

Trust Board (business and risk)
Tuesday 25 October 2016 at 9:30
Meeting room 1, Block 7, Fieldhead, Wakefield

AGENDA

- 1. Welcome, introduction and apologies** (verbal item)
- 2. Declaration of interests** (verbal item)
- 3. Minutes and matters arising from previous Trust Board meeting held on 20 September 2016** (attached)
- 4. Chair and Chief Executive's remarks** (verbal item)
- 5. Operational plan guidance and process** (attached)
- 6. Single oversight framework** (attached)
- 7. Strategic overview of business and associated risks** (attached)
- 8. Strategies for approval**
 - 8.1 Organisational development strategy (attached)
 - 8.2 Communications, engagement and involvement strategy (attached)
- 9. Performance reports month 6 2016/17**
 - 9.1 Integrated performance report month 6 2016/17 including finance (attached)
 - 9.2 Customer services report Q2 2016/17 (attached)
- 10. Governance items**
 - 10.1 Standing financial instructions update (attached)
- 11. Assurance framework and risk register** (attached)

12. NHS Improvement Q2 return and Board self-certification (attached)

13. Developing a Freedom to Speak Up Guardian network (attached)

14. Independent investigation report 2014/25273 (verbal item)

15. Assurance from Trust Board committees (attached)

- Audit Committee 4 October 2016
- Equality and Inclusion Forum 10 October 2016

16. Date of next meeting

The next meeting of Trust Board will be held on Tuesday 20 December 2016 in Rooms 49/50, Folly Hall, Huddersfield.

Minutes of Trust Board meeting held on 20 September 2016

Present:	Ian Black	Chair
	Laurence Campbell	Non-Executive Director
	Charlotte Dyson	Non-Executive Director
	Rachel Court	Non-Executive Director
	Julie Fox	Deputy Chair
	Chris Jones	Non-Executive Director
	Jonathan Jones	Non-Executive Director
	Rob Webster	Chief Executive
	Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing, Clinical Governance and Safety
	Mark Brooks	Director of Finance
	Alan Davis	Director of Human Resources and Workforce Development *
Apologies:	None	
In attendance:	Kate Henry	Director, Marketing, Engagement and Commercial Development
	Dawn Stephenson	Director of Corporate Development (Company Secretary)
	Bernie Cherriman-Sykes	Integrated Governance Manager (author)
	Emma Jones	Integrated Governance Manager
Guests:	Nasim Hasnie	Publicly elected governor (Kirklees), Members' Council
	Bob Mortimer	Publicly elected governor (Kirklees), Members' Council

* Also interim Deputy Chief Executive

TB/16/58 Welcome, introduction and apologies (agenda item 1)

The Chair (IB) welcomed everyone to the meeting, in particular Nasim Hasnie and Bob Mortimer, Kirklees elected governors from the Members' Council. He also welcomed Emma Jones who has joined the Trust as Integrated Governance Manager. He also took the opportunity to thank Bernie Cherriman-Sykes for her invaluable support to him and for Trust Board over the last eleven years.

TB/16/59 Declaration of interests (agenda item 2)

There were no declarations over and above those made in March 2016 or subsequently.

TB/16/60 Minutes and matters arising from previous Trust Board meeting held on 19 July 2016 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 19 July 2016 as a true and accurate record of the meeting.

There was one matter arising raised by Jonathan Jones (JJ) in relation to the letter sent by Council Leaders in West Yorkshire to seek clarification on the position regarding devolution. Rob Webster (RW) responded that local authorities are part of local plans for collaboration to close the financial, care and health gaps set out in the Five Year Forward View. A meeting was held the previous week with local authority Leaders and Health and Wellbeing Board Chairs to ensure a good process is in place to secure local involvement in plans for local areas. There is no indication that the devolution debate will be re-opened; however, the position is that it now could be given changes to the national position on the requirement to have an elected mayor.

TB/16/61 Chair and Chief Executive's remarks (agenda item 4)

IB began his remarks by confirming that JJ will leave the Trust as a Non-Executive Director at the end of this calendar year. It was his view not to replace JJ until the summer of 2017, subject to Nominations Committee approval. Trust Board will, therefore, run with the same number of Non-Executive Directors as Executive Directors plus IB as Chair.

IB also provided feedback from the South Yorkshire Sustainability and Transformation Plan (STP) Chair and Non-Executive Director Forum.

Trust Board confirmed it was very content with the approach adopted by the Chief Executive in providing a written update report and with the information provided for this meeting. In addition, RW provided an update on the development of an Accountable Care Organisation (ACO) in Barnsley. A Shadow Board has been established and mental health, community and social care services are very much part of the model of care proposed. Further discussion is needed on the governance model and organisational form. Advice was sought from Hempsons, which provided eight options. Trust Board will need to discuss possible options at some point in the future and the role the Trust will play. His suggested criteria for assessment of the options are that to ensure it meets the objectives for service delivery and that it is simple, legal and acceptable to all parties. This was accepted by the shadow ACO Board. There is much work still to do and it is welcome that the Trust is engaged and involved, and able to influence developments.

IB invited comments and questions from Trust Board.

- JJ asked about the fit with the South Yorkshire STP. RW responded that there was a good fit given the emerging group of hospitals in South Yorkshire. Links with commissioners will be further developed and this may be through local accountable care organisations.
- Charlotte Dyson (CD) asked if mental health is a priority for the South Yorkshire STP. RW responded that it was. There are specifics for each area although along the same themes and this is the case for STPs across the country.
- CD also asked if the West Yorkshire STP is led by the acute sector or whether mental health has a bigger voice. RW responded that there is no real history of acute trusts in West Yorkshire working together in a formal group and their West Yorkshire Association of Acute Trusts is relatively new. Mental health is a priority workstream in West Yorkshire and it is well-led with a willingness to work collaboratively and with resource to support joint working. It is important that the Trust is seen as part of this and that mental health has parity with acute care in future models and for future investment.
- In response to a question from Chris Jones (CJ), RW commented that the Executive Management Team (EMT) has considered the Trust's role in each of the regional STPs and the localities we serve. This ranges from stewardship of services which are in future delivered by other organisations to being a thought leader/delivery agent. The EMT view is that the Trust has the potential to be at the thought leader/delivery agent end of the spectrum. James Drury is mapping where the Trust fits in each locality and the engagement and communication needed as support, which will form part of the Trust Board discussion during strategy meetings.

Junior Doctors' industrial action

Adrian Berry (ABe) advised Trust Board that approach to contingency plans for the Junior Doctors industrial action are the same as for previous industrial action, albeit potentially for a week rather than a day. The action has relatively less impact than for other trusts as the Trust has less reliance on Junior Doctors in 24-hour care and is able to adjust rotas accordingly to minimise the number of cancelled appointments. ABe explained that NHS England requires Boards to sign-off data collections in relation to the industrial action to

ensure Directors are fully assured of the plans being taken to ensure patient safety during the action. Given the assurance that the Trust's plans would remain as previously supported by Trust Board, **it was AGREED to delegate authority to the Chair and Chief Executive to sign-off the Trust's plans in order to provide flexibility for services.**

TB/16/62 Care Quality Commission inspection report (agenda item 5)

TB/16/62a Care Quality Commission (CQC) action plan (agenda item 5.1)

Tim Breedon (TB) took Trust Board through the process for delivery of actions and assurance through services up to Clinical Governance and Clinical Safety Committee and Trust Board. The Clinical Governance Group will be utilised to ensure a Trust-wide approach. Progress will be included in the monthly performance report. Julie Fox (JF) confirmed that the Clinical Governance and Clinical Safety Committee were satisfied that the process is robust and is comfortable with the arrangements.

IB invited comments from Trust Board.

- He began by commenting that he would like to see a similar process schematic for all Board Committees when the terms of reference are next reviewed. TB responded that this also fits with the wider review of governance arrangements he and Dawn Stephenson (DS) have begun to ensure simple but effective and robust systems and processes are in place to provide assurance and foster improvement.
- JJ asked whether staff were involved and engaged with the process, particularly to engender change. TB responded that there are areas where there is clear engagement; however, there are areas where assurance will not necessarily emerge from improvement activity.
- Laurence Campbell (LC) commented that the Clinical Governance Groups seems to be an additional layer and was unsure of its purpose. TB responded that it provides consistency, co-ordination and a Trust-wide approach. It will also collate and disseminate learning across the Trust. RW added that there are also clear links to Director portfolio discussions, and DS's piece of work to review and streamline operational management and assurance processes. A paper will come to the EMT to simplify current arrangements and ensure fit with governance and assurance processes.
- JJ asked if the meeting with the CQC on 22 September 2016 was to 'mark the Trust's homework'.
- CD commented that the interaction between teams and 'trios' did not feel like how organisations actually work. She would like to see the Trust take the action needed to address areas of improvement and then 'tick' the CQC boxes as a result. TB responded that 'trio' arrangements and relationships are important and will be part of the Clinical Governance Group to ensure a Trust-wide approach and consistency. The balance between improvement and assurance will require leadership throughout the organisation to ensure action is seen as improvement of Trust services not just assurance to the CQC to meet its agenda.
- Rachel Court (RC) commented that the diagram contains many steps and whether the Trust is sure it can be responsive and 'fleet of foot'. TB responded that the main work will be done at 'trio' and BDU Governance Group level with the additional step of the Clinical Governance Group to ensure consistency and cross-Trust working, which should not delay or hinder action.

IB asked that the next report to Trust Board in December 2016 shows progress made and what has been completed, identifies any risks and hotspots, and mitigating action as the next time Trust Board will look at progress will be March 2017 when actions should be complete. TB confirmed there would be a progress report in the monthly performance report.

Regarding the upcoming meeting with the CQC on 22 September 2016, the main question for the Trust is when and how the CQC will review what action the Trust has taken to address the recommendations and 'sign-off' actions. IB appreciated this position but stressed that this is a Trust plan to improve not solely an action plan to address what the CQC has raised. CD added that Trust Board's role is to communicate how strongly it is taking the matter. RW commented that he is aware that staff are asking when the CQC will be returning to the Trust. He supported the Chair's comments that this is the Trust's plan and Trust Board holds the EMT to account for its delivery because it is the right thing to do not because the Trust has to do it.

It was RESOLVED to SUPPORT the CQC action plan implementation, monitoring and evaluation arrangements and the SUPPORT the final version of the action plan.

TB/16/62b Safer staffing (agenda item 5.2)

TB outlined the background as a reminder for Trust Board. A key question is how the Trust rationalises its position with that of the CQC. The Trust approach to safer staffing is based on 'optimum', that is, what is needed, and is set using an evidence-based tool. Wards do not operate at unsafe levels and there are clear escalation processes. Information on the Trust's approach, its processes and data were provided to the CQC; however, the inspection report did not acknowledge any of the information the CQC had been given. This will be a subject for discussion on 22 September 2016, particularly in relation to minimum vs. optimum levels. His view is that the Trust should not compromise its position and change to levels that are based on minimum requirements. He would explore the CQC concerns, stressing there is a need to understand how we approach monitoring to ensure that there is no indication that services are unsafe. IB asked if Trust Board was comfortable with the Trust's approach on "optimal" staffing levels.

LC asked how the Trust compared with other organisations. TB responded that optimal is an evidence-based approach. There are some other Trusts that publish reports at a basic/minimum level; however, these are just that. There are some Trusts that take a similar approach to ours; however, it is difficult to compare across the board as the detail of ratios is not always available. JF commented that unpacking the information behind the figures to understand the staffing position is important and its impact on associated areas, such as recruitment and retention. RW commented that the components of quality are outcomes, experience and safety. "Optimum" levels take account of all three rather than safety alone. TB added that the evidence-based tool provides for a level of staffing to provide a quality service not just a safe service. RW added that we must always be conscious of where slippage may reduce the experience for service users but should never reduce safety. TB confirmed there is professional guidance in place to assess safety levels in relation to ratios, assessment of need, etc. RW summarised that experience and outcomes are affected by staff levels; however, processes are in place to ensure services are safe and the Trust should, therefore, explore the CQC position to determine what else it requires the Trust to do to address safety.

CJ commented that it is difficult to take assurance purely on numbers so the minimum/optimal argument may be a false one. Therefore, he would take assurance more from the processes in place than the figures in terms of how staff care for patients. He challenged TB on his statement that the "Trust never does anything unsafe" as the Trust would need to be clear on what safe and unsafe look like in every situation. He would prefer to receive assurance in relation to what action the Trust takes where safer staffing levels are not met rather than purely reporting figures. JF commented that she was pleased to see the needs of patients included as a consideration in determining staffing levels as the acuity of patients can have a serious impact on a service.

RC asked if the Trust could publish “optimal” and “minimum/safe” data and track against both even if only internally. TB was not sure that this would fit with the Trust’s values, its service delivery ethos or variations in services and service user need. RC added a concern that averaging out the fill rate that is reported to the Board could mask individual days and ward information and individual areas of concern could be hidden. TB responded that individual ward information is presented to the Clinical Governance and Clinical Safety Committee; however, this could perhaps be scrutinised in more detail. RC suggested reporting by exception to Trust Board on areas where levels are not met.

CD commented that what is missing from the CQC analysis is the added value of an optimum level of staffing; however, it is difficult to evidence and quantify. TB responded that the Trust could use the evidence-based tool to describe the added value of the Trust’s approach.

JJ asked if the Trust would ever get to the “optimal” level. TB responded that there is much work in train in relation to recruitment and retention and there is no suggestion that “optimum” levels are not achievable. He did not think that ‘Brexit’ would be an influence. JJ asked Mark Brooks (MB) if this was the type of discussion undertaken at his previous Trust. MB responded that it was the same debate; however, the vacancy rate was much higher in his previous Trust.

ABe commented that Trust Board should not focus on the debate between “optimal” and “minimum”. Safer staffing is just that, **safer** not safe and relates to improvement. He added that the Trust is absolutely right to take this approach. Generally, the level of registered nursing at night is ‘safe’ and fill rates are always over. He felt the Trust, therefore, achieves or over-achieves at night and may underachieve “optimal” levels during the day reflecting a ‘safer’ approach and that some assurance can, therefore, be taken from the figures. ABe confirmed that there is a level of 90% of the agreed fill rate that triggers exception reporting and the detail can easily be brought to Trust Board (it is already reported to the Clinical Governance and Clinical Safety Committee).

IB would seek comfort from any network or evidence that other Trusts are taking this approach. TB was asked to bring information back to Trust Board. IB added that the Trust must make clear to the CQC that this is an approach that works for this Trust and that the Trust recognises its valid concern but this is what suits the Trust. He went on to reiterate that Trust Board supports the Trust’s approach, understands the Trust’s position and would like to see the matter clarified with the CQC. He also asked for reporting to the Clinical Governance and Clinical Safety Committee on the detail of the figures and exceptions. LC commented that he would like to receive a report at Trust Board first to provide assurance. JF responded that feedback from the CQC meeting would be considered by the Committee and then into Trust Board with stronger, more robust reporting of performance, where the 90% level is not met, the reasons and mitigating action taken. RC asked if the outcome of this discussion could be included in the inspection action plan. TB responded that all information was presented to the CQC but not acknowledged and is, therefore, an issue to discuss with the CQC to understand its position. IB supported the suggestion from RC and asked that an additional action be included.

It was RESOLVED to RECEIVE the report on safer staffing and AGREED to secure additional regular reporting on safer staffing through the performance report, with escalation of exceptional circumstances through Clinical Governance and Clinical Safety Committee.

TB/16/63 Transformation update (agenda item 6)

RW provided a brief introduction to the paper. LC commented that he is still struggling to get an overview of progress from this report. RW explained that the narrative from James Drury provides a summary of progress with the detail contained in the appendices that had been submitted to the CGCSC. He asked Non-Executive Directors to confirm how much detail they would find useful. LC responded that he would appreciate more tangible information with clear deliverables. This was supported by RC who would like to see a summary level dashboard of delivery and benefits, whether transformation is on track and exception reporting to provide assurance that the Trust is on track. CD added that the appendices are difficult to follow and she would find a one-page summary for each individual project with timescales useful. DS suggested that this is further discussed by EMT. RW commented that this fits with work to ensure consistency for how the Trust uses RAG ratings/traffic lights to demonstrate progress. Development of a consistent template for each project and programme update would support reporting to Trust Board, which identifies risks and issues affecting reputation, strategy, workforce and finance.

IB summarised the agreement that this was too much detailed information for Trust Board, particularly when transformation is already monitored by one of its Committees, and that work is in train to address this. Consistency in RAG rating/tracking will be adopted across all Trust Board report.

JJ commented that Trust Board had agreed to include a risk tolerance section in the front sheet for papers. DS responded that a new front sheet has been issued to describe risk appetite and modelled in the independent governance review (well-led) paper for comment. If Trust Board thinks this is useful, it will continue for all Board reports.

TB/16/64 Performance reports month 5 2016/17 (agenda item 7)

TB/16/64a Performance report month 5 2016/17 (agenda item 7.1)

MB outlined development of reporting to Trust Board in line with Trust objectives and CQC metrics with a clear Director lead. There will also be a number of additional metrics to reflect improvement and quality, with a clear focus on both.

He also advised that NHS Improvement has just published the Single Oversight Framework, which applies from 1 October 2016. A detailed review of the Framework and its implications will be undertaken; however, from an initial review, MB highlighted the following.

- The Trust currently has a governance rating of 'green' and a financial risk rating of 4, which is the highest achievable level.
- In the revised framework, a risk rating of 1 will provide for full autonomy (highest), level 4 would put a trust in special measures with trusts at levels 2 and 3 needing some form of support.
- A trust can only achieve governance level of 1 if it receives a 'good' or "outstanding" CQC rating; therefore, this Trust could only receive a rating of 2).
- Financially, this Trust would report at level 1 for all metrics except for its agency spend compared to ceiling where it would currently rate at 3, but based on current trajectory could result in 4.
- If a trust receives level 4 for any measures, it can only receive a financial rating of 3 overall. It has been agreed at EMT that MB will write to NHSI explaining the Trust's concerns over how this could be interpreted.
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MB went on to highlight the following from the month 5 report.

- As reported to Trust Board, the performance issue for improving access to psychological therapies (IAPT) improved in quarter 1 and the threshold should again be achieved in quarter 2. That this performance remains sustainable is the focus of action in BDUs.
- The slight reduction in performance on data completeness relates to a dip in postcode inputting and improvement activity is focussed on hotspots; however, a slight concern for quarter 2 performance remains.
- A change in metric and incorrect reporting for memory assessment services in Barnsley has led to some concern from NHS Barnsley Clinical Commissioning Group. An action plan is in place and should be completed by the end of September 2016. An audit by KPMG began on 19 September 2016 to identify if there are any other issues or if this was an isolated incident.
- Work continues to realise full performance against commissioning for quality and innovation (CQUINs) targets.

TB took Trust Board through the quality section, particularly serious incidents, MRSA, child and adolescent mental health service transition to adult services, and bones and falls health. DS commented that Trust Board had asked for benchmarking information for Friends and Family to be included from quarter 2. BDUs can respond to quantitative and qualitative data at both BDU and cross-Trust level.

Alan Davis (AGD) highlighted a number of workforce areas.

- He advised that the vacancy rate for Barnsley includes the 0-19 service. The risk in relation to staffing levels when the service transfer has been flagged with the local authority.
- To enhance recruitment and retention, a pilot is underway to introduce a nursing associate role in forensic and Wakefield acute services.
- An internal audit of the application and operation implementation of the Trust's approach to sickness absence is complete and will be reported to the Audit Committee in October 2016.

CD commented that she was surprised the Trust is an outlier on bank/agency spend. MB responded that the measure is of spend above the "agency cap" set by NHS Improvement. RW has written to NHS Improvement to explain the Trust's position and action it is taking to address spending on agency.

IB commented that, although he had concerns about focusing on one line, the "agency cap" does have significant implications for the Trust's risk rating. In the next planning round, Trust Board should be comfortable with the Trust's agency budget/cap rather than an imposed cap. It was agreed that the letter from RW to NHS Improvement should be circulated to Trust Board and that the NHS Improvement changes through the Single Oversight Framework and the implications should be included in reporting to the Members' Council and Trust Board in October 2016 once further work to review the position is complete.

RC commented that there is little reference in the narrative in relation to the trend around vacancies and she would like to see this information included. AGD responded that vacancies overall across the Trust are not high in comparison with other Trusts; however, there are individual areas where vacancies are having a major impact. MB confirmed that this will be covered in the full performance report.

MB also confirmed that he will present an updated performance report to Trust Board in October 2016 for comment and guidance on any further development.

It was RESOLVED to RECEIVE the performance report for month 5 2016/17 and it was AGREED that the letter to NHSI from RW be circulated; and an analysis of the impact of the SOF on the Trust's position be reported to COG and Trust Board in October.

TB/16/64b Finance report month 5 2016/17 (agenda item 7.2)

MB introduced the finance report and highlighted the following.

- The Trust's current position is favourably influenced by the non-recurrent release of provision from 2015/16 of circa £700k.
- The Trust has achieved its target to attract sustainability and transformation funding in the first quarter.
- There is a shortfall in CQUIN achievement year-to-date of £180k.
- Agency spend was close to £1m in August, which is £260k more than forecast; however, this is balanced by other pay savings.
- Out-of-area placements are higher than forecast and plan.
- There are, potentially, additional redundancy costs in September 2016 as a result of de-commissioning of services, as well as some dilapidation costs which may impact on the Trust's position for September and the second quarter
- The Trust retains a financial risk rating of 4.

MB also advised that NHS Improvement has brought forward planning timescales and that a two-year operational plan will be required in December 2016. Trust Board will be provided with an update on the requirements, challenges and assumptions in October 2016. The November strategy meeting will focus on the Trust's plans and the plan will be approved by Trust Board at December's meeting, prior to submission to NHSI by 23 December 2016

The following were raised.

- CD commented on the underspend on information management and technology and asked where the Trust would use the money if it is not spent. MB responded that this would be reviewed in conjunction with a range of other issues that impact upon the Trust's cash position. He explained that increased focus on RiO has resulted in delays to some other IT projects; There will be a review of capital priorities in the coming year; however, it is his view that strategic investment in IT could benefit the services the Trust provides
- JF asked if the overspend on agency was in particular areas. MB responded that it is being incurred with nursing and medical professions, and in a range of geographies and services. JF asked how the Trust was seeking to improve the position. ABe responded that there are different uses of medical agency staff, which have different solutions, and there are some areas where the use of locums is appropriate, for example, externally funded posts. However, there are some sub-specialisation and speciality doctor posts the Trust cannot recruit to and the Trust, therefore, needs to develop long-term solutions to address the position in other ways, which is related to re-design of the workforce.
- CJ commented that it is difficult to understand the pay cost budget and he asked what forms the underspend. MB responded that it represents a combination of factors, but at a high level it is a result of the number of vacancies, partly offset by increased temporary staffing costs MB will meet CJ outside the meeting to review the pay savings further.
- CJ also asked if there were any organisational implications for the vacancy position. AGD responded that the Trust is carrying 358 vacancies out of 4,500 staff, which is a relatively low proportion and there are a number of factors influencing the position, which is compounded by supply issues nationally. The workforce strategy will support the Trust to address areas affected by internal and external factors. RW advised that there

is a weekly operationally focussed meeting to review staffing pressures and how these are addressed within services. There will also be a re-budgeting and re-forecasting based on experience during 2016/17 to enable better planning for next year, which will also be to an earlier timescale during the planning process.

- IB commented that consideration of the Trust's operational plan in December 2016 will obviously be significant. There will be control totals at local and STP level, an agency cap and a potential capital cap; however, this must be the Trust's plan and budget not one that is influenced solely by external control totals. The plan will be considered by Trust Board in the public meeting in December 2016 and it is likely that Trust Board will need an additional meeting prior to the formal meeting to consider the detail of the plan. He also advised that the Members' Council joint meeting with Trust Board has also been brought forward to November 2016 to allow the Members' Council to influence the Trust's forward plan. IB expressed a concern, however, in relation to the quality of plans given the shorter timescales. The possibility of forming a sub-group of the Board to be kept engaged with and able to challenge the development of the plan was discussed.
- RW commented that there needs to be sufficient Board time to consider the Trust plans well and this will become clearer when guidance is published on 22 September 2016. One benefit of the West Yorkshire STP is that Directors of Finance are working more closely together and, therefore, the discussions on money between commissioners and providers has already started. Guidance will hopefully link STP and provider two-year plans.

It was RESOLVED to RECEIVE the report.

TB/16/64c Exception reports: Sustainability annual report (agenda item 7.3(i))

It was RESOLVED to NOTE the progress made against the Trust's Sustainability Strategy and to NOTE the areas of work for the coming year.

TB/16/64d Exception reports: Medical appraisal/re-validation (agenda item 7.3(ii))

It was RESOLVED to NOTE the report and APPROVE the statement of compliance confirming the organisation is a designated body as in compliance with the regulations.

TB/16/64e Exception reports: Nurse re-validation (agenda item 7.3(iii))

TB introduced this item. JF asked for assurance that the re-validation process is effective and staff are not just re-validated to ensure that the effect of 5% of staff not being re-validated is minimised. TB responded that there is a robust and clear process in place which sets out what staff have to achieve; he, therefore, has no concerns in this respect.

It was RESOLVED to NOTE the update on progress and that the processes in place have achieved expected outcomes.

TB/16/64f Exception reports: Workforce race equality standard (agenda item 7.3(iv))

AGD introduced this item and commented that this must not be a 'tick box' exercise and must engender change and development through action to:

- establish networks throughout the Trust, in particular, the Black Asian Minority Ethnic (BAME) network;
- challenge tolerance levels within the Trust;
- engage with local communities; and
- be seen as a good partner within the NHS and work with other organisations across Yorkshire and the Humber.

IB suggested inclusion of the pilot work with Gatenby Sanderson to increase the breadth of candidates for Non-Executive Director and Governor positions. AGD responded that it is crucial to include both Trust Board and the Members' Council as work at senior level is needed to deliver some objectives and targets. RW added that the tone set by Trust Board and the visual representation of the Trust on this agenda is very important. The BAME network will launch on 29 September 2016 and this may identify additional areas for inclusion on the action plan. Recognise that senior leaders within the organisation are from BME backgrounds, particularly amongst clinicians, and the Trust must ensure engagement in the leadership of the organisation.

In response to a question from CJ, AGD responded that staff subject to disciplinary action are small in number; however, evidence shows that staff from BME backgrounds are more likely to be subject to disciplinary action. This has been reviewed in detail but there is no obvious trend within the Trust. The BAME network will provide positive challenge for the way Trust does things and how it addresses and taps into potential benefits for the organisation. It will also inform work to remove barriers to recruitment, retention and progression and how the Trust can address these and seek to improve.

RW commented that, as a Board, Directors should push and question this issue, working to understand movements around underlying factors. IB commented that he would also like to look at excellence statistics, for example, Clinical Excellence Awards and the Trust's own Excellence Awards.

Subject to adding some narrative around Trust Board and the Members' Council, **it was RESOLVED to APPROVE the WRES action plan and ongoing monitoring through the Equality and Inclusion Forum.**

TB/16/65 Governance matters (agenda item 8)

TB/16/65a Independent governance review (agenda item 8.1)

IB asked whether there was a match between the well-led review and that undertaken by the CQC. DS responded that there is a different assessment approach from different regulators. The CQC's well-led domain is not restricted to Trust Board but looks at leadership at all levels within the organisation whereas the well-led review focused on Trust Board.

CD asked that the timescales for recommendation 8 in relation to communication and engagement mechanisms are clarified and included in the plan.

It was RESOLVED to NOTE the update on progress against the recommendations arising out of the independent review of the Trust's governance arrangements and CONFIRM that the mechanisms outlined in the paper provide sufficient governance and assurance for the action plan to be signed-off by Trust Board.

TB/16/66 Assurance from Trust Board committees (agenda item 9)

TB/16/66a Clinical Governance and Clinical Safety Committee 13 September 2016 (agenda item 9.1)

JF reported that the Committee received a thorough report on child and adolescent mental health services (CAMHS); however, concerns remain for the Committee. There is a mixed picture across BDUs against a backdrop of increasing demand, which is a difficult position to manage. The concerns, particularly around waiting times, have been reported to Trust Board previously. The Committee did appreciate and recognise that staff are working hard to address the position.

CD commented on the tenders for CAMHS in Calderdale and Kirklees. RW responded that the Trust provides a combined service currently across both areas. In Calderdale, the clinical commissioning group (CCG) tendered for the service. The process finished in August 2016 and has now been stopped as the CCG was unsuccessful in finding a provider to deliver the services to the specification. In Kirklees, CAMHS is included in a wider bid for 0-19 services, which has only just been issued. The risk to separating the services has been raised with all three CCGs, particularly in relation to the crisis service, which has to be based on population size and, therefore, there is a risk to the sustainability of the service.

TB/16/66b Mental Health Act Committee 2 August 2016 (agenda item 9.2)

CJ highlighted a theme running through the Committee agenda in relation to data recording, and systems sharing and interoperability.

TB/16/66c Information Management and Technology Forum 12 September 2016 (agenda item 9.3)

IB commented that the Forum's agenda is dominated by the RiO V7 upgrade issues. The Forum also discussed the work to develop integrated care records and portal, and options for procurement of a mental health clinical information system.

On a general point, it was agreed to take a 'risk appetite' approach as previously discussed and approved by Trust Board. Where a risk is not managed at an acceptable level, it should be escalated to Committee and/or Trust Board level. Where a Committee is not assured, the risk should be escalated to Trust Board for discussion and agreement of continued monitoring and scrutiny.

TB/16/67 Use of Trust seal (agenda item 10)

It was **RESOLVED** to **NOTE** the use of the Trust's seal since the last report in June 2016.

TB/16/68 Date and time of next meeting

The next meeting of Trust Board will be held on Tuesday 25 October 2016 in meeting room 1, Block 7, Fieldhead, Wakefield, WF1 3SP. It was noted that the meeting will be chaired by JF as Deputy Chair.

Signed **Date**

Trust Board 25 October 2016 Agenda item 4

Title:	Chief Executive's Report
Paper prepared by:	Chief Executive
Purpose:	To provide the strategic context for the Board conversation.
Mission/values:	The paper defines a context that will require us to focus on our mission and lead with due regard to our values.
Any background papers/ previously considered by:	This paper references several of the papers in the public and private parts of the meeting.
Executive summary:	<ul style="list-style-type: none"> ➤ The national context has a strong focus on finances in advance of the Autumn Statement and the Health Select Committee sessions on NHS finances ➤ The prospect of additional resources over and above the settlement for the NHS is low ➤ National industrial relations remain tense, despite the suspension of industrial action by the BMA ➤ Draft Sustainability and Transformation Plans will be submitted by 21 October ➤ Planning Guidance places significant additional financial and service demands on the Trust, as well as requiring capacity to develop the plans ➤ Foundation Trust Autonomy is being eroded by changes to the regulatory regime ➤ Change is happening in every borough we operate and across West Yorkshire ➤ The organisation is developing and changing to reflect the environment within which we operate ➤ We operate in a period of significant risk, outside of our risk tolerance in several areas shown in the risk report
Recommendation:	Trust Board is asked to NOTE the context within which we operate and the requirement for extra commitment in the coming weeks to get our strategy and plans completed.
Private session:	Not Applicable.

Chief Executive's Report

Trust Board 25 October 2016

Intro

1. This report sets the context for the Board debate, framing the discussion with local and national developments.

National Context

2. There have been a number of **strong messages around no boost to NHS finances**, following a widely reported meeting between the Prime Minister, The Chancellor of the Exchequer, the Secretary of State for Health and the CEOs of NHS England and NHS Improvement. Speculation of additional resources for the NHS in the forthcoming Autumn Statement has been dampened as the Prime Minister continues to reiterate that the Government has backed the "NHS' own plan" with "£10bn extra" funding. Mrs May's position is reported to be informed by experiences at the Home Office where significant cuts were made to budgets.
3. The **Health Select Committee is discussing NHS Finances** and is questioning the Secretary of State and CEO of NHS England as I write this paper [The Guardian - NHS head disputes Theresa May claims over health funding](#). The Committee and Simon Stevens have both clarified their view that the "£10bn extra" does not reflect cuts to Public Health, Workforce and other budgets which should be taken into account – and that the phasing of the extra money is problematic. A verbal update on any matters of substance will be provided to the Board. The NHS Confederation has lobbied ahead of the sessions for more social care funding and ring fenced transformation funding – both issues we would support [NHS Confederation - Treasury urged to ring-fence funding for transformation](#). NHS Providers has continued to state very publicly that more money is required [NHS Providers](#). It is unlikely that any will be forthcoming soon - and a fine balance is required between asking for more and showing a significant desire to change and modernise service delivery.
4. There are still hopes that additional funding will be found in the Autumn Statement for **social care**. The Local Government Association has called for resources promised for later in the parliament to be brought forward and more flexibility on the precept for local fund raising. The case for this is compelling, with delayed transfers of care a significant issue and the **State of Care report from the Care Quality Commission** [CQC - The state of health care and adult social care in England 2015/16](#) highlighting the impact on care availability on the NHS.
5. Industrial relations continue to be problematic nationally. The **cessation of industrial action by junior doctors is welcome**. The BMA is now considering its position [NHS Employers junior doctors industrial action](#). However, the good news was swiftly followed by **a row about the overseas workforce** following Jeremy Hunt's speech at the

Conservative Party Conference. A positive commitment to increasing doctors in training led to a debate about how we value overseas staff. I covered this exclusively as an issue in The View weekly communication to Trust staff to clarify our position, our thinking and our leadership approach. In the wake of the first meeting of our BAME Staff Network, it was the right thing to do.

6. Much is expected of **Sustainability and Transformation Plans, with draft plans submitted on 21 October**. These plans have been discussed at Board and are included in the private section of the meeting, prior to imminent publication. National expectations about the content of plans, their style and their publication have been clarified too.
7. The STPs help to frame the two year plans, and the **national planning guidance** has been published [NHS Operational Planning and Contracting Guidance 2017-2019](#) alongside financial control totals for commissioners and providers. The guidance is covered in the public and private Board papers as appropriate. The tone of the guidance, and much of the content, signals **a loss of autonomy for Foundation Trusts** and in the system as a whole. Alongside the Single Oversight Framework, we are seeing a set of processes that will lead to a stronger central focus on many organisations, including some of our partners.
8. Concerns around NHS finances and the state of the acute sector have **cast doubts on the ability of the sector to invest in primary care, mental health care, community services, prevention and learning disabilities**. We are meeting Claire Murdoch, National Director for the 5 Year Forward View for Mental Health this week to discuss the “must be dones” in the planning guidance and how national control/influence on this investment might work.

Local Context

9. Our position as a **specialist regional provider and provider of care in 4 boroughs** means a focus on local places is essential. The STPs provide a useful platform for understanding the strategy in both South and West Yorkshire. These draft plans will become public shortly. As the STP lead in West Yorkshire, I have been very clear that publication should occur as soon as possible after submission. The plans are based on “local STP plans” that have been subject to significant local engagement. In both South and West Yorkshire, we anticipate the publication of a public facing document. In West Yorkshire, the intention is to publish the detailed document and a map of all of the engagement that has occurred to date too.
10. Developments in each of the places we work continue:
 - a. At the last STP Leadership Meeting in October, we discussed the West Yorkshire **“Acceleration Zone” for Urgent and Emergency Care**. The region has been given this title as part of a programme to deliver improved A&E performance by early 2017 and significant single call handling numbers in 111/999 services. We are supporting this from a mental health perspective. A productive meeting was held between system leaders and Jeremy Hunt on this issue on 18 October 2016.

There may be additional resource to support our additional targets. I will update the Board if there is any progress.

- b. **The Connected Care Partnership in Wakefield agreed earlier this month to set up a shadow board to oversee development of an ACO.** This is similar to the approach we are working within Barnsley, though there are important differences in the local players and services we provide. The shadow Board will be in place from January 2017.
- c. **The shadow ACO Board in Barnsley continues to meet and discuss services and future form.** There are several options that are under consideration that would include SWYPFT hosting the ACO or being part of a joint venture. We are working with the system on an options appraisal that will be shared as it develops. Barnsley has also published its commissioning intentions. These include the movement to an alliance contract for four service lines, including intermediate care. This – and the Wakefield developments – are part of the strategy discussion in the private part of the meeting.
- d. **The CCGs in Kirklees have launched a 6 week consultation – “Talk Health Kirklees” – looking at a range of issues to manage cost** [Talk health Kirklees](#). This relates to issues like gluten free food and branded medicines. It reflects pressure in the system and a need to look at cost effectiveness. We will engage and respond.
- e. **Service reconfiguration processes in our acute hospitals continue.** The consultation process on services delivered by the Calderdale and Huddersfield NHS Foundation Trust will be reviewed at parallel meetings of the Calderdale and North Kirklees CCGs on 20 October 2016. We responded to the consultation seeking assurances about service impacts across the system. A verbal update will be provided at the Board on the outcome of the meetings.
- f. The **Mid Yorkshire Hospitals NHS Trust** oversight and assurance executive has been reconstituted to consider the reconfiguration of services in the trust. We have a seat on the executive, which meets on the 21 October 2016. A verbal update on any issues will be provided at the Board.
- g. The West Yorkshire STP is promoting **stronger working across the providers of mental health services**. We are redefining the programme of work across the organisations to build on the four existing workstreams to now include back office functions, bed management and standard operating models.
- h. Services in **Barnsley and Wakefield have been transferred into local government** following earlier decisions by the councils in question. This has also meant some redundancies in Wakefield following decommissioning decisions by the council.

11. These developments reflect the patchwork of changes that are happening. They are dynamic in nature and are phased differentially in different places. They are also sometimes independent of the tendering decisions taken elsewhere in the system. We will debate our response in the strategy development session of the private Board meeting.

Internal issues

12. This Board considers in some detail our **quality, performance, workforce and finance** metrics for this year. As an organisation we must continue to always focus on the delivery of care, while planning for the future. We are now in a phase where some genuine pressure is being felt in services to achieve quality and finance targets by the end of the year. We are also seeing a significant demand on our leadership capacity to plan for future services.
13. In this context, the Board is considering the **OD strategy**, as well as the communications, engagement and inclusion strategy and should pay careful attention to both. We need to ensure we have an organisation that is fit for the task ahead.
14. **This includes the executive leadership, and announcements about Director portfolios have been made.** This includes a reduction in directors of one post this year and at least one other next year. I am delighted that Dr Adrian Berry, the Executive Medical Director will take on the role of Deputy CEO.
15. **During these times it is essential to celebrate success and innovation.** “Fab Change Day” takes place on 19 October 2016 [The Academy of Fabulous Stuff - Fab Change Day](#) and we will be using the day to make an organisational pledge based on the #HelloMyNamels campaign and encouraging staff to do the same. On the day, we have Claire Murdoch taking part in a service showcase hosted at the Mental Health Museum and will be looking at areas like forensics, Creative Minds and Early Intervention in Psychosis.
16. The **Excellence Awards** take place on 7 November 2016, covering the long service of many staff and the award winners across the 7 categories. I look forward to seeing Board members there for a brilliant night that will make us all proud.

Conclusion

17. This is a period where the Board will need to commit additional time and resources to the Trust's future strategy. This will be achieved through effective discussion, significant debate, positive challenge and higher Board visibility with partners. Our requirements to deliver for this year, plan for a different future and to lead in the system will bring questions about the future of the organisation and our services that require values based decisions and strong leadership.

Rob Webster

Chief Executive

18 October 2016

Trust Board 25 October 2016 Agenda item 5

Title:	Operational plan guidance and process
Paper prepared by:	Director of Finance
Purpose:	To inform the Board of the key contents of the operational planning and contracting guidance for 2017/18 and 2018/19. To communicate and agree the process for meeting the deliverables associated with the plan within the required timescales.
Mission/values/objectives	All Trust objectives.
Any background papers/ previously considered by:	Board members have received initial high level guidance and communication re the plan via email and at a sub-group meeting. This included initial timescales and the scale of the financial challenge.
Executive summary:	<ul style="list-style-type: none"> ➤ Planning guidance for 2017/18 and 2018/19 has been brought forward by approximately three months, with a final plan due for submission by 23 December 2016. ➤ Plan submission, financial settlement and contracts to cover a two year period. ➤ Nine “must do” priorities remain the same as last year and cover STPs, Finance, Primary Care, Urgent & Emergency Care, Referral to Treatment Times & Elective Care, Cancer, Mental Health, Learning Disabilities, and Improving Quality. ➤ Draft full plan submission required by 24 November 2016 with the full plan to be submitted by 23 December 2016. Contracts also to be signed by 23 December 2016. ➤ Financial settlement includes a 2.1% uplift to cover cost increases and a 2% efficiency deflator. ➤ Greater focus on alignment with Sustainability and Transformation Plans (STPs). ➤ Board will be updated weekly on progress and also have opportunities to engage and comment as the plan progresses. One additional Board meeting is provisionally being scheduled for November prior to submission of the draft full plan. ➤ Greater financial risk due to 0.5% of CQUIN dependent on STP area achieving its overall financial control total. ➤ Items identified in the report need to be considered in line with the agreed Trust Risk Appetite. At this stage the most significant risks identified relate to the potential to not identify sufficient cost savings to meet the control total. The level of financial savings required could also impact upon service quality and care needs to be taken as part of the Quality Impact Assessment (QIA) process to ensure any quality implications are thought through.
Recommendation	Trust Board is asked to NOTE the summary of the planning guidance for 2017/18 and 2018/19 and the associated timescales.
Private session:	Not applicable.

Trust Board 25 October 2016

Operational Plan - 2017/18-2018/19

Introduction

The operating plan guidance for 2017/18 and 2018/19 has now been published. Various communications have already taken place with Board members regarding the contents of the plan and a number of high level documents have been circulated. The purpose of this document is to provide a comprehensive outline of the requirements of the plan for Board members, the process the Trust is undertaking to meet the plan timescales and to highlight the financial and contractual challenges that the plan presents.

To facilitate greater certainty and enable more planning to take place prior to the start of the next financial year the plan timescales have been brought forward by approximately three months, and the period of the plan will cover two years as opposed to one. This is enabled by a two year financial settlement.

In addition to the Trust's own operating plan the increasing importance of STPs is also identified within the guidance.

STP Planning

STP areas are required to submit financial plans showing how their systems will achieve financial balance. The position of each provider's plan (on finance, activity and workforce) has to be consistent with the STP footprint financial plan for 2017/18 and 2018/19 that will be submitted on 21 October 2016 and with the system control for that STP area, with the aggregate of all operational plans in a footprint needing to reconcile with the overall STP position.

All organisations will be held accountable for delivering both their individual control total and the overall system STP control total. Individual organisations will be held accountable for delivery of both their own plan and the overall STP control total. It may be possible to flex individual Trust control totals within the STP control total providing there is agreement within the STP and an application to NHS Improvement and NHS England. The aim of the STP plan is to ensure that a route map is provided for how the NHS and its partners come together and make a reality of the five year forward view within the available financial envelope.

'Must Do' Priorities

The nine 'must do' priorities identified for 2016/17 have been retained for both 2017/18 and 2018/19. These are identified below coupled with further detail where it is particularly relevant to the Trust:

1.STPs

- Implement agreed STP milestones so on track for full achievement by 2020/21
- Achieve agreed trajectories against STP core metrics set for 2017-19

2. Finance

- Deliver individual and local system financial control totals
- Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies
- Implement pathology service and back office rationalisation
- Implement procurement and estates transformation plans
- Improve rostering systems and job planning to reduce the use of agency staff and increase clinical productivity
- Implement Get It Right First Time programme and more integrated primary and community services

3. Primary Care

- Ensure sustainability
- Ensure local investment meets or exceeds minimum required levels
- Support general practice at scale and the expansion of MCPs or PACS

4. Urgent and Emergency Care

- Deliver the 4 hour A&E standard and standards for ambulance response time
- Meet four priority standards for seven day hospital services for all urgent network specialist services

5. Referral to treatment times and elective care

- Deliver NHS constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT)

6. Cancer

- Implement the cancer taskforce report
- Deliver the 62 day cancer standard

7. Mental Health

- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages
- Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care
- More high quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence based services by April 2019

- Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral
- Increase access to individual placement support for people with severe mental illness in secondary care by 25% by April 2019 against 2017/18 baseline
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases and one week for urgent cases
- Reduce suicide rates by 10% against the 2016/17 baseline
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals
- Increase baseline spend on mental health to deliver the mental health investment standard
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support
- Eliminate out of area placements for non-specialist acute care by 2020/21

8. Learning Disabilities

- Deliver transforming care partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG commissioned beds per million population and 20-25 in NHS England commissioned beds per million population
- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check
- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism

9. Improving quality in organisations

- All organisations to improve quality of care
- Draw on National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services
- Participate in annual publication of findings from review of deaths to include annual publication of avoidable death rates and actions taken to reduce deaths related to problems in healthcare

Each of the above will have some implication for the Trust; the detail of which will evolve as the planning process evolves. A number of key points that can be drawn out include:

- From a financial perspective 0.5% of CQUIN income will be dependent on the STP area achieving its overall financial control total. This equates to circa £0.9m. This increases our own financial risk beyond the significant efficiencies that need to be identified.

- Significant extra focus and scrutiny on the use of agency staff, which may have implications for our workforce plans
- There are increased expectations with respect to access to mental health services. The national funding associated with delivering these access targets needs to be made available locally to ensure resources can be put in place to achieve the must do priorities.
- Within Learning Disability services there is clear direction to reduce the number of beds and work increasingly with other partners to improve health outcomes. Our own plans for these services need to be reviewed and updated to reflect the national priorities.

Contracts

Plans need to be fully aligned in local contracts. The deadline for signing contracts has been brought forward to December 23rd. These will be two year contracts. Formal arbitration is expected to be a last resort, with the expectation commissioners and providers will sort out any differences between themselves. Failure to resolve differences locally will be viewed as a failure of collaboration and good governance. There will be minimal changes to the NHS standard contract for the next two years.

Plan Requirements

There is a detailed document identifying what needs to be included within the plan. At a high level this covers:

- How the nine 'must dos' will be delivered
- How they support delivery of the local STP
- How they reconcile finance with activity and workforce to deliver required contribution to the system control total
- Robust, stretching and deliverable activity plans
- How local independent sector capacity should be factored into demand and capacity planning
- Planned contribution to savings
- How risks have been jointly identified and mitigated through an agreed contingency plan
- Impact of new care models

Timetable

The following timetable captures key deliverables and timescales both external and internal

Planning guidance publication	22 September 2016
Control totals issued	30 September 2016
Commissioner allocations published	21 October 2016
STP financial plan submission	21 October 2016 ^t
Trust Board Update	25 October 2016
Finance, workforce and activity templates issued	1 November 2016
Initial contract offer	4 November 2016
NHS standard contract issued	4 November 2016
Joint Board/Governors	4 November 2016
Providers to respond to initial offers	11 November 2016
Additional Trust Board (provisional)	15 November 2016
Weekly contract tracker submission begins	21 November 2016
Submission of full draft of the plan	24 November 2016
Trust Board Strategy Update	29 November 2016
Local decisions to enter mediation	5 December 2016
Trust Board Plan Approval	20 December 2016
Deadline for signing contracts	23 December 2016
Final submission of plan for 2017/18 & 2018/19	23 December 2016

In addition to the above regular updates will be provided to Board members

Financial Settlement and Challenge

Subject to final consultation there will be an uplift in tariff of 2.1% applied in each of 2017/18 and 2018/19. This uplift is designed to cover cost of living pay increase, pay increments, apprenticeship levy and pass through drugs. An efficiency deflator of 2% will also be applied in each year, which in effect means the settlement is close to flat cash. There will be no increase to education and training tariffs in both 2017/18 and 2018/19. Any cost pressures over and above the 2.1% need to be offset by Trust efficiency plans.

In addition to the above the Trust has been set a financial control total of £2.4m in 2017/18, which is £1.9m above the 2016/17 control total. For 2018/19 the control total is £2.9m. Acceptance and achievement of the control total enables the Trust to access Sustainability and Transformation funding (STF) of £1.4m in each year. The purpose of STF is to boost provider sector surpluses and cash positions.

To support the transformation of mental health services £215m is being made available in 2017/18, with a further £180m in 2018/19. This is being held centrally. The Trust will need to put itself in a position such that these funds can be accessed to support our local transformation plans

Capital resources will be severely constrained, so we need to assume that access to external capital sources will be difficult. CCGs have been asked to hold a 1% risk reserve, along the same lines as 2016/17 for the next two years.

The full scale and detail of the financial challenge are included in a separate paper in the private session of the Board. Indicatively though given the impact of the above, combined with non-recurrent measures taken in 2016/17, the Trust will need to make an efficiency saving of between 4.5 – 5% in order to achieve the control total for 2017/18.

CQUIN

Whilst 2.5% CQUIN will continue to be available to provider trusts there are some changes compared to recent years.

- 1.5% of the 2.5% will continue to be linked to the delivery of nationally identified indicators
- 0.5% will be held within the risk reserve and released when it is demonstrated that the local system (STP) is delivering its control total
- 0.5% will be made available subject to full provider engagement and commitment to the STP process

Process

This paper provides more detail on various communications that have taken place with Board members. Discussions will take place at each Board meeting between now and final submission (December 23rd). An additional Board meeting prior to submission of the draft plan is also in the process of being confirmed. Progress will also be reported to Board members on a weekly basis. Internally the plan is being led by the Interim Director of Strategic Planning & Contracting and the Director of Finance, with regular reviews on progress being made at EMT.

Conclusion and Recommendations

The Trust Board needs to note the content of the operational planning and contracting guidance for 2017/18 and 2018/19, and note the deliverables and timescales between October and December. The Board is also asked to consider the proposal for its engagement in and communication of the planning process and comment accordingly. It is also asked to consider the contents of this report and comment accordingly.

Trust Board 25 October 2016 Agenda item 6

Title:	Single Oversight Framework
Paper prepared by:	Director of Finance
Purpose:	<p>To inform the Board of the introduction of the Single Oversight Framework by NHS Improvement.</p> <p>To explain the possible implications of the Single Oversight Framework and what the initial segmentation is for the Trust.</p>
Mission/values/objectives	All Trust objectives.
Any background papers/ previously considered by:	The Executive Management Team (EMT) has reviewed similar paper on Single Oversight Framework.
Executive summary:	<ul style="list-style-type: none"> ➤ Single Oversight Framework (SOF) introduced from 1 October 2016 by NHS Improvement following a period of consultation. This replaces previous governance and financial risk ratings ➤ The framework covers five themes: <ul style="list-style-type: none"> - Quality of Care - Finance and use of resources - Operational performance - Strategic change - Leadership and improvement capability ➤ All trusts will fit within a segment (1-4). Segment 1 results in a trust having maximum autonomy, whilst segment 4 is applied to trusts in special measures. Segments 2-3 are offered some support by NHS with segment 2 receiving targeted support and segment 3 mandated support for significant concerns. The Trust's initial segmentation is 2 – offered some support. ➤ Given the CQC rating of “requires improvement” and the weak performance against the agency metric the Trust is initially placed in the second segment of receiving targeted support ➤ The exact nature of what support may be offered is yet to be defined ➤ The Integrated Performance Report will be used to update the Board on performance against metrics identified in the Single Oversight Framework, as well as describing actions being taken to improve performance where required. ➤ The content of this paper need to be considered in line with the agreed Trust Risk Appetite. The most notable risk identified relates to the impact the agency metric will have on the use of resources element of the SOF.
Recommendation	Trust Board is asked to NOTE the introduction of the Single Oversight Framework and the initial segmentation of 2 - receiving targeted support.
Private session:	Not applicable.

Trust Board 25 October 2016

Single Oversight Framework

Introduction

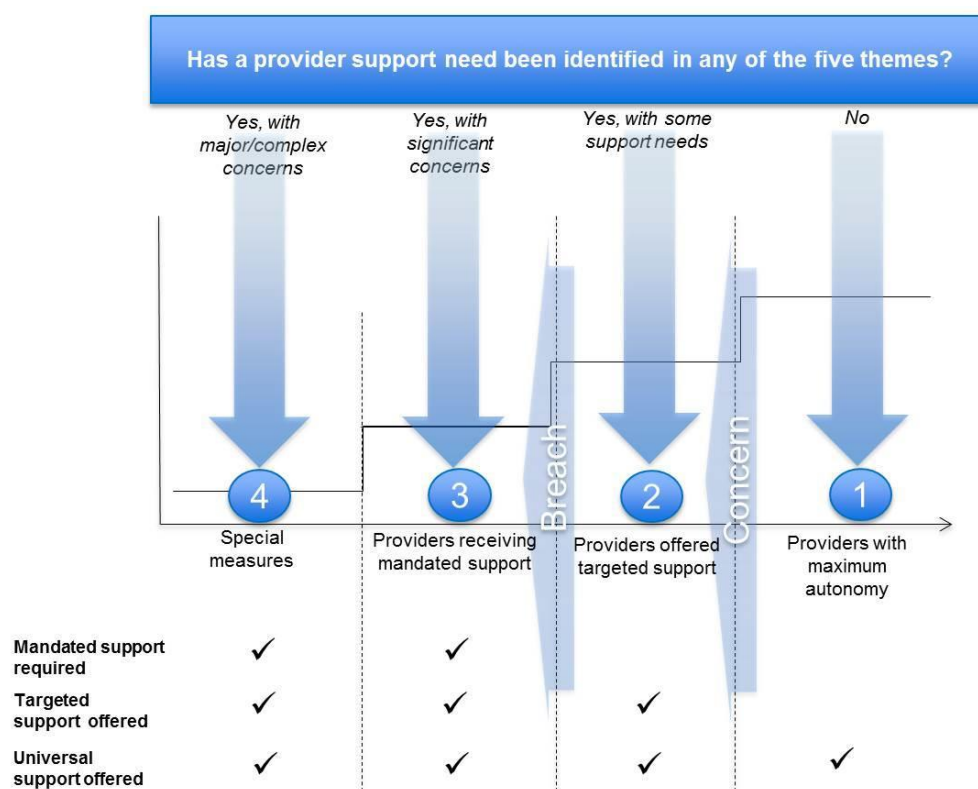
Following a consultation period NHS Improvement (NHSI) is introducing a single oversight framework from October 2016 onwards. The single oversight framework covers five themes which are:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

This framework replaces existing finance and governance metrics. The purpose of this document is to explain what the single oversight framework will cover, the likely implications for us, and what our initial segmentation is.

Summary of NHSI approach

The diagram below shows the approach NHSI intends to take with providers depending on performance within the framework ranging from allowing maximum autonomy to placing a trust in special measures.



A trust should only find itself in segments 3 or 4 where it has been found to have been in breach or suspected breach of its licence.

Monitoring of Providers

In relation to each of the five themes, information will be gathered from a variety of sources at a range of times to determine which segment a Trust belongs in. The schematic below identifies the information requirements and frequency of collection.

	In-year	Annual/ less frequently	Ad hoc
Quality of care	In-year quality information to identify any areas for improvement (see Appendix 2)	Annual quality information	Results of CQC inspections CQC warning notices, fines, civil or criminal actions and information on other relevant matters
Finance and use of resources	Monthly returns	Annual plans	One-off financial events (eg sudden drops in income/ increases in costs) Transactions/mergers
Operational performance	Monthly/quarterly(in some cases weekly ²) operational performance information (see Appendix 3)		Any sudden and unforeseen factors driving a significant failure to deliver
Strategic change	Delivery of sustainability and transformation plans (STPs) Progress of any new care models, devolution plans	STPs	Any sudden and unforeseen factors driving a significant failure to deliver
Leadership and improvement capability	Third-party information with governance implications ¹ Organisational health indicators - staff absenteeism - staff churn - board vacancies	Staff and patient surveys Third-party information with governance implications ¹	Findings of well-led reviews Third-party information with governance implications ¹

¹ eg reports from quality surveillance groups (QSGs), GMC, ombudsman, CCGs, Healthwatch England, auditors, Health and Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges

² Where necessary

The intent is not to require providers to make bespoke data admissions, but wherever possible use nationally collected and evaluated datasets.

Identifying potential support needs

Where a Trust is identified as having an issue in respect of one or more of the triggers in the framework, NHSI will consider what support that Trust requires. In making this decision it will consider:

- The extent to which the provider is triggering a single oversight framework measure under one or more of the five themes
- Any associated circumstances the provider is facing
- The degree to which the provider understands what is driving the issue
- The provider's capability and the credibility of the plans it has developed to address the issue
- The extent to which the provider is delivering against a recovery trajectory

Quality of Care

Where CQC's assessment identifies a provider as "inadequate" or "requires improvement" against any of the safe, effective, caring or responsive domains this will represent a potential support need. The CQC inspection findings will be supplemented by other relevant information such as legal actions and changes to registration conditions.

Clearly with our "requires improvement" rating this could lead to NHSI offering some support. Our current Trust governance rating is green, which is the best a Trust can have. The application of the single oversight framework represents a change to that performance rating.

Finance and use of resources

Under the previous reporting arrangements the Trust is rated at 4 (highest rating) for each individual metric and the overall financial metric. The new range of financial metrics score a Trust from 1 to 4, with 1 now being the best and 4 the worst.

The majority of ratings remain the same. The only current addition is the agency expenditure metric, which will have a significant impact on the total Trust financial performance within this new framework. The following table shows how the Trust would have performed under the new framework as at September 2016.

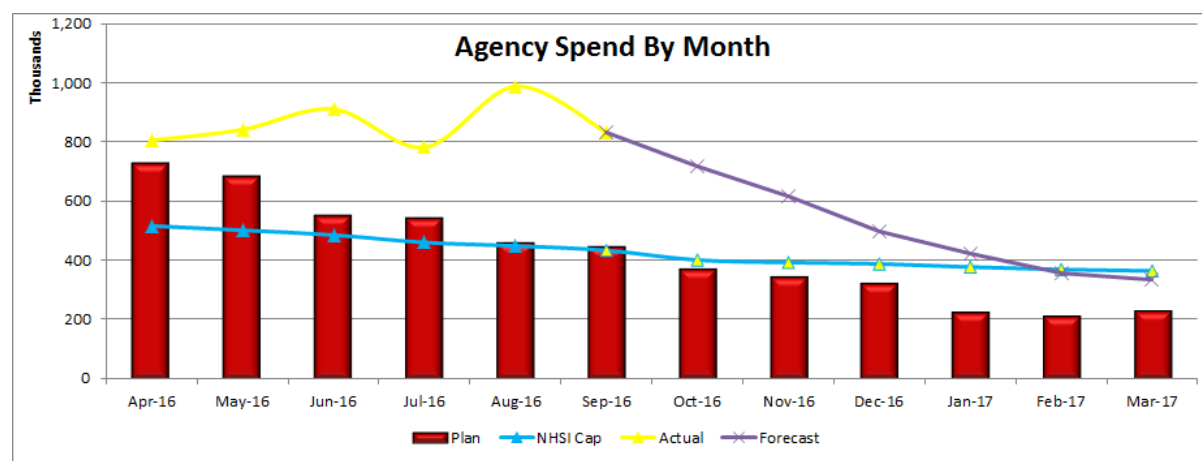
	Financial Criteria	Weight	Risk Rating	Threshold			
				1	2	3	4
Financial Sustainability	Capital Service Capacity	20%	1	4.9			
				2.50	1.75	1.25	<1.25
	Liquidity (days)	20%	1	17.1			
				0.0	(7.0)	(14.0)	<-14
Financial Efficiency	I & E Margin	20%	1	1.7%			
				1%	0%	-1%	<=-1%
Financial controls	Distance from financial plan	20%	1	0.5%			
				0%	-1%	-2%	<=-2%
	Agency Spend	20%	4				82%
				<0%	25%	50%	>50%
			3				

All scores are strong with the exception of agency, which is risk rated as 4 due to the fact we are operating 82% higher than our agency ceiling. Any score of 4 against any individual metric represents a significant underperformance and will trigger a potential support need. It will also mean the overall finance and use of resources rating is at least 3. Conversations are being held with NHSI regarding this calculation as some of our agency spend is effectively "pass through", which is specifically funded. There is also a significant amount of agency expenditure relating to shorter term bespoke packages of care. It is our firm belief these items of agency expenditure should be excluded from the Trust calculation.

Broader value for money considerations may also be considered such as national benchmarking, management consultancy spend, pay bill growth and consolidation of back office services.

Two other financial metrics are being considered, but have not been introduced yet. They are change in cost per weighted activity and capital controls. As part of the planning process we need to very carefully consider our capital programme within the limited cash resources the Trust has at its disposal.

The chart below shows our actual agency expenditure compared to the agency ceiling established by NHSI by month. This clearly identifies an increasing risk of breach as the year progresses.



Operational Performance

Our STF monies are currently not dependent upon operational performance trajectories, but there are a number of metrics we will be required to measure and submit on a periodic basis. Concerns would be triggered if a Trust fails to meet a required target of standard for at least two consecutive months. These measures are as listed in the table below:

Standard	Frequency	Standard
Patients requiring acute care who received a gatekeeping assessment by a crisis resolution and home treatment team in line with best practice standards (UNIFY2 and MHSDS)	Quarterly	95%
People with a first episode of psychosis begin treatment with a NICE recommended package of care within 2 weeks of referral (UNIFY2 and MHSDS)	Quarterly	50%
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:	Quarterly	
a) Inpatient wards		90%
b) Early intervention in psychosis services		90%
c) Community mental health services (people on Care Programme Approach)		65%

Complete and valid submissions of metrics in the monthly Mental Health Services Data Set submissions to NHS Digital: <ul style="list-style-type: none"> • Identifier metrics • Priority metrics 	Monthly Monthly	95% 85%
Improving Access to Psychological Therapies (IAPT)/talking therapies <ul style="list-style-type: none"> • Proportion of people completing treatment who move to recovery (from IAPT minimum dataset) • Waiting time to begin treatment (from IAPT minimum data set) <ul style="list-style-type: none"> - Within 6 weeks - Within 18 weeks 	Quarterly Quarterly Quarterly	50% 75% 95%

There is a range of other metrics which will be used by NHSI to supplement CQC information. These include measures relating to workforce indicators, complaints, friends & family test, % clients in employment, % clients in settled accommodation and potential under-reporting of safety incidents. These metrics will be reported in the Integrated Performance Report from now onwards. Metrics under the Single Oversight Framework will be compared to those current metrics and any changes highlighted to the Board.

Strategic Change

NHSI has produced some guidance on how well-led providers are expected to work with partners and collaborate locally to improve the quality and sustainability of services. Providers are expected to:

- Build a shared understanding of local challenges and patient needs
- Design and agree solutions
- Implement improvements

NHSI is developing its approach to identifying support needs under this theme. In the interim contribution to developing, agreeing and delivering sustainability and transformation plans (STPs) will be considered.

Leadership and Improvement Capability (well-led)

Several sources will be used to identify if a Trust can demonstrate:

1. Effective boards and governance
2. Continuous improvement capability
3. Use of data

This includes information from third parties, staff/patient surveys, agency spend, CQC “well led” assessments, effective use of information

Segmentation

A Trust will be placed within 4 segments which are identified below:

1 – Providers with maximum autonomy

No potential support needs identified across the five themes. Lowest level of oversight and expectation the provider will support providers in other segments

2 - Providers offered targeted support

Potential support needed in one or more of the five themes, but not in breach of licence

3 – Providers receiving mandated support for significant concerns

Provider is in actual/suspected breach of licence

4 – Special Measures

Provider is in actual/suspected breach of licence with very serious/complex issues

NHSI has confirmed the initial segment for the Trust is segment 2 – providers offered targeted support. What this means in practice is not yet clear.

Conclusion and Recommendation

The Single Oversight Framework becomes effective from October 1st and has a number of implications for Trusts and Trust Boards. The Trust has been used to having the highest governance and financial risk rating and this will now change to an extent. The Integrated Performance Report will be used to ensure the Board is kept fully informed with respect to how the Trust is meeting the metrics within the framework and what actions are being taken. The most notable impact is the agency usage metric, against which the trust scores weakly. Whilst a number of actions are already being taken to minimise the use of agency this has not manifested itself in lower costs to date. Further work is taking place to identify what additional measures can be taken to reduce.

It is recommended that Board considers the contents of this report and that Board reporting reflects the Single Oversight Framework and its associated metrics from November onwards.

Trust Board 25 October 2016 Agenda item 7

Title:	Strategic overview of business and associated risks
Paper prepared by:	Interim Director of Strategic Planning and Contracting
Purpose:	Trust Board is asked to note the contents of the report and to contribute to the shared view of the Trust's strategic positioning
Mission/values:	The process of analysing the external environment and our own readiness and capability to respond, is a key aspect of the strategy development process. The Trust's strategy supports the achievement of our mission. The way in which we develop strategy in an open and inclusive manner demonstrates how we live the values.
Any background papers/ previously considered by:	<p>This paper updates and replaces the PESTLE (Political, Economic, Social, Technological, Legal/ Regulatory and Environmental) and SWOT (Strengths, weaknesses, Opportunities and Threats) analyses which were considered by the Trust Board meeting which took place in July 2016.</p> <p>The Trust Board receives Quarterly updates on strategic business and risks. This paper links with the Trust Risk Register, and also connects to the Trust Strategy and refresh.</p>
Executive summary:	<ul style="list-style-type: none"> ➤ The Trust is currently undertaking a strategy refresh exercise, which will lead to the publication of a renewed strategy in December 2016. Our next steps will focus on a process of listening and engaging with colleagues, service users and other stakeholders. This will specifically include Members of the Foundation Trust. In addition the Trust will undertake stakeholder analysis and use the outputs of this to assess viability of strategic options. ➤ A key element of our refreshed strategy will be our approach to place based planning and new models of care enacted through accountable care organisations etc. In order to agree tactics in relation to each specific locality, it will be necessary for the Trust to agree a guiding set of principles that shape our future strategy. Specifically; <ul style="list-style-type: none"> ➤ Choice to either focus purely on service provision, or actively pursue partnerships to form an accountable care organisation in one or more localities. ➤ Choice to move beyond participation in accountable care to become a 'host' or 'lead' organisation in one or more accountable care systems. ➤ Clarification of the range of services that are seen as the core business of the organisation. ➤ Clarify the extent to which the Trust should be service user-led or clinically led in our guiding ethos. ➤ To support the above strategy re-fresh exercise the Trust's SWOT and PESTLE analyses have been revised to reflect the implementation throughout 2016 of initiatives to deliver our organisational objectives;

	<p>and to reflect the changing external environment. This paper summarises these analyses.</p> <ul style="list-style-type: none"> ➤ The PESTLE analysis has been revised to reflect changes to the regulatory and policy context in which the Trust operates, and the local context with regard to place based plans and sustainability and transformation plans. ➤ The SWOT analysis has been revised to reflect the Trust's positioning in relation to the changed external environment. Overall this reflects improved clarity and capability in several of the areas prioritised in our 2016/17 objectives. It also reflects a challenging financial and regulatory environment. ➤ With respect to risk appetite, the content of this report does not request any decisions of Trust Board and as such does not alter the risk profile of the organisation. However it does reference the risks contained within the Trust Board risk register, all of which have been updated to reflect the comparison with stated risk appetite.
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ NOTE the progress to date and proposed next steps; ➤ REVIEW the analyses presented above and contribute to the shared view of the Trust's strategic positioning.
Private session:	Not applicable.

Strategic overview of Business and Risks

Trust Board 25 October 2016

Interim Director of Strategic Planning and Contracting

1. Background

The Trust's Executive Management Team regularly scans the external environment and cross references this horizon scanning with the risks identified and managed as part of the Trust Risk Register and Board Assurance Framework. In addition the Executive Management Team periodically reviews and refreshes a PESTLE (Political, Economic, Social, Technological, Legal/ Regulatory, and Environmental) analysis of external factors and a view of the Trust's strengths, opportunities, weaknesses and threats in response to those circumstances.

2. Strategy Refresh

The Trust is currently undertaking a strategy refresh exercise, which will lead to the publication of a renewed strategy later in 2016, in line with the Chief Executive's agreed objectives.

A process of listening and engaging with colleagues, service users and other stakeholders is underway. Three key elements of this are;

- A qualitative survey through structured interviews with key external stakeholders to refine the Trust's understanding of strategic positioning and perceptions.
- Engagement with Members and the public via regular pre-arranged meetings such as members Council and AGM, but also via local place based stakeholder events
- Engagement with staff via the public sessions above and also via internal communications and innovation channels such as the iHub, which enables suggestions to be made and refined via on-line dialogue.

The regulatory and national policy context in which NHS Foundation Trusts operate has been revised and clarified through a series of announcements and publications in the first half of 2016/17 including the 'Financial Reset', Single Oversight Framework, and the NHS Planning Guidance for 2017/8 – 2018/19. These aspects are reflected in the revisions to the SWOT (Strengths, Weaknesses, Opportunities and Threats) and PESTLE analyses at sections 4 and 5.

In addition the external environment is developing rapidly in respect of place-based plans, and new models of care, linked to regional STP developments. Section 3 below describes this further. Initial thoughts on likely impacts on the Trust are then clarified in an updated SWOT and PESTLE at sections 4 and 5.

3. Place Based Plans

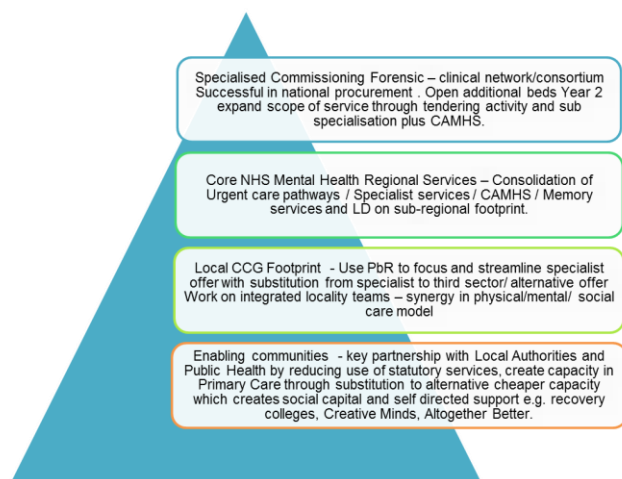
In all of our localities there is an intent to collaborate between local health and social care partners (both commissioners and providers) to develop a form of Accountable Care System. The exact form in each area is emergent, and the role that this Trust could play in each of these developments will require further detailed consideration by Trust Board in due course.

There are a small number of critical questions related to our future strategy that we will need to resolve over the next two months as part of the Strategy Refresh;

- Should the Trust focus on purely being a service provider, potentially sub-contracted by a number of accountable care organisations and sub-regional commissioning collaboratives? Or should the Trust pursue an active role in partnering with others to 'become' an accountable care organisation in one or more of our current localities?
- Allied to this it will be necessary to determine whether the Trust Board believes this Trust should aim to become the 'host' organisation for accountable care in one or more of our localities. This would have implications for Trust finances and governance.
- Equally as a service provider this Strategy Refresh will require clarification of the range of services that are seen as the core business of the organisation. To date our intent has been to be a combined Trust providing services that address Prevention and Wellbeing, Learning Disabilities, General Community and Mental Health.
- Critically the Strategy Refresh will also require us to clarify the extent to which the Trust should be a service user-led or a clinically led organisation; and to describe the practical implications of these choices.

4. PESTLE

The PESTLE analysis has been approached in the context of the Trust's Strategic Plan. The Plan stratifies services into four tiers, with each tier requiring distinct approaches and partnerships for sustainability. See below:



The aspects of the PESTLE analysis which have changed since the July 2016 report are indicated in **blue text** for ease of identification.

4.1 Political

- **Government ministerial changes**, which may have unknown impacts on public policy affecting the NHS, and wider social and economic drivers of health and wellbeing. **However consistency in terms of SoS for Health.**

- Uncertainty of the impact of the UK referendum decision on EU membership. Potential to alter previous assumptions regarding the quantum and focus of public spending, which underpin current FYFV NHS budget projections. Potential to impact on workforce availability. Longer term potential to impact on public procurement and other public law. Initially has at least re-affirmed the importance of the NHS to the public.
- Increased Treasury influence over the style and emphasis of DoH and NHSE communications, also impacting on regulatory regime.
- Continued emphasis on collaborative place based approaches to improvement (Vanguards, STPs etc) and associated changes in organisational form (ACOs, MCPs etc) may indicate a subtle shift away from market based drivers of improvement. May also highlight the importance of Trusts having clarity of strategic intent both at organisational and at service line level.
- Impact of continued austerity for councils coupled with perception of strong 'NHS' focus of STP guidance may make local political alliances with elected members more difficult – may manifest through Heath & Wellbeing Boards and Overview and Scrutiny Committees etc
- Political stance on NHS employment contracts, e.g. Junior Doctors, emphasises potential for continued discontent and disruption

4.2 Economic

- Impact of continued austerity, especially with regard to local authority commissioned services. Impact on Trust in respect of prevention and wellbeing services
- Impact of NHS financial control measures on both commissioners and providers – control totals, agency caps etc. Stronger financial interdependence across health systems through Sustainability and Transformation Plans
- Impact of current employment market for clinical and IT staff, manifesting in buoyant agency market, driving cost growth for Trusts in excess of plans and 'cap'.
- Continued (but reduced level of) uncertainty regarding specialised commissioning, with particular impact on Forensic Mental Health and the business case regarding CAMHS Tier 4
- Major CIP requirements of financially challenged NHS providers leading to sub-optimal approaches to pathways and partnerships within local health economies, and unintended consequences associated with services stopping/ failing
- Following Junior Doctors contract negotiation, continued emphasis on reform of NHS employment contracts, may drive more clinical colleagues towards agency work, hindering efforts to deflate the locum market.
- The deployment of Sustainability and Transformation Funding (and CCG 1%) is (in the short term at least) largely being directed towards improvement of the sustainability of acute care provision. This impacts on the prioritisation of community

LD and mental health provision in funding terms. May be opportunities within this period to innovate with partners on own terms.

4.3 Socio-cultural

- Impact of demographic change on demand for services and also on workforce age profile
- Changing expectations of services. Public expect greater personalisation, higher standards of customer service and responsiveness, greater level of co-production. Policy makers and commissioners expect more self-care and emphasis on prevention
- All the above drive changed workforce requirements – new skills, new roles, new psychological contract at work

4.4 Technological

- Key enabler and driver of change within the Trust and externally. Continued direction of travel in public service towards digital by default. In addition to political will, individuals and communities drive demand for health and care providers to keep pace with their use of technology in other aspects of their lives.
- Inequalities in technology access, competence, and acceptance are slowly being eroded, but persist as a factor impacting on service design and access. In some ways technology inequalities mirror broader socio-economic inequalities, and as such are of relevance to Trust mission and objectives.
- Continued growth in use of social media by a wide range of demographic groups, changes the way in which customer experience and service quality is evaluated – becoming more open, faster, and comparable – e.g. Patient Opinion. Supports choice agenda, potentially links to commissioner decision making.
- Technology enables improved access and use of data – telehealth monitoring of vital signs, self reported well-being etc. Creates a different dialogue between service user and healthcare service provider – supports personal control, self-care, and movement towards coaching approaches.
- Interoperability of clinical systems, and enhanced analytical functions (data warehouses, big data etc) support evidence based care at system level and in relation to integrated care planning at an individual level. Creates demand for cross-organisational platforms for integrated working. Progress lags behind the vision
- Platform technology potentially allows Trust's to widen the range of offers available to service users e.g. mobile apps, enables more peer to peer support, promotes innovation and provides data on choice. Also platforms have potential to disrupt traditional 'supply chain' based markets – e.g. Uber, Air-BNB, Ebay etc
- Increased use of communications technology for consultation – engagement of carers/ MDTs etc

- Technology opens up wider possibilities in terms of 'remote working', operating over a larger geography, and different option for provision of support services including more self-service, more collaboration and traded services between NHS partners.

4.5 Legal/ Regulatory

- Changing landscape of regulation and approaches from regulators – [NHSI's Single Oversight Framework](#) and alignment with CQC. Diminished emphasis on previous markers of independence such as FT status and more focus on system-wide view of finance, quality and governance.
- CQC visit and subsequent publication of ratings of Trust services confirm regulatory position of the Trust overall and in relation to specific factors – this shapes future regulatory framework and frequency of review for the Trust.
- Continued requirement to explore organisational form and partnership vehicles suitable for place based solutions (e.g. ACO, MCP), and for service line specific collaboration (e.g. mental health). [Emerging requirement to clarify future organisational form and governance approach in multiple place based systems.](#)
- [Some signals of changing commissioner alignment and relationships. In terms of commissioner to commissioner relationships, and also breaking down aspects of purchaser/ provider split](#)
- Mergers & Acquisitions regulation and guidance – legal and regulatory framework unchanged but the anticipated approach to the practical application of this regulatory framework is uncertain in light of shift towards system based solutions.
- Choice agenda in health remains within NHS plans and policy, but pace of implementation slowed, with far less prominence than previously.

4.6 Environmental

- Change in travel patterns as part of new service models and technological change – e.g. more home based care but fewer trips back to base. More support staff using video conferencing
- Opportunities around renewable energy

5. Summary of SWOT Analysis

In the context of the above analysis of the external environment and the Trusts strategic objectives and priorities, the following strengths, weaknesses, opportunities and threats are highlighted:

5.1 Strengths

- Compelling model for alternative capacity – Creative Minds, Recovery Colleges and Altogether Better is well aligned to 5YFV, STP direction etc and offers opportunities for partnership in local place-based solutions – e.g. Provider Alliance
- Financial track record and historical cash position, relative to many others, enables a key role in shaping future collaborative models (ACO, MCP, West Yorks Mental Health etc)
- Partnership track record and place based delivery structure underpinned by clear FT governance arrangements including active public membership – all key for system leadership in emerging Accountable Care Organisations/ Systems
- Developing partnerships with neighbouring providers of mental health and learning disability services, aligned to achievement of STP aims
- Clear commitment to our mission, good values base, and increased understanding and alignment around strategic priorities within all parts of the Trust
- Integrated approach to quality improvement ensures quality drives everything we do
- Our CQC report confirms how staff treat people with kindness care and compassion
- Our CQC report highlights the outstanding features of childrens health services and end of life care provided by the Trust. It also highlights consistent good ratings in general community health services, our learning disability inpatient services and our mental health crisis services
- Our CQC report highlights that more than 70% of the individual ratings are good
- Our culture of supporting each other and our work with service users and carers makes us different to many other Trusts. This inspires staff and offers potential for building external relationships and engaging with commissioners
- Our partnership relationships and the way in which we conduct ourselves when working collaboratively demonstrates a real focus on the needs of the people who use our services
- The additional external responsibilities taken on by our Chair and CEO in relation to leadership roles in STPs and on national bodies ensure we have high level connections and influence at a strategic level.

5.2 Weaknesses

- Some elements of data quality undersell the true quality and contribution made by the Trust. This is required to maintain stakeholder confidence and therefore impacts on reputation and sustainability. In addition there are some services where access to help can be too slow and needs to improve. E.g. CAMHS and psychological therapies.

- Colleagues do not feel that leaders are always as visible as they need to be
- Sometimes we act in silos, with particular need to address gaps between operations and corporate support, and between strong local identities.
- Internal communications [are improving and engaging more people, but still on an improvement journey, our external reputation focuses too much on MH, and there is a need to re-position through external communications and branding](#)
- Sometimes our approach is too bureaucratic, and colleagues and partners perceive that we are too slow to make decisions
- Our approach to change takes too long, and is not always as engaging as it needs to be
- We need to better recruit, retain, motivate and value the health and wellbeing of our staff. In common with other Trusts we experience difficulties in ensuring that we have the right workforce in some hot spots. e.g. staff grade doctors, ward based nursing staff, PWPs in IAPT. Opportunity to re-think models of care and roles
- Our IT systems don't always support the desired agile style of working, and in some cases (e.g. RiO) the systems have not been as reliable and resilient as we need, which impacts on effectiveness and morale
- Our CQC Report highlights that there is an opportunity to improve in several areas of service in relation to 'safe, effective, responsive and well-led'

5.3 Opportunities

- We can build upon our relative stability, innovation, and partnership relationships to play a leading role in shaping place based solutions in each of our localities.
- The integrated nature of our organisation with reach into several localities across many different services, means we are well placed to play a leading role in the changing shape of health and care provision, in which further integration is anticipated, of both a place based and a service-specific nature.
- We can use our connectivity to STPs to forge stronger collaboration and promote the delivery and growth of innovation.
- We [need to fully roll-out](#) our new approach to leadership and OD
- We need focused work on communications and engagement, [including implementation of Communication Engagement and involvement Strategy](#)
- We need clearer, more coherent portfolios and simplified TAG arrangements
- We need improved business intelligence, business planning and commercial acumen
- [We need to fully roll out](#) our agreed change model
- We need a revised workforce strategy and a focus on retention and wellbeing
- We need a focus on IT, linked to operational delivery and transformation
- We need a focus on innovation, building on transformation, digital and creative minds, recovery and altogether better

- We need to make a more coordinated offer from the quality academy with clear leadership and standards to improve governance and improve the link between strategy and operations

5.4 Threats

- NHS sustainability agenda focuses primarily on the highly visible challenges to the viability of acute hospital model, which may marginalise the needs of community, learning disability, and mental health services in terms of funding and support.
- Changes to the regulatory and financial oversight regime require urgent action, e.g. agency cap, but should not result in a singular focus on externally measured metrics. It is essential that a focus is maintained on the broader range of metrics that matter to our service users – e.g. access times in services which do not have ‘headline’ standards.
- Possible that well-developed infrastructure around service delivery and gaps between corporate support and operations may lead to a lack of agility to respond to changing priorities quickly enough.
- Impact of continued austerity on public spending (particularly Local Authorities) leading to additional unplanned pressures on the Trust. This manifests in terms of additional demand for Trust mental health services (e.g. as a result of benefit restrictions); and also through reductions in local authority procured contracts. E.g. public health grant reductions driving service reductions and re-procurement etc. This results in loss of jobs and expertise, reduced income and contribution to running costs, and additional costs associated with redundancies.
- The financial balance of the overall health and care system impacts on both commissioners and providers, creating a threat to planned income assumptions, likely to be tested through contract negotiations in October – December 2016.
- The high level of changing circumstances across the whole system may impact on assumptions and required developments in the Trust’s Medium Term Plan that underpin The Trust’s sustainability. Therefore a strategy re-refresh is underway and a process to frequently review progress and key assumptions is required.
- Data quality and information governance issues may lead to regulatory action and reputational damage.
- There is a need to clarify strategy with regard to the re-procurement of one of the Trust’s main clinical information systems. Throughout any resulting transition it is critical that system functionality and user confidence is maintained

6. Correlation with Key Risks and Mitigation

The Trust’s Risk Register contains 6 risks rated 15 or more out of 25. All are being actively managed by the Executive Management Team. Those risks have been checked against the PESTLE and SWOT analysis above to ensure consistency and completeness.

The Risk Register is regularly reviewed by Trust Board and is therefore not replicated in this report.

7. Next Steps

As outlined in section 2 'Strategy Re-Fresh' a process is underway to ensure that the Trust prioritises actions in accordance with the Mission, Values and Strategic Objectives of the organisation. Concurrently as described at Section 3 'Place Based Plans' we will work closely with system partners in each locality to integrate our emergent organisational strategy with shared plans to re-shape commissioning and provision of care.

As part of this work development sessions will be required with Trust Board in the next 2-3 months to fully understand the implications of Accountable Care ambitions, and to refine our organisational offer in respect of each specific place based development.

8. Recommendation

Trust Board is asked to

- Note the progress to date and proposed action plan
- Review the analyses presented above and contribute to the shared view of the Trust's strategic positioning

Trust Board 25 October 2016

Agenda item 8.1

Title:	Organisational Development (OD) Strategy 2016 - 2018
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	The Trust is facing significant challenges ahead and the OD Strategy recognises to remain successful it is crucial that systems and resources are aligned, there is a clear Organisational Strategy for the next 3/5 years and we continue to live our values.
Mission/values:	The aim of the OD Strategy is to enable the Trust to Deliver its Mission Statement and Support Staff to Live the Values
Any background papers/ previously considered by:	The OD Strategy relates to the Strategic Human Resources Framework, Leadership and Management and Development and Staff Engagement Strategy approved by the Board last year.
Executive summary:	<p>The Trust undertook an extensive engagement programme with Service Users, Carers, Staff and Partner Organisation to develop its Mission and Values. The Mission and Values are well embedded in the Trust as recognised in the Deloitte Well Led Review and the CQC Report. This has provided a strong foundation for the on-going development of the Trust to enable it to remain successful given future challenges.</p> <p>The purpose of the OD Strategy is to:</p> <ul style="list-style-type: none"> • Support Staff to Live the Values • Improve Organisational Performance • Develop a Culture of Continuous Learning and Improvement • Ensure Service Users are at the centre of Everything we do • Enable the Trust to be a Supportive Partner and System Leader <p>The SWYPFT definition of OD which was developed through the engagement of senior leaders in the Trust is:</p> <p>Working Together to Deliver the Mission and Live the Values, which will require: alignment of resources and systems; a clear Strategy and effective change management; and value based workforce development</p> <p>The OD Strategy uses a locally adapted version of the Mckinsey 7S model to develop a set of strategic objectives.</p> <p>The OD Strategy covers a period of 18 months to ensure it is aligned with the Trust's Strategy and service and financial plans which are currently under development. In the Strategy are a set of clear actions for the next 6 months which are linked to the agreed Chief Executive and Directors Objectives for 2016/2017 and they have clear timescales and outcome measures.</p> <p>The 2017/2018 OD implementation plan will be developed in line with the annual planning timetable to ensure it accurately reflects the Trust Strategy and Service and Financial plans.</p>
Recommendation:	Trust Board is asked to APPROVE and actively support the OD Strategy 2016/2018.
Private session:	Not applicable.

DRAFT

Organisational Development Strategy 2016 - 2018



Contents

1. Introduction
 - 1.1. Our mission and values
 - 1.2. Purpose and Scope
2. Context
 - 2.1. Model for Organisational Development
 - 2.2. Adapting 7S Model to Local Circumstances
 - 2.3. Organisational Diagnostic
3. Organisational Development Strategy Objectives
 - 3.1. Strategy
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 - 3.3. Systems
 - 3.4. Style
 - 3.5. Staff
 - 3.6. Skills
 - 3.7. Shared Values
4. Delivery and outcome measures
5. Risks
6. Resourcing, staffing and technology related issues
7. Next steps and governance arrangements
8. Evaluation and Review
9. Quality Impact Assessment

Appendix 1 Strategy Map

1. Introduction

1.1. Our mission and values

The Trust undertook an extensive engagement exercise involving Service Users, Carers, Staff, Partner Organisations (e.g. Local Authorities, other NHS Trusts and Commissioners) to understand from all these stakeholders what they expected from South West Yorkshire Partnership NHS Foundation Trust. The engagement process led to the Trust developing a Mission Statement on why it exists and a set of values which should underpin our approach to achieving this.

The Mission of the Trust is:

To help people reach their potential and live well in their community

The Mission Statement is supported by a set of Values:

- We must put **PEOPLE FIRST** and In **THE CENTRE** and recognise that **FAMILIES AND CARERS MATTER**
- We will be **RESPECTFUL** and **HONEST, OPEN AND TRANSPARENT** in our dealings, to build trust and act with integrity.
- We will constantly **IMPROVE AND AIM TO BE OUTSTANDING** so we can be **RELEVANT TODAY AND READY FOR TOMORROW**

The Organisational Development Strategy aims to support the achievement of the Trust's Mission and support staff to Live the Values.

1.2 Purpose and Scope

The definitions of Organisational Development are many and varied but tend to have 4 common themes:

- Developing a clear sense of direction
- Supporting effective change management
- Developing the workforce
- Alignment of Systems and Resources

The Trust engaged senior leaders through the Extended Executive Management Team to develop its own definition of organisational development. The Trust's Organisational Development definition is simply:

Working Together to Deliver the Mission and Live Our Values

This definition is designed to encompass the common themes that have traditionally been part of the Organisational Development.

Working Together - requires alignment of systems and resources

Deliver the Mission	-	requires a clear strategy for the Trust and effective change management
Live Our Values	-	requires a value based approach to developing the whole workforce

The previous approach to Organisational Development has been an emergent one which focussed on embedding the values of the Trust. The approach in this Strategy builds on the previous one but is more holistic and systematic with a broader scope of organisational development interventions. An organisational development strategy map is shown in Appendix 1 and is designed to represent the whole system approach.

2. Context

2.1 Model for Organisational Development

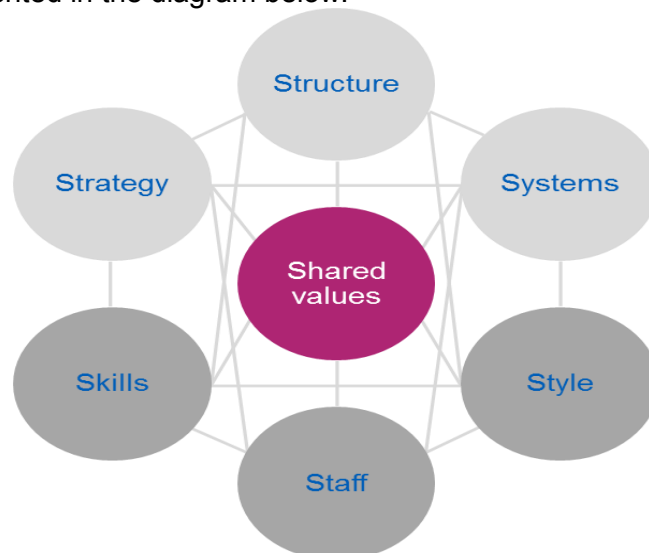
The move to a holistic and systematic approach to Organisational Development as mentioned above must still have the Trust values as a key element. The model for Organisational Development moving forward is based on the McKinsey 7S. This model has been widely used in the NHS and the reason for the Trust adopting this approach is that it has Shared Values at the centre.

The 7S model was developed by McKinsey in the 80s. It is based on 7 internal factors an organisation needs to align for success. The 7 factors can be broken into 2 groups hard and soft.

Hard Factors: Strategy, Structure and Systems: These tend to be easier to define, tangible, well documented and generally can be influenced by management actions.

Soft Factors: Shared Values, Skills, Staff and Style: These tend to be more difficult to describe, less tangible and more influenced by culture.

It is important to state that both groups are equally vital and any factor has the potential to have a knock on effect on some or all of the others. The 7S model is represented in the diagram below:



The McKinsey definition of each of the factors are:

Strategy
It is the 'how', the organisational plan, and should detail the actions the organisation plans to take either in response to or in anticipation of changes in its external environment.
Structure
The way the organisation is structured in terms of reporting, often strongly influenced by its size and diversity.
Systems
The daily activities and procedures staff undertake to get the job done, whether formal systems such as Finance and IT or informal systems such as communication processes.
Style
<p>The culture of the organisation, the way people behave and comprising two elements:</p> <ol style="list-style-type: none"> 1. Organisational Culture: the dominant values, beliefs and norms, which develop over time and become relatively enduring features of organisational life – “the way we do things round here” 2. Management Style: the style of leadership adopted, what managers do and the way they do things, rather than what they say
Staff
The people, their skill sets and their levels of capability; it also encompasses talent management and staffing plans.
Skills
The ability to do the organisation's work; it should reflect overall performance of the organisation – what it does well, how it shifts and develops to exceed in new areas.
Shared Values
<p>A set of traits, behaviours, and characteristics the organisation believes in – these values would be evidenced in its culture and work ethic, and are often described in the organisation's mission and vision statements. Placed in the middle of the model to emphasise their importance being central to the development of all other elements. The company's structure, strategy, systems, style, staff and skills all stem from why it was originally created, and what it stands for. As the values change, so do all the other elements.</p>

2.2 Adapting 7S Model to Local Circumstances

Whilst the McKinsey 7S model provides a clear and helpful framework to identify the actions required to ensure success, it does need local context.

The Extended EMT were engaged in developing a set of local definitions for the 7 hard and soft factors. The local 7S definitions are:

Strategy
How We Will Achieve Sustainable, Safe Quality Services Over the Next 3-5 years
Structure
Clear, Affordable collective Management and Leadership Structures which support decision making as close as possible to the Service User
Systems
Simple, Understandable, Effective and Efficient Systems that Helps Everyone to Do the Best Job
Style
Visible Compassionate Leadership Which Engages the Workforce and a strong and supportive system leader.
Staff
Right People who are Ready for Today and Relevant for Tomorrow
Skills
Improve and be Outstanding
Shared Values
Ensuring we Live Our Values

These overall definitions form the objectives for the next 18 months for the Organisational Development Strategy.

2.3 Organisational Diagnostic

The Trust has a number of both qualitative and quantitative diagnostic reviews which help shape the key actions for the next 18 months. The key pieces of information are shown below:

Qualitative	Quantitative
<ul style="list-style-type: none"> ▪ Well Led Action Plan ▪ CQC Action Plan ▪ NHS Staff Survey ▪ Staff Wellbeing Survey ▪ Staff Listening Events ▪ Stakeholder Research ▪ IiP Feedback from External and Internal Reviews ▪ Complaints 	<ul style="list-style-type: none"> ▪ Performance Reports ▪ CQUINS ▪ Finance Reports ▪ Contracting Reviews ▪ SUI's

The information from the above diagnostic information was used to develop the strategic objectives.

3. Strategic Objectives for Organisational Development

3.1 **Strategy:** How We Will Achieve Sustainable, Safe and Quality Services Over the next 3-5 years.

The actions to achieve the Strategy strategic objective are:

- Have a single clear organisational Strategy which sets out the ambition for the Trust.
- Agree a set of clear Chief Executives and Directors Objectives
- Align enabling strategies to actively support the delivery of the Trust's Organisational Strategy.

What we need to do in the next 6 months:

- Develop and agree a Trust Strategy which reflects the key strategic priorities by December 2016
- Agree individual objectives for directors with common set of Corporate Objectives by September 2016.
- Develop and agree aligned enabling/support strategies including Organisational Development, Communications, Engagement and Involvement, Digital and Workforce by January 2017.

3.2 **Structure:** Clear, Affordable, Collective Management and Leadership Structures which supports decision making as close as possible to the Service User.

The actions to achieve the Structure strategic objectives are:

- Ensure the Directors Structure is able to deliver the strategic objectives and portfolios are well aligned and streamlined.
- To ensure we have affordable, effective and efficient management and administration arrangements which support the delivery of high quality services.
- To support devolved decision making as close as possible to frontline service.
- To continually develop the collective leadership model within BDUs.

What we need to do in the next 6 months:

- Undertake Review of Directors Portfolio to ensure alignment and any gaps to achieve the strategic priorities are addressed by September 2016.
- To undertake a review of Management and Administration to ensure we have affordable and effective support to deliver high quality services by March 2017.
- Development of a Decision Rights Framework to support Devolved Decision Making with a clear governance structure by March 2017.
- Develop an engagement process to reduce bureaucracy and streamline process by March 2017.
- Development programme for Trios as part of a collective leadership approach by December 2016

3.3. **Systems:** Simple, Understandable, Effective and Efficient Systems that Helps Everyone to Do the Best Job

The actions to achieve the Systems Strategic objectives:

- To ensure there are clear Clinical and Corporate Governance Systems
- To ensure there are Clinical Information Systems which support the delivery of safe and effective services.
- Effectively manage relationships with key partners and stakeholders.

- Ensure we have robust out of hours arrangements for the delivery of safe care 24 hours per day
- Have effective systems in place to collect and use feedback from Service Users and Carers

What we need to do in the next 6 months:

- Review and improve the Clinical Governance systems to support ownership of the Clinical Governance agenda across the Trust by March 2017
- Review the procurement process for a Clinical Information System and agree an appropriate way forward by December 2016.
- Resolve technical issues relation to RiO7, working in conjunction with BDUs and Clinical Staff by December 2016.
- Implement Customer Relationship Management System by March 2017
- Review and improve On-Call systems by December 2016
- Review and streamline internal governance meetings by December 2016
- Ensure systems and processes are in place to support BDUs in the collection and use of Service User and Carer feedback.

3.4 **Style:** Visible Compassionate Leadership which Engages the Workforce and a strong and supportive system leader.

The actions to achieve the Style strategic objective are:

- Ensure robust Information Governance Culture within the Trust
- Ensure strong professional leadership for clinical staff
- Ensure senior managers and leaders are visible within the Trust
- To develop compassionate approach to leadership in line with Michael West's principles and 21st Century Practice
- Clear approach to Staff Engagement
- Strong and supportive system leader

What we need to do in the next 6 months:

- Promote and improve the Information Governance culture across the Trust by March 2017
- Revise the Clinical (excluding Medical) professional leadership offer throughout the Trust by December 2016

- Develop a Communication, Engagement and Involvement Strategy which actively promotes senior leaders roles in Staff Engagement by October 2016.
- To build in compassionate leadership approach in the Trust Value Based Leadership and Management Development model by December 2016.
- Ensure the Trust plays an active role in the development of the West Yorkshire and South Yorkshire STP.

3.5 **Staff:** Right People Ready for Today and Relevant for Tomorrow

The actions to achieve the Staff strategic objective are:

- Clear Workforce Plans linked to strategic objective and aligned to annual business and financial plans
- Sustainable model for Medical and Clinical Workforce linked to new roles
- Development of the Clinical Support workforce
- Develop strong partnerships with Universities
- Develop alternative roles including the Volunteer Workforce

What we need to do over the next 6 months:

- Develop Workforce Plans which support the delivery of the Service and Financial Plans by December 2016 including the proactive and planned management of temporary staffing.
- Develop a Medical Workforce Strategy which delivers a sustainable and affordable medical workforce including the proactive and planned management of locums.
- Create a revised Workforce Strategy that engages the workforce in line with Michael West's principles and 21st Century Practice by January 2017
- Development of agreed Recruitment action plan focused on key hot spots by October 2016
- Development of Volunteer Workforce by March 2017

3.6 **Skills:** Improve and be Outstanding

The actions to achieve the Skills strategic objectives:

- Build and Develop a Culture of Innovation and Service Improvement
- Agree a common Change Model for the Trust

- Deliver training on Quality Improvement within the Trust
- To use benchmarking to identify best practice and best value

What we need to do in the next 6 months:

- Develop a culture of innovation within the Trust using the iHub by March 2017
- To agree and adopt a Change Model to support service transformation by March 2017
- Develop plans to deliver Gold, Silver and Bronze training on quality improvement by March 2017
- To use national benchmarking information to identify best value and practice in corporate services by March 2017

3.7 **Shared Values:** Ensuring we Live Our Values

The actions to achieve the Shared Values strategic objective are:

- Developing strong team working
- Embedding Value Based Human Resource Management
- Positive Staff Health and Wellbeing
- Value Based Leadership and Management Development
- Actively promote Workforce Equality and Inclusion

What we need to do over the next 6 months:

- Complete the Leading to Quality clinical team development programme by March 2017
- Streamline the Value Based Appraisal system by March 2017
- Develop Value Based Contracts of Employment for new starters by March 2017
- Review Value Based Recruitment by March 2017
- Launch Black, Asian and Minority Ethnic staff Equality Network by October 2016
- Develop Key Performance Indicators linked to Staff Wellbeing and Engagement Survey by October 2016
- Run series of solution focussed engagement groups in response to 2016 Staff Health and Wellbeing results by October 2016.

- Develop Trust-Wide and BDU action plan in response to 2016 Staff Wellbeing and Engagement Survey by December 2016
- Develop Leadership values into behaviour by December 2016
- Develop next Middleground Programme linked to key organisational objectives by March 2017

4. Delivery and Outcome Measures

The Organisational Development Strategy covers a period of approximately 18 months. The Strategy includes a set of high level strategic objectives for each of the 7S factors, together with the priority objectives for the next 6 months. The priority objectives have been built into the Chief Executive and Directors objectives with agreed timescales and outcome measures.

An Organisational Development Implementation Plan will be developed for the next 18 months linked to the Trust's annual service and financial planning timescale. This plan will incorporate the 6 month objectives in the strategy.

The implementation plan will include:

Objective/Timescale	Outcome/Measures
---------------------	------------------

5. Risks

The key risks identified in the delivery of this strategy include:

- Lack of senior leadership commitment to key strategic objectives
- Not prioritised through the annual planning process, given service and financial pressures
- External pressures impacting on service quality
- Lack of commitment to Health and Wellbeing survey action
- Financial pressures and challenging cost improvement

6. Resourcing, staffing and technology related issues

The Organisational Development Strategy has been designed not to create additional activity, but to align resources and efforts based on Trust priorities. It is, therefore, vital the implementation plan is incorporated into the annual planning process rather than viewed as separate activities.

7. Next steps and governance arrangements

The Organisational Development Strategy will be subject to Trust Board approval and delivered through the Executive Management Team.

The Remuneration and Terms of Service Committee (RTSC) will receive regular updates on progress of the Strategy.

The implementation plan for 2017/2018 will be agreed through the annual planning process.

8. Evaluation and review

The Strategy covers a period of 18 months up to 31st March 2018. Progress of the implementation plan monitored by the EMT with regular updates to the RTSC.

The Organisational Development Strategy will be refreshed in December 2017 to cover a 3 year period 2018/2019 – 2021/2022.

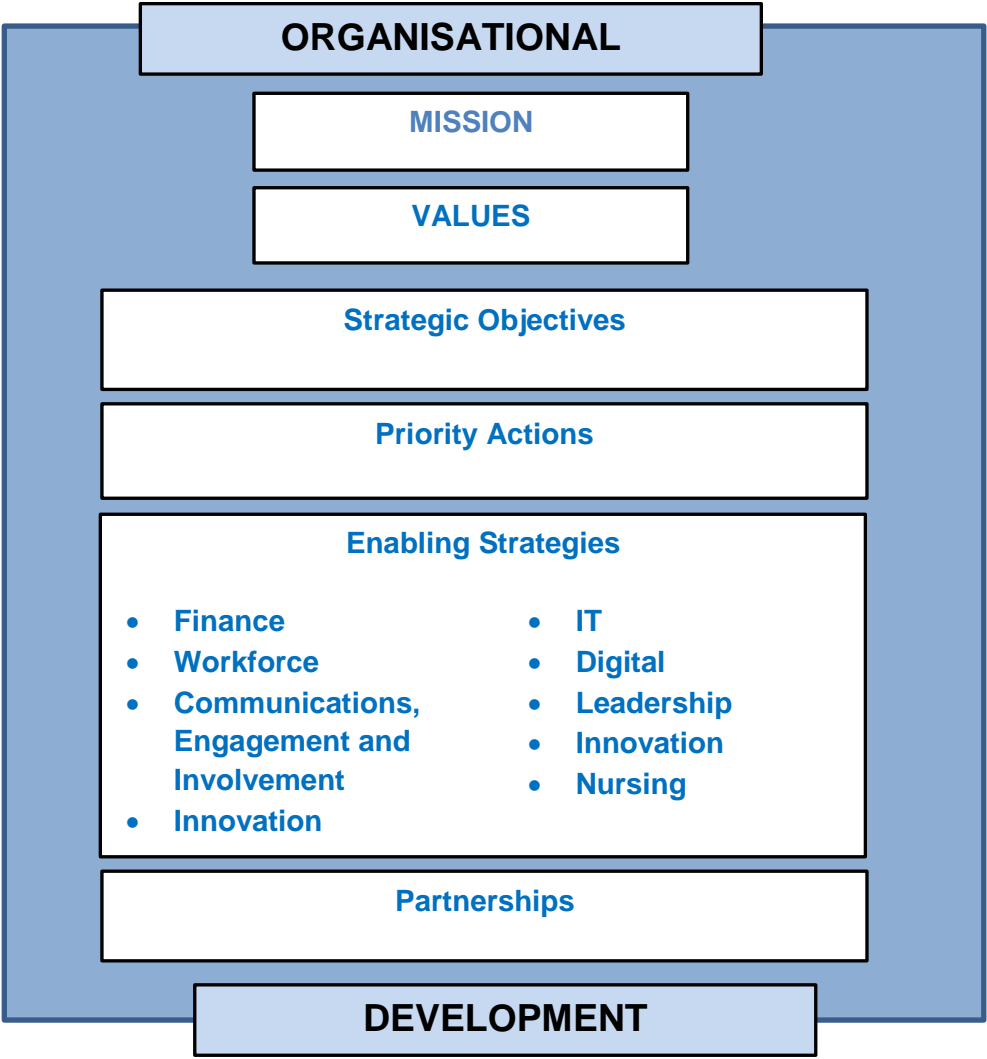
9. Quality Impact Assessment

From a quality perspective, in approving this strategy our executive management team and Trust Board confirms that it:

- Will help improve service user experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious.

Appendix 1 – Strategy Map

The approach for Organisational Development is represented below:



Appendix 2 – Equality impact assessment

Date of assessment: 12/10/2016

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Organisational development strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?	The aim of the strategy is: <ul style="list-style-type: none"> • Support staff to Live the Values • Improve Organisational Performance • Develop a culture of Continuous Learning and Improvement • Ensure Service Users are at the Centre of Everything We Do • Enable the Trust to be a Strong and Supportive Systems Leader
3	Who is the overall lead for this assessment?	<ul style="list-style-type: none"> • Director of marketing, communication and engagement • Director of corporate development • Director of HR, OD and estates • Director of Service Innovation and Health Intelligence
4	Who else was involved in conducting this assessment?	<ul style="list-style-type: none"> • HR business partner in addition to the above.
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?	<ul style="list-style-type: none"> • Staff - involved through listening events and wellbeing survey • Staff side - consulted as part of strategy development • Service user / carer / member views - gathered through service change engagement and through equality processes • Extended EMT to engage senior managers and clinicians. • EMT <p>Staff will be involved through the annual planning process in the development of 17/18 implementation plan.</p> <p>The feedback will be used to inform the strategy – promote 2 way dialogue, improve connection to the organisation and enable participation in decision making, service planning and delivery.</p>
6	What equality data have you used to inform this equality impact assessment?	<p>Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities.</p> <p>Staff Survey and Health and Wellbeing Survey. Workforce equality reports to the Equality and Inclusion Forum.</p>

7	What does this data say?		We need to develop a more diverse workforce to reflect our local communities. Our local communities are diverse in many ways, fully supporting their needs requires a more diverse workforce.
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	<p>Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.</p> <p>The purpose of the strategy is to maximise all people who use, work in and take an interest in our services contribution. Targeted action planning will address the needs of specific audiences and we will work with staff communities, including people with protected characteristics, to share information and work in ways that meet their needs and preferences.</p>
8.1	Race	No	Rationale as set out above
8.2	Disability	No	Rationale as set out above
8.3	Gender	No	Rationale as set out above
8.4	Age	No	Rationale as set out above
8.5	Sexual orientation	No	Rationale as set out above
8.6	Religion or belief	No	Rationale as set out above
8.7	Transgender	No	Rationale as set out above
8.8	Maternity & Pregnancy	No	Rationale as set out above
8.9	Marriage & civil partnerships	No	Rationale as set out above
8.10	Carers (Our Trust requirement)	No	Rationale as set out above
9	What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-		Current governance processes include monitoring of complaint themes, EDS2 indicators, PLACE reviews, staff surveys. Overview of performance through Equality and Inclusion Forum.
9a	Promotes equality of opportunity for people who share the above protected characteristics;		Action planning will be undertaken to monitor impact and effectiveness
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;		Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality network.
9c	Promotes good relations between		WRES monitoring information

	different equality groups;	
9d	Public Sector Equality Duty – “Due Regard”	EDS2 workshop involving service users and staff
10	Have you developed an Action Plan arising from this assessment?	This strategy will be monitored through the delivery of an action plan, tailored to the needs of identified audiences
11	Assessment/Action Plan approved by (Director Lead)	Sign: Alan Davis Date: 14/10/2016 Title: Director of HR, OD & Estates
12	<p><i>Once approved, you must forward a copy of this Assessment/Action Plan to the partnership team:</i></p> <p>partnerships@swyt.nhs.uk</p> <p>Please note that the EIA is a public document and will be published on the web.</p> <p>Failing to complete an EIA could expose the Trust to future legal challenge</p>	

Trust Board 25 October 2016

Agenda item 8.2

Title:	Communication, engagement and involvement strategy
Paper prepared by:	Director of marketing, communication and engagement
Purpose:	To seek Trust Board approval for a new communication, engagement and involvement strategy, which replaces several, previously separate strategies.
Mission/values:	Communicating, engaging and involving people effectively will support the achievement of the organisation's mission to enable people to reach their potential and live well in the community. It will also support our strategic objectives by helping to improve people's health and wellbeing, improve the quality and experience of all that we do, and improve our use of resources. Every aspect of the strategy will be delivered in line with our values.
Any background papers/ previously considered by:	<p>The strategy has been discussed by the Executive Management Team (EMT), who have confirmed from a quality perspective that it:</p> <ul style="list-style-type: none"> • Will help improve service user experience • Will help reduce harm • Will help us to be more effective • Is aligned to our mission and values • Is aligned to our system intentions • Is ambitious.
Executive summary:	<p>This strategy sets out our ambition over the next three years to effectively communicate, engage and involve people. It builds on extensive information regarding our local context and our legal and regulatory requirements in this area. It sets out four high level objectives which are relevant to all stakeholder groups:</p> <ul style="list-style-type: none"> • We will increase awareness of our services, promote the organisation as a leader in the system and develop and maintain our positive reputation • All staff and stakeholders will have access to relevant information so that they feel well informed • We will develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services, and plans for the future • We will develop a culture in which communication, engagement and involvement is a fundamental part of delivering high quality services. <p>The strategy will be delivered through our executive management team, with the director of marketing, communication and engagement accountable for delivery. Key risks will be mitigated in line with our risk management strategy and risk appetite. This will be done through detailed action planning to underpin implementation.</p> <p>The Members Council are responsible for the approval of a membership strategy supporting local people to have a greater say in how services are provided In the areas the Trust serves supporting the governance</p>

	<p>arrangements of the Trust be ensuring the Trust is accountable to these communities and that services take account of local need. The membership strategy is currently incorporated in the Involving People Strategy, which will be replaced by this strategy. At the next meeting of the Members Council in November, members will be asked to establish a small sub-group to refresh the membership strategy for approval by the full Members Council at their meeting in February 2017. Until this course of action is completed the Involving People Strategy will remain in force.</p>
Recommendation:	Trust Board is asked to APPROVE the communication, engagement and involvement strategy.
Private session:	Not applicable.

Communication, engagement and involvement strategy



Version v0.8

Oct 2016 – Oct 2019

With **all of us** in mind.

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1. Introduction

1.1. Our mission and values

We exist to help people reach their potential and live well in their community. To do this we have a strong set of values that mean:

- We must put **people first and in the centre** and recognise that **families and carers matter**
- We will be **respectful** and **honest, open and transparent** in our dealings, to build trust and act with integrity
- We will constantly **improve and aim to be outstanding** so we can be **relevant today, and ready for tomorrow**.

In 2016/17, our strategic objectives are to:

- Improve people's health and wellbeing
- Improve the quality and experience of all that we do
- Improve our use of resources.

This communication, engagement and involvement strategy will support the achievement of the organisation's mission and objectives. Every aspect of the strategy will be delivered in line with our values.

As a foundation trust we are accountable to our members – local people who have joined our organisation because they take an interest in what we do. Our staff are also members. This strategy together with our Membership Strategy will enable local people to have a sense of ownership of the Trust, have a greater say in how services are provided in the areas the Trust serves, ensuring the Trust is accountable to these communities and that services take account of local need.

1.2. Purpose and scope

Our **strategic aim for communication** is to facilitate two-way dialogue and enable people to be well informed of what is happening at the Trust. This applies to all staff and stakeholders, including volunteers, unions, members, service users, carers, public, and partner organisations.

Our **strategic aim for engagement** is to enable people to feel connected with the organisation and understand their role in influencing decisions and the services we provide. Again, this applies equally to all of our staff and stakeholders.

Our **strategic aim for involvement** is to enable people to have a say and actively take part in shaping decision-making, service planning and delivery. This applies to all staff and stakeholders, including service users involved in their own care.

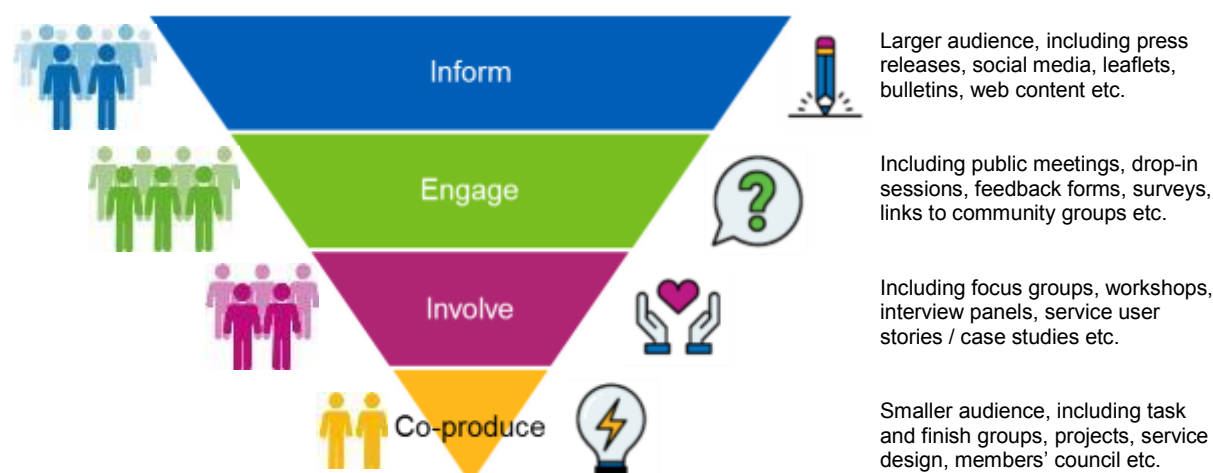


Figure 1: Communication, engagement and involvement continuum

2. Context

2.1. Fit with our OD strategy and other related strategies

Our [organisational development \(OD\) strategy](#) presented to the Trust Board for approval October 2016, is based upon the McKinsey 7s framework (structure, strategy, systems, shared values, skills, staff and style). Communication, engagement and involvement are essential enablers to a successful organisation and have a role to play across each of the seven areas. This strategy therefore supports our OD efforts, particularly in relation to the achievement of our mission in line with our values.

Our [equality first strategy](#) is about treating everyone with fairness and understanding, not necessarily treating everyone the same. This strategy will support our equality agenda by ensuring equal opportunities for communication, engagement and involvement. We will tailor our activity for different people, rather than adopt a 'one size fits all' approach.

This strategy also supports our [customer services policy](#) and [service user experience framework](#), which seek to hear the views of people who use our services and to respond appropriately to feedback, including when things go wrong.

Internally, the strategy links closely with HR strategies in relation to staff communication, engagement and involvement. This includes our [HR strategic framework, leadership and management development strategy](#) and [Social Partnership Agreement](#). In addition, our employment policies support this strategy's implementation, such as our values based inductions and appraisals.

Our [digital strategy](#), which is currently in development, is also a key related strategy. Digital runs through all of this strategy's objectives and is an essential enabler to effective communication, engagement and involvement.

This strategy replaces the following predecessor strategies:

- Involving people strategy
- GP engagement strategy
- Third sector engagement strategy
- Staff engagement strategy.

2.2. Local context

A wealth of information has been considered in the development of this strategy:

- In summer 2015, Deloitte carried out a [well-led review](#) of the organisation. Findings positively identified a commitment to involving staff and stakeholders in the development of our values. Recommendations included the need to implement more internal communication channels and increase understanding of our objectives.
- A series of [staff listening events](#) were held in May/June 2016. Our approach to partnership working and our strong values were highlighted as real positives. Areas for improvement included internal communication and celebrating success.
- Our [staff wellbeing survey](#) in summer 2016 had more than 2,200 responses (48%). Positives included our values and good relationships with line managers, with improvement needed on issues such as continued change and technology. Staff in lower banded roles also identified improvement needs around effective communication. Results identified particular services and staff groups where communication and engagement can be improved. The survey included key scales for communication and engagement to enable local action planning.
- We are accredited to the national [Investors in People \(IIP\)](#) standard which includes communication, engagement and involvement as key elements. IIP feedback will support the review and evaluation of this strategy and action plan.

- Our [Care Quality Commission \(CQC\)](#) reports were published in June 2016. They found good communication between staff and service users across all our services, as well as good examples of service user and carer involvement in their care. They also found that the introduction of trios had improved staff morale and understanding of our transformation programmes.
- We regularly receive [service user views](#), such as via our customer services team or the Friends and Family Test (FFT). We know that communication is a regular theme in complaints. People want information to understand their care and want to be involved in decisions about their care.
- Views of our external partners are being sought via an [independent stakeholder research](#) project. Findings will be incorporated into the delivery of this strategy.

We are going through a significant amount of change across all parts of the organisation. This includes changes within our control, such as change programmes to modernise our services, as well as those determined by external factors such as commissioning plans.

Externally, the system in which we work is changing too. We are contributing into two sustainability and transformation plans (STPs), four vanguard programmes, and the development of accountable care organisations and multispecialty community provider arrangement across our different localities.

As a result, now more than ever there is a need for strong communication, engagement and involvement with all staff and stakeholders.

2.3. National context

The [NHS Five Year Forward View](#) (FYFV), published in October 2014, sets out a shared vision for the future of the NHS based around new models of care. Service user groups, clinicians and independent experts provided advice to create the collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, the quality of care and the funding of services.

To support the implementation of the FYFV via STPs, NHS England published a [guide on engaging local people](#) in September 2016. It sets out engagement best practice, in particular service user and public participation and the legal duties involved. While aimed at STPs, it is a useful reminder for all organisations involved.

In addition, [NHS Employers](#) provide support and guidance around communicating, engaging and involving the workforce. This includes topical issues such as junior doctor industrial action, Brexit, and seasonal flu campaigns, as well as social media and staff engagement toolkits.

2.4. Legal and regulatory requirements

This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties:

- [Foundation Trust governor and membership arrangements](#) – ensuring local people have a greater say in how services are provided, supporting our governance arrangements and ensuring we are accountable to local communities.
- [Accessible Information Standard](#) – ensuring that people who have a disability, impairment or sensory loss are given information in a way that they can access and understand, and any communication support that they need is identified and provided.

- [NHS Constitution](#) – supporting people’s right to be involved in the planning of healthcare services and providing information and support in order to do this.
- [Health and Social Care Act](#) – strengthening the collective voice of service users, ensuring systematic involvement so that shared decision making is the norm.
- [NHS complaints regulations](#) – adopting a single approach for the handling of complaints across health and social care. We will ensure a person centred approach in which issues are handled in such a way that people are empowered and able to make choices about how their concerns are dealt with.
- [NHS identity guidelines](#) – ensuring that the NHS identity, one of the most recognised brands in the world, is consistently and clearly applied. It acts as a signpost, helping people to identify NHS organisations and services. It represents high quality care, free at the point of delivery, and evokes high levels of trust and reassurance.
- [NHS standard contract](#) – including service condition on communicating with and involving service users, public and staff. It further strengthens the requirements on providers to communicate properly with service users about their care. It adds new obligations to put in place efficient arrangements for handling service user queries promptly and publicising these arrangements to service users, on websites and in appointment and admission letters.

3. Communication, engagement and involvement strategy objectives

3.1. We will increase awareness of our services, promote the organisation as a leader in the system and develop and maintain our positive reputation

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> We are implementing a customer relationship management (CRM) system We don't have a sufficiently robust approach to stakeholder / relationship management We have some insight about our external reputation and gaining insight about our reputation as an employer through our wellbeing survey Developing how we are viewed by black, Asian and minority ethnic (BAME) staff and service users regarding opportunity and equality We are establishing a BAME staff equality network We communicate and engage with our membership infrequently and our Members' Council has limited visibility We have a reasonable relationship with local journalists, limited with trade and national media, and our coverage is mixed Our online ratings (e.g. Patient Opinion, NHS Choices, Indeed) are average and sparse We have developed a co-produced visual identity with phased implementation, so use on materials and across our estate is patchy We've developed a tone of voice and style guide We don't actively define which campaigns we support or run many of our own 	<ul style="list-style-type: none"> Develop a clear and agreed understanding of our unique selling points in line with Trust strategy Further communicate our strategic objectives and priorities Develop clear and measurable comms and engagement plans for services, in line with BDU priorities Develop and maintain a stakeholder map and embed the use of the CRM system Record and analyse insight into our reputation across all our stakeholders Craft relationships with media and provide media training so we have confident, credible spokespeople Create opportunities for our members to know more about our services and ways to be involved, including volunteering Target key external awards and find opportunities to promote the Trust at external conferences and forums Apply a strong visual identity, without exception Proactively encourage and monitor reviews across online platforms Develop an approach for campaigns 	<ul style="list-style-type: none"> We can clearly articulate what we want to be known for (locally and nationally) Our partner organisations know who we are and what we do Perception of our Trust is monitored and matches our aspirations and brand propositions People who are connected with our Trust feel like it is theirs and their involvement makes a difference We assess our reputation through a range of metrics There are planned and dynamic opportunities to increase awareness of our services We have a clear understanding of how to communicate; we track success and tailor accordingly We have better, more proactive relationships with partner organisations, measured via our CRM system Our media profile is high and consistently positive, being a go-to Trust for expert comment and opinion We have an award winning visual identity, recognised as industry leading Online ratings are balanced and depict the Trust fairly

3.2. All staff and stakeholders will have access to relevant information so that they feel well informed

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Senior leadership visibility is limited • We make limited use of visual comms and are reliant on e-comms • The quality of service user information is patchy • We have recently introduced a range of new internal communication channels • An intranet facelift is underway and a website redevelopment soon to start • Professional networks exist but we have no consistent way of reaching them • We don't have a consistent picture of how our stakeholders prefer to receive information • Digital information channels are not made the best use of and social networks are blocked for staff use • We have mixed success with social media channels, used more as broadcast rather than engagement, and lacking a co-ordinated approach • We have a number of websites with no legacy plans or maintenance processes in place • Our YouTube channel isn't well organised and we need to make better use of commissioned films • Services are unable to edit their own digital presence on our website and intranet • Analytical tools, applications and software are not currently used actively 	<ul style="list-style-type: none"> • Fully establish and embed new channels, including face-to-face opportunities • Explore the development of a staff app that provides convenient mobile access to key information • Work with services to review service user and public information • Promote and support the visibility of our senior leaders • Map existing staff networks and establish contacts for each • Provide opportunities to celebrate staff success – including an awards initiative, analysing success of previous scheme • Ensure alignment with digital work and IM&T strategy • Develop an active presence and strategy across all social media channels and put in place a social media policy with guidance for staff and services • Deliver digital marketing campaigns that are focused on return on investment and support our objectives • Set up and use reporting and dashboards within our digital analytical tools, applications and software 	<ul style="list-style-type: none"> • Staff and stakeholders, including service users and carers, feel informed and valued • People know where to find information about our Trust and our services that's up to date and helpful • There are opportunities to celebrate success and promote recognition • We have a range of well-regarded and well-used channels with a clear focus • We're ahead of the curve in our use of digital channels • People understand and relate to the Trust's values and are co-creators of our organisation's future • Staff feel listened to and are given the opportunity to be involved in Trust decision making • Our staff act as brand ambassadors for the organisation and feel empowered to use digital channels appropriately • We've learned from best practice from within and outside the NHS and people regard us as leaders for NHS marketing, comms engagement and involvement

3.3. We will develop an effective and inclusive approach to give people a voice and opportunities to contribute to the organisation, our services, and plans for the future

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • We have strong two way dialogue with our unions with strong partnership working relationships • We have insufficient two-way dialogue and engagement with our membership • There are many examples of active staff engagement evidenced through employee survey feedback and Investors in People reviews • Some staff don't feel their voice is heard and that they can contribute • Feedback through the wellbeing and NHS staff survey highlight areas of service where communication and engagement can be improved • We're not making best use of technology to enhance opportunities for two-way dialogue and feedback • We're not reaching a broad range of partner organisations, nor are we reaching staff at all levels • We have no systematic plan to engage with partners and manage key relationships • We have recently launched a crowdsourcing platform called i-hub • There are limited routine opportunities to influence the Trust's future 	<ul style="list-style-type: none"> • Align efforts to the Trust's strategy, which is in development • Develop further opportunities for active member engagement facilitating a sense of ownership • Make sure change plans and programmes have a defined link to comms and engagement, as do BDU operational plans, understanding and supporting opportunities to engage • Routinely run listening events, and find ways to involve those who cannot attend on the day • Learn from any insight gathered from surveys and link to customer services and other service user experience insight • Make better use of our resources including embedding the CRM system to monitor opportunities • Further develop opportunities and mechanisms for people to give feedback about their experiences • Provide opportunities for service users, carers and local people to be involved and to influence service delivery and design • Ensure stakeholders are involved in our plans and regular connection to local scrutiny regarding service development 	<ul style="list-style-type: none"> • All staff and stakeholders clearly understand the opportunities they have for two way dialogue – these are planned, place-based and modern • We better understand the needs of local communities • We have continuous / iterative processes to receive and respond to feedback • All staff demonstrate their contribution to service improvements and feel able to actively contribute to decisions which affect their work • All services integrate feedback into their service delivery and change processes • We have a platform for community involvement • We can evidence we have discharged our duty to engage and consult with people who use our services – in an iterative way, not just when change is propose • We will be able to demonstrate that engagement and involvement has influenced our service planning, delivery and business decisions • We're maximising every opportunity for gaining feedback about our Trust and the services we provide, and we record and use this in a systematic way

3.4. We will develop a culture in which communication, engagement and involvement is a fundamental part of delivering high quality services

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • OD strategy submitted for board approval October 2016. • We're about to start using the Change Model as a core part of the way we work • We have a positive employee relations climate with good relationships and active partnership working • Staff report levels of engagement that are average across both the NHS staff survey and Trust wellbeing survey • Feedback from staff surveys indicates variations in the level of communication and engagement across our services • Communication, engagement and involvement requirements are not always factored in decision-making or project plans • Our i-hub provides a space for sharing ideas in a non-hierarchical way, and could have better strategic links to comms, engagement and involvement activities • We engage with a good mix of groups and forums that represent the service user voice in our communities, and could do more in this area • We're not able to demonstrate that our engagement and involvement activity is truly representative of the communities we serve • Not all services actively encourage involvement as part of routine practice 	<ul style="list-style-type: none"> • Support leaders and managers to develop their competencies • Provide targeted support to leaders and managers where staff communication, engagement and involvement levels are reported as low • Maintain ongoing dialogue with staff side and review approaches to staff engagement • Our Partnership Forum and BDU Forums review levels of staff engagement and support action planning • Develop the Trust as an employer of choice • Learn from best practice both inside and out the NHS • Ensure support services provide coordinated support to BDUs in this strategy's implementation • Ensure opportunities exist at all levels for people to be involved in their own care, influencing our service offer to local communities • Develop an improved understanding of our communities and engagement with people who have a protected characteristic • Maximise opportunities to volunteer in our services • Create opportunities to involve people meaningfully • Use staff expertise to support tailored activity • Support staff to fulfil our collective duties of engaging and involving the community in service design, improvement and change • Help our staff act as brand ambassadors through their own social sharing 	<ul style="list-style-type: none"> • We have a culture of collaboration that focusses on networks rather than hierarchy • An engaged and active membership, involved in service redesign, who feel a sense of ownership • We're in the top 5% of NHS organisations for staff engagement • People experience a genuine partnership when using our services • Good practice is shared • Our own surveys show high levels of engagement • We receive positive service user and carer feedback – at service lines, through FFT and customer services • Staff engagement initiatives are driven in partnership with staff side • Encouraging feedback and input is our routine way of operating • Our services are designed around the needs of local communities • We have an active membership, which is a rich source of intelligence about community needs and aspirations • External feedback and accreditation processes confirm our best practice • We have an active volunteering function • We have a variety of options for engagement and involvement that match local circumstances, preferences and remove barriers • Organisational change is managed in partnership with staff side, with communication and engagement a critical element

4. Delivery and outcome measures

To clearly define our success in delivering this strategy we need to develop baselines and systems for capturing measurement. We will then be able to measure success via improvements against a range of indicators. These will include:

- Our staff wellbeing survey results see [improvements in feedback regarding internal communication and engagement](#)
- NHS staff survey feedback will report [improvements in communication between senior management and staff](#), and our overall staff engagement score will place us in the top 5% of NHS organisations
- All [change programmes will be co-produced where appropriate and have a dedicated comms, engagement and involvement workstream](#) with clear and measurable outcomes in these areas
- We will aim to [reduce the number of complaints containing communication as a theme](#) by 5% year on year
- The KPI for [complaints with staff attitude as a factor will be reduced](#) from <25% to <20%
- Our [digital engagement will show a sustained quarterly increase](#) in the number of page hits, followers and interactions
- An [increase in positive stakeholder perceptions](#) via dedicated survey (first results expected late autumn 2016).

5. Risks

Key risks identified in the delivery of this strategy include:

- A lack of collective commitment internally to communicating, engaging and involving people fully in line with our values
- A lack of personal responsibility for individually communicating, engaging and involving people effectively in line with the requirements of our roles
- Insufficient resources in terms of capacity – both individually and within support service functions
- Financial pressures and challenging cost savings required in future years
- Inability to effectively communicate, engage and involve people using modern technology.
- Changing environment will need on-going changes to communication channels
- Reduction in membership through refresh of data base impacting on representative membership

Key risks will be mitigated in line with our risk management strategy and risk appetite. This will be done through detailed action planning to underpin implementation.

6. Resourcing, staffing and technology related issues

Communication, engagement and involvement needs to be an integral part of our work right across the organisation. Support service teams will work with Business Delivery Units (BDUs) in delivering this strategy collaboratively to make this a reality. In particular, this includes the following functions:

- Marketing, communication and engagement
- Partnerships
- Customer services
- Quality improvement and assurance

- HR and workforce development

We will make use of our existing technology and platforms to communicate and engage with staff and stakeholders, such as our intranet, website, social media channels and i-hub. We will also adapt and evolve as new technology and platforms become available, such as staff smartphone devices. We will work closely with our IM&T colleagues to make sure we are using technology as effectively as possible to implement this strategy's objectives.

7. Member involvement – staff and public

We are committed to ensuring our members play a full part in owning and governing our Foundation Trust. To help achieve this, we will communicate, engage and involve our members effectively.

For all of our [members](#), we will make them feel connected to all major decisions and make them feel a sense of ownership, we will for example:

- Involve members in initiatives such as '15 Steps', PLACE (patient-led assessments of the care environment) audits, and staff recruitment and induction
- Involve members in service change proposals and planning, as well as projects such as our carers' charter
- Find new ways to increase active involvement and engagement
- Invite members to information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members' Meeting
- Encourage volunteering and offer a range of opportunities across our services.
- Survey them to ask their views on communication, engagement and involvement
- Share information via our website and electronic bulletin, and display service information in our public spaces

Specifically for our [staff members](#), we will also, for example:

- Ensure they have timely access to information
- Ensure they know how to engage with and influence the development of the organisation
- Encourage them to stand as representatives on our Members' Council, promoting the roles and explaining responsibilities
- Increase the visibility of Members' Council representatives and support them in discharging their role, e.g. as freedom to speak up guardians.

8. Stakeholder considerations

We will be inclusive with all stakeholders, tailoring our approach as required. Key stakeholder groups which require specific consideration are captured in the following table, and an action plan will be developed to help achieve our ambition.

Audience	Ambition	Outcome
Public / communities	To work alongside our membership and local communities to increase understanding of and confidence in our services.	Increased understanding of services. An active core membership with a variety/ choice of ways to connect to our services and demonstrable influence over Trust development.

Partner organisations	To be seen as the partner of choice – both to work with and to commission.	Clear understanding of our offer and our position in the health and care system.
Staff side	To be an exemplar in the NHS and wider public sector for the way we work in partnership.	Staff side feel valued and report effective communication, engagement and involvement across the organisation.
GP providers	To be seen as the provider of choice for the services we provide.	Increased understanding of our services and how to refer. Reduction in number of 'inappropriate' referrals.
MPs	To implement a relationship management approach so that we are more proactive and co-ordinated in our dealings with MPs / MP offices.	Increased understanding of our services. Reduction in reactive formal customer services enquiries.

9. Next steps and governance arrangements

This strategy will be agreed at Trust Board and delivered through our executive management team. The director of marketing, communication and engagement is accountable for delivery.

Implementation of the strategy will see involvement from teams across the organisation, including those led by the director of corporate development and the director of HR, OD and estates.

Annual action planning will set the detail of how objectives will be met, along with clear, measurable targets for each year of the strategy.

10. Evaluation and review

This strategy will be evaluated in summer 2019 and updated in October 2019. Progress will be monitored on a regular basis via the development and delivery of annual action plans.

11. Quality and equality impact assessment

From a quality perspective, in approving this strategy our executive management team has confirmed that it:

- Will help improve service user experience
- Will help reduce harm
- Will help us to be more effective
- Is aligned to our mission and values
- Is aligned to our system intentions
- Is ambitious.

An equality impact assessment has been undertaken, and can be found in Appendix 12.3.

12. Appendices

12.1. Appendix 1 – SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong working relationships with partner organisations • Good CEO visibility • New internal communication channels in place (e.g. The View, The Brief, the huddle) • Strong, co-produced visual identity • Business partnering arrangements in the marketing, communication and engagement team in place • Director of marketing, communication and engagement on the Executive Management Team and attends Trust Board • Increased internal expertise in marketing, media handling, and digital marketing • Improved staff wellbeing survey results • Strong partnership working with staff side • Growing number of volunteers • Reputation for being a values-based organisation • Alternative capacity models e.g. Creative Minds and Recovery College 	<ul style="list-style-type: none"> • Some basic processes lacking, e.g. contact database • Communicating and engaging with mobile workforce spread over numerous sites • Limited understanding of partner organisation views of the Trust • Often quite reactive, when a proactive approach would be more advantageous • Limited approach to recruitment marketing to help attract staff • Limited Board and senior management visibility • Variation in levels of service user and staff engagement across our services • Historical silo working • Sharing good practice and celebrating success • Lack of clarity around our brand proposition • Lack of influence over digital channels set up by services
Opportunities	Threats
<ul style="list-style-type: none"> • Growing our reputation for being a preferred partner in rapidly changing health economy • Changing external landscape • Income generation opportunities through advertising and sponsorship • Sharing good practice and celebrating success more widely to improve reputation • Proactive marketing to generate additional charitable funds • Using leadership and management development activity to support implementation of this strategy • Use alternative capacity models to generate additional income and further reputation • STPs – we can be seen as leaders in the system 	<ul style="list-style-type: none"> • Perception in some areas that we are solely a mental health trust • Diluted brand proposition due to our lack of identity • Lower levels of engagement with medical staff and staff in lower bands • Workloads and limits on resource • Increasing pressures on our services • Changing external landscape • Issue and crisis management • Financial pressures in system may create challenges to staff engagement and partnership working with staff side • Lack of strong market position impacts our ability to attract the right staff

12.2. Appendix 2 – Corporate communication channels

Channel	Summary	Audience
Face-to-face		
Weekly staff huddles	Monday morning info exchange hosted by chief executive, rotates around Trust sites	Open invite to all staff
Insight events	Specific topic focus – eg Insight into dementia, Creative Minds etc	Members
Listening events	Tailored to specific workstreams or events – eg strategy refresh, values	Members (staff / public), Partners
Board meetings	Monthly meetings held in public	All
Members' Council meetings	Quarterly meetings	Members
Annual members' meeting	Formal annual members' meeting, linked to showcase of activity	Members
External groups and committees	Wide range of established forums	Commissioners and partners
Staff events	Staff achievement day, focus groups, district / professional related internal events	Members (staff)
The Brief	Monthly information cascade that begins at Extended EMT	Members (staff)
MP meetings	Meetings/tours with chief exec / directors / staff	MPs
Service promotion activity	Public promotion of services – eg IAPT in supermarkets, Smokefree in colleges	Public
Digital/online		
Trust website	Main Trust website housing key information, publications, news	All
Intranet	Internal work tool, hosting information useful to staff – being given a facelift to allow more personalisation	Members (staff)
Service websites	Sites that are separate to main site eg Yorkshire Smokefree, Move More Doncaster	Service users and public
Twitter, Facebook, LinkedIn, Instagram	Corporate accounts on social media platforms, service managed accounts promoting the work of the Trust	All
NHS Choices	Service information on the national website	All
YouTube	Corporate information and service specific videos, includes video journalism, animations and flipagrams	All
i-hub	Online crowdsourcing platform	Members (staff)
Written word		
The Focus	e-newsletter of key news items and events sent to a mailing list monthly	Partners, MPs, GPs
The Headlines	Email to all staff every Monday with key news and practical information	Members (staff)
The View	Weekly email from chief exec, reflection on week	Members (staff)
Service/condition leaflets	A wide range of information developed by teams	Service users and carers
Posters/banner stands	Advising of events and opportunities as well as practical changes to process/opening times etc	Dependent on purpose
Annual report/quality	Formal corporate publications	All

account/equality report		
Board papers and strategies	Routine publication of official documents – hosted on website - media may review	All
Media/journals	Coverage of Trust news / innovation / research published in local media and professional journals	All
Media releases	Formal news releases and statements sent direct to journalists and published on our website	Media / public
Payslip email attachments	Information attached to electronic payslips – can include direct links to online information	Members (staff)
Direct mailing to members	Sent electronically to approximately three quarters of members - the rest sent by post	Members

12.3. Appendix 3 – Equality impact assessment

Date of assessment: 12/10/2016

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Communications, engagement and involvement strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?	<p>Our strategic aim for communication is to enable people to be well informed of what is happening at the Trust, and to facilitate two-way dialogue. This applies to all staff and stakeholders, including volunteers, unions, members, service users, carers, public, and partner organisations.</p> <p>Our strategic aim for engagement is to enable people to feel connected with the organisation and understand their role in influencing decisions and the services we provide. Again, this applies equally to all of our staff and stakeholders.</p> <p>Our strategic aim for involvement is to enable people to have a say and actively take part in shaping decision-making, service planning and delivery. This applies to all staff and stakeholders, including service users involved in their own care.</p> <p>Service users, carers, members, staff and other stakeholders will benefit from this strategy. We will specifically work with people with protected characteristics and associated organisations to ensure identified benefits are delivered .</p>
3	Who is the overall lead for this assessment?	<ul style="list-style-type: none"> • Director of marketing, communication and engagement • Director of corporate development • Director of HR, OD and estates
4	Who else was involved in conducting this assessment?	<ul style="list-style-type: none"> • Deputy director – corporate development • Head of marketing, communication and engagement • HR business partner
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?	<ul style="list-style-type: none"> • Staff - involved through listening events and wellbeing survey • Staff side - consulted as part of strategy development • Service user / carer / member views - gathered through service change engagement and through equality processes <p>Stakeholders will be involved through an externally commissioned survey, to be conducted in Qtr. 3 of 2016/17. The results of which will feed into action planning.</p> <p>The feedback will be used to inform the strategy – promote 2 way dialogue, improve connection to the organisation and enable participation in decision</p>

			making, service planning and delivery.
6	What equality data have you used to inform this equality impact assessment?		Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities. The makeup of our Trust membership and volunteers through individual self-declaration.
7	What does this data say?		Our local communities are diverse in many ways, supporting the need to make sure we understand our audiences and tailor our communication, engagement and involvement activities appropriately.
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact. The purpose of the strategy is to improve communication, engagement and involvement with all people who use, work in and take an interest in our services. Targeted action planning will address the needs of specific audiences and we will work with communities, including people with protected characteristics, to share information and work in ways that meet their needs and preferences.
8.1	Race	No	Rationale as set out above
8.2	Disability	No	Rationale as set out above
8.3	Gender	No	Rationale as set out above
8.4	Age	No	Rationale as set out above
8.5	Sexual orientation	No	Rationale as set out above
8.6	Religion or belief	No	Rationale as set out above
8.7	Transgender	No	Rationale as set out above
8.8	Maternity & Pregnancy	No	Rationale as set out above
8.9	Marriage & civil partnerships	No	Rationale as set out above
8.10	Carers (Our Trust requirement)	No	Rationale as set out above
9	What monitoring arrangements are you implementing or already have in place to ensure that this		Current governance processes include monitoring of complaint themes, EDS2 indicators, PLACE reviews including service users, 15 steps visits. Overview of

Trust Board 25 October 2016

Agenda item 9.1

Title:	Integrated performance report
Paper prepared by:	Director of Finance
Purpose:	To provide the Board with the Integrated Performance Report (IPR) for September and Quarter 2, 2016.
Mission/values/objectives	All Trust objectives.
Any background papers/ previously considered by:	Draft IPR has been taken to and discussed at the Executive Management Team (EMT).
Executive summary:	<ul style="list-style-type: none"> Report has been updated to include both the quality and finance reports Each metric has a designated owner and is aligned to strategic objective and CQC domain Governance risk rating remains green and finance risk rating is 4. This is the final month of reporting against these risk ratings as the Single Oversight Framework become effective from October 1st <p>Quality</p> <ul style="list-style-type: none"> A number of specific risks relating to CQUIN achievement have been identified and focussed action plans are in place to improve our ability to deliver Number of reported incidents remained broadly the same each month in Q.2 at 1100-1200 per month Five serious incidents reported in September; 4 of which were apparent suicides and 1 of which was actual harm with suicidal intent Friends & Family Test demonstrates that 97% would recommend Trust Community Services and 65% would recommend Mental Health Services Average staff fill rates were 108% in September 72% of CQC must do actions have either been completed or are on track to be completed within the agreed timescales. Increased focus is being applied to other actions to ensure they are also delivered <p>NHSI Indicators</p> <ul style="list-style-type: none"> All NHSI indicators are currently being achieved Improvement in IAPT access continues to show improvement with the 75% treatment within 6 week threshold being achieved. The actual percentage for Q2 was close to 84% <p>Finance</p> <ul style="list-style-type: none"> Net pre Sustainability & Transformation Funding (STF) deficit of £0.4m in the month driven by redundancy provision required following

	<p>the de-commissioning of a number of Health & Wellbeing services in Wakefield and an increase in the use of out of area bed placements</p> <ul style="list-style-type: none"> • Year-to-date pre STF surplus of £0.7m which is marginally ahead of plan • Full year pre STF surplus forecast remains at £0.5m, but with greater challenge • Whilst agency spend reduced by £0.1m in the month it remains well above both ceiling and forecast. Cumulatively agency spend is now £5.2m, which is in breach of our full year ceiling. There was also increased expenditure on out of area bed placements during September. • Cost improvements delivery to date of £4.7m, which net of contingency is £0.3m lower than plan. Specific issues relate to the use of out of area bed placements and a range of other trust wide schemes. • Cash reduced to £26.2m in the month, which is £2.3m lower than plan
Recommendation:	Trust Board is asked to REVIEW the performance information provided and DISCUSS any issues arising from it.
Private session:	Not applicable.

Integrated Performance Report

Strategic Overview



September 2016

With **all of us** in mind.

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Introduction

Please find the Trust's Integrated Performance Report for September 2016. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. This month, a further piece of work has been undertaken to include the previously identified additional quality metrics and performance against these is now included in the quality section of the report. The report now is more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is to build more flexibility and depth into the report that can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated.

The development of this report has been discussed with non-executive director representatives and it is proposed that the reporting format remains in line with this report for circa 6 months. It is recognised that for future development stronger focus on outcomes is required and a clearer approach to monitoring progress against Trust objectives would be beneficial.

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 and will contribute towards streamlining the number of different reports that the board receives.

The Trusts three strategic objectives are:

- Improve people's health and reduce health inequalities
- Improve the quality and experience of care
- Improve our use of resources

Performance is reported through a number of key performance indicators (KPIs). KPIs provide a high level view of actual performance against target. The report has been categorised into the following areas to enable performance to be discussed and assessed with respect to:

- Strategic Summary
- NHS Improvement (formerly Monitor)
- Quality
- Locality
- Transformation
- Finance
- Contracts
- Workforce

The report will continue to 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

Performance reports are available as electronic documents on the Trust's intranet and allow the reader to look at performance from different perspectives and at different levels within the organisation. Our integrated performance strategic overview report is publicly available on the internet.



Section	KPI	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Year End Forecast
NHS Improvement Compliance	NHS Improvement Governance Risk Rating (FT)	Green	Green	Green	Green	Green	Green	Green							Green
	NHS Improvement Finance Risk Rating (FT)	4	4	4	4	4	4	4							4
CQC	CQC Quality Regulations (compliance breach)	Green	Green	Green	Green	Green	Green	Green							Green

Lead Director:

Narrative:

The integrated performance report shows a good performance rating, with achievement of all of the NHS Improvement indicators during September 2016. Correlation of quality information (including patient experience and safety related measures), performance, finance, workforce and health and safety information has taken place and did not identify any significant areas of concern other than those identified below. Effective from October NHSI will monitor all Trusts using a new single oversight framework. Work is currently taking place to assess risk against a September baseline and the outcome of this will be reported next month. This is therefore the final time the compliance against governance and finance risk ratings will be reported on the current basis

Areas to Note:

- A number of specific risks relating to CQUIN achievement have been identified and focussed action plans are in place to improve our ability to deliver
- Number of reported incidents remained similar to previous months at 1100-1200 per month
- Five serious incidents reported in September; 4 of which were apparent suicides and 1 of which was actual harm with suicidal intent
- Friends & Family Test demonstrates that 97% would recommend Trust Community Services and 65% would recommend Mental Health Services
- Average staff fill rates were 108% in September
- 72% of CQC must do actions have either been completed or are on track to be completed within the agreed timescales. Increased focus is being applied to other actions to ensure they are also delivered
- NHS Improvement - risk previously associated with achievement of the IAPT referral to treatment within 6 weeks indicator has again, further reduced at the end of September. The Trust achieved 76% in quarter 1, 83.8% July 16, 81.3% at the end of August 16, 86.2% at the end of September 16 with an overall figure of 83.6% for quarter 2, therefore continuing to meet the 75% threshold. Performance in Barnsley has improved and now reports above the 75% threshold.
- Workforce - higher sickness levels can be seen in Calderdale and Kirklees, Forensic and Specialist BDUs during September 16 - with each BDU continuing to report above 5%. Further detail can be seen in the workforce section of the report.
- Achieving Better Access to Mental Health Services by 2020 - Access Targets for Early Intervention for Psychosis and Improving Access to Psychological Therapies - The Trust continues to achieve against all the national thresholds.
- The Trust continues to perform well against the national standards for 18 weeks referral to treatment for applicable services. Detail of performance can be seen in the NHSI section of the report.
- September's financial performance was weak largely due to the recognition of redundancy costs associated with de-commissioned health & wellbeing services and an increase in the use of out of area bed placements
- The pre Sustainability Transformation Fund (STF) deficit in September was £0.4m meaning the cumulative position is a surplus of £0.7m, which is in line with plan.
- The most significant risks which could impact the year-end position unless mitigating actions are taken relate to out of area bed placements, CQUIN achievement, and agency staff costs



Quality Headlines (& CQUINS performance on a quarterly basis)

As identified in previous months, work has been undertaken to identify additional quality metrics. These have now been included and will be reported against from September 16 onwards.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Year End Forecast Position *
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	3	0	0	0	0	0	0	0	0	4
C-Diff	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	0	0	4
Outcomes	% SU on CPA in Employment	Health & Wellbeing	Responsive	DS	10%	7.2%	7.6%	7.4%	7.3%	6.9%	7.0%	7.2%	7.0%	6.7%	7.2%	1
	% SU on CPA in Settled Accommodation	Health & Wellbeing	Responsive	DS	60%	64.4%	62.8%	64.1%	62.3%	60.0%	67.9%	64.6%	65.8%	67.0%	64.6%	4
Complaints	% Complaints with Staff Attitude as an Issue	Quality & Experience	Caring	DS	< 25%	14% 23/179	13% 20/156	14% 20/140	15% 31/211	8% 4/53	23% 12/53	11% 7/62	8% 4/52	9% 4/45	6% 4/65	4
Service User Experience	Friends and Family Test	Quality & Experience	Caring	DS	80%	89.0%	91.0%	88.8%	87.2%	85.0%	84.0%	82.0%	85.7%	88.7%	82%	4
Quality	Total number of reported incidents	Safety Domain	Quality and Experience	TB	N/A	To be included from October									1087	N/A
	Total number of incidents resulting in severe harm and death	Safety Domain	Quality and Experience	TB	N/A	To be included from October									9	N/A
	Total number of incidents resulting in moderate or severe harm and death	Safety Domain	Quality and Experience	TB	N/A	To be included from October									30	N/A
	MH Safety thermometer - Medicine Omissions	Safety Domain	Quality and Experience	TB	17.7%	To be included from October									19.6%	3
	Safer staff fill rates	Safety Domain	Quality and Experience	TB	90%	To be included from October									109.3%	4
	Safer Staffing % Fill Rate Registered Nurses	Safety Domain	Quality and Experience	TB	80%	To be included from October									91%	
	Number of pressure ulcers (attributable) ^a	Safety Domain	Quality and Experience	TB	TBC	To be included from October									32	
	Number of pressure ulcers (avoidable) ^b	Safety Domain	Quality and Experience	TB	TBC	To be included from October									2	
	Complaints closed within 40 days	Responsive	Health & Wellbeing	DS	TBC	To be included from October									8	
	Complaints closed over 40 days	Responsive	Health & Wellbeing	DS	TBC	To be included from October									13	
	Referral to treatment times	Responsive	Health & Wellbeing	DS	TBC	KPI under development										
	Un-ouctomed appointments	Effective	Quality and Experience	KT/SR	TBC	To be included from October									2.2%	
	Data completeness	Effective	Quality and Experience	KT/SR	TBC	KPI under development										
	Number of Information Governance breaches	Effective	Quality and Experience	MB	TBC	To be included from October									35	
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Caring	Quality and Experience	AD	N/A	To be included from October									79.26%	N/A
	Staff FFT survey - % staff recommending the Trust as a place to work	Caring	Quality and Experience	AD	N/A	To be included from October									65.19%	N/A
	Number of compliments received	Caring	Quality and Experience	DS	TBC	To be included from October									26	

* See key included in glossary

a - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary

b - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage



Quality Headlines (& CQUINS performance on a quarterly basis)

Work has been undertaken to identify the key quality measures to report both monthly and quarterly to EMT and Trust Board. These metrics are now available in the report in the table above and reporting commences from September 16 onwards where data is available (please, note not all data items are available at the time of report, these will be added next month). There are a few areas that require additional development; these relate to:

- Referral to Treatment waiting times - we are anticipating some national guidance on this during November for CAMHS services. We will align our reporting to this.
- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.
- Some of these KPIs are new and once we have some baseline data, we will identify a threshold and forecast trajectory.

Historically we have not reached the target in achieving 10% of CPA service users in employment and the current trajectory does not suggest this will be achieved at the year end. The indicator parameters only include clients on CPA within the age range 18-69 years old. The Trust is currently undertaking a pilot project in Barnsley covering all mental health service users (regardless of CPA status or age) which is focusing on employment, volunteering and training. Focus will also be placed on the collection of this data for all adults to align to the NHSI Single Oversight Framework; the baseline for this is currently being identified.

NHS Safety Thermometer - Medicines Omissions – this is an indicator within the CQUINS for the west and has been identified as at risk of achievement. Detail of the issues behind this can be seen in the CQUIN section below.

Commissioning for Quality and Innovation (CQUIN)

The Trust is due to submit the quarter 2 returns at the end of October 16. Data is currently being compiled for these submissions, further detail will be available in next month's report related to quarter 2 performance.

Assessment of Risk for 16/17

Indicator	Ref	KPI	RAG Rating	Reason for Loss	Actions in place
Improve the health and wellbeing of NHS Staff (National CQUIN)	1c	Improving the uptake of flu vaccinations for frontline clinical staff		Q3: Uptake in Vaccinations. SWYPFT need to get between 65%-74% of front line staff vaccinated to receive half of the income associated with this indicator.	<ul style="list-style-type: none"> • Weekly updates are being put in place to both monitor the RAG rating position and identify any potential hot spot areas for targeted works. • 69 peer vaccinators have been recruited and trained • Significant communications exercise undertaken • BDU Practice Governance Coaches and leads have been identified and take part in fortnightly meetings to ensure that the campaign is heavily promoted and details reach all staff members within BDUs.
Improving physical healthcare to reduce premature mortality in people with severe mental illness (National CQUIN)	2a	Cardio Metabolic Assessment and treatment for patient with psychosis		Q4 Outcome of Audit Partial Achievement to be expected across all BDUs	<ul style="list-style-type: none"> • Continuing to share learning across the Trust from areas that have established clinics. • Continuing to promote the physical health checks to the 'target group' initially but then roll out to wider population. • Literature being shared with teams to share with SU. • Training up of workforce in undertaking checks.
	2b	Communication with General Practitioners		Q2 Local Audit A realistic achievement of between 50-65% has been placed in this indicator across the BDUs	<ul style="list-style-type: none"> • Continuing to share learning across the Trust • PGCs and CQUIN leads working with team leaders embedding standards in practice – focus on hospital discharge / medical care planning. • Easily accessible and usable literature / practice guidance. • Regular BDU tracker meetings and team structures, supervision and audit. • Scrupulous preparation for Q2 audit.
Recovery & Progress (Local CQUIN across all BDUs)	3a	MH Clustering - Adherence to Red Rules		Q2 and Q3 Predicted that all BDUs will not meet target.	<ul style="list-style-type: none"> • Barnsley: Trust wide coordinator meeting with the experts within the teams to identify training and who is requiring the update by the Trust lead. Sending the new monthly dashboard
	3b b	Review of Service Users and Clusters (4-17)		Q2 and Q3 Predicted that all BDUs will not meet the target.	<ul style="list-style-type: none"> • Calderdale/Kirklees: Practice Governance Coaches supporting and targeting teams/HCP that are underperforming. Trust wide coordinator being present within teams and targeting HCPs.
Care Plans (Local CQUIN West)	4	Care Planning - Quality of Care Plans		Q2 and Q4 Local Audits Targets of 80% & 85% respectively to be achieved. Partial achievement expected across all BDUs.	<ul style="list-style-type: none"> • Continuing to share learning across the Trust • Practice Governance Coaches and CQUIN leads working with team leaders embedding standards in practice. • Easily accessible and usable literature/practice guidance. • Regular BDU tracker meetings and team structures, supervision and audit. • Scrupulous preparation for Q2 audit.
NHS Safety Thermometer (Local CQUIN West)	5b	Reduction in Medicine Omissions for inpatients		Q3 and Q4 Predicted that BDUs will not meet required reduction.	<ul style="list-style-type: none"> • Internal support by Trust wide coordinator and pharmacy across the organisation.

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Quality Headlines (& CQUINS performance on a quarterly basis)

Safety First

Summary of Q1 incidents compared to July, August, September 16/17

Summary of Incidents	Q1	Jul-16	Aug-16	Sep-16
Green No Harm	2136	721	678	620
Green	976	309	296	338
Yellow	297	100	105	112
Amber	81	21	25	27
Red	10	4	11	5
Total	3500	1155	1115	1102

During September, incident reporting remains at similar levels to previous months. Reporting levels are an important indicator of a positive safety culture. The breakdown of incidents by BDU was as follows: Wakefield (232), Kirklees (215), Forensic (209), Barnsley General Community (159), Calderdale (99) Barnsley Mental Health (94) Specialist service (85) Trust wide (9)

No never events reported in September.

Summary of SIs reported in Q1, compared with July, August, September 16/17

	Q1	Jul-16	Aug-16	Sep-16
Apparent Suicide	5	1	4	4
Information disclose in error	2	0	0	0
Death - other cause	1	0	0	0
Formal patient absent without leave	0	1	0	0
Physical violence (contact made) against other by patient	1	0	0	0
Physical violence (contact made) against staff by patient	1	0	0	0
Self harm (actual harm) with suicidal intent	1	0	0	1
Slip, trip or fall - patient	1	0	0	0
Pressure Ulcer grade 3	1	0	0	0
Total	13	2	4	5

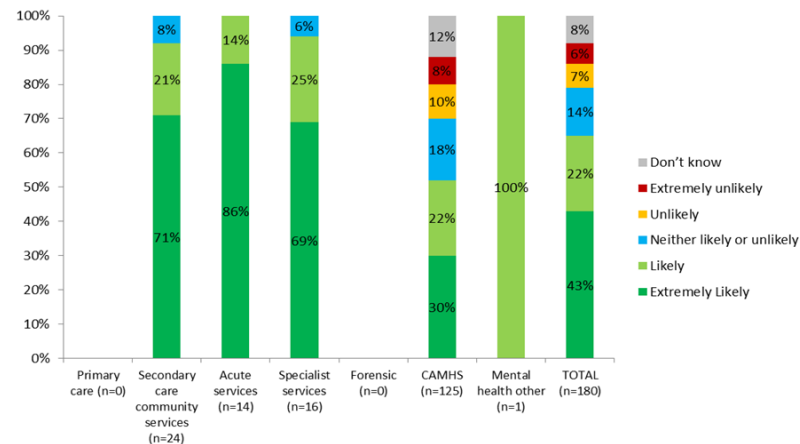
Mortality Review Training – Work continues with Mazars to improve reporting and review arrangements. Training has been arranged for mortality reviews on 2/12/16. BDUs are being asked to release clinical staff for training.

Patient Experience

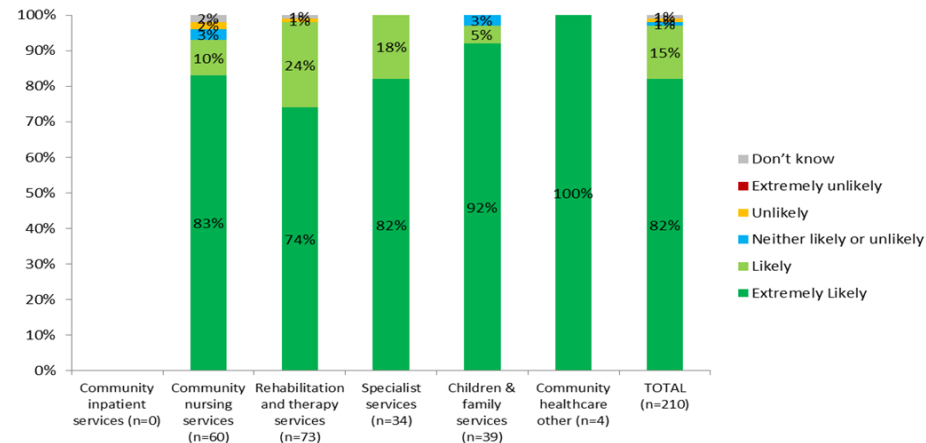
Friends and family test shows

- This information is supplemented by the Customer services report for Q2
- Community Services – 97% would recommend Trust community services.
- All service lines continued to achieve 74% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services –65% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 30% (CAMHS) and 100% (Mental Health Other)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services

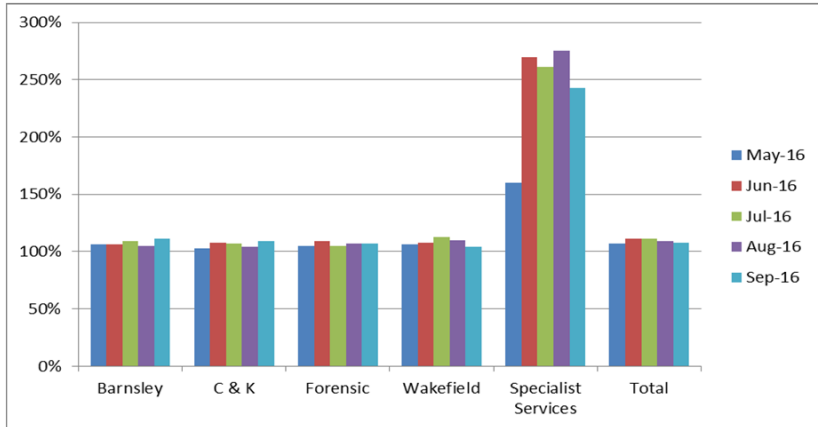




Quality Headlines (& CQUINS performance on a quarterly basis)

Safer Staffing

Over Fill Rates for the Last 5 Months



The number of wards who are achieving 100% and above has remained consistently above 60%. Exception reporting for staffing below 80% fill rate for registered staff, and below 90% fill rate overall staffing remains in place. The exception reports provide explanation as to why staffing levels were low, how the situation was managed, what impact it may have had on patient care and how it could be prevented in the future. Where planned levels were not met, contingency plans were put into place. Within several areas the rates continue to be achieved through the usage of Non- Registered staff in Registered vacancies. There continues to be high levels of acuity which increases the levels of observation required. This factor, plus two bespoke care packages, accounts for the high fill rates in specialist services. There has been a decrease in the overall levels of reporting of inappropriate skill mix however Wakefield acute services remain a significant challenge. The reduced bed capacity is mitigating the position and remains under regular review as new recruits enter the service.

Staff Bank Centralisation

The Trust staffing bank has now been centralised to increase capacity of supplementary staff and improve efficiency and effectiveness of securing additional staff in time of need. The staff bank operates between 7am and 7pm week days and 9 until 3.30pm on weekends.

Average Fill Rate by BDU

Average Fill Rate	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Barnsley	106%	106%	109%	105%	111%
C & K	103%	108%	107%	104%	109%
Forensic	105%	109%	105%	107%	107%
Wakefield	106%	108%	113%	110%	104%
Specialist Services	160%	270%	261%	275%	243%
Grand Total	107%	111%	111%	109%	108%



Quality Headlines (& CQUINS performance on a quarterly basis)

Duty of Candour

There are now regular monthly sessions for purely Duty of Candour (DoC) and DoC and Datix. Bespoke training is also offered.

Care Quality Commission

The following table shows the Trust's progress to date against the findings from the CQC action plan.

	MUST (n =33)	SHOULD (n=59)
Under review	0	1 (2%)
Completed	9 (28%)	32 (50%)
On track	10 (31%)	14 (22%)
Amber/Green	4 (13%)	8 (12%)
Amber/Red	8 (25%)	8 (12%)
Red	1 (3%)	1 (2%)

NB - See Key in glossary for RAG rating definition.

CQC Action Plan Progress

- Meeting with the CQC confirmed that our action plan has been approved and any revisits will focus on the regulatory breaches "must dos". There is an opportunity for a ratings review if the actions can be completed and approved by the CQC within 6 months of our publication date 23.6.16. Where our action plan indicates completion the CQC may conduct unannounced inspections and we have the opportunity to invite them to re-inspect when we feel appropriate. Our approach is being reviewed internally and is subject to a discussion at our next CQC relationship meeting on the 9th November.
- Any impact resulting from delay in meeting planned timescales has been assessed to ensure that safety and quality is maintained.
- Key issues in relation to delivering against the action plan are as follows :-
 - Clinic room reviews
 - Ongoing RiO issues
 - Recording of consent and capacity assessments

Action plan progress continues to be monitored through the clinical governance group and reported into EMT where any items requiring escalation are reviewed and actioned.

Clinical Supervision

Alison Hill, Practice governance Coach in Barnsley is leading on work to develop a trust wide database for staff supervision (clinical and safeguarding). The system requires all staff who are providing clinical and safeguarding supervision to be on a register online and supervision activity across the Trust will be recorded centrally. The system will allow a workforce performance wall to be created with centrally reported supervision information to Trust board from January 2017.

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NHS Improvement (was Monitor) considers the ability of NHS foundation trusts to meet selected national standards for access and outcomes to be an important indicator of the effectiveness of the organisation's governance. Performance against the measures that are applicable to us is undertaken locally on a monthly basis and reported externally to NHS Improvement on a quarterly basis.

KPI	Objective	CQC Domain	Owner	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Q1 16/17	Q2 16/17	Year End Forecast Position *	Trend
					%													
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.4%	98.8%	98.8%	98.1%	97.8%	98.0%	99.1%	98.4%	95.9%		98.2%		4	
Delayed Transfers Of Care	Health & Wellbeing	Responsive	SR/KT	7.50%	2.0%	1.9%	2.9%	2.3%	4.0%	1.9%	2.3%	2.4%	2.4%	2.8%	2.1%	2.6%	4	
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	95.5%	97.3%	95.7%	98.3%	96.8%	96.8%	97.1%	95.7%	100.0%	100%	96.9%	99.3%	4	
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	98.7%	98.0%	95.5%	97.4%	95.1%	96.6%	98.6%	96.2%	100.0%		96.7%		4	
% SU on CPA Having Formal Review Within 12 Months	Health & Wellbeing	Safe	SR/KT	95%	97.9%	98.4%	98.6%	96.6%	96.1%	82.3%	98.2%	98.2%	96.4%	98.2%	98.2%	98.2%	4	
Data completeness: comm services - Referral to treatment information	Health & Wellbeing	Responsive	SR	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	4	
Data completeness: comm services - Referral information	Health & Wellbeing	Responsive	SR	50%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	4	
Data completeness: comm services - Treatment activity information	Health & Wellbeing	Responsive	SR	50%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	96.8%	4	
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT	97%	99.6%	99.5%	99.5%	98.5%	98.8%	98.4%	98.1%	98.8%	99.8%	99.7%	98.1%	99.7%	4	
Data completeness: Outcomes for patients on CPA	Health & Wellbeing	Safe	SR/KT	50%	77.6%	77.0%	78.6%	75.6%	75.7%	75.1%	77.5%	78.1%	77.8%	77.2%	77.5%	77.2%	4	
Compliance with access to health care for people with a learning disability	Health & Wellbeing	Responsive	CH	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	Compliant	4	
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	77.8%	75.9%	71.6%	70.5%	74.0%	74.2%	80.0%	83.8%	81.3%	86.2%	76.1%	83.6%	4	
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	99.1%	99.1%	99.4%	98.1%	98.6%	98.4%	99.2%	99.6%	99.0%	99.2%	98.9%	99.3%	4	
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	N/A	N/A	85.2%	86.0%	73.9%	78.3%	80.0%	83.3%	93.8%	73.1%	77.5%	82.0%	4	

* See key included in glossary.

Narrative:

Areas of concern/to note:

- IAPT - Treatment within 6 weeks of referral: Performance continues to show an upward trend and is above threshold for the fourth consecutive month at a Trust wide level. The Barnsley IAPT service has had issues in achieving the target as previously reported. This is mostly attributed to the number of Psychological Wellbeing Practitioner vacancies within the Barnsley team. The service has put mitigating actions in place to improve the waiting time and these are having a positive impact. On review of the waiting times for those entering treatment during September 79.9% entered within 6 weeks, this is a slight dip compared to previous months but continues to evidence improvement in current waiting times (April - 80.3%, May - 85.2%, June 86.8%, July, 87% Aug - 86%,). However, due to the construct of this indicator (counting those completing treatment), improvement to this level is taking time to filter through.
 - Max time of 18 weeks from point of referral to treatment - incomplete pathway: at the time of writing the report, this data is being finalised. No risk has been identified in achievement during September 2016, therefore this is on track to achieve at Q2.
 - % SU on CPA Followed up Within 7 Days of Discharge: at the time of writing the report, this data is being finalised. No risk has been identified in achievement during September, therefore this is on track to achieve at Q2.
 - Diagnostic Waiting Time: The Trust has not recorded any breaches of the 6 week standard to report during September 16. The weekly return introduced during July is applicable to the Trust's Dexta Scanning and Paediatric Audiology services (Barnsley BDU).
- No areas of risk are identified and the services consistently meet the requirements of 99% diagnostics within 6 weeks. The monitoring of the KPI will be added to the dashboard next month to allow the monitoring against the new NHSI Single Oversight Framework.

NHS Improvement expects NHS foundation trusts to establish and effectively implement systems and processes to ensure they can meet national standards for access to healthcare services. Performance against a number of these standards is included in the assessment of the overall governance of a trust. Breach of a single metric in three consecutive quarters or four or more metrics breached in a single quarter will trigger a governance concern.

Single Oversight Framework - From 1st October, providers' operational performance will be tracked against a number of NHS standards using existing nationally collected and evaluated datasets where possible. The Trust is currently undertaking a risk assessment against the new framework using September's data as a baseline guide for forecast achievement. A summary of this will be included in the November report.



This section of the report is to be developed during 2016/17 and populated with key performance issues or highlights as reported by each BDU.

Barnsley BDU:

- IAPT - under performance against % people moving to recovery and the proportion of people with depression/anxiety disorders receiving psychological therapies at the end of quarter 2. An issue has also been highlighted by Barnsley CCG relating to a discrepancy between the local reported data and the national IAPT minimum dataset. The issues are currently being investigated by the service.
- Delayed Transfers of Care - a continued reduction in DTOCs during September 2016. In addition, a piece of work has been undertaken with colleagues in the CCG and BMBC to map out the data flows to ensure that data relating to non NHS attributable delays is flowing to the correct channels to assist with reducing the length of delay.
- Mental health activity - some services are continuing to report issues with recording contact activity on RiO, the Trusts clinical information system. This may impact on the reported outturn for contract activity reporting, planning and forecasting for 17/18. The reasons behind this and impact are being investigated.

Calderdale & Kirklees BDU:

Increase in number of PICU out of area placements. Significant increase in month across all BDUs
All acute inpatient beds open and fully functional
IAPT service continues to achieve above trajectory
Delayed transfers of care in Calderdale Older Peoples services(Beechdale) above target. Main reason is the lack of suitable nursing home placements in Calderdale.

Forensics BDU:

- The Forensic BDU will be going out to advert for Band 4 Nursing Associate posts. We will have one per ward initially.
- Our well being survey was improved overall and the senior management team have developed an action plan which will be communicated with staff and rolled out.
- Continue to predict we will achieve all our CQUIN's across the BDU.
- Our recruitment drive across the BDU has been successful. All posts in Forensic CAMHS are recruited to and there are 8 staff nurse vacancies in Medium Secure and Low Secure but we have over recruited unregistered staff.
- Work on sickness continues.

Specialist BDU:

- There has been a significant improvement in the rate of completed appraisals. Although this currently remains below target, the new team structures provide increased management support and capacity which will support the completion of appraisals moving forward.
- The action plan to improve ethnic monitoring across CAMHS is underway to support the achievement of the Trust target by the end of November 2016.
- The Learning Disability service are working closely with HR business partners to address areas of concern with sickness and absence.
- Waiting lists in CAMHS, particularly for autistic spectrum disorder assessment remain a key priority for the service. The Clinical Governance Clinical Safety Committee receives routine detailed reports to monitor progress.

Wakefield BDU:

- Service moves into Wakefield and Pontefract Hubs from September to November – Considerable impact on systems and teams, but generally positive with all services prioritising and maintaining service delivery and support for service users.
- Urgent attention being given to address increase in out of area inpatient placements.

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Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

Performance Indicator		Objective	CQC Domain	Owner	Year to Date	Forecast	Narrative
1	NHS Improvement Risk Rating	Resources	Effective	MB	4	4	The Trust has planned for and delivered a risk rating of 4 in September 2016. Using existing methodology this is forecast to remain a rating of 4 at year end. This rating will be replaced in month 7 with the Use of Resources metric under the Single Oversight Framework.
2	Surplus	Resources	Effective	MB	£1.3m	£1.9m	Surplus to date is £0.7m pre Sustainability and Transformation Funding (STF) and £1.3m post STF. Delivery of the pre STF surplus ensures continued recovery of the STF which equates to £0.7m to date. There was a deficit position in month 6 largely due to provision for redundancy costs from decommissioned services. The forecast remains challenging and actions continue to ensure that this is secured.
3	Agency Cap	Resources	Effective	AD	£5.2m	£8.1m	Agency expenditure in September 2016 is £0.8m and has meant that the Trust has breached the agency cap set by NHS Improvement. Year to date this position is 82% over the NHSI cap profile.
4	Cash	Resources	Effective	MB	£26.2m	£21.6m	The Trust cash position is £2.3m less than plan at month 6 due to the level of accrued income and outstanding debtors. It is forecast that both will be resolved and the year end cash position is forecast to remain in line with plan.
5	Capital	Resources	Safe	MB	£4.7m	£12.4m	Capital expenditure is behind plan for September 2016; £0.3m excluding VAT reclaims. The forecast remains to spend in line with plan for the full year.
6	Delivery of CIP	Resources	Effective	MB	£4.7m	£9.1m	Year to date CIP delivery is £0.3m behind plan. Overall the forecast position includes £0.93m of red rated schemes. The forecast assumes that a number of key amber rated schemes will deliver during 2016 / 2017.
7	Better Payment	Resources	Effective	MB	97%		This performance is based upon a combined NHS / Non NHS value.

Red	Variance from plan greater than 15%
Amber	Variance from plan ranging from 5% to 15%
Green	In line, or greater than plan

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CQUIN

• CQUIN performance in Quarter One was below planned trajectory, but recoverable through clarification and negotiation. This has been the subject of further scrutiny and support by the Trust-wide CQUIN group and the Operational Management Group. In Quarter two a major programme of social marketing and more accessible clinics has begun to drive up the Flu Vaccine rate for the Trust, which will support CQUIN achievement. Full CQUIN delivery still remains challenging and the Trust-wide Operational Management Group is focused on driving delivery and ownership to ensure CQUIN delivery in line with our operational plan.

QIPP

• Specific QIPP schemes have been agreed with Wakefield CCG which address circa half of the annual planned value. These schemes are on track to deliver. Further conversations are planned with Wakefield CCG to identify specific schemes to address the remaining unidentified value. Negotiation stances for 17/18 with regard to QIPP have been clarified and recognise the Trust's broad contribution to system sustainability.

Key Contract Issues – Barnsley

- The MSK CAS team and the Memory Assessment team have been working with Barnsley CCG to resolve contract queries which have arisen in recent months.
- Multi-agency work is progressing towards the agreement of an 'MCP style' pathway based contract for Diabetes and Respiratory care, which is due to take effect in 2017/18
- Transition of 0-19 contract to BMBC took place as planned at 30/9/16. A small number of SLAs for supporting services to the 0-19 service has subsequently been put in place with small non-recurrent income benefits to the Trust.

Key Contract Issues – Calderdale

- Work is ongoing with commissioners and provider partners to secure a smooth continuation of CAMHS when the current contract ceases at 31/3/17. Planning assumptions regarding income remain intact.

Key Contract Issues – Kirklees

- Work is ongoing on a tender process to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017. Planned income assumptions for 16/17 remain intact.
- Smoking Cessation contract discussions with commissioners highlight future direction for services which will now be reflected in the 17/18 and 18/19 operational plan assumptions

Key Contract Issues- Wakefield

- Work is ongoing on a tender process to secure a smooth continuation of CAMHS within a wider 0-19 contract which is due to commence in April 2017. Planned income assumptions for 16/17 remain intact.
- Smoking Cessation contract discussions with commissioners highlight future direction for services which will now be reflected in the 17/18 and 18/19 operational plan assumptions

Key Contract Issues– Other

- Smoking cessation contracts in Rotherham and Doncaster and in Sheffield subject to commissioner requests for extension into 17/18, pending re-commissioning, which may impact on future income. Rotherham and Doncaster extension contingent on identification of commissioner savings.

Summary

Quality

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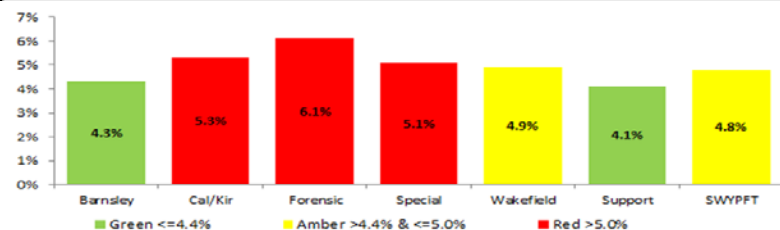
Finance / Contracts

Workforce

Workforce

Human Resources Performance Dashboard - September 2016

Sickness Absence

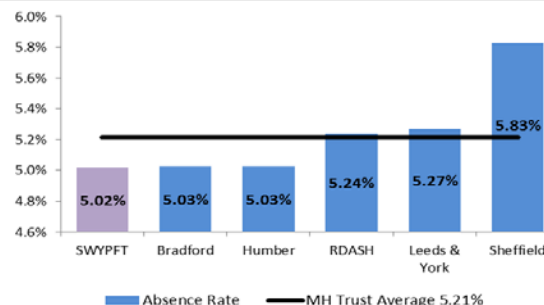


The above chart shows YTD sickness position to end August 16.

Current Absence Position - August 2016

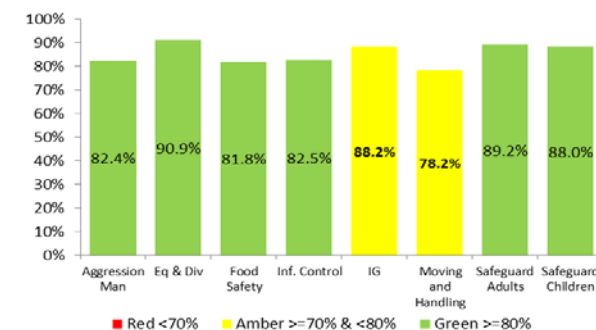
	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	5.1%	6.8%	4.7%	5.0%	4.3%	5.0%
Trend	↓	↑	↓	↑	↔	↑	↓

The Trust YTD absence levels in August 2016 (chart above) were above the 4.4% target at 4.8%.



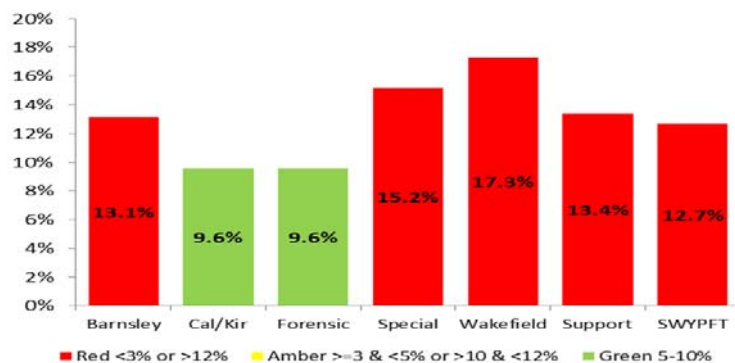
The above chart shows the YTD absence levels in MH/LD Trusts in our region for the 12 months to the end of March 2016. During this time the Trust's absence rate was 5.02% which is below the regional average of 5.21%.

Mandatory Training

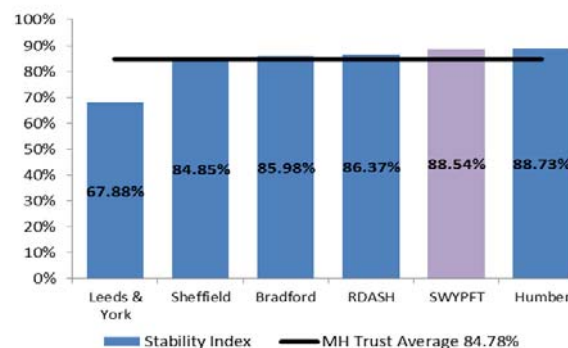


The above chart shows the mandatory training rates for the Trust to the end of September 2016. Information Governance (IG) has a target of 95%; the target for all other mandatory training is 80%. Only Moving&Handling and IG are currently below the target levels. All are based on a rolling year.

Turnover and Stability Rate Benchmark

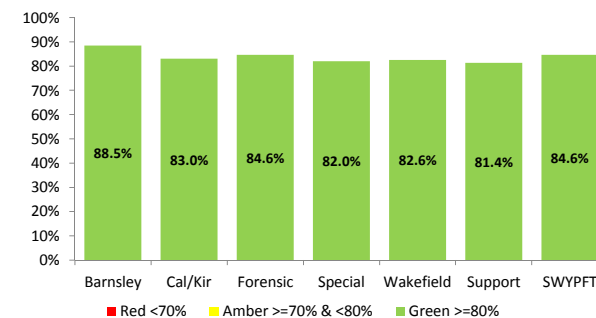


This chart shows the YTD turnover levels up to the end of September 2016. Family Nurse Partnership and 0-19 staff have been excluded from the above data.



This chart shows stability levels in MH Trusts in the region for the 12 months ending in April 2016. 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 Training Attendance



The chart shows the YTD fire lecture figures to the end of Sept 2016. The Trust continues to achieve its 80% target for fire lecture training, and all areas are now above the target level.

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Workforce - Performance Wall

Trust Performance Wall										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.5%	4.6%	4.7%	4.8%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	4.4%	4.8%	5.0%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.3%	20.1%	43.1%	56.7%	71.0%	81.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.1%	6.3%	14.1%	26.8%	44.3%	68.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	83.3%	82.6%	81.7%	80.8%	81.0%	82.4%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				62.0%	60.6%	63.2%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				28.2%	39.0%	41.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.8%	92.0%	91.5%	91.9%	91.7%	90.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.2%	83.2%	82.8%	84.5%	85.1%	84.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	78.4%	79.1%	80.0%	80.8%	82.2%	81.8%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.6%	83.4%	84.5%	84.8%	83.4%	82.5%
Information Governance	Resources	Well Led	AD	>=95%	93.6%	90.0%	89.9%	90.2%	89.2%	88.2%
Moving and Handling	Resources	Well Led	AD	>=80%	85.0%	84.4%	82.2%	82.2%	79.4%	78.2%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	89.0%	90.0%	90.1%	89.7%	89.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.4%	87.1%	88.0%	88.3%	88.2%	88.0%
Bank Cost	Resources	Well Led	AD		£463k	£370k	£434k	£434k	£512k	£605k
Agency Cost	Resources	Effective	AD		£805k	£842k	£925k	£791k	£989k	£833k
Overtime Costs	Resources	Effective	AD		£31k	£33k	£35k	£23k	£17k	£9k
Additional Hours Costs	Resources	Effective	AD		£87k	£60k	£68k	£78k	£52k	£48k
Sickness Cost (Monthly)	Resources	Effective	AD		£497k	£468k	£456k	£483k	£514k	£517k
Business Miles	Resources	Effective	AD		345k	321k	267k	286k	300k	273k

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Workforce - Performance Wall cont...

Notes:

Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.

Sickness

- The trust remains amber at 4.8%
- Calderdale & Kirklees (5.3%), Forensic (6.1%) and Specialist Services (5.1%) BDUs report the highest levels of sickness.

Vacancies (Non Medical)

- Barnsley continues to have the greatest number of vacancies at end of September 2016.
- Barnsley and Specialist BDUs have seen the greatest increase in vacancies (period Apr 16 to Sept16) - Specialist services have increased from 55.7wte to 76.8wte; Barnsley BDU have increased from 127.3wte to 173.9wte
- Follow up recruitment summit took place and identified a range of recruitment and retention measures
 - Identified the need to increase focus on retention and the importance of the health & wellbeing survey action plans emphasised
 - Explore international recruitment
 - Develop workforce plans in partnership with West Yorkshire Mental Health Trusts linked to universities
 - Development of medical and admin bank

Bank and Agency

- Agency and Bank utilisation above cap (reduction in Agency compared to last month)
- Centralised bank service gone live 12 September
- EMT reviewing impact of bank incentive scheme in inpatient areas, some evidence of impact
- Significant additional reporting requirements re agency expenditure to NHSI from October 24th

Health & Wellbeing Survey

- Results of the Health & Wellbeing survey being fed back and discussed with teams.
- Each team generating a Health & Wellbeing action plan

Mandatory Training

- The Trust is achieving above threshold for all areas with the exception of Information Governance (88.2%); Moving & Handling (78.2%) and Mental Health Act (MHA) training - compliance against MHA training will flow from Q3.
Cardiopulmonary resuscitation and clinical risk training are new measures and whilst these are currently showing as red, they are on a planned trajectory.
- Continued focus being placed on IG across the trust given recent ICO reportable incidents.

Publication Summary

Department of Health (DH)

Making a difference in dementia: nursing vision and strategy

This strategy sets out how nurses can provide high quality compassionate care and support for people with dementia, so they can live well with dementia within all care settings, including a person's own home. It aims to support all nurses to be responsive to the needs of people with dementia, continue to develop their skills and expertise, and achieve the best outcomes for people with dementia, their carers and families.

[Click here for strategy](#)

NHS England

Delivering the Forward View: NHS operational planning guidance for 2017/18 and 2018/19

This guidance aims to provide NHS trusts and commissioners with tools they need to plan for the years ahead. For the first time, the guidance covers two financial years, to provide greater stability, underpinned by a two-year tariff for NHS patients and a two-year NHS Standard Contract.

[Click here for guidance](#)

National Institute for Health and Care Excellence (NICE)

Multimorbidity: clinical assessment and management

This clinical guideline calls for a tailored approach to planning care when treating someone who has two or more long-term health conditions. It sets out ways to put patients with complex health issues at the heart of decisions about their care, including how to decide between different medicines and treatments. A database which summarises the benefits and adverse side effects of a number of common treatments has been created alongside the new guideline. It will help healthcare professionals work together with their patients to make joint decisions about their care.

[Click here for guidelines](#)

Department of Health (DH)

Out of area placements in mental health services for adults in acute inpatient care

The government has set a national ambition to eliminate inappropriate out of area placements (OAPs) in mental health services for adults in acute inpatient care by 2020 to 2021. This guidance is aimed at providers, commissioners and users of local adult inpatient acute mental health services in England. It is intended to support providers and commissioners in accurately monitoring and reducing their use of OAPs and to help providers submit accurate information on OAPs to national data collections.

[Click here for guidance](#)

Publication Summary cont....

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

Mental health services monthly statistics final June, provisional July 2016

Learning disability services monthly statistics commissioner census (assuring transformation), Aug 2016, experimental statistics

Improving Access to Psychological Therapies report, June 2016 final, July 2016 primary and most recent quarterly data (Q4 2015/16)

Diagnostic imaging dataset for May 2016

NHS sickness absence rates May 2016

Adult psychiatric morbidity survey: survey of mental health and wellbeing, England, 2014

NHS Provider bulletin: 28 September 2016

Provisional monthly Hospital Episode Statistics for admitted patient care, outpatient and accident and emergency data April 2016 - July 2016

Children and young people's health services monthly statistics, England – September 2015, experimental statistics

National confidential inquiry into suicide and homicide by people with mental illness (University of Manchester)

The state of health care and adult social care in England 2015/16 (Care Quality Commission)

Funding of mental health services: do available data support episodic payment? (Centre for Health Economics)

Referral to treatment waiting times data, August 2016

Early intervention in psychosis waiting times, August 2016

Diagnostic waiting times and activity, August 2016

Delayed transfers of care, August 2016

NHS provider bulletin: 12 October 2016



Finance Report

Month 6 (2016/2017)

Appendix 1



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With **all of us** in mind.

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The Trust currently completes a detailed return demonstrating current and future financial performance to NHS Improvement on a monthly basis. This is summarised, as per the Risk Assessment Framework, into a Financial Risk Rating and scored on a range of 0 to 4 (with 4 being the best rating possible).

As highlighted below current performance is either in line with or better than plan for all metrics. The forecast also illustrates the Trust expects to achieve a rating of 4 for the remainder of the year on this method of calculation. The calculation changes from month 7 with the introduction of the Single Oversight Framework (see next page).

	Financial Criteria	Weight	Metric	Actual Performance		Plan - Month 6	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	25%	Capital Service Capacity	4.9	4	3.6	4
	Liquidity	25%	Liquidity (Days)	17.1	4	13.2	4
Financial Efficiency	Underlying Performance	25%	I & E Margin	1.7%	4	1.2%	4
	Variance from Plan	25%	Variance in I & E Margin as a % of income	0.5%	4	-0.4%	3
Weighted Average - Financial Sustainability Risk Rating					4		4

Definitions

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

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

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

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

Risk Rating 4 - No evident Concerns

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

1.1 NHS Improvement Risk Rating - Use of Resources (Shadow)

With effect from month 7 (October 2016) the way that NHS Improvement assess financial performance and efficiency will change. This will be regulated under the Single Oversight Framework and the financial metric will be on the Use of Resources.

This retains the 4 existing metrics but adds a 5th to compare agency expenditure against the Trust agency ceiling (£5.1m for the full year).

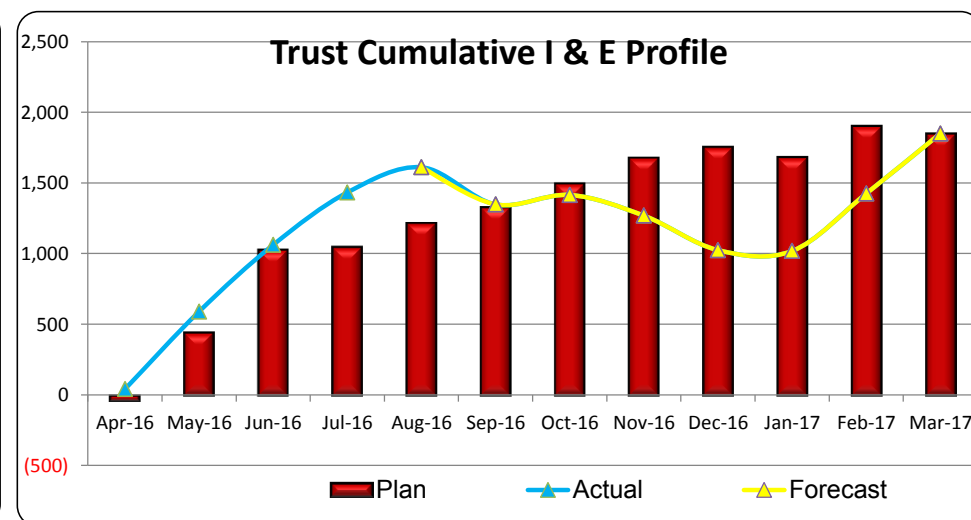
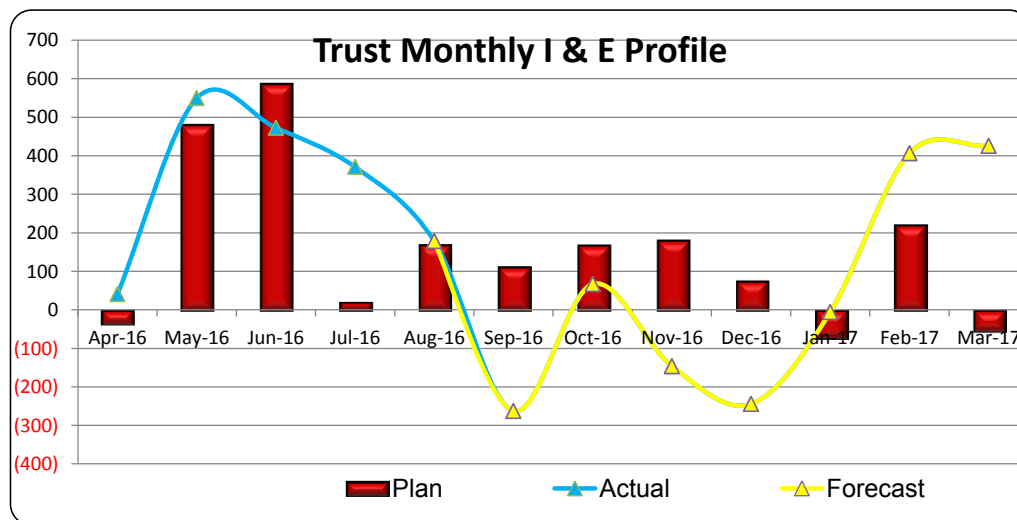
Additionally the Use of Resources metric changes the scoring regime. This is now rated from 1 to 4 with 1 being the highest possible weighted average score. NHS Improvement will use this score to inform which segmentation the Trust falls under and if any support is required.

	Financial Criteria	Weight	Metric	Actual Performance		Plan - Month 6	
				Score	Risk Rating	Score	Risk Rating
Continuity of Services	Balance Sheet Sustainability	20%	Capital Service Capacity	4.9	1	3.6	1
	Liquidity	20%	Liquidity (Days)	17.1	1	13.2	1
Financial Efficiency	Underlying Performance	20%	I & E Margin	1.7%	1	1.2%	1
	Variance from Plan	20%	Variance in I & E Margin as a % of income	0.5%	1	-0.4%	2
Agency Cap	Variance from Plan	20%	Agency Margin	82%	4	#N/A	#N/A
Weighted Average - Financial Sustainability Risk Rating					3	1	

Impact

The impact of the breach of the agency cap by more than 50% means that this metric scores 4. As a result any trust scoring 4 on a particular metric can only score a maximum of 3 overall.

Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,994	17,973	(21)	Clinical Revenue	107,867	107,723	(144)	211,767	211,602	(165)
				17,994	17,973	(21)	Total Clinical Revenue	107,867	107,723	(144)	211,767	211,602	(165)
				1,147	1,154	7	Other Operating Revenue	7,391	7,479	89	13,773	14,087	314
				19,141	19,126	(14)	Total Revenue	115,257	115,202	(56)	225,541	225,689	149
4,492	4,148	(344)	7.7%	(14,671)	(14,456)	215	Pay Costs	(88,598)	(87,059)	1,538	(172,981)	(172,400)	582
				(3,651)	(3,931)	(281)	Non Pay Costs	(21,976)	(22,137)	(161)	(43,118)	(44,712)	(1,593)
				263	(29)	(291)	Provisions	1,799	945	(854)	2,646	3,599	952
4,492	4,148	(344)	7.7%	(18,059)	(18,416)	(357)	Total Operating Expenses	(108,774)	(108,252)	522	(213,453)	(213,513)	(60)
4,492	4,148	(344)	7.7%	1,081	710	(371)	EBITDA	6,483	6,950	467	12,087	12,176	89
				(719)	(719)	0	Depreciation	(3,649)	(4,100)	(451)	(7,233)	(7,318)	(85)
				(257)	(257)	0	PDC Paid	(1,540)	(1,540)	0	(3,080)	(3,080)	(0)
				6	3	(4)	Interest Received	38	38	1	75	71	(4)
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,492	4,148	(344)	7.7%	112	(263)	(375)	Surplus / (Deficit)	1,332	1,348	16	1,850	1,850	(0)



Income & Expenditure Position 2016 / 2017

Trust Surplus Position (Pre and Post Sustainability and Transformation Funding)

The Trust year to date and forecast finance position including and excluding STF funding is highlighted below.

	Year to Date			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance
	£k	£k	£k	£k	£k	£k
Surplus (Excluding STF)	657	673	16	500	500	(0)
STF	675	675	0	1,350	1,350	0
Surplus - Total	1,332	1,348	16	1,850	1,850	(0)

Two key components need to be achieved in order to receive STF monies.

Financial Performance	591	591	0	1,181	1,181	0
Referral to Treatment	84	84	0	169	169	0
STF - Total	675	675	0	1,350	1,350	0

Month 6

The Trust is marginally ahead of plan at month 6 meaning that the STF monies are expected to be received for Quarter 2.

In month expenditure has been £375k more than plan due to a number of key components:

£215k	Pay underspends exceeding agency costs in month
(£402k)	Additional costs to purchase additional bed capacity. Additional analysis and deep dive being conducted.
£417k	Underspends in other non pay categories such as stationery and training costs
(£630k)	Redundancy implications arising from services decommissioned by local authorities
(£275k)	Redundancy implications to support the Trust CIP programme
£300k	Release of previous redundancy provision as no longer required
<u>(£375k)</u>	

Forecast

The Trust forecast position remains in line with plan of £0.5m surplus pre STF. This position remains challenging and requires delivery of a number of key assumptions. This includes successful implementation of amber rated CIP schemes and delivery of CQUIN schemes.

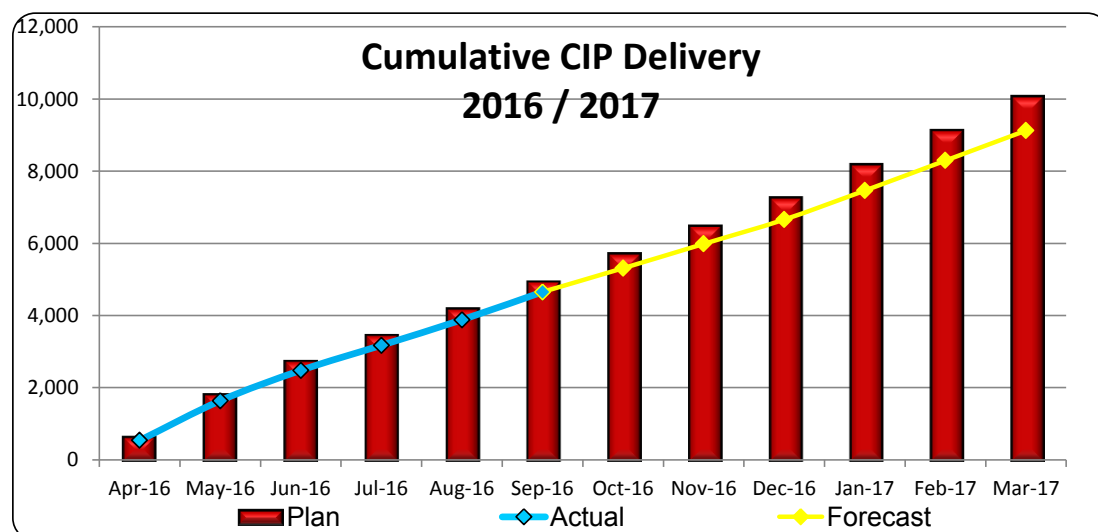
2.1

Cost Improvement Programme 2016 / 2017

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Recurrent	661	662	662	665	679	695	717	723	728	863	891	891	4,025	8,837
Target - Non Recurrent	9	509	259	49	49	49	49	49	49	49	49	49	926	1,223
Target - Monitor Submission	670	1,172	922	715	729	744	766	772	777	912	940	940	4,952	10,059
Target - Cumulative	670	1,842	2,764	3,479	4,207	4,952	5,718	6,490	7,267	8,179	9,119	10,059	4,952	10,059

Delivery as planned	452	1,446	2,147	2,686	3,232	3,862	4,430	5,008	5,585	6,363	7,168	7,974	3,862	7,974
Mitigations - Recurrent	0	6	9	14	18	22	26	30	34	38	42	46	22	46
Mitigations - Non Recurrent	84	185	323	473	630	768	854	947	1,040	1,061	1,083	1,105	768	1,105
Total Delivery	536	1,637	2,479	3,172	3,880	4,652	5,310	5,984	6,659	7,462	8,294	9,125	4,652	9,125

Shortfall / Unidentified	135	205	285	306	327	300	408	506	608	717	826	934	300	934
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The Trust identified a CIP programme for 2016 / 2017 which totals £10.1m. (£11.0m recurrent full year effect) This was subject to an external review.

The year to date variance has reduced from £324k in month 5 to £300k in month 6. However overall the forecast adverse variance has increased from £830k shortfall to £934k. This is due to projected delays in the targeted non pay reduction scheme.

The CIP programme continues to present a financial challenge in 2016 / 2017 and also recurrently into 2017 / 2018. New schemes are being identified as part of the current annual planning process and this risk will be considered within the overall plan.

3.0

Balance Sheet 2016 / 2017

	2015 / 2016 Plan (YTD)	Actual (YTD)	Note
	£k	£k	£k
Non-Current (Fixed) Assets	114,134	116,705	114,849
Current Assets			
Inventories & Work in Progress	190	190	190
NHS Trade Receivables (Debtors)	2,623	1,973	2,164
Other Receivables (Debtors)	7,541	5,542	8,037
Cash and Cash Equivalents	27,107	28,500	26,232
Total Current Assets	37,461	36,205	36,623
Current Liabilities			
Trade Payables (Creditors)	(6,430)	(6,880)	(6,588)
Other Payables (Creditors)	(3,481)	(3,481)	(3,141)
Capital Payables (Creditors)	(785)	(785)	(920)
Accruals	(8,576)	(10,476)	(8,711)
Deferred Income	(789)	(789)	(746)
Total Current Liabilities	(20,060)	(22,410)	(20,105)
Net Current Assets/Liabilities	17,401	13,794	16,518
Total Assets less Current Liabilities	131,535	130,500	131,367
Provisions for Liabilities	(10,017)	(8,327)	(8,501)
Total Net Assets/(Liabilities)	121,518	122,173	122,866
Taxpayers' Equity			
Public Dividend Capital	43,492	43,492	43,492
Revaluation Reserve	19,446	19,446	19,446
Other Reserves	5,220	5,220	5,220
Income & Expenditure Reserve	53,361	54,015	54,708
Total Taxpayers' Equity	121,518	122,173	122,866

The Balance Sheet analysis compares the current month end position to that within the annual plan. The previous year end position is included for information.

1. The value of fixed assets is less than plan as reflected by the current capital programme and the year to date depreciation charges.

2. NHS debtors are higher than plan primarily due to the Qtr 1 CQUIN invoices which have now been agreed, but remain unpaid. It is expected these will be paid in month 7.

3. Other debtors on the balance sheet consists of £2.9m accrued income, £2.1m prepayments and non NHS debtors £3.0m. This is the similar to last month although there is a reduction in accrued income as invoices have been raised.

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 13.

5. Creditors, whilst marginally lower than plan, are in line with historical levels. Due to the timing of invoices received capital creditors have increased in month 6 but have been paid in early October 2016.

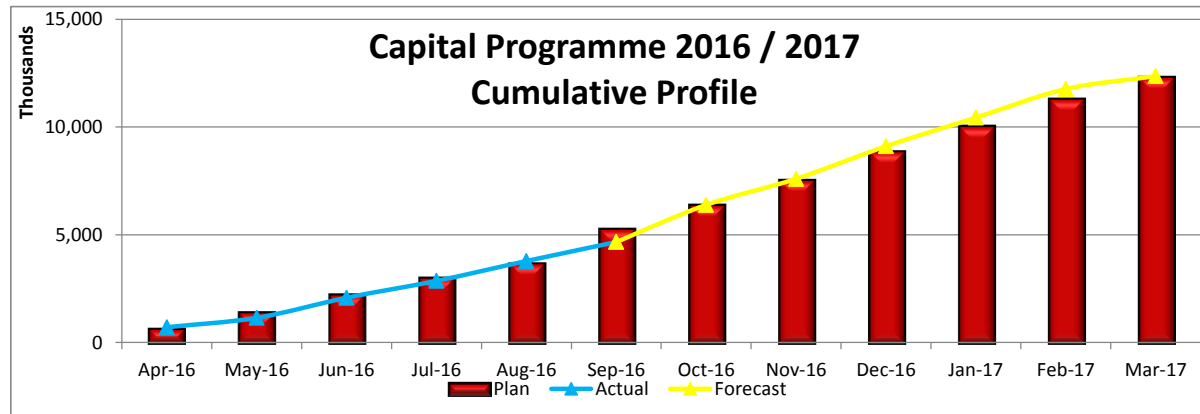
6. Accruals are lower than planned. This is mainly due to invoices being received from other NHS bodies which had been planned, based upon previous experience, to be received later in the year.

7. This reserve represents year to date surplus plus reserves brought forward.

3.1

Capital Programme 2016 / 2017

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	2,050	929	617	(312)	2,246	196	3
IM&T	1,210	641	151	(490)	1,178	(32)	4
Total Minor Capital & IM & T	3,260	1,570	767	(803)	3,425	164	
Major Capital Schemes							
Pontefract Hub	1,795	1,761	1,847	86	1,939	144	6
Wakefield Hub	735	558	382	(176)	790	55	6
Fieldhead Non Secure	4,725	922	1,567	645	4,829	104	5
Fieldhead Development	1,300	150	7	(143)	1,092	(208)	
Other	498	348	405	57	595	97	
Total Major Schemes	9,053	3,739	4,208	469	9,244	191	
VAT Refunds	0	0	(312)	(312)	(312)	(312)	2
TOTALS	12,313	5,309	4,664	(645)	12,357	44	

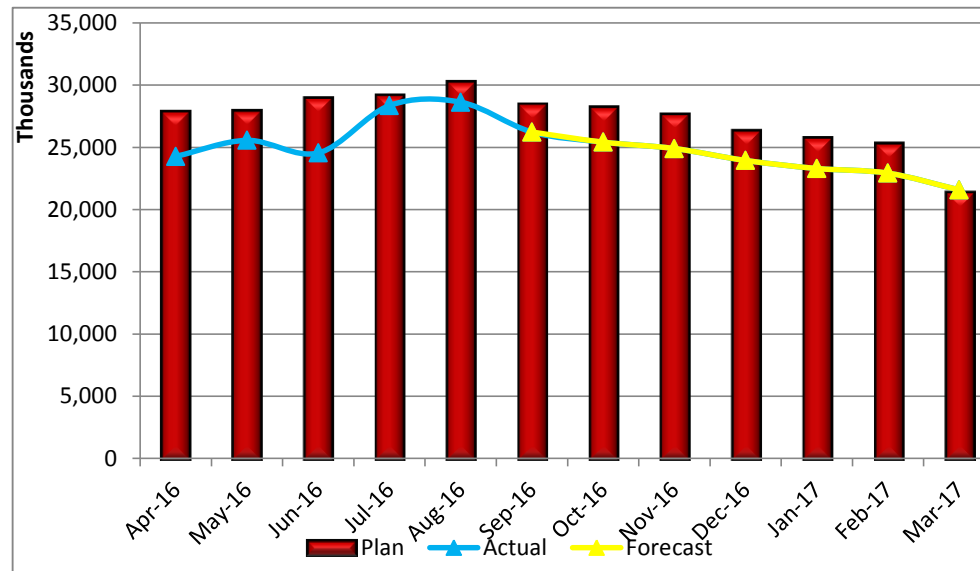


Capital Expenditure 2016 / 2017

1. The Trust capital programme for 2016 / 2017 is £12.3m and schemes are guided by the Trust Estates Strategy.
2. The year to date position is £0.6m behind plan (12%). Excluding the benefit arising from successful VAT recovery agreed with HRMC this would be £0.3m behind plan (6%).
3. The main minor works scheme behind plan relates to Fieldhead site generator which is now planned to complete in Qtr4. New schemes identified in year mean that the forecast is higher than the original plan. These will need to be effectively prioritised so plan is not exceeded.
4. The IM&T capital programme is on plan to deliver; current underspend on the IM&T capital is due to undertaking review of requirements with suppliers and ensuring we obtain competitive quotes for the work required. These areas of work are coming to a conclusion and the Trust will be placing orders for work over the next couple of months which will bring the projected expenditure back in line.
5. Based upon estimates received from our P21+ partner expenditure is currently ahead of plan. These estimates are being validated alongside the current scheme forecast and trajectory.
6. Pontefract hub is now open and final costs are being confirmed. Wakefield hub will be complete in Quarter 3.

3.2

Cash Flow & Cash Flow Forecast 2016 / 2017



	Plan	Actual	Variance
	£k	£k	£k
Opening Balance	27,107	27,107	
Closing Balance	28,500	26,232	(2,268)

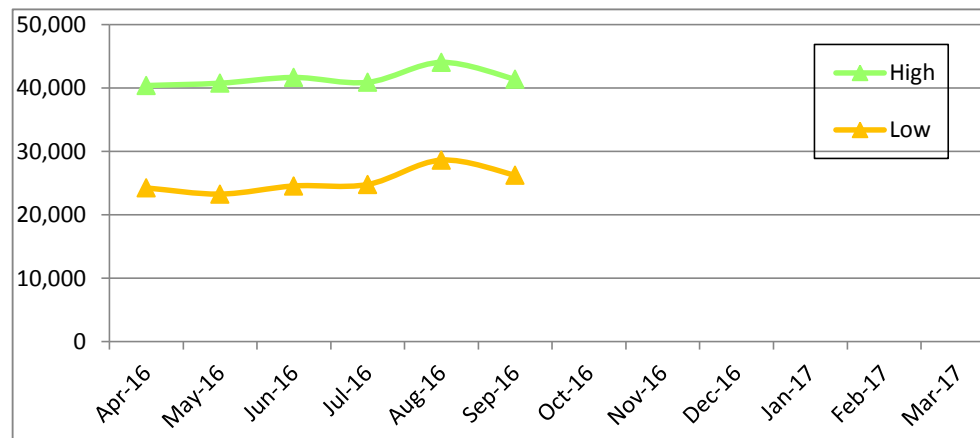
The cash position provides a key element of the Continuity of Service and Financial Efficiency Risk Rating. As such this is monitored and reviewed on a daily basis.

Weekly review of actions ensures that the cash position for the Trust is maximised.

The key cash variance to plan remains higher than planned levels of accrued income and debtors. Quarter 1 CQUIN invoices have now been raised but currently remain unpaid.

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

Interest rates received on cash balances within the GBS account have reduced from 0.25% to 0.14% with effect from 5th August 2016. This will mean a reduced value of interest receivable and this has been reflected in the current forecast position.



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

The highest balance is: £41.4m

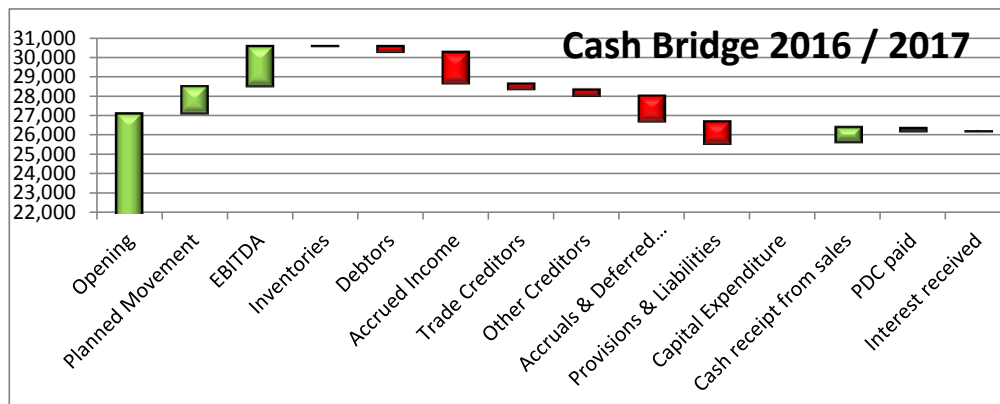
The lowest balance is: £26.2m

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

3.3

Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	27,107	27,107		
Surplus (Exc. non-cash items & revaluation)	4,894	6,958	2,063	1
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	2,725	2,422	(303)	
Accrued Income	0	(1,596)	(1,596)	3
Trade Payables (Creditors)	450	157	(293)	4
Other Payables (Creditors)	0	(320)	(320)	
Accruals & Deferred income	1,400	92	(1,308)	5
Provisions & Liabilities	(1,565)	(2,678)	(1,113)	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(5,309)	(4,528)	780	2
Cash receipts from asset sales	299	140	(159)	
PDC Dividends paid	(1,540)	(1,560)	(20)	
Interest (paid)/ received	38	38	1	
Closing Balances	28,500	26,232	(2,267)	



The plan value reflects the April 2016 submission to Monitor.

Factors which increase the cash position against plan:

1. The overall surplus position at month 6 is marginally ahead of plan. However, within this position, depreciation charges are higher than plan and these are non cash. As such the cash benefit is greater than the surplus alone.
2. Capital expenditure is less than plan. The cash benefit is increased due to higher than plan capital creditors in month. Invoices were received and paid in the first week of October 2016.

Factors which decrease the cash position against plan:

3. Accrued income remains higher than planned however this has reduced from £2.3m at month 5 as Qtr 1 CQUIN settlements have been invoiced. The majority have not yet been paid which has increased the debtor value. We will work with commissioners to agree Qtr 2 CQUIN and secure payment sooner than experienced with Qtr 1.
4. Creditors remain lower than plan and payments continue to made in line with the Trust payment policy and in line with the Better Payment Practice Code.
5. Accruals remain at a low level. Issues with receiving invoices from NHS bodies, and reflected in the plan, have not been experienced to date in 2016 / 2017.

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

4.0

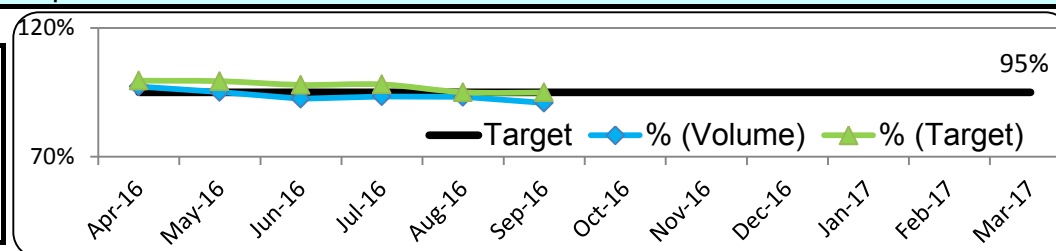
Better Payment Practice Code

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

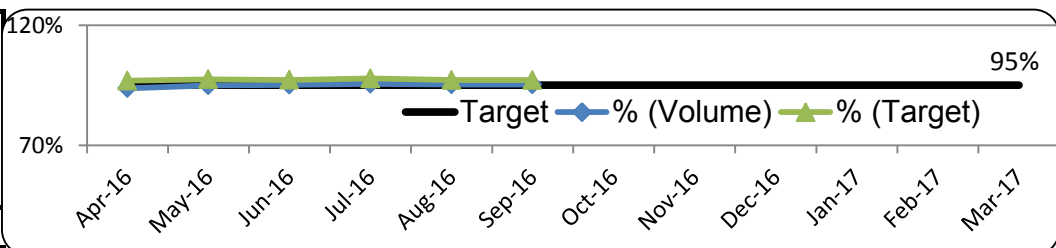
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

The team continue to review reasons for non delivery of the 95% target and identify solutions to problems and bottlenecks in the process. Overall year to date progress remains positive.

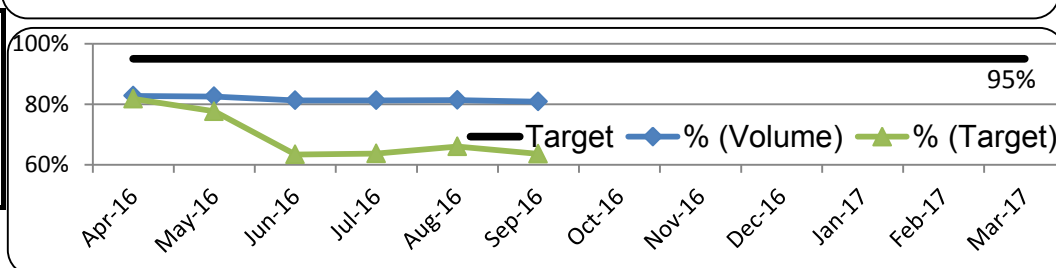
NHS		
	Number	Value
	%	%
Year to August 2016	93%	95%
Year to September 2016	91%	95%



Non NHS		
	Number	Value
	%	%
Year to August 2016	95%	97%
Year to September 2016	95%	97%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to August 2016	81%	66%
Year to September 2016	81%	64%



4.1

Transparency Disclosure

As part of the Government's commitment to greater transparency on how public funds are used the Trust makes a monthly Transparency Disclosure highlighting expenditure greater than £25,000.

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

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

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

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
12/09/2016	Availability Charge SLA	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3008842	208,399
30/08/2016	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3007331	121,171
23/09/2016	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3010217	121,131
22/09/2016	Drugs FP10's	Trustwide	NHSBSA Prescription Pricing Division	3009979	59,578
19/09/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3009441	45,540
19/09/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3009441	43,133
25/08/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3006863	39,497
25/08/2016	Drugs	Trustwide	Lloyds Pharmacy Ltd	3006863	36,129
31/08/2016	Specialty Registrar (CT1-3)	Trustwide	Leeds and York Partnership NHS FT	3007432	35,307
20/09/2016	CNST contributions	Trustwide	NHS Litigation Authority	3009584	33,986

As agency expenditure presents a significant financial and service issue to the Trust a focus on agency expenditure is presented here. The focus has also been intensified from NHS Improvement; formally through the introduction of an agency expenditure metric within the Single Oversight Framework and informally through additional information requests.

These requests include:

- Continued weekly monitoring of agency shifts which have exceeded the NHSI hourly rate caps
- Agency expenditure, by service line, as a percentage of total pay for that service line
- List of 20 highest earning agency staff members
- List of agency staff who have been employed for longer than 6 months

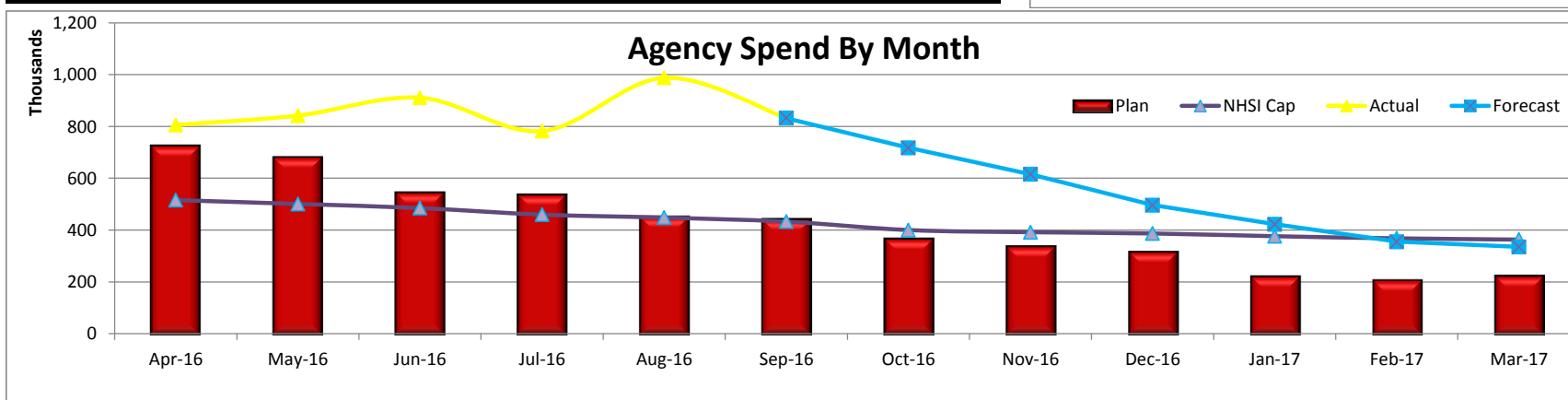
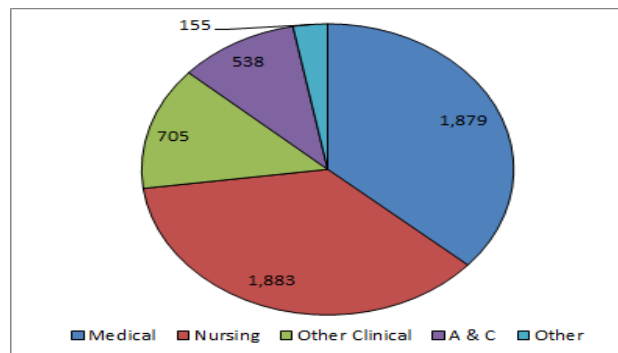
The Trust has seen increased levels of agency expenditure rising from £3.6m in 2013 / 2014 to £8.6m in 2015 / 2016. The introduction of an agency cap for 2016 / 2017 identified a capped level of spend of £5.1m. This represented a significant reduction of £3.3m (39%).

Agency expenditure, for the year to date is £5.2m, with average spend of £860k per month. If this was to continue for the remainder of the year this would mean total outturn expenditure of £10,320k. This would be double the cap expectation.

However, BDUs and divisions, have forecast reduced levels of expenditure for the remainder of the year (offset by increases in substantive staff costs within the overall financial position). This is shown in the graph below and if this can be delivered will mean a reduction in the monthly run rate to £335k by March 2017. (c. £4m per annum)

The pie chart to the right shows year to date expenditure by category. Within this medical staff accounts for £1.9m (36%) whilst nursing also accounts for £1.9m (36%). Within these values it is worthwhile to highlight that £560k nursing expenditure relates to providing bespoke packages of care.

	Year to Date £000	Forecast £000
Total Trust Position	5,160	8,102
Less Agency Social Workers	(214)	(420)
Less Bespoke Packages of Care	(560)	(606)
Net Trust Position	4,386	7,076



- * Recurrent - an action or decision that has a continuing financial effect
- * Non-Recurrent - an action or decision that has a one off or time limited effect
- * Full Year Effect (FYE) - quantification of the effect of an action, decision, or event for a full financial year.
- * Part Year Effect (PYE) - quantification of the effect of an action, decision, or event for the financial year concerned. So if a CIP were to be implemented half way through a financial year, the Trust would only see six months benefit from that action in that financial year
- * Recurrent Underlying Surplus - We would not expect to actually report this position in our accounts, but it is an important measure of our fundamental financial health. It shows what our surplus would be if we stripped out all of the non-recurrent income, costs and savings.
- * Forecast Surplus - This is the surplus we expect to make for the financial year
- * Target Surplus - This is the surplus the Board said it wanted to achieve for the year (including non-recurrent actions), and which was used to set the CIP targets. This is set in advance of the year, and before all variables are known. For 2016 / 2017 the Trust were set a control total surplus.
- * In Year Cost Savings - These are non-recurrent actions which will yield non-recurrent savings in year. So are part of the Forecast Surplus, but not part of the Recurrent Underlying Surplus.
- * Cost Improvement Programme (CIP) - is the identification of schemes to increase efficiency or reduce expenditure.
- * Non-Recurrent CIP - A CIP which is identified in advance, but which only has a one off financial benefit. These differ from In Year Cost Savings in that the action is identified in advance of the financial year, whereas In Year Cost Savings are a target which budget holders are expected to deliver, but where they may not have identified the actions yielding the savings in advance.
- * EBITDA - earnings before Interest, Tax, Depreciation and amortisation. This strips out the expenditure items relating to the provision of assets from the Trust's financial position to indicate the financial performance of it's services.
- * IFRS - International Financial Reporting Standards, there are the guidance and rules by which financial accounts have to be prepared.

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.6%	4.2%	3.9%	4.0%	4.1%	4.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.6%	4.2%	3.6%	4.1%	4.6%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.0%	0.0%	58.6%	69.9%	82.1%	91.5%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.2%	11.1%	23.8%	41.7%	60.4%	77.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	88.0%	86.7%	83.9%	88.0%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				75.5%	75.7%	76.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				47.5%	55.3%	58.5%
Equality and Diversity	Resources	Well Led	AD	>=80%	100.0%	100.0%	92.4%	92.7%	92.6%	92.6%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	86.6%	87.5%	88.4%	88.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%			76.6%	76.9%	79.9%	79.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	100.0%	100.0%	89.8%	89.7%	89.3%	88.5%
Information Governance	Resources	Well Led	AD	>=95%	100.0%	100.0%	90.9%	90.8%	89.9%	89.0%
Moving and Handling	Resources	Well Led	AD	>=80%	100.0%	100.0%	83.7%	83.7%	80.6%	80.3%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	91.7%	91.7%	90.9%	91.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	100.0%	100.0%	89.0%	89.5%	89.3%	89.5%
Sainsbury's Tool				>=80%				96.9%	97.4%	97.4%
Bank Cost	Resources	Well Led	AD		£64k	£52k	£55k	£66k	£90k	£105k
Agency Cost	Resources	Effective	AD		£133k	£207k	£157k	£127k	£169k	£180k
Overtime Costs	Resources	Effective	AD		£14k	£15k	£12k	£6k	£6k	£4k
Additional Hours Costs	Resources	Effective	AD		£48k	£34k	£35k	£44k	£25k	£24k
Sickness Cost (Monthly)	Resources	Effective	AD		£175k	£145k	£135k	£153k	£177k	£182k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		127.33	130.14	138.43	154.87	156.73	173.89
Business Miles	Resources	Effective	AD		139k	127k	113k	114k	123k	116k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.1%	4.7%	5.0%	5.3%	5.4%	5.3%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	4.8%	4.7%	5.4%	5.7%	5.8%	5.1%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	3.2%	22.6%	42.9%	56.5%	67.5%	82.4%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	6.4%	11.1%	23.1%	35.6%	63.5%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.5%	85.3%	84.9%	83.3%	83.5%	84.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				47.3%	47.6%	53.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				19.1%	34.6%	35.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.9%	92.1%	91.9%	92.5%	92.3%	89.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.0%	79.8%	82.2%	84.4%	84.5%	83.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	75.9%	74.7%	77.6%	77.4%	77.4%	79.9%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.6%	84.9%	84.8%	84.1%	80.0%	77.9%
Information Governance	Resources	Well Led	AD	>=95%	95.7%	91.1%	91.3%	91.7%	89.7%	88.7%
Moving and Handling	Resources	Well Led	AD	>=80%	84.6%	83.4%	81.2%	80.2%	76.5%	73.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.2%	88.6%	90.0%	91.2%	90.8%	90.0%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.0%	87.5%	87.9%	86.9%	86.4%	85.3%
Sainsbury's Tool				>=80%				98.3%	97.5%	96.4%
Bank Cost	Resources	Well Led	AD		£145k	£102k	£134k	£134k	£140k	£150k
Agency Cost	Resources	Effective	AD		£232k	£135k	£143k	£162k	£179k	£165k
Overtime Costs	Resources	Effective	AD		£1k	£5k	£5k	£2k	£2k	£2k
Additional Hours Costs	Resources	Effective	AD		£6k	£5k	£4k	£6k	£1k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£100k	£107k	£123k	£125k	£123k	£107k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		71.52	70.34	71.46	73.49	78.74	69.49
Business Miles	Resources	Effective	AD		66k	67k	51k	57k	56k	50k

Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.3%	4.5%	5.0%	5.7%	5.9%	6.1%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.4%	4.5%	5.4%	7.1%	6.7%	6.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.0%	9.2%	41.9%	55.6%	67.6%	80.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	2.8%	5.8%	13.6%	26.5%	49.2%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.5%	77.8%	75.7%	77.6%	78.9%	80.7%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				70.0%	62.6%	60.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	93.9%	93.0%	94.0%	93.1%	92.2%	91.9%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	79.8%	81.2%	80.9%	83.5%	84.0%	84.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	86.8%	88.0%	89.7%	89.6%	90.0%	88.5%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	87.2%	83.9%	86.8%	87.7%	84.1%	83.0%
Information Governance	Resources	Well Led	AD	>=95%	93.5%	88.9%	89.7%	88.6%	85.5%	84.6%
Moving and Handling	Resources	Well Led	AD	>=80%	86.7%	85.4%	85.9%	86.3%	85.2%	83.6%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.3%	85.6%	88.8%	86.9%	88.8%	88.1%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.4%	86.4%	87.9%	89.3%	88.2%	88.4%
Sainsbury's Tool								0.0%	12.5%	80.0%
Bank Cost	Resources	Well Led	AD		£123k	£93k	£115k	£116k	£134k	£179k
Agency Cost	Resources	Effective	AD		£107k	£134k	£174k	£130k	£163k	£62k
Overtime Costs	Resources	Effective	AD			£1k	£1k		£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k		£0k	£0k
Sickness Cost (Monthly)	Resources	Effective	AD		£45k	£39k	£47k	£60k	£60k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		51.83	53.58	61.1	61.91	56.93	49.49
Business Miles	Resources	Effective	AD		11k	5k	10k	14k	6k	9k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.0%	5.8%	5.4%	5.2%	5.1%	5.0%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.1%	5.7%	5.0%	4.9%	4.9%	4.7%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.5%	6.9%	13.3%	31.4%	48.5%	58.9%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	4.1%	10.3%	22.9%	35.6%	50.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	78.2%	72.3%	70.1%	69.9%	75.8%	78.2%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				49.5%	38.9%	52.0%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%						
Equality and Diversity	Resources	Well Led	AD	>=80%	93.3%	92.8%	92.5%	93.2%	92.4%	92.3%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	83.9%	83.1%	82.9%	83.2%	80.8%	82.0%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	68.5%	66.7%	68.0%	68.1%	54.2%	60.0%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	85.9%	83.9%	82.6%	83.6%	86.5%	85.1%
Information Governance	Resources	Well Led	AD	>=95%	95.0%	88.3%	88.7%	87.7%	85.9%	85.0%
Moving and Handling	Resources	Well Led	AD	>=80%	84.9%	83.6%	83.2%	81.4%	80.1%	79.0%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	86.4%	86.1%	87.7%	87.3%	86.9%	86.5%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.3%	85.9%	86.1%	86.9%	87.1%	86.7%
Sainsbury's Tool				>=80%				90.9%	72.7%	
Bank Cost	Resources	Well Led	AD		£18k	£19k	£20k	£20k	£20k	£25k
Agency Cost	Resources	Effective	AD		£224k	£226k	£303k	£172k	£269k	£227k
Overtime Costs	Resources	Effective	AD		£2k	£2k	£1k	£3k	£2k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£3k	£5k	£6k	£12k	£10k
Sickness Cost (Monthly)	Resources	Effective	AD		£49k	£50k	£45k	£44k	£50k	£47k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		55.73	70.59	76.07	76.05	81.08	76.83
Business Miles	Resources	Effective	AD		35k	39k	29k	32k	33k	20k

Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	4.8%	4.5%	4.2%	4.0%	4.1%	4.1%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	4.1%	4.5%	3.8%	3.7%	4.2%	4.3%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	0.5%	8.1%	36.4%	52.4%	71.2%	79.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	2.6%	6.8%	13.7%	34.2%	76.9%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.2%	81.0%	80.4%	75.2%	70.8%	70.3%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				66.7%	62.5%	66.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				0.0%	0.0%	0.0%
Equality and Diversity	Resources	Well Led	AD	>=80%	84.5%	85.6%	85.7%	86.7%	87.0%	87.2%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.8%	82.4%	77.1%	82.2%	82.5%	81.4%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.5%	91.8%	91.7%	93.7%	96.3%	92.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	75.3%	73.8%	76.1%	77.0%	74.6%	75.4%
Information Governance	Resources	Well Led	AD	>=95%	86.1%	84.3%	84.2%	86.7%	88.7%	88.3%
Moving and Handling	Resources	Well Led	AD	>=80%	83.9%	83.1%	81.4%	83.4%	82.3%	81.3%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.4%	88.4%	88.1%	87.3%	87.2%	86.2%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	89.8%	89.5%	89.3%	90.0%	90.7%	89.9%
Sainsbury's Tool								0.0%	0.0%	0.0%
Bank Cost	Resources	Well Led	AD		£47k	£32k	£30k	£29k	£40k	£35k
Agency Cost	Resources	Effective	AD		£51k	£36k	£53k	£57k	£39k	£48k
Overtime Costs	Resources	Effective	AD			£1k	£1k	£0k	£6k	£0k
Additional Hours Costs	Resources	Effective	AD		£17k	£12k	£17k	£16k	£10k	£9k
Sickness Cost (Monthly)	Resources	Effective	AD		£61k	£63k	£53k	£47k	£54k	£57k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		70.28	73.94	82.14	80.4	71.62	73.63
Business Miles	Resources	Effective	AD		54k	45k	33k	37k	39k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Sickness (YTD)	Resources	Well Led	AD	<= 4.4%	5.3%	5.5%	5.1%	5.1%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<= 4.4%	5.4%	5.6%	4.6%	5.0%	4.5%	5.0%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	1.1%	17.7%	37.0%	50.3%	69.1%	80.6%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	0.0%	1.3%	10.4%	23.1%	43.8%	58.8%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	88.1%	88.4%	84.0%	85.9%	86.3%	86.9%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%				47.4%	45.1%	50.8%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%				30.4%	34.2%	36.6%
Equality and Diversity	Resources	Well Led	AD	>=80%	94.0%	94.8%	93.7%	94.5%	94.1%	93.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	77.5%	80.0%	81.6%	80.8%	83.7%	82.6%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	70.0%	73.1%	70.3%	73.9%	76.0%	75.2%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	80.8%	76.8%	78.8%	80.8%	81.4%	81.6%
Information Governance	Resources	Well Led	AD	>=95%	96.8%	93.8%	94.5%	94.9%	92.4%	90.8%
Moving and Handling	Resources	Well Led	AD	>=80%	76.9%	76.0%	76.1%	76.1%	70.4%	70.6%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.0%	87.7%	90.3%	89.9%	89.7%	89.3%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.7%	85.2%	84.1%	84.2%	84.5%	86.1%
Sainsbury's Tool				>=80%				99.3%	98.8%	97.6%
Bank Cost	Resources	Well Led	AD		£66k	£71k	£79k	£69k	£87k	£111k
Agency Cost	Resources	Effective	AD		£58k	£102k	£95k	£143k	£170k	£152k
Overtime Costs	Resources	Effective	AD		£14k	£9k	£15k	£12k	£1k	£1k
Additional Hours Costs	Resources	Effective	AD		£8k	£6k	£6k	£5k	£3k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£67k	£64k	£52k	£54k	£51k	£62k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		58.63	75.79	61.17	66.14	64.72	67.1
Business Miles	Resources	Effective	AD		40k	36k	31k	32k	43k	37k

Glossary

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

KEY for dashboard Year End Forecast Position / RAG Ratings	
4	On-target to deliver actions within agreed timeframes.
3	Off trajectory but ability/confident can deliver actions within agreed time frames.
2	Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
1	Actions/targets will not be delivered
	Action Complete

NB: The Trusts RAG rating system was reviewed by EMT during October 16 and some amendments were made to the wording and colour scheme.

Trust Board 25 October Agenda item 9.2

Title:	Customer services report – Quarter 2 2016/17
Paper prepared by:	Director of Corporate Development
Purpose:	To note the service user experience feedback received via the Trust's Customer Services function, the themes arising, learning, and action taken in response to feedback. To note also the summary Friends and Family Test results, the Mental Health Acute Inpatient survey results and the number of requests received by the Trust under the Freedom of Information Act.
Mission/values:	<p>A positive service user experience underpins the Trust's mission and values. Ensuring people have access and opportunity to feedback their views and experiences of care is essential to delivering the Trust's values and is part of how we ensure people have a say in public services.</p> <p>The Trust is committed to responding openly and transparently to all requests for information under FOI.</p>
Any background papers/ previously considered by:	<p>Trust Board reviews the Customer Services Policy on an annual basis; the last review was in January 2016. The Board also reviews feedback received via the Customer Services function on a quarterly basis.</p> <p>Trust Board reviews a KPI on the percentage of complaints with staff attitude as an issue. Further work is underway to develop monthly performance reporting and two additional quality metrics have been identified and will be included in revised dashboards.</p> <ul style="list-style-type: none"> • Number of days to close a complaint • Number of compliments received <p>Work is currently underway to improve the number of complaints closed within 40 days. This includes an improved toolkit to assist investigators in answering all the questions within a complaint, and faster turnaround times for response letters in the checking process. (Responses have been subject to increased scrutiny, with a detailed review of the issues and the Trust's response undertaken by the Chief Executive in association with director colleagues).</p> <p>Bi-weekly reporting to BDUs is enabling increased scrutiny of issues and themes, complaints investigation, response timeframes and action planning, to ensure service improvement in response to feedback.</p> <p>The team continue to promote the function through leaflets and posters and are currently distributing material updated with the Trust's branding. The team also work with services and team to encourage signposting to Customer Services as a single gateway to raise issues with the Trust.</p>
Executive summary:	<p>Customer Services Report – Q2 2016/17</p> <p>This report provides information on feedback received through Customer Services, the themes indicated, lessons learned and action taken in response to feedback. This report supplements information supplied to BDUs every 2 weeks.</p> <p>In Q2, there were 83 formal complaints, 221 compliments, 430 issues were</p>

	<p>responded to and 97 requests to access information under the Freedom of Information Act. Most complaints contain a number of issues; the most frequently raised issues were access, communication, clinical treatment and facilities.</p> <p>Key areas to note:</p> <ul style="list-style-type: none"> ➤ Positive trust wide increase in compliments, now recording compliments from one Health Professional to another. ➤ PHSO not requested to review any new complaints during quarter 2, continuing to drive local resolution, PHSO decisions in respect of upheld or partially upheld complaints will be shared with EMT re action plan and lessons learnt. ➤ Access to assessment for ASD/Autism assessment key concern for parents re CAMHS services, SWYFT services are just one component of multidisciplinary assessment process, dialogue with commissioners re collaborative solution to improving access. ➤ Newton Lodge ward round involvement survey completed over 3 months, details attached. The ward's response to service user feedback will be reported in the quarter 3 report. ➤ The report now includes CAMHS service information by district to highlight hotspots in terms of feedback and respond to commissioner requests for information by locality. ➤ The report includes Friends and Family Test results, at the time of writing the report, comparator information for Quarter 2 was not available, a verbal update will be provided. ➤ The report includes the Mental Health Acute Inpatient survey results, the Trust will work with The Picker Institute to identify comparative information to benchmark Trust performance in this non-mandatory survey to ensure any lessons can be learned. Key performance areas will be picked up through BDU and lead Directors as applicable i.e. service users not feeling fully informed of side effects of medication will be picked up by the Medical Director through the Drugs and Therapeutic Committee. <p>This report is shared with The Members' Council, distributed to commissioners and is subject to discussion at Quality Boards and through contracting processes. It is reviewed by Healthwatch across the Trust's geography.</p> <p>The information is also reviewed alongside other service user experience intelligence at the internal Customer Experience Group, and in BDU governance meetings.</p>
Recommendation:	Trust Board is asked to REVIEW and NOTE the feedback received through Customer Services in Q2 of financial year 2016/17.
Private session:	Not applicable.

Customer Services Report - Quarter 2 (July – September) 2016/2017

INTRODUCTION

This report covers all feedback received by the Trust's Customer Services Team - comments, compliments, concerns and complaints, which are managed in accordance with policy approved by Trust Board. Trust processes emphasise the importance of using insight from service user experience to influence and improve services. The service operates as a single gateway for raising issues and enquiries, including requests under the Freedom of Information Act. Urgent issues or potential risks identified through Customer Services procedures are highlighted to the relevant BDU and the nursing or medical director as appropriate. In addition, a review of new complaints is to be incorporated into weekly risk scanning processes.

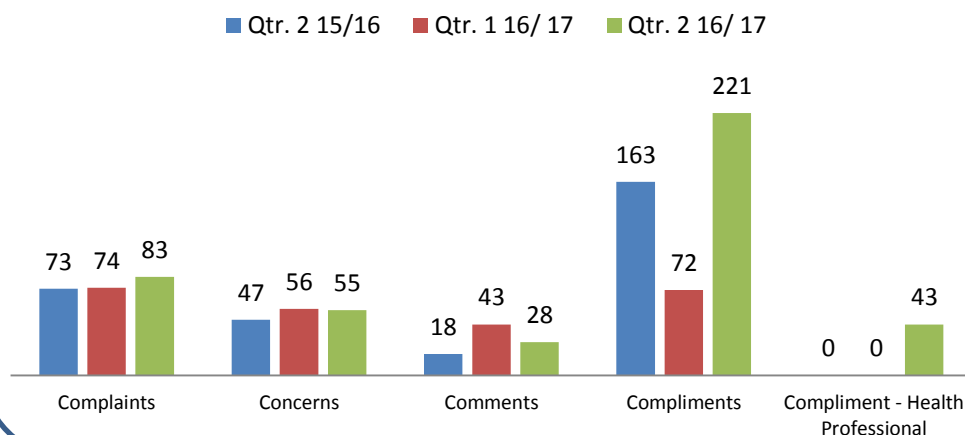
This report includes:

- The number of issues raised and the themes arising
 - External scrutiny and partnering
 - Equality data
 - A breakdown of issues at BDU level including:
 - customer service standards
 - actions taken / changes as a consequence of service user and carer feedback
 - compliments received
 - Friends and Family Test results and key themes from free text comments
 - The number and type of requests processed under the Freedom of Information Act .
- Customer Services continue to promote the function through distribution of leaflets and posters and encouraging staff to signpost to the team.

CONTACT

The Customer Services Team responded to 207 general enquiries in Qtr. 2, in addition to '4 Cs' management. Consistent with past reporting, signposting to Trust services was the most frequently requested advice. Other enquiries included requests for information about Trust Services, providing contact details for staff and information on how to access healthcare records. The team also responded to over 430 telephone enquiries from staff, offering support and advice in resolving concerns at local level (a significant increase in staff contact on the previous quarter, reported at 276). BDUs receive bi-weekly reports updating on issues raised about services and progress on complaints management.

Trust wide



FEEDBACK RECEIVED

In Qtr. 2. The Customer Services Team responded to 430 issues (245 in Qtr. 1); 83 formal complaints were received (74 in Qtr. 1) and 221 compliments were recorded on Datix, some of which supplemented the 72 received in Qtr. 1.

Access to treatment or medication was identified as the most frequently raised negative issue (23). This was followed by communications (20), clinical treatment (18), patient care (17) , facilities (12), and values and behaviours (staff) (12) Most complaints contained a number of themes. In respect of open complaints, 48 were raised by females and 35 by males.

Response times declined in the period, due to a combination of delays in obtaining consent, capacity in Customer Services and increased scrutiny of issues and responses as part of the director sign off process.

In Qtr. 2, 71% of people using mental health services across the Trust said they would recommend them, 98% would recommend community health services.

NHS CHOICES

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

During Qtr. 2, 7 individuals posted comments on NHS Choices and Patient opinion. 3 service users recorded positive experiences for The Dales, Trinity 2 and one other unidentified inpatient ward. 4 negative comments were made one of which was related to District Nursing. The other comments were not attributable to specific services.

Feedback is acknowledged and customer services contact details are provided should the author wish to discuss their concerns directly with the Trust.

Mental Health ACT (MHA)

2 complaints were raised during the quarter regarding detention under the Mental Health Act. Both were raised by the parents of service users, and further information was offered about the process followed.

Information on the numbers of complaints regarding application of the Act is routinely reported to the Mental Health Act Sub Committee of the Trust Board, including ethnicity information where this is provided.

JOINT WORKING

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

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

The Customer Services function also makes connection to local Healthwatch to promote positive dialogue and respond to any requests for information. Healthwatch are provided with copies of quarterly reports and request additional information from the Trust on occasion.

PHSO (Ombudsman)

The PHSO was not requested to review any new complaints about Trust services in Qtr. 2. During the quarter, the Trust received formal decisions from the Ombudsman regarding 3 cases:

- Barnsley General Community Inpatients - closed with no further action required.
- Calderdale & Kirklees CAMHS and Calderdale and Kirklees Community Mental Health received decisions partially upholding aspects of complaints made. Action plans have been signed off by the appropriate district director and reviewed by the Director of Nursing and Director of Corporate Development. These include ensuring consistent care co-ordination in CAMHS and CPA processes and ensuring complaints are not referenced in health records in adult mental health. Action plans and letters of apology have been shared with the complainants and the cases are now closed. Delivery of actions will be monitored by the respective teams.

The Trust also received draft decisions regarding 2 cases:

- Calderdale & Kirklees CAMHS – partially upheld
- Barnsley Community Mental Health services - partially upheld

The Trust is being asked for comment on ASD wait times in CAMHS and on Section 117 aftercare following mental health inpatient care and social services input.

CQC/ ICO

During Quarter 2 the Trust received 3 requests for information from the CQC – 2 relating to Forensic services, relating to leave, which have been responded to and 1 case relating to Community services (WAA Calderdale and Kirklees) which is subject to investigation and a response will be issued shortly.

No contact was received in the period from the Information Commissioner's office.

Issues spanning more than one organisations Qtr. 2	Complaint	Concern	Comment
Barnsley Hospital NHS Foundation Trust	2	0	0
Kirklees Council	1	0	0
NHS England	1	0	0
Other - Wakefield HMP	0	1	0
Care Quality Commission contacts	1	2	0
Member of Parliament contacts	8	2	3

Equality and Inclusion – Formal Complaints - Protected Characteristics Data

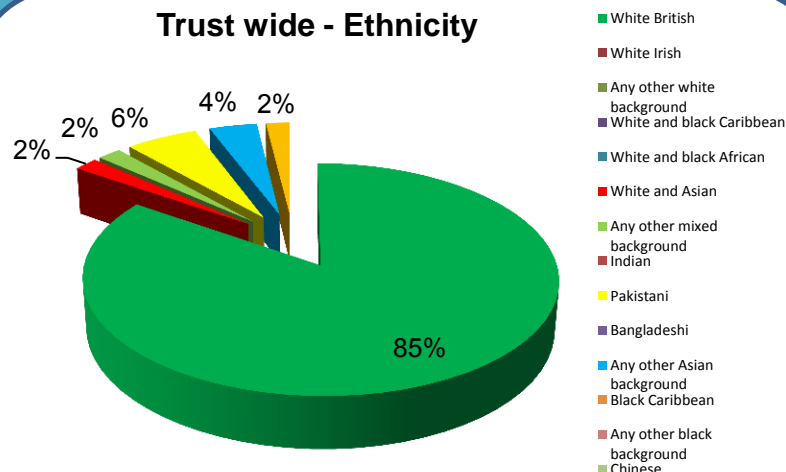
Equality data is captured, where possible, at the time a formal complaint is made, or as soon as telephone contact is made following receipt of any written concerns. Additional information is now shared with the complainant explaining why collection of this data is important to the Trust and that it is essential to ensure equality of access to Trust services. [It is important to note that the person making a complaint may not be the person receiving services.. This will distort the protected characteristic profile i.e. over 50% of complaints are raised by advocates, many of whom are female.]

During quarter 2 – of the 62 formal complaints closed equality data was collected for 53 complainants. 25 formal complaints were raised by services users and 28 were raised by advocates including family and friends.

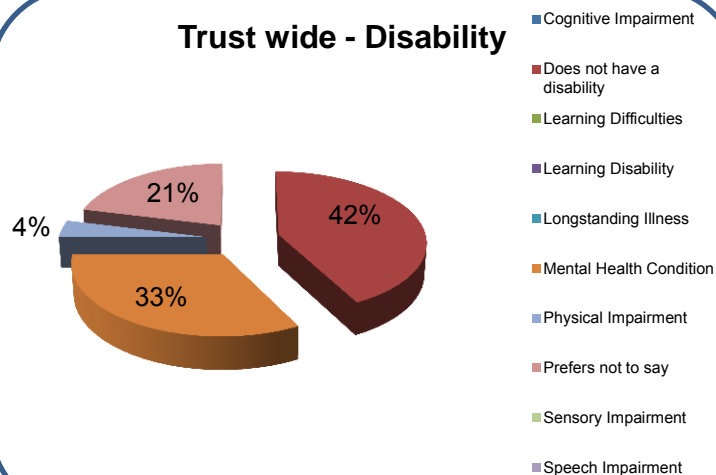
The Team continues to explore best practice in data capture, both internally with teams and externally with partner organisations and networks, and incorporates any learning into routine processes.

The charts show, where information was provided, the breakdown in respect of ethnicity, gender, disability, age and sexual orientation. This is collated Trust-wide.

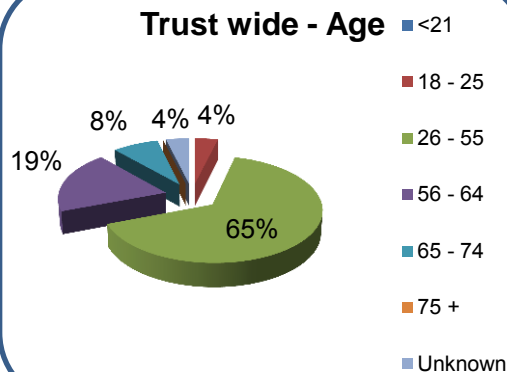
Trust wide - Ethnicity



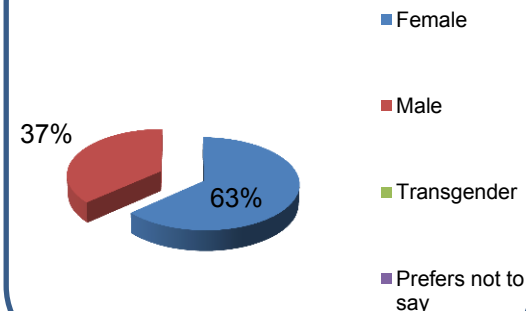
Trust wide - Disability



Trust wide - Age



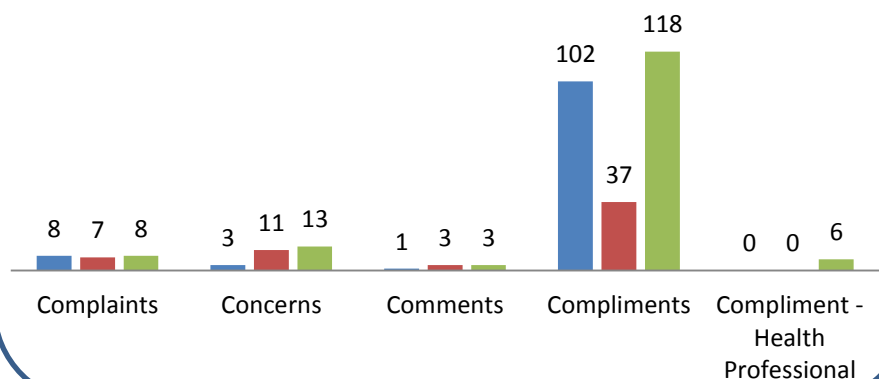
Trust wide - Gender



Barnsley Business Delivery Unit – General Community Services

Barnsley - Community

■ Qtr. 2 15/16 ■ Qtr. 1 16/17 ■ Qtr. 2 16/17



ACTION TAKEN

The following actions were implemented in 0-19 services:

- Additional information will be provided to parents / carers regarding health needs assessments and the necessary questions. This will be done through additions to the parent held record (red book), through leaflets and information made available on the website. 0-19 Children's Services.
- The team will review how continuity can be provided to families when the service experiences staff changes
- The team will ensure staff have access to records when following agile working practices or when providing cover for colleagues.
- The team will ensure families are notified asap when appointments need to change so that revised arrangements can be agreed.
- Staff will liaise with the specialist services multi-disciplinary team to agree improved methods of communication.
- The support offered to families will be reviewed with them to ensure needs are met.

Complaints closed <25 days

34%

Complaints closed 26 – 39 days

0%

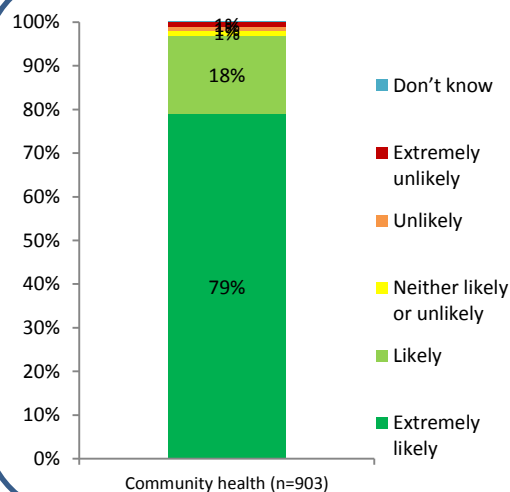
Complaints closed >40 days

66%

There has been a decrease in the number of complaints closed within the 25 day timeframe since last quarter. 2 of the 6 cases were reopened during this period with further questions to be responded to. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

'To the wonderful staff - thank you, thank you, thank you for the care and attention given. You saw beyond his condition and brought him back to life. We are all so grateful.' – **Ward 5**

Friends and Family Test



97% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

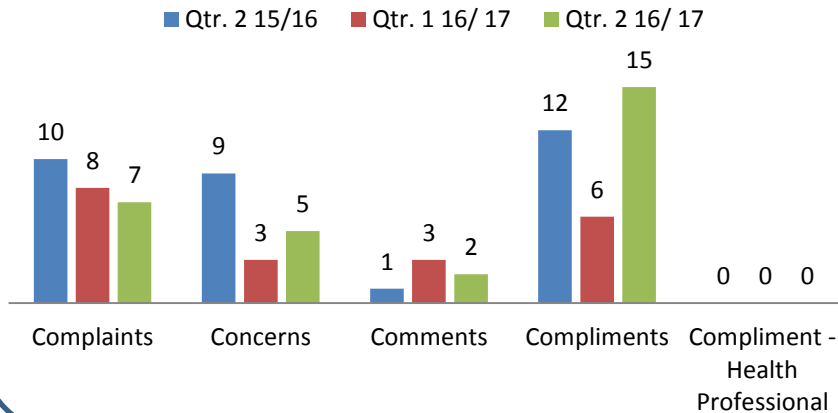
- Greeting received
- Communication
- Staff

What would have made your experience better?

- Waiting times
- Drinks
- Food

Barnsley – Mental Health Services

Barnsley - Mental Health



'Overall the care I received was excellent. Staff were both extremely understanding and caring not only to me as a patient but to my family who are my carers. We feel truly grateful for all your support and help during my illness.' – **CMHT OPS**

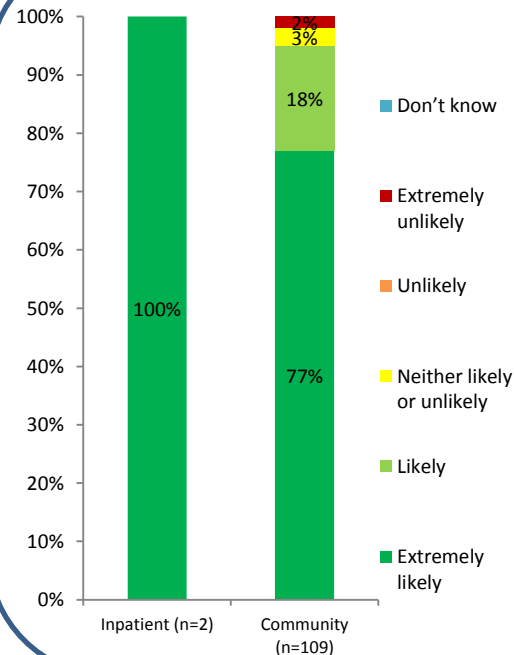


No complaints were closed within the 25 day timeframe in the quarter. 2 of the 5 cases were reopened during this period with further questions to be responded to. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

ACTION TAKEN

- Staff have been reminded of the importance of passing on messages and returning telephone calls in a timely manner. This will be monitored by the team - Dearne CMHT
- Service manager to review discharge medication system, medication policy and the process for communicating changes to medication. Willow Ward.

Friends and Family Test



96% of respondents Extremely Likely / Likely to recommend

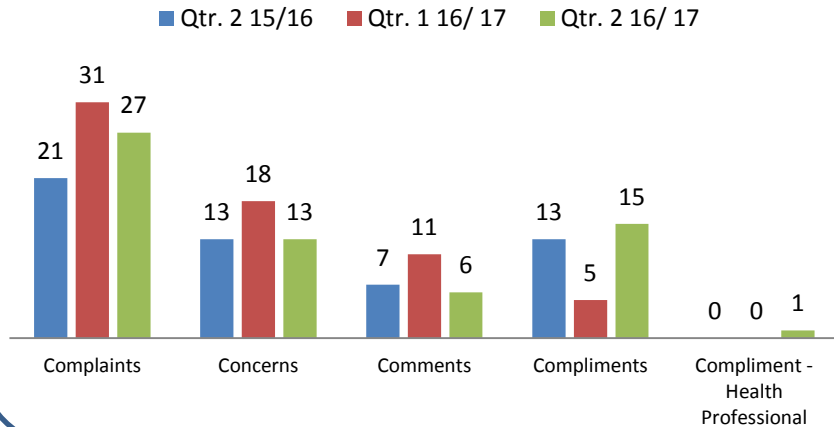
Comment themes

What was good about your experience?
- Staff

What would have made your experience better?
- Communication

Calderdale & Kirklees Business Delivery Unit

Number of Issues



ACTION TAKEN

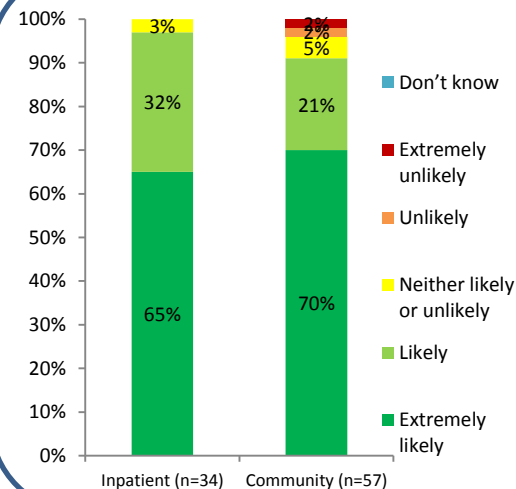
- Staff to ensure they involve families and carers in discharge planning and that there is clear communication between teams regarding sharing pertinent information - Intensive Home Based Treatment Team / Crisis Team
- Trust bank is being used to fill gaps in team capacity pending recruitment to vacancies. - Lower Valley CMHT
- Information Governance informed of confidentiality breach. Team to ensure that contact information is recorded accurately - Lower Valley CMHT
- Existing referral systems have been reviewed and changed to minimise delays in accessing treatment - Care Management Team
- New telephone line has been installed to improve ease of contact with the services. - Improving Access to Psychological Therapies
- Staff to ensure that all service property is recorded as received - Ashdale Ward.



There has been a decrease in the number of complaints closed within the 25 day timeframe since last quarter. Delays in responses were due to obtaining consent and agreeing specific issues with complainant. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

'We want to say a big thank you for looking after our mum. You have been so kind and supportive and do a wonderful job in caring for all your people who pass through your door.' – **Beachdale Ward, the Dales.**

Friends and Family Test



93% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

- Staff
- Greeting received
- Communication

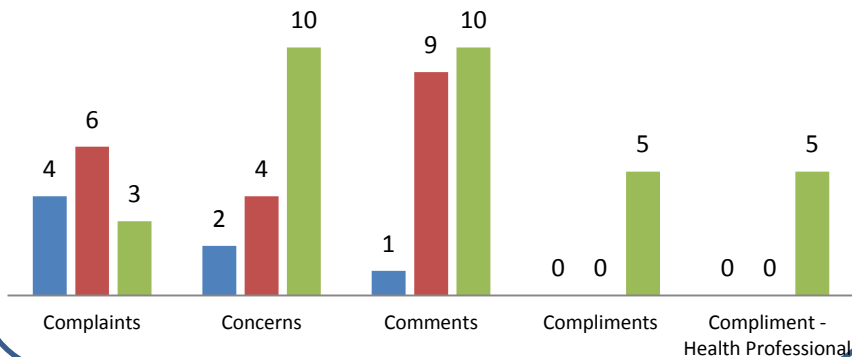
What would have made your experience better?

- Waiting times

Forensics Business Delivery Unit

Number of Issues

■ Qtr. 2 15/16 ■ Qtr. 1 16/ 17 ■ Qtr. 2 16/ 17



ACTION TAKEN

- Improved explanation / information will be offered regarding decisions about or changes to Section 17 leave arrangements - Thornhill Ward.

'I just wanted to say thank you for your constant perseverance with me and for giving me the chance to better my life and become a different person.' – **Johnson Ward**

Complaints closed
<25 days

40%

Complaints closed
26 – 39
days

0%

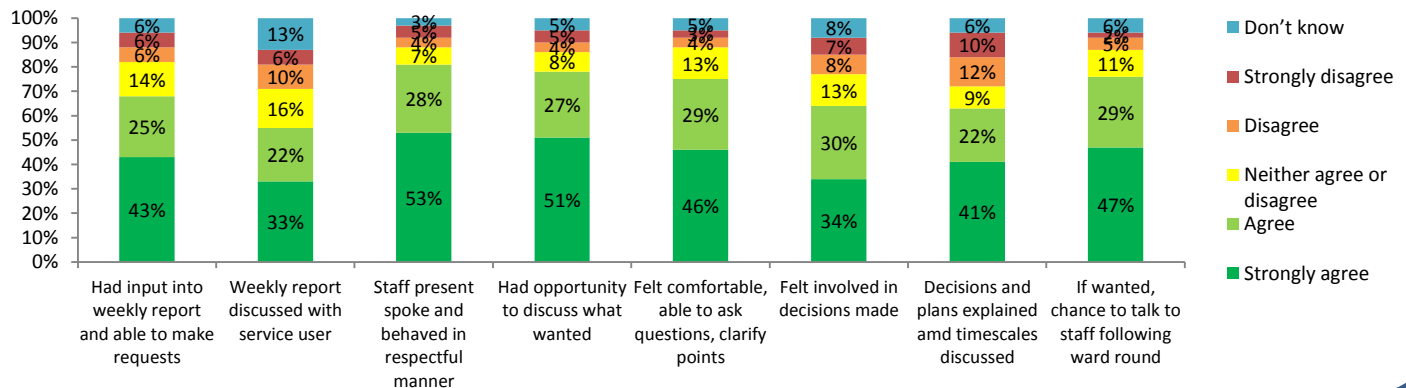
Complaints closed
>40 days

60%

There has been a decrease in the number of complaints closed within the 25 day timeframe since last quarter. Delays in responses were due to agreeing specific issues with complainant. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

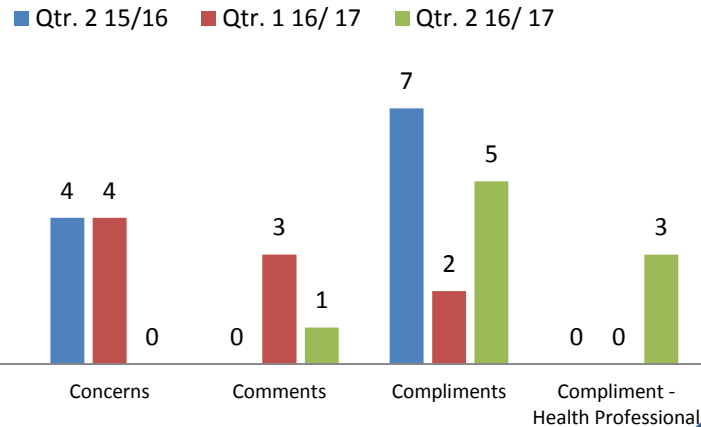
Newton Lodge Clinical Team Meeting / Ward Round involvement Survey

A service user survey was conducted over three consecutive months at Newton Lodge to measure the experience of the clinical team meeting / ward round process. 111 responses were received from across the 7 wards. Action plans to improve experience are being developed, progress on which will be reported in Qtr. 3.



Specialist Services Business Delivery Unit (excluding CAMHS)

Number of Issues



ACTION TAKEN

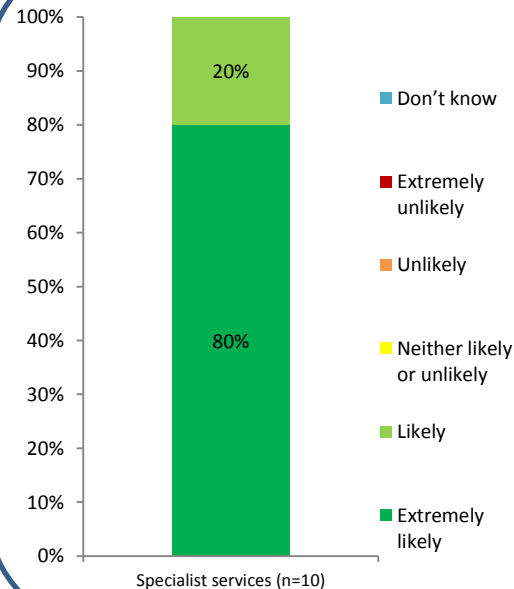
- confirmation of transport bookings will be provided to service users/carers in the future. The service will look into the best way to do this by asking people who use the service what would be most helpful. This might include for example a text messaging service prior to appointments. Community Learning Disability Team (PLD)
- Review of the screening tool used. ADHD services

'I would like to say thank you for all the patience and understanding, and sensitivity during my the assessment. It has been quiet an emotional journey to all of us and all involved a frustrating one at times when no one was listening to my concerns. You helped put me at ease throughout the whole process which at times was emotionally draining and complex. Thank you for everything. ' – ADHD Service



3 out of the 4 cases investigated took longer than 40 days to close. 1 of the 4 cases were reopened during this period with further questions to be responded to. 2 cases were delayed due to obtaining consent. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

Friends and Family Test



100% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

- Greeting received
- Communication
- Staff

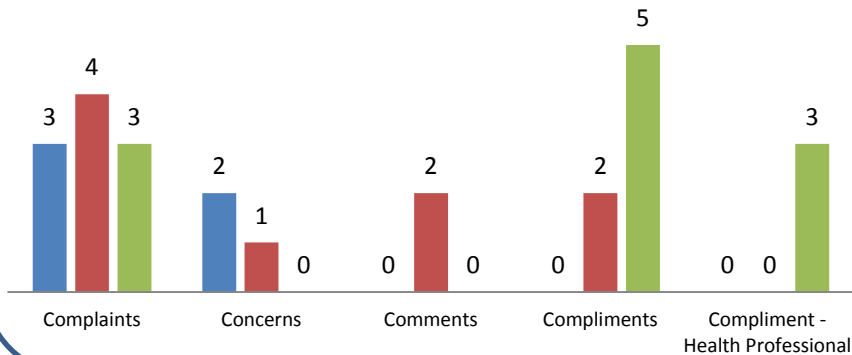
What would have made your experience better?

- Waiting times
- Communication
- Food

Child and Adolescent Mental Health Services - Barnsley

Number of Issues

■ Qtr. 2 15/16 ■ Qtr. 1 16/17 ■ Qtr. 2 16/17



ACTION TAKEN

- Service to provide additional information regarding referrals to other services and discharge from CAMHS.
- The service is currently reviewing how appointments are managed to reduce delays as far as possible.
- The team is working to improve telephone message response times.
- General Manager is reviewing how messages are recorded and conveyed to ensure communication is of a high standard.
- The service is reviewing the process for cancellation of appointments to ensure consistency of approach.

Complaints closed <25 days

0%

Complaints closed 26 – 39 days

0%

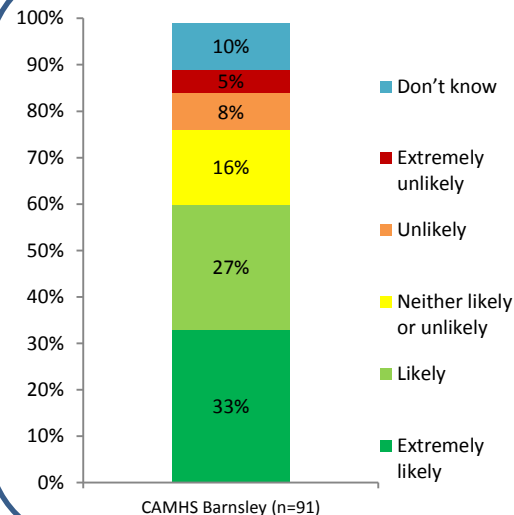
Complaints closed >40 days

100%

Two re-opened cases were closed in the period but took longer than 40 days to respond to. Weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

'From the CBT group I have learnt to deal with my anxiety much better at school and I would definitely recommend it to someone who struggles with a mental health problem.' – CAMHS Barnsley

Friends and Family Test



60% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

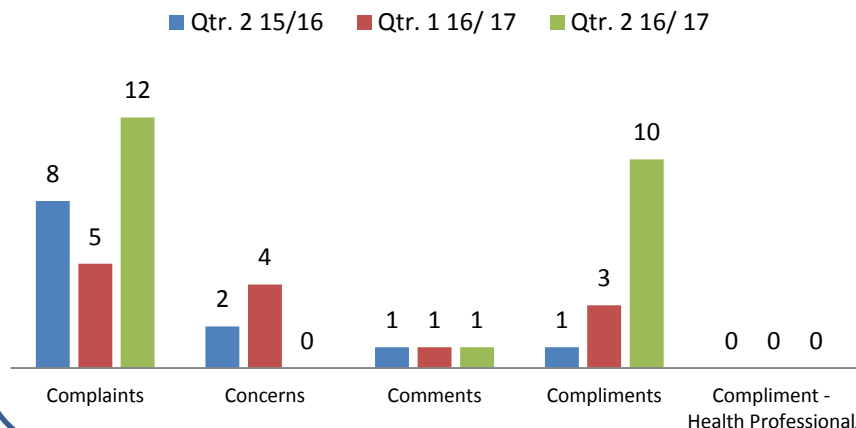
- Overall experience
- Staff

What would have made your experience better?

- Staff
- Activities

Child and Adolescent Mental Health Services – Calderdale and Kirklees

Number of Issues



'Thank you to the team, they have done a great job and are obviously committed to their work and maintain that commitment in spite of the pressure of waiting lists. I hope the Trust appreciate that this service is going the extra mile to make a big difference to the lives of families in the area.' – **CAMHS Kirklees**

'You have been brilliant at your job not just helping and supporting our daughter but all the family. We couldn't have got as far as we have without you. You are a star. I am so very grateful'. – **CAMHS Calderdale**

Complaints closed
<25 days

0%

Complaints closed
26 – 39 days

42%

Complaints closed
>40 days

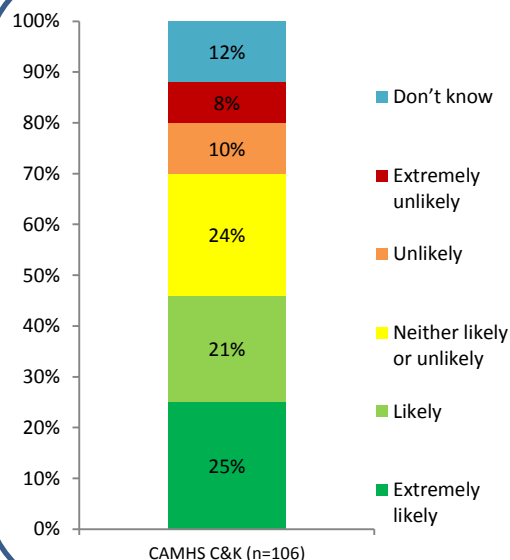
58%

No complaints were closed within the 25 day timeframe. 2 of the 7 cases were reopened during this period with further questions to be responded to. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

ACTION TAKEN

- Service will ensure that expectations of service users/carers are discussed at the beginning of each session.
- CAMHS/ASD team will ensure that information is provided regarding possible wait times.
- Service to provide additional information to referrers and to families regarding the criteria for access to services and about discharge from the service.

Friends and Family Test



46% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

- Overall experience
- Communication
- Environment / facilities

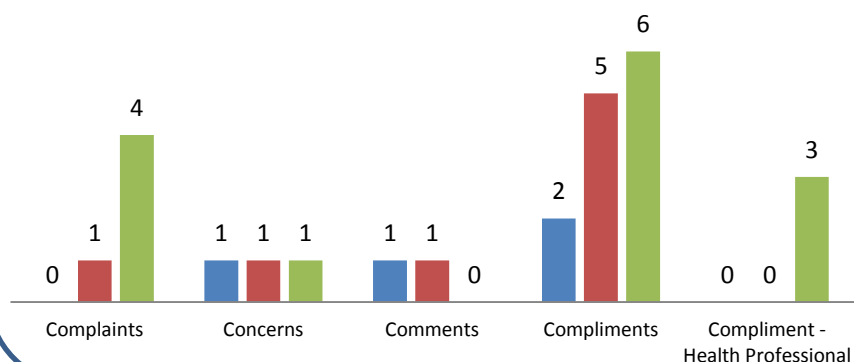
What would have made your experience better?

- Consistency of staff
- More time

Child and Adolescent Mental Health Services – Wakefield

Number of Issues

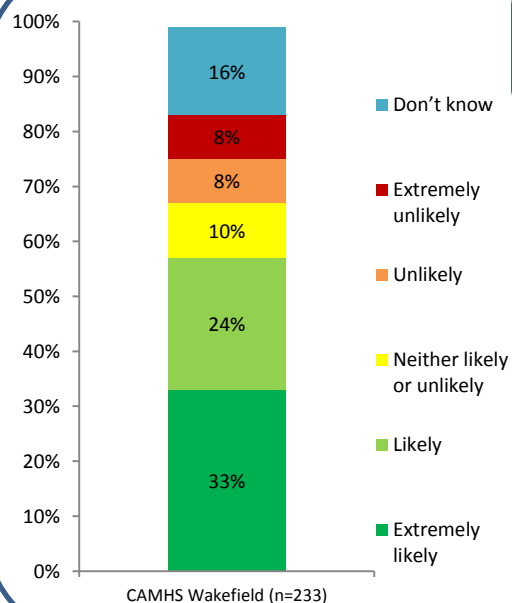
■ Qtr. 2 15/16 ■ Qtr. 1 16/17 ■ Qtr. 2 16/17



'You have been such a massive help to me through my recovery.'

'Amazing session - I feel empowered to help my daughter. Thank you.'

Friends and Family Test



57% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

- Overall experience
- Staff
- Communication

What would have made your experience better?

- Waiting times

Complaints closed <25 days

0%

Complaints closed 26 – 39 days

0%

Complaints closed >40 days

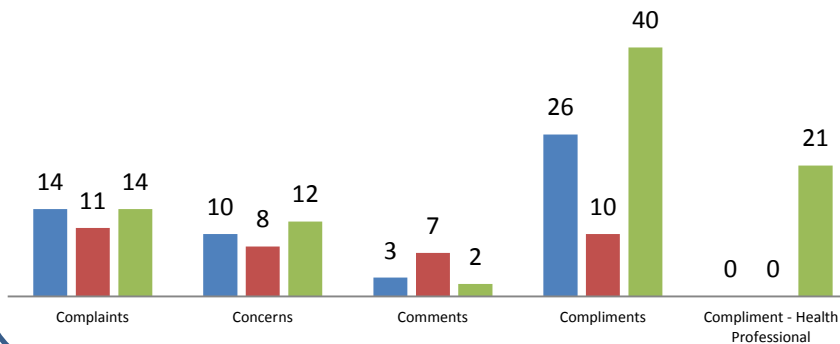
100%

No complaints were closed within the 25 day timeframe. 1 of the 3 cases was reopened during the period with further questions to be responded to. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

Wakefield Business Delivery Unit

Number of Issues

■ Qtr. 2 15/16 ■ Qtr. 1 16/17 ■ Qtr. 2 16/17



'A big thank you to all of you for the dedication, compassion, patience and love that you have shown. You have no idea how much we appreciate everything you have done to make her life as comfortable and dignified as possible despite the terrible consequences of this dreadful illness.' – **Poplars Ward**

Complaints closed
<25 days

22%

Complaints closed
26 - 39 days

11%

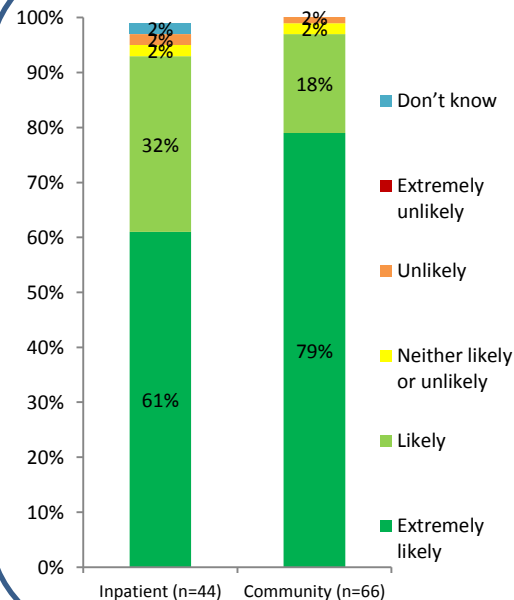
Complaints closed
>40 days
67%

There has been an increase in the number of complaints taking longer than 40 days to respond. 2 of the 9 cases were reopened during this period with further questions to be responded to. Bi-weekly reporting to BDUs, which is shared with district directors, deputies and 'Trios', identifies areas of concerns which require action, and identify any lessons learned to inform governance processes.

ACTION TAKEN

- Staff will ensure they check understanding of explanations provided to service users regarding decisions or changes to S.17 leave - Trinity 1
- Following feedback that decisions are not properly understood – staff will check out understanding about care and treatment as a matter of routine - Assertive Outreach Team / Chantry Unit.

Friends and Family Test



96% of respondents Extremely Likely / Likely to recommend

Comment themes

What was good about your experience?

- Staff
- Greeting on arrival
- Communication

What would have made your experience better?

- Communication
- Staff
- Waiting times

Mental Health Acute Inpatient Service User Survey - 2016

Introduction

The Picker Institute were commissioned by SWYPFT to carry out the Mental Health Acute Inpatient Service Users Survey 2016 on the behalf of the Trust. The purpose of the survey was to understand what service users think of inpatient healthcare provided by the Trust. The survey was undertaken by means of a postal questionnaire sent to service users' home addresses.

140
questionnaires
returned from 621
eligible
respondents

Response rate
of 23%

Positives

Overall the Trust improved on 62% of questions compared to the 2014 survey.

Areas that scored particularly well were:

- The cleanliness of wards
- The discharge process
- Being made to feel welcome on arrival to the ward

SWYPFT's response

- The report has been disseminated to the relevant Trio's for review and local action plan formulation
- The report will also be reviewed and discussed at The Customer Experience Group – a Trust wide forum comprising representation from BDUs and support functions. The remit of the group is to review feedback and initiate action for improvement. This will include the 5 'problem scores' identified. The Group also shares learning from other high performing trusts.

Conclusion

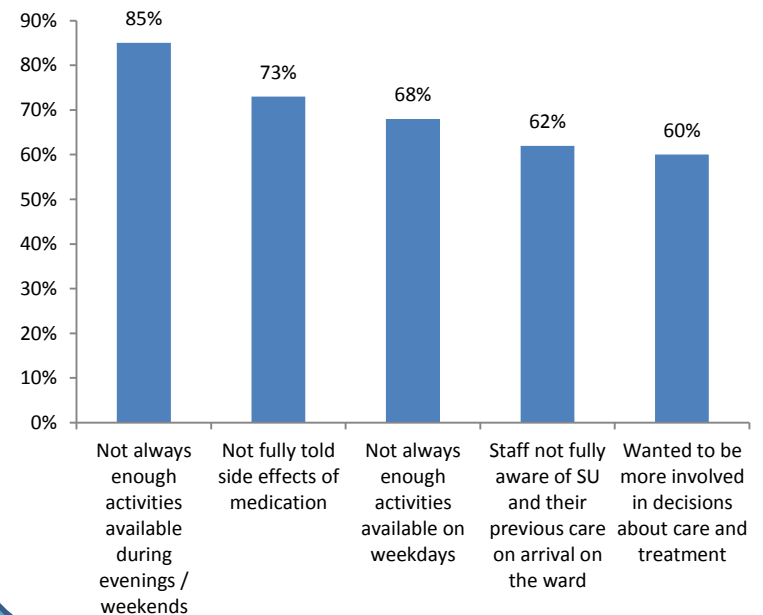
Most service users are **highly appreciative** of the care they receive. However, the results indicate that there is room for improvement in enhancing service user experience.

Problem scores

The problem score shows the percentage of service users for each question who, by their response, indicated that a particular aspect of their care could have been improved. The Picker Institute use problem scores as they state 'they are the simplest summary measure that focuses on quality improvement.'

Lower scores reflect better performance. Where there are high problem scores this area should be highlighted as a potential problem area that needs to be looked at further.

Top 5 problem scores



Freedom of Information requests

97 requests to access information under the Freedom of Information Act were processed in Qtr. 2, an increase on the previous quarter when 88 requests were processed. Most requests were detailed and complex in nature and required significant time to collate an appropriate response working with services and support functions.

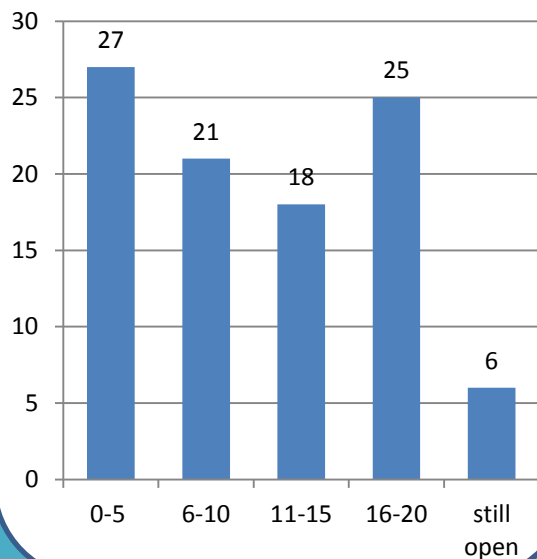
The Customer Services Team works with information owners in the Trust to respond to requests as promptly as possible, but within the 20 working day requirement.

During Qtr. 2, 5 exemptions were applied:

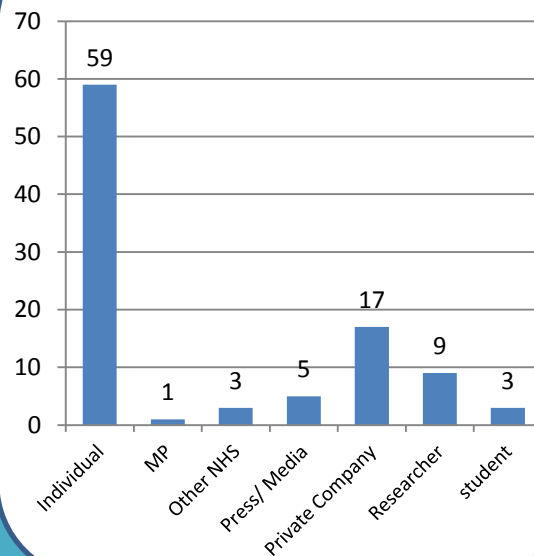
- 1 x Exemption 22, information held with a view to its future publication
- 1 x Exemption 36, Prejudice to the effective conduct of public affairs
- 2 x Exemption 41, Information provided in confidence
- 1 x Exemption 43, Commercial Interests

There were 2 requests for review following information provided. Following provision of further clarification, both have now closed.

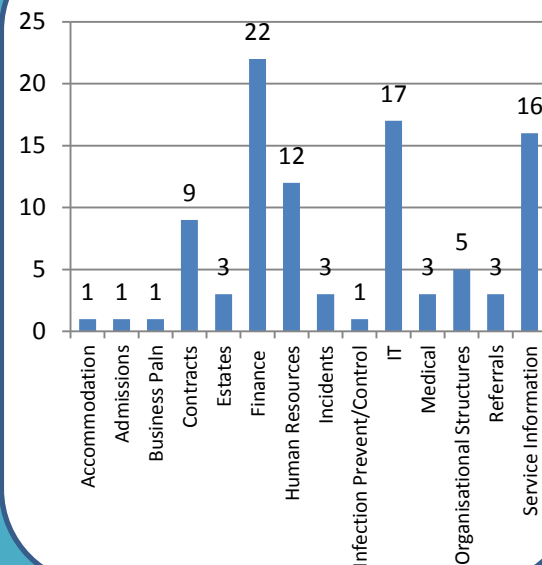
Number of days to respond



Origin of request



Types of request



Trust Board 25 October 2016 Agenda item 10.1

Title:	Trust Standing Financial Instructions updates
Paper prepared by:	Director of Finance
Purpose:	To update the Trust Board on recommended changes to its Standing Financial Instructions (SFIs) and gain approval of them.
Mission/values/objectives	Use of resources.
Any background papers/ previously considered by:	Audit Committee – October 2016.
Executive summary:	<ul style="list-style-type: none"> ➤ A regular review of SFIs has taken place ➤ Audit Committee has approved the proposed updates subject to one further change ➤ The Trust Scheme of Delegation is subject to separate review and this will take place in the coming months. ➤ Audit Committee members have had full sight of the detailed SFIs. A summary of the updates is included for the report to all Board members ➤ The full SFIs are included on board pad for Board members to review
Recommendation	Trust Board is asked to APPROVED the updates to the Trust's Standing Financial Instructions.
Private session:	Not applicable.

Trust Board 25 October 2016

Standing Financial Instructions review and update

Introduction

Trust Standing Financial Instructions (SFIs) are reviewed on a regular basis to ensure that they remain appropriate and relevant. The previous version is dated January 2014.

This update includes a review against other trusts for best practice and sharing with internal and external experts. This paper has been taken to Audit Committee along with the complete SFIs and approved subject to one change, which is identified below. Given the fact Audit Committee members have had full sight of the SFIs the detailed SFIs have not been included with these papers. A full copy is also being made available to Board members.

The Trust Scheme of Delegation is subject to a separate review and update and this will take place in the coming months.

Changes

The changes and updates are listed below:

- Formatting and numbering updates including an update of the corporate imagery. This includes occasional spelling and punctuation corrections.
- Foreword – Inclusion of Code of Accountability requirements
- P8 Definitions – revised order; include definition of Accountable Officer
- P14 Role of External Audit – update to fulfill the relevant act reference
- Remove Prudential Borrowing Code as this no longer applies
- P19 Tendering of banking. Add that this does not apply to GBS accounts
- P20 Add that money cannot be used to cash IOUs
- P31 Confirm that any external borrowing must be approved by Trust Board
- P34 Security of assets – added section on Local Security Management Specialists (LSMS)
- P38 Confirming process for writing off bad debts and reporting to Audit Committee

At the Audit Committee it was also identified that the Trust Board needs to approve the Trust's annual budget and plan as opposed to the current wording which is to "propose the annual budget"

Recommendation

Trust Board is asked to approve the updates made to the Trust SFIs.

Trust Board 25 October 2016 Agenda item 11

Title:	Assurance framework and organisational risk register Q2 2016/17
Paper prepared by:	Director of Corporate Development
Purpose:	For Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives.
Mission/values:	The assurance framework and risk register are part of the Trust's governance arrangements and integral elements of the Trust's system of internal control, supporting the Trust in meeting its mission and adhere to its values.
Any background papers/ previously considered by:	Previous quarterly reports to Trust Board.
Executive summary:	<p>Assurance framework 2016/17</p> <p>The Board assurance framework provides the Trust Board with a simple but comprehensive method for the effective and focused management of the principal risks to meeting the Trust's strategic objectives. In respect of the assurance framework for 2016/17, the principle high level risks to delivery of corporate objectives have been identified and, for each of these, the framework sets out:</p> <ul style="list-style-type: none"> - key controls and/or systems the Trust has in place to support the delivery of objectives; - assurance on controls where the Trust Board will obtain assurance; - positive assurances received by Trust Board, its Committees or the Executive Management Team confirming that controls are in place to manage the identified risks and these are working effectively to enable objectives to be met; - gaps in control (if the assurance is found not to be effective or in place); - gaps in assurance (if the assurance does not specifically control the specified risks or no form of assurance has yet been received or identified), which are reflected on the risk register. <p>A schematic of the assurance framework process is set out as an attachment.</p> <p>The assurance framework will be used by the Board in the formulation of the Board agenda and in the management of risk and by the Chief Executive to support his review meetings with Directors. This will ensure Directors are delivering against agreed objectives and action plans are in place to address any areas of risk identified.</p> <p>The assurance framework indicates an overall current assurance level of amber/green. The rational and the individual principle risk rag ratings, are set out in the attached report. As agreed at the last board meeting, a consistent approach to RAG rating which could be adopted across a variety of performance and assurance reports is needed. The following is a suggested approach, which has been used in the attached report and will be adopted for future reporting purposes if approved by the Board:</p>

- **Blue:** Action completed.
- **Green:** On-target to deliver actions within agreed timeframes.
- **Amber Green:** Off trajectory but ability/confident can deliver actions within agreed time frames.
- **Amber Red:** Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame
- **Red:** Actions/targets will not be delivered

Overview of current assurance level:

Principle strategic objective	Principle strategic risk	Assurance level
1. Improve the health of the people we serve and reduce health inequities	1.1 Inequalities across the Trust footprint	A/G
	1.2 Inability to create person centred delivery	A/G
	1.3 Health and safety compliance issues	G
	1.4 Variation in clinical practice	A/G
2. Improve the quality and experience of the care we provide	2.1 Poor clinical information	A/G
	2.2 Inability to recruit and retain staff	A/G
	2.3 Failure to crease learning environment	A/G
	2.4 Failure to embed Trust mission, vision, values	G
3. Improve our use of resources	3.1 Failure to manage costs to deliver capital programme	A/G
	3.2 Failure to develop commissioner support leading to loss of contracts/income	A/G
	3.3 Failure to delivery efficiency improvements/CIPs	A/R
	3.4 Failure to meet strategic objective due to capacity and resources	A/G

Organisational risk register

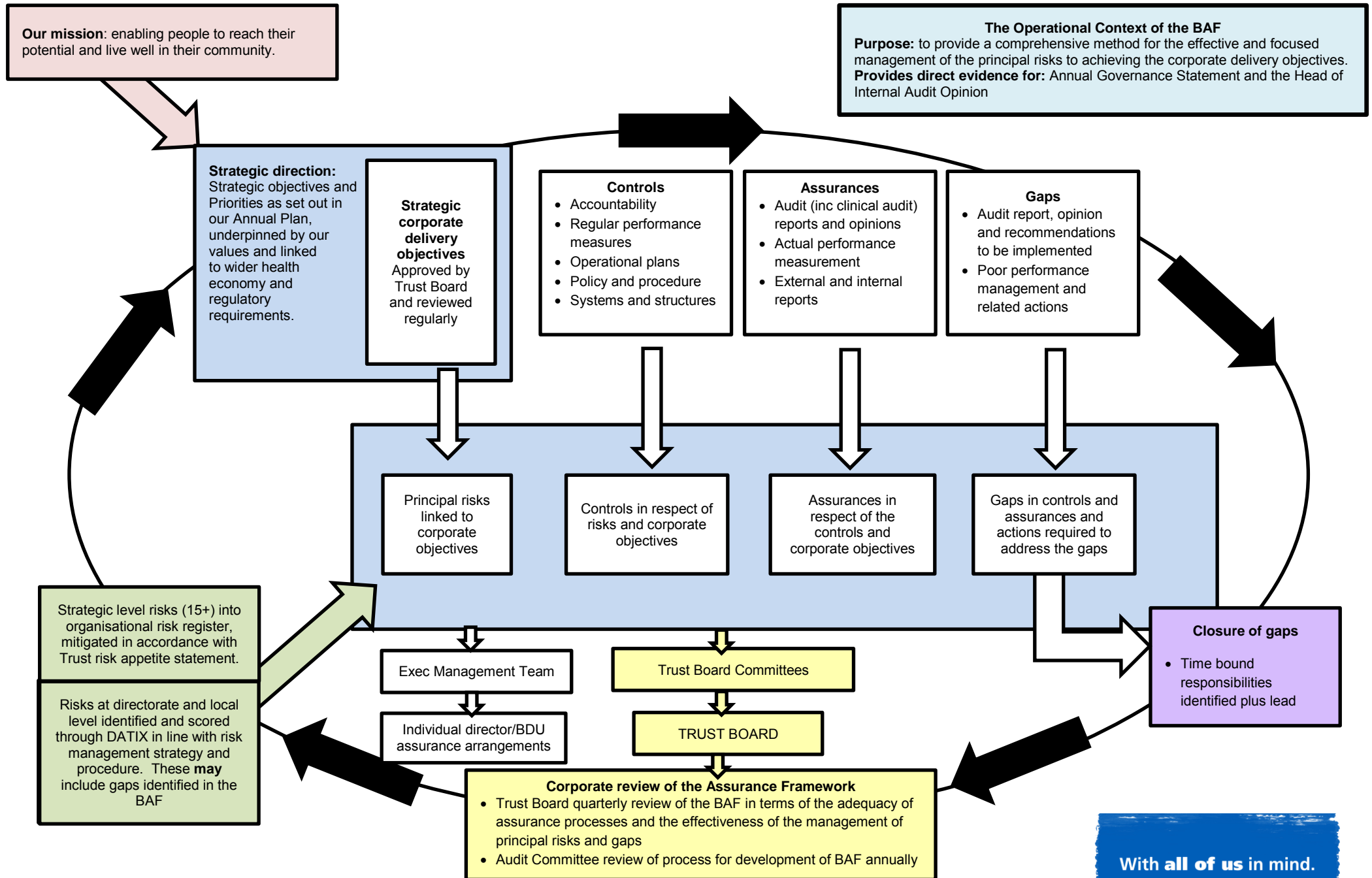
The organisational risk register records high level risks in the organisation and the controls in place to manage and mitigate the risks. The risk register is reviewed by the Executive Management Team (EMT) on a monthly basis, risks are re-assessed based on current knowledge and proposals made in relation to this assessment, including the addition of any high level risks from BDUs, corporate or project specific risks and the removal of risks from the register.

As part of the development of the revised Board assurance framework, a comprehensive review of the risk register was undertaken by the EMT led by the Director of Corporate Development to ensure the risks on the risk register reflected the Trust's current position and were aligned with the Trust's revised strategic objectives. The risk register contains the following risks.

- No. 275 impact on the demand for services as a result of continued reduction in Local Authority funding (LA as a provider).
- No. 695(a) impact on clinical services if the Trust is unable to achieve the

	<p>transitions identified in the Trusts 5 year plan.</p> <ul style="list-style-type: none"> - No. 695(b) financial unsustainability if the Trust is unable to achieve the transitions identified in the Trusts 5 year plan. - No. 772 impact on level of financial resources to commission services as a result of continued reduction in Local Authority budgets (LA as Commissioner). - No. 812 impact of commissioning intentions from CCGs and NHS England due to the impact of funding restrictions, other system pressures and the creation of local place based solutions. - No. 850 impact of RiO 7 upgrade on clinical services. <p>A number of possible new risks have been identified in relation to the following and these will be reviewed in the next iteration of the organisational risk register.</p> <ul style="list-style-type: none"> - The risk on an increase in information governance incidents. - The long waiting lists to access child and adolescent mental health services. - The risk of Trust systems being target of cyber-crime. - The availability of cash to support the Trust's capital programme. - The risk of decommissioning and the impact on the Trust's sustainability. - The risk of medication supply from 1 April 2017.
Recommendation:	<p>Trust Board is asked to:</p> <ul style="list-style-type: none"> ➤ NOTE the controls and assurances against corporate objectives for Q2 2016/17; ➤ NOTE the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable.

ASSURANCE FRAMEWORK – STRUCTURE AND PROCESS



Assurance Framework 2016/17 Quarter 2

KEY: BDU= Business Delivery Unit Directors, CEO=Chief Executive Officer, DCD=Director of Corporate Development, DFPI=Director of Finance Performance and Information, DHII=Director of Health Intelligence and Improvement, DHR=Director of Human Resources, DMECD= Director of Marketing, Engagement and Commercial Development, DNCGS=Director of Nursing Clinical Governance and safety, IDSP=Interim Director of Strategic Planning, MD=Medical Director.
AC=Audit Committee, EF-Estates Forum, EMT=Executive Management Team, CGCS=Clinical Governance & Clinical Safety Committee, MHA=Mental Health Act Committee, R&TSC=Remuneration and Terms of Service Committee.. Note 1=Policy Lead as applicable to policy type ORR=Organisational Risk Register. RAG Rating: **Blue:** Action completed; **Green:** On-target to deliver actions within agreed timeframes; **Amber Green:** Off trajectory but ability/confident can deliver actions within agreed time frames; **Amber Red:** Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame; **Red:** Actions/targets will not be delivered.

Principle Strategic Objective: 1. Improve the health of the people we serve and reduce health inequalities	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	As noted below	EF, EMT, CGCS, MHA,	Q1 A/G	Q2 A/G	Q3	Q4

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
1.1	Differences in commissioned services and local strategic priorities across our districts leading to service inequalities across the Trusts footprint					A/G
1.2	Trust plans for service transformation are not aligned to multiplicity of stakeholder requirements leading to inability to create a person centred delivery system.					A/G
1.3	Failure to deliver the estates strategy and capital programme leading to health & safety and compliance issues, poor service user and staff experience					G
1.4	Differences in the services provided due to local strategic priorities and internal variation in practice may result in inequitable service offers across the whole Trust					A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)						Director lead
C.1	Senior representation on local partnership boards, building relationships, ensuring transparency of agenda's and risks, facilitating joint working, cohesion of policies and strategies, ability to influence future service direction (1.1, 1.2)					CEO
C.2	Annual Business planning guidance in place standardising process and ensuring consistency of approach across the Trust, standardised process in place for producing businesses cases with full benefits realisation (1.1, 1.2)					IDSP
C.3	Formal contract negotiation meetings with clinical commissioning and specialist commissioners underpinned by legal agreements to support strategic review of services (1.1)					IDSP
C.4	Development of joint Quality Innovation Productivity Prevention (QIPP) plans and Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with QIPP plans and CQUIN targets in place. (1.1)					BDU
C.5	Trust performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (1.1, 1.2)					DFPI
C.6	Cross-BDU performance meetings established to identify performance issues and learn from good practices in other areas (1.1, 1.4)					BDU
C.7	Director leads in place for revised service offer through transformation programme, work streams and resources in place, overseen by project boards and EMT (1.1, 1.3).					BDU
C.8	Project Boards for transformation work streams established, with appropriate membership skills and competencies, PIDs, Project Plans, project governance, risk registers for key projects in place (1.2, 1.3, 1.4)					BDU IDSP
C.9	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (1.2)					DHR
C.10	Further round of Middle ground developed, delivered and evaluated linked to organisational and individual resilience to support staff, prepare for change and transition and to support new ways of working (1.2)					DHR
C.11	Partnership Boards established with staff side organisations to facilitate necessary change (1.2, 1.3)					DHR
C.12	Estates Forum in place with defined Terms of Reference chaired by a NED, supported by Estates TAG ensuring alignment of Trust strategic direction, with estates strategy and capital plan with identification of risk and mitigating action to meet forward capital programme (1.3)					DHR
C.13	Framework in place to ensure feedback from customers, both internal and external (including feedback loop) is collected, responded to, analysed and acted upon (1.2, 1.4)					DCD
C.14	Communications and Engagement Strategies and approaches in place for service users/carers, staff and stakeholders/partners , engagement events gaining insight and feedback, including identification of themes and reporting on how feedback been used (1.2)					DHR DCD DMECD
C.15	Policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval (1.1)					Note 1
C.16	Governors engagement and involvement on Member Council and on working groups, holding NEDs to account (1.2, 1.4)					DCD

		Report Title/Date
A.1	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor (IDSP)	Budget and draft operational plan approved by Trust Board March 2016. External review of plan undertaken by Deloitte undertaken March 2016 (reporting to April 2016 Trust Board). Through 2016/17, supported by monthly financial reporting to Trust Board and Monitor and quarterly exception reports.
A.2	Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan DCD)	Audit Committee April 2016 and Trust Board April 2016.
A.3	Quarterly Monitor exception report to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken, which includes confirmation that the Trust complies with the conditions of its Licence and, where it does/may not, the risk and mitigating action (DCD)	Quarterly exception reporting and self-certification to Trust Board. Quarterly review meeting with Monitor supported by Monitor's formal letter in response to quarterly submission.
A.4	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks (BDU)	Bi-monthly meetings of EMT (general) provide focus for the Trust's transformation plans. Transformation update also provided to Trust Board on a quarterly basis.
A.5	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems (CEO)	Quarterly reviews with Directors undertaken by the Chief Executive and key points and issues summarised following each review.
A.6	Business cases for expansion/change of services approved by EMT and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework (BDU)	Bids and tenders report (standing item delivery EMT) May 2016
A.7	Monthly/Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken (DFPI)	Monthly performance and finance reporting to EMT and Trust Board.
A.8	Monthly review and monitoring of performance reports through Delivery EMT deviations identified and remedial plans requested (DFPI)	Monthly performance and finance reporting to EMT and Trust Board.
A.9	Independent PLACE audits undertaken and results and actions to be taken reported to EMT, Members' Council and Trust Board (DHR)	Update provided to Clinical Governance and Clinical Safety Committee April 2016
A.10	Rolling programme of staff, stakeholder and service user/carers engagement and consultation events (DHR DCD DMECD)	Staff engagement strategy approved by Trust Board with implementation plan approved by EMT.
A.11	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities (DNCGS)	
A.12	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives (CEO)	Quarterly strategy sessions in place
A.13	Service user survey results reported annually to Trust Board and action plans produced as applicable (DCD)	
A.14	CQC registration in place and assurance provided that Trust complies with its registration (DNCGS)	Trust is registered with the CQC and assurance process in place through the Director of Nursing to ensure continued compliance.
A.15	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board (DNCGS)	Unannounced and planned visits programme in place.
A.16	Strategic overview and analysis of partnerships in line with Trust vision and objectives through EMT (CRM system) (DMECD)	Bi-monthly meetings of EMT (general) include an assessment and analysis of Trust relationship and partnership with its stakeholders. This includes an analysis of risk and mitigation.
A.17	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken. Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DCD)	Quarterly reports to Trust Board. Triangulation of risk, performance and governance presented to each Committee
A.18	Staff wellbeing survey results reported to Trust Board and/or Remuneration and Terms of Service Committee and action plans produced as applicable (DHR)	Remuneration and Terms of Service Committee July 2016

Gaps in control and what do we need to do to address these and by when	Date
<ul style="list-style-type: none"> - ORR no 275 and 772 impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the ORR - ORR no. 695(a) –Impact on clinical services unable to achieve the transitions identified in the 5 Year Plan - ORR no. 812 – commissioning intentions, being mitigated through action plans as set out in the ORR 	Quarter 3 Quarter 4 Quarter 3

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
<ul style="list-style-type: none"> - Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers. 	Dec.2016

Rationale for current assurance level
<ul style="list-style-type: none"> - Independent well-led review assessed the Trust as Green in two areas and amber/green in eight areas with action plan in place to move towards green. - Contracts agreed with commissioners and clarification of approach to Barnsley 0-19 services. - Clear strategic approach identified for 2016/17 and operational plan submitted to Monitor following Trust Board approval. - Transfer in accordance with agreed timescales Barnsley 0-19 services. - In the main, positive Friends and Family Test feedback from service users and staff. - Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract and establishment of Programme Board. - Establishment of locality Recovery Colleges and production of co-produced prospectus. - Increasing capacity of Creative Minds through partnership development. - Development of Spirit in Mind partnership network. - Regular Board-to-Board meetings with partners (such as Calderdale and Huddersfield NHS Foundation Trust). - Trust involved in local Vanguard and STP's. - Chair and Chief Executive have key roles in Mental Health Network (NHS Confederation) and NHS Providers. - Involved in development of Accountable Care Organisation in Barnsley.

Principle Delivery Objective: 2. Improve the quality and experience of the care we provide	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	As noted below	EMT, R&TSC, IM&T Forum, CGCS	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment						Rag Rating
2.1	Lack of suitable and robust, performance and clinical information systems leading to lack of timely high quality management and clinical information to enable improved decision-making					A/G
2.2	Inability to recruit, retain, skill up, appropriately qualified, trained and engaged workforce leading to poor service user experience					A/G
2.3	Failure to create a learning environment leading to repeat incidents impacting on service delivery and reputation					A/G
2.4	Failure to create and communicate a coherent articulation of Trust Mission, Vision and Values leading to inability for staff to identify with and deliver against Trust Strategic objectives					G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)						Director Lead
C.1	IM&T strategy in place and assured through IM&T forum supporting delivery of strategic objectives, agile working, estates strategy, underpinned by IM&T Forum, with defined terms of reference, chaired by a NED (2.1)					DFPI
C.2	Development of data warehouse and business intelligence tool supporting improved decision making (2.1)					DFPI
C.3	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (2.2)					DHR
C.4	A set of leadership competencies developed as part of the leadership and management development plan supported by coherent and consistent leadership development programme (2.2)					DHR
C.5	HR processes in place ensuring defined job description, roles and competencies to meet needs of service, pre-employment checks done re qualifications, DBS, work permits (2.2)					DHR
C.6	Trust Board sets the Trust vision and corporate objectives as the strategic framework within which the Trust works (2.4)					CEO
C.7	Performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (2.1, 2.2, 2.3)					DFPI
C.8	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives (2.4)					IDSP
C.9	Weekly serious incident summaries to EMT supported by quarterly and annual reports to EMT, Clinical Governance and Clinical Safety Committee and Trust Board (2.3)					DNCGS
C.10	Leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services (2.2, 2.3)					BDU
C.11	Trust Board approved strategic objectives supporting delivery of Trust mission, vision and values monitored through appraisal process down through director to team and individual team member (2.4)					CEO
C.12	Risk assessment and action plan for delivery of CQUIN indicators in place (2.1)					IDSP
C.13	Risk assessment and action plan for data quality assurance in place (2.1)					DFPI
C.14	Values-based appraisal process in place and monitored through KPI's (2.2, 2.4)					DHR
C.15	Values-based Trust Welcome Event in place covering mission, vision, values, key policies and procedures (2.2, 2.4)					DHR
C.16	Mandatory training standards set and monitored for each staff group (2.2)					DHR
C.17	Staff Engagement Strategy approved by Board and action plan in place (2.2)					DHR
C.18	Medical Leadership Programme in place with external facilitation (2.2)					MD
C.19	OD Framework and plan re support objectives “the how” in place with underpinning delivery plan (2.2)					DHR
C.20	Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training (2.3)					DCD

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Report title/Date
A.1	Quarterly Monitor exception report to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken, which includes confirmation that the Trust complies with the conditions of its Licence and, where it does/may not, the risk and mitigating action (DCD)	Quarterly exception reporting and self-certification to Trust Board
A.2	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems (CEO)	Quarterly reviews with Directors undertaken by the Chief Executive and key points and issues summarised following each review.
A.3	Monthly review and monitoring of performance reports through EMT deviations identified and remedial plans requested (DFPI)	Monthly performance and finance reporting to EMT and Trust Board.
A.4	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives (CE)	Quarterly strategy sessions in place
A.5	CQC registration in place and assurance provided that Trust complies with its registration (DN)	Trust is registered with the CQC and assurance process in place through the Director of Nursing to ensure continued compliance.
A.6	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans (DN)	Unannounced and planned visits programme in place.
A.7	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken (DCD)	Quarterly reports to Trust Board
A.8	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DCD)	Triangulation of risk, performance and governance presented to each Committee
A.9	Assurance reports to Clinical Governance and Clinical Safety Committee covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place (DN)	April 2016 – implantation of smoke-free environment, national audit of schizophrenia, implementation of twelve hour shifts June 2016 - Barnsley 0-19 services, national audit of schizophrenia action plan September 2016 – independent review of Horizon, implementation of smoke-free environment progress report, patient safety strategy progress report Standing items – Quality Accounts, child and adolescent mental health services
A.10	Monthly/Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken (DFPI)	Quarterly quality performance reporting to EMT and Trust Board with supporting, more detailed compliance report
A.11	Annual report to Trust Board to risk assess changes in compliance requirements and achievement of performance targets, in year updates as applicable (DPFI)	Trust Board report April 2016
A.12	Nursing and Medical staff revalidation in place evidenced through report to Trust Board	Independent desk-top review of revalidation process during 2015/16 Q3, which found the process in place is robust, comprehensive and fit for purpose. Annual report to Trust Board June 2015. Appraisers' Forum held three times/year. Exception report to Trust Board September 2016.
A.13	Data quality improvement plan monitored through EMT deviations identified and remedial plans requested (DFPI)	Included in monthly performance reporting to EMT and Trust Board. Regular reports to CG&CS Committee
A.14	Serious incidents from across the organisation reviewed through the Clinical Reference Group including the undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation (DN)	Process in place with outcome reported through quarterly serious incident reporting to EMT, Clinical Governance and Clinical Safety Committee and Trust Board. Learning lessons report presented quarterly to Trust Board.
A.15	Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year for staff in Bands 6 and above and in Q2 for all other staff, performance managed by EMT (DHR).	Monthly performance reports to EMT and Trust Board.
A.16	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board (DN)	Unannounced and planned visits programme in place.
A.17	Information Governance Toolkit provides assurance and evidence that systems and processes in place at the applicable level, reported through IM&T TAG, deviations identified and remedial plans requested receive, performance monitored against plans (DFPI)	
A.18	Monitoring of organisational development plan through EMT, deviations identified and remedial plans requested (DHR)	
A.19	Health Watch undertake unannounced visits to services providing external assurance on standards and quality of care (BDU)	

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Report title/Date
A.20	Independent CQC reports to Mental Health Act Committee provided assurance on compliance with Mental Health Act (DN)	Standing item at Mental Health Act Committee
A.21	External accreditation against IIP supported by internal assessors, ensuring consistency of approach in the support of staff development and links with organisational objectives (DHR)	

Gaps in control and what do we need to do to address these and by when	Date
<ul style="list-style-type: none"> - ORR no 275 and 772 impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the ORR - ORR no. 850 – RiO upgrade implementation, being mitigated through action plans as set out in the ORR - ORR no. 852 – information governance incidents, being mitigated through action plans as set out in the ORR - ORR no. TBC - risk that the Trust's information systems could be the target of cybercrime leading to theft of personal data levels being mitigated through action plans as set out in the ORR - ORR no. TBC - long waiting lists to access CAMHS treatment and ASD diagnosis and treatment leading to a delay in young people starting treatment, potentially causing further deterioration in their mental health and a breakdown of their support networks being mitigated through action plans as set out in the ORR . - Internal audit report – patient property partial assurance with improvement requirements being addressed through BDUs. - Mandatory training standards not being delivered in all areas, routine reports to teams identifying individuals out of compliance. 	Quarter 3 Quarter 2 July 2016 TBC TBC TBC Quarter 3 Quarter 4

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
<ul style="list-style-type: none"> - Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers. - Further updates to CG&CS and Audit Committees on capture of clinical information and impact on data quality - Mandatory training standards not being delivered in all areas, routine reports to teams identifying individuals out of compliance. - Appraisal targets not being met in Q1 2016/17, routine reporting to EMT and R&TSC 	Quarter 3 Dec 2016 Quarter 4 Quarter 3

Rationale for current assurance level
<ul style="list-style-type: none"> - CQC inspection outcome of requires improvement. Services are safe, some areas for improvement, Trust has capacity to implement changes. Trust commended for caring approach of staff within services. - Clear strategic approach identified for 2016/17 and operational plan submitted to Monitor following Trust Board approval. - Contracts agreed with commissioners and clarification of approach to Barnsley 0-19 services. - Successful delivery of plans for 2015/16. - Well-led review undertaken by independent reviewer demonstrated through stakeholder engagement that the Trust's mission and values were clearly embedded through the organisation. - Staff 'living the values' as evidenced through values into excellence awards. - In the main, positive Friends and Family Test feedback from service users and staff. - Embedding of new Trio model bringing together clinical, managerial and governance roles working together at service line level, with shared accountability for delivery. - Strong and robust partnership working with local partners, such as Locals to deliver the Care Close to Home contract and establishment of Programme Board.

Principle Delivery Objective: 3. Improve our use of resources.	Lead Director(s)	Key Board or Committee	Current Assurance Level			
	.As noted	AC, EMT	Q1	Q2	Q3	Q4
			A/G	A/G		

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment		Rag Rating
3.1	Failure to manage costs leading to unsustainable organisation and insufficient cash to deliver capital programme	A/G
3.2	Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being lost, reduction in income	A/G
3.3	Failure to deliver efficiency improvements/CIPs	A/R
3.4	Capacity and resources not prioritised leading to failure to meet strategic objectives.	A/G
Controls – systems and processes (what are we currently doing about the Strategic Risks?)		Director Lead
C.1	Independent “Well led” review of governance arrangements commissioned and action plan in place (3.1, 3.2)	DCD
C.2	Annual financial planning process CIP and QIA process (3.1, 3.3)	DFPI DHR
C.3	Financial control and financial reporting processes (3.1, 3.3)	DFPI
C.4	Production of annual plan and five-year strategic plan demonstrating ability to deliver agreed service specification and activity within contracted resource envelope or investment required to achieve service levels and mitigate risks (3.4)	DFPI IDSP
C.5	EMT review of market assessment against a number of frameworks including PESTEL/SWOT and threat of new entrants/substitution, partner/buyer power. (3.2)	IDSP
C.6	Weekly Operational Requirement Group chaired by Chief Executive providing overview of operational delivery, services/resources, identifying and mitigating pressures/risks (3.1, 3.3)	CEO
C.7	Standing Orders, Standing Financial Systems, scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities (3.1)	DFPI DCD
C.8	Performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (3.1)	DFPI
C.9	Project Management office in place with competencies and skills to support the Trust to make best use of its capacity and resources and to take advantage of business opportunities (3.4)	IDSP
C.10	Standardised process in place for producing businesses cases with full benefits realisation (3.1)	DFPI
C.11	Innovation Framework in place, Innovation fund established to pump prime investment to deliver service change and innovation (3.4)	DHII
C.12	Service line reporting/ service line management approach (3.1)	DFPI
C.13	Finance managers aligned to BDU's acting as integral part of local management teams(3.1,)	DFPI BDU
C.14	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (3.4)	DHR
C.15	Contingency/reserves – budget for anticipated risks of slippage/ under-delivery (3.1)	DFPI
C.16	Development of joint Quality Innovation Productivity Prevention (QIPP) plans and Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with QIPP plans and CQUIN targets in place. (3.3)	IDSP
C.17	Annual Business planning guidance in place standardising process and ensuring consistency of approach across the Trust, standardised process in place for producing businesses cases with full benefits realisation (3.1)	IDSP
C.18	Formal contract negotiation meetings with clinical commissioning and specialist commissioners underpinned by legal agreements to support strategic review of services (3.2)	IDSP
C.19	Trust performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (3.3)	DFPI
C.20	Regular formal contract review meetings with clinical commissioning and specialist commissioning groups (3.4)	

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Report Title/Date
A.1	Quarterly documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems	Quarterly reviews with Directors undertaken by the Chief Executive and key points and issues summarised following each review.
A.2	Monthly review and monitoring of performance reports through EMT deviations identified and remedial plans requested	Monthly performance and finance reporting to EMT and Trust Board.
A.3	Monthly/Quarterly quality/integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken	Monthly/Quarterly quality/integrated performance reporting to Trust Board.
A.4	Audit Committee review evidence for compliance with policies, process, standing orders, standing financial instructions, scheme of delegation, mitigation of risk, best use of resources	Review of standing financial orders October 2016, tender process – cost/benefit analysis October 2016
A.5	Quarterly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity	Executive Management Team and Trust Board April 2016
A.6	Sustainability action plans monitored through Sustainability TAG, deviations identified and remedial plans requested.	
A.7	Annual Governance Statement reviewed and approved by Audit Committee and Trust Board and externally audited	Annual Governance Statement 2015/16 approved by Audit Committee in May 2016.
A.8	Market analysis reviewed through EMT, market assessment to Trust Board ensuring identification of opportunities and threats	
A.9	QIPP performance monitored through delivery EMT, deviations identified and remedial plans requested	
A.10	Remuneration and Terms of Service Committee receive HR Performance Reports, monitor compliance against plans and receive assurance from reports around staff development, workforce resilience	Standing item at Remuneration and Terms of Service Committee
A.11	Innovation fund allocation approved through EMT with guidance to ensure consistency of approach and alignment with strategic priorities and corporate objectives	
A.12	Benchmarking of services and action plans in place to address variation	
A.13	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor (IDSP)	Budget and draft operational plan approved by Trust Board March 2016. External review of plan undertaken by Deloitte undertaken March 2016 (reporting to April 2016 Trust Board). Through 2016/17, supported by monthly financial reporting to Trust Board and Monitor and quarterly exception reports.
A.14	Innovation fund allocation approved through EMT with guidance to ensure consistency of approach and alignment with strategic priorities and corporate objectives	
A.15	Business cases for expansion/change of services approved by EMT and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework (BDU)	Bids and tenders report (standing item delivery EMT)
A.16	Strategic overview and analysis of partnerships in line with Trust vision and objectives through EMT (CRM system) (DMECD)	Bi-monthly meetings of EMT (general) include an assessment and analysis of Trust relationship and partnership with its stakeholders. This includes an analysis of risk and mitigation.
A.17	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DCD)	Triangulation of risk, performance and governance presented to each Committee

Gaps in control and what do we need to do to address these and by when	Date
<ul style="list-style-type: none"> - ORR no. 695(b) – Financial unsustainability if unable to achieve transitions identified in Trust 5 Year Plan, being mitigated through actions set out in ORR. - ORR no. TBC - risk that the Trust may run out of cash given the high value capital programme committed to, leading to an inability to pay staff and suppliers without DH support. - ORR no. TBC - risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective. 	Quarter 4 TBC TBC

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
<ul style="list-style-type: none"> - SITREP reports being reviewed by ORG and assurance provided through EMT - Completion of review of decision-making framework (Scheme of Delegation) to inform delegated authority at all levels (to Audit Committee) - Review of contingencies and reserves to meet potential shortfall in CIP 	Quarter 3 Quarter 4 Quarter 2

Rationale for current assurance level

- Independent well-led review assessed the Trust as Green in two areas and amber/green in eight areas with action plan in place to move towards green by end of Q1 2016/17.
- Holding significant income streams with local authorities in the current climate will generate risk.
- Risk of potential STP driven change may impact on our service portfolio.
- Clear strategic approach identified for 2016/17 and operational plan submitted to Monitor following Trust Board approval.
- Contracts agreed with commissioners.
- Impact of new Single Oversight Framework on Trusts Governance rating re failure to delivery against agency spending cap.
- Internal audit reports – management of service level agreements – partial assurance with improvements required; financial management and reporting – significant assurance with minor improvement opportunities; risk management and board assurance framework – significant assurance.

Risk profile Trust Board 25 October 2016

Consequence (impact/severity)	Likelihood (frequency)				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)				> Local commissioning intentions (812) = Impact on clinical services if unable to achieve transitions in five-year strategy plan (695(a)) = Financial sustainability if unable to achieve transitions in five-year strategy plan (695(b)) < Upgrade to RiO (850)	
Major (4)				= Reduction in local authority funding to commission services (772)	= Reduction in local authority funding to provide services (275)
Moderate (3)					
Minor (2)					
Negligible (1)			RA (275), (695(a)), (695(b)), (772), (812), (850)		

= same risk assessment as last quarter
 ! new risk since last quarter
 RA risk appetite

< decreased risk rating since last quarter
 > increased risk rating since last quarter

ORGANISATIONAL LEVEL RISK REPORT

Trust Board 25 October 2016

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

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

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures	Consequence (current)	Likelihood (current)	Rating (current)	Risk level (current)	Summary of risk action plan	Fin cost (£)	Risk owner	Expected date of completion	Monitoring & reporting requirements		Risk level (target)	Is this rating acceptable?	Comments/ Next milestone	Risk review date
275	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Continued reduction in Local Authority funding (LA as a provider) may impact upon demand for health services as a consequence of cost and demand shifting, which may impact on capacity and resources within integrated teams for service provision. This creates potential service and clinical risks including impact on waiting times, assessment, treatment and management of risk.	<ul style="list-style-type: none"> Agreed joint arrangements for management and monitoring delivery of integrated teams Monthly review through delivery EMT of key indicators, which would highlight if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation Weekly risk scan by Director of Nursing and Medical Director to identify any emerging issues, reported weekly to EMT. 	4 Major	5 Almost certain	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none"> Continues to be monitored through BDU/commissioner forums. Given ongoing financial austerity review of planned activity is reflected in annual plan submission (SR / KT / CH) Develop Board-to-Board meeting with Barnsley CCG to agree objectives to facilitate a system response to current challenged. (SR) Joint commissioned work between Trust and Wakefield Council to provide baseline for ensuring joint service provision for mental health service is fit for purpose linked to system wide transformation and MCP Vanguard (SR) Joint working with Calderdale Council under review through consideration of new ways of working in MCP Vanguard (KT) Increase use of service line reporting and health intelligence to drill down to facilitate early detection of quality issues (MB) Identification of leading indicators to highlight where local authority service change and / or benefits changes lead to increased demand. (SR / KT / CH) Quarterly Strategic overview of business and associated risks to EMT and Trust Board. (JS) 		SR on behalf of BDU Directors	Ongoing risk	BDU (weekly) EMT (monthly) Trust Board (each meeting through integrated performance report) Annual review of contracts and annual plan at EMT and Trust Board	12 (4* 3)	Amber/High (8-12)	Current: no Target: yes	As per actions. [Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee, setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board
695 (a)	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Risk of adverse impact on clinical services if the Trust is unable to achieve the transitions identified in the Trust's five year plan.	<ul style="list-style-type: none"> Transformation project boards in place, Trust transformation plans reviewed through EMT and assurances into Board Service quality metrics in place highlighting potential hotspots and areas for action and take action as appropriate. 	5 Major	4 Likely	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none"> Active stakeholder management to create opportunities for partnership and collaboration which are reflected in corporate objectives (KT / CH / SR) Quarterly review and update of strategy by Trust Board (JD) Increased use of service line management information (MB) Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models and sustainable services (JD) Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans / CEO leads the West Yorkshire STP (RW / AD) Active engagement in place based plans (JD) Development of pricing principals to engage with commissioners (MB) Update five year forward plan and actions in light 		KT on behalf of BDU Directors	As per transformation programme	EMT (monthly) Transformation board (monthly) Trust Board (quarterly)	8 (2* 4)	Amber/high (8-12)	Current: no Target: yes	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board

									of updated planning assumptions and system intelligence.									
695 (b)	Corporate/organisati on level risk (corporate use only EMT)	Trust wide (Corpora te support services)	Risk of financial unsustainability if the Trust is unable to achieve the transition identified in the five year plan.	<ul style="list-style-type: none">➢ Updated position submitted in 2016/17 operational plan submitted to NHS Improvement in April 2016. Demonstrates recurrent financial surplus in 16/17 after achievement of challenging CIP➢ Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation Plans / CEO leads the West Yorkshire STP➢ Active engagement on place based plans➢ Enhanced management of CIP programme in 2016/17 including a targeted management and admin review and effective use of temporary staffing.	5 Major	4 Likely	20	Red/extr eme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Increased use of service line management information (MB)➢ Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models of care and sustainable services (JD)➢ Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans / CEO leads West Yorkshire STP (RW / AD)➢ Development of pricing strategy to engage with commissioners in 2016/17 (MB)➢ Enhanced management of CIP programme in 2016/17 including a targeted management and admin review and effective use of temporary staffing (MB)➢ Update five year forward plan in light of updated planning assumptions and system intelligence (MB)		Direct or of Finan ce (MB)	Annual review	EMT (monthly) Trust Board (quarterly)	8 (2* 4)	Amber/ high (8-12)	Curren t: no Target : yes	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board
772	Corporate/organisati on level risk (corporate use only EMT)	Trust wide (Corpora te support services)	Impact of continued reduction in Local Authority budgets (LA as commissioner) may have a negative impact on level of financial resources available to commission services.	<ul style="list-style-type: none">➢ District integrated governance boards established to manage integrated working with good track record of co-operation➢ In all geographic areas the Trust is a partner in developing integrated working to reduce overall costs in the system➢ Maintenance of good strategic partnerships through maintenance of positive relationships with Local Authority staff through EMT and operational contacts. Positive engagement of overview and scrutiny transformation boards➢ Monthly review through performance monitoring governance structure of key indicators, which would indicate if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation➢ At least monthly review of bids management in relation to services commissioned by local authorities➢ Regular ongoing review of contracts with local authorities.	4 Major	4 Likely	16	Red/extr eme /SUI risk (15-25)	<ul style="list-style-type: none">➢ Continues to be monitored through BDU / commissioner forums. Given ongoing financial austerity review of planned activity is reflected in annual plan submission (SR / KT / CH)➢ Agreement of safe transfer plan for 0–19 services in Barnsley with local authority (SR)➢ Part of Integration Board which is chaired by Locala and includes local authority to develop wider system integration following award of Care Closer to Home contract for community services in Kirklees (KT)➢ Work in partnership with Locala as a lead provider of an integrated 0-19 service for Kirklees (CH)➢ Service line strategy review work tested with Trust Board identified direction of travel for service lines, which are challenged by NHS and local authority austerity and commissioning practices. Enables timely decision making (exit / partner etc.) as opportunities arise (SR / KT / CH)➢ Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans / CEO leads West Yorkshire STP (RW / AD)➢ Further support for the transfer and redeployment of staff (AD)➢ Creation of alternative delivery of services and mitigate financial risks (SR / KT / CH)		SR on behalf of BDU Direct ors	Annual review	EMT (monthly) Trust Board (each meeting) Annual review of contracts and annual plans at EMT and Trust Board	12	Amber/ high (8-12)	Curren t: no Target : yes	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board

812	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Risk that Trust's sustainability will be adversely impacted by commissioning intentions from CCGs and NHS England due to impact of funding restrictions, other system pressures and the creation of local place based solutions.	<ul style="list-style-type: none"> ➤ Developing a clear service strategy through the internal transformation programmes to engage commissioners and service users on the value of services delivered ➤ Ensure appropriate Trust participation and influences in STP, place based solutions and other system transformation programmes ➤ Progress on system and service transformation reviewed by Trust Board and EMT ➤ Quality Impact Assessment process for CIP and QIPP savings ➤ Horizon scanning for current measures ➤ Planned improvement in bid management process including additional skills building an increase in joint bids with partners ➤ Alignment of contracting and business development functions to support a proactive approach to retention of contract income and growth of new income streams ➤ Quarterly investment appraisal report to EMT and Trust Board 	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none"> ➤ Trust is proactive in involvement and influence in system transformation programmes, which are led by commissioners and include four Vanguard programmes (RW) ➤ Alignment of our plans with CCGs commissioning intentions (SR / KT / CH) ➤ Horizon scanning for new business opportunities (JD) ➤ Develop a communication, engagement and involvement strategy and subsequent annual action plans (KH) ➤ Maintain tight control on costs to maximise contribution (MB) ➤ Review of CQUIN income attainment by EMT and OMG with action plan to improve (JD) ➤ Update of strategy and two year plan requirements (JD / MB) ➤ Review of commissioning intentions by EMT and contract negotiation stances and meetings in place to progress agreement of contracts for 2017/18 and 2018/19 (JD) ➤ Develop a more systematic and robust approach to stakeholder engagement, with relationship management arrangements in place through EMT (KH) 		Interim Director of Planning and Strategy (JD)	Ongoing	EMT (monthly) Trust Board business and risk (quarterly)	8	Amber/high (8-12)	Current: no Target: yes	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board
850	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	The upgrade to RiO V7 has resulted in system functionality and operational issues which are impacting on the Trust's ability to effectively support clinical services operationally as well as in the production and submission of central returns and accurately recording clinical coding information.	<ul style="list-style-type: none"> ➤ Daily issue management ongoing ➤ IM&T co-ordinating with clinical services and P&I colleagues in reviewing / testing resolutions provided by system supplier, Servelec Healthcare, in respect of system usability and dataset submission reporting ➤ Issues identified and raised with the supplier. Proposed solution(s) tested before implementation ➤ Update of national OCS files to RiO. ➤ New version of medicode available for installation which includes the diagnosis module ➤ Health & Social Care Information Centre have been informed and a request to put a health warning on our data has been sent 	4 Major	5 Almost certain	20	Red/extreme /SUI risk (15-25)	<ul style="list-style-type: none"> ➤ Targeted approach to advice and support from Information Governance Manager through proactive monitoring of incidents (MB) ➤ Rebranded materials and advice to increase awareness in staff and reduce incidents (MB) ➤ Increase in training available to teams including additional e-learning and face to face training from Q4 (MB) ➤ Weekly internal call to assess impact of fixes and prioritisation of further work / developments (MB) ➤ Weekly calls with Servelec to discuss impact of fixes implemented and development of further fixes (MB) ➤ Commission a review of evaluating a new system (MB) ➤ Implement actions from Deloitte independent review and KPMG internal audit. 		Dir. of Finance (MB)	31/10/2016	Weekly update call EMT IM&T Forum Trust Board		Yellow/Moderate (4-6))	Current: no Target: yes	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite]	Every three months prior to business and risk Trust Board

[illegible]

Trust Board 25 October 2016 Agenda item 12

Title:	Board self-certification and assessment of operational, clinical and quality risks (NHS Improvement Quarter 2 return 2016/17)
Paper prepared by:	Director of Corporate Development
Purpose:	To enable Trust Board to be assured that sound systems of control are in place including mechanisms to identify potential risks to delivery of key objectives.
Mission/values:	Compliance with NHS Improvement's Risk Assessment Framework supports the Trust to meet the terms of its Licence and supports governance and performance management enabling the Trust to fulfil its mission and adhere to its values.
Any background papers/ previously considered by:	The exception report to NHS Improvement highlights issues previously reported to Trust Board through performance and compliance reports.
Executive summary:	<p>Quarter 2 assessment</p> <p>NHS Improvement have advised that due to the launch of the new Single Oversight Framework (from 1 October 2016) they will not be collecting the Q2 governance returns this month. Due to the timing of Trust Board in October 2016, full performance information is not available to complete the exception report usually presented to Trust Board prior to submission to NHS Improvement. Should NHS Improvement request the Q2 governance return prior to the next Trust Board meeting, Trust Board will be asked to delegate authority to the Chair/Deputy Chair and Chief Executive to approve the final version of the Trust's governance return, which includes exception reporting. The finance submission, which was due for submission on 17 October 2016, is summarised in the finance report (agenda item 10).</p> <p>Self-certification</p> <p>NHS Improvement authorises NHS foundation trusts on the basis that they are well-governed, financially robust, legally constituted and meet the required quality threshold. Monitor's Risk Assessment Framework (being replaced by the Single Oversight Framework from 1 October 2016) is designed to:</p> <ul style="list-style-type: none"> - show when there is a significant risk to the financial sustainability of a provider of key NHS services, which endangers the continuity of those services through the continuity of services risk rating; and/or - show where there is poor governance at an NHS Foundation Trust through the governance rating. <p>Trust Board is required to provide board statements certifying ongoing compliance with its Licence and other legal requirements to enable NHS Improvement to operate a compliance regime that combines the principles of self-regulation and limited information requirements. Monitor's Risk Assessment Framework required the following statements (will be replaced by the new Single Oversight Framework from 1 October 2016).</p> <ul style="list-style-type: none"> - For continuity of services, that the Trust will continue to maintain a risk rating of at least 3 over the next twelve months (ratings to change

	<p>from 1 October 2016).</p> <ul style="list-style-type: none"> - For governance, that the board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the Framework and a commitment to comply with all known targets going forward. - And that Trust Board can confirm there are no matters arising in the quarter requiring an exception report to NHS Improvement, which have not already been reported. <p>The Framework also uses an in-year quality governance metric. At the time of writing this paper, NHS Improvement had not issued the governance template for Q2. The Trust is required to provide information on the total number of executive (voting) posts on the Board, the number of these posts that are vacant, the number of these posts that are filled on an interim basis, and the number of resignations and appointments from and to these posts in the quarter.</p> <p>Due to the launch of the new Single Oversight Framework, NHS Improvement have indicated that they will not be requiring an in year Governance declaration.</p> <p>Exception report</p> <p>Trust Board is advised that the exception report will contain the following items and is asked to consider whether any further narrative should be included based on the discussions at this meeting.</p> <ul style="list-style-type: none"> - Performance issues. - Care Quality Commission return visit. - Agency spend and impact regarding the new Single Oversight Framework. - Capital transactions. - Third party reports. - Any changes to services and contract risks, such as 0-19 services in Barnsley and Wakefield Health and Wellbeing. - Potential Accountable Care Organisation (ACO) arrangements in Barnsley.
Recommendation:	Trust Board is asked to NOTE the above report and to DELEGATE AUTHORITY to the Chair/Deputy Chair and Chief Executive to APPROVE the submission and exception report to NHS Improvement, subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable.

Trust Board 25 October 2016

Agenda item 13

Title:	Developing a Freedom to Speak Up Guardian network
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	Creating a culture where staff feel safe to raise concerns at work, requires a strong and clear commitment from Trust Board. A key recommendation following the Francis Report is the appointment of or designating an individual as a Freedom to Speak Up Guardian. The purpose of this is to seek support from the Trust Board to progress the development of a Freedom to Speak Up Guardian network in the organisation with the Staff Governors.
Mission/values:	This paper supports directly and indirectly all of the Trust's values, particularly being Open, Honest and Transparent and Respect.
Any background papers/ previously considered by:	The current Whistleblowing Policy was approved in April 2015. In addition, the Audit Committee and Clinical Governance and Clinical Safety Committee have both been involved in reviewing the Trust's approach to raising concerns at work. The Board also received a paper at its July 2016 meeting on Creating a Culture and Safety which included details of the Freedom to Speak Up Guardian role and function. The Board agreed to progress the Freedom to Speak Up Guardian role.
Executive summary:	<p>The Trust has always recognised that it is important to create an organisational culture where staff feel safe to raise concerns at work including malpractice, service user and staff safety issues, harassment and bullying, and fraud. All staff were sent a copy of the Raising Concerns at Work leaflet last year, which was included in the Board paper in July 2016 and it forms part of the induction process. The leaflet outlines the various ways issues that concern staff at work can be raised including use of the Whistleblowing Policy.</p> <p>The Francis report identified the importance of a culture of candour, openness and honesty which enables staff to raise concerns for the safety of patients. A recommendation following the Francis report was the creation of a Freedom to Speak Up Guardian role in NHS Trusts. The role of the Guardian is typically defined as helping to increase the profile of raising concerns, providing confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concerns has been handled. Details of the Freedom to Speak Up role and duties were included in the July Board paper.</p> <p>There have been a number of different approaches to establishing the Freedom to Speak Up Guardian external appointments, attaching it to a current role and nomination and election process.</p> <p>The nature and size of the Trust led to some concerns that a single person in the role could be too stretched and isolated, therefore the possibility of creating a network of guardians has been explored. This led to discussions with all the staff governors about how the freedom to speak up guardian role might be incorporated into their role to create a network. The appointment of Staff Governors being through election by their peer group does offer the potential for greater independence as well as an already established network. It was felt that the addition of this work could enhance their current role and contribution to the Members Council and Trust. There was some discussion on a potential of a</p>

	<p>conflict of interest and the size of the workload. The Staff Governors agreed to a pilot with a 6 month review.</p> <p>The Trust has adopted a multi-channelled approach to staff raising concerns at work as described in the aforementioned leaflet included in the last board paper. The good practice guidance recommends that there should be a variety of methods staff can safely raise issues including, but not exclusively through, a Whistleblowing Policy.</p> <p>The Trust's Whistleblowing Policy has an informal stage and formal stage. The informal stage involves the matter being dealt with through the normal professional and/or line management arrangements. The formal stage is invoked where either the matter cannot be resolved through the informal process or it would not be appropriate to use the informal stage. Formal Whistleblowing cases normally involve referral to the designated senior manager who is the Director of Nursing. In circumstances where it would not be appropriate to refer the matter to the designated senior manager then it may be referred to the Deputy Chair of the Trust who is the Senior Independent Director. It is proposed a summary report of formal Whistleblowing cases are reported to the Clinical Governance and Clinical Safety Committee every 6 month.</p> <p>This paper seeks the support from the Trust Board to the pilot for the Staff Governors to create a Freedom to Speak Up Guardian network with a 6 month review. If the Trust Board supports then an action plan will go to the next appropriate Clinical Governance and Patient Safety Committee on the implementation and review process for the pilot. In addition the Board is asked to agree the reporting arrangements for formal whistleblowing cases.</p>
Recommendation:	Trust Board is asked to SUPPORT both the development of a pilot Freedom to Speak Up Guardian network with the Staff Governors.
Private session:	Not applicable.

Trust Board 25 October 2016

Agenda item 15 – Assurance from Trust Board Committees

Audit Committee

Date	4 October 2016
Presented by	Laurence Campbell
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ presentation on managing cyber risk including understanding data assets, current levels of system penetration, and proposals going forward. ➤ risk management review and risk appetite including work with Deloitte. ➤ internal audit review on patients' property, IT capability, and delays with implementation of recommendations. ➤ external audit higher level of materiality. ➤ agency spend caps.

Equality and Inclusion Forum

Date	10 October 2016
Presented by	Ian Black
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ Equality Impact Assessment on target for compliance by 31 March 2017 for existing services. Transformation and change assessments being done as services change in culture from a compliance exercise to undertaking EIA assessments by "standing in others shoes". ➤ BAME Staff Network held its first meeting with over 50 people attending. Themes from the network will be taken into the Equality and Inclusion Forum to ensure follow up of actions. ➤ Staff wellbeing survey statistics with disabled staff highlighted as having poorer wellbeing across many areas. A new disability staff network to be set up during 2017 to understand and tackle these areas. ➤ Board equality work is underway towards our first two month seconded person in time for October public board and November Members Council as part of the The Insight Programme to encourage more diversity at Board level.