With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
Friday 12 February 2016
9:00 to 14:30
Conference room, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield HD2 1YF

Agenda

Item	Time	Subject Matter	Presented by		Action
	9:00	**External audit – an introduction to the role and what governors want from Deloitte as the Trust's auditors (Please note – this item is for governors only)**	**Paul Hewitson, Director, Deloitte**	**Discussion**	
	9:45	*Break*			
1.	10:00	Welcome, introductions and apologies	Ian Black, Chair	**Verbal**	To receive
2.		Declaration of Interests	Ian Black, Chair	**Verbal**	To receive
3.		3.1 Minutes of the previous meeting held on 6 November 2015	Ian Black, Chair	**Paper**	To agree
		3.2 Action points arising from development session held on 13 October 2015	Ian Black, Chair	**Paper**	To receive
4.	10:10	Chair's report and feedback from Trust Board	Ian Black, Chair	**Verbal**	To receive
		Chief Executive's comments	Steven Michael, Chief Executive		
5.	10:40	Potential implications for the Trust arising from the Southern Health NHS Foundation Trust concerns	Tim Breedon, Director of Nursing	**Paper**	To receive
6.	10:55	Mandatory and local indicators for the Trust's Quality Accounts	Tim Breedon, Director of Nursing	**Verbal**	To receive
7.	11:10	Performance report Quarter 3 2015/16. The full performance report for month 9 2015/16 is enclosed with these papers and can also be found on the Trust's website at http://www.southwestyorkshire.nhs.uk/about-us/performance/reports/. There will be a presentation of the key issues at the meeting.	Alex Farrell, Deputy Chief Executive	**Paper/ presentation**	To receive

Item	Time	Subject Matter	Presented by		Action
8.	11:20	Care Quality Commission – preparing for our inspection	Tim Breedon, Director of Nursing	**Presentation**	To receive
9.	11:35	Trust Board appointments			
		9.1 Re-appointment of Non-Executive Director	Ian Black, Chair	**Paper**	To agree
		9.2 Ratification of Chief Executive appointment	Ian Black, Chair	**Paper**	To agree
10.	11:45	Members' Council business items		**Paper**	To receive
		10.1 Members' Council elections	Dawn Stephenson, Director of Corporate Development		
		10.2 Members' Council work programme 2016	Ian Black, Chair	**Paper**	To agree
11.	11:55	Closing remarks and date of next meeting	Ian Black, Chair	**Verbal**	
		Friday 6 May 2016 Morning meeting Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER			
		Future meetings			
		Friday 22 July 2015 Morning meeting Legends suite, Oakwell Stadium, Barnsley FC, Grove Street, Barnsley, S71 1ET	**Wednesday 26 October 2015** Afternoon meeting Conference room 1, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield, HD2 1YF		
	12 noon	*Lunch*			
	12:30	**Joint meeting with Trust Board (details in separate programme)**	**Members' Council and Trust Board**		
	14:30	*Close*			

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Minutes of the Members' Council meeting held on 6 November 2015

Present:	Ian Black	Chair of the Trust
	Jackie Craven	Public – Wakefield
	Andrew Crossley	Public – Barnsley
	Manvir Flora	Appointed – staff side organisations
	Claire Girvan	Staff – Allied Health Professionals
	John Haworth	Staff – Non-clinical support
	Andrew Hill	Public – Barnsley
	Bob Mortimer	Public – Kirklees
	Daniel Redmond	Public – Calderdale
	Michael Smith	Public – Calderdale (Lead Governor)
	Hazel Walker	Public – Wakefield
	Peter Walker	Public – Wakefield
	Tony Wilkinson	Public – Calderdale
	David Woodhead	Public - Kirklees
In attendance:	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Rachel Court	Non-Executive Director
	Alan Davis	Director of Human Resources and Workforce Development
	Charlotte Dyson	Non-Executive Director
	Julie Fox	Deputy Chair
	Chris Jones	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Steven Michael	Chief Executive
	Sean Rayner	District Service Director, Barnsley and Wakefield
	Dawn Stephenson	Director of Corporate Development
	Karen Taylor	District Service Director, Calderdale, Kirklees and Specialist Services
Apologies:	Marios Adamou	Staff – Medicine and pharmacy
	Stephen Baines	Appointed – Calderdale Council
	Garry Brownbridge	Staff – Psychological Therapies
	Michelle Collins	Appointed – Wakefield Council
	Adrian Deakin	Staff – Nursing
	Emma Dures	Appointed – Barnsley Council
	Michael Fenton	Public – Kirklees
	Nasim Hasnie	Public – Kirklees
	Chris Hollins	Public – Wakefield
	Susan Kirby	Public – Kirklees
	Ruth Mason	Appointed – Calderdale and Huddersfield NHS Foundation Trust
	Margaret Morgan	Appointed – Barnsley Council
	Cath O'Halloran	Appointed – University of Huddersfield
	Jules Preston	Appointed – Mid Yorkshire Hospitals NHS Trust

MC/15/32 Welcome, introduction and apologies (agenda item 1)

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

MC/15/33 Declaration of interests (agenda item 2)

There were no further declarations over and above those already made by governors.

MC/15/34 Minutes of the previous meeting held on 24 July 2015 and notes from the development session held on 13 October 2015 (agenda item 3)

The Members' Council APPROVED the minutes from the meeting held on 24 July 2015. There were no matters arising.

The Members' Council RECEIVED the notes from the development session held on 13 October 2015. Ian Black commented that the session had been a very good event and all who attended contributed hugely but he was disappointed at the level of attendance. The session is very much seen as part of the governor role. He will discuss the session in his annual reviews with governors early in 2016. Governors who did attend felt that it was an excellent and helpful event, providing an opportunity to get to know each other better.

MC/15/35 Chair's report and feedback from Trust Board/Chief Executive's comments (agenda item 4)

Ian Black began his remarks by commenting on Steven Michael's planned retirement at the end of March 2016 and his tenure as Chief Executive for the last nine years during a time of unprecedented challenge and change. The Chair and Chief Executive relationship is very dependent on the personalities involved and it will be a significant transition. There are three key areas of work, which Steven Michael will ensure are finalised prior to his retirement in terms of:

- approval of plans and budgets for 2016/17;
- delivery of the 2015/16 plan; and
- Care Quality Commission inspection.

On behalf of the Members' Council, he thanked Steven for his contribution and commented that the Trust is where it is now due very much to Steven's efforts. He is and has been an outstanding leader.

Ian Black went on to remind the Members' Council that Trust Board approved a deficit budget in March 2015 of £700,000 to reflect both capital and revenue investment in services to continue to enhance and improve the Trust's offer to service users. He was, therefore, comfortable with the position. At its meeting in October 2015, Trust Board approved a revised financial position with a small surplus of £100,000 due to prudent financial management. He added that foundation trusts are under some pressure to review and revise their financial outturn; however, the Trust's position reflects its current financial standing.

He went on to comment on the following.

- The Care Quality Commission (CQC) has advised that it will undertake an inspection of Trust services in March 2016 (to be discussed further under agenda item 9).
- Governors' annual reviews will take place in January/February 2016.
- Creative Minds won the best Collaborative Arts Project in the recent National Building Better Healthcare Awards.
- Trust Board has been shortlisted for the Health Service Journal Board Leadership award and he and Steven Michael presented to the judging panel last month. The Trust's forensic child and adolescent mental health service has also been shortlisted in the Specialist Services Re-design category.
- Child and adolescent mental health services in Kirklees and Calderdale where the next summit meeting will not be until December 2015 and will concentrate primarily on the new service.

Steven Michael began his remarks by thanking the Members' Council for its support to Trust Board, the Executive Management Team and to him personally. This has built a really good legacy for the relationship with the governing body. He went on to say that he felt privileged to have occupied the position of Chief Executive over the last decade; however, as the NHS enters a new phase, the Trust needs continuity over the next four to five years at senior level.

He went on to comment on the following.

- The current activity in the NHS is an indication of how the provider landscape, for both primary and secondary care, is beginning to change. A key consideration for Trust Board, therefore, is to ensure the organisation is well-prepared to meet the changes and challenges. The Members' Council can support this through continuing to provide challenge to Trust Board and holding non-executive directors to account.
- The Trust has had a healthy response to the advert to recruit a Director of Forensic and Specialist Services with a longlist of six candidates. He is confident the Trust can make a high-calibre appointment.
- The proposed Tier 4 child and adolescent mental health service development with Priory is currently on hold as there is no clear direction from NHS England for the commissioning of the service; therefore, the Priory board does not feel it can commit to any new developments at this time.

Steven Michael ended by commenting on the Trust's capital programme, which recently saw Trust Board approval for two community hubs in Wakefield and Pontefract. The two developments add to community hubs at Laura Mitchell House in Halifax and at New Street in Barnsley. The Wakefield hub will be based in a central site in the city and the Pontefract hub will see the re-development of an existing Trust property, Baghill House. Both will be built on an agile working model. The Chief Executive also commented on the refurbishment of non-secure estate on the Fieldhead site (Trinity, Chantry and Priory). Trust Board is currently working through financial scenarios but is committed to taking the development forward. Monitor (the Trust's regulator), on behalf of the Department of Health, has asked the Trust to review its capital programme for 2015/16. The Trust has responded that, following a review of the projected capital spend for 2015/16, its forecast spend, which it provided to Monitor at month 6, continues to be the projected position. To defer any of the planned schemes at this point could not be done safely and/or without causing additional clinical and financial pressures for this and next year. He cautioned that this might have implications for the approach adopted centrally.

Tony Wilkinson asked if the change in surplus related to a one-off windfall. Ian Black responded that the Trust is hoping to sell a piece of land but the sale may conclude after the end of March 2016. The change in the end-of-year financial position is due to prudent financial management and an improved in-year position. Steven Michael added that the Trust's overall financial position is very strong and it forecast a small in-year deficit in order to plan for the future; however, there is increasing pressure to be seen to be achieving a surplus.

He cautioned, however, that there is a financial risk with this year-end in relation to the planned disposal of some capital assets.

MC/15/36 Independent review of the Trust's governance arrangements (agenda item 5)

An executive summary of the report and the Trust's action plan were circulated with the papers for this meeting. Ian Black commented that he took comfort from the similarity between Trust Board's self-assessment and the assessment provided by Deloitte following its review. Steven Michael commented that the CQC will look at the organisation from the front-line upwards and a key domain is whether the organisation is well-led; therefore, it is very useful to have had this review. All actions will be completed by the end of the financial year.

MC/15/37 Holding Non-Executive Directors to account (agenda item 6)

Ian Black began by reminding governors that the duty to hold Non-Executive Directors to account for the performance of Trust Board is a key part of their role. The discussion item was designed to help governors find out more about the 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. Involved in the session were Rachel Court, Charlotte Dyson, Julie Fox, Chris Jones and Jonathan Jones. Ian Black explained that Laurence Campbell was on leave. Each Non-Executive Director, including the Chair and Laurence Campbell, provided background information to describe 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 have achieved and, for newly appointed, what they would like to achieve, and their role in the Trust. Suggested areas for probing were:

1. how and on what have you challenged the Executive Management Team and how effective has this been?
2. what do you do to prepare to ensure you understand the Trust's business and gather information to enable you to challenge effectively?
3. where do your skills add value?
4. what preparation have you done in terms of taking on this new role?
5. has the Members' Council influenced any change in behaviour, your views or the way Non-Executive Directors provide challenge at Trust Board?
6. how do you ensure Trust Board acts in the best interests of its service users/patients?

All involved agreed this had been an excellent session, which allowed governors to explore both the new Non-Executive Directors' potential and skills, and the delivery of the longer serving Non-Executive Directors. It was appreciated that Non-Executive Directors had responded with integrity, openness and honesty in their answers.

MC/15/38 Implementing the Trust's plans (agenda item 7)

Review of the Trust's five-year plan (agenda item 7.1)

James Drury, Deputy Director of Strategic Planning, introduced this item. Key areas for this year and next were highlighted as:

- strengthening operational links with primary care, the third sector and local authorities, and extending the application of Creative Minds and Recovery Colleges to foster and create resilient communities supporting integrated care;
- ensuring operational implementation of the current tranche of transformation projects, applying the understanding derived from health intelligence and marketing work;
- managing the acute mental health pathway so that occupancy rates in acute mental health wards are running at occupancy levels that enable flow, enhance quality and reduce the use of beds out-of-area;
- ensuring people needing early intervention support with mental health get timely and evidence-based care; and
- ensuring appropriate urgent care services are in place for all service users.

Daniel Redmond asked where day services featured. Steven Michael responded that these are linked to the development of recovery colleges and the Trust's recovery-based approach. Bob Mortimer commented that care home provision is reducing and asked what could be done. James Drury responded that the Trust needs to be clear on its contribution and what it can do to support the sector through, for example, Portrait of a Life and care home liaison services. Steven Michael added that the Trust needs to be imaginative in its response but it cannot take on the provision of care homes.

Service transformation (agenda item 7.2)

Steven Michael introduced this item and commented that any service change or development has to fulfil three criteria.

- It must reflect the overall mission and strategic direction of the Trust.
- It must improve quality.
- It must improve efficiency and effectiveness.

If a service change or transformation does not provide the above, why would the Trust do it?

The paper provided set out the current position for each workstream of the transformation programme and Steven Michael reminded the Members' Council that, in the background, is the tasking of the NHS to find £30 billion of savings over the next five years and, in return, receive £8 billion investment. The challenge for the sector is to make any headway in achieving savings given its current financial position.

- The mental health workstream is the most advanced, which is appropriate given this is largest element of Trust services. New models of service for acute and community, memory assessment and rehabilitation and recovery are planned for implementation in 2015/16 in order to align with annual planning and cost improvement programme assumptions. A key enabler is the agreement of commissioners for new service models and reflection of these in 2015/16 contracts.
- The learning disability workstream is at full business case stage for planned implementation in 2016. A key enabler is commissioner agreement to the model and funds flow.
- The forensic service is preparing for national procurement to demonstrate an effective operational model and develop a clinical network and pathway approach with partners.
- For general community, services were tested in 2015/16 through tender or service specification (intermediate care, integrated care and 0-19 services). Work has begun to align workstreams with tender activity and annual planning for 2016/17.

Key supporting enablers for the programme focus on:

- changes in workforce and how the Trust works in partnership with other organisations;
- development of estate that meets and supports service needs; and
- information management and technology that supports the way people work and how services are delivered.

MC/15/39 Performance report Quarter 2 2015/16 (agenda item 8)

Ian Black commented that, led by Alex Farrell, the Trust is reviewing its performance reporting as a result of the well-led review. He highlighted the key performance indicators as measured by Monitor and Steven Michael took the Members' Council through the key highlights from the quarter 2 performance report. The Members' Council provided feedback that this summary information was better suited to their needs.

MC/15/40 Care Quality Commission – preparing for our inspection (agenda item 9)

Steven Michael took the Members' Council through the process and Trust preparation for the inspection in March 2016. He confirmed that a preliminary rating would be shared with the Trust at the end of the inspection team visit (starting on 7 March 2016) and a formal report will follow two to three months later for the Trust to review for factual accuracy. This will be followed by a Quality Summit, which is a formal meeting to provide the rating and any action

the Trust is required to take. The Trust would then be required to develop an action plan, approved with the CQC and Monitor.

Claire Girvan asked if the initial rating would be shared. Steven Michael responded that the CQC will advise the Trust what it can share. He went on to comment that the Trust should be aiming for a 'good' rating.

Service users and carers, and the Members' Council will be given the opportunity to give their views to inspectors and anyone can provide comments via the CQC website. A potential user of Trust services will be able to look at individual service ratings not just the amalgamated rating given the Trust.

Ian Black confirmed that the Members' Council will continue to be informed and involved in progress and Trust planning.

MC/15/41 Date of next meeting (agenda item 10)

The next meeting will be held in the afternoon of Wednesday 3 February 2016 in the large conference room, Learning and Development Centre, Fieldhead, Wakefield, WF1 3SP. The remainder of meetings for 2016 were confirmed as follows.

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

Ian Black ended the meeting by reminding the Members' Council that there is an open invitation for governors to attend the public sessions of Trust Board meetings and information on the dates and venues was included in the pack for today's meeting.

Signed …… Date ……

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Members' Council development session October 2015 – enhancing personal contribution
How will we take the feedback forward?
Members' Council Co-ordination Group 21 December 2015

Actions arising from session that considered "If we were more self-aware, what could we do as a group to influence the Trust?"

	Your feedback	Actions
1.	How do we move from an individual position to a team? Get to know each other – replicate 'speed dating' for governors? Build trust between governors – pre-meeting led by Lead Governor	Members' Council leaflet to be updated. See below
2.	Time to reflect as a Members' Council after meetings – without Trust Board	<u>Suggestion</u> Section at the end of each meeting for governors to articulate what they think they have done to discharge their duties. Led by Lead Governor with set questions and someone to take notes. Discussion at Co-ordination Group
3.	Members' Council feedback into Co-ordination Group on risks, etc. arising out of Members' Council/governor links into the community	Discussion at Co-ordination Group. Governors to lead surgery-type sessions to support members raise concerns and issues. Trial will be attached to next round of Insight events early in 2016.
4.	Bring in external speakers to bring a different perspective.	Discussion at Co-ordination Group – what would they consider appropriate? (MPs, NHS Providers, etc.)
5.	Understand differing views of Trust performance	<u>Suggestion</u> All presentations made to the Members' Council will contain information on the national picture and the Trust's position against other Trusts.
6.	As a Board, give more on national context	Both Chair and Chief Executive provide a comprehensive round-up of the national picture as it affects the Trust. Co-ordination Group to consider whether anything else is required.
7.	Clear approach to strategic media management	<u>Suggestion</u> Presentation from Chief Executive and Kate Henry.

	Your feedback	Actions
		Co-ordination Group to consider what else is required.
8.	Understand complexity of the Trust and enable governors to pinpoint where they can contribute to progress partnership working	Suggestion As part of joint meeting with Trust Board, provide key headlines for each clinical commissioning group and specialist commissioners. Provide summary of Trust Board discussion at November strategy meeting on stakeholder position. Provide information on Executive Directors in same way as information collated on Non-Executive Directors (for inclusion in induction pack). Consider extending to governors.
9.	Evidence the challenge governors provide to Trust Board	Evidenced by Members' Council minutes, which reflect the discussion and challenge that takes place, and holding Non-Executive Directors to account session at November meeting. Attendance at a Trust Board meeting annually would be seen as part of expected contribution of a governor during term of office.
10.	Provide a breakdown of staff numbers (such as agency/bank, full-time and forensic)	To be commissioned via Director of Human Resources
11.	More focus on child and adolescent mental health services	An update is provided at each Members' Council meeting. A formal report is provided to Trust Board in its public session at every meeting, which can be provided to governors via the website or on request. Members' Council to advise what else is required.
12.	Group Yammer, for example, to share information or raise issues between Board meetings	To be considered internally
13.	Informal meetings with Non-Executive Directors – Q&A session held locally	Suggestion Schedule series of informal meetings by district. For example, Chair would hold an informal meeting at 16:00 on the Monday after the performance and monitoring Trust Board meeting. Discussion at Co-ordination Group

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Members' Council
12 February 2016

Agenda item:	**5**
Report Title:	Potential implications for the Trust arising from the Southern Health NHS Foundation Trust concerns
Report By:	Tim Breedon
Job Title:	Director of Nursing, Clinical Governance and Safety
Action:	To receive

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to RECEIVE the assurance provided in the following report.

Purpose of the paper

This paper provides an overview of the issues and implications arising from the recent external audit report into serious incident management at Southern Health NHS Foundation Trust. The Trust approach to serious incident management is summarised with data provided on number of deaths of Trust service users, number of deaths reported on DATIX incident reporting system and the number of serious incident investigations between 2011 and 2015.

Background

A draft report by independent auditors Mazars, commissioned by NHS England, was recently leaked to the BBC. The report comments on services run by Southern Health NHS Foundation Trust, which covers Hampshire, Dorset, Oxfordshire, Wiltshire and Buckinghamshire. The leaked report, published in December 2015, found failings in the way the Southern Health investigated serious incidents. The review was commissioned by former NHS England Chief Executive, Sir David Nicholson, after the preventable death of one of the Trust's patients, Connor Sparrowhawk, in 2013.

From April 2011 to March 2015, there were 10,306 deaths of people under the care of Southern Health (or its predecessor for services it subsequently acquired). This includes 1,454 unexpected deaths. The report found that:

- too few deaths were investigated and some should have been investigated further (272 treated as critical incidents, 195 investigated, treated as a serious incident and STEIS (strategic executive information system) reported);
- the deaths most likely to be investigated were adults with mental health (30% were investigated, down to 1% for those with learning disabilities and 0.3% for over 65s);
- the Trust could not demonstrate a comprehensive systematic approach to learning from deaths despite having comprehensive data, which it failed to use effectively;
- investigations were of poor quality and often extremely late, with two-thirds not involving families with the report citing failure of leadership; and

- the coroner was critical of reports.

Outcome

On 12 January 2016, Monitor announced that Southern Health NHS Foundation Trust would receive expert support to improve the way it investigates and reports deaths, particularly among people with a learning disability and/or those who are experiencing mental illness. A key area of concern for Monitor was that, when investigating, Southern Health also failed to engage properly with families. .

Monitor has taken regulatory action and agreed a number of steps with Southern Health to ensure these issues are addressed as quickly as possible. Southern Health has agreed to implement the recommendations of Mazars' report, and to get expert assurance on how well it plans and carries out those improvements. Monitor has appointed an Improvement Director for the trust, who will use their expertise to support and challenge the trust as it fixes its problems.

Monitor will also work closely with the Care Quality Commission to assess how deaths among people with a learning disability and/or mental illness are investigated and what further action is needed across the NHS and trusts.

Implications

There has been and still is understandable media interest and this Trust, along with other Trusts, has received a Freedom of Information request on the subject from the BBC.

From June 2016, Jeremy Hunt, Secretary of State for Health, has committed to publishing Ofsted style ratings of the quality of care offered to people with learning disabilities by clinical commissioning group. This will also require NHS Trusts to publish the number of avoidable deaths. In addition, NHS England has commissioned the University of Bristol to undertaken an independent study of mortality rates of people with learning disabilities in NHS care.

Trust position

The main concerns highlighted in the report were in relation to the threshold for investigating deaths, the quality of the serious incident investigation reports, the lack of evidence that any lessons were learned following incidents and failure by the Trust to engage with the families of those who had died.

Table 1 provides the total number of deaths of Trust service users recorded on the Trust's clinical information system between 2011 and 2015. As would be expected, the vast majority are in older person's services and Barnsley Community services.

Table 1 Deaths of service users between 2011 and 2015

	Financial Year				
SERVICE	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**Total**
Child & Adolescent Mental Health Services				1	1
Forensics		1			1
Learning Disabilities	18	23	17	21	79
Low Secure Services	1				1
Non Mental Health Services	1	7	13	13	34
Older People Services	826	802	894	847	3369
Working Age Adults	66	78	82	97	323
Barnsley Community			1668	1887	3555
Grand Total	912	911	2674	2866	7363

The Trust has a comprehensive policy on the reporting and investigation of incidents; *Incident reporting and Management Procedures (including serious incidents).* The Trust's policy supports reporting in line with national reporting guidance from NHS England (Serious Incident Framework and National Reporting and Learning System). Staff are encouraged to report any potential unexpected deaths as incidents. Such deaths are investigated to establish the cause of death. This is followed up with the Coroner's office where necessary.

Most deaths are found to be due to natural causes, or where no issues relating to care delivery are identified. In such cases, the incident is not investigated further. Where the cause of death is not thought to be from natural causes, or where there may have been care delivery issues, further investigation is undertaken.

The Trust has a dedicated team of full-time investigators and part-time medical investigators, all trained in root cause analysis. Where incidents meet the national reporting requirements, incidents are reported to STEIS (Strategic Executive Information System) as Serious Incidents in full accordance with STEIS criteria. Relevant patient safety incidents are reported to the National Reporting and Learning System. All serious incident reports are reviewed internally by senior clinicians, the Medical Director and Director of Nursing before submission to commissioners.

Table 2 provides the number of deaths that were reported as incidents on DATIX between April 2011 and 31 March 2015.

The Trust records 'service users' as anyone in contact with Trust services. This includes people who receive regular care and support and people who are seen intermittently, for example, by care home liaison services or by physiotherapists.

Table 2 Deaths reported on DATIX 2011-2015

Cause of death	Mental Health and Learning Disability Services	General Community Services
Natural cause or known physical cause	296	50
Unknown cause of death but no indication of suspicious circumstances	15	0
Accidental cause (e.g. RTA)	8	0
Drug or alcohol related death (reported and investigated through multi-agency processes)	26	0
Murder of patient (reported and investigated through multi-agency processes)	3	0
Uncertain cause of death but resulting in serious incident investigation	173	2
Total number of incidents resulting in death	521	52

Of the deaths reported on Datix between 2011 and 2015, 173 from mental health and learning disability services were investigated as serious incidents and two from general community services. Two incidents from learning disability services were reported as serious incidents and 17 from older person's services (Table 2).

The Trust's approach to incident reporting and investigation differs from the description of incident management described in the Southern Health external audit report.

We comply – The Trust fully complies with the requirements of the National Reporting and Learning Service and is fully compliant with chapter 8 of 'Working Together 2010 Learning Lessons from Serious Case Reviews'. This means that the Trust thoroughly embraces the review process and learns from reviews.

We report – The Trust uses Datix to report all incidents and immediately inform a number of people in the Trust depending on grade and type of incident. For example, all incidents of certain types go to specialist advisors (such as safeguarding, information governance, and health and safety) whose role it is to support and challenge teams. Management teams, made up of a general manager, clinical lead and practice governance coach, are always copied into incidents for their area. Incidents are also reported hierarchically (amber to deputy directors/directors and red to all directors). The use of Datix enables the Trust to identify serious incidents, near misses and hot spots.

We investigate – Datix has a manager's investigation section on the system and all incidents reported are investigated. Green and yellow incidents are investigated by team managers, with amber incidents having a service level investigation (either by the service itself or by requesting another service to investigate). On occasion, these are investigated by the Trust's dedicated investigation team.

We escalate – If the incident meets the NHS England 2015 criteria for a serious incident, it will be reported on the Strategic Team Executive Information System (STEIS). The Trust's dedicated team of investigators set up an investigation meeting, including managers and clinical staff. At this meeting, the timeline is communicated and terms of reference agreed.

We take it seriously – The investigators undertake the investigation and meet with family, where terms of reference are reviewed and sometimes added to. The investigation report is peer reviewed and reviewed by the Assistant Director of Patient Safety and the Associate Medical Director before it is sent to senior managers. A post-investigation meeting takes place where the report and findings are fed back and recommendations agreed. A learning event takes place with the clinical staff and the team involved where the findings are shared and the recommendations are converted to action plans to ensure local ownership. At this point, the report is sent to the Medical Director and Director of Nursing for final approval. Once the report is approved, it is sent to commissioners, who provide feedback within 20 working days.

We communicate and engage – Families are always offered a supported reading of the report, and it is always shared with the Coroner if the incident resulted in death. The Trust reports and provides assurance to external agencies, such as the Counter Fraud and Security Management Service, the police, the Health and Safety Executive, Monitor and local commissioners.

We learn **–** The Trust uses action plans to make sure that findings are acted upon in order to improve services by and prevent recurrence. The Trust also uses data analysis from incidents, complaints and claims to highlight any trends and themes and uncover any further need for intervention. The Trust makes sure that learning is shared appropriately across services, including through lessons learned events, and applies themes learned to safeguarding practice.

We evaluate well – All serious incident reports are thoroughly reviewed then approved at Director-level before submission. Feedback in 2015 from commissioners on the quality of the Trust's serious incident reports showed that 90% of reports were viewed as 'excellent'.

<u>Conclusion</u>

Serious and far reaching concerns were identified in the external audit of incident management in Southern Health NHS Foundation Trust. This has led the Department of Health to commission a national review of incident reporting in mental health and learning disability services in addition to the action taken by Monitor. At the Trust, there is a comprehensive policy on the reporting and investigation of incidents that operates in accordance with national guidance and standards. The Trust will fully comply with the

national review findings. In the interim and on an ongoing basis, the Trust will continue to monitor its compliance with national guidance and ensure that the quality of its investigations and serious incident reports remains high.

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
12 February 2016

Quality Accounts 2015/16
Mandated and local indicators

With all of us in mind

Requirement

As part of the quality account process for 2015/16, there is a requirement for our External Auditors (Deloitte) to test data on two mental health mandated key performance indicators and one local indicator.
These are reported to our regulator, Monitor, and in our annual report.

Mandated indicators

The mental health mandated indicators eligible for testing are:

- seven-day follow up
- gate kept admissions
- delayed transfer of care

There are no mandated items for our community and wellbeing services

The Members Council Quality Sub-Group has made the decision to test gate kept admissions and delayed transfer of care

We have a provisional date of 26 February for testing of this data.

Local indicator

The local indictor has to be determined by the Members' Council. The Members' Council Quality Sub-Group has made the decision to test **care planning**, in particular whether a care plan has been completed, implemented and reviewed.

The mental health clinical record keeping audit in May 2015 was used to test this information.

The data test was undertaken on 1 February 2016. We await the results.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Quality Performance Report

Strategic Overview

December 2015

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Introduction

Dear Board Member/Reader

Welcome to the Trust's Integrated Performance Report: Strategic Overview for December 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. Improvements to Datix web – dashboards
Datix Web dashboards are being developed and rolled out following a successful business case. The dashboards provides real time data on incidents that are configured to meet the needs the end user using graphics. To date all Consultants, specialist advisors and management Trio's (service manager, practice governance coach and clinical lead) and team managers have access to dashboards to support their work. The feedback has been really positive from reduction in the amount of time taken by specialist advisors to produce reports or note trends to practice governance coaches and managers commenting on how useful to be able to see trends.
Some specific dashboards have also been set up to support safe wards pilot and Sign up to safety.

2. Learning Lesson Reports
The Trust continues to learn from incidents and developing a learning culture. Historically the learning lessons section has been included in the incident reports however from April 2015 separate reports have been produced captures some of the changes to support learning that has taken place from incidents.
This report is based on the completed investigation reports that have been submitted to the Commissioners and other incidents from a Business Delivery Unit perspective.
The reports bring a flavour of the changes that have taken place in practise as a result of the action plans being implemented and the future development plans within the Business Delivery Units.
The reports should be read alongside the quarter/annual incident reports.
This report is in addition to BDU learning events.

3. Nursing Strategy
The launch of nursing strategy took place 16th November and was well attended with over 70 nurses from across trust attending. Speakers were a mix of local and national speakers and the "what nursing means to me" video was screened and very well received. The Nursing Quality Group now leads on implementation of the nursing strategy.

4. Safer staffing
Safer staffing lead commenced on Monday 11th Jan and will be progressing the peripatetic workforce pilot and continuing to refine the monthly exception reports. Safer staffing group continues involving senior staff from BDU's, Nursing and HR directorates meeting. Overall shift fill rates are positive but there are some wards that remain a challenge. This is being addressed through a new monthly recruitment and assessment day to expedite applications

5.Mental Capacity Act
Mental Capacity Act training is currently identified within the trust as 'core training'. Training over the years has been provided and delivered mainly in response to the needs of the services, i.e. formal training sessions, external trainers (legal, local authority, external experts), group sessions, 1-1 sessions, training for medical staff (part of education programme), university training for allied health professionals, social workers, nursing staff and higher trainee doctors).
Over the past 12 months we have continued to provide a wide range of training, support and advice in relation to the MCA and DoLs. Guidance notes and full text of the MCA remains available on the trust intranet
A new MCA/Dols training programme has been developed for the period of January to December 16.
A review of the MCA e learning packages is currently being undertaken and updated accordingly.
A paper is currently being prepared for EMT to consider MCA/DoLs being made mandatory for all staff who are working with service users.

6. Immediate Life Support Training:
Given the size and complexity of the Trust, It has been agreed by EMT that we can develop a trust wide Resuscitation team who will be able to flexibly meet the training needs of the organisation.
The trust wide team will be in place by 31st March 2016 when the contract for 'first on Scene' will cease. The cost benefits from terminating this contract will be used to develop the existing in house team who currently work within the Barnsley BDU.
EMT have agreed to this training being mandatory from April 2016.

7. Wakefield CQC Visit – Safeguarding thematic review :
The final report from the CQC visit has now been published and SWYPFT are discussed in very favourable terms. The inspectors were impressed by the level of support available from the safeguarding team to CAMHS and the coordination of the visit.
They were also impressed by the demonstration of the organisation to understand and meet the requirements of the CQC inspection, this was reflected in the diversity of role and responsibility of the staff who took part.
There are two specific areas which require action in relation to adult mental health services. An action plan has been developed and will be monitored through our strategic safeguarding group and Wakefield BDU service line.

8. Safeguarding- Kirklees Challenge team
The safeguarding Children team for mental health and learning disabilities attended a challenge event in Kirklees with regard to the effectiveness of our organisational response to safeguarding children. The event was attended by an Assistant Director of Nursing, the Named Nurse for Safeguarding Children within mental health and learning disabilities and the Practice Governance Coach who is specifically assigned to CAMHS across Calderdale and Kirklees. The team were able to describe the governance structures within the organisation and demonstrate organisational commitment to ensuring that children are supported and protected in order to improve outcomes for children and families.
The team were subject to two interviews, one by Safeguarding Children Board members and the other by a panel of children and young people who were specifically focussed on child sexual exploitation, organisational understanding and responsiveness.
Out of 12 different agencies, including children's social care, SWYPFT were given the highest score by the panel of children and young people.

Quality Headlines

9. Ward Manager Network
A meeting of the relaunched Ward Manager Network was held on 7th December 2015 and was welcomed by the inpatient ward managers. The main aim of this network is to be a supportive, learning, developmental network for the ward managers across the trust. It will build on the systems working Middle ground 4 programme. The dates are set for 2016 and Tim Breedon has committed to attend each session. We are holding the network every two months and alongside this we have set up a Ward Manager network on Yammer.

10. Clinical Supervision
In SWYPFT we recognise the important role that the appropriate supervision of clinical staff plays both in contributing to high quality clinical and professional practice leading to improved outcomes for the people using our services and also in maintaining the well-being of our workforce. Supervision supports the implementation of the workforce development strategy and sits with the clinical governance framework. As a Trust we are looking to improve the way we deliver and record clinical supervision. There are currently three work streams in place to meet this aim.
1. Review of our systems to facilitate inpatient staff to have increased access to supervision.
2. Developing a clinical supervision electronic reporting mechanism (linked to ESR) that will provide us a consistent way to capture, the type of supervision our staff access and how frequently.
3. A review of the clinical supervision policy which will capture the above.

11. Horizon - External review
Following the External Review an action plan has been developed and a steering group has been established. The inaugural meeting of this group took place on 7th January 2016, where the action plan was discussed at length. Updates to the plan are being made and will be presented to Clinical Governance & Clinical Safety Committee in February 2016.
Admissions remain restricted due to the demands on the service from an individual who is presenting significant challenges to the clinical team. The care plan remains under regular close review and has been subject to independent expert advice.

12. Clinical Record Keeping
The Trusts has identified clinical record keeping as an area on improvement for our organisation.
The updated Quality Improvement Strategy will include a focus on improving the quality of clinical information
The quality account will continue to include a goal to improve quality of clinical information.
Quality Improvement Meeting (16.9.15) – group work was undertaken by TRIO's to identify top 5 clinical information issues. Improving Information Group (sub group of Improving Clinical Information group) will now focus on the agreed "Top 5" in terms of monitoring, supporting with guidance/SOPs, learning from each other's experiences, looking for ways to improve quality and champion the importance of this work.
A Trust wide review of integrated performance reporting.
Project initiated which aims to introduce solutions within the Trust that start to join up our clinical information systems and allow increased information sharing capabilities across our clinical services (initial focus RiO and SystmOne).

13. Clinical Risk Training
Clinical risk assessment, formulation and management are vital skills for staff who work in mental health and learning disability services. Although the Trust has continued to provide clinical risk training which is open to all staff, concerns around clinical risk training emerged as a result of several recent findings including increase in suicides nationally and ongoing concerns about vulnerable children and adults. In response, SWYPT developed a Patient Safety Strategy in June 2015 and a dedicated Clinical Risk Training group was formed in July 2015.
In summary, the group concluded that, the Trust needs to develop best practice in clinical risk training that is mandatory and relevant for all clinical staff and delivered in a way that minimises time away from the workplace. More advanced and specialist clinical risk training must be based on training needs analysis at BDU level to meet local needs and priorities. This should be supplemented by practice-based learning (e.g. learning events, reflective practice). A proposal to implement these actions was accepted by EMT in December 2015 and work is ongoing to update the SWYPT clinical risk policy to reflect developments in training and develop knowledge and expertise in this area within the Trust.

14. RIO V7
The introduction of RiO V7 has presented some challenges which have been addressed through daily reviews and action from IM&T. However, the full impact of the issues around the server capacity at Servelec has yet to be evaluated.

15. 0-19 Children and Young People Health and Wellbeing Services.
The decommissioning of the Family Nurse Practitioner service remains a concern and we are working with BMBC to ensure that the appropriate arrangements are in place to ensure a safe transition to the new system.
Discussions continue around the 0-19 service and again we continue to work to the provision of a revised service offer that is clinically safe and the correct quality

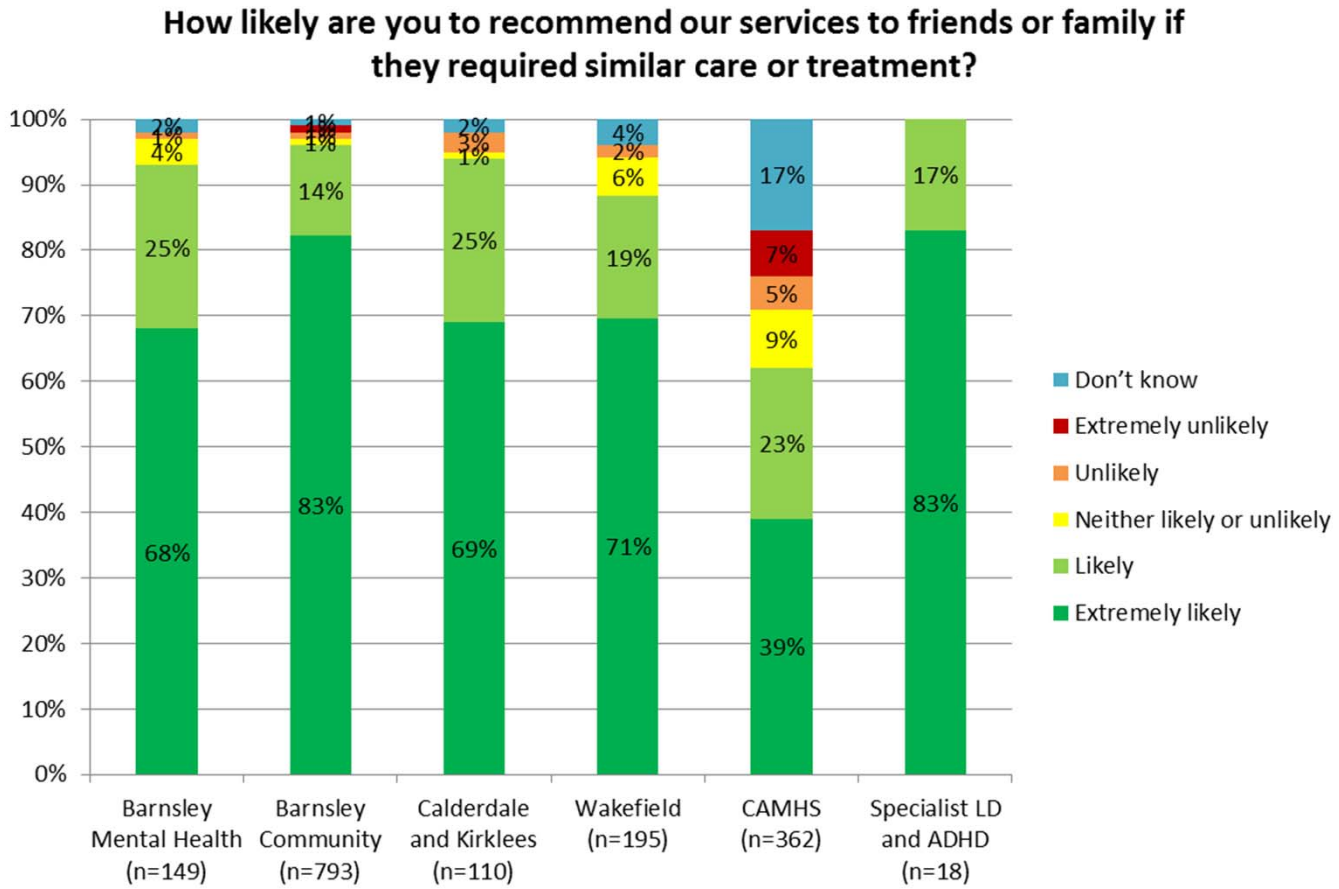
16. Revalidation
The Trust employs 1600 registered nurses all of whom require 3 yearly re-validation. The process commences 1/04/2016 and the Trust has committed to support this process by the appointment of 2 secondees to undertake training and coordination of the process offering individual support where necessary. Assistant Directors of Nursing will over-see the process and regular monthly progress report will be provided into Trust Board. No issues are anticipated at present.

Compliance

1. Intelligent Monitoring
Intelligent Monitoring is a tool which assesses risk within care services. It has been developed to support CQC's regulatory function and purpose of ensuring that health and social care services provide people with safe, effective, compassionate, and high-quality care. Intelligent Monitoring highlights those areas of care to be followed up through inspections and other regulatory activity.

On 12th January 2016 the Trust received a draft Intelligent Monitoring report (3rd report) . We are currently checking the report for factual accuracy and our response will be submitted by 26th January 2016. The report will be published by the CQC on 25th February 2016.

2. Patient Experience
The trust has adopted the FFT as its quality measure for patient experience as this is the one consistent question that is asked across all trust services. The Q3 results can be seen on the chart below:



Strategic Overview Dashboard

Business Strategic Performance Impact & Delivery

1	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	National Average	Year End Forecast Position
2	Monitor Compliance	Monitor Governance Risk Rating (FT)	M	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			4
3		Monitor Finance Risk Rating (FT)	M	4	4	4	4	4	4	4	4	4	4	4	4			4
4	CQC	CQC Quality Regulations (compliance breach)	CQC	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green			4
5	CQUIN	CQUIN Barnsley	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	*Amber/G*	Amber/G	Amber/G			3
6		CQUIN Calderdale	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	*Amber/G*	Amber/G	Amber/G			3
7		CQUIN Kirklees	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	*Amber/G*	Amber/G	Amber/G			3
8		CQUIN Wakefield	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	*Amber/G*	Amber/G	Amber/G			3
9		CQUIN Forensic	C	Green	Amber/G	Amber/G	Amber/G	Amber/G	Amber/G	*Green*	Amber/G	Amber/G	*Amber/G*	Amber/G	*Green*			3
10	Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	C	6	0	0	0	2	1	0	0	0	0	0	3			4
11	C-Diff	C Diff avoidable cases	C	0	0	0	0	0	0	0	0	0	0	0	0			4

Customer Focus

12	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	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	12% 5/42	16% 9/58	15% 6/40	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%	88.00%	85.79%	93.51%	89.00%	91.00%	88.83%		
15	MAV	Physical Violence - Against Patient by Patient	L	14-20	Above ER	Above ER	Above ER	Within ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Above ER	Above ER			4
16		Physical Violence - Against Staff by Patient	L	50-64	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Above ER	Data Not Avail	Data Not Avail	Above ER	Above ER			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% 19/19	100% 13/13	100% 19/19	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%	80.00%	75.00%	50.00%	40.00%	50.00%		92.00%	68.00%			4
19	Befriending services	% of Service users allocated a befriender or volunteer led group support (gardening/music/social) within 16 weeks	L	70%	50.00%	50.00%	50.00%	20.00%	20.00%	100%	100%	100%	100%	50.00%	20.00%	100%		4
20		% of Service Users Requesting a Befriender Assessed Within 20 Working Days	L	80%	100%	100%	100%	100%	100%	100%	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%	100%	100%	100%	100%	100%	100%		4

Operational Effectiveness: Process Effectiveness

22	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	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%	99.86%	97.64%	100%	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%	98.92%	97.58%	100%	98.35%	98.76%		93.10%	4
25		Delayed Transfers Of Care	M	7.50%	2.69%	1.64%	2.06%	1.96%	1.70%	1.80%	3.49%	2.89%	2.42%	2.12%	1.83%	2.73%		4
26		% Admissions Gatekept by CRS Teams	M	95%	93.28%	96.30%	97.20%	100%	95.90%	96.12%	95.49%	95.90%	96.77%	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%	95.39%	95.60%	95.95%	98.66%	97.97%		96.90%	4
28		% SU on CPA Having Formal Review Within 12 Months	M	95%	96.37%	95.18%	97.92%	96%	86.57%	98.44%	86.88%	97.52%	98.56%	97.92%	98.44%		97.67%	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%	83.42%	99.48%	94.24%	104.60%	113.25%			4
30		Data completeness: comm services - Referral to treatment information	M	50%	100%	100%	100%	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%	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%	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%	99.65%	99.55%	99.45%	99.62%	99.54%	99.45%		4
34		Data completeness: Outcomes for patients on CPA	M	50%	78.83%	79.07%	77.63%	78.67%	77.64%	76.97%	78.40%	77.94%	78.58%	77.63%	76.97%	78.58%		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*	Compliant	Compliant			Compliant
36		IAPT - Treatment within 6 Weeks of referral	M	75%	Avail Month 8	Avail Month 8	Avail Month 8	Avail Month 8	53.46%	41.93%	48.33%	48.71%	28.98%	Data Not Avail	Data Not Avail			
37		IAPT - Treatment within 18 weeks of referral	M	95%	Avail Month 8	Avail Month 8	Avail Month 8	Avail Month 8	77.40%	70.70%	71.81%	77.28%	56.33%	Data Not Avail	Data Not Avail			
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%	66.67%	84.60%						
39	Data Quality	% Valid NHS Number	C (FP)	99%	99.87%	100%	99.88%	99.71%	99.58%	99.76%	99.58%	99.30%	Data Avail Month10	99.88%				4
40		% Valid Ethnic Coding	C (FP)	90%	99.05%	95%	94.86%	94.88%	94.90%	94.83%	94.73%	94.12%	Data Avail Month10	96.28%				4

Fit for the future Workforce

41	Section	KPI	Source	Target	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Q1	Q2	Q3	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%	4.90%	4.90%	5.00%	5.00%	5.00%			1
43	Appraisal	Appraisal Rate Band 6 and above	L	95%	Avail M3	Avail M3	56.80%	72.90%	80.30%	87.30%	89.50%	91.60%	92.90%	56.80%	92.90%			4
44		Appraisal Rate Band 5 and below	L	95%	Avail M6	Avail M6	Avail M6	Avail M6	Avail M6	66.30%	75.80%	80.30%	83.60%	Avail M6	83.60%			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%	80.38%	80.78%	83.12%	75.83%	83.12%			1
47		Equality, Diversity & Inclusion	L	80%	82.30%	84.55%	84.87%	85.76%	87.17%	88.28%	88.81%	89.37%	90.31%	84.87%	90.31%			4
48		Fire Safety	L	80%	86.50%	86.24%	86.31%	86.55%	86.44%	85.33%	84.60%	84.83%	85.56%	86.31%	85.56%			4
53		Food Safety	L	80%	65.20%	66.89%	69.00%	70.67%	71.80%	73.06%	74.30%	74.10%	75.79%	69.00%	75.79%			1
50		Infection, Prevention & Control & Hand Hygiene	L	80%	80.60%	82.09%	82.82%	83.69%	85.25%	85.55%	85.58%	84.86%	85.84%	82.82%	85.84%			4
51		Information Governance	L	95%	91.90%	92.55%	92.67%	92.76%	92.73%	91.96%	91.56%	90.58%	89.06%	92.67%	89.06%			4
52		Safeguarding Adults	L	80%	82.80%	82.60%	84.14%	84.95%	86.16%	86.94%	87.74%	87.34%	88.34%	84.14%	88.34%			4
53		Safeguarding Children	L	80%	84.70%	85.22%	86.00%	86.39%	87.12%	87.93%	86.12%	85.54%	87.68%	86.00%	87.68%			4
54		Moving & Handling	L	80%	71.80%	73.66%	75.31%	77.40%	79.32%	80.37%	82.11%	83.03%	83.83%	75.31%	83.83%			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

Impact and Delivery

• Performance for Quality indicators (CQUINs) is monitored by BDU's on a monthly basis. The risk assessment on achievement of all indicators for 2015/16 is predicting an overall potential shortfall in income of £1.25M, which equates to 74% achievement and the overall rating for the year end position remains at Amber/Green.

• Under performance issues related to CQUINS to date are linked to MH Clustering in all BDU's, Care Planning in Calderdale, Kirklees and Wakefield and High Performing Teams in Barnsley - detailed action plans have been drawn to improve performance however, some underperformance is forecast to continue to end of Q4.

Operational Effectiveness

• Issues in performance associated with waiting times for IAPT are anticipated to continue in Dec 15 (data to be available at month end). Issues mostly relate to psychological wellbeing practitioner vacancies within all IAPT teams in the Trust.

Workforce

• Sickness continues to remain above trajectory at end of December 15 and has increased compared to the last few months. Work continues to focus on reducing sickness related absence within the Trust.

• Appraisal rates continue to perform under threshold; however, performance has increased across all staff groups to end December 2015.

• Mandatory training shows an increase in performance in all areas except Information Governance to end December 2015.

Additional Notes

• Safer Staffing fill rate data is to be added to the dashboard from January 2016. Position for December 2015 is Nurses - 93.9%; HCAs - 114.3%.

• The proportion of people experiencing first episode psychosis or 'at risk mental state' that wait 2 weeks or less to start NICE recommended package of care will commence monthly national reporting from December 2015. Reporting will be split between the waiting time for those whose treatment commenced during the reporting period and those who were still waiting at the end of the reporting period. For December 2015 the Trust will be reporting – 85% of new cases commenced treatment within 2 weeks of referrals and 25% of those still waiting for treatment have been waiting no more than 2 weeks as at the end of the reporting period. The 2 lines will be added to the dashboard for monitoring from January 2016.

Overall Financial Performance 2015 / 2016

Performance Indicator		Month 9 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					8	7	6
1	Monitor Risk Rating	●	●	⇔	●	●	●
2	REVISED £0.10m Surplus on Income &	●	●	↑	●	●	●
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 December 2015 , is a surplus of £0.2m. As part of the Month 6 Monitor return the Trust confirmed a revised plan of £100k surplus.This year to date position is £0.92m ahead of this revised 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 December 2015 the cash position is £28.09m which is £1.53m ahead of plan.

4. Capital spend to December 2015 is £7.82m which is £0.6m (7%) behind the Trust capital plan.

5. At December 2015 the Cost Improvement Programme is £809k behind plan. Overall a Full Year Value of £1435k (15%) 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 December 2015 92% of NHS and 96% of non NHS invoices have achieved the 30 day payment target (95%). This continues to be a small improvement from previous months.

Contracting

Trust Summary by BDU - Current Contract Performance

Contract Variations	
BBDU NHSE National Childhood Flu Immunisation (3 yr contract) - completed	£60.9
BCCG & Associates CV 1 Various Signed	£359.1
C&K CAMHS: Awaiting signed 2015-16 deed of variation from Commissioners	
WBDU WCCG Portrait of a Life - Care Home Vanguard (signed 11-11)	£67.0
SBDU WCCG offer tbc to fund 12-18mths Psychologist support to reduce ASD backlog	£61.4

CQUIN Performance **Q3 Forecast based on**

Quarter	Quarter 2 £000s	Achieved	Variance	M8 Performance	Variance
Barnsley	£411.8	£251.8	-£160.0	£402.6	-£24.0
Wakefield	£190.0	£128.0	-£61.9	£92.4	-£15.3
Kirklees	£214.7	£126.7	-£88.0	£103.4	-£17.6
Calderdale	£96.3	£30.4	-£65.9	£46.4	-£7.9
Specialised	£75.4	£75.4	£0.0	£56.5	-£18.9
Forensics	£120.0	£120.0	£0.0	£22.5	£0.0
Trust Total	£1,108.2	£732.3	-£375.9	£723.9	-£83.7

CQUIN Performance Year-end Forecast

Quarter	Annual £000s	Forecast Achievement	Variance
Barnsley	£1,790.1	£1,465.3	-£324.8
Wakefield	£793.9	£485.9	-£308.0
Kirklees	£878.2	£519.4	-£358.9
Calderdale	£394.1	£206.7	-£187.4
Specialised	£301.7	£263.9	-£37.8
Forensics	£562.3	£528.6	-£33.7
Trust Total	£4,720.4	£3,469.7	-£1,250.7

CQUIN Performance Q3

West CCGs: MH Clustering - Q2, 3 out of 4 indicators failed for C &K, 2 out of 4 for W. Remedial work in place. Reason for non achievement is recording/data reporting
Care Planning - Partial achievement for W & K. No achievement for C. Action Plan to be completed in preparation of Q4 audit.
Improving Physical Healthcare: Partial Achievement. Performance low against target.
BBDU: MH Clustering - The BDU only met the target for % in crisis plans for Q2, it failed all other targets. A recovery plan has been produced and work is still ongoing with the Teams to achieve this CQUIN & to achieved crisis plan target in Q3
BBDU - High Performing Teams - the CCG has not accepted the report. SWYPFT is meeting to discuss issues with them to ensure Q3 acceptance and look at Q2 issues

Report continues with Contract Issues

QIPP Targets & Delivery for 2015/16

CCG	Target £000s	Planned £000s	Remainder £000s	RAG	
Wakefield*	£1,790.0	£1,843.3	£53.3		***
Kirklees**	£1,000.0	£659.6	-£340.4		
Calderdale	£0.0	£0.0	£0.0		
TOTAL £000s	£2,790.0	£2,502.8	-£287.2		

* 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 -

W:- £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
C:- 15/16 Schemes to be identified by end of Q1. Potential Productivity Schemes identified, not finalised/agreed.
K:- £1m in total: 1) Reduction on OOA spend for Specialist Rehabilitation & Recovery placements £500k, 2) Reduction in OOA LD Specialist placements £500k (CCG budgets), both schemes required to generate in excess of £1m, for reinvestment in new service models. Below target

KPIs and Penalties

Commissioner	Penalty £000s	Comment
Barnsley CCG	£7.0	MSK as at Mth 8

Contract Performance Information - based on month 8

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
· K IAPT Below target for recovery, 6 week & 18 week waits (ref to entering IAPT treatment)
· 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

Contracting

Trust Summary by BDU - continued

Contract Issues - Specialist

CAMHS - Future in Minds: All Transformation Plans have been assured. ED allocation across the organisation £666k.
Total recurrent uplift from 2016/17 £2.3m
C&K: Positive move from Recovery to Action position. DoV still awaiting signature from Commissioners. Finance being reviewed. 2016/17 new contract being issued. 17/18 Assumption service will go out to procurement
Barnsley: Positive rapport with Commissioners. Deep dive work ongoing in relation to data.
Wakefield: CV being prepared to capture agreed funding and temporary work streams.
To note: MHS data set going live Jan 2016. May be accuracy issues initially within Barnsley. BCCG aware.
Learning Disability
W - constraints on the number of patients able to be admitted against contract plan due to intake of complex client
C - SWYPFT team delivering on timescales. Positive feedback and service being recognised as good practice

Key Contract Issues - Calderdale

IHBT: CCCG only commissioner that has not commissioned 24/7 IHBT service. Business case submitted, ongoing discussion with CCG. % overhead and contribution for business case being reworked No contentious elements relating to quality.
MHL: Ongoing discussion re provision. CCCG & KCCG to discuss separately. SWYPFT to review specification and core 24hr cover and ascertain what can be provided within current financial envelope.
Police Liaison: Ongoing review of finance. Same % overhead & contribution to be applied as that of IHBT
R&R: CCCG clear about intentions re redesign of pathway. Joint pathway with health & social care. Move from bed based approach and moving to community rehab model.
Psychology: CCCG looking at new model going forward and considering funding implications.
IAPT (AQP): DoV outstanding. Service out to procurement Dec/Jan 16
ED: CCCG would like 'basic' service initially. SWYPFT to work with Commissioners focussing on primary care and supporting patients through need. Meeting 20th Jan

Contract Issues - Barnsley

Wakefield MDC PH - The Council have offered a 6 months extension to the contract but require a 10% reduction in the contract value. SWYPFT is negotiating this as the Commissioner has said that they did not want any reductions in staff
Rotherham & Doncaster MBCs PH - the Commissioners have requested a reduction in the contract value of 2% per annum. SWYPFT is working on identifying the saving
Sheffield CC PH - the Commissioner has instructed SWYPFT to cap activity at the contract target. SWYPFT is working on how this can be achieved
Substance Misuse Services - through Barnsley DAAT PF have asked SWYPFT to put in a model of service which meets a new cap of £500k , a £578k reduction
Intermediate Care - SWYPFT is working with BCCG re the I/C Pilot

Contract Performance Issues

Health & Wellbeing - There are still issues with meeting activity targets as the targets contracted for were arrived at prior to the national downturn in activity

Forensics:- National procurement now identified for 2015/16/17 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
Discussions held with Commissioner re medium secure occupancy being below 90% (M8 was 88.9%) at present NHSE not concerned given pressure on beds nationally. However BDU expect additional referrals in next few months to achieve threshold.

Key Contract Issues - Kirklees BDU

Psychology: 18 week pathway holding although there has been an increase in referrals. Waiting lists beginning to reduce.
IAPT: Remaining below target for recovery, 6 week & 18 week waits (ref to entering IAPT treatment).
Police Liaison: Ongoing review of finance.
MHL: Ongoing discussion re provision.

Currency Development - Payment by Results (PbR)

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

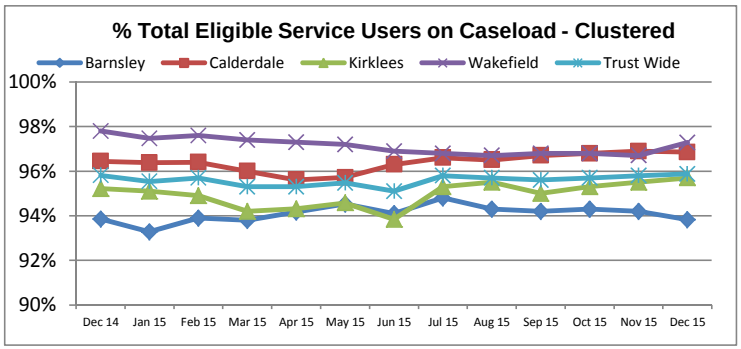
The currency for most mental health services for working age adults and older people has been defined as the 'clusters'. That means that service users have to be assessed and allocated to a cluster by their mental health provider, and that this assessment must be regularly reviewed in line with the timing and protocols. It is the intention that clusters will form the basis of the contracting arrangements between commissioners and providers, the commencement of this is not yet clear. 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.

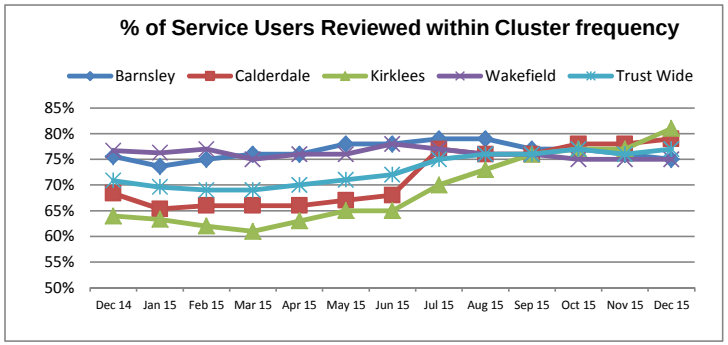
In the Trusts two main contracts for 2015/16 are a set of Quality (CQUIN) indicators related to MH Clustering, this will assist the Trust in preparedness.

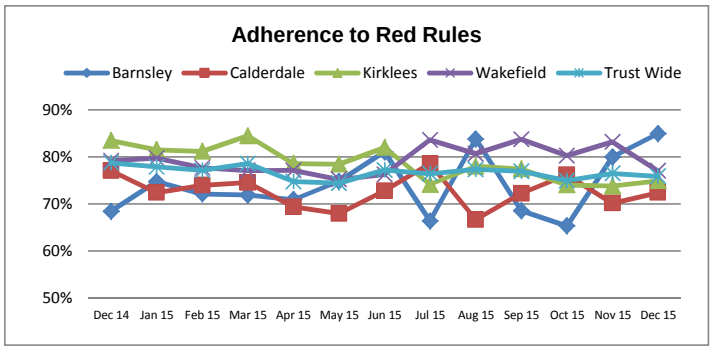
The CQUINs have 3 common elements:
Clustering of Initial Referral Assessments - 98% to be clustered within 8 weeks of 'eligible' initial referral assessments
Review of Service Users and Clusters - agreed % to be reviewed by March 2016.
Adherence to Red Rules (assurance that the cluster is accurate, complete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

There has been some underperformance against the contracts in all BDU's and a detailed action plan is in place which is being monitored locally.

MH Currency Indicators - December 2015







IAPT & Forensic Secure Services and Clustering

The scope of PbR was extended into other areas of Mental Health such as Forensic, IAPT and Children and Adolescent Mental Health Services during 2015/16.
All IAPT clients entering treatment from 1st April 2015 must be clustered. The trust are participating in the Forensic PbR Pilot submission and submitting data on a regular basis into the pilot. The datasets have been flowing from April 15 and internal monitoring of the completeness of this data has been taking place during 15/16. From quarter 2 the monitoring of clustering for these services was included in the relevant BDU dashboards.

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.

Currency Development - Payment by Results (PbR)

Monitors Payment Proposals for Adult Mental Health Care 2016/17

Monitor are proposing changes to Local Payment Rules covering Mental health care contracts for 2016/17 because block contracts do not incentivise delivery of the objectives in the Five Year Forward View and do not facilitate timely evidence based care.

The aim of the new payment system is to increase equity of access to evidence based services with a focus on prevention and to reward quality and outcomes.

Monitor are proposing that there will be NO un-accountable block contracts or payment based on cluster days for 2016/17 and have suggested two payment approaches to adopt:-
• A Payment approach based on a pathway / year of care or episode of treatment as appropriate to each MH cluster with a proportion linked to outcomes
(This is suitable where CCGs are not providing integrated care – i.e. across mental, physical and community healthcare)

• A Payment approach based on capitation – informed by care cluster data and other evidence required to understand population needs – with a proportion linked to outcomes
(This would require the outcomes based element across one of more providers and a lead provider arrangement to monitor performance)

Under both approaches an element for payment should be linked to achievement of agreed quality and outcome measures including patient experience, achievement of MH access and waiting time standards (ex IAPTS and EIS) and measures that support the delivery of NICE concordant care.

A gain and loss share arrangement would be required to limit providers and commissioners financial risk due to any unanticipated changes in demand.

Data reporting requirements based on MH Cluster will remain the same.

Secure Services, CAMHS are not part of this payment system and IAPTs services are being looked at separately.

Feedback from providers and commissioners about the proposals has to be returned to Monitor by 19th November and will inform the Formal 2016/17 national tariff guidance and sector support materials.

The Trust is currently reviewing the Draft Reference Cost Guidance for 2015/16. Issues to note relate to IAPT services - proposal that these will be reported in a similar way to the main mental health cluster collection, separate costs will be collected for the initial assessment of a patient before acceptance into services and the costs of a treatment episode by cluster.
The Unit cost per completed episode is the proposed currency unit for IAPT services.

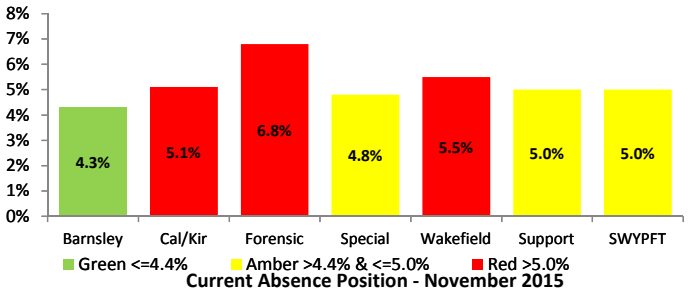
Community Currency Development

The continues to monitor the national position regarding the development of Community Currency Development. The Trust has expressed an interest in being involved in the national project for this and further updates will be available as the project progresses.

NHS England held an event towards the end of 2015 to begin working on this development. The aims of the event were to undertake joint work to agree the dataset, develop the currencies and outcome indicators for community services and to develop payment approaches for community services. To provide an overview of the work that is currently taking place; to ensure the current work is co-ordinated and aligned and consider future steps to deliver the work; to understand how to involve community services in the work; to capture local innovation and best practice.

Human Resources Performance Dashboard - December 2015

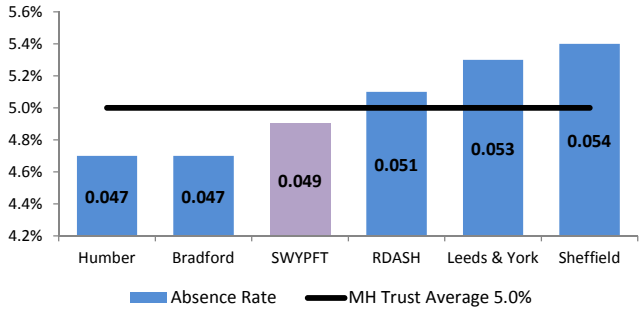
Sickness Absence



Current Absence Position - November 2015

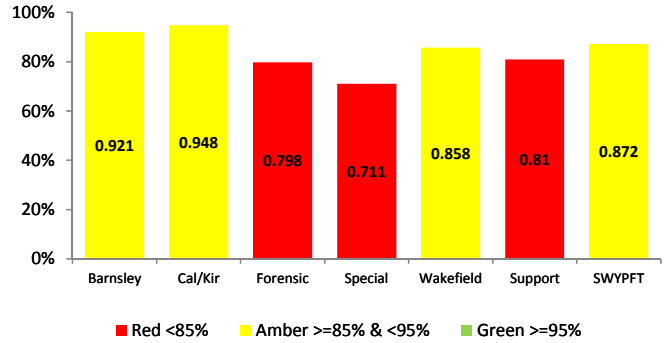
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	5.0%	5.6%	5.6%	3.6%	6.0%	6.1%	5.3%
Trend	↓	↓	↑	↑	↔	↑	↓

The Trust YTD absence levels in November 2015 (chart above) were above the 4.4% target at 5%.



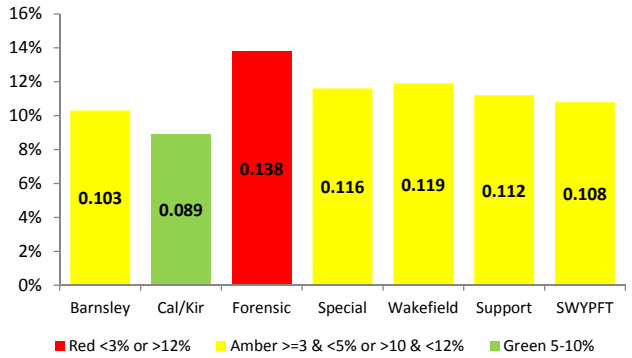
The above chart shows the YTD absence levels in MH/LD Trusts in our region to the end of September 2015. During this time the Trust's absence rate was 4.9% which is below the regional average of 5%.

Appraisals - All Staff

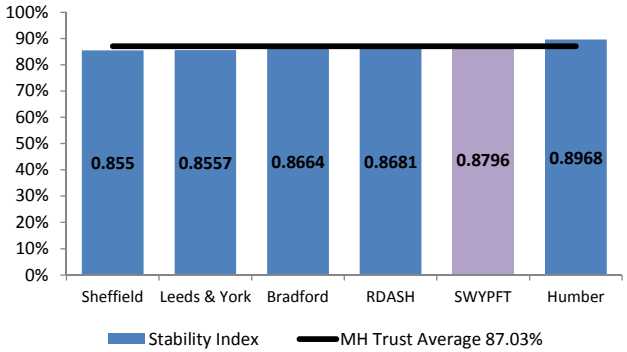


The above chart shows the YTD appraisal rates for all Trust staff to the end of December 2015.
The Trust's target for appraisals is 95% or above.
All areas have shown improvement each month since the inclusion of Bands 1 to 5 in the figures in September 2015.

Turnover and Stability Rate Benchmark



This chart shows the YTD turnover levels up to the end of December 2015.



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

Fire Lecture Attendance

The chart shows the YTD fire lecture figures to the end of December 2015.
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		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.80%	4.80%	4.80%	4.90%	4.90%	5.00%
Sickness (Monthly)	<=4.4%	4.60%	4.80%	5.00%	4.90%	5.40%	5.30%
Appraisals (Band 6 and above)	>=95%	73.30%	80.30%	87.30%	89.50%	91.60%	92.80%
Appraisals (Band 5 and below)	>=95%	28.00%	42.10%	66.30%	75.80%	80.10%	83.50%
Aggression Management	>=80%	77.00%	78.90%	78.90%	80.40%	80.80%	83.10%
Equality and Diversity	>=80%	85.80%	87.20%	88.30%	88.80%	89.40%	90.30%
Fire Safety	>=80%	86.60%	86.40%	85.30%	84.60%	84.80%	85.60%
Food Safety	>=80%	70.70%	71.80%	73.10%	74.30%	74.10%	75.80%
Infection Control and Hand Hygiene	>=80%	83.70%	85.30%	85.50%	85.60%	84.90%	85.80%
Information Governance	>=95%	92.80%	92.70%	92.00%	91.60%	90.60%	89.10%
Moving and Handling	>=80%	77.40%	79.30%	80.40%	82.10%	83.00%	83.80%
Safeguarding Adults	>=80%	84.90%	86.20%	86.90%	87.70%	87.30%	88.30%
Safeguarding Children	>=80%	86.40%	87.10%	87.90%	86.10%	85.50%	87.70%
Bank Cost		£473k	£445k	£488k	£478k	£428k	£414k
Agency Cost		£694k	£566k	£637k	£772k	£770k	£606k
Overtime Cost		£8k	£26k	£38k	£30k	£37k	£22k
Additional Hours Cost		£89k	£83k	£67k	£74k	£87k	£89k
Sickness Cost (Monthly)		£458k	£473k	£484k	£479k	£551k	£530k
Vacancies (Non-Medical) (WTE)		351.53	353.84	351.54	324.2	306.46	316.89
Business Miles		313k	340k	270k	333k	347k	323k

Barnsley District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.10%	4.20%	4.10%	4.20%	4.20%	4.30%
Sickness (Monthly)	<=4.4%	3.90%	4.20%	4.10%	4.30%	4.60%	5.00%
Appraisals (Band 6 and above)	>=95%	78.00%	83.60%	90.50%	92.10%	94.40%	95.60%
Appraisals (Band 5 and below)	>=95%	32.10%	51.90%	73.40%	83.30%	87.50%	89.80%
Aggression Management	>=80%	82.00%	84.30%	83.60%	83.50%	82.90%	84.10%
Equality and Diversity	>=80%	87.60%	89.20%	90.40%	90.70%	91.30%	92.60%
Fire Safety	>=80%	85.10%	86.60%	85.90%	84.70%	85.80%	86.20%
Food Safety	>=80%	81.10%	80.50%	80.70%	80.10%	75.70%	74.90%
Infection Control and Hand Hygiene	>=80%	84.40%	85.60%	86.60%	86.40%	87.00%	88.10%
Information Governance	>=95%	91.50%	91.80%	91.70%	92.10%	90.90%	90.50%
Moving and Handling	>=80%	80.00%	81.70%	82.60%	84.50%	85.10%	86.10%
Safeguarding Adults	>=80%	87.30%	87.90%	88.90%	90.00%	89.20%	89.80%
Safeguarding Children	>=80%	86.70%	88.30%	89.20%	87.90%	87.40%	89.00%
Bank Cost		£67k	£70k	£84k	£85k	£75k	£65k
Agency Cost		£151k	£77k	£157k	£119k	£200k	£130k
Overtime Cost		£3k	£17k	£19k	£10k	£17k	£8k
Additional Hours Cost		£40k	£47k	£31k	£35k	£40k	£36k
Sickness Cost (Monthly)		£132k	£144k	£138k	£141k	£156k	£171k
Vacancies (Non-Medical) (WTE)		111.96	116	100.85	92.75	85.33	87.34
Business Miles		139k	137k	111k	144k	148k	126k

Calderdale and Kirklees District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.60%	4.60%	4.70%	4.80%	5.00%	5.10%
Sickness (Monthly)	<=4.4%	4.60%	4.40%	5.20%	5.10%	6.60%	5.60%
Appraisals (Band 6 and above)	>=95%	79.40%	90.60%	97.50%	98.80%	99.70%	99.10%
Appraisals (Band 5 and below)	>=95%	33.90%	49.50%	76.50%	85.00%	88.80%	91.70%
Aggression Management	>=80%	81.10%	82.60%	83.00%	83.20%	82.80%	86.10%
Equality and Diversity	>=80%	86.60%	87.70%	89.80%	90.60%	91.60%	92.00%
Fire Safety	>=80%	87.70%	87.20%	85.40%	83.00%	83.20%	85.40%
Food Safety	>=80%	65.90%	66.80%	67.70%	69.50%	70.20%	72.00%
Infection Control and Hand Hygiene	>=80%	85.70%	87.20%	88.60%	88.60%	90.00%	90.40%
Information Governance	>=95%	93.70%	93.60%	92.80%	90.40%	89.80%	87.50%
Moving and Handling	>=80%	75.40%	77.50%	78.80%	81.30%	82.70%	83.40%
Safeguarding Adults	>=80%	81.40%	83.00%	85.20%	86.60%	86.80%	88.20%
Safeguarding Children	>=80%	86.00%	85.50%	87.20%	86.20%	86.50%	89.40%
Bank Cost		£131k	£123k	£134k	£117k	£124k	£114k
Agency Cost		£167k	£110k	£141k	£199k	£173k	£117k
Overtime Cost		£2k	£1k	£1k	£1k	£2k	£0k
Additional Hours Cost		£7k	£4k	£2k	£2k	£3k	£3k
Sickness Cost (Monthly)		£95k	£88k	£104k	£101k	£142k	£117k
Vacancies (Non-Medical) (WTE)		77.32	82.59	82.93	71.14	75.66	72.44
Business Miles		64k	77k	57k	65k	73k	61k

Forensic Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	7.90%	7.60%	7.30%	7.20%	7.00%	6.80%
Sickness (Monthly)	<=4.4%	7.30%	6.60%	6.10%	6.80%	5.80%	5.60%
Appraisals (Band 6 and above)	>=95%	58.70%	65.20%	68.60%	70.00%	74.70%	84.70%
Appraisals (Band 5 and below)	>=95%	14.00%	29.30%	61.00%	66.20%	71.50%	77.60%
Aggression Management	>=80%	78.80%	78.40%	77.40%	78.20%	80.70%	81.70%
Equality and Diversity	>=80%	89.70%	90.20%	89.20%	90.40%	92.40%	92.80%
Fire Safety	>=80%	88.20%	87.20%	85.50%	87.30%	88.60%	89.00%
Food Safety	>=80%	59.50%	63.20%	65.40%	70.60%	73.50%	79.70%
Infection Control and Hand Hygiene	>=80%	86.00%	87.80%	85.80%	85.30%	84.40%	85.40%
Information Governance	>=95%	94.10%	92.70%	90.70%	91.70%	91.90%	90.80%
Moving and Handling	>=80%	81.50%	83.90%	84.00%	85.80%	87.60%	87.90%
Safeguarding Adults	>=80%	87.40%	88.40%	85.50%	88.50%	89.90%	91.50%
Safeguarding Children	>=80%	85.10%	85.70%	84.50%	85.30%	85.90%	87.70%
Bank Cost		£95k	£99k	£114k	£114k	£97k	£86k
Agency Cost		£93k	£77k	£96k	£122k	£68k	£68k
Overtime Cost		£1k	£0k	£0k	£0k	£2k	£0k
Additional Hours Cost		£0k	£0k	£0k	£0k	£0k	£0k
Sickness Cost (Monthly)		£65k	£58k	£57k	£58k	£56k	£49k
Vacancies (Non-Medical) (WTE)		20.56	28.42	14.34	24.94	24.54	37.11
Business Miles		3k	6k	3k	9k	9k	12k

Workforce - Performance Wall cont…

Specialist Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	5.40%	5.20%	5.10%	5.10%	5.00%	4.80%
Sickness (Monthly)	<=4.4%	4.80%	4.50%	5.00%	4.70%	4.60%	3.60%
Appraisals (Band 6 and above)	>=95%	39.80%	45.40%	60.50%	68.70%	73.80%	75.10%
Appraisals (Band 5 and below)	>=95%	13.10%	21.50%	44.00%	47.50%	53.60%	64.80%
Aggression Management	>=80%	70.30%	73.80%	73.40%	76.40%	77.10%	79.80%
Equality and Diversity	>=80%	88.20%	89.60%	89.60%	89.90%	90.00%	90.50%
Fire Safety	>=80%	83.70%	85.90%	82.20%	83.20%	82.10%	84.60%
Food Safety	>=80%	72.20%	72.20%	69.10%	69.00%	71.20%	73.70%
Infection Control and Hand Hygiene	>=80%	81.60%	83.30%	83.80%	84.00%	84.30%	85.90%
Information Governance	>=95%	90.10%	90.80%	89.10%	90.10%	90.20%	89.50%
Moving and Handling	>=80%	76.70%	79.70%	82.20%	82.50%	83.10%	83.10%
Safeguarding Adults	>=80%	81.50%	83.20%	84.70%	83.20%	82.00%	84.40%
Safeguarding Children	>=80%	82.70%	82.90%	85.40%	84.90%	81.30%	85.60%
Bank Cost		£44k	£33k	£38k	£31k	£28k	£32k
Agency Cost		£195k	£208k	£127k	£228k	£216k	£146k
Overtime Cost		£2k	£2k	£2k	£1k	£1k	£1k
Additional Hours Cost		£11k	£5k	£7k	£5k	£7k	£11k
Sickness Cost (Monthly)		£49k	£50k	£54k	£53k	£55k	£42k
Vacancies (Non-Medical) (WTE)		52.66	44.93	50.41	45.31	44.49	40.71
Business Miles		32k	30k	29k	30k	39k	40k

Support Services

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	4.30%	4.60%	4.70%	4.70%	4.90%	5.00%
Sickness (Monthly)	<=4.4%	4.50%	5.40%	5.30%	4.90%	5.50%	6.10%
Appraisals (Band 6 and above)	>=95%	86.20%	91.80%	94.80%	95.90%	96.50%	96.90%
Appraisals (Band 5 and below)	>=95%	20.70%	26.60%	54.80%	71.10%	72.70%	74.80%
Aggression Management	>=80%	60.10%	65.10%	68.60%	72.40%	74.30%	78.60%
Equality and Diversity	>=80%	74.60%	76.20%	78.10%	78.70%	78.90%	80.40%
Fire Safety	>=80%	87.70%	85.30%	86.00%	84.60%	84.30%	83.50%
Food Safety	>=80%	95.50%	95.50%	93.60%	90.10%	89.20%	89.90%
Infection Control and Hand Hygiene	>=80%	79.90%	80.90%	81.20%	82.30%	76.80%	78.30%
Information Governance	>=95%	94.90%	94.60%	92.80%	91.70%	89.60%	86.60%
Moving and Handling	>=80%	76.70%	77.70%	78.80%	81.10%	81.50%	81.90%
Safeguarding Adults	>=80%	83.60%	84.70%	84.80%	84.90%	84.50%	85.40%
Safeguarding Children	>=80%	88.70%	89.80%	90.30%	83.70%	82.80%	84.80%
Bank Cost		£40k	£36k	£35k	£60k	£14k	£39k
Agency Cost		£16k	£27k	£103k	£71k	£40k	£74k
Overtime Cost				£0k	£4k	£0k	£0k
Additional Hours Cost		£21k	£18k	£19k	£22k	£19k	£20k
Sickness Cost (Monthly)		£63k	£75k	£71k	£62k	£70k	£84k
Vacancies (Non-Medical) (WTE)		36.6	36.53	42.54	51.48	36.73	37.2
Business Miles		36k	47k	38k	42k	35k	48k

Wakefield District

Month		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Sickness (YTD)	<=4.4%	5.10%	5.20%	5.30%	5.30%	5.40%	5.50%
Sickness (Monthly)	<=4.4%	4.80%	5.30%	5.70%	5.60%	6.10%	6.00%
Appraisals (Band 6 and above)	>=95%	78.30%	83.20%	87.40%	88.10%	90.20%	91.80%
Appraisals (Band 5 and below)	>=95%	41.40%	50.00%	64.30%	68.40%	76.70%	81.30%
Aggression Management	>=80%	81.00%	81.30%	79.30%	82.90%	82.80%	84.20%
Equality and Diversity	>=80%	89.80%	91.70%	91.70%	92.20%	92.20%	92.60%
Fire Safety	>=80%	88.70%	86.20%	84.60%	86.10%	84.70%	85.20%
Food Safety	>=80%	60.30%	61.70%	67.60%	68.60%	69.70%	69.50%
Infection Control and Hand Hygiene	>=80%	83.30%	86.50%	84.10%	83.80%	81.80%	82.00%
Information Governance	>=95%	93.00%	92.90%	93.30%	92.60%	91.50%	89.00%
Moving and Handling	>=80%	71.10%	73.50%	73.60%	74.00%	75.70%	77.60%
Safeguarding Adults	>=80%	86.70%	88.80%	89.70%	89.70%	88.90%	89.00%
Safeguarding Children	>=80%	86.50%	86.60%	86.40%	85.60%	85.30%	86.30%
Bank Cost		£97k	£85k	£83k	£71k	£90k	£78k
Agency Cost		£71k	£67k	£12k	£34k	£73k	£71k
Overtime Cost			£5k	£16k	£14k	£14k	£12k
Additional Hours Cost		£9k	£8k	£9k	£9k	£13k	£12k
Sickness Cost (Monthly)		£54k	£57k	£60k	£63k	£72k	£66k
Vacancies (Non-Medical) (WTE)		50.63	43.37	55.47	36.58	34.71	40.49
Business Miles		40k	42k	31k	43k	44k	37k

Publication Summary

Department of Health (DoH)

The Government's mandate to NHS England for 2016-17

The mandate helps set direction for the NHS and helps ensure the NHS is accountable to parliament and the public. The mandate must be published each year, to ensure that NHS England's objectives remain up to date. It was produced following public consultation.
Click here for link to Mandate

National Institute for Health and Care Excellence (NICE)

Care of dying adults in the last days of life

These guidelines aim to put the dying person at the heart of decisions about their care, so that they can be supported in their final days in accordance with their wishes. Until recently, the Liverpool Care Pathway was used to provide good end of life care. It was withdrawn however, following widespread criticism and a subsequent government review that found failings in several areas. As a result, NICE was asked to develop evidence-based guidelines on care of the dying adult. The new guideline aims to tackle these and other issues by providing recommendations for the care of a person who is nearing death no matter where they are.
Click here for link to guidance

NHS England

Delivering the Forward View: NHS planning guidance 2016/17 - 2020/21

The leaders of the national health and care bodies in England have set out steps to help local organisations plan over the next six years to deliver a sustainable, transformed health service and to improve quality of care, wellbeing and NHS finances. The planning guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.
Click here for link to guidance

Monitor

National tariff update and draft prices for 2016/17

This guidance contains current national tariff draft prices and a workbook and aims to assist trusts with planning for 2016/17.
Click here for link to guidance

Publication Summary cont….

Monitor

Considerations for determining local health and care economies

The NHS planning guidance, Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21 asks every health and care system to produce its own sustainability and transformation plan (STP). One of the first steps in this process is for local health and care systems to agree the geographic scope of their STP. Monitor has produced resources to support CCGs, providers, local authorities and other key stakeholders to help determine their planning footprint.

Click here for link to guidance

Department of Health

2016/17 Better Care Fund: policy framework

The Better Care Fund (BCF) will provide financial support for councils and NHS organisations to jointly plan and deliver local services. This document sets out the agreed way in which the Better Care Fund will be implemented in financial year 2016 to 2017.

Click here for link

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

Health survey for England, 2014: trend tables
NHS sickness absence rates - August 2015
NHS foundation trust bulletin: 16 December 2015
Learning disability services monthly statistics - England commissioner census (assuring transformation) - November 2015, experimental statistics
Hospital episode statistics-diagnostic imaging dataset data linkage report - provisional summary statistics, April 2015-August 2015 (experimental statistics)
NHS foundation trust bulletin: 6 January 2016
Combined performance summary, November 2015

Glossary

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

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
Trust Performance
Quarter 3 2015/16

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Monitor & Care Quality Commission

Monitor Risk Rating

- Finance risk rating = Green
- Governance risk rating = Green

Care Quality Commission (CQC)

- The Trust is not due to get an update on Intelligent monitoring until mid-January 2016.
- The Trust has been notified that the CQC will be carrying out a Trust inspection at the beginning of March 2016.

CQC Mental Health Act Visits

- 3 visits during Q3.
- 5 MHA monitoring summary reports received.
- All responses were submitted in accordance with the timeframes set by CQC.

Monitor & Care Quality Commission continued

- 15 SIs reported to the Commissioners in Q3
  - 2 Barnsley (Mental Health)
  - 1 Barnsley (General Community Services)
  - 3 Kirklees
  - 5 Wakefield
  - 3 Calderdale
  - 0 Specialist Services
  - 1 Corporate Services

Legal & Claims

- 11 claims received

South West Yorkshire Partnership NHS
NHS Foundation Trust

Monitor Indicators: Trust Performance Quarter 3

Indicator	Target	Trust
Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted	95%	99.18%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	98.80%
IAPT - Treatment within 6 Weeks of referral	75%	71.62%
IAPT - Treatment within 18 Weeks of referral	95%	99.37%
7 Day Follow Up	95%	95.50%
Delayed Transfers of Care (DTOC)	<7.5%	3.19%
Crisis Admissions Gatekept	95%	95.69%
Early Intervention in Psychosis (EIP); New Cases	95%	102.51%
CPA Clients: Review within 12 Months	95%	98.56%
MH Data Completeness: Identifiers	97%	99.45%
MH Data Completeness: Outcomes	50%	78.58%
Community Data Completeness: Referral to treatment information	50%	100%
Community Data Completeness: Referral information	50%	96.80%
Community Data Completeness: Treatment activity information	50%	96.80%

South West Yorkshire Partnership NHS
NHS Foundation Trust

Dashboard Performance Headlines

Impact and Delivery

- CQUINS – Q2 achievement was 66%. Q3 achievement is being reviewed by commissioner. Year End forecast position for 2015-16 remains at Amber/Green for all BDU's.

Operational Effectiveness

- Continued focus placed on improving data quality in 15/16. Issues impacting on Cluster assignment (CQUIN), linked to clinical record keeping, case management and the caseload allocation in teams.
- IAPT Waiting times – some issues with reducing wait from referral to first appointment at end of Q3 – this is linked to a national staffing issue with Psychological Wellbeing Practitioners (PWP's). The trust have put measures in place to assist with achievement going forward but this may take time to impact.

Workforce

- Sickness remains above trajectory at Q3. Work continues to focus on reducing sickness related absence within the Trust.

- Review of mandatory training KPIs undertaken by HR and BDU's. Focused work undertaken to assist with increase in uptake and this was evidenced at Q3.

South West Yorkshire Partnership NHS
NHS Foundation Trust

Trust Key Performance Indicators Finance Quarter 3 2015/16

Performance Indicator		Month 9 Performance	Annual Forecast	Trend from last month	Last 3 Months - Most recent		
Trust Targets					8	7	6
1	Monitor Risk Rating	●	●	↔	●	●	●
2	REVISED £0.10m Surplus on Income & Expenditure	●	●	↑	●	●	●
3	Cash Position	●	●	↑	●	●	●
4	Capital Expenditure	●	●	↔	●	●	●
5	Delivery of CIP	●	●	↓	●	●	●
6	Better Payment Practice Code	●	●	↑	●	●	●

South West Yorkshire Partnership NHS
NHS Foundation Trust

Finance Quarter 3 2015 / 16

Key performance issues

- Surplus £0.2m against planned deficit of £0.7m (£0.9m ahead of revised plan) Revised plan communicated to Monitor - £100k surplus. Key risks to delivery – sale of Trust asset.
- £28.1m cash balance against plan £26.6m (£1.5m ahead of plan).
- Capital Expenditure £7.8m against plan £8.4m (£0.6m behind plan – 7%). Revised forecast £11.5m (£0.5m less than originally planned)
- CIPs £6.1m achieved against £7.0m target. £4.1m (67%) as per the original plan, £2.0m via mitigations / substitutions. Recurrent risks for 2016 / 2017
- Financial Risk Rating 4 against plan of 4
- Payment of NHS invoices within 30 days over 92%. (Non NHS invoices 96%)

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
12 February 2016

Care Quality Commission inspection March 2016

With all of us in mind

Aim of the Inspection

- The CQC is visiting the Trust in the week commencing 7 March 2016
- CQC inspectors want to get to ***the HEART*** of people's experience of care so the focus of the inspection is on the ***quality and safety of services***.

Focus of the CQC Inspection

- Assessment against the Fundamental Standards (CQC Framework)
- Use a set of questions to determine if we are **SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL LED.**
- Experience of people who receive care and treatment from our services
- Agenda based on information that we submit to national bodies, national staff and patient surveys, Quality Accounts, plus the CQC's own 'intelligence' on our services.
- Listening to staff, people who use our services and our partners
- **TRIANGULATION** of information
- **QUALITY, QUALITY, QUALITY**

The Week of the Visit

Day 0 – briefing and planning session.

- Introduction to inspection by CQC to the inspection team
- CEO/Trust presentation to Inspection team.

Days 1-3 – announced site visits

Inspection team will visit services, spending time observing care and talking to staff.

The inspection is also likely to include:

- talking to service users & carers
- interviews with Board members, including Non-Executive Directors
- listening events with public and carers
- focus groups
- interviews with Members' Council and members
- pathway tracking through care, reviewing records and care plans
- reviewing policies and procedures.

Day 4

Chairperson and inspection lead – meet with Trust to provide initial feedback – no rating given

CQC Ratings

- Rated on a four point scale:
    * Outstanding
    * Good
    * Requires Improvement
    * Inadequate

  against the 5 key questions.

- Ratings are given against ‘core services’ - we expect 16 separate reports.

- Trust rating – each service/team that the inspectors visit is given a rating. An algorithm then amalgamates all the scores and gives a rating for each of the 5 questions plus a trust overall score.

- We are required to display our ratings.

Preparing for the Visit

- 15 Staff engagement events held (11 for Clinical Staff, 2 for Administration Staff and 2 for Support Services)
- Plus approximately 20 bespoke sessions
- Around 700 Staff members in total have attended
- Handbooks for all Staff and Managers

What we're focusing on

Services

- Child and adolescent mental health services (CAMHS)
- Learning disability (LD) inpatient services
- Forensic low secure services
- Mental health urgent and emergency care (UEC) services

Delivery

- Improving clinical recording and information
- Maintaining safe staffing
- Ensuring engagement in transformation

Next Steps

- Report expected in mid/end of May for accuracy check
- Report published early June
- Quality Summit - late July early August

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
12 February 2016

Agenda item:	**9.1**
Report Title:	Proposed re-appointment of/extension to existing Non-Executive Director's term of office
Report By:	Ian Black
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to CONSIDER the recommendation from the Nominations Committee to re-appoint Jonathan Jones as a Non-Executive Director of the Trust for a further year from 1 June 2016 to 31 May 2017.

Background and rationale

The Members' Council will be aware that Jonathan Jones's term of office ends on 31 May 2016 after six years (that is, two terms). The Chair has always been of the view that one three-year term is acceptable for a Non-Executive Director and that two three-year terms should be the maximum. The Members' Council will also be aware, however, that the Trust and its Board are facing a number of exceptional circumstances in the coming year around this date.

1. The three new Non-Executive Directors (Rachel Court, Charlotte Dyson and Chris Jones) will have had less than twelve months on Trust Board by May 2016.
2. The Chief Executive and Deputy Chief Executive will be retiring from the Trust at the end of March and May 2016 respectively.
3. The Trust has a capital programme in place but the view of Trust Board is that it will continue to need robust Non-Executive Director involvement. Jonathan chairs the Estates Forum, which has provided robust scrutiny and assurance to Trust Board on the development and implementation of the Trust's Estates Strategy and capital programme.
4. The Trust's strong and robust financial position is also under pressure and will continue to be so following changes in approach by the Department of Health, NHS England and Monitor. The Chair would be apprehensive in instituting any changes in governance at the current time, particularly in relation to the Trust's capital programme.

In recognition of the internal and external position, the Chair is proposing an extension to Jonathan Jones's term of office for a further year to 31 May 2017.

Jonathan has indicated a willingness to serve for a further year. There is a work consideration that may change Jonathan's circumstances. If this does materialise and in agreement with Jonathan, the Trust could end his appointment before 31 May 2017 and agree a leaving date to coincide with the recruitment of a new Non-Executive Director early in 2017.

Jonathan has, of course, been an excellent Non-Executive Director and has served the Trust and its Board well; however, the Members' Council should also appreciate that this was also the case with Peter Aspinall and Helen Wollaston, to name two recent Non-Executive Directors who have retired from the Board.

At its meeting on 16 November 2015, the Nominations Committee considered the Chair's proposal. The Chair provided further assurance that his proposal would ease the transition following the changes to Non-Executive Directors and provide stability during the transition between Chief Executives. There are also significant issues that Jonathan contributes to where a change in governance arrangements would prove challenging at the current time.

The Nominations Committee supported the Chair's proposal and is making a recommendation for approval to the Members' Council.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
12 February 2016

Agenda item:	**9.2**
Report Title:	Chief Executive's appointment
Report By:	Ian Black
Job Title:	Chair
Action:	To ratify

EXECUTIVE SUMMARY

Recommendation

The Members' Council is asked to RATIFY the appointment of the Chief Executive following the recruitment and selection process that ended on 11 February 2016.

Background and rationale

The Members' Council will be aware that the Trust's Chief Executive, Steven Michael, will retire from the Trust at the end of March 2016. The Remuneration and Terms of Service Committee approved the process to recruit and appoint a replacement and the process has been led by Ian Black as Chair of the Trust, and Alan Davis, Director of Human Resources and Workforce Development. The Trust appointed Harvey Nash to support its process.

The application process closed at the beginning of January 2016 and fifteen applications were received. An initial sift of applications took place to inform a longlist for consideration on 11 January 2016 and Harvey Nash then undertook further engagement with, and assessment of, longlisted candidates to inform the shortlisting process on 29 January 2016 carried out by the Chair. Three very strong candidates were shortlisted and all are existing Chief Executives.

The formal interview process will take place on 10 and 11 February 2016 with a series of meetings with stakeholders groups on 10 February 2016 (service users and carers, senior clinical staff, senior staff and staff side representatives, and Non-Executive and Executive Directors). This will be followed by a formal interview on the 11, which will include a ten-minute presentation. The interview panel will consist of:

- Ian Black, Chair of the Trust (and Chair of the interview panel);
- Julie Fox, Deputy Chair of the Trust;
- Stephen Dalton, Chief Executive, Mental Health Network, NHS Confederation (External Assessor);
- Michael Smith, publicly elected governor for Calderdale and Lead Governor; and
- Lesley Smith, Chief Officer, NHS Barnsley Clinical Commissioning Group.

The Chair will ask the Members' Council to ratify the appointment made by the panel at this meeting.

The Members' Council should note that the Trust has a Board-approved plan for interim/acting Chief Executive arrangements dependent on the period of notice for the substantive candidate.

Recommendation

The Members' Council is asked to RATIFY the appointment of the Chief Executive made by the appointment panel on 11 February 2016.

Director of Finance

The Members' Council will also be aware that, in the current challenging time both internally and externally, the planning, contracting and commercial aspects of the Deputy Chief Executive role have become increasingly important and demanding in terms of capacity and involvement. This could, potentially, have had adverse impact on the finance function and the Chief Executive recommended a split of the two roles with the recruitment of a new Director of Finance. This was supported by the Remuneration and Terms of Service Committee in October 2015. To enable the new Chief Executive to be involved in the appointment of the Director of Finance, the recruitment process began alongside the recruitment of the Chief Executive and this will conclude by the end of February 2016.

An interim Director of Finance, Jon Cooke, was appointed on 4 January 2016. Jon is a qualified accountant with over 20 years' experience in the NHS. He is on secondment from the Yorkshire and Humber Commissioning Support Unit where he was Chief Finance Officer and has previously provided financial leadership to a variety of NHS organisations. Over the years, Jon has developed a strong track record of delivering financial duties while supporting transformational change in a difficult financial climate. Jon is very excited to be joining the Trust at a key point in its strategic development and is looking forward to taking an active role in the delivery of the financial plan and the development of next year's plan.

The make-up of Trust Board continues to meet the requirements of the Trust's Constitution with one more Non-Executive Director (seven) than Executive Directors (six).

Director of Forensic and Specialist Services

The Trust was successful in appointing to the substantive role of Director of Forensic and Specialist Services and Carol Harris (currently Acting Director of Operations at Manchester Mental Health and Social Care Trust) will join the Trust on 21 March 2016; in the meantime, the interim operational support at Director level to cover the child and adolescent mental health services (CAMHS), forensic services and specialist services portfolio continues through Nette Carder.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council
12 February 2016

Agenda item:	**10.1**
Report Title:	Elections to the Members' Council
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on election process for 2016.

Recommendation

The Members' Council is asked to RECEIVE the update.

Background

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

Elections 2016

Elections will be held as follows.

Barnsley
One seat – vacant.

Calderdale
Two seats – Michael Smith and Tony Wilkinson are both retiring by rotation and are eligible for re-election.

Kirklees
Three seats – David Woodhead is retiring by rotation and is eligible for re-election. There are two other vacant seats.

Wakefield
Two seats – Peter Walker is retiring by rotation and is eligible for re-election. There is one other vacant seat.

Rest of South and West Yorkshire
One seat – vacant.

Staff
Two seats – nursing support and social care staff working in integrated teams.

Election process
Electoral Reform Services will be managing the process for the Trust and the timetable is as follows.

Nominations open on Wednesday 17 February 2016
Nominations close on Thursday 17 March 2016
Candidates will be able to withdraw up to Tuesday 22 March 2016
The election opens on Thursday 7 April 2016
The election closes on Thursday 28 April 2016
Results declared Friday 29 April 2016
Terms of office begin 1 May 2016

The election process for publicly elected governors will be a mix of paper and electronic options. For the two staff seats, the process will be digital for both the nominations and election stages.

There is a role for governors to talk to people who might be interested in putting themselves forward for election or to let the Trust know if they think someone would be worth approaching.

With all of us in mind

South West Yorkshire Partnership NHS
NHS Foundation Trust

Members' Council annual work programme 2016

Agenda item/issue	Feb	May	July	Eval	Oct
Standing items					
Minutes and matters arising	✘	✘	✘		✘
Declaration of interests	✘	✘	✘		✘
Chair's/CE's report and feedback from Trust Board	✘	✘	✘		✘
Performance reports	✘	✘	✘		✘
Appointment of Non-Executive Directors (if required)	✘	✘	✘		✘
Ratification of Executive Director appointments (if required)	✘	✘	✘		✘
Evaluation session				✘	
Constitutional/statutory items					
Strategic meeting with Trust Board	✘				
Members' Council elections	✘	✘			
Local indicator for Quality Accounts	✘				
Consultation/review of Audit Committee terms of reference		✘			
Chair and Non-Executive Directors' remuneration (process and timescales)					✘
Appointment of Lead Governor		✘			
Private patient income (against £1 million threshold)		✘			
Annual report and accounts			✘		
Quality report and external assurance			✘		
Appointment of Trust's auditors (external) – not applicable in 2016					
Other items					
Annual report unannounced/planned visits	✘				
Care Quality Commission inspection *(timing and format of post-inspection session to be agreed either as part of formal meeting in May 2016 or as a separate session)*	✘	✘			

Agenda item/issue	Feb	May	July	Eval	Oct
Chair's appraisal		✘			
Trust annual plans and budgets, including analysis of cost improvements	✘	✘			
Annual plan (Monitor)		✘			
Transformation update		✘			✘
Serious incidents annual report			✘		
Customer services annual report			✘		
Members' Council Co-ordination Group annual report			✘		
Members' Council objectives					✘
Members' Council meeting dates and annual work programme					✘
Agreed discussion items					
To be discussed and agreed at Co-ordination Group meetings to ensure relevant and topical items are included. Suggestions include: - Holding Non-Executive Directors to account (October 2016 or May 2017) - Post-CQC inspection session – in addition to agenda item in May 2016 to provide more in-depth feedback	**Joint meeting with TB**	✘	✘	**Evaluation session**	✘