	66.80%	67.70%
Infection Control and Hand Hygiene	>=80%	81.20%	82.90%	84.30%	85.70%	87.20%	88.60%
Information Governance	>=95%	92.60%	94.80%	94.60%	93.70%	93.60%	92.80%
Moving and Handling	>=80%	68.80%	70.40%	72.20%	75.40%	77.50%	78.80%
Safeguarding Adults	>=80%	81.20%	79.70%	80.90%	81.40%	83.00%	85.20%
Safeguarding Children	>=80%	83.10%	84.60%	85.30%	86.00%	85.50%	87.20%
Bank Cost		£117k	£108k	£104k	£131k	£123k	£134k
Agency Cost		£59k	£157k	£57k	£167K	£110K	£141k
Overtime Cost		£1k	£0k	£3k	£2K	£1K	£1k
Additional Hours Cost		£3k	£2k	£5k	£7K	£4K	£2k
Sickness Cost (Monthly)		£113k	£101K	£90K	£91K	£90K	£103k
Vacancies (Non-Medical) (WTE)		75.76	79.76	83.33	77.32	82.59	82.93
Business Miles		58k	66k	61k	64K	77K	57k

Forensic Services							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<=4.4%	7.40%	8.20%	8.20%	7.90%	7.60%	7.20%
Sickness (Monthly)	<=4.4%	7.70%	8.20%	8.20%	7.30%	6.60%	5.80%
Appraisals (Band 6 and above)	>=95%	3.10%	6.00%	43.10%	58.70%	65.20%	68.60%
Appraisals (Band 5 and below)	>=95%	1.00%	2.30%	6.80%	14.00%	29.30%	61.00%
Aggression Management	>=80%	77.60%	76.30%	77.00%	78.80%	78.40%	77.40%
Equality and Diversity	>=80%	87.70%	88.70%	89.30%	89.70%	90.20%	89.20%
Fire Safety	>=80%	91.80%	90.30%	88.00%	88.20%	87.20%	85.50%
Food Safety	>=80%	52.90%	55.80%	57.60%	59.50%	63.20%	65.40%
Infection Control and Hand Hygiene	>=80%	83.50%	84.20%	84.90%	86.00%	87.80%	85.80%
Information Governance	>=95%	94.10%	94.40%	93.40%	94.10%	92.70%	90.70%
Moving and Handling	>=80%	78.20%	79.20%	80.20%	81.50%	83.90%	84.00%
Safeguarding Adults	>=80%	86.40%	86.90%	87.00%	87.40%	88.40%	85.50%
Safeguarding Children	>=80%	83.10%	84.60%	85.00%	85.10%	85.70%	84.50%
Bank Cost		£93k	£61k	£82k	£95K	£99K	£114k
Agency Cost		£58k	£116k	£91k	£93K	£77K	£96k
Additional Hours Cost		£0k	£1k	£3k	£0K	£0K	£0k
Sickness Cost (Monthly)		£70k	£74k	£77k	£65K	£58K	£52k
Vacancies (Non-Medical) (WTE)		16.26	16.94	16.7	20.56	28.42	14.34
Business Miles		3k	4k	4k	3K	6K	3k

Workforce - Performance Wall cont...

Specialist Services							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<= 4.4%	5.70%	5.80%	5.70%	5.40%	5.20%	5.10%
Sickness (Monthly)	<= 4.4%	5.30%	5.80%	5.50%	4.80%	4.50%	5.00%
Appraisals (Band 6 and above)	>=95%	4.80%	12.70%	33.50%	39.80%	45.40%	60.50%
Appraisals (Band 5 and below)	>=95%	1.40%	3.90%	9.40%	13.10%	21.50%	44.00%
Aggression Management	>=80%	67.50%	69.30%	70.60%	70.30%	73.80%	73.40%
Equality and Diversity	>=80%	83.70%	86.70%	87.30%	88.20%	89.60%	89.60%
Fire Safety	>=80%	86.20%	86.00%	85.10%	83.70%	85.90%	82.20%
Food Safety	>=80%	70.20%	72.20%	72.70%	72.20%	72.20%	69.10%
Infection Control and Hand Hygiene	>=80%	78.60%	79.50%	81.10%	81.60%	83.30%	83.80%
Information Governance	>=95%	88.40%	89.20%	91.10%	90.10%	90.80%	89.10%
Moving and Handling	>=80%	69.60%	72.50%	74.80%	76.70%	79.70%	82.20%
Safeguarding Adults	>=80%	77.50%	78.10%	80.40%	81.50%	83.20%	84.70%
Safeguarding Children	>=80%	82.20%	81.80%	84.30%	82.70%	82.90%	85.40%
Bank Cost		£24k	£31k	£33k	£44k	£33k	£38k
Agency Cost		£92k	£145k	£195k	£195k	£208k	£127k
Overtime Cost		£2k	£2k	£2k	£2k	£2k	£2k
Additional Hours Cost		£9k	£7k	£7k	£11k	£5k	£7k
Sickness Cost (Monthly)		£58k	£58k	£56k	£50k	£56k	£54k
Vacancies (Non-Medical) (WTE)		42.31	52.51	52.47	52.66	44.93	50.41
Business Miles		29k	29k	38k	32k	30k	29K

Support Services							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<= 4.4%	4.10%	3.90%	4.10%	4.30%	4.60%	4.80%
Sickness (Monthly)	<= 4.4%	3.80%	3.90%	4.30%	4.50%	5.40%	5.80%
Appraisals (Band 6 and above)	>=95%	1.50%	9.50%	66.80%	86.20%	91.80%	94.80%
Appraisals (Band 5 and below)	>=95%	1.90%	4.00%	11.90%	20.70%	26.60%	54.80%
Aggression Management	>=80%	49.20%	51.00%	57.10%	60.10%	65.10%	68.60%
Equality and Diversity	>=80%	69.20%	72.40%	73.20%	74.60%	76.20%	78.10%
Fire Safety	>=80%	88.90%	88.00%	87.50%	87.70%	85.30%	86.00%
Food Safety	>=80%	87.70%	89.30%	90.20%	95.50%	95.50%	93.60%
Infection Control and Hand Hygiene	>=80%	76.50%	78.60%	78.90%	79.90%	80.90%	81.20%
Information Governance	>=95%	93.60%	94.80%	94.80%	94.90%	94.60%	92.80%
Moving and Handling	>=80%	72.10%	72.80%	74.90%	76.70%	77.70%	78.80%
Safeguarding Adults	>=80%	81.70%	79.70%	81.60%	83.60%	84.70%	84.80%
Safeguarding Children	>=80%	88.00%	87.60%	87.80%	88.70%	89.80%	90.30%
Bank Cost		£42k	£25k	£38k	£40k	£36k	£35k
Agency Cost		£16k	£25k	£27k	£16k	£27k	£103k
Additional Hours Cost		£21k	£17k	£23k	£21k	£18k	£19k
Sickness Cost (Monthly)		£59k	£58k	£64k	£63k	£75k	£83k
Vacancies (Non-Medical) (WTE)		21.26	26.51	24.8	36.6	36.53	42.54
Business Miles		38k	32k	34k	36k	47k	38k

Wakefield District							
Month		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Sickness (YTD)	<= 4.4%	4.60%	5.50%	5.30%	5.10%	5.20%	5.30%
Sickness (Monthly)	<= 4.4%	5.60%	5.50%	5.20%	4.80%	5.30%	5.70%
Appraisals (Band 6 and above)	>=95%	6.80%	19.20%	54.80%	78.30%	83.20%	87.40%
Appraisals (Band 5 and below)	>=95%	1.10%	7.60%	25.60%	41.40%	50.00%	64.34%
Aggression Management	>=80%	77.80%	77.70%	80.40%	81.00%	81.30%	79.30%
Equality and Diversity	>=80%	87.90%	89.40%	89.50%	89.80%	91.70%	91.70%
Fire Safety	>=80%	85.20%	88.20%	87.10%	88.70%	86.20%	84.60%
Food Safety	>=80%	61.50%	62.60%	62.40%	60.30%	61.70%	67.60%
Infection Control and Hand Hygiene	>=80%	79.40%	80.70%	83.20%	83.30%	86.50%	84.10%
Information Governance	>=95%	95.40%	94.00%	94.20%	93.00%	92.90%	93.30%
Moving and Handling	>=80%	68.60%	69.60%	70.60%	71.10%	73.50%	73.60%
Safeguarding Adults	>=80%	80.50%	81.00%	85.70%	86.70%	88.80%	89.70%
Safeguarding Children	>=80%	85.90%	86.50%	86.10%	86.50%	86.60%	86.40%
Bank Cost		£79k	£69k	£69k	£97k	£85k	£83k
Agency Cost		£24k	£18k	£24k	£71k	£67k	£12k
Additional Hours Cost		£15k	£6k	£9k	£9k	£8k	£9k
Sickness Cost (Monthly)		£66k	£59k	£61k	£54k	£57k	£60k
Vacancies (Non-Medical) (WTE)		43.08	48.87	47.87	50.63	43.37	55.47
Business Miles		32k	39k	40k	40k	42k	31k

Publication Summary

Department of Health

Consultation on the roles and functions of the National Data Guardian for Health and Care

This consultation seeks views on the responsibilities of the statutory National Data Guardian for health and social care. The responses will form a major part of the development for more detailed proposals to establish the National Data Guardian for health and social care on a statutory footing. The National Data Guardian for health and social care will help to ensure that personal confidential data is held and used to support better outcomes from health and care services, at the same time providing confidence that there are thorough safeguards in place to protect personal confidential data. The consultation closes on 17 December 2015.

[Click here for link to consultation](#)

Department of Health

FGM prevention programme: understanding the FGM enhanced dataset – updated guidance and clarification to support implementation

This guidance relates to the Female Genital Mutilation (FGM) Enhanced Dataset by the Health and Social Care Information Centre and the forthcoming professional duty about FGM to be published October 2015. This includes an explanation of the legal basis for the collection of the information. It describes what and how NHS organisations need to communicate with patients about this work. The document also explains additional work underway to support GP practices with this work.

[Click here for link to guidance](#)

Care Quality Commission (CQC)

A National Guardian for the NHS: your say

CQC has launched a public consultation seeking views on the new role of a National Guardian, who will be responsible for leading local ambassadors across the country so that staff feel safe to raise concerns and confident that they will be heard. The new role will be hosted within CQC, working closely with other bodies including, Monitor, the NHS Trust Development Authority and NHS England.

[Click here for link to consultation](#)

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

Hospital activity data, July 2015

Beds and activity, social indicators

CCG bulletin, issue 97

NHS England Informed, issue 48

NHS maximum waiting times and patient choice policies (House of Commons Library)

[Direct Access Audiology waiting times for July 2015](#)

[Estimation of future cases of dementia from those born in 2015 \(Office of Health Economics\)](#)

[Mixed sex accommodation breaches, August 2015](#)

[Learning disability services monthly statistics - England commissioner census \(assuring transformation\) - August 2015, experimental statistics](#)

[Public health outcomes framework: August 2015 update](#)

[Psychological therapies: next steps towards parity of care \(JMC Inform\)](#)

[Mental health and learning disabilities statistics monthly report: final June and provisional July](#)

[Improving Access to Psychological Therapies report, June 2015 final, July 2015 primary and most recent quarterly data \(Q4 2014/15\)](#)

[CCG outcomes indicator set - September 2015](#)

[Organisation patient safety incident reports: 14th release, 23 September 2015](#)

[Maternity and breastfeeding, Q1 2015/16](#)

[Diagnostic imaging dataset, September 2015](#)

[NHS workforce statistics - June 2015, provisional statistics](#)

[NHS foundation trust bulletin: 23 September 2015](#)

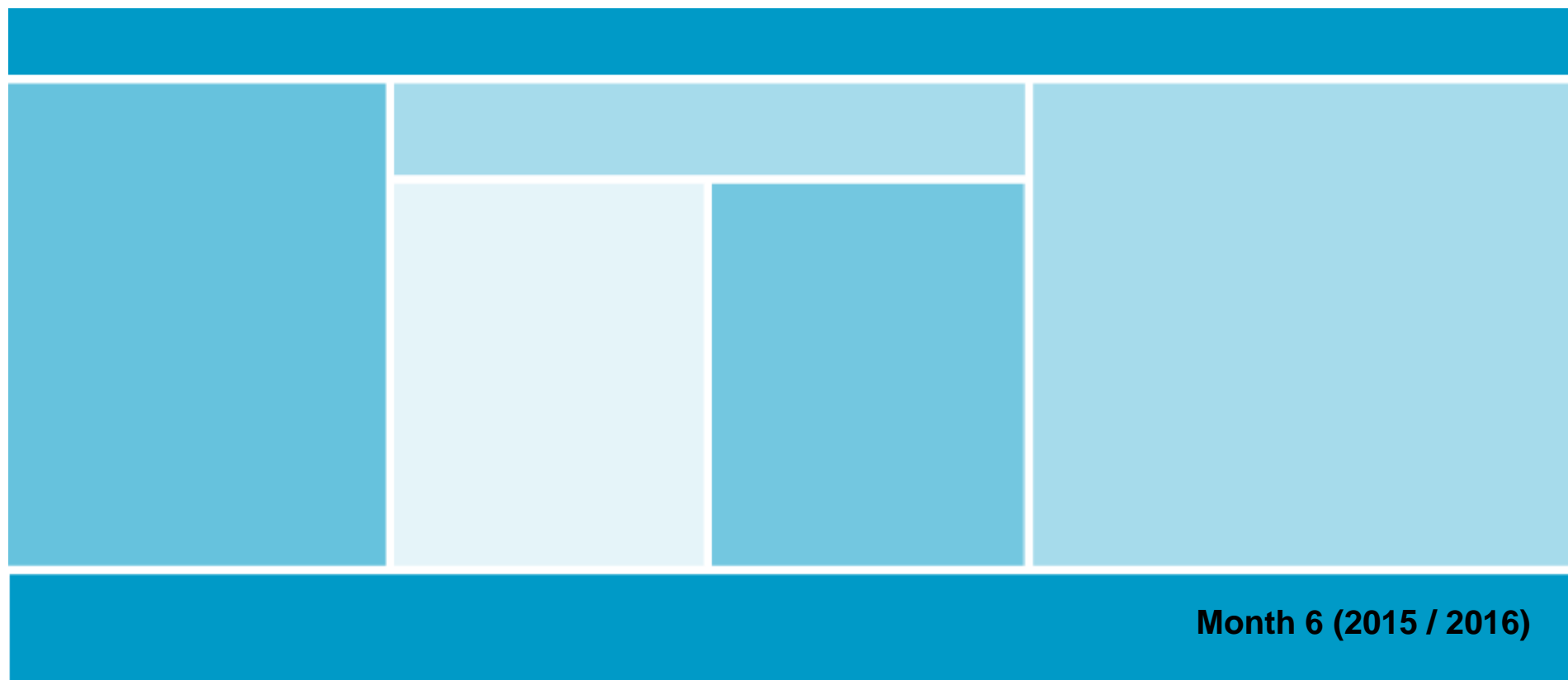
Glossary

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		



With all of us in mind

Finance Report



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Overall Financial Performance 2015 / 2016

Performance Indicator		Month 6 Performance	Annual Forecast	Trend from last	Last 3 Months - Most recent		
Trust Targets					5	4	3
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 September 2015, is a surplus of £0.6m. This is £1.58m 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 small surplus rather than a deficit. The Trust will continue to validate this position, and the risks contained within, and will update to Board accordingly.

3. At September 2015 the cash position is £28.68m which is £1.12m ahead of plan. This is an improvement from previous months.

4. Capital spend to September 2015 is £5.47m which is £0.61m (10%) behind the Trust capital plan.

5. At September 2015 the Cost Improvement Programme is £121k behind plan. Overall a Full Year Value of £1165k (12%) 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 September 2015 90% of NHS and 97% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be an improvement from previous months.

Monitor Risk Rating

As per the Risk assessment Framework, updated August 2015, the financial performance of the Trust is monitored through a number of financial sustainability risk ratings.

This revision increased the number of metrics from 2 to 4. This retains the original 2 which focus on the Continuity of Services and add 2 further in relation to Financial Efficiency. A further metric in relation to capital expenditure performance against plan was proposed but has not been adopted.

	Actual Performance					Annual Plan	
	Financial Criteria	Weight	Metric	Score	RISK Rating	Score	RISK Rating
Continuity of Services	Balance Sheet Sustainability	25%	Capital Service Capacity	3.4	4	2.2	3
	Liquidity	25%	Liquidity (Days)	18.4	4	14.5	4
	Weighted Average - Continuity of Services Risk Rating				4		4
Financial Efficiency	Underlying Performance	25%	I & E Margin	0.8%	3		
	Variance from Plan	25%	Variance in I & E Margin as a % of income	1.7%	4		
	Weighted Average - Financial Sustainability Risk Rating				4		

Definitions

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.

I & E Margin - the degree to which the organisation is operating at a surplus / deficit

I & E Variance - variance between a foundation Trust's planned I & E margin and actual I & E margin within the year.

Risk Rating 4 - No evident Concerns

Risk Rating 3 - Emerging of minor concern potentially requiring scrutiny.

Monitor Benchmarking

All Foundation Trusts

		Governance Rating			Total
		No Evident Concerns	Issues Identified	Enforcement Action	
Continuity	4	65	4	3	72
	3	23	12	7	42
	2	3	4	10	17
	1	2	0	17	19
	Total	93	20	37	150

Mental Health Foundation Trusts

		Governance Rating			Total
		No Evident Concerns	Issues Identified	Enforcement Action	
Continuity	4	29	0	1	30
	3	5	4	1	10
	2	1	1	1	3
	1				0
	Total	35	5	3	43

As at 1st October 2015 there are 152 Foundation Trusts monitored by Monitor. Of these 2 do not currently have a Risk Rating (including the newly authorised Bradford District Care Trust).

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

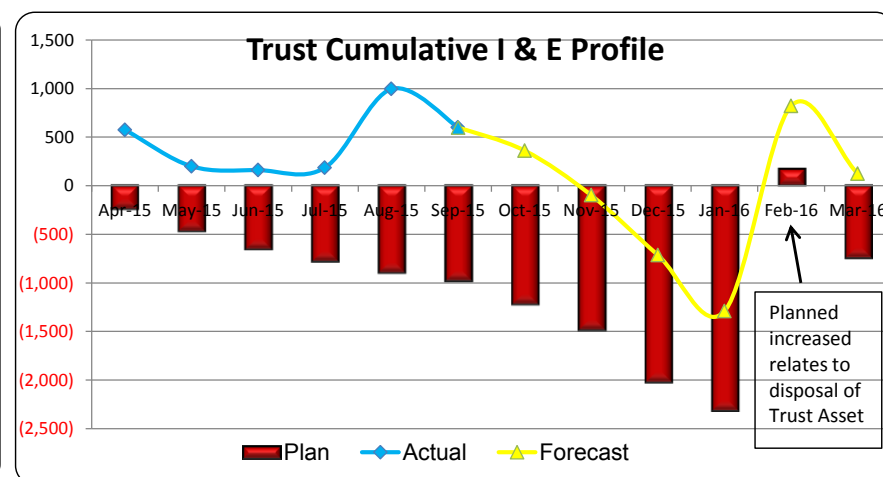
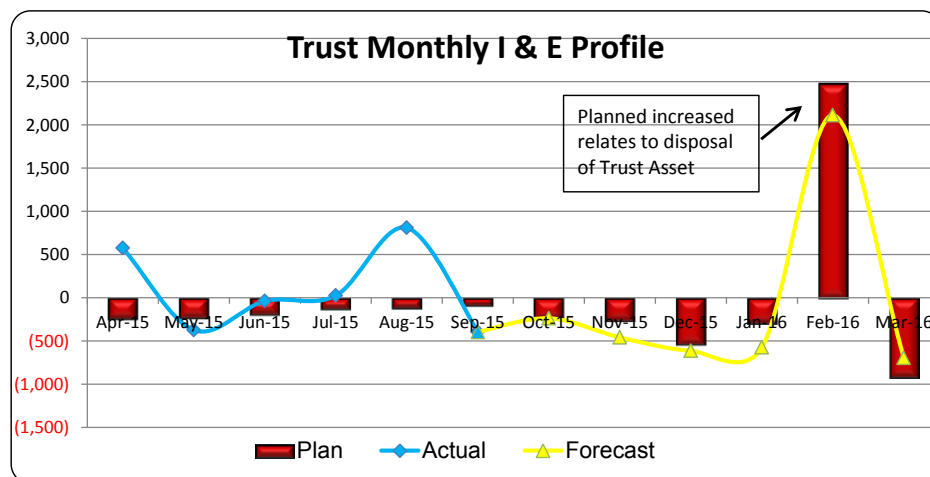
Since the update at last Trust Board Monitor have published the performance report for the sector for Quarter 1 2015 / 2016. (April 2015 - June 2015)

This confirmed that the sectors financial performance has deteriorated rapidly, and at an even greater pace than planned.

- * Net Deficit of £445m; £90m worse than planned. More than final 2014 / 2015 position
- * Forecast Deficit £1.01 billion; £80m worse than plan.
- 47 FT's (most financially challenged) subject to review of Annual Plans
- * 118 Foundation Trust's in deficit; 77 FT's in 2014 / 2015
- * 25 Mental Health Trust's in deficit
- * Main issues remain premium agency expenditure pressures and delivery of CIP's
- * The current financial performance is a reflection of the sustained financial pressures on the sector and a tough operating environment faced by the NHS.

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
				(17,405)	(17,433)	(28)	Clinical Revenue	(105,654)	(105,372)	282	(210,168)	(209,821)	347
				(17,405)	(17,433)	(28)	Total Clinical Revenue	(105,654)	(105,372)	282	(210,168)	(209,821)	347
				(1,305)	(1,292)	13	Other Operating Revenue	(8,289)	(8,479)	(190)	(15,282)	(15,610)	(328)
				(18,710)	(18,726)	(16)	Total Revenue	(113,943)	(113,850)	92	(225,451)	(225,431)	19
4,420	4,272	(148)	3.3%	14,283	14,205	(78)	BDU Expenditure - Pay	86,162	85,377	(785)	170,316	170,439	123
				3,623	3,810	188	BDU Expenditure - Non Pay	22,581	21,761	(820)	44,523	45,829	1,306
				181	420	239	Provisions	1,936	1,996	60	5,574	3,383	(2,190)
4,420	4,272	(148)	3.3%	18,087	18,436	349	Total Operating Expenses	110,679	109,134	(1,545)	220,413	219,651	(762)
4,420	4,272	(148)	3.3%	(623)	(290)	333	EBITDA	(3,263)	(4,716)	(1,453)	(5,038)	(5,780)	(743)
				456	449	(8)	Depreciation	2,738	2,691	(47)	5,475	5,428	(47)
				257	245	(12)	PDC Paid	1,540	1,470	(70)	3,080	3,010	(70)
				(6)	(7)	(1)	Interest Received	(38)	(43)	(6)	(75)	(81)	(6)
				0	0	0	Revaluation of Assets	0	0	0	(2,700)	(2,700)	0
4,420	4,272	(148)	3.3%	84	397	313	Deficit / (Surplus)	977	(599)	(1,576)	742	(123)	(865)



Income & Expenditure Position 2015 / 2016

Month 6

The year to date position, as at Month 6, reflects a surplus position of £0.6m. This is currently £1.58m ahead of plan.

Month 5 had seen a reduction in expenditure across all BDU's and covered both pay and non pay expenditure. This trend has reversed in month 6 and highlights that month 5 was an exceptional month.

Pay and non pay continue to underspend year to date with the largest pay pressure arising from the use of agency staff. As requested by Monitor the Trust have submitted figures for the use of registered nurse agency; overall this expenditure remains under the 3% threshold and some plans are in place to reduce key areas of this pressure. (One off nursing requirements and permanent recruitment)

In regards to non pay expenditure month 6 has seen higher than average spend across all categories but primarily on drugs expenditure.

Forecast

The forecast outturn position for 2015 / 2016 is a surplus position of £0.12m. This is better than planned and is broadly the same as the previous month

Monitor have again re-iterated their request for all Foundation Trusts to challenge themselves to deliver as favourable position as possible. The Trust formally responded to this request in August 2015 and this target is reflected in the overall forecast position.

Based upon the current forecasts, funds within provisions (£2.19m) are being used in order to support this position. This will continue to be assessed alongside BDU forecasts. This is more than month 5 due to movement in the BDU forecasts.

BDU's have forecast increased levels of expenditure during the remainder of the year. These run rates and assumptions continue to be reviewed and refined. Currently pay, non pay and income are all individually forecast to overspend against plan. These positions include the impact of non delivery against CIP plans.

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

- * £1.16m Assumption that CIP's, classified as red, will not be achieved. Work is ongoing to find substitutions.
- * £0.39m Assumption that CIP's, classified as amber, will be delivered in full during 2015 / 2016.
- * £2.7m The planned disposal of a Trust asset during 2015 / 2016 will occur and cash payment will be received.
- * tbc Impairments / revaluations / demolition - these risks continue to be assessed and quantified.

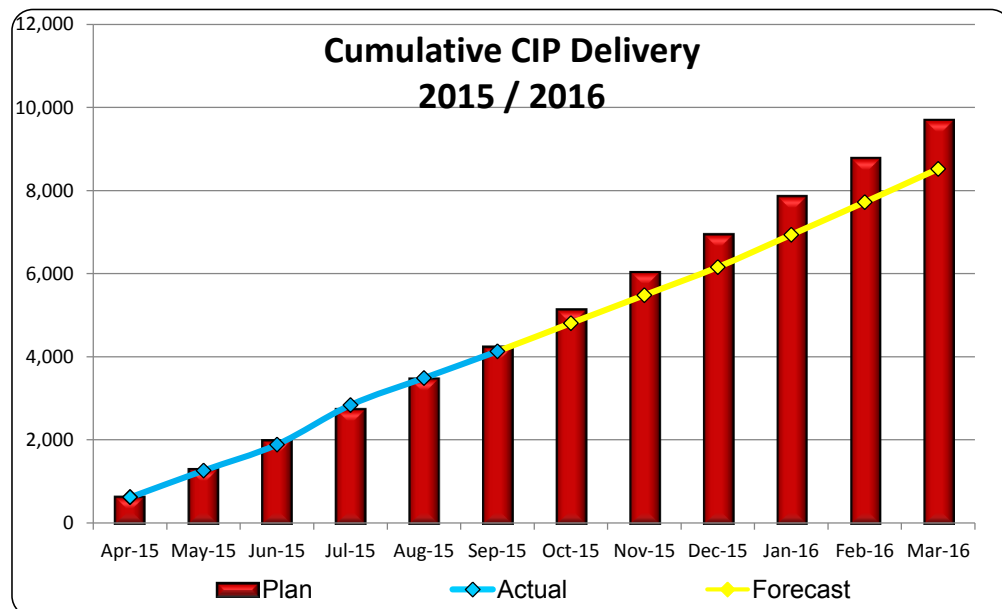
Provisions will continue to be monitored and managed in order to ensure that this position is achieved.

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	3,941	9,065
Target - Non Recurrent	52	52	52	52	52	52	52	52	52	52	52	52	311	622
Target - Monitor Submission	657	664	694	738	742	756	897	902	902	909	909	917	4,252	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	4,252	9,687

Delivery as planned	400	824	1,244	1,773	2,223	2,672	3,169	3,671	4,176	4,733	5,297	5,876	2,672	5,876
Mitigations - Recurrent	11	22	32	43	54	65	76	87	97	108	119	130	65	130
Mitigations - Non Recurrent	204	416	610	1,021	1,211	1,394	1,564	1,724	1,885	2,095	2,306	2,516	1,394	2,516
Total Delivery	615	1,261	1,887	2,838	3,488	4,132	4,809	5,482	6,158	6,937	7,722	8,522	4,132	8,522

Shortfall / Unidentified	42	61	129	(84)	8	121	340	569	794	924	1,048	1,165	121	1,165
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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

For the Year to Date £4.13m CIP has been achieved out of the £4.25m target. (97%) It is £121k behind plan.

The CIP achievement includes £1394k non recurrent substitutions (34% of total delivered).

Forecast

The current forecast is that £8.52m out of £9.69m will be achieved in 15/16. This leaves a forecast shortfall of £1.16m (12%) and this is reflected in the Trust overall forecast position. Within this forecast £2.52m is non recurrent and therefore the highline risk carried forward to 2016 / 2017 is currently £3.68m. (38%)

Balance Sheet 2015 / 2016

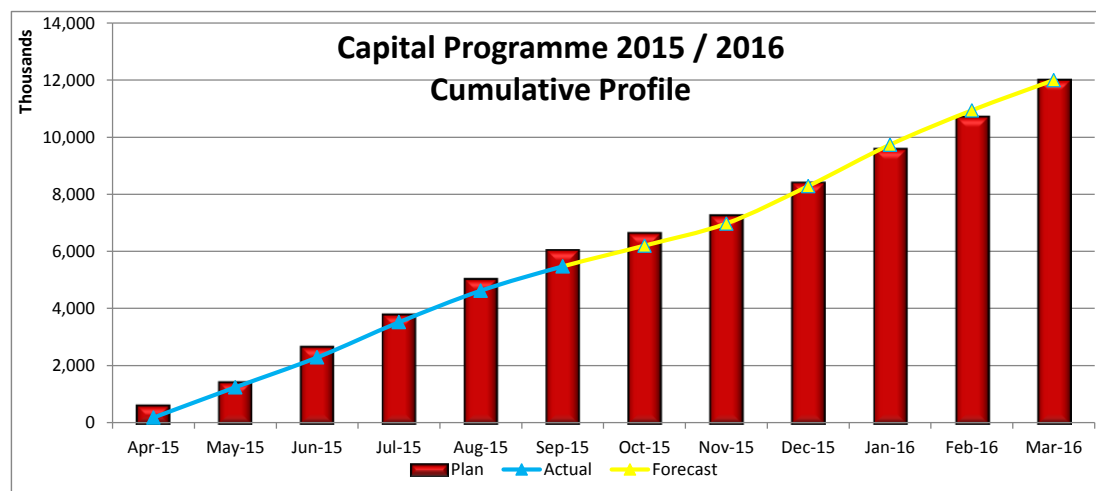
	2014 / 2015 Plan (YTD) Actual (YTD)			Note
	£k	£k	£k	
Non-Current (Fixed) Assets	106,649	109,935	109,255	1
Current Assets				
Inventories & Work in Progress	204	204	204	
NHS Trade Receivables (Debtors)	3,015	2,115	1,671	2
Other Receivables (Debtors)	4,963	5,113	7,200	2
Cash and Cash Equivalents	32,617	27,560	28,683	3
Total Current Assets	40,799	34,992	37,759	
Current Liabilities				
Trade Payables (Creditors)	(5,851)	(5,851)	(4,239)	4
Other Payables (Creditors)	(3,621)	(3,621)	(2,941)	4
Capital Payables (Creditors)	(770)	(1,020)	(896)	
Accruals	(10,335)	(9,235)	(12,060)	5
Deferred Income	(751)	(751)	(995)	
Total Current Liabilities	(21,328)	(20,478)	(21,131)	
Net Current Assets/Liabilities	19,471	14,513	16,628	
Total Assets less Current Liabilities	126,120	124,449	125,883	
Provisions for Liabilities	(8,104)	(7,422)	(7,269)	
Total Net Assets/(Liabilities)	118,016	117,027	118,615	
Taxpayers' Equity				
Public Dividend Capital	43,492	43,492	43,492	
Revaluation Reserve	16,780	16,780	17,058	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	52,524	51,535	52,845	6
Total Taxpayers' Equity	118,016	117,027	118,615	

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. Debtors continue to be proactively chased. NHS debtors have increased this month as physical invoices have been raised for Quarter end and to ensure they are part of the Agreement of Balances exercise. This results in a reduction of accrued income.
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.
4. Creditors remain 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. Of this £1.3m relates to NHS accruals; £1m with a local Trust pending agreement of Service Level Agreements for 2015 / 2016.
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	847	506	(341)	1,997	(203)	3
IM&T	2,348	729	55	(674)	2,327	(21)	4
Total Minor Capital & IM & T	4,548	1,576	561	(1,015)	4,324	(224)	
Major Capital Schemes							
Barnsley Hub	950	950	1,047	97	1,047	97	5
Halifax Hub	4,052	3,552	3,436	(116)	4,052	0	6
Hub Development	1,450	0	259	259	1,450	0	7
Fieldhead Development	1,000	0	171	171	1,127	127	8
Total Major Schemes	7,452	4,502	4,912	410	7,676	224	
VAT Refunds	0	0	(1)	(1)	0	0	
TOTALS	12,000	6,078	5,472	(606)	12,000	0	



Capital Expenditure 2015 / 2016

1. The Trust Capital Programme for 2015 / 2016 is £12.0m and schemes are guided by the overall Trust Estates Strategy.

2. The year to date position is £0.61m under plan (10%). The full year forecast is £12m.

3. Work continues on Minor Works spending and is coming back in line with profile. Some of the original reprofiled schemes are now being delivered.

4. As per previous reports there has been some delays around the IM & T schemes to ensure that value for money is maximised. These continue to be progressed and remain forecast to spend broadly in line with plan.

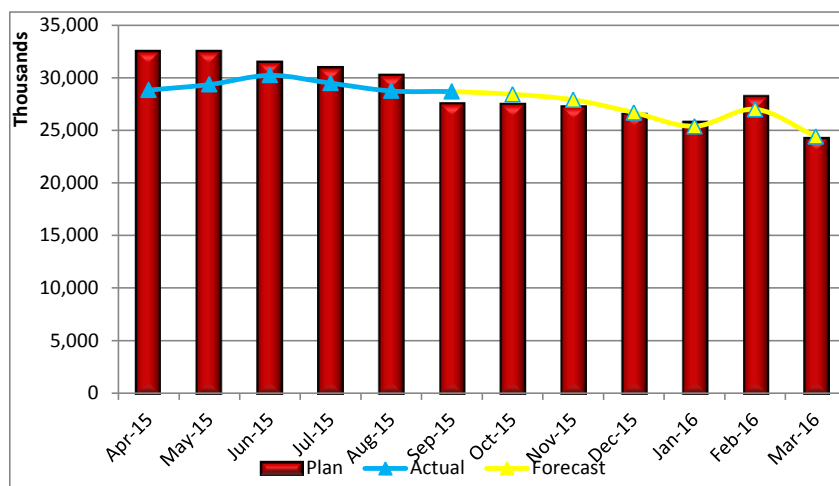
5. Work has completed on site. A small overspend is forecast due to late changes arising from service changes.

6. The Halifax Hub remains on plan to complete in December 2015 with services moving in from January 2016.

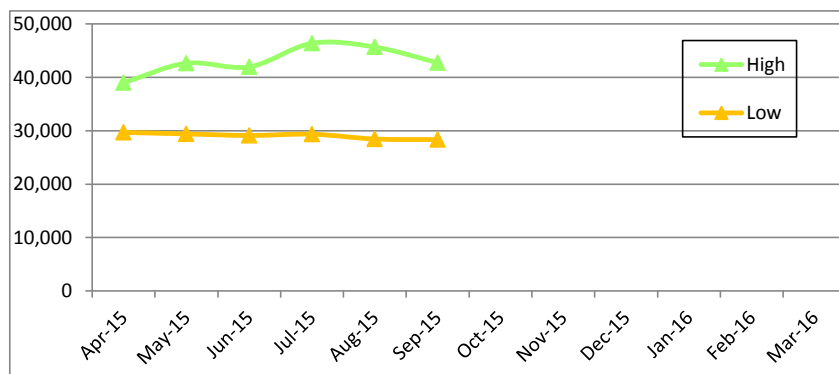
7. The Pontefract Hub is moving to Guaranteed Maximum Price (GMP) and is expected to commence on site as planned.

8. Expenditure on the scheme in 2015 / 2016, as not yet formally approved, will be reduced. This is being validated and will need to be reprovided in future years.

Cash Flow & Cash Flow Forecast 2015 / 2016



	Plan £k	Actual £k	Variance £k
Opening Balance	32,617	32,617	
Closing Balance	27,560	28,683	1,124



The Cash position provides a key element of the Continuity of Service and Financial Efficiency 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 £28.68m which is £1.12m higher than planned. This is an improvement from previous months due to payment of block charges by local authorities.

A detailed reconciliation of working capital compared to plan is presented at page 12.

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.

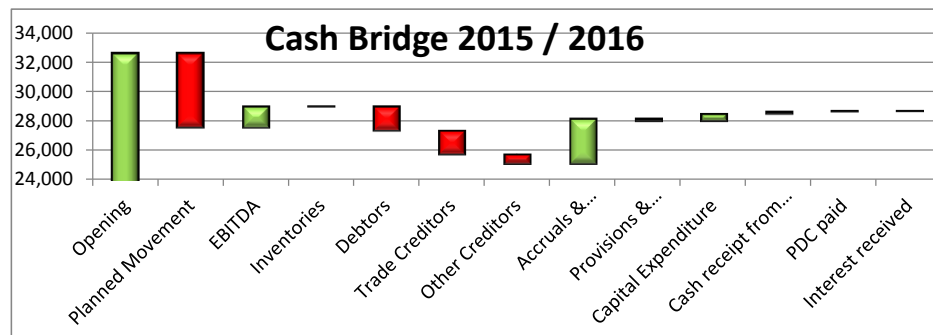
The highest balance is: £42.73m

The lowest balance is: £28.35m

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)	3,305	4,736	1,431	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	750	(894)	(1,644)	4
Trade Payables (Creditors)	0	(1,612)	(1,612)	5
Other Payables (Creditors)	0	(634)	(634)	
Accruals & Deferred income	(1,100)	1,968	3,068	2
Provisions & Liabilities	(682)	(835)	(153)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,828)	(5,346)	482	3
Cash receipts from asset sales	0	156	156	
PDC Dividends paid	(1,540)	(1,516)	24	
PDC Received	0	0	0	
Interest (paid)/ received	38	43	6	
Closing Balances	27,560	28,683	1,124	



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.
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 which gives the Trust a cash benefit.

Factors which decrease the cash position against plan:

4. Debtor levels are higher than planned but this is primarily due to a push to ensure that invoices are raised prior to the Quarter end as opposed to after it (where ever possible). Previous issues with Local Authorities have been resolved.
5. Creditors remain 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

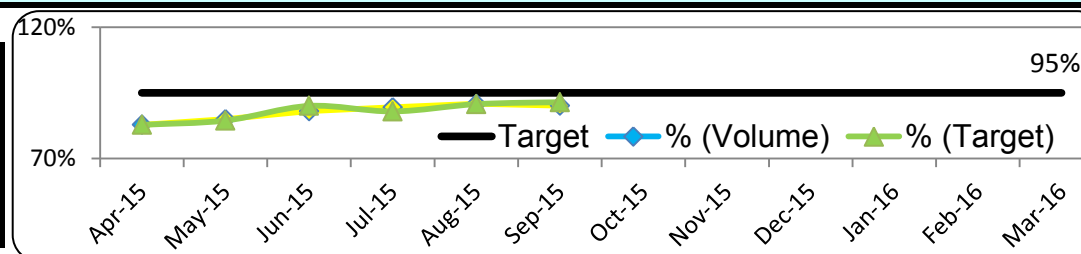
The Trust is committed to following the Better Payment Practice Code , payment of 95% of valid invoices by their due date or within 30 days of receipt of goods or a valid invoice whichever is later.

In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days.

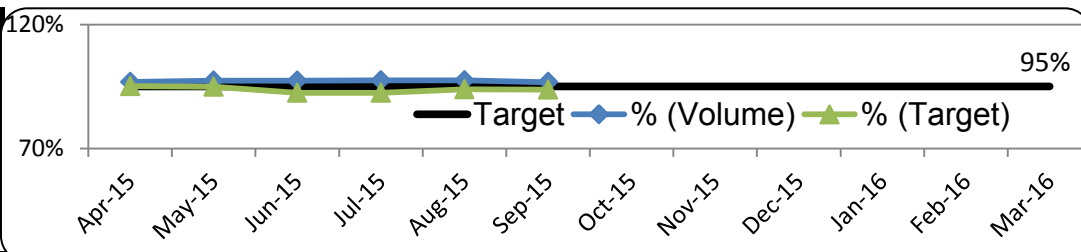
This is not mandatory for the NHS.

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

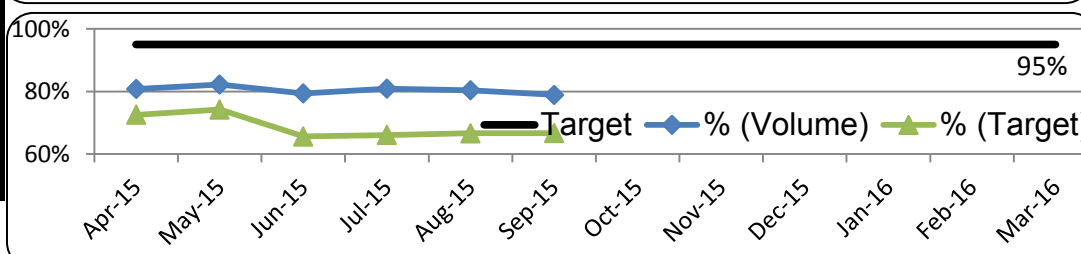
NHS		
	Number	Value
	%	%
Year to August 2015	91%	91%
Year to September 2015	90%	91%



Non NHS		
	Number	Value
	%	%
Year to August 2015	97%	94%
Year to September 2015	97%	94%



Local Suppliers		
	Number	Value
	%	%
Year to August 2015	80%	67%
Year to September 2015	79%	67%



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 (£)
26/08/2015	Staff Recharges	Barnsley	Barnsley Metropolitan Borough Council	2187435	367,729
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	112,999
20/08/2015	Drugs	Trustwide	Mid Yorkshire Hospitals NHS Trust	2187176	97,533
02/09/2015	Lease Rents	Trustwide	Mid Yorkshire Hospitals NHS Trust	8142141	72,540
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	67,774
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	60,247
02/09/2015	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	2187536	57,378
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	50,972
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	48,349
02/09/2015	Estate Managment SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	8142141	44,751
11/08/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2187025	43,524
26/08/2015	LIFT Sites Soft FM Contract	Barnsley	Community Health Partnerships	8143620	43,001
11/08/2015	Drugs	Trustwide	Lloyds Pharmacy Ltd	2187025	40,931
02/09/2015	Domestic SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	8142141	40,149
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	36,908
26/08/2015	LIFT Sites Soft FM Contract	Barnsley	Community Health Partnerships	8143620	35,728
02/09/2015	Staff Recharges	Calderdale	Calderdale Metropolitan Borough Council	2187521	30,854
26/08/2015	LIFT Sites Soft FM Contract	Barnsley	Community Health Partnerships	8143620	29,392
14/09/2015	Legal/Prof Fees	Trustwide	NHS Litigation Authority	8142872	29,048
26/08/2015	Rent	Barnsley	Community Health Partnerships	8143620	27,257
26/08/2015	LIFT Sites Soft FM Contract	Barnsley	Community Health Partnerships	8143620	26,443
26/08/2015	Staff Recharges	Barnsley	Barnsley Metropolitan Borough Council	2187430	25,905
02/09/2015	Physiotherapy SLA	Wakefield	Mid Yorkshire Hospitals NHS Trust	8142141	25,116

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 23 October 2015

Agenda item 9.3

Title:	Customer services report quarter 2 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 reviews Customer Services policy on an annual basis and will review a revised policy in December 2015. The current policy reflects Care Quality Commission essential standards, the Duty of Candour and Trust action following an internal 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>The Trust's recent re-accreditation against the national Customer Services Excellence Standard included a review of Trust processes in this area and commended practice.</p> <p>Recently introduced weekly Customer Services reporting to BDUs enables increased scrutiny of issues and themes, complaints investigation and action planning to ensure service improvement in response to feedback.</p>
Executive summary:	<p>Customer Services Report – quarter 2 2015/16</p> <p>This report provides information on feedback received, the themes indicated, lessons learned and action taken in response to feedback. In quarter 2:</p> <ul style="list-style-type: none"> • 301 issues were responded to; • 73 formal complaints were received and 149 compliments; • communication, access to treatment and values and behaviours were the most common themes; • seven complainants asked the Parliamentary and Health Service Ombudsman to review their complaint; • over 125 public enquiries were responded to and over 425 staff enquiries; • 73 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 quarter 2 2015/16.
Private session:	Not applicable



With all of us in mind

CUSTOMER SERVICES - TRUST WIDE REPORT FOR THE PERIOD

01 JULY 2015 – 30 SEPTEMBER 2015 (QTR. 2 15/16)

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 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 Board will review updated policy in December 2015.

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:

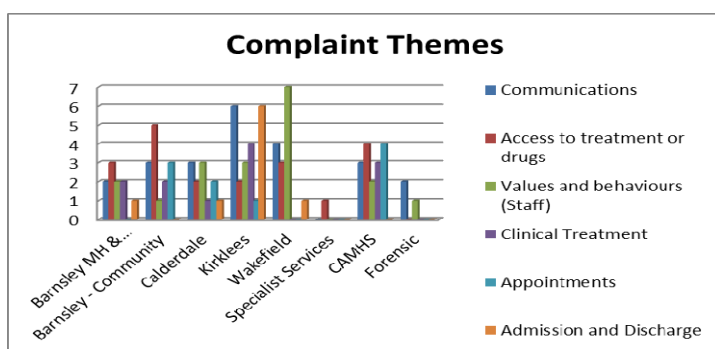
- the number of issues raised and the themes arising
- equality data
- external scrutiny and partnering
- Customer Service standards
- actions taken and changes made as a consequence of service user and carer feedback
- compliments received
- the number and type of requests processed under the Freedom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

FEEDBACK RECEIVED

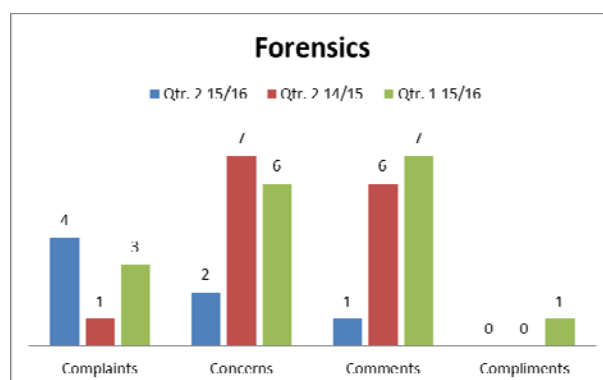
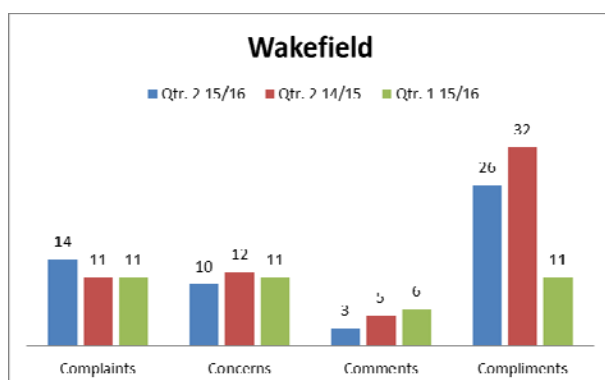
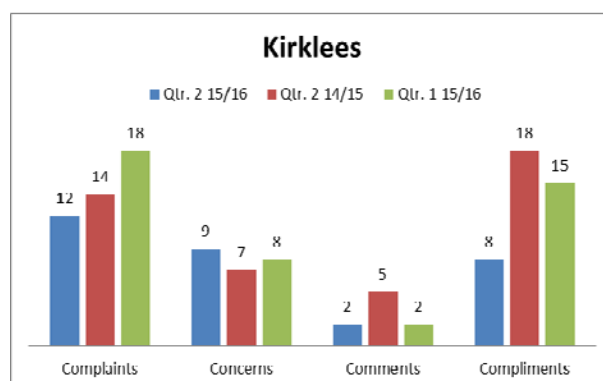
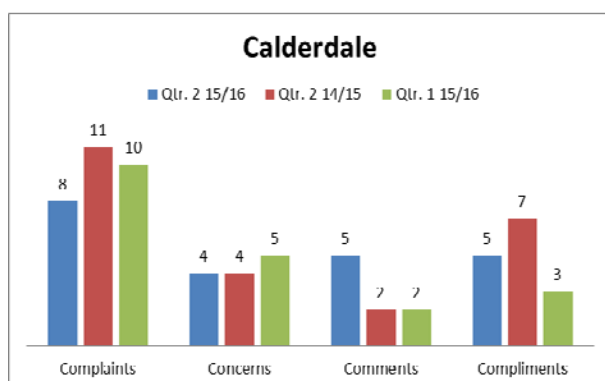
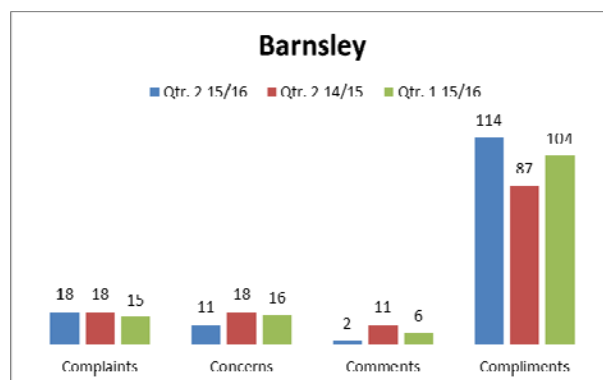
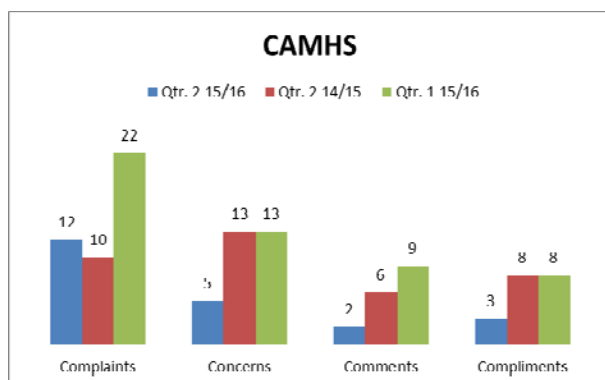
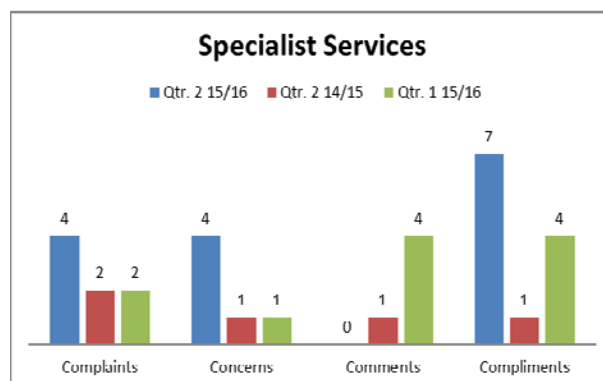
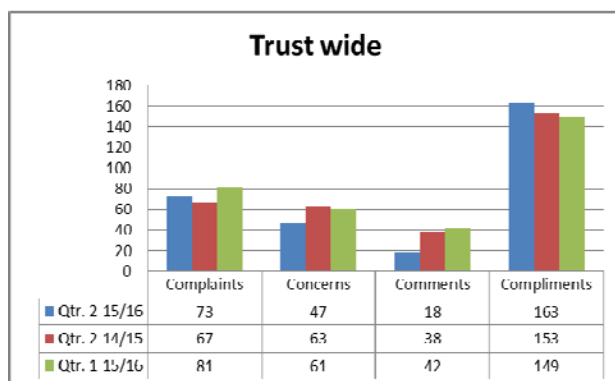
The tables below illustrate Customer Services activity in Qtr. 2. The Customer Services team responded to 301 issues (333 in Qtr.1); 73 formal complaints were received (81 in Qtr.1) and 163 compliments (149 in Qtr.1).

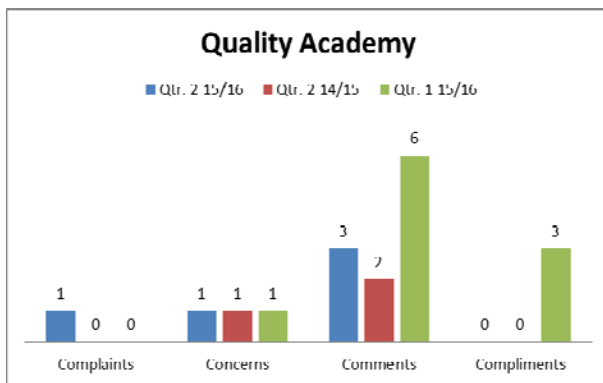
The number of formal complaints regarding CAMHS services decreased in the period from 22 in the previous quarter to 12. Most of these complaints related to access and wait times in Calderdale and Kirklees services, which are being addressed through on-going discussions with CCGs.

Across all complaints, communications was identified as the most frequently raised negative issue (23). This was followed by access to treatment and drugs (20), values and behaviours (19), clinical treatment (12), appointments (10) and admission and discharge (9). Most complaints contained a number of themes.



CUSTOMER SERVICES ACTIVITY QTR. 2





NUMBER OF ISSUES RAISED INFORMALLY

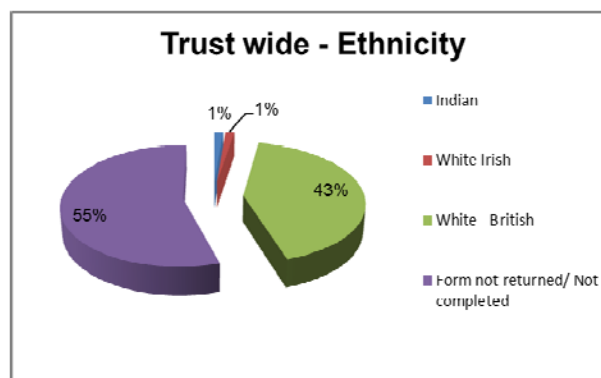
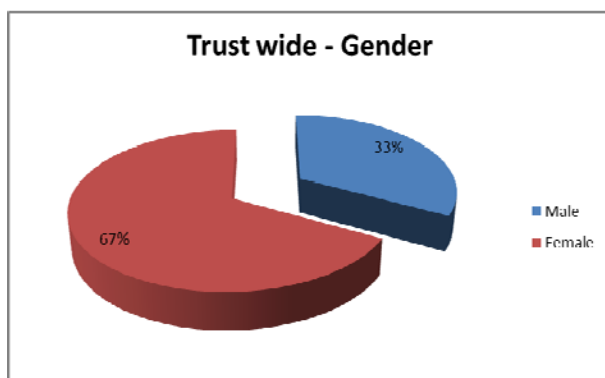
During Qtr.2. Trust services responded to 47 issues of concern at local level. The Customer Services team worked with service lines to ensure the recording of issues raised informally and to capture action taken in response to this feedback. This promotes a default position of putting things right as and when they happen wherever possible and supports shared learning about service user and carer experience.

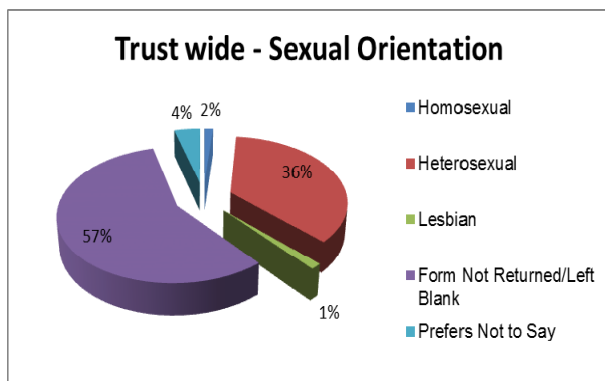
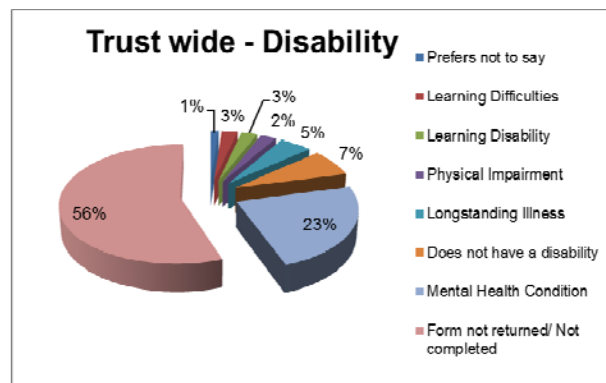
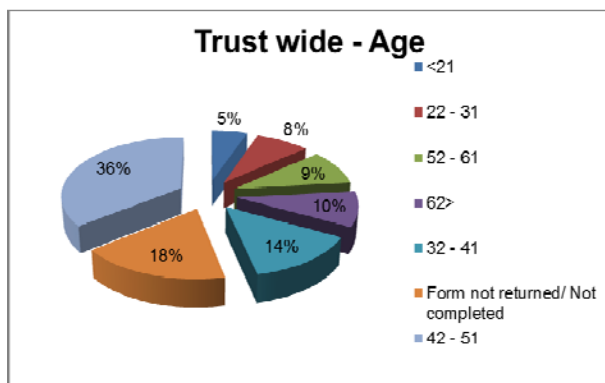
TRUST WIDE EQUALITY DATA

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. To support improvement in the number of forms returned / completed, 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 continues to explore best practice in data capture, both internally with teams and externally with partner organisations, and incorporates 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 beneath the tables.





Age 60/73 Gender 73/73 Disability 27/73 Ethnicity 33/73 Sexual Orientation 44/73

MP CONTACT

During Qtr. 2 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.

8 enquiries related to CAMHS services and access issues. These were raised by Paula Sherriff (2), Barry Sheerman (2), Jon Trickett, Dan Jarvis, Holly Lynch and Jason McCartney.

Jo Cox and Paula Sherriff raised issues in relation to Kirklees services, regarding funding for an assessment and referral to services respectively.

The Trust makes proactive contact with MPs to keep them informed of news and initiatives on a monthly basis via the electronic stakeholder bulletin and offers specific briefing about relevant issues.

PARLIAMENTARY HEALTH SERVICE OMBUDSMAN (PHSO)

In Qtr.2, 7 complainants asked the Parliamentary and Health Service Ombudsman to review their complaint following contact with the Trust. Such cases are subject to rigorous scrutiny by the Ombudsman, including a review of all documentation and the Trust's complaints management processes. Information requested by the Ombudsman in relation to the above was provided within the prescribed timeframe.

During the quarter, the Trust received feedback from the Ombudsman regarding 2 cases (1 Forensics (medium secure) and 1 Wakefield OPS inpatients) which had been subject to review.

Neither case was upheld and both are now closed with no further action required by the Trust.

The Trust is still waiting decisions on 4 cases previously referred. It can take a number of months before the Ombudsman is in a position to advise the Trust on its decisions.

MENTAL HEALTH ACT

3 complainants raised concerns with the Trust in Qtr. 2 regarding detention under the Mental Health Act. Two individuals chose not to specify their ethnicity - one described themselves as white – British.

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)

The CQC did not refer any issues to the Trust regarding comments, concerns, compliments or complaints in the period.

NHS CHOICES

The Trust has introduced measures to attempt to drive traffic to NHS Choices, in recognition that this site is an external source of information about the Trust. Survey materials promote NHS Choices as an additional means to offer feedback about the Trust and its services. The website is monitored to ensure timely response to posted feedback.

During Qtr.2 6 individuals added comments on NHS Choices about their experience of Trust services. All posting are acknowledged. The Trust has requested contact with 2 individuals to follow up on the issues posted (visiting in Forensic services and access to day services in Wakefield mental health community services).

4 positive comments were posted regarding Wakefield in-patient services and Wakefield older people's services.

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 Services function makes connection to local Healthwatch to promote positive dialogue and respond to any requests for information. Healthwatch are provided with copies of quarterly reports and request additional information from the Trust on occasion. Healthwatch are encouraging local people to share their experience of health services via their websites and will theme and share feedback as data is collected and collated.

Issues spanning more than one organisation Qtr. 2	Complaint	Concern	Comment	Total
Barnsley Hospital NHS Foundation Trust	2	0	0	2
Barnsley Metropolitan Borough Council	0	1	0	1
Care Quality Commission	1	0	0	1
Member of Parliament	8	2	2	12
NHS England	1	0	0	1
NHS Wakefield CCG	0	1	0	1
Other	1	0	0	1
Total	13	4	2	19

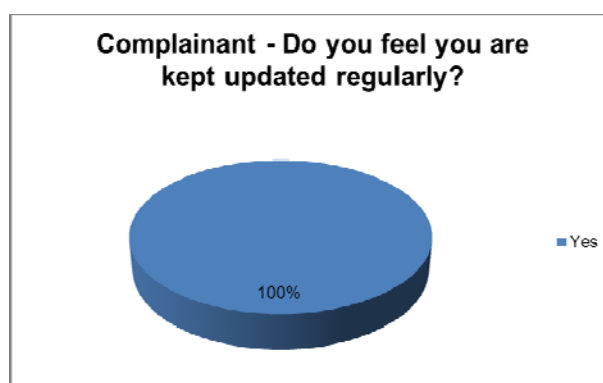
CONTACT WITH CUSTOMER SERVICES TEAM

The customer services team processed 129 general enquiries in Qtr. 2, in addition to '4 Cs' management. Consistent with past reporting signposting to Trust services was the most frequently requested advice. Other enquiries included provision of information about Trust Services, providing contact details for staff and information on how to access healthcare records. The team also responded to over 429 telephone enquiries from staff, offering support and advice in resolving concerns at local level (an increase in staff contact on the previous quarter).

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 until issues are resolved / closed. 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 raising feedback using the customer services function:

Thirty two people offered this feedback during Qtr.2

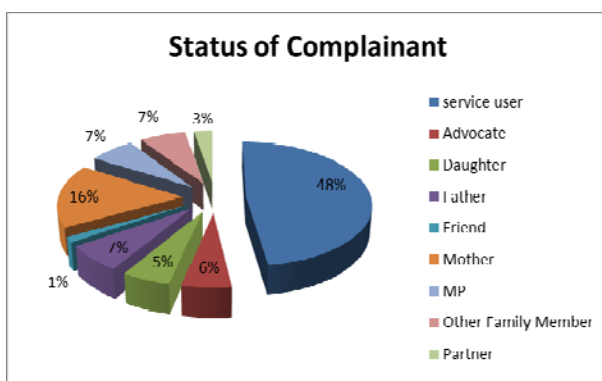
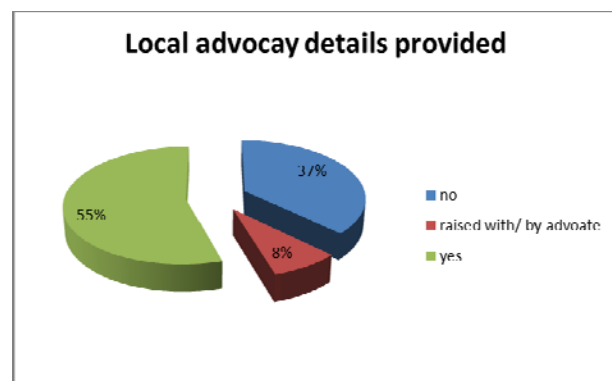
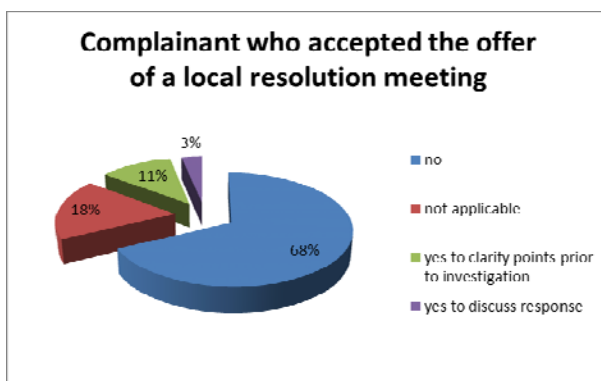


The Trust recognises that it is good practice to offer complainants the opportunity to meet staff to discuss issues. This offer is made early in the process to all complainants, but is particularly encouraged where complaints relate to more serious issues or complex circumstances.

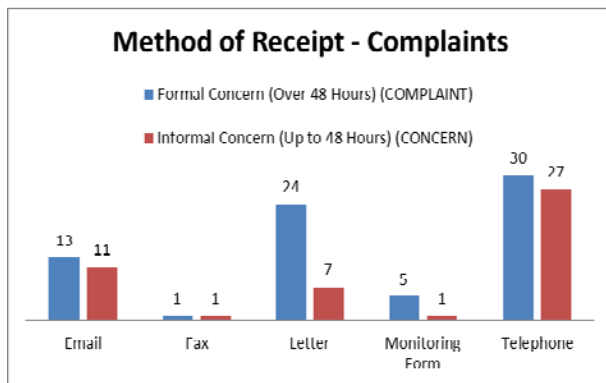
These meetings are ideally attended by both Customer Services and service staff and provide an opportunity for staff to reflect on the experience from the service user's perspective. A small number of complainants take up the offer to meet, with those declining indicating they are satisfied with the contact offered via Customer Services.

In relation to staff satisfaction (evaluated by questionnaire), 5 members of staff offered feedback – which indicated 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. 37% 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, NHS choices, Patient Opinion and focused engagement activity.



RESPONDING IN A TIMELY MANNER

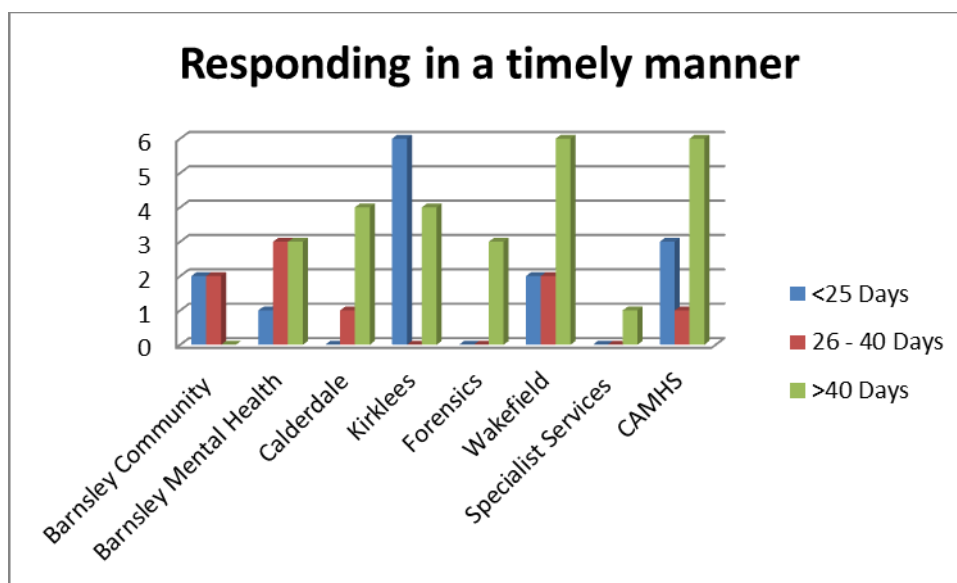
The customer services standard is for complaints to be acknowledged within three days, with a named case worker assigned. Timescales are negotiated on an individual basis, with each complainant offered regular updates on progress until issues are resolved to their satisfaction or a full explanation has 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. 2, 74 complaints were closed. 14 were closed within 25 days, 10 were closed between 25 & 40 days and 27 took longer than 40 days to investigate and offer a response. This was due to delay in investigation at BDU level (allocation of a lead investigator) and the length of time to investigate. General Managers are alerted in such cases.

23 cases could not progress to investigation, due to consent not being given to investigate or no further contact being received despite follow-up.

44 formal complaints remained open at the end of the quarter (14 of which were received prior to Qtr. 2).

The Customer Services Team is now providing both a 'position statement' and 'a lessons learnt' report on a weekly basis to assist BDUs with speedy access to feedback about services, and to support the efficient and effective management of concerns and complaints.



COMPLIMENTS

During Qtr. 2, 163 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.2

Thank you for making my time here a happy one. You have all been very kind and looked after me very well.

Stroke Unit, Barnsley.

Staff were extremely helpful and supportive and I commend you on how approachable staff are and how you managed my care so well.

Calderdale Community Learning Disability Team.

Thank you very much for looking after me whilst I was on the ward and so ill.

Trinity 1, Wakefield.

It is without doubt that your team have always provided me and my family with exceptional care in helping me to overcome the many problems I have experienced in my life. You have helped me gain confidence and encouraged me to give life a go. Always remember, you have made a difference.

CMHT (Dearne) - Barnsley

A big thank you for your help and advice when visiting me at home. It was comforting to also know that you were also at the end of the phone if I needed you.

CMHT - Community Therapies Team (South Kirklees)

Most frequently used words in compliments about Trust services:

Invaluable
you Wonderful
Thank
Excellent Helpful
Special Friendly
Patience
Professionalism
Understanding
Consideration

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 services 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 that information regarding alternative services is provided and the purpose and process of assessments is explained. **(Single Point of Access)**
- Discussions to be held within the team to promote wider learning. **(District Nursing)**
- Staff to ensure that service users are signposted to sources of additional support as appropriate. **(CMHT-OPS)**
- Medication procedures to be reinforced to all staff **(Inpatient –Ward 4)**

Calderdale & Kirklees BDUs

- Staff to ensure policies and procedures to ensure patient confidentiality are followed without exception. **(Inpatient-Elmdale)**
- Staff to ensure that reasons for any delay in access to services are clearly communicated to service users. **(IAPTS)**
- Clinicians to offer service users the opportunity to meet with the clinician individually following a joint appointment. **(Psychological services)**

Wakefield BDU

- Practitioners to ensure that they adhere to principles of good communication and are sensitive to different cultural perceptions of communication. **(Community CMHT)**
- Staff to clearly explain the remit and role of the service. **(Community-Day Treatment)**
- Staff to ensure the assessment process is explained and to check understanding. **(Acute-Crisis Service)**
- Staff to ensure contact details for the support line are provided to service users as appropriate. **(Acute-inpatient)**
- The service to ensure discussions with all parties involved in regards to consent, expectations of involvement and clear agreement in relation to communication. **(Community- CMHT)**
- Service user concerns to be raised anonymously at ward meeting to share lessons learnt. **(Acute, inpatient)**

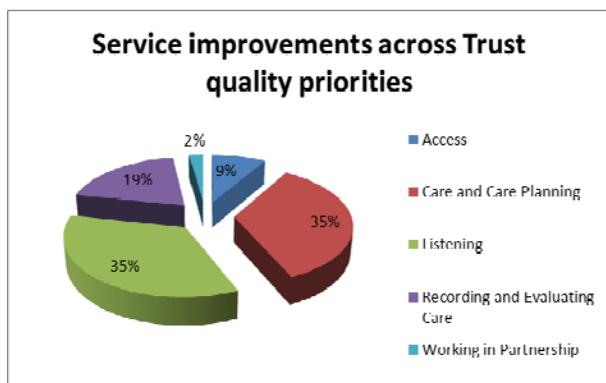
CAMHS services

- To review the pathway of referral to alternative therapies. **(CAMHS, Calderdale)**
- Manager to review notes and recent care completed and to ensure that families know how to contact the team in an urgent/crisis situation. **(CAMHS, Barnsley)**
- Full and clear explanation to be provided in relation to decisions affecting medication. Staff to ensure that children, young people and their families feel involved in their care and treatment and that all urgent calls are returned in a timely manner. **(CAMHS, Kirklees)**
- Full explanation of decisions and signposting to appropriate services **(CAMHS, Barnsley)**

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)**
- Staff to ensure that security and vigilance is increased in light of illicit substances being brought onto the ward. **(Forensics, Hepworth Ward)**

The table below shows improvements made as a result of feedback as mapped against Trust quality priorities:



EXAMPLES OF SERVICE USER AND CARER EXPERIENCE

Lynne raised concerns regarding issues relating to a breach of confidentiality, in which staff shared personal information with her family members without her consent.

As a result of the issues raised the Ward manager has ensured all IG mandatory training is up to date and has reinforced to staff the need to ensure consent to share information is always sought - and that this is frequently checked to ensure no change in position.

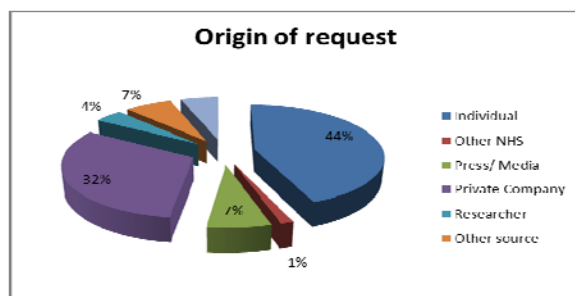
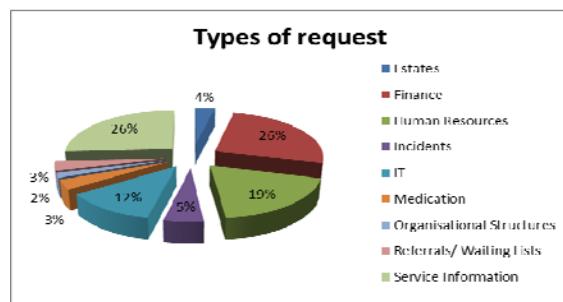
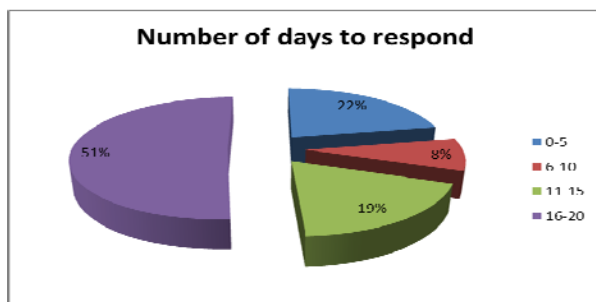
Lynsey was unhappy that her son had not been added to a waiting list for therapy, despite having been assessed and advised that contact would be made. On following up the referral, Lynsey was told her son would be added to the bottom of the list.

Staff met with Lynsey to discuss these concerns, and a sincere apology for the error was provided. Her son, Richard, has also started therapy sessions. Staff have been reminded of the importance to follow up agreed actions to ensure errors are minimised.

FREEDOM OF INFORMATION REQUESTS

73 requests to access information under the Freedom of Information Act were processed in Qtr. 2, an increase on the previous quarter when 65 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. 2, 1 exemption was applied, under section 21, as the information requested was reasonably accessible to the applicant by other means. A further exemption was applied as the information requested was commercial 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 Customer Experience Group has been re-constituted, with a clinical lead as Chair and with a membership which includes trios from each service area, a service user and a carer. The group will support delivery of the nursing strategy action plan which focusses on improving the experience of people who use Trust services.

Weekly reporting to BDU on complaints management continues. This is subject to evaluation and will be refined based on feedback from services. Revised Customer Services quarterly reporting is planned to better support BDUs to access summary information pertinent to their services. Revised reporting will be introduced in Qtr. 3.



With all of us in mind

Trust Board 23 October 2015

Agenda item 9.4(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:	Regular reports previously provided to Trust Board, most recently on 22 nd September 2015
Executive summary:	<p>Following a successful tender bid, Calderdale and Kirklees CAMHS 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 from the Trust and Commissioners about the scale and pace of change, a series of multi-agency 'Summit' meetings have been held throughout this year to jointly oversee the CAMHS improvement within the whole health and social care economy.</p> <p>Commissioners have invested in a Crisis/Home Based Treatment service for children and young people in Calderdale and Kirklees and have acknowledged the improvements in the service that are now being made.</p> <p>This paper provides a progress update following the CAMHS Summit meetings and the report to the Trust Board on 22 September 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 meetings on 16 June and 8 September 2015. The next detailed update to the Committee will be on 3 November 2015.</p>
Recommendation:	Trust Board is asked to NOTE the progress report
Private session:	Not applicable



With all of us in mind

Trust Board 23 October 2015

Child and Adolescent Mental Health Services in Calderdale & Kirklees progress report

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 and a Recovery plan was implemented in February 2014.

In January 2015, the Trust invested in additional CAMHS management capacity 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, with the most recent meeting being the 18th September 2015.

Formal Trust monitoring takes place through the Trust's Clinical Governance and Clinical Safety Committee, which received detailed reports in June and September. A further detailed report will be provided at the Committee's meeting in November. Although originally the Trust's focus and concern was on the CAMHS service in Calderdale & Kirklees, the monitoring report includes the CAMHS services in Barnsley & Wakefield. This enables comparative monitoring and ensures that all Trust provided CAMHS services are kept under scrutiny.

National Context

Mental Health services for children and young people are now an important national priority. As part of the 'Future in Mind' national strategy and new investment in services for children and young people, Transformation Plans are required to be completed by all our Commissioners by mid-October 2015. This work is now fully underway and the plans will be assured in the coming weeks, before the designated funds for each CCG are finally released.

Across the 5 CCGs where the Trust currently provides CAMHS services, c£2.3 million has been identified, prioritising the development of Eating Disorder services, Children & Young People's IAPT services and perinatal mental health. The Trust will work with Commissioners to develop these services.

There is every indication that mental health services for Children and Young People will remain a high profile service nationally.

SWYPFT and CCG Commissioners

Commissioners have been clear that they wish to extend the contract with the Trust for a further year in order to give time for the Trust to continue its work to improve the service and for Commissioners to develop a specification that will more accurately reflect the service needed. Both organisations have agreed to this in principle, although further work remains to develop the new contractual arrangements for 2016/17.

As reported verbally to the Trust Board in September, the Summit meeting of 18th September acknowledged the work that had been done by the Trust and the improvements that had been made in the functioning of the service. It was agreed that a further meeting to consider progress would take place in December, by which time the CCG's Transformation Plans would have been through the assurance process.

The 'Deep Dive' into the CAMHS service proposed by Kirklees Council to the Kirklees Safeguarding Board was discussed at the meeting on 25th September. At the meeting it was agreed that it would be better to conduct such a review – to cover all aspects of CAMHS and not just Tier 3 - in 2016, in order to support the whole systems CAMHS transformation process. The Terms of Reference for such a review would be further developed and SWYPFT would be involved in the process.

Service Development

The post of Director of Forensic and Specialist Services, whose responsibilities will include these CAMHS services, is currently out to advertisement.

Recruitment to the new Crisis Team in Calderdale & Kirklees continues, with the Team Manager, four Mental Health Practitioners and a support worker in post. It is hoped to appoint the consultant for this team before Christmas.

The service is planned to move the main administrative and office base from Broad Street Plaza to Laura Mitchell House in December. Laura Mitchell House is a purpose built Trust building which will provide a much better environment for those children and young people who need CAMHS services.

All the Trust's CAMHS services gathered together on 9th October to share good practice and to develop Trust-wide sharing of expertise in delivering CAMHS services. This was a very positive and worthwhile day, with good feedback received from those CAMHS staff who attended.

A detailed report on service performance in all three CAMHS services will be presented to the November Clinical Governance and Clinical Safety Committee.

Conclusion

















There is still much work that needs to be done to develop and improve the service and to see the impact of that improvement consistently in our metrics. This will require continued sustained focus and drive to ensure that the measures implemented now start to deliver the real changes required in the experience of children, young people and their families in Calderdale & Kirklees.

Independent review of governance arrangements – recommendations

30 July 2015

V4 Trust Board 23 October 2015

 designed
 implemented

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
1	1A	Ensure that the five year plan clearly articulates the strategic priorities for the Trust along with outline goals over the short, medium and longer term.	H	SM/AF	<p>Agreed – articulation of strategic priorities to be clearer in five-year plan with associated goals.</p> <p><u>Timescales</u></p> <ul style="list-style-type: none"> - Review transformation programme Extended EMT August 2015 - Revised structure for EMT meetings to provide focus for transformation - Stocktake of strategic plan and transformation Trust Board September 2015 - EMT time out October 2015 - Trust Board strategy November 2015 and February 2016 - Trust Board in March 2016 sign-off 	<p>Process begun – EMT September 2015</p> <p>Completed – revised structure implemented from August 2015</p> <p>Completed – stocktake presented to Trust Board 22 September 2015</p> <p>EMT time out 15 October 2015</p>								
2	1A	Consider further strengthening the annual planning cycle by providing an opportunity to increase the levels of engagement between the board and senior leaders in order to increase oversight of the key aspects of the BDU plans and to provide a further opportunity for debate.	M	AF	<p>Agreed – annual planning cycle to be reviewed and strengthened to increase engagement.</p> <p><u>Timescales</u></p> <ul style="list-style-type: none"> - Review transformation programme Extended EMT August 2015 - Revised structure for EMT meetings to provide stronger focus on transformation - Stocktake of strategic plan and transformation Trust Board September 2015 	<p>Strategic planning team will support planning events in each BDU for 2016/17.</p> <p>Process begun – EMT September 2015</p> <p>Completed – revised structure implemented from August 2015</p> <p>Completed – stocktake presented to Trust Board 22 September 2015</p>								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales											
							S	O	N	D	J	F	M	A				
					<ul style="list-style-type: none">- Review EMT time out October 2015- Trust Board strategy November 2015 and February 2016- Trust Board in March 2016 sign-off	EMT time out 15 October 2015												
3	1A	Further develop the process for monitoring progress against the strategic plan including strengthening outcome measures and collating progress into a single dashboard which is presented to the strategy board at regular intervals throughout the year.	H	AF	Agreed <ul style="list-style-type: none">- How – September 2015 Trust Board through stocktake of strategic plan and transformation- What – November 2015 strategy Trust Board.- Close links with new Non-Executive Directors ('fresh pair of eyes') and utilising skills and experience.	Examples of best practice to be reviewed. Stocktake of 2015/16 plan at Trust Board January 2016. Agree format for review of plan for 2016/17 in March/April 2016.												
4	1A	Strengthen the processes for the dissemination and monitoring of the strategy both to ensure that there is greater awareness of the key objectives for the Trust, as well as increased engagement in this process. This should include: <ul style="list-style-type: none">• Localised activities, such as the BDU leadership undertaking engagement events in their service areas;• greater dissemination of the message to staff using a varied of media sources; and• alignment of BDU, service and individual objectives with the strategic intentions.	H	BDU Dirs KH/AGD EMT	Agreed. <ul style="list-style-type: none">- Review transformation programme Extended EMT August 2015.- Revised EMT focus and strengthened communications and engagement with report into Trust Board September 2015.- Link to staff wellbeing survey to agree metrics to review.- EMT time out October 2015. Implementation December 2015 with review of progress in February 2016.	Stocktake of transformation programme, and strengthened communications and engagement at EMT and Trust Board September 2015.												

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
5	1B	As part of the planned review of the AF, the Trust should amend this to more clearly align to the strategic objectives; to align risks to Board Committees as well as an ED; and for the format to be in line with best practice taking into account the points outlined in 1B.	H	DS	Agreed. Revised version of assurance framework to Trust Board October 2015 (with quarterly reporting from December 2015 – see below).	Examples of best practice reviewed and assurance framework revised for presentation to October 2015 Trust Board.								
6	1B	The Trust needs to be clear how assurance over the delivery of the Transformation programme will be undertaken, especially given the risks to the Trust in this area. In particular, the Trust should consider: <ul style="list-style-type: none">implementing a Transformation forum or a Finance Committee (which could also amalgamate the work of the IM&T and Estates forums); andstrengthening the content of reports presented to the Board.	H	AF/ workstre am leads	Trust Board has considered establishment of a finance Committee on a number of occasions (most recently at the Deloitte feedback workshop on 21 July 2015) and agreed that the Trust’s financial position is a matter for Trust Board and should receive full Trust Board attention (see also recommendation 7). Reporting of transformation will be strengthened from September 2015. <ul style="list-style-type: none">Re-alignment of EMT meetings from August 2015 to provide stronger scrutiny of transformation progress.Discussion at Extended EMT regarding clarity of visions and governance for transformation August 2015.Reviewed also at EMT to inform report to Trust Board in September 2015.Ongoing quarterly reporting to Trust Board (at business and risk meetings) with exception and risk reporting as required.	Completed – revised structure implemented from August 2015 Process begun – EMT September 2015 and EMT time out 15 October 2015 Completed – stocktake presented to Trust Board 22 September 2015 Project Management Office developing highlight report for transformation programme. Review of governance arrangements and reporting at different levels								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
						moving from planning to implementation.								
7	2A	Revisit the name and content of the business and risk board and the public board to clarify the distinction and to set agendas in the context of the key risks facing the Trust. Retain a separate focus on strategy through the strategic board.	M	IB	<p>Agreed – establish clearer distinction between business and risk, and ‘public’ Trust Board meetings. Attendance at Trust Board reviewed and agreed by Chair and Chief Executive from September 2015.</p> <p>Formal terms of reference to be established for Trust Board in support.</p> <p>Implementation of revised Trust Board quarterly meeting cycle from October 2015 with paper to September 2015 Trust Board and Audit Committee October 2015.</p> <ul style="list-style-type: none"> - Month 1 business and risk – purpose to ensure strategy and, in particular, transformation, feature more prominently, including the Trust’s plans for investment, to provide a link to the Trust’s financial position and sustainability (i.e. change job). Will include quarterly reporting to Monitor. - Month 2 maintain strategic sessions as protected time. - Month 3 performance and monitoring – focus on delivery, finance and performance (i.e. the day job), including the assurance framework and risk register, compliance and regulation. 	<p>Review of quarterly cycle of Trust Board meetings:</p> <ul style="list-style-type: none"> - Business and risk - Strategy - Performance and monitoring <p>Attendance at Trust Board reviewed and agreed.</p>								
8	2B	Implement a range of engagement mechanisms to supplement the Trust newsletter. Consider especially how any additional	M	KH/AGD	<p>Agreed – commission full review of all internal communication approaches, including newsletter, intranet, social media and other digital approaches.</p> <ul style="list-style-type: none"> - Initial presentation to EMT August 	<ul style="list-style-type: none"> - Implementation of staff engagement strategy - Review of marketing, communications and engagement function and channels 								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
		communications can be meaningful to staff in diverse roles and locations.			2015 with view to agree a definitive approach. - Include in presentation to Trust Board in September 2015 with implementation by December 2015.	- Clinical advisory role established - Develop new approach to how the Trust engages with people using digital technology - Revisit transformation programme visions, and communications and engagement plans - Survey of staff for views on communication and engagement with outcome reported to EMT September 2015 - Paper presented to Trust Board in September setting out plans for a refocused marketing, communications and engagement function								
9	3A	Update Committee terms of reference to clarify their expected interaction with other groups and forums and to incorporate the additional aspects of good practice.	L	DS	Agreed – to be included in Committee annual reports February 2016									
10	3A	Consider further enhancing the Committee reporting to the Board through the use of a standard format for the Chair's action log. Revisit the frequency of Committee reporting to the Board, ensuring that there is a clear process to escalate issues as required, and ensure that Board forums are included within this process also.	M	DS	Agreed – Committee minutes to be presented to the most appropriate and timely Trust Board meeting (business and risk or performance and monitoring). From October 2015.	Completed – Committee minutes taken at each Board meeting as appropriate.								
11	3A	Clearly define the required reporting and escalation arrangements from TAGs	M	EMT	Agreed. - Scope TAG reporting and report to EMT in September 2015	TAGs mapped as part of description of Trust governance arrangements for Care Quality Commission inspection								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
		which outlines when (and to where) TAGs should report along with the frequency and nature of reports required.			(performance, delivery and assurance), with clear links to Trust Board Committees and sub-committees in terms of assurance. - Update to Trust Board in October 2015.	visit. To be reviewed at EMT November 2015 and reporting clarified.								
12	3B	Further refine the content and purpose of BDU performance meetings by improving the structure of items to be considered across all BDUs and through the inclusion of a specific focus on the development of and progress against strategic objectives.	M	BDU Dirs	Agreed – clarify arrangements at EMT September/October 2015. Extend to include BDU governance meetings and transformation boards.									
13	3B	Clarify the role and purpose of ORG. Consider amending its remit to include a focus on broader performance issues on an exceptions basis where it impacts on operational delivery.	M	SM	Agreed. - Purpose for ORG reviewed early August 2015. - Clarity to be confirmed in development of ToR for ORG and EMT October/November 2015.	Purpose of operational requirement group clarified by Chief Executive August 2015.								
14	3B	Introduce an Assurance and Escalation Framework that clearly describes when and how key issues and risks should be escalated.	M	DS	Agreed.	Examples of best practice to be reviewed.								
15	4A	The IPR should be updated to include: • an executive summary in order to highlight key exceptions and outline actions in place to improve performance in these areas; • greater use of graphical analysis to present data	M	AF	Agreed. Recommendations 3 and 12 inform 15 and 16. Longer timescales to allow for development of reporting and to ensure involvement of NEDs, particularly new appointments.	Examples of best practice to be reviewed. Presentation and engagement to Extended EMT September 2015. Working group established to look at performance reporting at Trust Board (with Non-Executive Director involvement), BDU and team level.								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
		in order to aid interpretation and understanding; and <ul style="list-style-type: none"> a more rounded overview of performance at BDU level against key metrics covering all aspects of the business (to include quality, performance, finance and workforce). 												
16	4A	The Board would benefit from the inclusion of clear alignment between the metrics included in the Strategic Overview Dashboard and the key strategic priorities. This should be accompanied by the inclusion of locally determined metrics aligned to the priorities.	M	AF	Agreed. Recommendations 3 and 12 inform 15 and 16.	To be included in work to address recommendation 15.								
17	4A	Review the aspects of the finance report which are currently received by the Board in private with a view to merging non-commercially sensitive elements into the main IPR finance report received in public.	M	AF	Agreed. Finance report to be discussed at agenda setting and challenged at callover, supported by review at end of each Board meeting. From September 2015.	Will be reviewed and discussed at agenda setting and callover for Trust Board with Chair and Chief Executive to ensure appropriate items are reported in public and private.								
18	4A	Introduce a more granular BDU level view of quality performance as part of the quality metrics received by the CG&CS Committee. This could take the form of a heat map or performance wall.	M	TB/AF	Agreed.	To be included in the scope of work address recommendation 15. Examples of best practice to be reviewed.								

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	Timescales							
							S	O	N	D	J	F	M	A
19	4B	Introduce routine assurance reporting on data quality with clear alignment to a Board Committee. This should include periodic updates on progress in delivering the data quality action plans.	M	TB/AF	Agreed. Routine reporting for assurance on process to Audit Committee. Routine reporting for clinical assurance to Clinical Governance and Clinical Safety Committee. Continued reporting in terms of IM&T Strategy at IM&T Forum. From October 2015.	Report to Audit Committee October 2015 with ongoing reporting as appropriate. Standing item on the agenda for the Clinical Governance and Clinical Safety Committee.								
20	4B	Introduce data quality kite marks to Board performance reporting to enabling BMs to have a clear line of sight of the underlying data quality in each of the indicators being presented.	M	AF	Agreed.	To be included in the scope of work address recommendation 15. Examples of best practice to be reviewed.								

Trust Board 23 October 2015

Agenda item 10

Title:	Board self-certification and assessment of operational, clinical and quality risks (Monitor Quarter 2 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 2 assessment</u></p> <p>Based on the evidence and assurance received by Trust Board through performance 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</p>

currently the same as that used since quarter 3 of 2013/14, of executive team 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 October, the attached report is a first draft of the exception report to be submitted to Monitor in respect of Quarter 2.

Foundation Trust sector comparison

At the year-end, there were 152 Foundation Trusts authorised by Monitor. Of these, two are newly authorised and do not have a risk rating (including Bradford District Care).

Monitor has published the Quarter 1 Performance Report for 2015/16 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 amounts to £445 million, which is £90 million worse than planned (and is more than the final 2014/15 position). The forecast deficit is £1.01 billion, which is £80 million worse than planned. The most challenged Trusts financially (47 trusts) are subject to a review of their plans.
- Of 152 foundation trusts, 118 reported a deficit (77 in 2014/15), which includes 25 mental health trusts (up from 14).
- Issues remain as pay expenditure pressures and delivery of cost improvement programmes.
- The current financial performance is a reflection of the sustained financial pressure on the sector and a tough operating environment faced by the NHS.

All Foundation Trusts

		Governance rating			
		No evident concerns	Issues identified	Enforcement action	Total
Continuity	4	65	4	3	72
	3	23	12	7	42
	2	3	4	10	17
	1	2	0	17	19
	Total	93	20	37	150

Mental Health Trusts

		Governance rating			
		No evident concerns	Issues identified	Enforcement action	Total
Continuity	4	29	0	1	30
	3	5	4	1	10
	2	1	1	1	3
	1	0	0	0	0
	Total	35	5	3	43

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



With all of us in mind

Trust Board self-certification - Monitor Quarter 2 return 2015/16 **Trust Board 23 October 2015**

Compliance with the Trust's Licence

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

Trust Board

The Trust continues the interim operational support at Director level to cover the child and adolescent mental health services (CAMHS) and the forensic services portfolio. The appointment has been extended to allow for a recruitment process to appoint a substantive operational director to cover CAMHS, specialist services and forensic services. 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.

Monitor well-led framework for governance reviews

The Chair of the Trust wrote to Monitor on 3 September 2015 with the outcome of the independent review of its governance arrangements against Monitor's well-led framework from Deloitte, which was completed in July 2015. The independent reviewer, Deloitte, found that there are no 'material governance concerns' arising from the review with two green and eight amber/green ratings.

Members' Council

No change from quarter 1 report.

Care Quality Commission (CQC)

- The Trust has been informed that the CQC will carry out an inspection of its services starting on 7 March 2015. In the meantime, the Trust has been asked to provide some background information to support the inspection, which was sent to the CQC by the required date of 21 October 2015.
- 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.
- There were seven CQC Mental Health Act visit in Q2 to Fox View, Dewsbury (Kirklees), Ashdale, The Dales (Calderdale), Horizon Centre, Fieldhead (Wakefield), Priory 2, Fieldhead (Wakefield), Melton Suite, Kendray (Barnsley), Ward 19 Dewsbury (Kirklees) and Trinity 2, Fieldhead (Wakefield).
- Within the quarter, five Mental Health Act monitoring summary reports have been received relating to visits made to Trinity 2, Fieldhead (Wakefield), Ward 19 Dewsbury (Kirklees), Melton Suite, Kendray (Barnsley), Priory 2, Fieldhead (Wakefield) and Horizon Centre, Fieldhead (Wakefield).
- 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:
 - matters relating to the environment;

- issues with recording and, in particular, the recording of capacity and consent.

Absent without Leave (AWOL)

There were no CQC reportable cases during Q2.

Eliminating Mixed Sex Accommodation (EMSA)

- There have been no reported breaches in Q2.

Infection prevention and control

- Barnsley BDU has been set a locally agreed C difficile Toxin Positive Target of six. In Q2, there have been three cases of C difficile in Barnsley.
- There have been no MRSA bacteraemia cases reported in the Trust during Q2.
- In Q2, there was an outbreak of Norovirus on Ward 19, Dewsbury, affecting 20 service users and thirteen staff. The ward was closed for nine days.
- There has also been a water hygiene issue at Mount Vernon Hospital, Barnsley. Control measures are in place and both remedial and longer-term action plans developed and implemented.

Information Governance

During quarter 2, one new incident was reported that met the threshold for external reporting to the Information Commissioner's Office under new reporting requirements. This related to a serious IT virus affecting the Trust's network on 27 August 2015. The virus resulted in all of the Trust's systems being shut down across all locations. The Trust worked with its IT service provider, Phoenix, and McAfee (virus protection provider) to rectify the problem and business continuity plans were implemented. Although staff were unable to use electronic systems, there was no reported impact on the service the Trust provides to its service users/patients. The Trust instigated an investigation into the incident and its own response and a number of areas from which the Trust can learn have been identified.

Safeguarding Children

In Q2, there 51 recorded incidents directly relating to issues of child protection; however, 48 were graded as green where staff had identified concerns during assessments, home visits or intervention. All the incidents were reviewed by the Named Nurses and were assessed to have been appropriately reported and managed.

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 Q2 there have been 23 SIs reported to the Commissioners (one in Barnsley (mental health), one in Barnsley (general community services), two in Calderdale, eight in Kirklees, eight in Wakefield, two in specialist services (one child and adolescent mental health services and one in learning disability services) and one in corporate support services.
- 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.

Duty of Candour (Q1 2015/16 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 = 45 (2014/15 Q1 – 35, Q2 – 38, Q3 – 31, Q4 – 30)
- Number reported on STEIS as SIs = 11 (2014/15 Q1 – 24, Q2 – 23, Q3 – 28, Q4 – 16)
- Other (all moderate) = 34 (2014/15 Q1 – 11, Q2 – 15, Q3 – 3, Q4 – 14)

Customer Services

- The Trust received a total of 72 formal complaints in quarter 2. The breakdown is as follows:
 - Barnsley – 18;
 - Calderdale – 8;
 - Kirklees – 12;
 - Wakefield – 14;
 - Specialist services – 16;
 - Forensic – 4.
- The number of complaints relating to child and adolescent mental health services decreased from 22 in the previous quarter to twelve. Most related to access and wait time in Calderdale and Kirklees services.
- Weekly reports are issued to BDUs with information on complaints received, trends and themes.
- Across all complaints, communications was identified as the most frequently raised negative issue (23), followed by access to treatment and drugs (20), values and behaviours (nineteen), clinical treatment (twelve), appointments (ten) and admission and discharge (nine). Most complaints contained a number of themes.
- During Q2, seven complainants asked the Parliamentary and Health Service Ombudsman (PHSP) to review their complaint (one in Barnsley community mental health services, one in Calderdale substance misuse services, one in Kirklees adult mental health services, two in Wakefield adult mental health services, one in child and adolescent mental health services in Calderdale and Kirklees, and one external Trust-wide). 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 two cases (one in forensics (medium secure) and one in Wakefield older people's services, which had been subject to review. Neither case was upheld and both are now closed with no further action required by the Trust. The Trust is still waiting for decisions on four cases previously referred; however, it can take a number of months before the Ombudsman is in a position to advise the Trust on its decisions.

Third party reports

Three internal audit reports were received from 2014/15 internal audit programme:

- leadership development, which received significant assurance with minor improvement opportunities;

- patients' property, which received partial assurance with improvements required;
- transformation, which received significant assurance with minor improvement opportunities.

The Trust's Audit Committee continues to closely monitor the Trust's action plan in relation to patients' property.

From the 2015/16 internal audit programme, two reports have been received:

- asset safeguarding and existence, which received significant assurance with minor improvement opportunities;
- performance indicator, which received significant assurance with minor improvement opportunities.

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.

Service issues

Child and adolescents mental health services (CAMHS)

- Mental health services for children and young people are now an important national priority. As part of the 'Future in Mind' national strategy and new investment in services for children and young people, transformation plans are required from commissioners by mid-October 2015. This work is now underway and the plans will be reviewed before the designated funds for each clinical commissioning group are finally released.
- Across the five CCGs, where the Trust currently provides CAMHS, c£2.3 million has been identified, prioritising the development of eating disorder services, child and young people's IAPT services and perinatal mental health. The Trust will work with Commissioners to develop these services.
- Commissioners are clear that they wish to extend the contract with the Trust for a further year in order to give the Trust time to continue its work to improve the service and for commissioners to develop a specification that will more accurately reflect the service needed. This has been agreed in principle although further work remains to develop the new contractual arrangements for 2016/17.
- The summit meeting on 18 September 2015 acknowledged the work that has been done by the Trust and the improvements that have been made in the functioning of the service. It was agreed that a further meeting to consider progress would take place in December 2015 by which time commissioners' Transformation Plans will have been through the assurance process.
- A 'deep dive' into the CAMHS proposed by Kirklees Council to the Kirklees Safeguarding Board was discussed at the meeting of the Safeguarding Board on 25 September 2015. It was agreed that it would be better to conduct such a review (to cover all aspects of CAMHS and not just Tier 3) in 2016 to support the whole systems CAMHS transformation process. The Terms of Reference for such a review would be further developed and the Trust will be involved in the process.
- The post of Director of Forensic and Specialist Services, whose responsibilities will include CAMHS, is currently out to advertisement and recruitment to the new crisis team in Calderdale and Kirklees continues.
- Trust Board and its Clinical Governance and Clinical Safety Committee continue to monitor progress on a monthly basis.

Horizon

An external review of the Horizon Centre was commissioned as a response to external (commissioner) and internal concerns regarding service issues in the unit. An action plan was developed following receipt of the report and this was received by the Clinical Governance and Clinical Safety Committee in September 2015. The Committee will continue to monitor implementation of the action plan with the next review at its meeting in November 2015.

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