Members' Council
Friday 6 November 2015
13:00 with lunch available from 12:30
Large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP

Agenda

Item	Time	Subject Matter	Presented by	Action	
1.	13:00	Welcome, introductions and apologies	Ian Black, Chair	**Verbal**	To receive
2.		Declaration of Interests	Ian Black, Chair	**Verbal**	To receive
3.		Minutes of the previous meeting held on 24 July 2015	Ian Black, Chair	**Paper**	To agree
		Notes of development session held on 13 October 2015	Ian Black, Chair	**Paper**	To receive
4.	13:10	Chair's report and feedback from Trust Board	Ian Black, Chair	**Verbal**	To receive
		Chief Executive's comments	Steven Michael, Chief Executive		
5.	13:30	Independent review of Trust governance arrangements	Ian Black, Chair	**Paper**	To receive
6.	13:40	Holding Non-Executive Directors to account	Discussion item	**Paper/ discussion**	Discussion item
7.		Implementing Trust plans	James Drury, Deputy Director, Strategic Planning	**Presentation**	To receive
	15:00	7.1 Review of Trust five-year plan			
	15:10	7.2 Service transformation	Steven Michael, Chief Executive	**Presentation**	To receive
8.	15:30	Performance report Quarter 2 2015/16. The full performance report for month 6 2015/16 is enclosed with these papers and can also be found on the Trust's website at	Steven Michael, Chief Executive	**Paper/ presentation**	To receive

Item	Time	Subject Matter	Presented by		Action
		http://www.southwestyorkshire.nhs.uk/wp-content/uploads/2012/06/Month-6-2015-2016.pdf. There will be a presentation of the key issues at the meeting			
9.	15:45	Care Quality Commission – preparing for our inspection	Steven Michael, Chief Executive	**Paper/ presentation**	To receive
10.		<u>Date of next meeting</u>	Ian Black, Chair	**Verbal**	

Wednesday 3 February 2016
Afternoon meeting followed by the joint meeting with Trust Board
Large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP

<u>Dates 2016</u>
Friday 6 May 2016
Morning meeting
Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER

Friday 22 July 2016
Morning meeting
Legends Suite, Oakwell Stadium, Barnsley FC, Grove Street, Barnsley, S71 1ET

Wednesday 26 October 2016
Afternoon meeting
Conference room 1, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF

16:00   *Close*

Minutes of the Members' Council meeting held on 24 July 2015

Present:	Ian Black	Chair of the Trust
	Stephen Baines	Appointed – Calderdale Council
	Garry Brownbridge	Staff – Psychological Therapies
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Nasim Hasnie	Public – Kirklees
	John Haworth	Staff – Non-clinical support
	Andrew Hill	Public – Barnsley
	Chris Hollins	Public – Wakefield
	Susan Kirby	Public – Kirklees
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Bob Mortimer	Public – Kirklees
	Daniel Redmond	Public – Calderdale
	Michael Smith	Public – Calderdale (Lead Governor)
	Peter Walker	Public – Wakefield
	Tony Wilkinson	Public – Calderdale
In attendance:	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Laurence Campbell	Non-Executive Director
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Rachel Court	Non-Executive Director (designate)
	Alan Davis	Director of Human Resources and Workforce Development
	Charlotte Dyson	Non-Executive Director
	Alex Farrell	Deputy Chief Executive/Director of Finance
	Julie Fox	Non-Executive Director
	Paul Hewitson	Director, Deloitte (from item 7)
	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Diane Smith	Director of Health Intelligence and Innovation
	Dawn Stephenson	Director of Corporate Development
	Danni Sweeney	Senior Associate, Deloitte (observer as part of well-led governance review)
	Karen Taylor	District Service Director, Calderdale, Kirklees and Specialist Services
	Paul Thomson	Partner, Deloitte (from item 7)
	Helen Wollaston	Deputy Chair
Apologies:	Marios Adamou	Staff – Medicine and pharmacy
	Michelle Collins	Appointed – Wakefield Council
	Adrian Deakin	Staff – Nursing
	Emma Dures	Appointed – Barnsley Council
	Michael Fenton	Public – Kirklees
	Claire Girvan	Staff – Allied Health Professionals
	Manvir Manku	Appointed – staff side organisations
	Margaret Morgan	Appointed – Barnsley Council
	Cath O'Halloran	Appointed – University of Huddersfield
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust
	Hazel Walker	Public – Wakefield
	David Woodhead	Public - Kirklees

MC/15/20 Welcome, introduction and apologies (agenda item 1)

Ian Black, Chair of the Trust, welcomed everyone to the meeting. He began by reminding the Members' Council that Helen Wollaston, Deputy Chair, will leave the Trust on 31 July 2015. He commented that this will be a loss for the Trust. Helen's skills, experience and

approach helped the Trust enormously and he has welcomed her support and wise counsel over the past six years. On behalf of the Members' Council, Michael Smith presented a gift to Helen and commented that she has been an asset to the Trust since her appointment and her support for governors has been much appreciated. She will be hugely missed. Helen Wollaston responded that she had really enjoyed her time with the Trust, which has come on leaps and bounds since she was appointed. She wished the Trust every success in the future.

Ian Black went on to welcome Susan Kirby, attending her first meeting as a governor for Kirklees, and Charlotte Dyson and Rachel Court, two newly appointed Non-Executive Directors from 1 May and 1 October 2015 respectively. Chris Jones will also be joining the Trust as a Non-Executive Director with effect from 1 August 2015 but was unable to attend this meeting.

MC/15/21   Declaration of interests (agenda item 2)
There were no further declarations over and above those already made by governors.

MC/15/22   Minutes of the previous meeting held on 29 April 2015 (agenda item 3)
The Members' Council APPROVED the minutes from the meeting held on 29 April 2015. There were no matters arising. In terms of the action points, Vanguard bids would be included in the Chief Executive's remarks and the well-led review was on this meeting's agenda. The Trust's visits programme is currently being developed for 2015/16 and governors were asked to express an interest if they would like to be involved.

MC/15/23   Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)
Ian Black began his remarks by commenting that his personal objectives for the coming year include celebrating success, marketing the Trust and participating in national debates. To support this, he stood for election to the Board of NHS Providers and was successfully elected. The Chief Executive is also Chair of the Mental Health Network (NHS Confederation) and Trustee of the NHS Confederation and this Trust is the only Trust in the country to be represented on both organisations' Boards. He went on to make the following points.

➢ The Trust held its Values into Excellence staff awards event on 30 June 2015. Bob Mortimer and Jules Preston were involved in the judging this year and he formally thanked both for their support. The overall winner was the Calderdale Assertive Outreach Team with special recognition for the healthcare records team at Folly Hall in Kirklees and the Physical Activity Development Team, football volunteers, in Barnsley.
➢ In April 2016, a new approach to nurse accreditation will be introduced. There are 1,462 nurses within the Trust as well as agency and bank staff, making this a significant development for the Trust. The matter was discussed at Trust Board on 21 July 2015. Guidance is expected in September 2015 and he will come back to the Members' Council post-implementation to advise on progress. This will remain a risk given the short timescales involved.

Steven Michael began his remarks by commenting that the new majority Conservative Government, although a surprise, brings a sense of continuity with the same Secretary of State. The commitment to £8 billion investment in return for £22 billion in savings remains. The Five-Year Forward View from Simon Stephens, Chief Executive of NHS England,

outlines the changes expected. The challenge for the Trust is to make the right response, both as a Trust and as part of the wider health and social care economy, and there are two key areas informing the Trust's approach.

1. The Trust's <u>transformation programme</u> has four strands:
   - mental health;
   - general community;
   - learning disability services; and
   - forensic services.

   This is a very complex and challenging environment and there is detailed work within services to come to an agreed view of:
   - the vision for services;
   - key changes and how the Trust articulates these, particularly to service users, stakeholders and commissioners;
   - the impact for service users and the quality and efficiency of services;
   - understanding when the changes will take place;
   - who needs to own, support and deliver the changes.

   He suggested a presentation to the Members' Council at the next meeting in November 2015.

2. The Trust is involved in a number of Vanguard bids, which are pilots for the New Care Models Programme, one of the first steps towards delivering the NHS Five Year Forward View, supporting improvement and integration of services. The Trust is involved in three existing Vanguard pilots:
   - Calderdale upper valley work to develop multi-speciality community provider arrangements involving primary care;
   - west Wakefield work to develop multi-speciality community provider arrangements to support transformation (which has been awarded £14 million over four years); and
   - Wakefield focussing on care homes.

   The Trust is involved in three out of 29 pilots so has a real opportunity to influence models of care.

   The Trust is also involved in the West Yorkshire acute and emergency care network, which has submitted a pilot bid to support people in crisis. It was recently announced that it is one of eight national pilots, which is positive for mental health services in this area.

Steven Michael went on to comment on the following.

➢ The partnership with Locala, as lead provider, to tender for services in Kirklees under Care Closer to Home was successful. The knowledge and experience of community working in Barnsley was invaluable in the Trust's role and partnership in the bid.

➢ Commissioners are supportive of funding additional elements of child and adolescent mental health services in Calderdale and Kirklees. They have agreed that the Trust can use the 1% demographic uplift to fund a crisis service. Data collection and recording is much improved and the Trust understands the scale of the challenge. In terms of Autistic Spectrum Disorder (ASD), the Trust provides a very specific part of CAMHS Tier 3 provision and is working with commissioners to develop new parts of the service. His programme of discussion and liaison with MPs has included discussion on CAMHS.

Bob Mortimer asked if the Trust has priorities it has to deliver. Steven Michael responded that it does and these include two areas raised today – transformation and CAMHS. Mental health has to remain a priority on the Government's agenda and needs champions and advocates. Ian Black added that the overarching challenge this year is to deliver transformation whilst continuing to provide safe and effective services (the 'day job').

Tony Wilkinson asked whether the Vanguard pilots would help in terms of the Trust's sustainability. Steven Michael responded that the position remains uncertain. Vanguards will begin to create opportunities to explore new forms of organisation and new models of integrated care. Being involved allows the Trust to influence and ensure its services remain at the forefront.

Tony Wilkinson also commented on the Trust's position on CAMHS in Calderdale and Steven Michael responded that it is important that the Trust keeps the dialogue going. A clearer communications plan across agencies is needed. Nasim Hasnie commented on press reporting with reference to the lack of funding from two commissioners in Kirklees. Ian Black responded that, although the article had no factual inaccuracies, the Trust would have liked more balanced reporting in the Huddersfield Examiner article, particularly about the additional investment of both the Trust and commissioners, and that the Trust provides an excellent service in Wakefield. The Trust needs to communicate more in relation to what it is doing to resolve and address issues and challenges than about the issues and challenges per se. Chris Hollins commented that there had been an excellent report at Trust Board in relation to CAMHS and a robust discussion as a result. He suggested that this report should come to the Members' Council supported by a detailed discussion. Ian Black responded that he had taken a deliberate decision to discuss CAMHS in the public part of the Trust Board meeting and the minutes are available on the Trust's website; however, he agreed that all governors should be at the same level of knowledge. Steven Michael suggested including CAMHS in the detailed presentation on transformation at the November 2015 meeting involving the CAMHS team. It was also confirmed that CAMHS remains on the Trust's organisational risk register.

MC/15/24   Independent review of the Trust's governance arrangements (agenda item 5)

Ian Black began his update by commenting that the Trust is in the lowest risk group for both Monitor and the Care Quality Commission (CQC); however, one outcome is that the Trust's CQC inspection will not be until early next year at the earliest and the Trust is planning for quarter 1 of 2016/17. Foundation trusts are required to undertake a well-led review of governance arrangements once every three years and the Trust decided to undertake its review early taking a developmental approach to current arrangements. A number of governors took part in the review. Deloitte provided feedback to Trust Board on 21 July 2015 and Deloitte's view was similar to that of the Trust Board self-assessment. A workshop will be held with Deloitte for Trust Board and the Members' Council on 21 September 2015 and it is important that governors are involved as the Members' Council is a key part of the Trust's governance arrangements. There will also be full feedback to the Members' Council at the November 2015 meeting.

Steven Michael commented that the review very much saw the Trust as a values-based organisation with a clear sense of mission with consistent feedback that staff understand the values of the organisation and what this means to them.

MC/15/25   Trust charitable funds (agenda item 6)

Julie Fox gave a short presentation on the Trust's charitable funds.

MC/15/26   Trust annual report and accounts 2014/15 (agenda item 7)

Laurence Campbell, Chair of the Audit Committee, briefly introduced this item and outlined the process undertaken and the outcome. Paul Thomson thanked the Members' Council for

inviting Deloitte to attend the meeting and took governors through the scope of the audit, which takes a risk-based approach with a focus on areas of judgement as opposed to fact.

At the year-end, the Trust reported:
- a surplus for the year of £1.3 million;
- an actual EBITDA margin of 5.9%;
- achievement of the cost improvement programme of £12.4 million;
- a year-end financial risk rating of 4; and
- a cash position of £32.6 million.

The audit found that:
- the working papers produced to support the accounts were of a very high standard;
- a small number of uncorrected misstatements were detected; however, these were not material;
- the review of the Trust's Annual Governance Statement identified no significant issues;
- the Trust provided a complete draft of the strategic report, which required minimal adjustment from the draft version;
- Deloitte did not identify any significant deficiencies in financial reporting systems; and
- four recommendations were made during the audit and management has responded with an appropriate action plan.

Tony Wilkinson commented that the figures depend on the Trust's opinion. Paul Thomson responded that as auditor Deloitte looks for consistent assumptions, prudence or aggressive treatment and whether it can be confident this is fair and balanced. Overall, the Trust is fair and balanced with a slight bias towards prudence. Laurence Campbell added that the Audit Committee's view is that the Trust presents a very balanced position with a push towards prudency but not materially.

The Members' Council AGREED to receive the annual report and accounts.

MC/15/27 Trust Quality Accounts 2014/15 (agenda item 8)
Paul Hewitson from Deloitte outlined the scope of the audit work for the Trust's Quality Accounts. In terms of content and consistency, it was found that the Quality Accounts met regulatory requirements. In relation to the testing of three performance indicators, two of which were mandated and one of which was selected by the Members' Council, three recommendations were made to which management has responded with an appropriate action plan. This will be monitored through the Clinical Governance and Clinical Safety Committee and considered by the Members' Council Quality Group when it considers the report for 2015/16.

Paul Hewitson commented how encouraging it was to work with an organisation that is happy to consider changes when highlighted. This does not always happen in other Trusts.

Daniel Redmond asked how long Deloitte had worked with the Trust. It was confirmed that Deloitte was at the end of its fifth year of working with the Trust. He also asked if there are seasonal variations in the acuity of service users. Tim Breedon responded that the Trust does have variations in demand between different services and between different parts of the same service and he offered to discuss this with Daniel outside of the meeting.

The Members' Council AGREED to receive the Quality Report and the report from Deloitte on the external review of the Trust's Quality Report for 2014/15.

MC/15/28   Performance report Quarter 1 2015/16 (agenda item 9)

Alex Farrell took the Members' Council through the key highlights from the quarter 1 report and the performance dashboard. The full report can be found on the Trust's website.

Steven Michael commented on two worrying trends in terms of service users on care programme approach helped to enter into employment and settled accommodation. Given the Trust's mission to enable people to reach their potential and live well in their community, these are two areas where the Trust should be making more impact. A bigger response is needed from the Trust as an organisation and from other agencies.

MC/15/29   Quality and safety (agenda item 10)

Safer staffing (agenda item 10.1)

Tim Breedon explained the background to the report to the Members' Council. In the Government's response to the Francis Report, Hard Truths published in 2014, Trusts are required to ensure that robust systems and processes are in place to assure themselves that the nursing staffing capacity in their organisation is sufficient to deliver safe and effective care. There is a requirement for Trust Boards to publish safer staffing data on a monthly basis. The Trust has responded positively to the requirements and has developed a decision support tool, which established staffing levels based on the e-rostering system of optimal staffing numbers against minimum numbers. The Trust has consistently had fill rates over 100% since reporting began in May 2014. Monthly exception reporting will continue and a proposal to develop a more flexible and responsive peripatetic workforce is currently under consideration.

The following points were raised during the discussion.

➢ Susan Kirby asked whether the Trust could start to audit community services in the same way. Tim Breedon responded that the Trust intends to look at using the methodology to cover community services but it is a complex position. The Trust Board Clinical Governance and Clinical Safety Committee has asked for arrangements to be in place by the end of the year.

➢ Ian Black commented that the position presented is a good one; however, nurse re-validation may impact on the position and the Trust will keep the Members' Council informed of the impact of proposals.

➢ Tony Wilkinson asked if there is an implication that some ward areas are over-staffed. Tim Breedon responded that it did not as there are situations on individual wards where, for example, additional staff are needed for a particular service user.

➢ Bob Mortimer asked why there was low bed occupancy in a climate of bed shortages. Tim Breedon responded that specific areas are running down prior to transformation where models of care will change and more services provided in the community. Ian Black added that this reflects a transition period for some ward areas, in particular, long-term rehabilitation units.

➢ Steven Michael commented that the workforce, particularly in terms of recruitment and retention, is a challenge for the public sector, particularly following the announcement of a 1% cap on increases to pay. Therefore, organisations need to make the public sector an attractive option. The Trust is already discussing the living wage with staff side.

➢ Nasim Hasnie asked if it was possible to benchmark safer staffing. Tim Breedon responded that there is difficulty in comparison with other Trusts, particularly as some other Trusts are not reporting an optimal but minimal levels. This would change if/when standards are issued.

➢ Jackie Craven asked if additional staff were brought in for one-to-one care. Tim Breedon confirmed that numbers reported include a level of one-to-one support. When this goes

above what is considered the 'norm', additional staff would be brought in, mostly from the Trust's bank.

Incident management annual report 2014/15 (agenda item 10.2)
Tim Breedon took the Members' Council through the incident management annual report for 2014/15, which very much reflects the Trust's approach to its duty of candour, a statutory requirement from November 2014 for health providers and covering any incident that results in moderate or severe harm. The Trust's policy and guidance has been updated to support staff.

Bob Mortimer asked whether the numbers had increased for people suffering from post-traumatic stress disorder. Tim Breedon responded that the information is checked against the National Confidential Inquiry. The Trust also reviews increases in demand for services and the reasons, and is undertaking additional analysis for year-on-year comparisons.

Equality and diversity annual report 2014/15 (agenda item 10.3)
Dawn Stephenson explained that the annual report is presented to the Members' Council as equality and diversity is everyone's responsibility making the Trust a better place to receive services and to work in. The Trust is taking a values-based approach not one based on compliance.

Trust Board approved four priorities for 2015/16 and it was noted that progress will be monitored through the Equality and Inclusion Forum, chaired by a Non-Executive Director.

1. New training which equips staff and managers to be effective champions of diversity. We want to give people confidence to challenge behaviours inappropriate to living our values, to communicate with people from different backgrounds and to ensure those responsible for recording equality monitoring information feel comfortable asking the necessary questions.
2. Improve representation of Asian people in the workforce to better reflect the communities we serve and to increase the number of people from a BME background at managerial grades 8 and 9, where they are currently under represented.
3. Targeted community engagement, using technology to bring voices and stories to Trust Board to give us insight which will improve the accessibility of services to people from different backgrounds and improve the experience of service users from Black and Asian backgrounds (the latter measured by the friends and family service user question "how likely are you to recommend this service to friends or family").
4. Increasing the percentage of service users in employment through a new pilot project in the Barnsley BDU working in partnership with the Local Authority and local employers.

Nasim Hasnie asked whether the Trust would use the report as a benchmark. There could then be a comparison at next year's Members' Council meeting to see where improvements have been made and the report could focus on improvement. He added that it is commendable that the Trust has taken this approach and is measuring equality and inclusion.

MC/15/30   Members' Council business items (agenda item 11)
Appointment of external auditor (agenda item 11.1)
Paul Thomson and Paul Hewitson from Deloitte left the meeting for this item.
Laurence Campbell introduced this item and thanked Michael Smith and Andrew Crossley for their involvement in the process. He took the Members' Council through the rationale for the panel's recommendation to the Audit Committee, which was endorsed on 7 July 2015.

Garry Brownbridge asked whether the Trust should be appointing its own external auditor. Laurence Campbell responded that this was recognised practice in the private sector where shareholders appoint the auditor and the Members' Council is, therefore, a credible body to make such an appointment. It was also noted that this is one of the Members' Council's statutory duties. Alex Farrell added that independence of the auditor is of prime importance and is a key part of the testing in the tender process.

The Members' Council APPROVED the recommendation from the Audit Committee to appoint Deloitte as the Trust's external auditor for an initial three-year term from 1 October 2015 with an option to extend for a further two twelve-month periods.

Chair remuneration (agenda item 11.2)
Ian Black left the meeting for this item.
Helen Wollaston as Deputy Chair assumed the Chair for this item and invited Alan Davis to explain the background and process undertaken, including an independent review by CAPITA. He reminded governors that the use of an incremental scale for the Chair's remuneration had been previously agreed by the Members' Council and that this range was for the position not the incumbent. The proposal was to increase the scale by two points (£50,000 and £52,500), as the sub-group considered the current scale too narrow, from the previous top point of £47,500. Movement within the scale would be based on performance as determined by the Chair's annual appraisal.

Comments from the Members' Council were invited.

➢ Andrew Hill asked how the Trust would justify a 10% pay award for the Chair when staff are only getting 1%. Alan Davis explained that the incremental award arrangement reflects that for staff on Agenda for Change (the national scheme).
➢ Tony Wilkinson commented that there were two elements to the proposal. Firstly, what the scale should be and, secondly, where the current Chair should be on that scale. They were two different elements and should be treated as such.
➢ Nasim Hasnie commented that there had been much debate and discussion in the sub-group regarding the expansion of the incremental scale in line with Agenda for Change scales and movement on the scale, which would be subject to satisfactory appraisal.
➢ Both Andrew Hill and Andrew Crossley disagreed with this view as they felt staff would not have the details of how the proposal was formulated or the information it was based on.
➢ Susan Kirby commented that the Trust should expect to pay more to get or retain a good Chair. Andrew Hill responded that this applied equally to Trust staff.
➢ Tony Wilkinson commented that, as part of its discussion, the sub-group did not consider that the existing top point of the scale was appropriate for a Trust of this size and the challenges presented to the Trust. However, the current Chair's point on this scale is the subject of a separate discussion.
➢ Alan Davis commented that the proposal has been benchmarked against comparable organisations but not the private sector.
➢ Jackie Craven commented that a 1% increase on current remuneration would take the Chair's remuneration to over £50,000, more than that proposed.
➢ Andrew Hill asked how many other salary scales have moved by over 10%. Alan Davis responded that he would be happy to take governors through the Agenda for Change scales and arrangements.
➢ Steven Michael made a general point that there are communication issues in relation to this issue, which are recognised and important. Currently, there is a very disingenuous debate around senior pay, particularly around comparison with the Prime Minister's salary. This proposal is around a fair and comparable benchmarked remuneration range for this role in terms of this sector.

Given the differing views expressed by governors, Helen Wollaston asked governors to formally vote on the proposal. As a result, **the Members' Council APPROVED the recommendation from the sub-group to increase the Chair's remuneration scale by two points (£50,000 and £52,500) from the previous top of the scale of £47,500 and that movement within the scale would be based on performance as determined by the Chair's annual appraisal.**

Approval of the proposal had implications for the current Chair's remuneration of £47,500. Governors were asked to consider the proposal from the sub-group to increase the Chair's remuneration to the next incremental point of £50,000 based on his performance and individual appraisal (received by the Members' Council in April 2015) from 1 May 2015. This is not considered to be an automatic incremental increase as is the case with staff under Agenda for Change. Helen Wollaston commented that this has been a robust process in keeping with Trust values.

Andrew Hill commented that the Trust has an excellent Chair but there is a real communication problem with the scale of the increase. He asked how staff working in wards would see this. Helen Wollaston noted the comments and agreed there was a piece of work needed to agree how this is communicated.

Nasim Hasnie commented that the Trust had followed a rigorous and open process, which is not always replicated in other organisations.

Andrew Crossley asked if the Chair would be given the option not to take the increase. Helen Wollaston responded that this is an option for anyone to take. Andrew Crossley also asked if the Chair would be informed of the concerns raised by some members of the governing body. Helen Wollaston responded that she would discuss with the Chair.

Given the strong views expressed by governors, Helen Wollaston asked governors to formally vote on the proposal. As a result, **the Members' Council APPROVED the recommendation from the sub-group to increase the Chair's remuneration to £50,000 per annum based on his annual appraisal.** The recommendation was approved on this basis and further work is needed on communication, particularly to staff.

MC/15/31   Date of next meeting (agenda item 12)
The next meeting will be held in the afternoon of Friday 6 November 2015 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP. Ian Black also reminded the Members' Council of the date for the annual members' meeting on 9 September 2015 and the well-led workshop on 21 September 2015.

Signed ………………………………………………. Date ………………………….

Members' Council Development Event
How can I personally and we collectively contribute to the Trust's future?
13 October 2015

Present:	Ian Black	Chair	Table 2
	Stephen Baines	Appointed – Calderdale Council	Table 2
	Andrew Crossley	Public – Barnsley	Table 1
	Julie Fox	Deputy Chair	Table 3
	Claire Girvan	Staff – allied health professionals	Table 1
	John Haworth	Staff – non-clinical support staff	Table 3
	Chris Hollins	Public – Wakefield	Table 2
	Bob Mortimer	Public – Kirklees	Table 2
	Daniel Redmond	Public – Calderdale	Table 2
	Michael Smith	Public – Calderdale	Table 1
	Dawn Stephenson	Director of Corporate Development	Table 1
	Hazel Walker	Public – Wakefield	Table 3
	Tony Wilkinson	Public – Calderdale	Table 1
	David Woodhead	Public – Kirklees	Table 3
In attendance:	Bernie Cherriman-Sykes	Board Secretary (author)	
	Ken Tooze	Facilitator	

1. Welcome and introductions

Ian Black welcomed everyone to the sixth Members' Council review session. This is an important session as it provides an opportunity for reflection on the governors' role and governors' personal and collection contribution to the Trust. This session, in particular, also provides an opportunity for governors to reflect on their own style and approach to contribute to the Members' Council as a whole. He hoped that governors would take from today's session:

- what you can do differently in the coming year; and
- in particular, how the Members' Council can improve through use of the different skills, expertise and knowledge of its governors.

2. Method of working

In support of the Chair's remarks, Ken Tooze added that the session recognises the effort the Trust makes to support its people and to help raise individual contributions and performance. The focus of this session is self-awareness, an understanding of what leadership is and how governors can influence the behaviour of others.

The key word is "influence":

- the process of affecting, swaying or creating bias to any end or situation, which is the prime role of the Members' Council collectively and governors individually; however, influence is not about power and /or position.

Leadership is the ability to influence the behaviour of others.

3. What is leadership from a governors' perspective?
Exercise 1
This session involved group reflection and discussion on:

- I'm influential or a leader as a governor when I ………?

The groups were asked to identify a 'leader' to lead and facilitate the discussion and to identify feedback.

Feedback
- involve others
- listen to others
- act as a positive role model
- live the Trust's values in a critical way
- challenge
- act as a mentor
- engage and be visible
- engaged in activities – Members' Council and Trust Board
- visit services more/participate in unannounced visits
- awareness of issues caused by stress
- reach own conclusions/use own judgement
- assess value for money
- participate – preference for smaller group discussions
- act as a positive manipulator
- visit services and, if appropriate, raise concerns within services
- talk to and question staff about issues
- when I get mentioned in the minutes for challenge/raising issues/concerns or have my contribution acknowledged
- ensuring I'm informed (knowledge is power) and seek out information
- understand context – financial and cultural
- assess equipment/budgets available
- work as a team
- talk to people outside of the Trust – socially and professionally
- know the person is listening and act
- look important/'the part'!

Governors were then asked to identify three things the leader did to achieve the objective of the exercise.

Table 1 feedback
- Did not dictate or direct.
- Listened.
- Encouraged group dynamics and allowed people to contribute.

Table 2 feedback
- Prompted discussion.
- Clarified comments made.
- Encouraged group to contribute.

Table 3 feedback
- Confident in control of situation.
- Clear on purpose.
- Brave for doing it!

The session exemplified what Ken Tooze referred to as 'husky dog leadership'. The lead husky leads from:

- the front in bad conditions;
- the back in good conditions; and
- the side in mixed conditions.

So, to be a good leader, an individual does not always have to lead from the front.

4. The importance of self-awareness
What is self-awareness?
- Know own strengths and challenges (weaknesses).
- Knowledge of how others perceive you.
- Knowledge of own impact on others.

- Learning from experience.
- Knowing own internal triggers.
- Understand reasons behind one's mood, energy and emotion.

Uses of self-awareness
- Exploit one's own strengths.
- Compensate for weaknesses.
- Learn from experience – plan how to do things differently next time.
- Helps to manage stress/resilience.
- Basis of personal development (the start point).
- Allows better engagement with others – say things in the right way.
- Helps with humility – stating when you got it wrong.
- Helps you know when you need help.
- Helps you avoid repeating mistakes.
- Helps with influencing tactics – know what worked/what did not.
- Feedback from others may not hurt so much.
- Helps with confidence.

Exercise 2
Why is self-awareness important to a leader?

- Know you need time for reflection.
- Realise your control and influence impacts on others.
- You can be neutral and 'neutral' is an influence; however, know when to be neutral.
- Introspection is valuable – am I actually being influential?
- In order to change to improve, know what works.
- Need to know your audience.
- Good communicator and listener.
- Encourage self-awareness in others.
- Modify behaviour based on situation.
- Ability to manage challenges/conflict.

- Need to be able to take criticism/ feedback.
- Need to be aware of any "toes you are treading on".
- Need a sense of importance and command.
- Know the role clearly.
- Being aware of weaknesses to be able to build resilience (vulnerability).
- Ability to delegate.
- Work as a team and know the strengths of each team member.
- Be open to change.
- Don't reinvent the wheel.
- Challenge misconceptions.

5. Learning instruments
Exercise 3
Governors were asked to undertake a brief questionnaire on learning styles and to briefly discuss the outcome in their groups.

6. Enhancing personal contribution
Exercise 4
If we were more self-aware, what could we do as a group to influence the Trust?

Table 1 feedback
- How do we move from an individual position to working as a team? Get to know each other – replicate 'speed dating' for governors?
- Time to reflect as a Members' Council after meetings – without Trust Board.
- Members' Council feedback into Co-ordination Group on risks, etc. arising out of Members' Council/governor links into the community.
- Bring in external speakers to bring a different perspective.

<u>Table 2 feedback</u>
- Understand differing views of Trust performance.
- As a Board, give more on the national context.
- Clear approach to strategic media management.
- Understand complexity of the Trust and enable governors to pinpoint where they can contribute to progress partnership working.
- Evidence the challenge governors provide to Trust Board.
- Provide a breakdown of staff numbers (such as agency/bank, full-time and forensic).
- More focus on child and adolescent mental health services.

<u>Table 3 feedback</u>
- Build trust between governors – pre-meeting led by Lead Governor?
- Group Yammer, for example, to share information or raise issues between Board meetings.
- Buddy system.
- Informal meetings with Non-Executive Directors – Q&A session held locally.

7. How will I use what I've done today?
<u>Exercise 4</u>
Personal reflection – one single thing you will do for yourself following this session (and feedback on the session).

Andrew Crossley	- Increase skills to look at other people's perspective and understand other governors' perspective(s). Feedback – intriguing and interesting; thought-provoking.
Julie Fox	- Work with Lead Governor and Chair to take actions away and move them on. Feedback – very good session but would have liked to have seen more people attending; further discussion on how we can encourage more governors to attend.
Claire Girvan	- Increase confidence in role as a staff governor Feedback – really good session; really helpful
John Haworth	- Develop more on reflective side; vocalise views and ask more questions. Feedback – governors do not see each other often enough so good opportunity to build the team.
Chris Hollins	- Follow up where has concerns and be prepared to raise issues. Feedback – not sure how this will impact on day-to-day needs of governance of Trust.
Bob Mortimer	- Look into role of care workers and local voluntary organisations. Feedback – superb session with actions to take forward.
Daniel Redmond	- Ensure action points are real and complete – closing the loop. Feedback – good meeting; helped show how everyone can be a leader.
Michael Smith	- Be more of effective 'activist' – appreciate implementation and consolidation. Feedback – thought-provoking and interesting.
Dawn Stephenson	- Develop reflective skills by linking and learning with someone who has a reflective learning style. Feedback – enjoyable, good and worthwhile. Disappointed at level of attendance.
Hazel Walker	- Practice reviewing meetings and make time to reflect. Feedback – very helpful and useful.
Tony Wilkinson	Feedback – questioned value to the Trust of holding a session such as this – not sure the investment will be rewarded at this stage.
David Woodhead	- Increase vocal contribution. Feedback – very good session.

In annual reviews with the Chair, governors will be asked to update on what they have done to meet their actions.

8. Summary and close

Three underlying principles emerging from the session today.

- Understand what motivates people.
- Show respect for everyone and respect their views and perspectives.
- Ensure every contact makes a difference – governors are ambassadors for this Trust.

Members' Council
6 November 2015

Agenda item:	5
Report Title:	Monitor well-led framework for governance reviews
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

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

Background

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

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

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

The framework has four domains, ten high-level questions and a description of 'good practice' that can be used to assess governance. The four domains cover:

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

Review process
Following the decision by Trust Board to undertake an independent review of the Trust's governance arrangements in line with Monitor's well-led framework for governance reviews, in April 2015, Deloitte was appointed to undertake the review. Trust Board decided to undertake an independent review at this time as part of the developmental approach to its governance arrangements and to ensure fitness for purpose in the move to the next challenging phase.

Following a robust and thorough review and scrutiny of the Trust's governance arrangements, which included interviews and focus groups with Trust Board, key stakeholders, the Members' Council and staff, the review concluded with presentation of the key findings to Trust Board on 21 July 2015. This was followed by a workshop with the Members' Council on 21 September 2015.

Outcome

There were no 'material governance concerns' arising from the review. Out of the ten areas assessed, two areas were rated as green (in relation to Board engagement with patients, staff, governors and other stakeholders, and the Board having the skills and capability to lead the organisation) and eight as amber/green.

There are a number of developmental areas where Deloitte has recommended further work and these form the basis of an action plan with timescales, which Trust Board will take forward. It is anticipated that all actions will be complete by April 2016.

Both the executive summary of the report and the Trust's timetabled action plan are attached for information. The action plan has been updated to show progress against the recommendations.

The process and outcome reflect the developmental approach taken and Trust Board is satisfied with the outcome. The Deloitte report very much reflects Trust Board's own assessment of the Trust's arrangements and the report provides a series of helpful and constructive recommendations.

As required, the Chair formally wrote to Monitor with the outcome of the review on 3 September 2015.

Future action

The report and action plan are formally presented to the Members' Council at this meeting. The action plan will be taken forward by Trust Board and update reports on progress presented through the Chair as appropriate.

South West Yorkshire Partnership NHS Foundation Trust

Independent Review of Governance Arrangements

FINAL report

12 August 2015

Contacts and contents

The contacts at Deloitte in relation to this report are:

Dr. Jay Bevington
Partner
Tel: 07968 778436
jbevington@deloitte.co.uk

Jane Taylor
Director
Tel: 07810 053827
jataylor@deloitte.co.uk

Steven Picken
Senior Manager
Tel: 07880 454040
spicken@deloitte.co.uk

Danni Sweeney
Senior Associate
Tel: 07807 647304
danisweeney@deloitte.co.uk

Draft report issued:	30 July 2015	Client sponsors	Chief Executive and Chair
Factual inaccuracies received:	5 & 11 August 2015	Distribution	Board of Directors
Final report issued:	**12 August 2015**		

Deloitte.

Deloitte LLP
2 Hardman Street
Manchester
M3 3HF

Tel: +44 (0) 161 832 3555
www.deloitte.co.uk

The Board of Directors
South West Yorkshire Partnership NHS Foundation Trust
Fieldhead
Ouchthorpe Lane
Wakefield
WF1 3SP

Dear Ian and Steven   12 August 2015

Independent review of governance arrangements

In accordance with our Engagement Letter dated 30 April 2015 (the 'Contract'), for the independent review of governance arrangements at South West Yorkshire Partnership NHS Foundation Trust (the 'Trust'), we enclose our final report dated 12 August 2015 (the 'Final Report').

The Final Report is confidential to the Trust and is subject to the restrictions on use specified in the Contract. No party, except the addressee, is entitled to rely on the Final Report for any purpose whatsoever and we accept no responsibility or liability to any party in respect of the contents of this Final Report. This report is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors.

The Final Report must not, save as expressly provided for in the Contract (including, inter alia, in clauses 5.3 and 5.4 of the Terms of Business) be recited or referred to in any document, or copied or made available (in whole or in part) to any other person.

The Board is responsible for determining whether the scope of our work is sufficient for its purposes and we make no representation regarding the sufficiency of these procedures for the Trust's purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to the Trust.

We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of the financial information has been performed.

The matters raised in this report are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or weaknesses that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the Trust for their full impact before they are implemented.

Yours faithfully

Deloitte LLP

Executive Summary

Executive summary
Key findings

Authorised in 2009, South West Yorkshire Partnership NHS Foundation Trust (hereafter "the Trust") serves a population of over 1 million people across Barnsley, Wakefield, Calderdale and Kirklees, offering community, mental health and learning disability services. The Trust also provides Forensic services across the Yorkshire and Humber region.

We have undertaken an independent review of governance arrangements at the Trust against Monitor's Well-Led Governance Framework. The Board have proactively commissioned this review in recognition that it is good practice to routinely review its governance arrangements.

The Trust's self assessment demonstrates a positive level of self-awareness, understanding of its strengths, and areas which require further focus. This is further demonstrated through the alignment between our findings and those contained within the self-assessment.

During our review we have noted a number of areas of good practice, including:

- a focus on the development of strategy, including increasing levels of engagement with Business Delivery Units (BDUs) in the annual planning process and ring-fenced time on strategy at the Board throughout the year;

- an on-going programme of work to develop the executive team and the Board, alongside consideration of the appropriateness of the composition of the Board;

- clear mission and values of the organisation with a focus on the role of leaders in embedding these throughout the organisation; and

- the strength of engagement with key stakeholder groups. This includes mechanisms to engage and seek feedback from service users and governors, and a high level of support from external partners and commissioners.

Whilst we have not noted any material areas of concern in relation to the Board of Directors and the governance arrangements in place at the Trust, there remain some areas where further progress and improvements are required. These include:

- ensuring that governance arrangements remain fit for the future, including revitalising the cycle of Board business and providing greater oversight on the transformation programme and its associated risks;

- more clearly articulating the strategic priorities of the Trust and ensuring that these are communicated to staff. Alongside this there is a need for more consistent monitoring of progress against these priorities at BDU, Executive Management Team and Board level; and

- increasing the range and effectiveness of mechanisms used to communicate with frontline staff across all locations and services.

The medium and high priority recommendations associated with these issues have been outlined on page 8.

Our review findings set out within this report are grouped under the four theme areas outlined within the Monitor Well-Led Governance Framework, namely:

1. Strategy and planning;

2. Capability and culture;

3. Processes and structures; and

4. Measurement.

Executive summary
Key findings

1 Strategy and planning

1A The Board is focussed on the on-going development of the strategy for the Trust and retains a focus on this throughout the year through the use of quarterly strategic board meetings.

- The main strategic intentions of the Trust are clear with a focus on transformation and sustainability. There is scope to increase the clarity of the strategic priorities and to improve the processes for monitoring progress against these, both through the inclusion of a strategic dashboard and through increased alignment to the Assurance Framework (AF) and Integrated Performance Report (IPR).

- Stakeholder groups were broadly positive about their engagement in the strategic planning processes, for example there is an on-going focus on increasing levels of engagement with the BDUs.

- The Board is aware of the need to improve the dissemination of strategic objectives throughout the Trust.

1B The AF is subject to regular review and scrutiny by the Board, although there is scope to improve both the format of the document and its alignment to the strategic priorities.

- In addition, whilst aspects of the AF are covered within Board Committees and Forums, this process should be made more formal to increase alignment.

- One of the key risks facing the Trust is the successful delivery of the transformation programme. Whilst aspects of this are subject to review, the Board needs to be clear how oversight of progress in this area will be monitored, particularly as the Trust moves into the delivery phase.

2. Capability and culture

2A The Board is viewed as being cohesive and challenging. During our observations we noted an appropriate level of challenge and debate on areas of concern or variance from plan.

- Board Members bring a diverse range of experience, and skills requirements of the Board have been considered as part of recent appointments. The Board is cognisant of the need to increase its focus on longer term succession planning.

- Board meetings are structured on a quarterly cycle which rotates through a strategy board, business and risk board, and a public board.

- This provides ring-fenced time to focus on strategic issues, although there is a need to refresh the purpose of the other Board sessions, and to ensure that agendas reflect the key risks facing the Trust.

2B Board Members are seen to role model the values of the organisation and have made concerted efforts to ensure that values are visible and utilised in recruitment and appraisals.

- Engagement with service users and governors is described as particularly strong, both by internal and external stakeholders. For example, the format of the Members Council has been adapted in order to increase engagement further.

- It is acknowledged that more could be done to ensure that the Board communicates effectively with all staff groups across the various locations in the Trust.

Executive summary
Key findings (continued)

- While senior managers describe being encouraged to innovate to improve systems and processes, it is recognised that more could be done to translate this approach to frontline staff.

- **2C** The Trust is felt to be innovative by external stakeholders and initiatives such as Creative Minds are highly thought of both internally and externally. The Trust has also recently appointed to a new Director role to focus further on the use of health intelligence and innovation.

- Performance dashboards are used consistently across BDUs which are aligned to the dashboard reported to the Board in the IPR.

- There is scope to improve the use of benchmarking on quality at both committee and at service/team level. There is also scope to improve the use and visibility of local performance information amongst frontline staff and work is currently underway to address this by the Board.

- Whilst we found clear arrangements for identifying and sharing learning at the BDU and corporate level, we found limited awareness or penetration of this at the front line.

3. Structures and processes

- **3A** Key committees of the Board are viewed as working well and are supported by a number of time limited forums to provide additional focus on key aspects such as estates and Information Management and Technology (IM&T).

- The Board recognises the need to revisit the intended purpose of the main forums in place, in particular to ensure that intended outcomes are clearly defined. There is also scope to formalise the arrangements by which these will report into the Board.

- The Trust is unusual when compared to peers in terms of the lack of a finance committee, which it has chosen to retain at the Board. There is an acknowledgement that the focus on transformation needs to be strengthened.

- Processes to escalate issues from committees to the Board work effectively in practice, however reporting lines and escalation from supporting Trust groups into committees needs to be strengthened.

- **3B** Performance management structures are seen to be improving and there has been a focus on development of the documentation to support oversight and debate.

- Processes could be further refined through:
  - the use of standard agenda items across the BDUs to ensure that key areas are covered;
  - increasing the focus on strategic development and implementation; and
  - clarifying how and when items should be escalated.

- **3C** Engagement with stakeholders is seen to be a strength of the Trust, particularly in relation to service users and governors who perceive the Trust to be open with information and responsive to queries.

- External stakeholders were also supportive of the Trust, highlighting the strong values of the organisation and its approach to partnership working as particular strengths.

Executive summary
Key findings (continued)

4. Measurement

4A The Board routinely receives integrated performance reporting, the format of which is replicated at BDU level. Our observations showed that performance is robustly debated by Board Members.

- Finance reporting in particular exhibits many features of best practice, although there is scope to move more of this from the private to the public section of Board business.

- Board performance reporting could be further developed to include:
  - more explicit alignment to strategic priorities;
  - executive summaries to provide narrative explanation of exceptions; and
  - a greater use of graphical analysis.

- There is an opportunity to increase the visibility of BDU performance within the performance report received by Clinical Governance & Clinical Safety Committee (CG&CSC) in order to promote the use of internal benchmarking.

4B The Board is focussed on data quality issues and significant investment in IT is currently underway to address these concerns.

- A Data Quality Steering Group and Sub Group are in place in order to co-ordinate the approach to monitoring and managing data quality and information governance across the Trust.

- However, at present there is limited structured assurance on data quality considered at Board or Committees. In particular there is scope to clarify and strengthen the assurance reporting into committees on data quality.

- We also found scope to improve Board visibility of the underpinning data quality of the information used to produce the metrics featured in the IPR.

Based on these findings we have outlined recommendations with suggested timescales (see Appendix 1). However we would draw your attention to the following which are in our opinion particularly important .

1. 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.

2. 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.

3. 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.

4. 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 Executive Director; and for the format to be in line with best practice taking into account the points outlined in 1B.

5. 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.

Executive summary
Key findings (continued)

Next steps

We suggest that the Chairman and Chief Executive, in consultation with the Board, consider the findings outlined within this report and develop a management response in relation to the matters raised. This response should clearly outline how the Board proposes to implement our various recommendations, and describe how it will monitor progress against the action plan going forward.

Executive summary

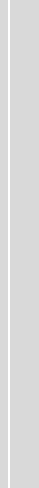| No.	Question	Trust assessment	Deloitte assessment
1. Strategy			
A	Does the board have a credible strategy to provide high quality, sustainable services to patients and is there a robust plan to deliver?	◑	◑
B	Is the board sufficiently aware of potential risks to the quality, sustainability and delivery of current and future services?	◑	◑
2. Capability and culture			
A	Does the board have the skills and capability to lead the organisation?	●	●
B	Does the board shape an open, transparent and quality-focused culture?	◑	◑
C	Does the board support continuous learning and development across the organisation?	◑	◑
3. Processes and structures			
A	Are there clear roles and accountabilities in relation to board governance (including quality governance)?	◑	◑
B	Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?	◑	◑
C	Does the board actively engage patients, staff, governors and other key stakeholders on quality, operational and financial performance?	●	●
4. Measurement			
A	Is appropriate information on organisational and operational performance being analysed and challenged?	◑	◑
B	Is the board assured of the robustness of information?	◑	◑
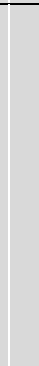
Deloitte assessment: This represents our assessment following our review against the scoring criteria outlined on page 13.

South West Yorkshire Partnership **NHS**
NHS Foundation Trust

With all of us in mind

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	Agreed – articulation of strategic priorities to be clearer in five-year plan with associated goals. Timescales - 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	Process begun – EMT September 2015 Completed – revised structure implemented from August 2015 Completed – stocktake presented to Trust Board 22 September 2015 EMT time out 15 October 2015	■						■	
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	Agreed – annual planning cycle to be reviewed and strengthened to increase engagement. Timescales - 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	Strategic planning team will support planning events in each BDU for 2016/17. Process begun – EMT September 2015 Completed – revised structure implemented from August 2015 Completed – stocktake presented to Trust Board 22 September 2015	■						■	

Rec	Ref	Recommendation	Priority/ risk rating	Dir. Lead	Management response/action	Update	S	O	N	D	J	F	M	A
														Timescales
					- 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 - 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: • 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. - 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: • implementing a Transformation forum or a Finance Committee (which could also amalgamate the work of the IM&T and Estates forums); and • strengthening the content of reports presented to the Board.	H	AF/ workstream 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. - 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.	blue				green			
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	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. Formal terms of reference to be established for Trust Board in support. Implementation of revised Trust Board quarterly meeting cycle from October 2015 with paper to September 2015 Trust Board and Audit Committee October 2015. - 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.	Review of quarterly cycle of Trust Board meetings: - Business and risk - Strategy - Performance and monitoring Attendance at Trust Board reviewed and agreed.	blue	green						
8	2B	Implement a range of engagement mechanisms to supplement the Trust newsletter. Consider especially how any additional	M	KH/AGD	Agreed – commission full review of all internal communication approaches, including newsletter, intranet, social media and other digital approaches. - Initial presentation to EMT August	- Implementation of staff engagement strategy - Review of marketing, communications and engagement function and channels	blue			green				

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	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.	blue	green						
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.		blue	green						
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.	blue		green					
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.			blue			green		
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.		blue						green

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 • 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.	■			■				

With all of us in mind

Members' Council
6 November 2015

Agenda item 6 – holding Non-Executive Directors to account

Introduction
The duty to hold Non-Executive Directors to account for the performance of Trust Board is a key part of the governor role. This discussion item is designed to help governors find out more about their Non-Executive Directors, the role they play in the Trust and how they perform their role as a member of the Trust's unitary board effectively.

The format of this session follows the successful 'speed dating' format used in April 2014, which the Co-ordination Group agreed should be repeated.

Although there are seven Non-Executive Directors, Laurence Campbell cannot attend this meeting and the Lead Governor has agreed with the Chair that he will not participate in this session. There will, therefore, be five 'speed dates' between governors and Non-Executive Directors. These are:

Rachel Court
Charlotte Dyson
Julie Fox
Chris Jones
Jonathan Jones

Each Non-Executive Director (including the Chair and Laurence Campbell) has provided some background information:

- an outline of what they believe they bring to the Trust, their individual experience, skills and areas of expertise;
- why they became a Non-Executive Director and why this Trust;
- for established Non-Executive Directors, what they've achieved and, for newly appointed, what they would like to achieve;
- their role in the Trust (Committee membership, etc.).

Also provided are a brief description of the Non-Executive Directors' role and that of an Executive Director within the unitary Board.

The purpose of the background information is to allow the group sessions at the meeting to focus on governor and Non-Executive Director questions and answers. Prompts agreed by the Co-ordination Group have been provided to governors only in the covering letter and at the meeting.

Governors and other members of Trust Board will be randomly allocated to a group when they arrive at the meeting. It is the intention that all governors will have the opportunity to meet all Non-Executive Directors so there will be ten minutes for each group of governors with each Non-Executive Director. This is intended to be a two-way interactive process with governors given the opportunity to ask questions.

Ian Black Chair
Date of appointment: 1 May 2008 (designate from 20 March 2008)
Deputy Chair from 1 June 2010
Acting Chair 1 February 2012 to 30 April 2012
Chair from 1 May 2012
Re-appointed 1 May 2015 for three years

Summary of relevant qualifications	➤ BSc Hons (Economics) ➤ Fellow Chartered Institute of Accountants ➤ Fellow Chartered Institute of Bankers ➤ MBA Cranfield Business School
Current areas of interest in the trust, including committee membership	<u>Areas of interest</u> ➤ Finance ➤ Risk ➤ Governance <u>Committee membership</u> ➤ Chair, Remuneration and Terms of Service Committee ➤ Member, Clinical Governance and Clinical Safety Committee ➤ Member, Charitable Funds Committee ➤ Chair, Equality and Inclusion Forum ➤ Chair, Information and Management Technology Forum ➤ Member, Estates Forum
Summary of experience/areas of interest	➤ Chartered Accountant and management consultant. ➤ 20 years at Halifax plc/HBOS with a series of director roles in finance, IT, operations, risk and customer service in the UK, Europe and Australia. ➤ Particular areas of experience are financial management, risk and funding/investment ➤ Chair, Family Fund UK ➤ Variety of charitable interests nationally and locally. ➤ Non-Executive Director, Benenden Insurance ➤ Chair, Keegan and Pennykid Insurance Brokers

	➢ Non-Executive Director, Seedrs (FCA authorised internet investment) ➢ Formerly School Governor for six years. ➢ Formerly pension fund trustee ➢ Formerly Governor, Beaumont FE College, Lancaster ➢ Formerly Treasurer (and ex-chair) of Scope (UK disability charity). ➢ Formerly Non-Executive Director Nisa-Today's plc
Key development areas over the next twelve months	➢ Partner engagement ➢ National impact of our Trust ➢ Clinical governance

Declared interests as at October 2015
➢ Non-Executive Director, Benenden Healthcare (mutual)
➢ Non-Executive Director, Seedrs (with small shareholding)
➢ Private shareholding in Lloyds Banking Group PLC (retired member of staff)
➢ Chair, Family Fund (UK charity)
➢ Chair, Keegan and Pennykidd (insurance brokers)
➢ Member, Whiteknights, a charity delivering blood and organs on behalf of hospitals in West and North Yorkshire
➢ Chair representative, Mental Health Foundation Trust, NHS Providers' Board

Why I became a Non-Executive Director and why this Trust?
My father had undiagnosed dementia for around five of his last seven years of living. The care he received was patchy at best with GPs unwilling to refer. After referral, drugs, seemingly always on a trial basis and the fact that after the first five years we realised everything we had done as carers ("putting him right" on memory lapses and inventions) were harming rather than helpful.
I live in Huddersfield and have some friends who have experienced Trust services.

My aims are to ……..
"Market the trust more" or, if you like, put ourselves up for awards, be a stronger part of the regional and national debate and changes, and to be more outward facing. In this, I want our best services to no longer be 'Cinderella' services and to help improve all that we have to offer.

Laurence Campbell, Non-Executive Director
Date of appointment: 1 June 2014 (to 31 May 2017)

Summary of relevant qualifications	➢ MA Oxon (Natural Sciences) ➢ Fellow of Chartered Institute of Accountants
Current areas of interest in the trust, including committee membership	Areas of interest ➢ Finance/IM&T ➢ Strategy ➢ Risk Committee membership ➢ Chair, Audit Committee ➢ Member, Charitable Funds Committee ➢ Member, Information and Management Technology Forum
Summary of experience/areas of interest	20 years' experience as Finance Director of large corporate businesses including two Public Limited Companies, all with significant international operations. Very interested in the development and implementation of strategy, and the balance between risk and opportunity.
Key development areas over the next twelve months	➢ Treasurer and Trustee of Kirklees Citizens Advice and Law Centre. ➢ Further engagement with different aspects of the NHS system and our partners. ➢ Increased input into the Trust's transformation and IM&T governance and strategy.

Declared interests as at October 2015
➢ Treasurer, Kirklees Citizens' Advice Bureau and Law Centre, includes NHS complaints advocacy for Kirklees Council

Why I became a Non-Executive Director and why this Trust?

I wanted to utilise my experience and skills in a different role to that of an executive. I believe that being less involved in the detail makes it easier to have a 'helicopter view' of the organisation and its relationship with other organisations and influences. I believe that the NHS can benefit from a commercial approach to the deployment of resources and customer service, and there is currently a rare opportunity to make significant beneficial change.

This Trust particularly appealed because I am involved in other related activities in the area and my daughter is a mental health professional.

I bring to the Trust ……..

Experience in change management, particularly IM&T and strategic thinking, planning and execution, and establishing agreed levels of risk tolerance and management, which are all relevant to transformation.

What have I achieved?

So far, I feel I have continued and built on the good work and processes already established. I have retained an independent perspective and challenged whenever I feel uncomfortable or unconvinced. I have encouraged the Trust to invest for transformation as well as cost improvement, holding executives to account for articulating, delivering and monitoring benefits. I am making progress in improving the articulation of our risk tolerance and its measurement in different levels of the Trust.

Rachel Court, Non-Executive Director
Date of appointment: 1 October 2015 (to 30 September 2018)

Summary of relevant qualifications	➢ BA(hons) Oxon - Law
Current areas of interest in the trust, including committee membership	Areas of interest ➢ Governance ➢ Risk management ➢ HR, engagement and communications ➢ Service quality ➢ Transformation and change Committee membership ➢ Member, Remuneration and Terms of Service Committee

Summary of experience/areas of interest	➢ 23 years' experience at Yorkshire Building Society involving a wide range of roles including Operations, Customer Service, Risk Management, Sales, Product Development, HR, Staff Engagement & Communications.
	➢ The last eight years were spent as a member of the Executive team, responsible for the overall strategy of the organisation, and involved overseeing four successful mergers and integration projects with other organisations and major programmes of organisational change.
	➢ Other current NED, charitable & voluntary roles include:
	  - Chair – NHS Pension Board
	  - NED – Leek United Building Society, including Chairing Remuneration Committee and being a member of Risk Committee
	  - NED – Invesco Perpetual Pensions Ltd, including being a member of Risk Committee
	  - Governor – Calderdale FE College
	  - Magistrate in Calderdale
	  - Chair – PRISM – a Charity providing alternative education to children excluded from mainstream schooling

Key development areas over the next twelve months	➢ To improve Trust-wide knowledge and understanding

	➢ To build relationships with key individuals to ensure that I'm able to contribute as fully as possible in areas where my experience and expertise is particularly relevant

Declared interests as at October 2015

➢ Non-Executive Director, Leek United Building Society.
➢ Chair, NHS Pensions Board (to note – this is a public appointment)
➢ Chair, PRISM (the charity's purpose is primarily educational but does a small amount of healthcare work with young people, primarily avoidance of teenage pregnancy)
➢ Magistrate
➢ Governor, Calderdale College
➢ NED, Invesco Perpetual Pensions Ltd., including being a member of Risk Committee

Why I became a Non-Executive Director and why this Trust?

I am keen to utilise my skills in both the public and private sectors and, having already taken on an overarching NHS governance role through my work chairing the NHS Pension Board, I was keen to get involved in the work of a Foundation Trust to improve my understanding of the challenges faced in delivering front line NHS services.

I was particularly interested to get involved with a mental health trust since I have had first-hand experience of the importance and value of these services in a family context. To be involved with my local Trust and a Trust which has a strong reputation on which to build is an opportunity which I very much appreciate.

I bring to the Trust ……..

As a new Non-Executive Director, I think a fresh pair of eyes and a new perspective from outside the sector is always helpful to Boards. In particular, I think that my experience in service delivery, organisational change and transformation, coupled with my background in HR and the development of people and engagement strategies, will be of use at a time of particular challenge and change for the Trust. My broad experience of governance, risk management and leadership in other sectors should also transfer well to this setting.

My aims are to ……..

My key initial priority will be to increase and improve my knowledge and understanding of the Trust and the services it delivers. More generally, I aim to contribute as fully as possible to the development and implementation of the Trust's future strategy as well as the oversight of its current performance. I would like to ensure that my particular experience in governance, HR, communication, service quality and change is fed into the development of future plans in these areas.

Charlotte Dyson, Non-Executive Director
Date of appointment: 1 May 2015 (to 30 April 2018)

Summary of relevant qualifications	➢ BA Hons (Law and Economics) 2:1
Current areas of interest in the trust, including committee membership	Areas of interest ➢ Quality ➢ Strategic development ➢ Marketing and communications Committee membership ➢ Member, Clinical Governance and Clinical Safety Committee ➢ Member, Charitable Funds Committee ➢ Member, Creative Minds Governance Group
Summary of experience/areas of interest	➢ Marketing consultant in private and charitable sector ➢ Formerly Non-Executive Director for Calypso Soft Drinks ➢ Formerly Non-Executive Director Leeds Teaching Hospital ➢ Particular area of expertise in strategic brand marketing ➢ Lay member for Royal College of Surgeons of Edinburgh and Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants ➢ Member of the National and Local Advisory committee for Clinical Excellence awards
Key development areas over the next twelve months	➢ Stakeholder strategy and engagement ➢ Clinical governance ➢ Marketing and communications

Declared interests as at October 2015
➢ Independent marketing consultant, Beyondmc (no clients engaged in NHS work)
➢ Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional)

- Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee
- Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee
- Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE
- Marketing consultancy work for Royal College of Surgeons, Edinburgh

Why I became a Non-Executive Director and why this Trust?

I wanted to be a Non-Executive Director for this Trust for three reasons.

1. I believe in the importance of the Non-Executive Director role in the NHS, holding Directors to account, asking difficult questions, being the external eyes and ears of the organisation.
2. I was interested in mental health when my father-in-law was diagnosed with dementia/village friend suffered heavily from depression.
3. I felt strongly that I had the right skills to make a positive difference and valuable contribution to the Board.

I bring to the Trust ……..

I have been a Non-Executive Director for Leeds Teaching Hospitals NHS Trust (acute trust) for eight years so have an understanding of the NHS and have maintained my links with Leeds. I hope to use these links and skills to good effect in my new role.

I have a strong marketing background (both in building brands/developing strategy and implementing communication plans). I feel that the Trust has made some good inroads in this area but more can be done. We have recently appointed Kate Henry as Director of Marketing and Communication and I am actively supporting her in this role.

I place a high importance on making sure that we continue to achieve high levels of quality of care for our service users. I am already a member of the Clinical Governance and Clinical Safety Committee.

My aims are to ……..

Make a positive contribution to the strategic direction of the Trust, particularly around stakeholder engagement.

Assist in the strengthening of our brand and communication (with staff, stakeholders and service users).

Maintain/strive for a high quality service for all our users.

Continue to do visits to our services to meet staff and service users and understand the challenges the organisation faces at the sharp end.

Julie Fox, Deputy Chair
Date of appointment: 1 August 2011
Re-appointed 1 August 2014 (to 31 July 2017)
Deputy Chair from 1 August 2015

Summary of relevant qualifications	➢ Bachelor of Education ➢ Certificate Qualification in Social Work (Probation) ➢ Common Professional Examination (post-graduate law) ➢ Master of Business Administration
Current areas of interest in the trust, including committee membership	<u>Areas of interest</u> ➢ Criminal justice and mental health ➢ Child and adolescent mental health services ➢ Drug and alcohol services ➢ Wellbeing services ➢ Quality Assurance ➢ General children's services ➢ Child safety and protection <u>Committee membership</u> ➢ Chair, Clinical Governance and Clinical Safety Committee ➢ Chair, Mental Health Act Committee ➢ Chair, Charitable Funds Committee ➢ Member, Equality and Inclusion Forum
Summary of experience/areas of interest	➢ Leadership, management and partnership in criminal justice ➢ Senior manager in residential offender services and contract management e.g. accommodation, education, training & employment ➢ Positive diversity achievements both strategic and operational ➢ Previously in probation and youth justice inspection (working closely with other inspectorates such as HM Inspectorate of Constabulary, HMI Prisons and the Care Quality Commission) ➢ Currently working for the Youth Justice Board in quality improvement

	➢ HR experience in recruitment and staff development ➢ Four years restaurant ownership
Key development areas over the next twelve months	➢ Continue to develop financial and chairing experience ➢ Increase learning related to the MHA new Code of Practice ➢ Through the MHAC, seek greater assurance in MHA actions and recording of these e.g. patients' rights, leave etc. ➢ Explore possibility of other committees and vice chair role in next 2 years

Declared interests as at October 2015
➢ Seconded from HMI Probation (Ministry of Justice) to Youth Justice Board
➢ Advisory Board Member for Peer Power, a social justice organisation supporting young people

Why I became a Non-Executive Director and why this Trust?
I became a Non-Executive Director as I was interested in helping to improve the quality of care for people in Barnsley (in particular) relating to mental health and, more latterly, children's mental health. I believe that the skills I had gained in the rest of my life were transferable to these areas and hoped I could contribute to this.
I was particularly attracted to *this* trust because of the way it was portrayed on the internet and because of the areas of provision it delivered on.

What have I achieved?
This is really difficult to quantify as it is often small steps over time rather than a revolution! I have tried to challenge in a constructive way and praised where this is due. I think I have helped to make the presentation of information more accessible to non-clinical people and regularly asked about how change will be viewed from the service user angle and to identify what the impact will be. I have tried to emphasise quality (including diversity and inclusion) in everything we do.
With the Mental Health Act Committee, I have worked with staff to improve the presentation of statistics so that we can see trends over time, collated the Care Quality Commission outstanding tasks and be clear about our expectation for completion. The processes for Independent Associate Hospital Managers have improved to be more inclusive, streamlined and efficient.
With Charitable Funds, we have recycled more money over time and are now trying to ensure that we can raise more money too.
More generally, I have sought to challenge and be vocal about aspects of practice that do not provide assurance and to be unrelenting where this doesn't improve. In relation to strategy and board issues, I have participated in the meetings offering ideas and thoughts for improvement and always try to live the values where I can demonstrate these as I think that is a very important part of the leadership role.

Chris Jones, Non-Executive Director
Date of appointment: 1 August 2015 (to 31 July 2018)

Summary of relevant qualifications	➢ BA Hons Economics, Accounting and Financial Management ➢ Member Chartered Institute of Public Finance and Accountancy
Current areas of interest in the trust, including committee membership	Areas of interest ➢ Leadership ➢ Workforce development ➢ Engagement Committee membership ➢ Member, Audit Committee ➢ Member, Mental Health Act Committee
Summary of experience/areas of interest	➢ Qualified accountant with previous experience in public and private sectors including the NHS ➢ Seven years as Principal and Chief Executive of Calderdale College ➢ Formerly a member of the Calderdale Safeguarding Children Board ➢ Trustee of Children's Food Trust ➢ Interested in leadership and governance and the impact on service standards and organisational performance
Key development areas over the next twelve months	➢ Use of performance indicators to monitor performance ➢ Supporting the Trust through CQC ➢ New relationships with partners ➢ Continuing to develop services which meet user needs

Declared interests as at October 2015
➢ Director, Chris Jones Consulting Ltd.
➢ Director and part-owner, Chris Jones Consulting Ltd. The business works primarily in the education and skills sector.
➢ Trustee, Children's Food Trust

Why I became a Non-Executive Director and why this Trust?

I wanted to be a Non-Executive Director to both use the leadership skills I had developed in my executive career, but also to develop myself in a new sector and role.

I chose this Trust because I was/am interested in how mental health gets the attention it deserves and, of course, it serves the area where I have lived and worked for a number of years.

I bring to the Trust ……..

I (or I think I) bring an understanding of the challenges faced by large organisations working in the 'commercial public sector'. I know the patch and many of the partner organisations with which the Trust engages so can help build relationships. I have a strong financial background and am used to working within ever tightening financial constraints, and I am keen to help and learn as I go.

My aims are to ……..

I am not sure I can describe what I want to achieve. I do, however, want the Trust to thrive, to continue to develop and improve services, be a great place to work and to be recognised as a key and successful player in the local health service. I suppose my ambition is to play a part in delivering that.

Jonathan Jones, Non-Executive Director
Date of appointment: 1 June 2010
Re-appointed: 1 June 2013 (to 31 May 2016)

Summary of relevant qualifications	➢ Solicitor ➢ Member of Squire Patton Boggs (UK) LLP
Current areas of interest in the trust, including committee membership	Areas of interest ➢ Legal matters generally ➢ Estates ➢ Involvement in 'Third Way' organisations ➢ IT Committee membership ➢ Member, Mental Health Act Committee ➢ Member, Audit Committee ➢ Member, Remuneration and Terms of Service Committee ➢ Chair, Estates Forum ➢ Member, IM&T Forum
Summary of experience/areas of interest	➢ Member of Squire Patton Boggs, a major international law firm. ➢ Specialises in corporate finance law (with particular experience in private equity). ➢ Clients come from a variety of sectors including healthcare. ➢ Issues confronting the legal profession at present include estates, people and technology and he has applied his experience of those to his involvement in the trust.
Key development areas over the next twelve months	➢ Greater understanding of care pathways. ➢ Understanding of patient-centred care and how it is delivered. ➢ Understanding of CIPs and their delivery. ➢ Wider NHS political environment.

Declared interests as at October 2015

- Member, Squire Patton Boggs (UK) LLP
- Member, Squire Patton Boggs (MENA) LLP
- Trustee, Hollybank Trust

Why I became a Non-Executive Director and why this Trust?

My dad was the CEO, and in the senior management, of various NHS trusts over the last 20 years of his career. The NHS was, therefore, part of the context of my growing up and something in which I was always interested. As Managing Partner of the Leeds office of Squire Patton Boggs, I encourage all our partners to make a contribution to the wider communities in which we live. When this opportunity came up I felt I had to lead by example.

I bring to the Trust ……..

I like to think that I bring two things to the Trust.

1. A bit of private sector nous and experience in terms of the way things are done, and could be done. It's sometimes hard for individuals who have spent their entire careers in the NHS to look at challenges from a fresh perspective.
2. Legal commerciality around negotiation and commercialisation of the opportunities presented to the Trust.

What have I achieved?

I finish as a director of the Trust on 31 May 2016 and have enjoyed my time as a director enormously. I will look back on the whole period with real fondness and pride. In terms of achievements, I would single out a couple of things (neither of which have yet been fully accomplished):

1. rationalisation of the Trust's estate and move to a hub-based service as a means of transformation;
2. bringing a greater rigor to the Trust's commercial projects, its approach to new contracts and tendering and how it presents itself internally and externally.

The Trust is a fantastic organisation, full of bright, committed and hardworking people and it should be proud of itself and the position that it's in.

<p style="text-align:center">**Non-Executive Director role description**</p>

1. General

Non-Executive Directors play a crucial role in bringing an independent perspective to Trust Board in addition to any specific knowledge and skills they may have. Non-Executive Directors have a duty to uphold the highest standards of integrity and probity and to foster good relations with Trust Board colleagues. They should apply similar standards of care and skill in their role as a Non-Executive Director of the Trust as they would in similar roles elsewhere.

Non-Executive Directors, including the Chair, have a particular role in helping and supporting the Members' Council to hold them to account for the performance of Trust Board.

Non-Executive Directors are expected to participate fully as members of Trust Board Committees to which they are appointed and to take the role of Committee Chair when so appointed.

Non-Executive Directors will meet periodically with the Chair, without the Executive Directors present, to discuss issues of interest or concern.

Non-Executive Directors will meet at least once a year with the Senior Independent Director, without the Chair present, to participate in the Chair's appraisal and the setting of objectives for the Chair. In exceptional circumstances, they may be asked to meet with the Senior Independent Director to attempt to resolve issues concerning the Chair's performance or to take action in that respect.

2. The Non-Executive Director role

Non-Executive Directors have a responsibility to:
- support the Chair, Chief Executive and Executive Directors in promoting the Trust's values;
- support a positive culture throughout the Trust and adopt behaviours that exemplify the Trust's culture;
- constructively challenge the proposed decisions of Trust Board and ensure that appropriate challenge is made in all circumstances;
- help develop proposals on priorities;
- help develop proposals on risk mitigation;
- help develop proposals on values and standards;
- contribute to the development of strategy.

Non-Executive Directors have a duty to:
- scrutinise the performance of the Executive Management Team in meeting agreed goals and objectives;
- satisfy themselves as to the integrity of financial, clinical and other information;

- satisfy themselves that financial and clinical quality controls and systems of risk management and governance are sound and that they are used;
- commission and use external advice where necessary;
- ensure they receive adequate information in the form that they specify and to monitor the reporting of performance.

Non-Executive Directors are responsible (acting in the appropriate Committees) for:
- determining appropriate levels of remuneration for Executive Directors;
- participating in the appraisal of Executive Directors, fellow Non-Executive Directors and the Chair;
- appointing the Chief Executive (with the approval of the Members' Council);
- appointing other Executive Directors along with the Chief Executive;
- where necessary, removing Executive Directors;
- succession planning for key executive posts;
- relations with the Members' Council.

Non-Executive Directors should:
- attend meetings of the Members' Council with sufficient frequency to ensure they understand the views of governors on key strategic and performance issues facing the Trust;
- take into account the views of governors and other members to gain a different perspective on the Trust and its performance;
- have an ongoing dialogue with the Members' Council on the progress made in delivering the Trust's strategic objectives, the high level financial and operational performance of the Trust;
- receive feedback from the Members' Council regarding performance and ensure the Trust Board is aware of this feedback.

Executive Director role description

1. Trust Board role

In addition to and separate from their management duties, as Trust Board members, Executive Directors have the same duties and responsibilities as Non-Executive Directors. The Executive Director's role as a Trust Board member covers all the business of Trust Board, not just their management specialism. Executive Directors share Trust Board's collective and individual responsibility for its decisions. Executive Directors, as Trust Board members, share the same legal liabilities as Non-Executive Directors. Executive Directors are expected to 'own' Trust Board decisions and act in accordance with collective decisions.

2. Appropriate challenge

While Executive Directors are likely to have the most detailed knowledge of their particular area of professional expertise, they should understand and welcome the need for constructive challenge from both Non-Executive Directors and their Executive Director colleagues. They should be open to having their proposals and reports tested in the light of different managerial expertise of their Executive Director colleagues and the broader experience that Non-Executive Directors bring to Trust Board.

3. Information

Executive Directors have a particular responsibility for ensuring that the information provided to Trust Board is accurate, timely, of high quality and is presented in the form required by Trust Board. Executive Directors also have a particular responsibility to ensure that the Members' Council is provided with accurate, timely and high quality information in the form required by governors.

4. Accountability

Although legislation specifies that governors hold Non-Executive Directors to account for the performance of Trust Board, Executive Directors will need to provide support in facilitating good accountability relationships. In practice, this will mean, for example, that Non-Executive Directors may require timely information from Executive Directors to support their dialogue with the Members' Council (to enable the Members' Council to form a view of Trust Board's performance).

Quality Performance Report

Strategic Overview

September 2015

Table of Contents

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 received 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.

How likely are you to recommend our services to friends or family if they required similar care or treatment?
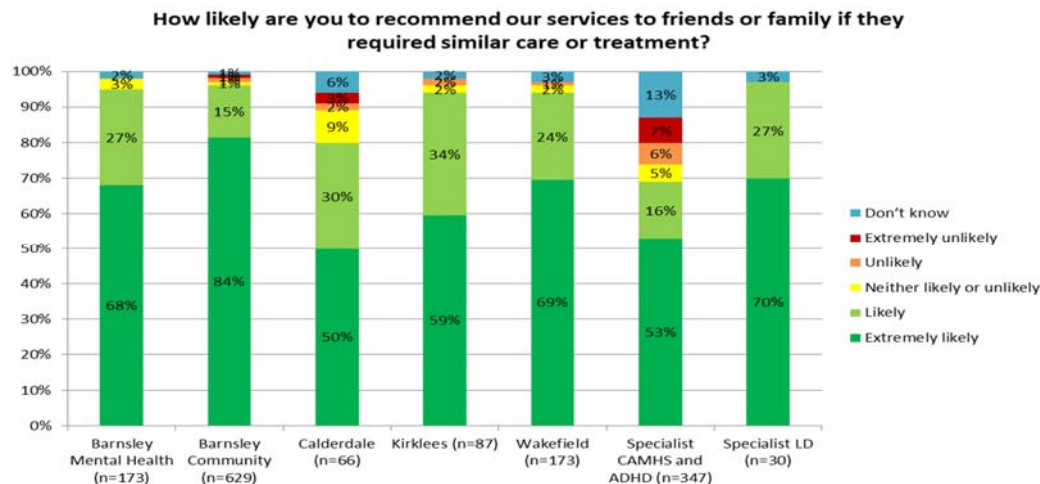
Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

	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

	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

	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

	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 Immunistion (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 againt contract thresholds.

MH Currency Indicators - September 2015
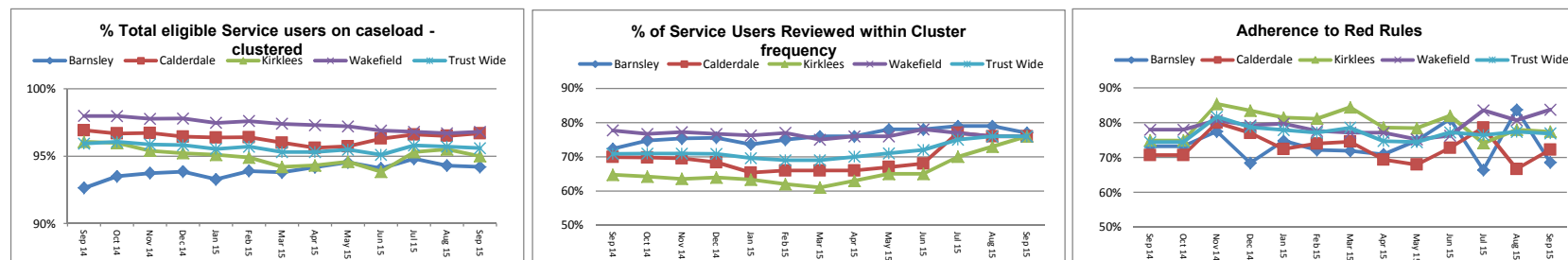
IAPT & Forensic Secure Services and Clustering
The final Reference Cost Guidance for 2014/15 removed the requirement included in the draft guidance for IAPT and Forensics to reported by cluster. However, all IAPT clients entering treatment from 1st April 2015 must be clustered. The new Forensic Mental 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

Green <=4.4% Amber >4.4% & <=5.0% Red >5.0%

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%

Absence Rate MH Trust Average 4.9%
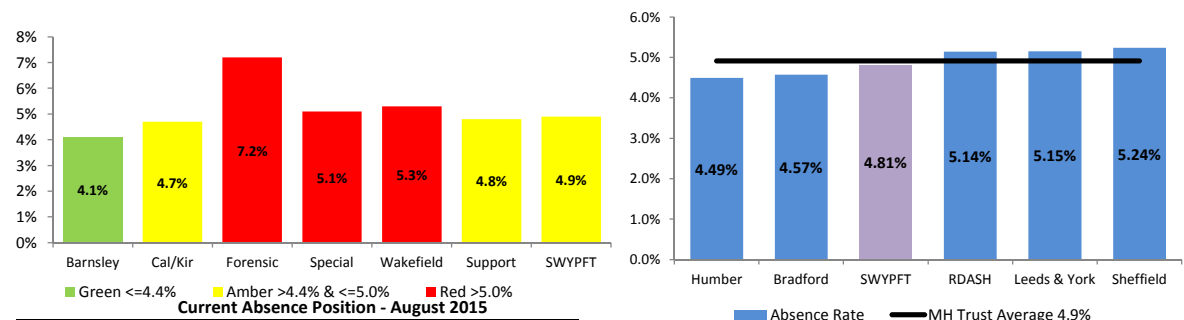
The above chart shows YTD absence levels in MH/LD Trusts in our region to the end of June 2015. During this time the Trust's absence rate was 4.81% which is below the regional average of 4.91%.

Appraisals - All Staff

Red <85% Amber >=85% & <95% Green >=95%
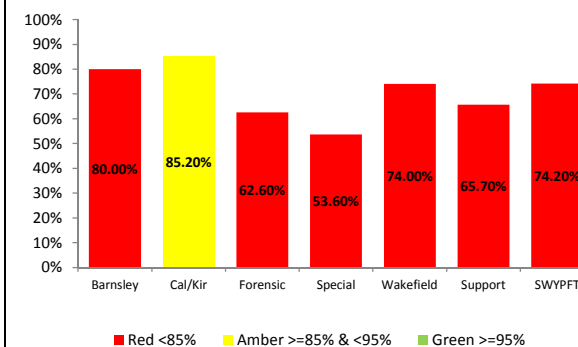
The above chart shows the YTD appraisal rates for all Trust staff to the end of Sept 2015. The Trust's target for appraisals is 95% or above. This is the first month that Band 5s and lower have been included in the figures; they will continue to be monitored to ensure improvement over the full year.

Turnover and Stability Rate Benchmark

Red <3% or >12% Amber >=3 & <5% or >10 & <12% Green 5-10%
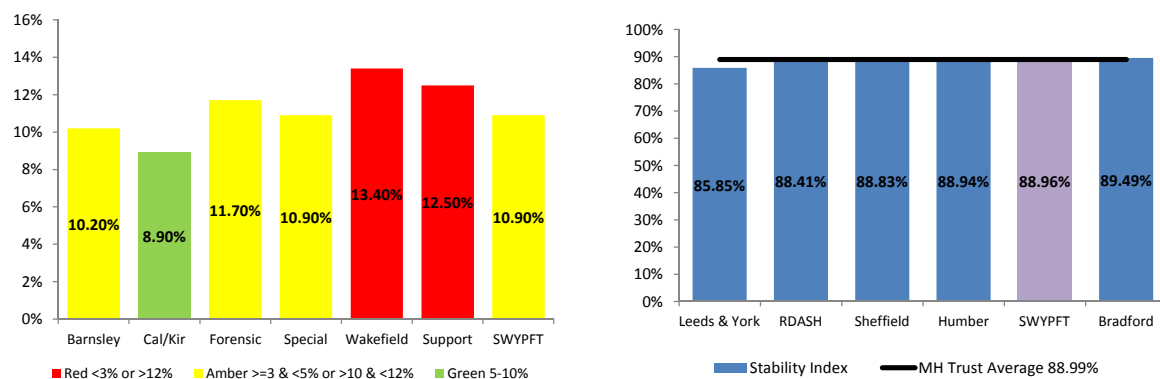
This chart shows YTD turnover levels up to the end of September 2015. Approximately half the leavers in Wakefield BDU were as a result of retirement.
The increase in Support Services is due to 18 people leaving through retirement or redundancy since 1st April.

Stability Index MH Trust Average 88.99%

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

Red <70% Amber >=70% & <80% Green >=80%
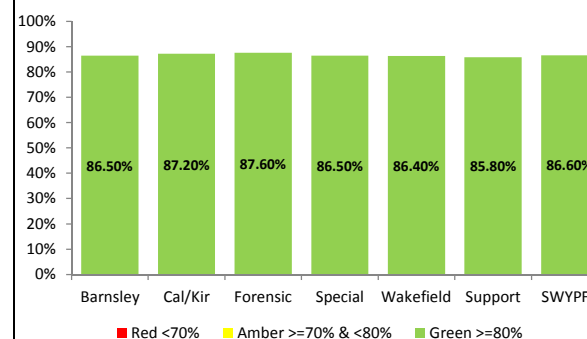
This chart shows fire training for the 12 month periods ending Sept 15. The Trust continues to achieve its 80% target for fire lecture training, with all areas having maintained their figures above target for several months.

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

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 it's 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			

Members' Council
6 November 2015

Agenda item:	**9**
Report Title:	Care Quality Commission inspection March 2016
Report By:	Tim Breedon
Job Title:	Director of Nursing, Clinical Governance and Safety
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to advise the Members' Council of the arrangements in place to prepare for the Care Quality Commission (CQC) inspection in March 2016. There will also be a presentation at the meeting of the key points and issues in relation to the inspection.

Recommendation

The Members' Council is asked to RECEIVE the report.

Introduction

The CQC has confirmed that it will undertake an inspection of Trust services beginning on 7 March 2016. As required, the CQC has given the Trust prior notice of its inspection and, during this period, the Trust will provide information on the quality of its services, its governance arrangements, etc.

Although the CQC has conducted on-site inspections on previous occasions, the inspection will be the first time the Trust will be reviewed under the new inspection framework. The new process enables the CQC to gain a broader understanding of the quality of care provided and also evaluate areas such as governance and leadership.

Care Quality Commission inspection process

The CQC asks five questions of all care services. These are at the heart of the way it regulates and these help to make sure the CQC focuses on the things that matter to people. The same five questions are asked of all services inspected.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

Each of the five key questions is broken down into a further set of questions (*key lines of enquiry)*. When it carries out inspections, the CQC uses these to help it decide what it needs to focus on. For example, the inspection team might look at how risks are identified and managed to help them understand whether a service is safe. The CQC uses different key lines of enquiry in different sectors and this methodology helps it make sure it is consistent in what it looks at under each of the five key questions and that is focuses on the areas that matter most.

There are four ratings given to health and social care services:

Outstanding – the service is performing exceptionally well.

Good – the service is performing well and meeting expectations.

Requires improvement – the service isn't performing as well as it should and the CQC has told the service how it must improve.

Inadequate – the service is performing badly and the CQC has taken action against the person or organisation that runs it.

More information on the CQC's inspection process can be found on its website at http://www.cqc.org.uk/content/how-we-do-our-job.

The Trust has a number of mechanisms in place to assure the quality of the care it provides. These include high level strategies, such as, Quality Improvement Strategy, Nursing Strategy and Patient Safety Strategy, with associated implementation plans, systems and processes to monitor quality improvement and assurance and structures that facilitate ward-to-board connectivity and meaningful activity to improve, the safety, effectiveness and experience of care.

The focus of the Trust's CQC inspection plan will be to ensure that the application of these mechanisms is consistent and effective across the Trust and to provide support where needed. This approach will require a whole systems approach from staff across the Trust and will be an invaluable opportunity to drive out any variations in clinical practice and service standards.

Whilst it is important to recognise the need to plan for the CQC inspection, the Trust is clear that the actions it takes are necessary to ensure quality of care is in line with the Trust's values and goals. By continuing to drive quality through continual improvement, the Trust aims to achieve the necessary regulatory compliance. Action taken will drive good quality care and is part of the continued development and improvement of services not solely to pass the 'inspection' by the CQC.