

**Members' Council
Wednesday 26 July 2017**

12:30pm (with lunch available from 12noon) to 3:30pm

Large conference room, Wellbeing and Learning Centre, Fieldhead, Ouchthorpe Lane, Wakefield, WF1 3SP

Item	Time	Subject Matter	Presented by		Action
1.	12:30pm	Welcome, introductions and apologies	Ian Black, Chair	Verbal item	To receive
2.	12.35pm	<u>Members' Council business items</u>			
	2.1	Lead Governor appointment	Ian Black, Chair on behalf of the Nominations Committee	Paper	To agree
3.	12.45pm	Declaration of Interests – Further declarations as part of annual exercise	Ian Black, Chair	Paper	To agree
4.	12.50pm	Minutes of the previous meeting held on 28 April 2017	Ian Black, Chair	Paper	To agree
5.	1.00pm	Chair's report and feedback from Trust Board	Ian Black, Chair	Verbal item	To receive
		Chief Executive's comments	Rob Webster, Chief Executive		
6.	1.20pm	Integrated performance report Quarter 1 2017/18. <i>There will also be a presentation of the key issues. The full integrated performance report for month 3 2017/18 will be available at the meeting for information.</i>	Mark Brooks, Director of Finance / Laurence Campbell, Non-Executive Director	Presentation	To receive
7.	1.40pm	Annual report, accounts and Quality Account 2016/17	Mark Brooks, Director of Finance / Laurence Campbell, Non-Executive Director Tim Breedon, Director of Nursing & Quality / Julie Fox, Deputy Chair	Presentation	To receive
8.	2.00pm	Incident management annual report 2016/17	Tim Breedon, Director of Nursing & Quality / Julie Fox, Deputy Chair	Presentation	To receive

Item	Time	Subject Matter	Presented by		Action
9.	2.20pm	Customer services annual report 2016/17	Dawn Stephenson, Director of Corporate Development / Julie Fox, Deputy Chair	Paper	To receive
	2.30pm	Break			
10.		<u>Trust Board appointments</u>			
	2.40pm	10.1 Non-Executive Director appointments	Ian Black, Chair on behalf of the Nominations Committee	Paper	To agree
	2.50pm	10.2 Deputy Chair / Senior Independent Director appointment	Ian Black. Chair on behalf of the Nominations Committee	Paper	To agree
11.		<u>Members' Council business items (continued)</u>			
	3.00pm	11.1 Chairs appraisal	Julie Fox, Deputy Chair / Dawn Stephenson, Director of Corporate Development	Paper	To receive
	3.10pm	11.2 Members' Council Coordination Group annual report 2016/17	Dawn Stephenson, Director of Corporate Development on behalf of the Coordination Group	Paper	To receive
	3.20pm	11.3 Scheme of delegation update	Dawn Stephenson, Director of Corporate Development	Paper	To agree
12.	3.30pm	<u>Closing remarks and dates for 2017</u>	Ian Black, Chair	Verbal item	To receive
		- Annual members meeting – Tuesday 19 September 2017, afternoon meeting (Huddersfield Town Hall, Huddersfield)			
		- Friday 3 November 2017, morning meeting (Elsie Whiteley Innovation Centre, Halifax)			
	3:30pm	Close			

**Members' Council
26 July 2017**

Agenda item:	2.1
Report Title:	Lead Governor Appointment
Report By:	Ian Black on behalf of the Nominations Committee
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to seek the Members' Council approval for the appointment of a Lead Governor.

Recommendation

The Members' Council is asked to CONSIDER and AGREE the recommendation from the Nominations Committee.

Background

From October 2009, Monitor (now part of NHS Improvement) requires all foundation trusts to appoint a Lead Governor. The main duties of the Lead Governor are to:

1. act as the communication channel for direct contact between Monitor/NHS Improvement and the Members' Council;
2. chair any parts of Members' Council meetings that cannot be chaired by the person presiding (that is, the Chair or Deputy Chair of the Trust) due to a conflict of interest in relation to the business being discussed;
3. be a member of Nominations Committee (except when the appointment of the Lead Governor is being considered);
4. be involved in the assessment of the Chair and Non-Executive Directors' performance; and
5. be a member of the Co-ordination Group to assist in the planning and setting of the Members' Council agenda.

The individual appointed should be confident they can undertake the duties outlined above and be able to deal with senior personnel at Monitor/NHS Improvement should the need arise. The individual should also need to:

- have the confidence of Governors and of Trust Board;
- be able to commit the time necessary should the need arise, which may be at very short notice;
- have excellent communication skills, including the ability to influence and negotiate;
- be able to present a well-reasoned argument;
- be committed to the success of the Trust and to its mission, vision, values and goals;
- be able to demonstrate experience of chairing both large and small meetings effectively;

- have the ability to work with others as a team and to encourage participation from less experienced Governors;
- demonstrate an understanding of the Trust's Constitution and how the Trust is influenced by other organisations.

The Members' Council agreed at the time that the Lead Governor should be appointed from publicly elected governors and this process should be overseen by the Nominations Committee. The process was agreed as follows.

1. Publicly elected Council Members would be invited to self-nominate supported by a brief written explanation of why they are putting themselves forward and evidencing how they would be able to fulfil the role.
2. The Nominations Committee would consider the self-nominations and invite shortlisted candidates to make a brief presentation and answer questions based on their 'application'.
3. The Nominations Committee would then consider the self-nominations and make a recommendation to the full Members' Council.

Andrew Hill, publicly elected Governor for Barnsley, was the Lead Governor from 22 July 2016; however, he was not re-elected in the April 2016 election process leaving the post vacant.

Process

The Chair invited expressions of interest from publicly elected Governors at the Members' Council meeting on 28 April 2017. Following the meeting, the Chair wrote to all Governors on 15 May 2017 formally inviting applications. Two (2) self-nominations were received.

The Nominations Committee invited the nominees to the Committee meeting on 13 June 2017 to discuss their applications.

Outcome

The members of the Nominations Committee individually assessed the candidates applications and following a discussion by the Committee, it was unanimously resolved to recommend the appointment of Jackie Craven as Lead Governor for a period of two (2) years.

**Members' Council
26 July 2017**

Agenda item:	3
Report Title:	Members' Council Declaration of Interests
Report By:	Dawn Stephenson on behalf of the Chair
Job Title:	Director of Corporate Development / Company Secretary
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this item is to provide information regarding the declarations made by governors on their interests as set out in the Constitution and Monitor (now NHS Improvement) Code of Governance.

Recommendation

The Members' Council is asked to NOTE the individual declarations in addition to those declared at the meeting on 28 April 2017 and to CONFIRM the changes to the Register of Interests.

Background

The Trust's Constitution and the NHS rules on corporate governance, the Combined Code of Corporate Governance, and NHS Improvement require a register of interests to be developed and maintained in relation to the Members' Council. During the year, if any such Declaration should change, governors are required to notify the Trust so that the Register can be amended and such amendments reported to the Members' Council.

Both the Members' Council and Trust Board receive assurance that there is no conflict of interest in the administration of the Trust's business through the annual declaration exercise and the requirement for governors to consider and declare any interests at each meeting.

There are no legal implications arising from the paper; however, the requirement for governors to declare their interests on an annual basis is enshrined in the Health and Social Care Act 2012 in terms of the content of the Trust's Constitution.

These declarations of interest are in addition to those declared at the Members' Council meeting on 28 April 2017.

Process

The Integrated Governance Manager is responsible for administering the process on behalf of the Chair of the Trust and the Company Secretary. The declared interests of governors are reported in the annual report and the register of interests is published on the Trust's website.

Members' Council Declaration of Interests

Governor	Description of interest
ALEXANDER, Neil Publically elected, Calderdale	No interests declared.
BARKWORTH, Bill Publically elected, Barnsley	➤ Director of Barkworth Associates Limited.
HARRISON, Lin Staff elected, Psychological therapies	➤ Member of the Labour party.
HARRISON, Tina Publically elected, Kirklees	No interests declared.
MINOCHA, Debika Publically elected, Wakefield	No interests declared.
SMITH, Richard Appointed, Kirklees MC	No interests declared.
WILSON, Gemma Staff elected, Nursing Support	No interests declared.

Minutes of the Members' Council meeting held on 28 April 2017

Present:	<p>Bill Barkworth Ian Black Bob Clayden Jackie Craven Andrew Crossley Adrian Deakin Stefanie Hampson Nasim Hasnie John Haworth Carol Irving Sarah Kendal Ruth Mason Bob Mortimer Jules Preston Phil Shire Peter Walker</p>	<p>Public – Barnsley Chair Public – Wakefield Public – Wakefield Public – Barnsley Staff – Nursing Appointed – Staff side organisations Public – Kirklees Staff – Non-clinical support Public – Kirklees Appointed – University of Huddersfield Appointed – Calderdale and Huddersfield NHS Foundation Trust Public – Kirklees Appointed – Mid Yorkshire Hospitals NHS Trust Public – Calderdale Public – Wakefield</p>
In attendance:	<p>Dr Adrian Berry Mark Brooks Laurence Campbell Alan Davis Charlotte Dyson Julie Fox Kate Henry Chris Jones Sean Rayner Dawn Stephenson Karen Taylor Rob Webster Salma Yasmeen</p>	<p>Medical Director / Deputy Chief Executive Director of Finance and Resources Non-Executive Director Director of HR, OD and Estates Non-Executive Director Deputy Chair Director of Marketing, Communication and Engagement Non-Executive Director BDU Director, Barnsley and Wakefield Director of Corporate Development (author) BDU Director, Calderdale and Kirklees Chief Executive Director of Strategy</p>
Apologies:	<p><u>Members' Council</u> Shaun Adam Marios Adamou Garry Brownbridge Jessica Carrington Claire Girvan Andrew Hill Chris Hollins Chris Pillai Daniel Redmond Caroline Saunders Jeremy Smith Richard Smith Hazel Walker Gemma Wilson David Woodhead</p>	<p>Public – Barnsley Staff – Medicine and Pharmacy Staff – Psychological therapies Appointed – Wakefield Council Staff – Allied Health Professionals Public – Barnsley (Lead Governor) Public – Wakefield Appointed – Calderdale Council Public – Calderdale Appointed – Barnsley Council Public – Kirklees Appointed – Kirklees Council Public – Wakefield Staff – Nursing support Public – Kirklees</p>
	<p><u>Attendees</u> Tim Breedon Rachel Court Carol Harris</p>	<p>Director of Nursing and Quality Non-Executive Director BDU Director, Forensic and Specialist Services</p>

MC17/15 Welcome, introductions and apologies (agenda item 1)

Ian Black (IB), Chair, welcomed everyone to the meeting including Bill Barkworth newly elected public governor for Barnsley who would take up his new appointment from the 1 May 2017.

IB informed the Members' Council of the sad news of the passing of Michael Fenton, public governor for Kirklees. Dawn Stephenson (DS) attended the funeral on behalf of the Trust and the Members' Council. Those in attendance observed a minutes silence in memory of Michael Fenton. IB advised that he would send a condolence letter on behalf of the Members' Council to Michael Fenton's family.

Action: Ian Black

MC17/16 Declaration of Interests – annual exercise (agenda item 2)

The Trust's Constitution and the NHS rules on corporate governance require a register of interests to be maintained in relation to the Members' Council. Members are required to notify the Trust of any declarations and any changes to allow the Register to be amended. Any such changes are reported to the Members' Council, providing assurance that there is no conflict of interest in the administration of the Trust's business. The declared interests of governors are reported in the annual report and the register of interests is published on the Trust's website.

There were no declarations over and above those set out in the report.

It was RESOLVED to NOTE the individual declarations from governors and CONFIRM the changes to the register of interests.

MC17/17 Minutes of the previous meeting held on 3 February 2017 (agenda item 3)

It was RESOLVED to APPROVE the minutes from the meeting held on 3 February 2017.

MC17/18 Chair's report and feedback from Trust Board (agenda item 4)

Chair's report and feedback from Trust Board

IB began his remarks by reporting that following the Care Quality Commission (CQC) review, which had been reported to the previous meeting, the Trust had now received the final report. This demonstrated significant progress from the previous visit which had resulted in an overall score of 'requires improvement'. The full details would be presented at agenda item 6.

IB updated on the Non-Executive Director (NED) replacement process in respect of Jonathan Jones who retired December 2016, and Julie Fox who will be leaving following her second term of office at the end of July 2017. The Trust held four open evenings across the footprint which were well attended by interested candidates. The closing date for applications is 5 May 2017. Following the completion of the recruitment process, as previously agreed by Members' Council, a recommendation will be made by the Nominations Committee to the July 2017 Members' Council meeting.

IB informed Members' Council of a proposal by the Charitable Funds Committee to extend the Staff lottery out to our members. Charlotte Dyson (CD) and DS explained the safeguarding's that would be in place to ensure that members did not feel obligated to join the lottery. The income would fund additional items to make a difference to our service users, over and above those we are commissioned to provide. A survey has been circulated to

members to gauge interest in joining the Trust lottery. Any concerns or queries regarding the lottery to be directed to DS.

IB drew Members' Council attention to "a save the date leaflet" in their packs regarding the date for their next Annual Members Meeting on 19 September 2017 at the Huddersfield Town Hall. He asked for ideas of what they would like to see showcased to be provided to the Membership Office.

Chief Executive Comments

Rob Webster (RW) outlined the national headlines around Brexit and the recently called elections. NHS Providers will use this opportunity on behalf of members to push the key elements to delivering NHS strategic priorities. The next steps in delivering the Five Year Forward View will be done in collaboration with the South and West Yorkshire Sustainability and Transformation Plans (STP), focusing on moving from the planning to implementation stage and closing the care and financial gaps.

The news around the NHS tends to focus on the negative but, if we turn the lens on our Trust, we have been recognised by the Care Quality Commission (CQC) as moving from 'requires improvement' to 'good' in just nine months. Quality has improved and our overall performance is green whilst managing to meet financial targets and deliver a small surplus. We have financed new buildings across our sites and supported our staff around agile working in these facilities with the provision of over 2,500 computers, which also allow people to be supported at home more efficiently. We have a lot to be proud about, 2017/18 will be challenging but we are well placed to take on that challenge.

Bob Mortimer (BM) asked about the extra money the NHS is supposed to have received. RW responded, outlining that we have discussed the additional funding with Clinical Commissioning Groups (CCG) who have received growth of around 2%. The Trust received correspondence from CCG's stating that they are investing in mental health services, however this may not always be with the Trust and could be with primary care services or the voluntary sector. Investment is variable across the patch and may not always be to the level that we would like. This will be picked up through contracting meetings to understand where the money has gone.

BM offered his congratulations regarding the CQC visit. RW expressed his thanks to staff, whose commitment to our service users and the Trust is reflected in the improvements.

MC17/19 Integrated Performance Report (IPR) Quarter 4 2016/17 (agenda item 5)

Mark Brooks (MB) explained that in the absence of Tim Breedon he would be covering both the finance and quality aspects of the report. He outlined the key areas in respect of quarter 4 from the detailed Integrated Performance Report (IPR) that went to the Trust Board meeting on 25 April 2017:

- 2.5% of income (£4.5m) from commissioners is dependent on delivering against a number of quality indicators. We achieved £3.9m with a positive performance on falls and patient safety, staff health and wellbeing measures and flu vaccinations, delivering the highest improvement rate for a Trust in the country in respect of flu vaccinations. We underachieved on mental health clustering, cardio metabolic assessment and the NHS safety thermometer. As a learning organisation we will build on these as areas for improvement.

- Safer staffing – overall fill rates remain above 90% for registered staff on both days and nights. Where wards fall below the 80% escalation threshold, processes are in place to alert, rectify and learn from this.
- Patient experience – Friends and Family Test (FFT) 98% of users would recommend our community services, with 83% recommending our Mental Health Services. The reasons for being unlikely to recommend services were in the main due to access / waiting times which are being discussed with our commissioners.
- Incidents – reduction in reported incidents overall compared to previous quarters, but we have seen an increase in Serious Incidents (SI) in Q4, relating to confidentiality (6), no specific themes emerging. The Trust is focusing on root cause analysis to learn lessons, with supportive training for teams and individuals.
- Single Oversight Framework Risk Rating: Rating of 2 (targeted support), range 1-4, with 1 being the best. Main issue is agency spend.
- Performance against mandated standards of access and outcomes: no areas of risk identified within quarter 4. Continued Improvement in Improving Access to Psychological Therapies (IAPT) treatment within six weeks of referral in last two quarters. Data completeness (recording of accommodation / employment) new indicator is now at 60% and needs to get to 80%.
- Finance - mostly green but rated red re. agency spend which is a key performance indicator (KPI). Net surplus of £0.75m before additional central funding of £1.6m, we achieved our planned surplus which then entitled us to a bonus, which will support investment in buildings and IT.
- Overspend on out of area bed placements reduced to £200k in March.
- Temporary staffing costs continue to exceed plan and targets.
- Cash balance above plan due to lower capital spend, timing of expenditure and capital receipts.
- Cost Improvement Programme delivery £1.1m below plan, with a number of schemes substituted on a non-recurrent basis.
- 95% of supplier invoices paid within 30 days.
- A number of one-off actions were required to enable the full year balanced position to be achieved.
- Operational Plan 2017/18: required to make a surplus of £1m, need £9m of savings, with £6.5m identified to date. Given this gap plus other cost pressures, we are currently £3m short of our target. A number of significant financial risks exist including temporary staffing, out of area beds and retention of services out to tender.

BM asked about out of area placements. MB stated that we would try to admit to the nearest available Trust bed, especially those that border our own, however if someone had to go out of area, we would work with services to repatriate as soon as possible in line with the needs and wishes of the service user. It was noted that on occasions we may provide out of area beds, but this would be an exception.

Andrew Crossley (AC) asked about the number of suicides and if we were an outlier. Dr Adrian Berry (ABe) stated these were small numbers and were within the expected range, although there were nine, there were still nine too many. An item would be included on the agenda for the Members' Council meeting in 2017 on Serious Incidents including suicide.

Action: Tim Breedon

Sarah Kendal (SK) and Jackie Craven (JC) asked about the approaches to reducing agency costs. Alan Davis (AGD) responded that we have an established staff bank and are looking at new roles such as Advanced Nurse Practitioners. We are also working on a number of recruitment initiatives with local Universities to support the delivery of the work force plan. The Trust has a duty to balance the use of agency staff versus providing safe staffing levels which are the priority.

Carol Irving (CI) stated that North Kirklees Clinical Commissioning Group (CCG) was withdrawing a counselling service from local GPs, which would impact on mental health services. RW thanked CI for this information as we were not aware of the change to this service which may have an impact on Improving Access to Psychological Therapies (IAPT) services and it would be discussed with them.

Action: Carol Harris

John Haworth (JH) articulated the current links with Universities to recruit staff and asked what else we can do to retain staff. AGD stated this was a complex issue; we have to be careful not to create a bidding war with other NHS providers, but look to provide a broader range of experiences linked to a good training and development offer to attract and retain staff.

SK asked what we do to retain staff and AGD responded that we do two staff surveys per year which are followed up with team specific action plans. Also, SK observed that there seems to be less of an appetite to train as a nurse, which may be linked to the change from bursaries to loans, or a perception of the quality of life as a nurse, we need to improve the image of nursing to attract and retain staff. Stefanie Hampson (SH) stated that there are now more places for nurses to go to other than the NHS. Bob Clayton (BC) asked if we have work placements for students, this was confirmed.

IB noted that the IPR in the pack was very detailed and asked if the presentation summary provided a good overview. This approach was supported by the Members' Council. IB concluded that the Trust has delivered many good things during 2016/17, however we continue to aspire to be outstanding.

MC17/20 Care Quality Commission – update on our inspection and annual report for unannounced / planned visits (agenda item 6)

Kate Henry (KH) introduced the item, standing in for Tim Breedon. It was noted that the Members' Council had already received communications around the overall result, the key points to note being:

- The original outcome of 'requires improvement' was disappointing.
- As a learning organisation we welcomed the revisit and the Care Quality Commission's (CQC) insight. An independent review is an opportunity to continue improving our services for local people in line with our mission and values.
- We have worked hard to improve our services implementing the action plan we developed from the original visit.
- CQC revisited services in the middle of winter and found significant improvements.
- Infographic shows an improvement from 70% of areas being classed as 'good' or 'outstanding' to 90%.
- All our staff were seen to be kind, caring and compassionate without exception.
- An overall rating of 'good' less than a year after our initial inspection, with services being rated as 'good' for the following areas: safe, effective, caring and well-led.
- We still have some further work to undertake jointly with our commissioners with three services rated as 'requires improvement' as regards responsiveness.
- We've met 15 of our 17 requirement notices – we are still completing actions around breaches in waiting times, with more work to do on the Mental Capacity Act and the recording of staff supervision.
- We have seen a positive culture change, our Trios defining a partnership approach and staff demonstrating they know and live the Trust's values.

- Next steps – new ratings displayed, action plan updated, Quality Summit scheduled for 13 June 2017. We look forward to building on the work that's been done and aim to be outstanding.

Internal visit programme:

- During 2016/17 we reviewed and updated our internal visits process which will now be called Quality Monitoring Visits (QMV).
- Visits initially aimed at teams who received Requirement Notices (regulatory breaches) from the CQC visit in March 2016, looking at progress against action plans, providing support and guidance where issues remained.
- We are updating the QMV programme to align with changes to CQC regime, identifying and sharing good practice, with an increased focus on looking at how teams are meeting equality and diversity needs.

Phil Shire (PS) asked if there was an opportunity for representatives from the Members' Council to be part of the QMV team. IB confirmed this would be something we would want to encourage Governors to support.

MC17/21 Strategy update (agenda item 7)

Salma Yasmeen (SY) shared the progress in developing the Trust's aspirations for the future, key messages included:

- Co-creation of our emerging strategy and strategic framework, strong alignment with Sustainability and Transformation Plans (STPs).
- Taking on board what Members' Council stated is important to the communities we serve.
- Establishing key priorities and supporting programmes which is represented in the "Strategy House" diagram.
- Making the "Strategy" a reality through the implementation roadmap.
- Creating value - better experiences, integrated sustainable and responsive services.

IB reminded governors of the joint Trust Board meeting with the Members' Council that had helped shape the Strategy. Members' Council noted that there was more work required to shape the perceptions of stakeholders around what services we provide as a Trust.

MC17/22 Review and approval of Membership Strategy (agenda item 8)

DS updated on work that the Membership Strategy steering group had been undertaking since the presentation to the Members' Council on 3 February 2017, where the following high level objectives had been agreed:

1. We will build and maintain membership numbers to meet our annual plan targets, ensuring membership is representative of the population the Trust serves.
2. We will communicate effectively and engage with our public members and our staff members, maintaining a two-way dialogue and encouraging more active involvement.
3. Develop an effective and inclusive approach to give our public members and our staff members a voice and opportunities to contribute to the organisation, our services and plans for the future.

The strategy supports the governance arrangements of the Trust, ensuring the Trust is accountable to our local communities and that our services take account of local need. The steering group have done further work on mapping where we are now and where we need to

be, together with the development of a year one-action plan. DS asked the Members' Council to note the progress being made around the membership data cleanse including the focus on collecting emails to support improved contact with our members.

It was RESOLVED to APPROVE the new Membership Strategy and SUPPORT the implementation and delivery of the action plan.

MC17/23 Holding Non-Executive Directors to account (agenda item 9)

IB introduced this discussion item by stating that the duty to hold Non-Executive Directors (NEDs) to account for the performance of the Trust Board is a key part of the governor role. This discussion item is designed to help governors find out more about their NEDs, the role they play in the Trust and how they perform their role as a member of the Trust's unitary board effectively. The format of the session followed the successful "speed dating" format used previously, which the Members' Council Co-ordination Group agreed should be repeated.

IB closed the item by thanking the governors for the challenging questions he had heard being asked at the various tables, supporting the governance of the organisation by holding the NEDs to account.

IB noted that there were separate notes taken of this which will be used in each of the NEDs annual appraisals.

MC17/24 Re-appointment of Non-Executive Director (agenda item 10.1)

Laurence Campbell (LC) left the room for this item.

IB introduced the paper which was supported by the Members' Council Nomination Committee setting out the basis for Laurence Campbell being recommended for a second three year term of office from 1 June 2017 to 31 May 2020.

It was RESOLVED to APPROVE the recommendation from the Nomination's Committee to re-appoint Laurence Campbell as a Non-Executive Director of the Trust, for a further three year period from 1 June 2017.

MC17/25 Chair and Non-Executive Director remuneration (agenda item 10.2)

Ian Black, Laurence Campbell, Charlotte Dyson, Julie Fox, and Chris Jones left the room for this item.

AGD set out the process whereby a review of the NHS Providers Remuneration Survey for 2016 had been used by the Members' Council Nomination Committee to benchmark the current Non-Executive Director (NED) and Chair remuneration.

It was RESOLVED to AGREE the recommendations of the Nominations Committee in relation to the remuneration of the Chair and Non-Executive Directors:

- **Non-Executive Directors would remain at the current levels, but be subject to a 1% increase in line with the national award for NHS staff.**
- **The Chair would progress to the next pay point (the maximum) with effect from May 2016 based on the Chair's 2016 appraisal process completed by the Members' Council in November 2016. For 2017, this would be subject to a 1% increase in line with the national award for staff.**

MC17/26 Members' Council Elections (agenda item 11.1)

DS updated the Members' Council on the outcome of the election process for 2017. The nominations process opened on 2 February 2017 and closed on 2 March 2017. As a result of the process, which had included contested seats in respect of the public constituencies for Barnsley, Kirklees and Wakefield and for the staff seat covering Psychological therapies, the results were as follows:

- Public – Barnsley (2 seats) Bill Barkworth and Andrew Crossley
- Public – Calderdale (2 seats) Neil Alexander and Ian Turnock
- Public – Kirklees (2 seats) Nasim Hasnie (re-elected) and Ian Turnock
- Public – Wakefield (2 seats) Jackie Craven (re-elected) and Debika Minocha
- Rest of Yorkshire (1 seat) no nominations received.
- Staff – Psychological Therapies (1 seat) Lin Harrison.
- Staff – Social care staff working in integrated teams (1 seat) no nominations received.

IB expressed his thanks on behalf of the Members' Council to the retiring governors whose term of office ends on 30 April 2017:

- Barnsley – Andrew Hill (also Lead Governor)
- Calderdale – Trudi Enright and Daniel Redmond
- Wakefield – Hazel Walker
- Staff in Psychological therapies – Garry Brownbridge

It was RESOLVED to RECEIVE the update.

MC17/27 Appointment of Lead Governor (agenda item 11.2)

IB reported, as noted in the earlier item on the outcomes of the Members' Council elections, that Andrew Hill, who was also Lead Governor, was not re-elected. IB expressed his personal thanks to Andrew for his commitment to the role and the support he had provided to himself personally. IB explained the role of the Lead Governor with details set out in the paper and the personal competencies required. The Lead Governor as previously agreed by the Members' Council, will be appointed from the publicly elected governors with the process overseen by the Nomination Committee as follows:

1. Self-nominations from publicly elected members to the Company Secretary by 31 May 2017 with a brief statement explaining why they are putting themselves forward and evidencing how they would be able to fulfil the role.
2. The Nominations Committee will review and shortlist the self-nominations and invite shortlisted candidates to make a brief presentation answering questions based on their 'application'.
3. The Nominations Committee will then consider the self-nominations and make a recommendation to the full Members' Council.

IB also stated he would write to all governors so that all were aware of the application process.

It was RESOLVED to AGREE the process for the appointment of the Lead Governor.

MC17/28 Review of Nominations Committee Terms of Reference (agenda item 11.3)

DS introduced the paper. The Nominations Committee Terms of Reference have been updated following consideration by the Nominations Committee on 11 April 2017 to further clarify the duties of the Committee, reflect the current membership, include the Trust's revised branding, and to ensure consistency with other committees Terms of Reference.

It was RESOLVED to APPROVE the changes to the Nominations Committee Terms of Reference.

MC17/29 Review of Audit Committee Terms of Reference (agenda item 11.4)

DS informed the Members' Council that the Audit Committee Terms of Reference are reviewed on an annual basis as part of the Committee's annual report to Trust Board. These have been reviewed against best practice guidance which includes *"the council of governors being consulted on the terms of reference, which should be reviewed and refreshed regularly"*.

It was RESOLVED to NOTE the changes to the Audit Committee Terms of Reference.

MC17/30 Closing remarks and dates for 2017 (agenda item 12)

IB asked the Members' Council to note the following future meeting dates for the Council:

- Member's Council: Wednesday 26 July 2017, afternoon meeting at the Wellbeing and Learning Centre, Fieldhead, Wakefield
- Annual Members' Meeting: Tuesday 19 September 2017, afternoon meeting at Huddersfield Town Hall, Huddersfield
- Member's Council: Friday 3 November 2017, morning meeting at the Elsie Whiteley Innovation Centre, Halifax

IB encouraged governors to attend the Trust's Public Board meetings, asking governors to let the Membership Office know if they were interested in attending:

- Trust Board: Tuesday 27 June 2017 at Folly Hall, Huddersfield
- Trust Board: Tuesday 25 July 2017 at Kendray, Barnsley
- Trust Board: Tuesday 3 October 2017 at Laura Mitchell House, Halifax
- Trust Board: Tuesday 19 December 2017 at Fieldhead, Wakefield

Julie Fox, as Deputy Chair, reminded Members' Council of the Development Session which would follow the meeting and include the Chair's appraisal process.

Signed **Date**

MEMBERS' COUNCIL 28 APRIL 2017 – ACTION POINTS

Minute ref	Action	Lead	Timescale	Progress
MC17/15 Welcome, introductions and apologies	IB advised that he would send a condolence letter on behalf of the Members' Council to Michael Fenton's family.	IB		Letter sent.
MC17/19 Integrated Performance Report (IPR) Quarter 4 2016/17	Andrew Crossley (AC) asked about the number of suicides and if we were an outlier. Dr Adrian Berry (ABe) stated these were small numbers and were within the expected range, although there were nine, there were still nine too many. An item would be included on the agenda for the Members' Council meeting in 2017 on Serious Incidents including suicide.	TB		Included as part of the incident management annual report 2016/17.
MC17/19 Integrated Performance Report (IPR) Quarter 4 2016/17	Carol Irving (CI) stated that North Kirklees Clinical Commissioning Group (CCG) was withdrawing a counselling service from local GPs, which would impact on mental health services. RW thanked CI for this information as we were not aware of the change to this service which may have an impact on Improving Access to Psychological Therapies (IAPT) services and it would be discussed with them.	CH		It is believed this references the end of a contract commissioned by Clinical Commissioning Groups of New Mind counsellors which is a duplication of IAPT services. If this is the case there would be a positive impact on the Trust with a possible increase in referrals into IAPT services.

**Members' Council
26 July 2017**

Agenda item:	9
Report Title:	Customers Services Annual Report 2016/17
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development
Action:	To receive

EXECUTIVE SUMMARY

Purpose

To note feedback on the experience of using Trust services received via the Customer Services function during 2016/17, the themes arising, learning, and action taken in response to feedback. To note also the summary Friends and Family Test results and comments and the number and types of requests received by the Trust under the Freedom of Information Act.

Recommendation

The Members' Council is asked to RECEIVE the Customer Services Annual Report 2016/17 and NOTE the feedback received through Customer Services in the financial year 2016/17.

Background

A positive service user experience underpins the Trust's mission and all its values. The Trust is open and transparent in responding to requests for information under the Freedom of Information (FOI) Act.

This report provides information on feedback received through Customer Services, the themes indicated, lessons learned and action taken in response to feedback. There were 215 formal complaints in the year and 647 compliments. 510 comments and concerns were raised in addition to formal complaints and the Trust received 381 requests under the FOI Act. Most complaints contain a number of issues; the most frequently raised issues were communication, values and behaviours, care, access, treatment and admission and discharge.

Key areas to note:

- The number of formal complaints decreased compared to 2015/16, with more people being supported to resolve their issues at service level.
- There was a significant increase in comments and concerns on the previous year, as a consequence of complaints being dealt with at a service level.

- 647 compliments were shared with Customer Services from across services; slightly less than the previous year. The team is promoting the importance of submitting compliments so that they can be formally acknowledged and best practice shared. The most common theme in compliments is praise for staff.
- Work is required to improve the timeliness of complaint responses. This is subject to on-going monitoring. The revised toolkit is supporting quality investigations to enable the preparation of detailed and complete responses for director sign-off. The introduction of a paper-light process at director sign-off is intended to simplify and speed up the sign-off process. There is no national target for local resolution of complaint responses but timely response is important in line with Trust values.
- A workshop is planned with the Trust's Quality Improvement Group to review how learning from feedback and incidents is embedded into clinical and operational practice. This will be facilitated at director level, supported by the Integrated Change Team.
- The Trust results for the Friends and Family Test in 2016/17 showed 73% of people using mental health services who completed the Test would recommend them, with 98% recommending community health services. BDUs respond to feedback.
- The Trust responded to 381 requests for information under the FOI Act. Requesters are directed to the publication scheme where possible, complex requests are responded to with information owners and exemptions applied where applicable.

This information is shared with BDUs for review. Responding to feedback and ensuring changes in practice is monitored through BDU governance processes.

This report which has been reviewed by the Trust Board will also be shared with our commissioners and Healthwatch.

Risk Appetite

This report provides information to the Trust Board and Members Council on feedback received about Trust services. Issues are escalated to the medical and nursing director and to the relevant service director to ensure action in line with the Trust's Risk Appetite Statement. Any significant risks would be included in BDU risk registers and in the organisational risk register if appropriate.

Complaint responses are reviewed by the investigator, by general managers and service directors and signed off by the Chief Executive. Delivery of action plans in response to learning from feedback is monitored by BDUs and overseen by service directors.



**South West
Yorkshire Partnership**
NHS Foundation Trust

A large, stylized circular graphic composed of numerous blue brushstrokes of varying lengths and directions, arranged in a radial pattern around a central white circle.

Customer Services – Annual Report 2016 - 2017

With all of us in mind.

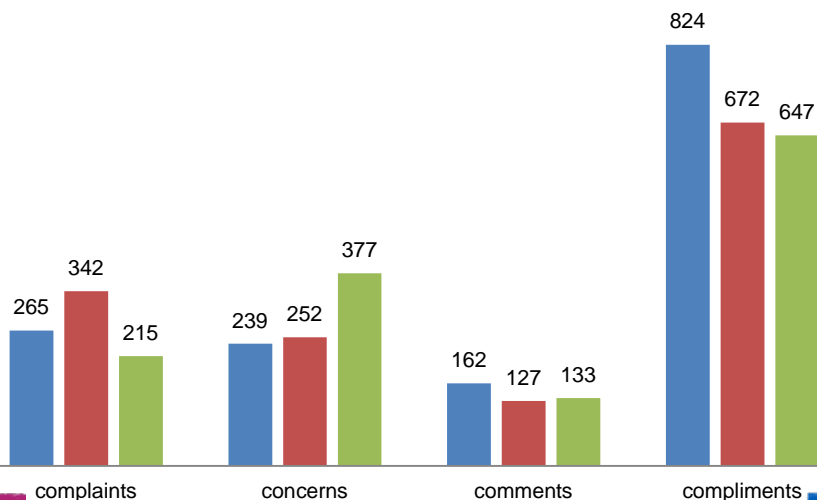
Summary:

- Feedback received through complaints, concerns, comments and compliments totalled **1372 in 2016/17**, a slight decrease on the previous year's figure of 1393.
- **215** formal complaints were received, a **decrease** on the previous year's total of 342. **178** formal complaints were closed.
- **510** comments/concerns were received. This is an **increase** on the previous year's total of **379**.
- **647** compliments were received (672 in 2015/16). The team is promoting the importance of submitting compliments so that they can be formally acknowledged and best practice shared.
- **728** general enquires were responded to in the year in addition to 4C's management. Sign-posting to Trust services was the most frequent enquiry. **1436** staff contacts were recorded.
- **Communication** was identified as the most frequently raised negative issue (66). This was followed by **values and behaviours (staff)**** (55), **patient care** (53), **access to treatment or drugs** (50), **clinical treatment** (36), and **admission and discharge** (31). [Most complaints contained a number of themes].
- **73%** of people using mental health services across the Trust who completed the Friends and Family Test said they would recommend them, **98%** would recommend community health services.

*** further information provided in the report.*

Trust wide issues

■ 2014 - 15 ■ 2015 - 16 ■ 2016 - 17



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.

The Trust works with partners to ensure the complaints process is as simple and straight forward to access as possible and to ensure a joined up approach to responding to feedback about 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, request additional information from the Trust on occasion and signpost local people to the team to share feedback.

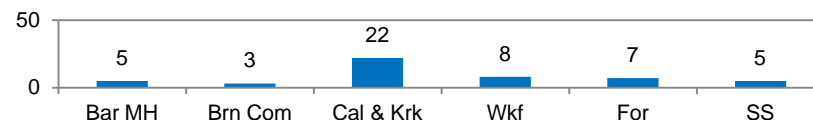
Values and Behaviours (staff)

The Trust received 55 complaints in 2016 -17 that included staff attitude as a factor. Staff attitude was the primary subject matter in 31 complaints and the only factor in 19 complaints.

Across staff groups this related to 26 nurses, 16 consultants, 4 administrative staff other allied health professionals 9.

A further 65 comments and concerns were received which referenced staff attitude but were resolved by the service line to the individual's satisfaction.

values and behaviours as primary subject by BDU



	complaint	concern	comment
Barnsley Hospital NHS Foundation Trust	4	2	0
Barnsley Metropolitan Borough Council	0	1	0
Calderdale and Huddersfield NHS Foundation NHS Trust	1	0	0
Health Watch	1	1	0
Kirklees Council	1	0	0
Mid Yorkshire Hospital NHS Trust	1	2	0
NHS Calderdale CCG	2	1	0
NHS England	1	0	1
NHS Greater Huddersfield CCG	1	0	0
NHS North Kirklees CCG	0	1	0
HMP Wakefield	0	1	0
Sheffield Teaching Hospital	1	0	0
Care Quality Commission	8	3	3
Member of Parliament	13	25	13

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.

25 individuals posted comments on NHS Choices and Patient Opinion in 2016/17. 5 positive experiences were recorded, 1 related to the Speech and Language Therapy Team in Barnsley and 1 for Priory 2, Wakefield. 3 comments did not identify the service the compliment related to. 20 negative comments were noted, 1 related to Psychology Services, Calderdale & Kirklees and 1 Trinity 2, Wakefield. 18 negative comments did not identify the service the feedback related to.

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

Mental Health Act

14 complainants raised concerns with the Trust in 2016/17 regarding detention under the Mental Health Act, 5 of these were raised by relatives.

Of the 9 service users who complained, 6 described themselves as white British, 1 as mixed race and 2 chose not to specify their ethnicity.

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.

PHSO

At the start of the financial year, 5 cases were with the Parliamentary and Health Service Ombudsman (PHSO) for consideration. In 2016-17, 9 complainants asked the PHSO to review their complaint following contact with the Trust. Such cases are subject to rigorous scrutiny by the Ombudsman, including a review of all documentation and the Trust's complaints management processes. Information requested by the Ombudsman in relation to the above was provided within the prescribed timeframe.

During 2016-17, the Trust received feedback from the Ombudsman regarding 9 cases. 4 were closed with no further action required. 5 cases - Wakefield, adult mental health services, Calderdale and Kirklees CAMHS x 2, Barnsley community mental health services and Kirklees community mental health services were reviewed and partially upheld. Action plans for these cases have subsequently been completed, with learning including ensuring consistent care co-ordination, review of section 117 aftercare training for staff, review of current CPA processes and ensuring complaints are not referenced within health records in adult mental health.

The Trust currently has 6 cases pending with the Ombudsman. It can take a number of months before the Ombudsman is in a position to advise the Trust on its decisions (due to the volume of referrals received by PHSO).

CQC/ ICO

During 2016/17 the Trust received 14 requests for information from the **CQC** – 6 relating to forensic services, 4 to acute mental health services, 3 to community services and 1 to older people's services. All issues were subject to investigation and responses provided to the CQC. All cases are closed.

The **Information Commissioner** is currently reviewing the Trust's response to two separate FOI requests made in April 2016 in relation to the provision of Art Therapy in Calderdale.

Equality Data

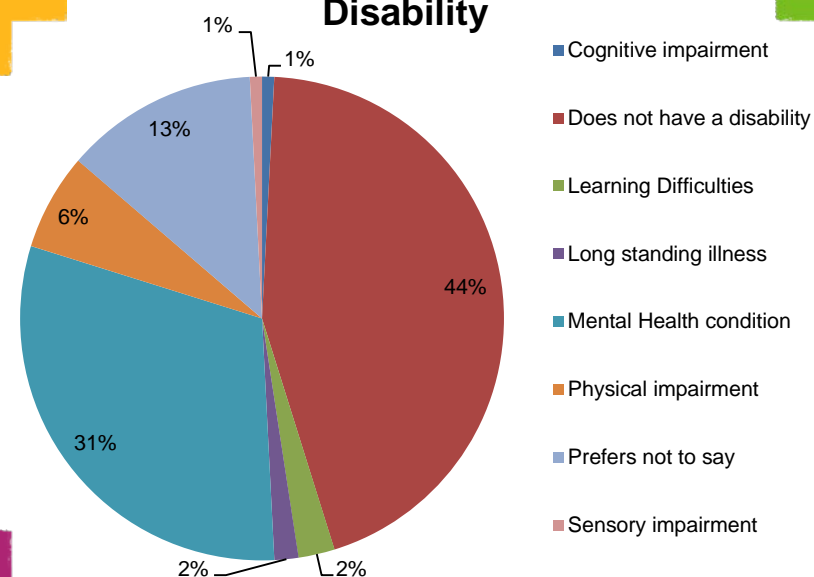
Equality data is an indicator of who accesses the complaints process. It is about the person raising the issue, who is not necessarily the person receiving services. Data is captured, where possible, at the time a formal complaint is made, or as soon as telephone contact is made following receipt of any written concerns. Information is shared with the complainant explaining why collection of this data is important to the Trust to measure equality of access to the complaints process. We offer assurance that providing data has no impact on care and treatment or on the progression of a complaint.

178 complaints were closed. Complaints were raised by service users (78), carers/ and or family members (79) and third party's including MPs (21). Equality data was collected for 114 contacts. 43 complainants declined to provide equality data and data is not collected about 3rd party agents.

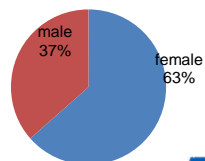
The Team continues to explore best practice in equality data capture, both internally with teams and externally with partner organisations and networks, and incorporates any learning into routine processes.

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

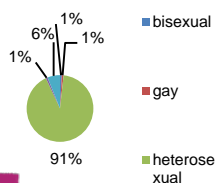
Disability



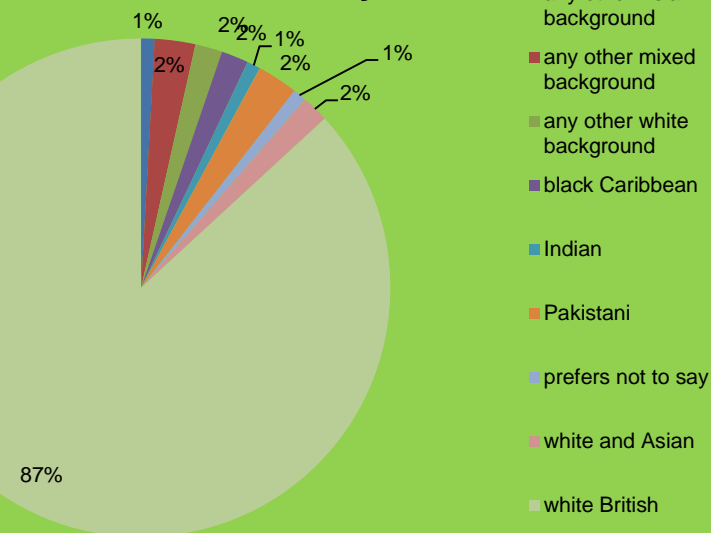
Gender



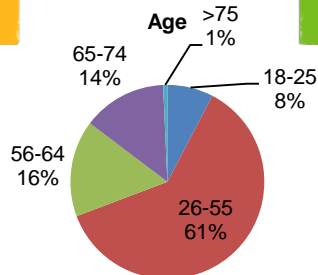
sexual orientation



Ethnicity

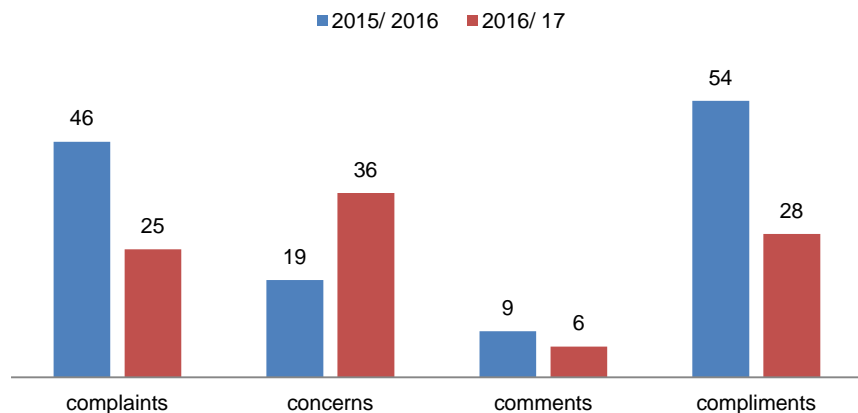


Age

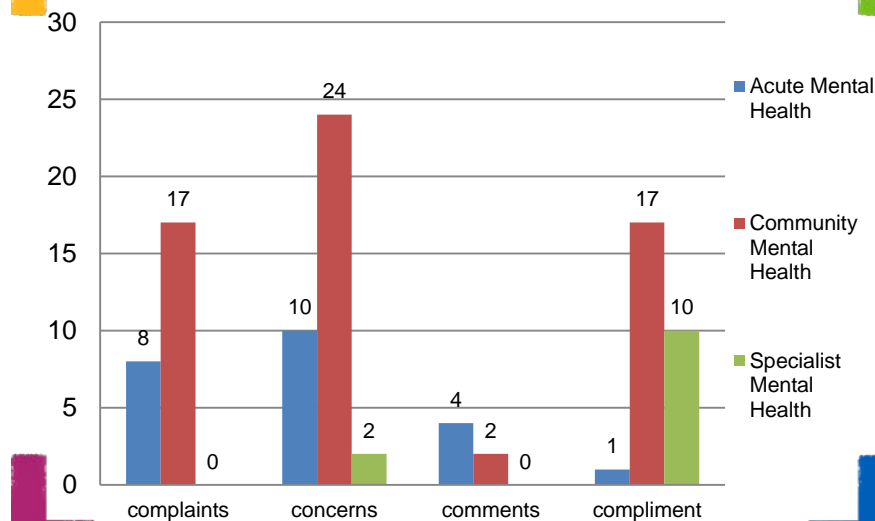


Barnsley Business Delivery Unit Mental Health Services

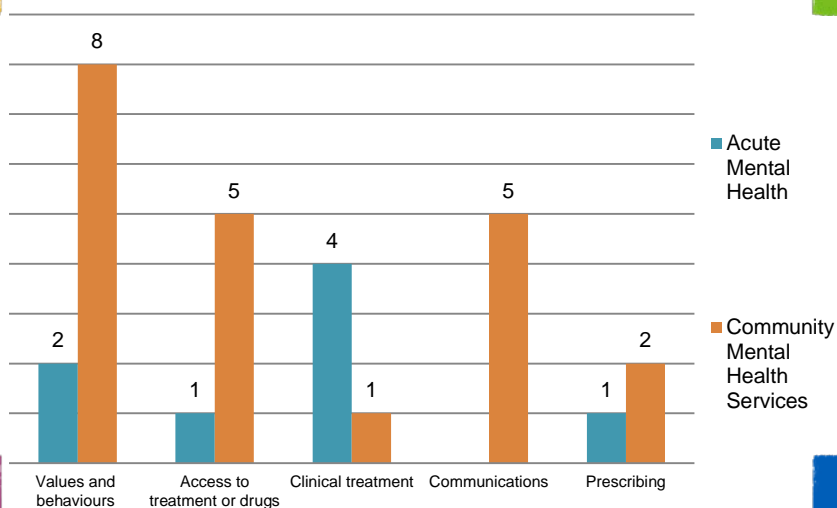
number of issues



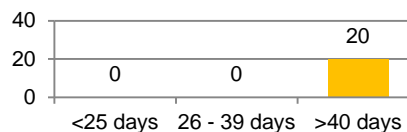
issues



Top 5 themes of formal complaints

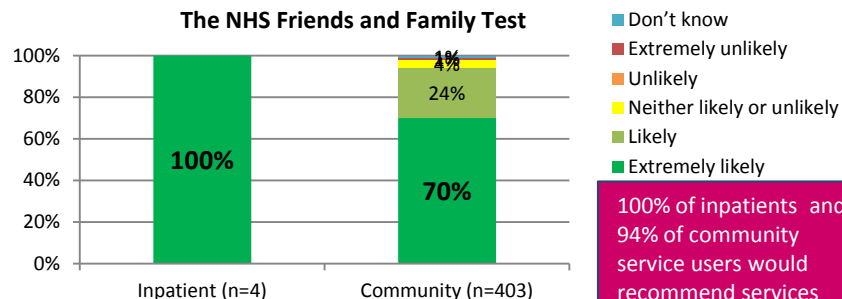


response rate



Scrutiny of issues and responses has added to delays in responding to complainants. Fortnightly 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.

The NHS Friends and Family Test

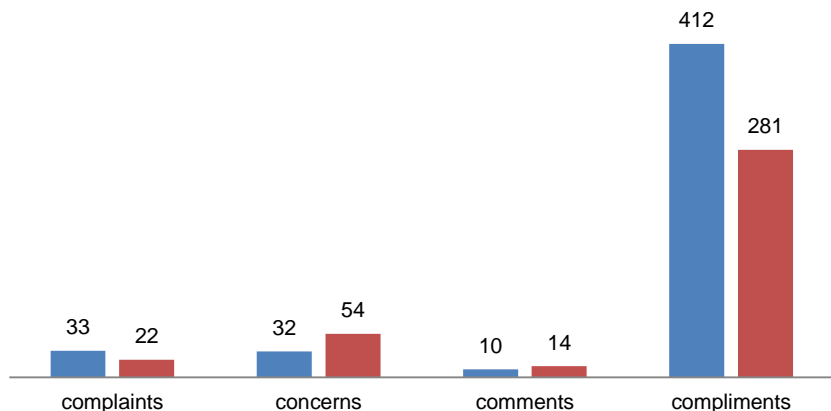


100% of inpatients and 94% of community service users would recommend services

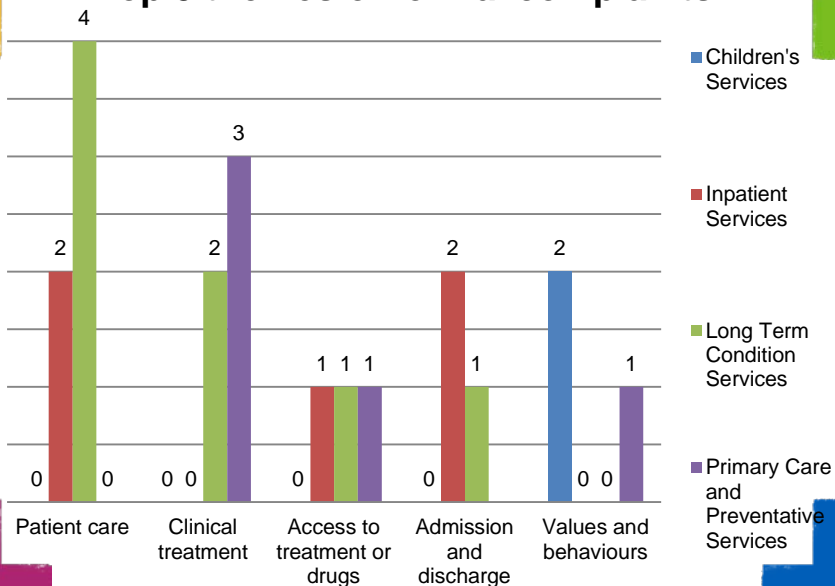
Barnsley Business Delivery Unit General Community Services

number of issues

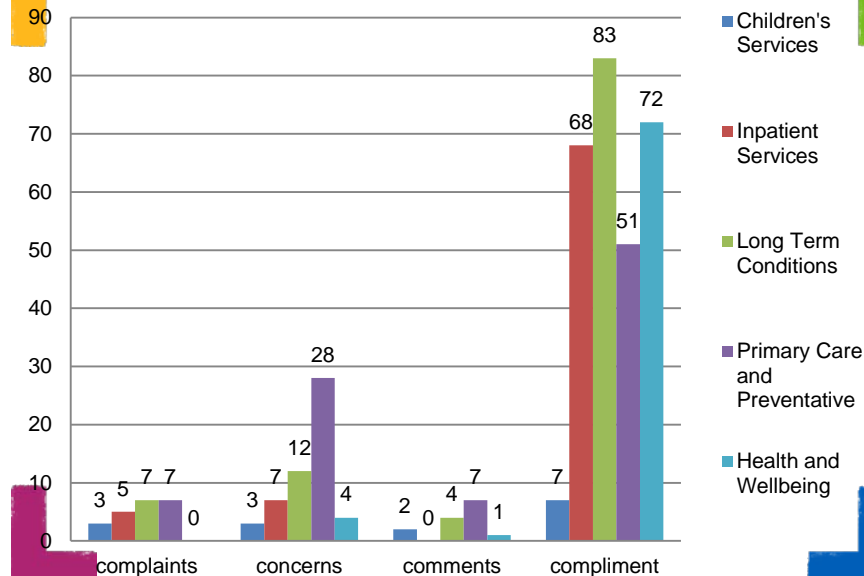
■ 2015/ 2016 ■ 2016/ 17



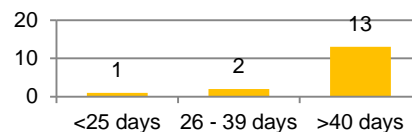
Top 5 themes of formal complaints



issues

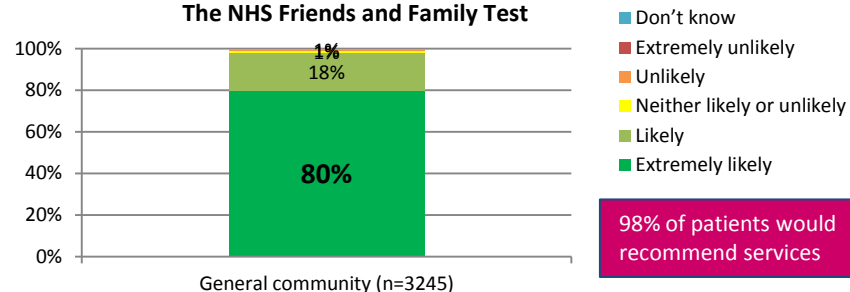


response rate



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The NHS Friends and Family Test



98% of patients would recommend services

Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

Barnsley - Mental Health Services

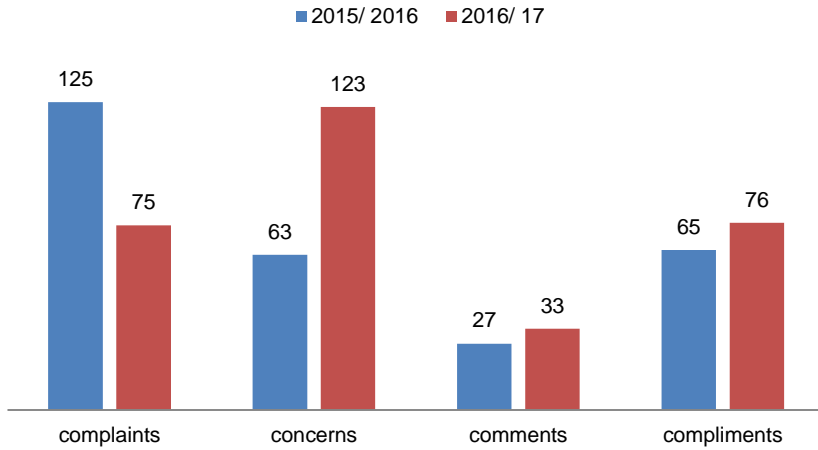
- The importance of checking understanding of information provided to carers/relatives has been reiterated to staff through supervision – *CMHT OPS*
- Staff will ensure service users have sufficient information about the support available following assessment - *CMHT North*
- Staff have been reminded to provide the general switchboard number so that calls can be answered and redirected to help service users contact the appropriate clinician or team – *CMHT North*
- Staff to ensure service users and carers are appropriately signposted to additional sources of support where indicated - *CMHT Dearne*
- 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 manager - *Dearne CMHT*
- Improved information will be made available to service users on the ward regarding the use of seclusion and the circumstances when this might be necessary - *Clark Ward*.
- Staff to ensure discussion with services users (and appropriate family members) following any period of seclusion. This will be monitored through monthly team meetings. Staff will ensure appropriate documentation is completed following any restraint, monitored through clinical supervision and subject to regular audit - *PICU Inpatient Services – Melton Ward*.
- Service manager to review discharge medication system, medication policy and the process for communicating changes to medication - *Willow Ward*.
- The importance of clear communication with carers/relatives has been reiterated during team briefs and staff supervisions - *Willow Ward*.
- Improved information will be provided regarding the process for initial appointments. Additional signage will also be erected at premises used by Trust - *IAPTS*
- The importance of ensuring instructions from legislation are clearly communicated with service users will be reiterated to staff - *CMHT OPS*
- Training to be provided on confidentiality when accessing records - *Recovery College*.

Barnsley - General Community Services

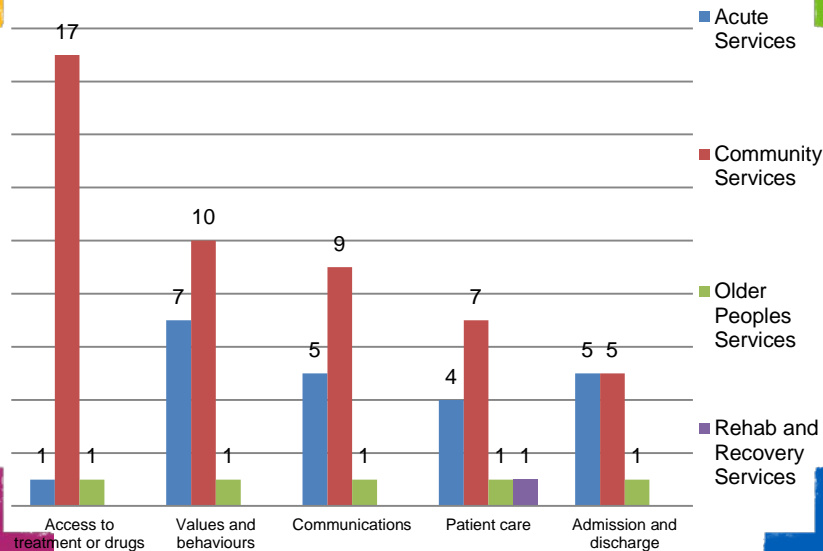
- Staff have been reminded of the importance of providing education and advice to relatives who support care, in order to ensure appropriate techniques are utilised – *Long Term Conditions (District Nursing)*
- Staff have been reminded through routine meetings and supervision of the importance of introducing themselves professionally and explaining their role to new clients - *Physiotherapy/Musculoskeletal, Mount Vernon*
- Staff have been reminded of the importance of ensuring that any communication provided is clear and to ensure patients feel confident in asking for assistance - *Joint Therapy Services*

Calderdale & Kirklees Business Delivery Unit

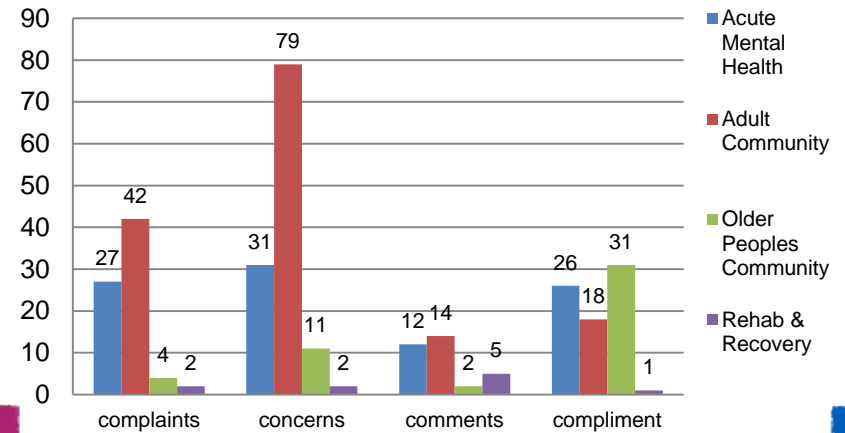
number of issues



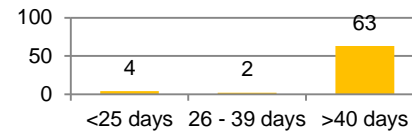
Top 5 themes of formal complaints



issues

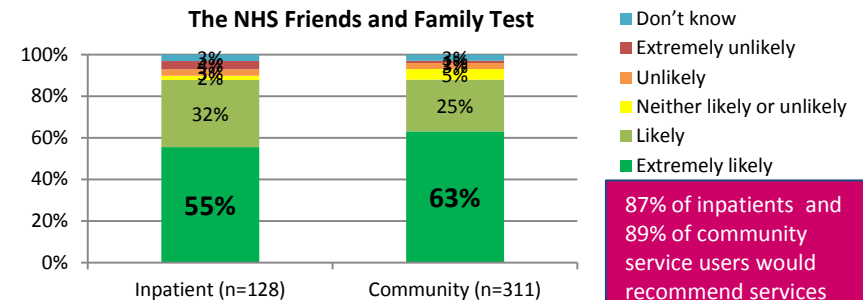


response rate



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The NHS Friends and Family Test



87% of inpatients and 89% of community service users would recommend services

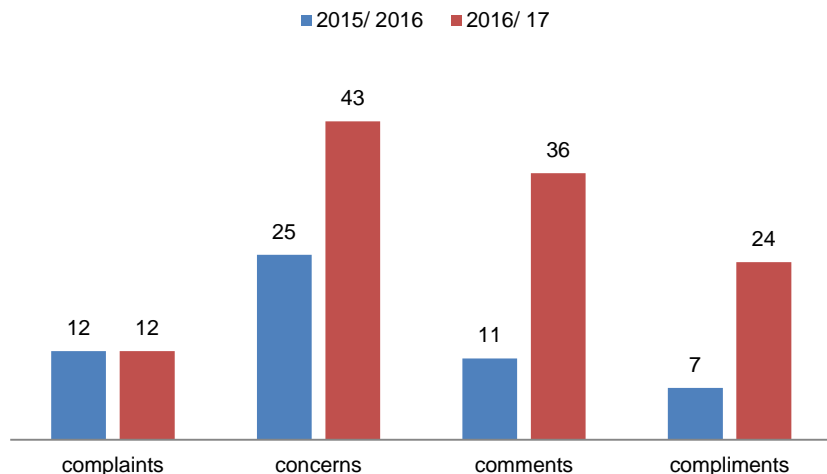
Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

Calderdale & Kirklees Business Delivery Unit

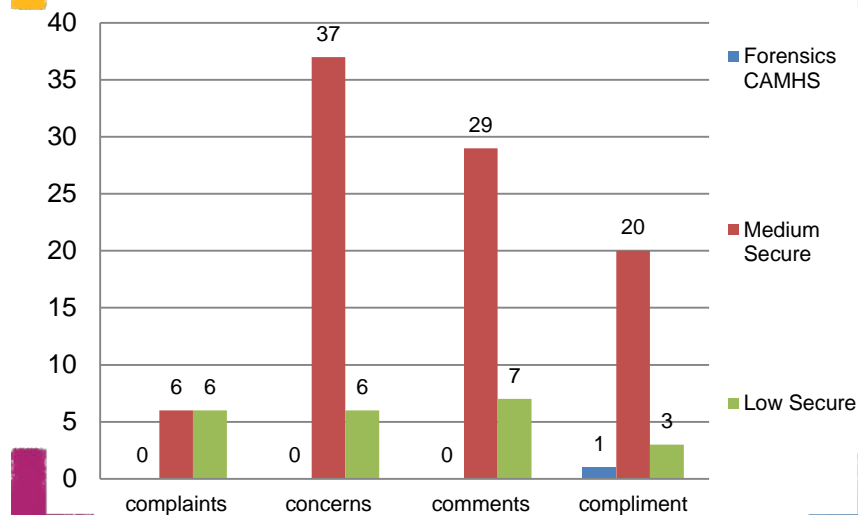
- Staff have been reminded of the importance of clear communication regarding the service offer, support available, and keeping families up to date where appropriate, including timely and accurate record keeping. - *Intensive Home Based Treatment Team (Kirklees)*
- Staff to ensure they clearly explain rights under the Mental Health Act. Staff to also ensure telephone calls are logged and that calls are returned in a timely manner - *Ward 18, Priestley Unit*
- Staff to ensure they check understanding when explanations about care decisions are offered. - *CMHT - Community Therapies Team (South Kirklees)*
- Policies on the management of money and property have been reviewed and appropriate guidance put in place. - *CMHT - Care Management Team (North Kirklees)*
- A new process has been implemented to ensure that when an individual is first offered an appointment with IAPT they are provided with a copy of the Trust's "Confidentiality of your information" leaflet which explains why we collect information, what this might be used for, how we keep people's information safe and any circumstances which might mean we need to share it. *Psychology Services - Kirklees (Adult)*
- Information to be acted on at the earliest opportunity. *Memory Service (OPS)*
- Staff to ensure clear information regarding care and treatment decisions is shared sensitively and without delay. To be monitored through clinical supervision. *CMHT Lower Valley Calderdale*
- All to ensure the leaflet explaining the Mental Health Act is available to service users and carers. *Acute Services – Ward 18*
- Staff to ensure conversations with carers, including explanations regarding clinical decisions, are fully recorded. *Older peoples Services – Inpatient – Ward 19*
- Staff to ensure written information (leaflet) is available when undertaking Mental Health Act assessment in general hospital setting. *CMHT - Care Management Team (N Kirk)*
- 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.*
- Apology provided for lack of consistency regarding consultants. Meeting offered to discuss care and treatment. *CMHT Calder Valley Calderdale*
- Assurances provided that engagement events are currently under way to review services in Calderdale. *Psychological Therapy Services*
- Feedback provided to the domestic team regarding cleanliness. *Acute Services (136 suite)*
- Letters updated with correct contact details, and answer machines now contain up to date information for the service. *CMHT Lower Valley Calderdale*
- Staff reminded of the importance of passing on messages promptly. Also factors surrounding the complaint will be discussed with the staff member in appraisal to support learning and reflection. *CMHT Lower Valley Calderdale*
- Staff reminded to send out contact letter to individuals in circumstances where there is no response to telephone messages, to ensure appropriate contact. *Care Management Team*
- Changes to medical staffing will support consistency of care and treatment for service users *Care Management Team.*

Forensic Business Delivery Unit

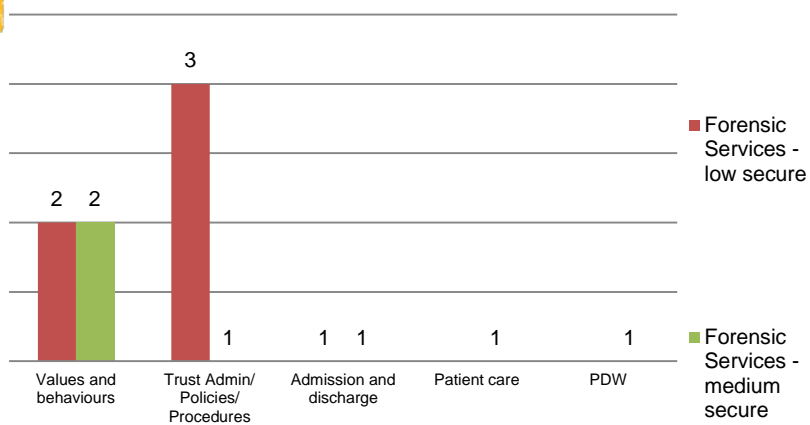
number of issues



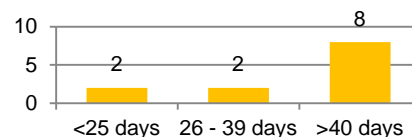
issues



Top 5 themes of formal complaints

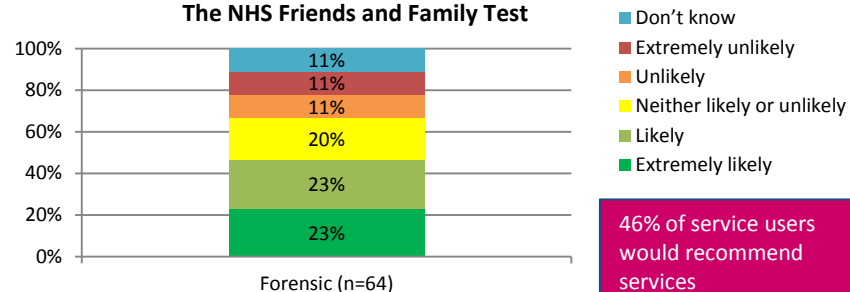


response rate



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The NHS Friends and Family Test



46% of service users would recommend services

Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

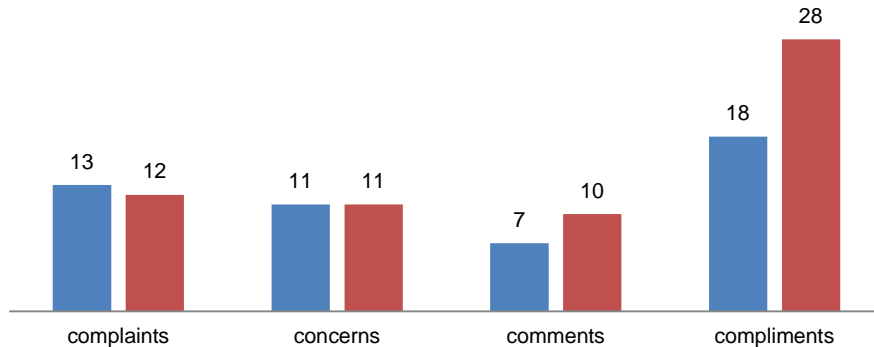
Forensic Business Delivery Unit

- Regular 1:1 meetings have been introduced with service users to encourage dialogue and feedback. This has led to an increase in concerns but helps to offer a response in real time. - *Waterton Ward Forensic Rehabilitation, Newton Lodge*
- All staff are mindful of the importance of good communication. A review of process for planning section 117 meetings prior to transfer has been undertaken and changes have been implemented. - *Thornhill Ward (The Bretton Centre)*
- Team to ensure appropriate response to changes in service user presentation to ensure the right staff support is offered (for example staff working in pairs) - *PICU/Acute inpatient units - Bronte, Hepworth ward.*
- Improved explanation / information will be offered regarding decisions about or changes to Section 17 leave arrangements - *Thornhill Ward.*
- There is currently a rolling programme of recruitment ongoing to address staffing levels - *Appleton Ward*

Specialist Services Business Delivery Unit excluding CAMHS

number of issues

■ 2015/ 2016 ■ 2016/ 17

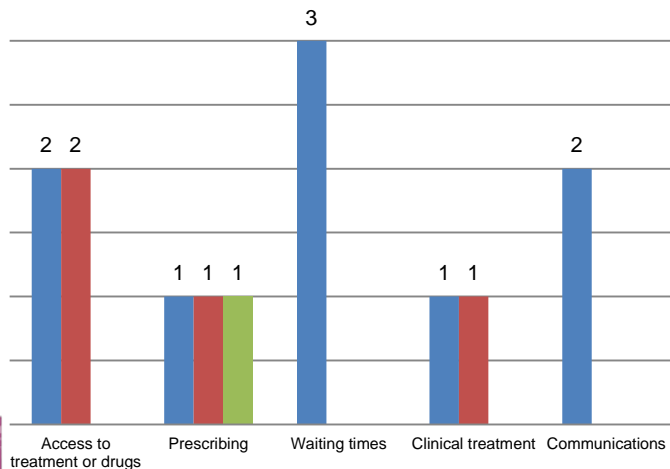


Top 5 themes of formal complaints

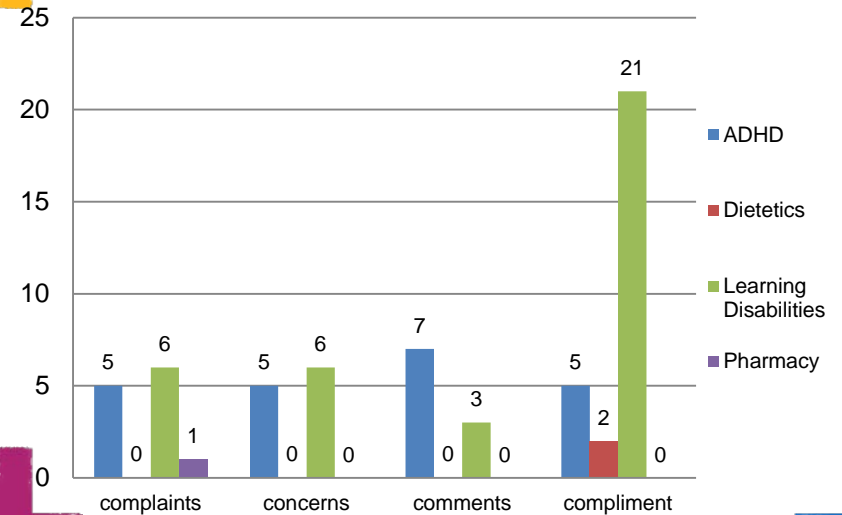
■ ADHD service

■ Learning Disability Services

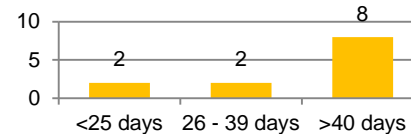
■ Pharmacy Services



issues

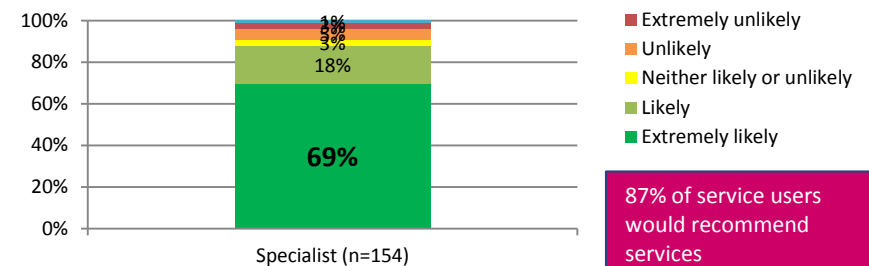


response rate



Scrutiny of issues and responses has added to delays in responding to complainants. Fortnightly 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.

The NHS Friends and Family Test



87% of service users would recommend services

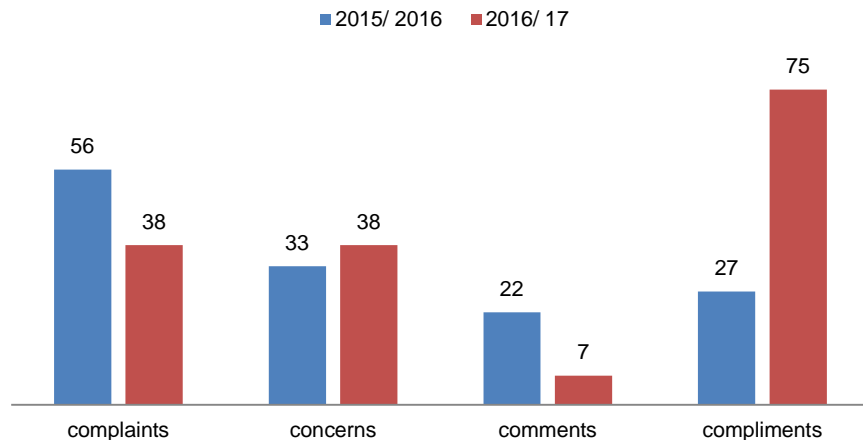
Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

Specialist Services Business Delivery Unit excluding CAMHS

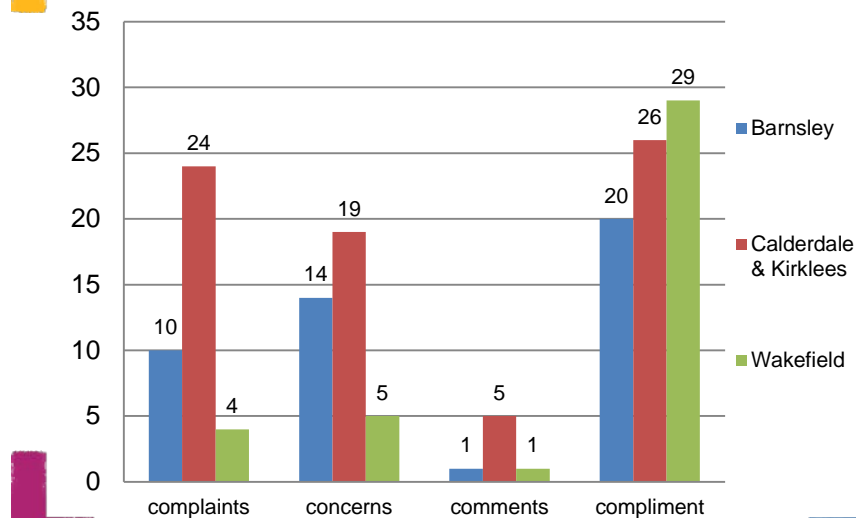
- Staff to check understanding regarding the purpose of appointments and how information gathered at appointments is used to inform the assessment process. Where copies of assessment documentation is requested – this should be provided in a timely manner. - *Children's Learning Disability Team – Kirklees*
- The service is reviewing the current process for the receipt and review of test results including CT scans. This will ensure that results requested by professionals are reviewed prior to them being filed in health care records and that a note is placed on file to confirm the actions taken - *Barnsley Community Learning Disability Team*
- Team to check service user understanding of discharge arrangements and signposting to additional sources of support - *ADHD Service*
- Review underway of caseload management to ensure delays are minimised - *Children's Learning Disability Team, Calderdale.*
- 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*
- Future home visits to be carried out by 2 members of staff - to ensure that staff receive an increased level of supervision. All future communication to be backed in writing - *Community Learning Disability Team (PLD)*
- The service is identifying additional support regarding creative approaches used in recovery - *Community Learning Disability Team (PLD)*
- The service will ensure that staff establish preferred communication methods to help people receive the information they need in a suitable format - *Community Learning Disability Team (PLD).*

Child and Adolescent Mental Health Services

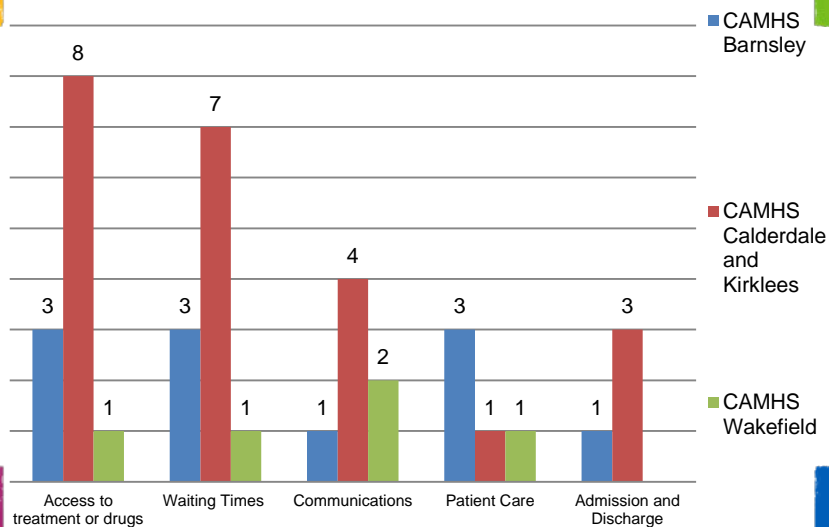
issues



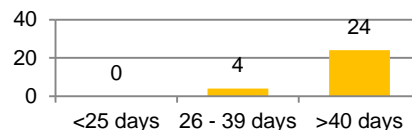
issues



Top 5 themes of formal complaints

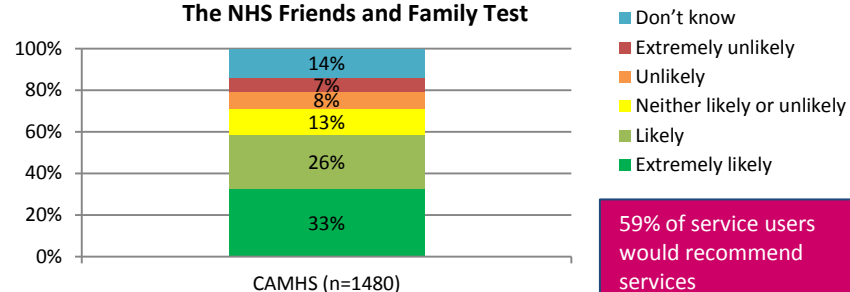


response rate



Scrutiny of issues and responses has added to delays in responding to complainants. Fortnightly 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.

The NHS Friends and Family Test



59% of service users would recommend services

Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

Child and Adolescent Mental Health Services - Barnsley

- Staff to ensure that if appointments need to be cancelled at short notice for any reason that action is taken to ensure an alternative appointment is offered asap.
- Team to ensure appropriate support and advice is in place during the wait time for an appointment.
- Staff to ensure clear information is provided regarding the separate waiting lists that operate.
- The team manager to review the process for telephone contact with the service, relay of messages to clinicians and response times.
- Team has noted the need to better explain discharge from the service and referrals to tier 2 services.
- 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.

Child and Adolescent Mental Health Services – Calderdale & Kirklees

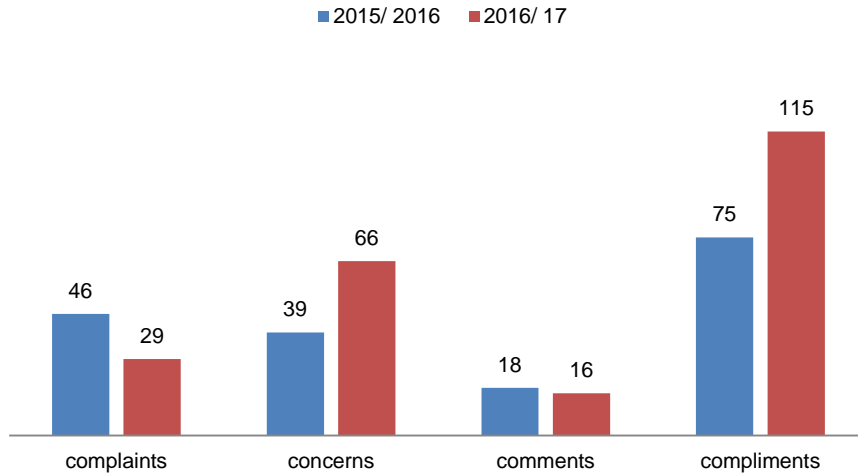
- Service to always check service users/carer's understanding of any information provided.
- Staff reminded through regular supervision of the importance of providing clear information to service user, carers and families regarding decisions affecting care, and that this is documented
- Staff to ensure all parties present before commencing any review.
- Staff to ensure all discussion regarding the rationale for clinical decisions is fully documented to support improved communication.
- 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.

Child and Adolescent Mental Health Services – Wakefield

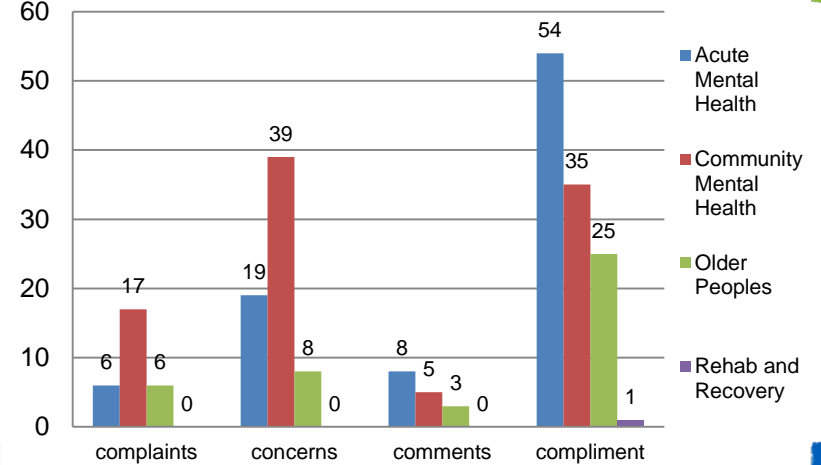
- Staff have been reminded of the importance of ensuring clear and accurate communication with families regarding appointments. There is also a focus on ensuing telephone calls are returned in a timely manner

Wakefield Business Delivery Unit

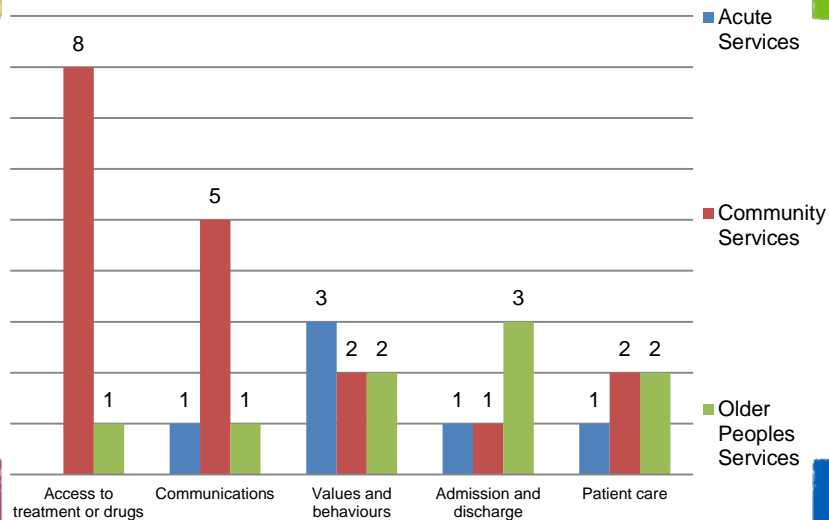
number of issues



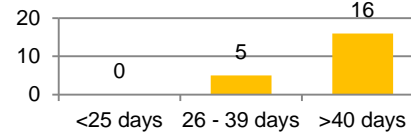
issues



Top 5 themes of formal complaints

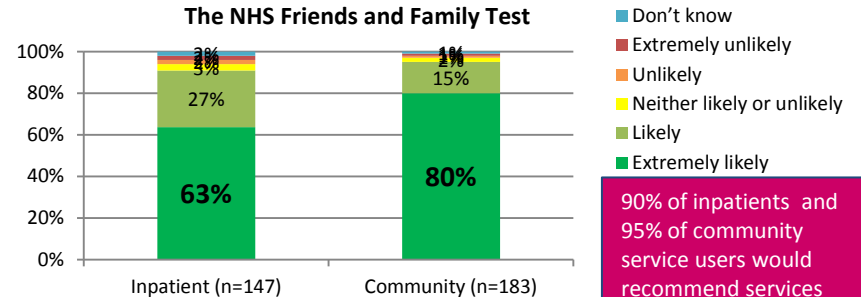


response rate



Scrutiny of issues and responses has added to delays in responding to complainants. Fortnightly 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.

The NHS Friends and Family Test



90% of inpatients and 95% of community service users would recommend services

Action taken in response to feedback (delivery of actions monitored through BDU governance processes):

Wakefield Business Delivery Unit

- Staff to ensure decisions made are confirmed in writing to service users and professionals involved - *CMHT 3 - Horbury, Wakefield South (WAA)*
- Staff to check out understanding of information shared with service users and families and to ensure decisions and actions are fully documented.
- Assurance to be provided to service users regarding how information regarding their psychiatric and forensic history is to be used by health professionals - *Assertive Outreach Team (West) -Horbury, Wakefield*
- 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.*
- Staff to discuss with carers and services users sources of additional support that might be available on discharge - *Trinity 1*

Freedom of Information requests

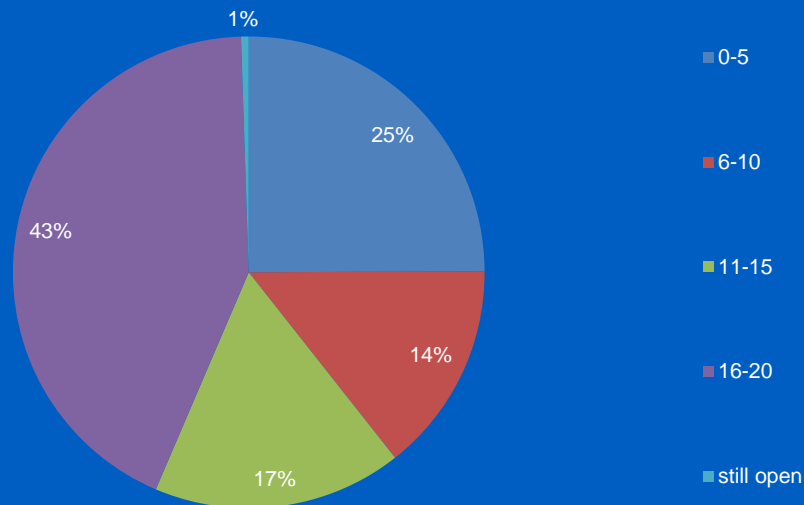
381 requests to access information under the Freedom of Information Act were processed in 2016/ 17, an increase on the previous year when 265 requests were processed. Most requests were detailed and complex in nature and required significant time to collate an appropriate response working with services and quality academy functions.

During the year, 25 exemptions were applied –

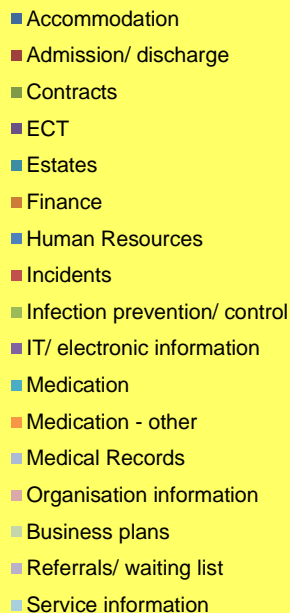
- 2 x Information reasonably accessible to the applicant by other means (section 21)
- 1 x Information intended for future publication and research information (sections 22 and 22A)
- 3 x Law enforcement (in relation to IT cyber security) (section 31)
- 2 x Prejudice to the effective conduct of public affairs (section 36)
- 5 x Personal information (section 40 and regulation 13)
- 4 x Information provided in confidence (section 41)
- 8 x Information prejudicial to commercial interests of a third-party (section 43)

There was one appeal against a decision made in respect of management of requests under the Act during the year. The decision to apply a section 41 exemption (Information provided in confidence) was upheld by the Trust.

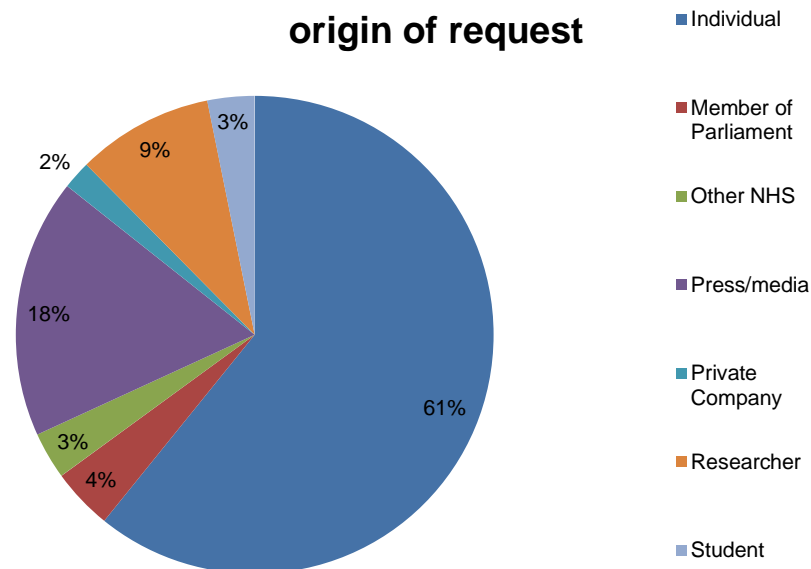
Number of days to respond



types of request

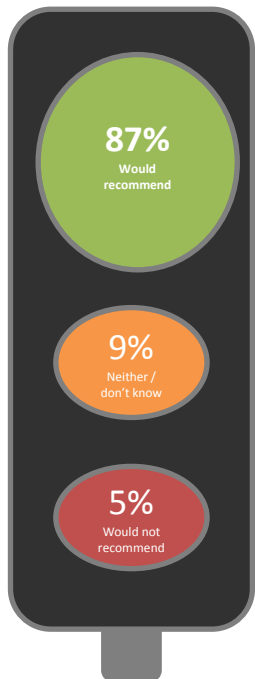
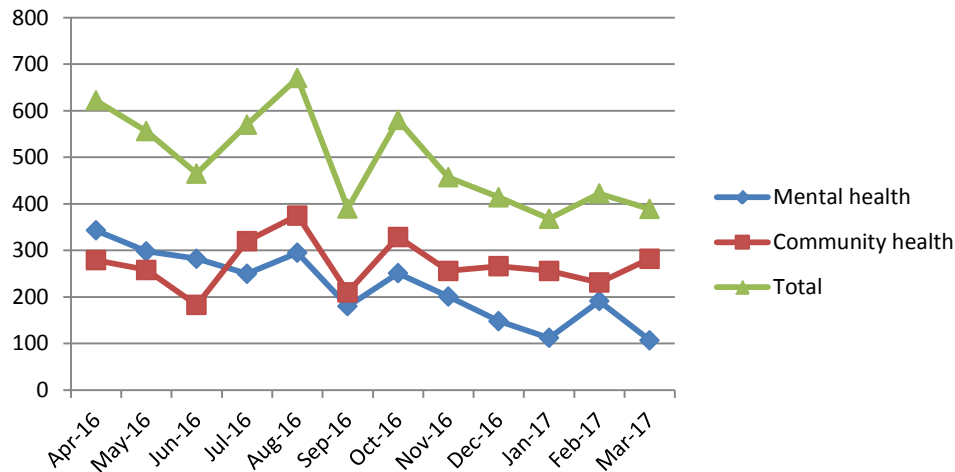


origin of request



The NHS Friends and Family Test 16/17

In 2016/17 the Trust received 5903 responses, an average of 492 responses per month (mean – mental health and community).



Top responding teams

1. Community physiotherapy
2. Children's Speech and Language therapy
3. Podiatry

Comment Themes

Top positive theme:
Staff

Top negative theme:
Communication

Example 'you said, we did' poster:

You Said, We Did

Trinity 2
March 2017

"Toilets still blocking"

Reported the toilets to Facilities and asked them to urgently review

"More fruit for breakfast"

We have asked the housekeepers to order more fruit for the ward

"Please can we have copies of the bible on the ward?"

We will speak to the chaplain about this and get back to you

"Please can we have serviettes with meals?"

We are looking at sourcing serviettes

If you require any further information please contact:

Donna
Ward Manager

With **all of us** in mind.

**Members' Council
26 July 2017**

Agenda item:	10.1
Report Title:	Non-Executive Director (NED) appointments
Report By:	Ian Black on behalf of the Nominations Committee
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

The purpose of this paper is to update the Members' Council on the appointment of two (2) Non-Executive Directors to replace Jonathan Jones who retired from the Trust Board on 31 December 2016 and Julie Fox who retires from the Trust Board on 31 July 2017. Governors will be asked to approve the appointment of two (2) new Non-Executive Directors at the meeting.

Recommendation

The Members' Council is asked to RECEIVE the update and APPROVE the recommendation from the Nominations Committee on the appointment of two (2) new Non-Executive Directors.

Background

The role of the Nominations Committee is to ensure the right composition and balance of Trust Board and to oversee the process for appointing the Chair and Non-Executive Directors, Deputy Chair/Senior Independent Director, and the Lead Governor.

Process

The Nominations Committee oversaw the process through the meetings held from December 2016 to 11 July 2017 with updates provided to the Members' Council meetings on 3 February 2017 and 28 April 2017. It was agreed that the process would benefit from a degree of independence and transparency by using an external recruitment consultant and this was useful in terms of assisting the front-end of the process. Penna (through a procurement framework) was once again appointed to support the Trust in the recruitment process.

The Nominations Committee and Trust Board considered the skills required of two new Non-Executive Directors, diversity of the Trust Board, and overall mix and composition. The advertisement sought applicants who had ideally previously worked at Board level, in large, complex, customer-focused organisations, possibly within the voluntary or community sector or in an environment where they had gained a professional understanding of the type of services provided by the Trust. The advertisement also welcomed applications from people from black and ethnic minority communities.

The timetable for recruitment was as follows:

- Opening date – 27 March 2017
- Closing date – 5 May 2017
- Initial longlisting – 16 May 2017
- Initial interviews conducted by Penna – week commencing 22 May 2017
- Shortlisting – 30 May 2017 supported by Nominations Committee 13 June 2017
- Panel discussions (Service users/Carers and Black and Minority Ethnicity (BAME) network) – 27 June 2017
- Informal telephone discussions (Rob Webster, Chief Executive; Dr Adrian Berry, Medical Director / Deputy Chief Executive, Charlotte Dyson, Non-Executive Director; Chris Jones, Non-Executive Director) – week commencing 27 June 2017
- Final interviews – 4 July 2017

The recruitment process was also supported by information events for potential candidates held in each of the four (4) localities: 20 March 2017 in Kirklees, 28 March 2017 in Barnsley, 18 April 2017 in Wakefield, and 25 April 2017 in Calderdale.

Outcome

In all, **78 applications** were received.

15 candidates were taken through to initial interview and assessment by Penna following the review and longlisting by Penna; Ian Black, Chair; Rob Webster, Chief Executive; and Dawn Stephenson, Director of Corporate Development/Company Secretary.

6 candidates following the above process were shortlisted and supported by the Nominations Committee on 13 June 2017 for the final interview process. The candidates were involved in panel discussions (Service User/Carer and BAME network) on 27 June 2017, informal telephone discussions (Rob Webster, Chief Executive; Dr Adrian Berry, Medical Director / Deputy Chief Executive, Charlotte Dyson, Non-Executive Director; Chris Jones, Non-Executive Director), followed by a final interview panel made up of Ian Black, Chair; Julie Fox, Deputy Chair; Jackie Craven, Governor and Nasim Hasnie, Governor on 4 July 2017.

The Nominations Committee then met on 11 July 2017 and discussed the final recommendations for appointment. On behalf of the Nominations Committee, the Chair will make a recommendation to the Members' Council on 26 July 2017 for the appointment of two (2) new Non-Executive Directors.

**Members' Council
26 July 2017**

Agenda item:	10.2
Report Title:	Deputy Chair / Senior Independent Director appointment
Report By:	Ian Black on behalf of the Nominations Committee
Job Title:	Chair
Action:	To agree

EXECUTIVE SUMMARY

Purpose and format

For the Members' Council to agree a recommendation from the Chair, as Chair of the Nominations Committee, on the appointment of a Non-Executive Director as the Deputy Chair / Senior Independent Director to replace Julie Fox who retires from the Trust Board on 31 July 2017.

Recommendation

The Members' Council is asked to APPROVE the recommendation from the Chair, on behalf of the Nominations Committee, on the appointment of a Deputy Chair / Senior Independent Director for a period of one (1) year from 1 August 2017 to 31 July 2018.

Background

The Trust's Constitution requires the Trust to appoint a Deputy Chair and Monitor's (now NHS Improvement) Code of Governance requires the Trust, in consultation with the Members' Council, to appoint one of its Non-Executive Directors as the Senior Independent Director. The Senior Independent Director provides a sounding board for the Chair and serves as an intermediary for the other Directors when necessary. The Senior Independent Director is also available to Governors if they have concerns that contact through the normal channels of the Chair, Chief Executive, Director of Finance or Company Secretary has failed to resolve, or for which such contact is inappropriate. The Senior Independent Director is usually also the Deputy Chair.

The role of Deputy Chair is primarily reactive in nature and quite often involves contact with the regulators, such as the Care Quality Commission and Monitor (now NHS Improvement), particularly in any times of difficulty, as well as the more traditional role of being a deputy for the Chair in his/her absence. The Chair sees the Deputy Chair as:

- someone with a very different skill set and method of working to that of the Chair;
- an existing and experienced Non-Executive Director with experience of chairing board committees; and
- an individual who is respected and influential around the Board table and within the wider Trust.

Julie Fox who has fulfilled the role since 1 August 2015 retires from the Trust Board on 31 July 2017.

Process

Following the annual appraisal of all Non-Executive Directors, two (2) potential candidates were identified. The candidates were invited to have a discussion with Ian Black, Chair and Julie Fox, Deputy Chair regarding the role.

The Nominations Committee then met on 11 July 2017 to consider a proposal from the Chair regarding the Deputy Chair / Senior Independent Director appointment.

Outcome

The Nominations Committee met on 11 July 2017 and discussed the proposal from the Chair for appointment. The Chair will make a recommendation to the Members' Council on 26 July 2017 on the appointment of a Deputy Chair / Senior Independent Director for a period of one (1) year from 1 August 2017 to 31 July 2018.

Members' Council
26 July 2017

Agenda item:	11.1
Report Title:	Chair's appraisal 2016/17
Report By:	Julie Fox
Job Title:	Deputy Chair
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to provide an update on the outcome of the Chair's appraisal process for 2017.

Recommendation

The Members' Council is asked to RECEIVE the following report on the Chair's appraisal.

Background

Good practice and Monitor's (now NHS Improvement) Code of Governance suggests that, led by the Senior Independent Director, the Non-Executive Directors should meet without the Chair at least annually to evaluate the Chair's performance, as part of a process, which should be agreed with the Member's Council, for appraising the Chair. The process for the Chair's appraisal was similar to that of previous years to enable all members of Trust Board and all governors to contribute, as well as a sample of stakeholders.

Process

There were 5 (five) strands to the process for 2017:

1. Facilitated by the Deputy Chair, governors were asked to assess the Chair's performance in an interactive session on 28 April 2017. *It should be noted that, although done as a group, each governor's response was entirely confidential and responses cannot be attributed to an individual.*
2. Trust Board and other directors were asked to complete an online questionnaire.
3. Stakeholders (which included Chief Executive Officer's of Barnsley Hospital, Mid Yorkshire Hospital NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Locala, Clinical Commissioning Groups, Local Authorities, NHS Providers, Spectrum, and Yorkshire Ambulance Service) were asked to complete an online questionnaire.

4. The Chair has undertaken a self-assessment in the form of an online questionnaire.
5. The Deputy Chair met with both Non-Executive Directors and support staff to elicit their views on the Chair's performance.

Questionnaire Responses

- Governor – Out of 30 possible governor responses, 13 responded.
- Stakeholder – Out of 16 possible responses, 9 responded.
- Trust Board and other Directors – Out of 16 Trust Board and other Director respondents, 14 responded. This represents a good overall response.

The questionnaires to Members' Council included a number of statements which respondents were asked to strongly agree / agree or disagree / strongly disagree, plus an opportunity to comment, in particular suggesting what the Chair could to 'do more of' and 'do less of'. The form to directors and stakeholders focused on organisational values and competencies.

Areas of considerable strength

- Chairing meetings, encouraging open debate, handling conflict, working with the chief executive, promoting effective relationships between the board and the Members Council.
- Living the values and setting high standards for himself and the Trust, as an ambassador for local, regional and national NHS and seeing the wider implications for the Trust.
- Strategic thinker, positively challenging, leader and team member, effective influencer.
- Communication (with some provisos), personal authority, credibility, integrity, and impact.

Do less of

- Being terse or abrupt when there are time pressures in meetings.

Do more of

- Ensuring Members Council has better information.
- Being willing to admit mistakes.
- Considering the impact of changing arrangements and written communication.

Self-assessment

The Chair's self-assessment accorded well with his colleagues' views with many positives but some areas such as the lack of certainty about the future and the quality of some external relationships being scored less well.

Review of Objectives for 2016/17

1. **Visibility** - not only will Ian undertake visits to services around the Trust, he will also ensure (like the Chief Executive), that those visits are publicised via the various communications from the leadership team. This had been a suggestion for all Board members which Ian was keen to take up. *Partially achieved*
2. **Ensuring contributions from all Board members** - whilst Ian tries to do this, it can be difficult to both chair the meeting and ensure participation. Julie will observe and feedback back to Ian so that he can take appropriate action if necessary. *Achieved*

4. **Priorities** - Ian will link Trust priority areas to the amount of time given to them on the agenda in order to ensure those areas get priority. This will include the new strategy being developed. *Achieved*
5. **More NED visibility at Members' Council meetings** - Ian will involve NEDs more in meetings by including presentations by the chair of the committee to say how a particular issue is being scrutinised. *Partially achieved*

Outcome of appraisal

The Deputy Chair and Chair met on 26 June 2017. The Chair was pleased with the content of the feedback but also mindful to act on the constructive criticism. These are addressed in the objectives for 2017/18.

Objectives for 2017/18

1. **Visibility** - Ian will continue to undertake visits around the Trust but will ensure these are publicised via the various communications from the leadership team.
2. **Members Council** - Non-Executive Directors, as chairs or members of committees, will have greater involvement in Members' Council meetings by outlining how a particular issue is being scrutinised.
3. **Explore possibilities for linking Council Members to their local area** - To include Non-Executive Directors and Business Delivery Unit Directors/Deputy Directors.
4. **Non-Executive Director co-ordination** - Ian will work with the support staff to establish an activity system (both past and future) to enable better communication between the Non-Executive 'team'.
5. **Transitional arrangements** - As Ian's term is finishing in the next 12 months, he will ensure that smooth transition arrangements are in place.

Remuneration

At the Members' Council meeting on 28 April 2017, it was agreed to progress the remuneration of the Chair to the maximum point of the scale (£52,500pa) based on the Chair's 2016 appraisal, therefore no further increase is applicable.

**Members' Council
26 July 2017**

Agenda item:	11.2
Report Title:	Members' Council Co-ordination Group annual report 2016/17
Report By:	Dawn Stephenson on behalf of the Members' Council Co-ordination Group
Job Title:	Director of Corporate Development / Company Secretary
Action:	To receive

EXECUTIVE SUMMARY

Purpose

The purpose of this paper is to provide assurance to the Members' Council that the Co-ordination Group is fulfilling its remit and meeting its terms of reference.

Recommendation

The Members' Council is asked to RECEIVE the Annual Report from the Co-ordination Group for 2016/17.

Background

The Co-ordination Group was originally established as the Members' Council Development Group in July 2008, with an initial remit to plan the development programme for the Members' Council. When the Trust was authorised as a Foundation Trust on 1 May 2009, it was agreed that the remit of the Group would be extended to include supporting the Chair in the setting of the agenda for Members' Council meetings. A report to the Members' Council in January 2010 recommended that the Group's name should be changed to 'Co-ordination Group'. This was agreed along with the remit to co-ordinate the work and development of the Members' Council.

The attached annual report provides assurance to the full Members' Council that it is meeting its terms of reference and outlines the work undertaken for the period 1 April 2016 to 31 March 2017.

Members' Council 26 July 2017

Members' Council Co-ordination Group Annual Report 2016/17

Purpose of the Report

This report provides the Members' Council with an update on the work of the Co-ordination Group over the past year.

Background

The Group was originally established as the Members' Council Development Group in July 2008. In January 2010, this became the 'Co-ordination Group' with the following remit.

Overall aim

The Co-ordination Group's prime purpose is to co-ordinate the work and development of the Members' Council.

Duties

The Group will:

- a) with the Chair of the Trust, develop and agree the agendas for Members' Council meetings;
- b) work with the Trust to develop an appropriate development programme for Governors both as ongoing development and as induction for new Governors; and
- c) act as a forum for more detailed discussion of issues and opportunities where the Trust seeks the involvement of the Members' Council.

Membership

Membership consists of governors (with representation from public, staff and appointed governors) plus the Chair and Deputy Chair of the Trust. The Director of Corporate Development / Company Secretary, as lead Director, also attends meetings of the Group.

A governor's term of office on the Group is determined by their term of office as a governor. If an individual resigns or is not re-elected onto the Members' Council, the individual taking their seat does not automatically take the place on the Group.

The membership of the Group from 1 April 2016 to 31 March 2017 was as follows:

Chair of the Trust - Ian Black

Deputy Chair of the Trust - Julie Fox

Lead Governor (publically elected Barnsley) - Andrew Hill

Director Corporate Development / Company Secretary (lead director) - Dawn Stephenson

Governor (publically elected Calderdale) - Trudi Enright

Governor (publically elected Kirklees) - Bob Mortimer

Governor (publically elected Kirklees) - Jeremy Smith

Governor (publically elected Wakefield) - Peter Walker

Governor (staff elected, Allied Health Professionals) - Claire Girvan

Governor (appointed Calderdale and Huddersfield NHS Foundation Trust) - Ruth Mason

What the Co-ordination Group has done

Agenda setting

The Co-ordination Group has met on a regular basis throughout the year, approximately 6 (six) weeks prior to each Members' Council meeting. This has allowed sufficient time for agenda planning and given the opportunity for members to suggest items for inclusion. The Group reviewed and input into the Members' Council work programme and also considered what discussion topics to focus on.

Forum for discussion

The Group regularly considers other issues relevant to the Members' Council. The following examples give an indication of the range of discussion. The Group has:

- identified issues to focus on in **table discussions**;
- emphasised the importance of Members' Council involvement in discussions about **larger scale change** within the Trust, for example, in relation to the review of the Trust's strategic objectives, operational plan, and annual report and quality account;
- considered issues relating to the **additional responsibilities of Governors** particularly in relation to holding Non-Executive Directors to account for the performance of the Trust;
- given further consideration to issues relating to **performance reporting** including finance and quality;
- identified issues where it has been felt that **Members' Council involvement/representation** would be appropriate, for example, in relation to Care Quality Commission inspections, actions in response to staff wellbeing survey, and the review of the Trust's Constitution and Membership Strategy; and
- contributed to the development of the **Annual Members' Meeting**.

How have we done

We consider that the Co-ordination Group has carried out its remit over the past year as demonstrated by the activity outlined above. However, the Co-ordination Group is aware that other governors may wish to comment on the work undertaken or to suggest further issues the Co-ordination Group could focus on.

Both Andrew Hill and Trudi Enright were members of the Co-ordination Group until April 2017. The Co-ordination Group's sincere thanks are extended to both for their support and contribution. Although the Co-ordination Group remains relatively large for a working/business group, it includes good representation from the Members' Council. **If any Governor would like to join the Co-ordination Group, their self-nomination would be welcomed.**

Recommendation

The Members' Council is requested to receive the report.

**Members' Council
26 July 2017**

Agenda item:	11.3
Report Title:	Update to the Scheme of Delegation
Report By:	Dawn Stephenson
Job Title:	Director of Corporate Development / Company Secretary
Action:	To approve

EXECUTIVE SUMMARY

Purpose

The purpose of this item is to seek approval for changes to the Scheme of Delegation.

Recommendation

The Members' Council is asked to APPROVE of the changes to the Scheme of Delegation as set out below.

Background

The Trust is required to have a Constitution in place that sets out how it is accountable to local people, who can become a member and what this means, the role of the Members' Council, how Trust Board and the Members' Council are structured and how Trust Board works with the Members' Council. The Constitution also contains a set of model rules that provide the basis for elections to the Members' Council. A separate Scheme of Delegation forms part of the Constitution and describes powers that are reserved to Trust Board (generally those matters for which the Trust is accountable to the Secretary of State or to Monitor/NHS Improvement) and any delegation of those powers.

The last version of the Scheme of Delegation was approved by Trust Board in January 2017 and the Members' Council in February 2017 as part of a review of the Constitution. At that time the Executive Management Team requested that a further review of the Scheme of Delegation take place. The further amendments include:

- Areas of delegated authority that are in place are clearly stated.
- Documents cross referenced and updated to reflect current guidance.
- Duplications removed to make it easier to read.

The proposed amendments were considered by the Executive Management Team on 6 July 2017 who support its approval. The update will also be reviewed and discussed by the Audit Committee on 18 July 2017 and Trust Board on the 25 July 2017 and any comments fed into the Members' Council meeting on the 26 July 2017 as applicable.

Reservation of Powers to Trust Board and Delegation of Powers

Under the Standing Orders for the practice and procedure of the Trust Board within the Trust's Constitution, Standing Order 3.14 provides that, subject to directions given by the Secretary of State for Health or NHS Improvement, Trust Board may make arrangements for any of its functions to be carried out on its behalf by a Committee or sub-committee or by the Chair or by a director or any officer of the Trust, in each case subject to restrictions and conditions determined by Trust Board.

The purpose of this document is to describe those powers that are reserved to Trust Board (generally those matters for which the Trust is accountable to the Secretary of State or to NHS Improvement) whilst at the same time delegating the detailed application of Trust policies and procedures to the appropriate level. Trust Board remains accountable for all its functions, even those delegated to the Chair, individual directors or officers, and will put in place arrangements to receive information about the exercise of delegated functions to enable it to maintain a monitoring role.

- Part 1 – Reservation of powers to the Trust Board and Scheme of Delegation general provisions
- Part 2 – Decisions/duties delegated by the Trust Board to Committees
- Part 3 – Scheme of Delegation derived from the Accounting Officers Memorandum
- Part 4 – Delegation of duties relating to Corporate Governance
- Part 5 – Scheme of Delegation from the Trust's Constitution Standing Orders
- Part 5 – Scheme of Delegation from the Trust's Standing Financial Instructions

Role of the Chief Executive

All powers of the Trust that have not been retained by Trust Board or delegated to a Committee will be exercised on behalf of Trust Board by the Chief Executive. The Chief Executive will prepare a scheme of delegation identifying the functions he/she will perform personally and those which will be delegated to other directors or officers. All powers delegated by the Chief Executive can be reassumed by him/her at any time. The Chief executive is the Accounting Officer for the Trust and is accountable to Parliament for the efficient and effective use of the Trust's resources.

Caution over the use of delegated powers

Powers are delegated to directors and officers on the understanding that they be exercised responsibly.

Directors' ability to delegate their own delegated powers

The Scheme of Delegation shows the delegation from Trust Board to Committees and Executive Directors. The Scheme should be used in conjunction with the system of budgetary control and other established procedures within the Trust (Standing Financial Instructions) and any further scheme of delegation developed to support arrangements within Business Delivery Units and to support Service Line Management.

Absence of directors to whom powers have been delegated

In the absence of a director or officer to whom powers have been delegated those powers will be exercised by the director or officer's designated deputy unless alternative arrangements have been approved by Trust Board.

Matters reserved for Trust Board and those matters that are delegated by Trust Board to Committees or Executive Directors are detailed in the attached Scheme of Delegation schedule.

RESERVATION OF POWERS TO THE TRUST BOARD AND SCHEME OF DELEGATION GENERAL PROVISIONS

REF	TRUST BOARD	DECISIONS RESERVED TO THE BOARD
	Trust Board	General Enabling Provision Trust Board may make decisions on any matter for which it has delegated or statutory authority, in full session within its statutory powers.
	Trust Board	Regulations and Control <ol style="list-style-type: none"> 1. Approve Standing Orders (SOs), a schedule of matters reserved to the Board and Scheme of Delegation and Standing Financial Instructions for the regulation of its proceedings and business. 2. Suspend Standing Orders. 3. Vary or amend the Standing Orders. 4. Ratify any urgent decisions taken by the Chair and Chief Executive. 5. Approve a Scheme of Delegation of powers from Trust Board to committees. (Decisions taken by Committees within their delegated powers will be regarded as having been taken by Trust Board). 6. Establish terms of reference and reporting arrangements of all Committees and sub-committees that are established by Trust Board. 7. Grant delegated authority to the Chair or other directors to approve actions on its behalf, subject to ratification at a future meeting of Trust Board. 8. Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and to agree modifications to them. 9. Require and receive the declaration of Board members' interests that may conflict with those of the Trust and determining the extent to which that member may remain involved with the matter under consideration. 10. Require and receive the declaration of interests for staff that may conflict with those of the Trust. 11. Approve arrangements for dealing with complaints. 12. Authorise use of the seal (delegated to Chief Executive / Executive Director). 13. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive's attention in accordance with SO 6.6. 14. Discipline members of the Board or employees who are in breach of statutory requirements or SOs. 15. Receive reports from committees including those that the Trust is required to establish and to take appropriate action on. 16. Confirm the recommendations of the Trust's Committees where the committees do not have

REF	TRUST BOARD	DECISIONS RESERVED TO THE BOARD
		<p>executive powers.</p> <p>17. Approve arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee for funds held on trust.</p> <p>18. Approve arrangements relating to the discharge of the Trust's responsibilities as a bailer for patients' property.</p>
	Trust Board	<p>Appointments/dismissals</p> <ol style="list-style-type: none"> 1. Appoint the Deputy Chair of the Board. 2. Appoint the senior independent director. 3. Appoint and dismiss committees (and individual directors) that are directly accountable to Trust Board. 4. Approve proposals regarding the Chief Executive, directors, senior employees and those of staff not covered by the Remuneration and Terms of Service Committee. 5. Appoint, discipline and dismiss Executive Directors (subject to SO 3.9). 6. Confirm appointment of members of any committee of the Trust as representatives on outside bodies where they are a voting member. 7. Appoint, discipline and dismiss the Secretary (if the appointment of a Secretary is required under Standing Orders).
	Trust Board	<p>Strategy, Plans and Budgets</p> <ol style="list-style-type: none"> 1. Define and set the Trust's strategy, the strategic aims and objectives. 2. Approve the five year Integrated Business Plan or equivalent as required by NHS Improvement. 3. Approve the Trust's annual budget. 4. Receive and approve the Trust's Annual Report and Annual Accounts. 5. Approve the Trust's Communication, Engagement and Involvement Strategy. 6. Agree the Trust's Counter Fraud Communications Strategy (delegated to the Audit Committee). 7. Agree the Trust's Creative Minds Strategy (delegated to the Charitable Funds Committee). 8. Agree the Trust's Equality First Strategy (delegated to the Equality and Inclusion Forum and Executive Management Team) 9. Agree the Trust's Food and Drink Strategy (delegated to the Executive Management Team). 10. Approve the Trust's IM&T Strategy. 11. Agree the Medicines Management Strategy (delegated to the Executive Management Team). 12. Approve the Trust's Organisational Development Strategy. 13. Agree the Trust's Procurement Strategy (delegated to the Audit Committee).

REF	TRUST BOARD	DECISIONS RESERVED TO THE BOARD
		<p>14. Approve the Trust's Quality Improvement Strategy.</p> <p>15. Approve the Trust's Risk Management Strategy.</p> <p>16. Agree other Trust strategies (delegated to the Executive Management Team).</p> <p>17. Approve an annual plan for each Committee of Trust Board.</p> <p>18. Approve proposals for ensuring quality and developing clinical governance in services provided by the Trust, having regard to any guidance issued by the Secretary of State.</p> <p>19. Approve arrangements for agreeing action on litigation against or on behalf of the Trust.</p> <p>20. Approve outline and final Business Cases for capital investment above £500,000 or a series of projects for which the combined value would exceed £1 million.</p> <p>21. Ratify proposals for acquisition, disposal or change of use of land and/or buildings above £500,000 or a series of acquisitions or disposals for which the combined value would exceed £1 million.</p> <p>22. Approve PFI proposals.</p> <p>23. Approve the opening of bank accounts.</p> <p>24. Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £500,000 over a 3 year period or the period of the contract if longer.</p> <p>25. Review use of NHSLA risk pooling schemes.</p> <p>26. Approve individual compensation payments not covered by the NHS LA risk pooling scheme above £5,000 (delegated to the Audit Committee, unless in relation to employment which is delegated to the Remuneration and Terms of Service Committee).</p>
	Trust Board	<p>Policy Determination</p> <p>1. Approve the process for approval, dissemination and implementation of policies and procedures.</p> <p>2. Approve the arrangements for dealing with complaints.</p> <p>3. Approve Human Resources policies relating to the arrangements for the appointment, removal and remuneration of staff not covered by the Terms and Remuneration Committee.</p> <p>4. Approve the Treasury Management Policy.</p> <p>5. Procurement policies, including tendering and quotation procedures that form part of the Standing Financial Instructions.</p> <p>6. Approve policies relating to people's detention under the Mental Health Act (delegated to the Mental Health Act Committee).</p> <p>7. Approve policies relating to statutory compliance.</p> <p>8. Approve the policy and procedures for dealing with serious untoward incidents.</p> <p>9. Approve policies relating to the management of clinical risk and clinical safety (delegated to the</p>

REF	TRUST BOARD	DECISIONS RESERVED TO THE BOARD
		Clinical Governance and Clinical Safety Committee). 10. Approve the Standards of Business Conduct in Public Service Policy.
	Trust Board	Audit 1. Receive the ISA260 (or equivalent) received from the external auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee. 2. Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.
	Trust Board	Annual Reports and Accounts 1. Receive and approve the Trust's Annual Report and Annual Accounts. 2. Receive and approve the Annual Report and Accounts for charitable funds held on trust.
	Trust Board	Monitoring 1. Receive such reports as Trust Board sees fit from committees in respect of their exercise of delegated powers, including an annual report of activities undertaken by the committee. 2. Continuous appraisal of the affairs of the Trust by means of the provision to Trust Board as Trust Board may require from Directors, committees, and officers of the Trust as set out in management policy statements. 3. Receive performance reports on performance against annual and five year plans (or equivalent) and key performance indicators as agreed by Trust Board. 4. Receive and approve key reports as required including reports to and from NHS Improvement, reports on compliance with the NHS Improvement Single Oversight Framework (or equivalent), the terms of the Trust's Licence, and Care Quality Commission.

DECISIONS/DUTIES DELEGATED BY THE TRUST BOARD TO COMMITTEES

(Committee Terms of Reference: <http://www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/trust-board-committees/>)

REF	COMMITTEE	DECISIONS/DUTIES DELEGATED BY THE BOARD TO COMMITTEES
Standing Order (SO) 5.8.1 Standing Financial Instructions (SFI) 4.1	Audit Committee	The terms of reference of the Audit Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.
SO 5.8.4	Remuneration and Terms of Service Committee	The terms of reference of the Remuneration and Terms of Service Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.
SO 5.8.2	Clinical Governance and Clinical Safety Committee	The terms of reference of the Clinical Governance and Clinical Safety Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.
SO 5.8.3	Mental Health Act Committee	The terms of reference of the Mental Health Act Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.
SO 5.8.6 SFI 21	Charitable Funds Committee	The terms of reference of the Charitable Funds Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.
SO 5.8.5	Nominations Committee	The terms of reference of the Nominations Committee describe the functions that have been delegated to the Committee by Trust Board. Refer to the current Terms of Reference on the Trust's website.

SCHEME OF DELEGATION DERIVED FROM THE ACCOUNTING OFFICER'S MEMORANDUM

(Accounting Officer's Memorandum: <https://www.gov.uk/government/publications/nhs-foundation-trusts-accounting-officers-responsibilities>)

REF	DELEGATED TO	ACCOUNTING OFFICER'S MEMORANDUM DUTIES DELEGATED
Accounting Officer's Memorandum (AOM) 1	Chief Executive (CE)	The National Health Service Act 2006 (the Act) designates the chief executive of an NHS foundation trust as the accounting officer.
AOM 7	CE	<p>The accounting officer has responsibility for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters. The accounting officer must ensure that:</p> <ul style="list-style-type: none"> • there is a high standard of financial management in the NHS foundation trust as a whole • the NHS foundation trust delivers efficient and economical conduct of its business and safeguards financial propriety and regularity throughout the organisation • financial considerations are fully taken into account in decisions by the NHS foundation trust.
AOM 8	CE	<p>The essence of the accounting officer's role is a personal responsibility for:</p> <ul style="list-style-type: none"> • the propriety and regularity of the public finances for which he or she is answerable • the keeping of proper accounts • prudent and economical administration in line with the principles set out in Managing public money. • the avoidance of waste and extravagance • the efficient and effective use of all the resources in their charge.
	CE	Refer to Accounting Officer's Memorandum for full details of the Accounting Officer's responsibilities.

DELEGATION OF DUTIES RELATING TO CORPORATE GOVERNANCE

(Code of Governance: <https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance>)

REF	DELEGATED TO	GOVERNANCE AUTHORITIES/DUTIES DELEGATED
	Trust Board	Ensure the organisation is compliant with the Terms of Authorisation and is financially viable, legally constituted, well governed and that the organisation complies with the constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations.
Code of Governance (COG) A.1.a & b main principals	Trust Board	<p>Every NHS foundation trust should be headed by an effective board of directors. The board is collectively responsible for the performance of the NHS foundation trust.</p> <p>The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.</p>
COG A.3.a main principals	Chair	The chairperson is responsible for leadership of the board of directors and the council of governors, ensuring their effectiveness on all aspects of their role and leading on setting the agenda for meetings.
COG A.4.a main principals	Non-Executive Directors	As part of their role as members of a unitary board, non-executive directors should constructively challenge and help develop proposals on strategy. Non- executive directors should also promote the functioning of the board as a unitary board.
COG A.5.a, b, c main principals	Governors	<p>The council of governors has a duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors. This includes ensuring the board of directors acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust.</p> <p>The council of governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct.</p> <p>Governors are responsible for regularly feeding back information about the trust, its vision and its</p>

REF	DELEGATED TO	GOVERNANCE AUTHORITIES/DUTIES DELEGATED
		performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty.
COG		Refer to the Code of Governance for full details of the responsibilities.
	All directors	Constructively challenge the decisions of Trust Board, monitor the performance of the organisation and make decisions objectively in the interests of the Trust.
	Non-Executive Directors	Non-Executive Directors are appointed by the Members' Council to bring independent judgement to bear on issues of strategy and performance.
Standing Order (SO) 8.3	Trust Board	Approve the Standards of Business Conduct in Public Service Policy.
	Trust Board	Ensure proper and widely publicised procedures for voicing complaints, concerns about misadministration, breaches of Code of Conduct, and other ethical concerns.
SO 8	Chair and Directors	Declaration of conflict of interests.
	Trust Board	Trust Boards must comply with legislation and guidance issued by the Department of Health on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf, and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.

SCHEME OF DELEGATION FROM SOUTH WEST YORKSHIRE PARTNERSHIPS NHS FOUNDATION TRUST CONSTITUTION STANDING ORDERS

(Trust Constitution including Standing Orders: <http://www.southwestyorkshire.nhs.uk/about-us/how-we-are-run/trust-board/constitution-self-certification/>)

REF	DELEGATED TO	STANDING ORDERS AUTHORITIES/DUTIES DELEGATED
Standing Order (SO) 4.9	Chair	Final authority in interpretation of Standing Orders (SOs).
SO 3.10	Members' Council	Appointment of Deputy Chair.
SO 4.1.2	Chair	Call meetings.
SO 3.2	Chair	Chair all Board meetings and all meetings of the Members' Council.
SO 4.9	Chair	Give final ruling in questions of order, relevancy and regularity of meetings.
SO 4.11.2	Chair	Having a second or casting vote.
SO 4.13	Trust Board	Suspension of Standing Orders.
SO 4.13.4	Audit Committee	Audit Committee will review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board).
SO 4.14	Trust Board	Variation or amendment of Standing Orders.
SO 5	Trust Board	Formal delegation of powers to sub committees or joint committees and approval of their terms of reference.
SO 6.2	Chair & Chief Executive (CE)	The powers which the Board has retained to itself within these Standing Orders may in emergency be exercised by the Chair and Chief Executive after having consulted at least two Non-Executive members.
SO 6.4.2	CE	The Chief Executive shall prepare a Scheme of Delegation identifying decision making rights and

REF	DELEGATED TO	STANDING ORDERS AUTHORITIES/DUTIES DELEGATED
		accountability.
SO 6.6	All	Disclosure of non-compliance with Standing Orders to the Chief Executive as soon as possible.
SO 8.1	Trust Board	Declare relevant and material interests.
SO 8.2	CE	Maintain Register(s) of Interests.
SO 8.3	All staff	Comply with national guidance contained in circular HSG 1993/5 "Standards of Business Conduct for NHS Staff".
SO 8.3.3	All	Disclose relationship between self and candidate for staff appointment. (CE to report the disclosure to the Board.)
SO 10	CE	Keep seal in safe place and maintain a register of sealing.
SO 10.4	CE / Executive Directors	Approve and sign all documents which will be necessary in legal proceedings unless any enactment other requires or authorises.

SCHEME OF DELEGATION FROM SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST STANDING FINANCIAL INSTRUCTIONS

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
Standing Financial Instructions (SFI) 1	Director of Finance (DoF)	Advice on interpretation or application of SFIs.
SFI 1	All members of the Trust Board and employees	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.
SFI 3.2	Chief Executive (CE)	Responsible as the Accounting Officer to ensure the effective and efficient use of resources and for the overall for the System of Internal Control, which must be reviewed annually.
SFI 3.2	CE & DoF	Accountable for financial control and for putting in place appropriate arrangements for delegation of financial management.
SFI 3.2	CE	To ensure all Board members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.
SFI 3.3	DoF	Responsible for: a) implementing the Trust's financial policies and coordinating corrective action; b) maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; c) design and supervision of systems of internal financial control; d) ensuring that sufficient records are maintained to explain Trust's transactions and financial position; e) providing financial advice to members of Board and staff; f) preparation and maintenance of accounts, certificates etc as are required for the Trust to carry out its statutory duties; g) lead the development of the Trust's financial strategy

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 3.4	All members of the Trust Board and employees	Responsible for security of the Trust's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Instructions and financial procedures.
SFI 3.4	CE	Ensure that any contractor or employee of a contractor who is empowered by the Trust to commit the Trust to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.
SFI 4.1	Audit Committee	Provide independent and objective view on internal control and probity.
SFI 4.1	Chair of Audit Committee	Raise the matter at the Board meeting where Audit Committee considers there is evidence of ultra vires transactions or improper acts.
SFI 4.2	DoF	Where a criminal offence is suspected, DoF must inform the police if theft or arson is involved. This will be after discussion with NHS Protect where appropriate. In cases of fraud and corruption DoF must inform the relevant Local Counter Fraud Specialists (LCFS) and Counter Fraud and Security Management Service (CFSMS) Regional Team in line with SOs directions.
SFI 4.2	DoF	Notify CFSMS and External Audit of all frauds.
SFI 4.4	DoF	Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.)
SFI 4.3	DoF	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.
SFI 4.5	Internal Auditor	Review, appraise and report in accordance with NHS Internal Audit Manual and best practice.
SFI 4.6	Audit Committee	Ensure the External Auditors' work presents value for money.
SFI 4.2	CE & DoF	Monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 5.1	CE	Compile and submit to the Board an Annual Plan which takes into account financial targets and forecast limits of available resources. The Annual Plan will contain: <ul style="list-style-type: none"> • a statement of the significant assumptions on which the plan is based; • details of major changes in workload, delivery of services or resources required to achieve the plan.
SFI 5.1	DoF	Submit budgets to the Board for approval. Monitor performance against budget; submit to the Board financial estimates and forecasts.
SFI 5.1	DoF	Ensure adequate training is delivered on an on going basis to budget holders.
SFI 5.2	CE	Delegate budget to budget holders.
SFI 5.2	CE & Budget Holders	Must not exceed the budgetary total or virement limits set by the Board.
SFI 5.3	DoF	Devise and maintain systems of budgetary control.
SFI 5.3	CE or nominated officers	Ensure that <ul style="list-style-type: none"> a) no overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board; b) approved budget is not used for any other than specified purpose subject to rules of virement; c) no permanent employees are appointed without the approval of the CE other than those provided for within available resources
SFI 5.3	CE	Identify and implement cost improvements and income generation activities in line with the Annual Plan
SFI 6	DoF	Preparation of annual accounts and reports.
SFI 7	DoF	Managing the banking arrangements, which have been approved by Trust Board, including: <ul style="list-style-type: none"> a) bank accounts and Government Banking Service (GBS) accounts; b) establishing separate bank accounts for the Trust's non-exchequer funds; c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made; and d) reporting to the Board all arrangements made with the Trust's bankers for accounts to be overdrawn.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 8	DoF	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.
SFI 8.2	All employees	Duty to inform DoF of money due from transactions which they initiate/deal with.
SFI 8.2	Trust Board	Approval of income generating activities attracting an income of £500,000 or above.
SFI 9	CE	Negotiating contracts for the provision of healthcare services in accordance with the business plan, and for establishing the arrangements for extra-contractual services.
SFI 10.1	Trust Board	Approve proposals presented by the Chief Executive for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.
SFI 10.4	Director of HR	Payroll: a) specifying timetables for submission of properly authorised time records and other notifications; b) final determination of pay and allowances; c) making payments on agreed dates; d) agreeing method of payment; e) issuing instructions
SFI 10.4	Director of HR	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.
SFI 10.5	Director of HR	Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation and deal with variations to, or termination of, contracts of employment.
SFI 11.1	CE	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.
SFI 11.1	Trust Board	Agreeing the Trust's the Procurement Strategy-

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 11.2	Trust Board	Approve any procurement arrangement that commits the Trust to expenditure above £500,000 over three or less years.
	DoF	To manage procurement of goods and services in accordance with the strategy and policies approved by Trust Board.
SFI 11.2	DoF	Responsible for the prompt payment of accounts and claims.
SFI 11.2	Appropriate Executive Director	Make a written case to support the need for a prepayment.
SFI 11.2	DoF	Approve proposed prepayment arrangements.
SFI 11.2	DoF	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.
SFI 12	DoF	<ul style="list-style-type: none"> a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained. b) Prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds. c) Be responsible for the prompt payment of all properly authorised accounts and claims. d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. e) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment. f) Instructions to employees regarding the handling and payment of accounts within the Finance Department. g) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received.
SFI 12	CE	Tendering and contract procedure.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 12.5	DoF	Responsible for the receipt, endorsement and safe custody of tenders received.
SFI 12.5	DoF	Shall maintain a register to show each set of competitive tender invitations despatched.
SFI 12.5	CE and DoF	Where one tender is received will assess for value for money and fair price.
SFI 12.7	CE of DoF	Waive formal tendering procedures.
SFI 12.7	DoF	Report waivers of tendering procedures to the next formal meeting of the Audit Committee.
SFI 12.7	DoF	Where a supplier is chosen that is not on the approved list the reason shall should be recorded in writing to the CE.
SFI 12.11	Trust Board	Approval of partnerships for the delivery of services or for obtaining goods and services where there is no exchange of monies or where the terms and conditions are negotiated by another body, and the value of the goods or services exceeds £250,000, including setting the timescale for its review and renewal.
SFI 13.1	DoF	The DoF will advise the Board on the Trust's ability to pay interest and repay and will report, periodically, any external borrowing
SFI 13.1	DoF	Prepare detailed procedural instructions concerning applications for loans and overdrafts.
SFI 14	Trust Board	Approve treasury management policy
SFI 14	DoF	Prepare detailed procedural instructions on the operation of investments held.
SFI 15	DoF	Ensure that the Trust Board are aware of the prevailing instructions and guidance of the Independent Regulatory, and any statutory or regulatory requirements, regarding the financial management and financial duties of the Trust.
SFI 16.1	Trust Board	Approval of all decisions relating to capital investment above £500,000.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 16.1	CE	a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans; b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; and c) shall ensure that the capital investment is not undertaken without full consideration of the impact on the Trust's cash and working capital position and Risk Rating.
SFI 16.1	DoF	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.
SFI 16.1	CE	Issue procedures for management of contracts involving stage payments.
SFI 16.1	DoF	Issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.
SFI 16.1	CE	Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender. Issue a scheme of delegation for capital investment management.
SFI 16.1	DoF	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.
SFI 16.2	CE	The Chief Executive shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
SFI 16.2	Trust Board	The Trust Board will approve all PFI proposals or proposals to enter into a contract that commits the Foundation trust to long term (15 years or more) arrangements for capital assets with a lifetime value in excess of £500,000.
SFI 16.2	Trust Board	Any individual capital development that forms part of an arrangement under PFI or a partnership described above.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
	CE	The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.
	CE	Must ensure the Trust enters into suitable contracts with commissioners for the provision of NHS services
	CE	Ensure that regular reports are provided to the Board detailing actual and forecast income from contracts
SFI 16.2	DoF	Demonstrate that the use of private finance is fully assessed against alternative routes and follows with prevailing guidance.
SFI 16.3	CE	Overall responsibility for fixed assets and maintenance of asset registers (on advice from DoF).
SFI 16.3	DoF	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
SFI 17.1	CE	Delegate overall responsibility for control of stores (subject to DoF responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded. (Good practice to append to the scheme of delegation document.)
SFI 18.1	DoF	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.
SFI 18.1	Trust Board	Approval of disposal of assets with a Net Book Value in excess of £50,000.
SFI 18.2	DoF	Prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.
SFI 18.2	DoF	Notify Board and External Auditor of losses caused theft, arson, neglect of duty or gross carelessness (unless trivial).
SFI 18.2	DoF	Consider whether any insurance claim can be made.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 18.2	DoF	Maintain losses and special payments register.
SFI 18.2	Audit Committee	Approve write off of losses (within limits delegated by the Department of Health).
SFI 19	DoF	Responsible for accuracy and security of computerised financial data.
SFI 19	DoF	Satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
SFI 19	DoF	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.
SFI 19	DoF	Where computer systems have an impact on corporate financial systems satisfy himself that: a) systems acquisition, development and maintenance are in line with corporate policies; b) data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management rail exists; c) DoF and staff have access to such data; Such computer audit reviews are being carried out as are considered necessary.
SFI 20	CE	Responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.
SFI 20	DoF	Provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of.
SFI 21	DoF	Shall ensure that each trust fund which the Trust is responsible for managing is managed appropriately.

REF	DELEGATED TO	STANDING FINANCIAL INSTRUCTIONS AUTHORITIES/DUTIES DELEGATED
SFI 22	CE	Retention of document procedures in accordance with the Trust Non-Clinical Records Management Policy
SFI 23	CE	Implementation of the Risk management strategy
SFI 23	Trust Board	Approve and monitor risk management strategy
SFI 23	Trust Board	Decide whether the Trust will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.
SFI 23	DoF	<p>Where the Board decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Director of Finance shall ensure that documented procedures cover these arrangements.</p> <p>Where the Board decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the Director of Finance shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Director of Finance will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>
SFI 23	DoF	Ensure documented procedures cover management of claims and payments below the deductible amount.

Financial approvals hierarchy

The following limits are applied for both requisitioning and approving of invoices.

DELEGATED TO	LIMIT
2 Directors (normally the relevant Director and Director of Finance)	Greater than £75,000
Director	£75,000
Deputy Director	£40,000
Service Line Manager (Band 7 and above as approved Directors annually)	£10,000
Budget holder (as approved by Directors annually)	£5,000
Requester	£500