

**Trust Board (business and risk)
Tuesday 25 July 2017 at 12.30pm
Conference Centre Boardroom, Kendray, Barnsley**

AGENDA

- 1. Welcome, introduction and apologies** (verbal item)
- 2. Declaration of interests** (verbal item)
- 3. Minutes and matters arising from previous Trust Board meeting held on 27 June 2017** (attached)
- 4. Chair and Chief Executive's remarks** (attached)
- 5. Risk and assurance**
 - 5.1 Assurance framework and risk register (attached)
 - 5.2 Exception report - fire safety (attached)
- 6. Strategies**
 - 6.1 Equality strategy (attached)
- 7. Performance reports**
 - 7.1 Integrated performance report month 3 2017/18 including finance (attached)
 - 7.2 Customer services report quarter 1 2017/18 (attached)
- 8. Governance items**
 - 8.1 South Yorkshire and Bassetlaw (SYB) Health and Care Working Together Partnership - Memorandum of Understanding "Agreement" (attached)
 - 8.2 Scheme of delegation update (attached)

8.3 Equality annual report 2016/17 (attached)

8.4 Medical appraisal/revalidation annual report 2016/17 (attached)

9. Receipt of minutes of partnership boards (attached)

9.1 Kirklees Health & Wellbeing Plan (attached)

10. Assurance from Trust Board committees (attached)

- Audit Committee 18 July 2017
- Nominations Committee 11 July 2017
- Remuneration & Terms of Service Committee 11 July 2017

11. Trust Board work programme 2017/18 (attached)

12. Date of next meeting

The next meeting of Trust Board will be held on Tuesday 3 October 2017, Rooms 5 & 6, Laura Mitchell House, Halifax.

Minutes of Trust Board meeting held on 27 June 2017

Present:	Ian Black Julie Fox Laurence Campbell Charlotte Dyson Chris Jones Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks Alan Davis	Chair Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director / Deputy Chief Executive Director of Nursing and Quality Director of Finance and Resources Director of HR, OD and Estates
Apologies:	Rachel Court	Non-Executive Director
In attendance:	Dawn Stephenson Kate Henry Sean Rayner Salma Yasmeen Emma Jones Julie Eskins	Director of Corporate Development (Company Secretary) Director of Marketing, Communications and Engagement District Director – Barnsley and Wakefield Director of Strategy Integrated Governance Manager (author) Assistant Director of Patient Safety (item 6.1)

TB/17/46 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above.

TB/17/47 Declaration of interests (agenda item 2)

There were no declarations over and above those made in the annual return in March 2017 or subsequently.

TB/17/48 Minutes and matters arising from previous Trust Board meetings held 25 April 2017 and 23 May 2017 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 25 April 2017 and 23 May 2017 as a true and accurate record. There were no matters arising discussed.

TB/17/49 Chair and Chief Executive's remarks (agenda item 4)

IB highlighted the following:

- The Insight Programme - Kiran Bali completed her shadow meetings with Trust and would now be continuing the Gatenby Sanderson programme with Mid Yorkshire. Two new candidates had been identified and are due to shadow the Trust Board and committee meetings from July 2017.
- Non-Executive Director recruitment - 78 applications were received, long listed to 15. The Nominations Committee agreed a shortlist of 6 candidates for the final interview stage which would include service user/carer and BAME network panel discussions. It was intended to appoint two new Non-Executive Directors from 1 August 2017 and the

Nominations Committee would make a recommendation to the Members' Council meeting on 26 July 2017.

- Lead Governor - Nominations Committee would make a recommendation at the Members' Council meeting on 26 July 2017.

Rob Webster (RW) highlighted the following from his written report:

- The Brief sets out contextual issues, delivery updates, risks and priorities and is circulated to all staff and followed up with a face to face meeting within 10 days.
- We are operating in a highly political time following the Election. A letter has been sent to all local MPs reconfirming our commitment to continue to have strong relationships with them.
- RW attended the NHS Confederation conference and chaired a panel around engagement. There was a strong theme at the Conference about the importance of delivering the Five Year Forward View through collaboration and the Sustainability and Transformation partnerships. RW also highlighted the renewed national focus on the workforce.
- Developments in the South and West Yorkshire Sustainability and Transformation Partnerships that will impact upon the Trust. Alongside this was a national push for providers of specialist services to be responsible for changing the way services are delivered and the Trust had been engaged in successful bids to do this.
- A series of listening events for staff and the results of the Robertson Cooper Survey are taking place and are a good way of engaging with staff. Some consistent themes have been identified which will support specific actions within the workforce plan.
- Financial performance is showing a good start to the year, which is positive result for staff who are working hard on improvements.
- Following the Grenfell fire in London we can confirm that all our buildings are up to date with fire inspections to current standards.. The Executive Management Team sign off fire certification of compliance each year and our team are made up of experienced former fire service personnel. RW also updated the Board that all Trusts were asked to submit a return and conduct fire inspections working with the fire services in the last week to consider new information following the Grenfell fire. Initial work suggests ,based on the information available, any cladding within our buildings is of a higher standard and the relevant fire breaks are in place.

Charlotte Dyson (CD) asked how staff can be empowered to take ownership of the staff survey results. RW commented that an area of focus within Organisational Development and Workforce plans was devolving decision making to the front line to enable people to make decisions and change. Alan Davis (AGD) commented that part of that was developing clinical leaders and management, providing them core leadership skills. RW commented that it was important that we support staff around change and an importance part of that is working with commissioners around decommissioning.

LC asked if there were any lessons learned from the ward fire. AGD commented that the Trust's fire officers were very experienced and it was important to reinforce our mandatory fire training and ensure everyone is up to date. Further work was needed around banned items and the Trusts Fire Policy. A decision was made previously by the Board that all new builds would be fitted with sprinkler systems and we are now looking at any existing areas to potentially retrofit sprinklers to older estate. This issue had been discussed at Executive Management Team who were working to continually assure themselves that lessons form fires within our services and any lessons from Grenfell are being picked up.

It was RESOLVED to NOTE the Chair's remarks and the Chief Executive's report.

TB/17/50 Performance reports month 2 2017/18 (agenda item 5)

TB/17/50a Integrated performance report month 2 2017/18 including finance (agenda item 5.1)

Mark Brooks (MB) reported that following discussion at the Trust Board Development Session, metrics have been identified for each of the Trust's objectives in order to create a simple summary balance scorecard. Some areas were still in development and some were reported quarterly rather than monthly.

The Board discussed and supported the new format and agreed that it would also be helpful to do a deep dive on any emerging risks on a quarterly basis.

Tim Breedon (TB) highlighted the following in relation to the quality:

- Information Governance (IG) breaches – there have been a slow reduction in breaches in relation to IG, none were reportable to the Information Commissioner's Office.
- Safety first - work on mortality review continues across the northern region and within the Trust.
- Safer staffing - staffing is pressured however levels continue to be maintained. A staffing summit took place with the Director of Delivery to ensure that we are progressing the delivery of recruitment and retention programmes.
- Falls reduction – there has been a slight increase in falls, overall we are on track to meet our targets as part of Sign up to Safety.
- Prone restraint - focus on reducing the amount of time people are in prone restraint continues.
- Quality summit - presented our progress to our partners with focus on areas that require system wide support.

Chris Jones (CJ) asked about mandatory training in relation to PREVENT. TB advised that there was a revised briefing as part of PREVENT guidance with further work needed with leads from NHS England. No specific matters have been picked up through the risk scan.

Charlotte Dyson (CD) asked if there was any impact of the mental health transformation on community suicides. TB advised there was continued focus on caseloads and transfers as part of team changes with no specific issues identified. RW commented that the National Audit into Homicide and Suicide showed that for mental health inpatients there is a higher level of risk around the third day following admission and the first weeks after discharge. The Audit also shows a significant proportion of people who are not deemed at risk take their lives. The Trust is leading on the development of a West Yorkshire suicide prevention strategy which draws on such evidence.

MB highlighted the following in relation to the finance:

- Better than expected at month two with a small surplus achieved.
- Overspend on beds compared to plan, stabilised to a degree compared to September 2016 - February 2017. Offset largely by pay savings and reduced agency spend.
- Use of resources risk rating of 1 given the improved agency position
- CQUIN risk is reflected in the the figures for the first two months.
- Cash is below forecast, some due to Microsoft licensing and timing of STF funding received, and the slow pace of receiving information in relation to the alliance contract in Barnsley. The national funding of Microsoft licences has ended and promptly action by EMT was required to ensure that the Trust remained safe and to secure a saving. Details were provided to IB and Laurence Campbell (LC) as chair of the Audit Committee about why the decision was required to be made by the Executive Management Team outside of the normal decision making process and of the cost pressure this shift in funding from national to trust sources. To help reduce costs, the

number of licences and computers will also be looked at with the aim to reduce this by 10%.

- Cost Improvement Programme (CIP) is slightly below plan.
- Decommissioning risks persist and the Board has been briefed.

Following discussion, RW commented that there was a process for triggering a Quality Impact Assessment (QIA) when there were concerns around the performance of services in year. He also advised that as part of the Director of Delivery role, Karen Taylor was working with BDU directors and corporately to consider how the gap in the forecast can be addressed.

LC asked about the impact of IR35 rules. MB commented that there had been a couple of unintended consequences due to changes from the original guidance that we are addressing, and is confident that we are meeting the requirements.

AGD highlighted the following in relation to Workforce:

- Sickness absence - area of focus as part of the “operational excellent” programme and staffing summit with a task and finish group to be put in place. It is now also within all managers’ objectives.
- Turnover - the Trust was been invited to take part in a retention support programme with NHS Improvement. The decommissioning of services and impact of TUPE transfer last year puts the Trust below average and we have made NHS Improvement aware that this statistical blip may be the issue.
- Fire training - continues to be reported to Board.
- Mental Health Act/Mental Capacity Act training - quality checks are taking place on the recording of training numbers and ensuring that BDUs have the information to assist with staff release. TB commented that sufficient training was in place to reach the required target and the release of staff was being monitored by the Operational Management Group. CJ commented that it was an area of focus of the Mental Health Act Committee.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/51 Exception reporting (agenda item 6)

TB17/51a Incident management annual report 2016/17 (agenda item 6.1)

TB reported that the annual report provides assurance that robust arrangements are in place, an overview of incidents, and informs our improvement activity. The report has been reviewed and discussed in detail by the Clinical Governance and Clinical Safety Committee and Executive Management Team. Early findings from the annual report were used to inform quality priorities for 2017/18

Julie Eskins (JE) highlighted the following:

- 13,126 incidents reported, 5% increase in reporting on 2015/16, 89% of incidents resulted in no/low harm.
- 65 serious incidents reported in 2016/17, serious incidents account for 0.4% of all incidents reported, reduction in serious incidents in 2016/17 from 2015/16.
- Highest category of serious incidents is apparent suicide, there will be a focus review of apparent suicides of people aged under 35. No homicides and no Never Events were reported.
- High reporting rate with high proportion of no/low harm is indicative of a positive safety culture.

- Decrease in pressure ulcers reported.
- 10 Information Governance breaches, with a focus on acting to address this.
- Serious Incident Investigation reports are quality assured by commissioners, many positive comments have been received regarding the quality and depth of the reports.
- Some incident investigations have not been signed off, however all required actions have been completed.
- Learning report completed, issues highlighted around record keeping, staff education and training, communication with actions in place.
- 308 Duty of Candour incidents were applicable in 2016/17 (2.3% of all incidents reported), process continuing to be developed.

Julie Fox (JF) commented that the report was received by Clinical Governance and Clinical Safety Committee and areas of clarification provided. The increase in reporting was showed a positive culture and was within the anticipated range. An internal audit also provided significant assurance around the processes in place.

CJ asked if there was a system wide approach to lessons learned. TB highlighted that there were good systems in place as evidenced through the internal audit. Learning was being shared locally and there needs to be a more systematic process to enable the sharing Trust-wide.

IB asked about the system wide approach to suicide prevention. RW commented that within the Sustainability and Transformation Plans (STPs) there was discussion around a zero suicide approach with interventions in place to reduce these, understand trends, and work with police and transport authorities to support these. Within the Five Year Forward View commissioners are required to make an investment towards mental health and part of this could be used to this work in conjunction with primary care. Work is taking place on a suicide prevention strategy which would come to Trust Board for endorsement.

RW asked about falls prevention and the impact on the individuals of multiple falls in our care. TB advised that there was a risk of falls for frail people within our services. The bone health group was considering the issue and areas are tracked through Sign Up to Safety. Falls prevention is a quality priority for 2017/18. JE advised that daily safety huddles are being piloting on four inpatient wards with one ward focusing on falls.

It was RESOLVED to RECEIVE the annual incident management report, with the assurance from the Clinical Governance and Clinical Safety Committee and the next steps identified.

TB17/51b Customer services annual report 2016/17 (agenda item 6.2)

Dawn Stephenson (DS) reported that the Trust Board reviews feedback received via the Customer Services report on a quarterly basis and key performance indicators (KPIs) on complaints management in the Integrated Performance Report. DS highlighted the following in relation to 2016/17:

- The number of formal complaints decreased by 37% compared to 2015/16, with people being supported to resolve their issues at service level.
- There was a significant increase in comments and concerns (up 45% on the previous year) as a consequence of complaints being dealt with at service level.
- 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.

It was RESOLVED to NOTE the feedback received through Customer Services in the financial year 2016/17.

TB/17/52 Governance matters (agenda item 7)

TB17/52a Update on annual report, accounts and quality account 2016/17 (agenda item 7.1)

MB reported that all documents were subject to significant oversight and scrutiny by the Trust Board and submitted to NHS Improvement in accordance with the required deadlines. With regard to the Accounts, Deloitte issued an unmodified audit opinion with no reference to any matters in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources, or the Annual Governance Statement. With regard to the Quality Account, the Trust was issued with the Limited Assurance report, that is a requirement of the quality account process, and minor recommendations were made to further improve the quality of our data with action plans in place.

It was RESOLVED to:

- **NOTE the update on the process relating the annual report, accounts and quality account process and submissions; and**
- **RECEIVE the external audit reports relating to the annual accounts and quality account and comment accordingly.**

TB17/52b NHS England managing conflicts of interest guidance (agenda item 7.2)

AGD reported that NHS England had issued new guidance for the NHS organisations on managing conflicts of interests. The Trust's Standard of Business Conduct policy is compliant with the new guidance on managing conflicts of interest. However, there are differences in terminology and the new guidance does give helpful examples of where conflicts can arise and what to do in those circumstances. A review would take place of the policy and would come to a future Trust Board meeting for approval.

It was RESOLVED to NOTE that there is new guidance issued by NHS England on managing conflicts of interest; and that the Trust's Standards of Business Conduct policy will be updated to ensure the terminology is consistent and relevant examples are incorporated.

TB17/52c Safe working hours: Doctors in training quarterly report (agenda item 7.3)

ABe reported that as part of the new contract for doctors in training a quarterly report was now needed on safe working hours. In relation to rotas there are eight in place which includes doctors in training and one was identified as not compliant with new contract requirements. Exception reports have now been put in place so that concerns can be raised with a low level of reporting compared to other Trusts. The impact of the new contract has not been sufficiently felt although it highlighted challenge with the on call rota in Calderdale with work taking place with the trainees on how the rota can be made more sustainable. This remained a risk and was being managed accordingly.

It was RESOLVED to NOTE the report and receive confirmation of the resolution of rota issues through the risk process.

TB17/53d Customer services policy (agenda item 7.4)

DS reported that as part of the Care Quality Commission (CQC) action plan the Trust was asked to include a specific reference about their right to complain to CQC which has now been included and supported for approval by the Executive Management Team. The next review of the policy was due in three years unless required in line with other policies.

It was RESOLVED to APPROVE the updated Customer Service policy with the next review in 3 (three) years unless required earlier.

TB17/54e Receipt of public minutes of partnership boards (agenda item 7.5)

A list of agenda items discussed and Minutes where available were provided for the following meetings:

- Barnsley Health and Wellbeing Board 6 June 2017 – SR advised that the Local Plan video shown was a good way of communicating the priorities with the public.
- Wakefield Health and Wellbeing 1 June 2017 – SR advised that the troubled families programme was moving into the next phase and contributed to a good discussion with partners. A coordinated effort was needed to ensure services respond appropriately to the needs of families. RW advised that it was a model of integrated care across Wakefield district which included portrait of life and other services currently delivered by the Trust and linked into Better Care Fund proposals.
- Calderdale Health and Wellbeing Board 15 June 2017.
- Kirklees Health and Wellbeing Board – Next meeting scheduled 29 June 2017.

It was RESOLVED to NOTE the updates provided.

TB/17/55 Assurance from Trust Board Committees (agenda item 8)

TB/17/55a Clinical Governance and Clinical Safety Committee 11 April 2017, 22 May 2017 and 13 June 2017

JF highlighted the following:

- Transformation reporting will be received at each stage (discovery, design, delivery, review).
- Child and Adolescent Mental Health Services (CAMHS) update to be rotated between a full report and an exception report based on the dashboard.
- Incident Management Annual Report 2016/17
- BDU reports significant around quality of care.
- NICE guidance Annual Report 2016/17 highlighted that it was a significant task for the organisation and clearly outlined projects and actions taking place.
- Awaiting the Health and Safety Annual Report 2016/17.

TB/17/55b Equality & Inclusion Forum 16 May 2017

IB highlighted the following:

- The Insight Programme.
- BAME panels as part of Non-Executive Director recruitment process.
- BAME staff network development.
- Disability staff network. AGD facilitating discussions for staff to take forward.

TB/17/55c Mental Health Act Committee 16 May 2017

CJ highlighted the following:

- Mental Health Act/Mental Capacity Act mandatory training.
- Challenges of collecting robust data around ethnicity.
- Mental Health Act performance report showed inconsistent use of holding powers in Calderdale and Kirklees.
- New process for audit compliance was showing good outcomes.
- Independence of hospital managers. IB commented that reappointment was subject to the annual review process.

TRUST BOARD 27 JUNE 2017 – ACTION POINTS ARISING FROM THE MEETING

Actions from 27 June 2017

Min reference	Action	Lead	Timescale	Progress
TB/17/55c Mental Health Act Committee 16 May 2017	The Board discussed the collection of ethnicity data in relation to 'not known' and 'not provided'. Regular reports are provided to each BDU to ensure actions are taken forward around sharing best practice and supporting staff to ask those questions. CJ advised that the Mental Health Act Committee would continue to receive reports and if a substantial improvement was not seen after two quarter it would be escalated.	ABe / TB	October 2017	
TB/17/56 Date of next meeting	IB highlighted that subject to any substantial decisions required there would not be a public Trust Board meeting held between 25 July 2017 and 3 October 2017. The Board requested an overview of decision making arrangements during that time to be provided at the Trust Board meeting on 25 July 2017.	DS	25 July 2017	Trust Board strategic session scheduled in September 2017.

Outstanding actions from 25 April 2017

Min reference	Action	Lead	Timescale	Progress
TB/17/38 Assurance framework and risk register	The Board discussed that the election may have an impact which was currently unknown. Further discussion to be had by the Board after the election, in line with the next strategic overview of business and associated risks report.	DS/SY	October 2017	As updated through the Chief Executive's report to Trust Board. The next strategic overview of business and associated risks report will be presented in October 2017 as agreed by Trust Board.

Trust Board 25 July 2017 Agenda item 4

Title:	Chief Executive's report
Paper prepared by:	Chief Executive
Purpose:	To provide the strategic context for the Board conversation.
Mission/values:	The paper defines a context that will require us to focus on our mission and lead with due regard to our values.
Any background papers/ previously considered by:	This cover paper references several of the papers in the public and private parts of the meeting and also external papers and links. It will be supplemented by a verbal update
Executive summary:	<p>➤ The July 2017 edition of <i>The Brief</i> for all staff has been shared with Board members as (Annex 1). This sets out contextual issues, delivery updates, risks and priorities. Since publication of <i>The Brief</i> we have seen:</p> <ul style="list-style-type: none"> • Announcement of the first nine Accountable Care Systems including South Yorkshire & Bassetlaw Sustainability and Transformation Plans (STP). This is relevant to the Memorandum of Understanding (MOU) paper on today's Board agenda. • Announcement of the Capital Schemes that benefit from the £325 million made available in the spring budget. This includes some funding for SY&B STP. Capital has been prioritised for those STPs that have been rated as highest performing. West Yorkshire and Harrogate has not been included. I wrote to all bodies in WY&H to set out the next steps on Capital. Please see (Annex 2). • A focus on the implementation of the Five Year Forward View Next Steps which will increasingly draw attention to Accountable Care Systems (ACS) and STPs. We will need to keep in view the changing relationship between the Trust and local places and the ACS/STP. This is covered more in the private agenda. • Publication of the inquiry by the All Party Parliamentary Group into Arts and Health. This demonstrated the comprehensive evidence behind how the arts can help reduce pressure on the NHS and improve outcomes. The short report is attached at (Annex 3). I spoke at the launch alongside Debs Taylor on our approach to arts and health. The report is a validation of our commitments to creativity, recovery and holistic approaches to care. • The Care Quality Commission (CQC) publication of its comprehensive assessment of the state of mental health services in the NHS. This is a helpful summary of all of the improvement that has happened – including in the Trust – in the last three years. It also includes a fair description of the challenges ahead. There is a strong correlation with the work of the STPs in mental health. A copy of the briefing on the report is attached at (Annex 4). <p>➤ We expect imminent publication of Clinical Commissioning Groups (CCG) assessments and STP base line reviews. A copy of these has been shared with Board members under embargo and will be included in the</p>

	<p>public papers after 21st July 2017.</p> <ul style="list-style-type: none"> ➤ We have continued the year well in terms of finance and performance building on good performance in 2016/17. A review of finance and budgets with a summary of the risks we face is included on the Board agenda. ➤ There have been substantial changes in the leadership of the Trust. I would like to personally thank Dawn Stephenson, Director of Corporate Development for her service to the Trust as she retires in July. Thanks also to Julie Fox, Deputy Chair whose tenure finishes this month. Two new Non-Executive Directors and a new Deputy Chair will be appointed by Members' Council on 26 July 2017. ➤ The issues raised within this paper are adequately reflected in the assurance framework and risk register, with due consideration of the risk appetite, particularly on safety and finance.
Recommendation:	Trust Board is asked to NOTE the Chief Executive's report.
Private session:	Not applicable.

The Brief

Our mission and values

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

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

What's happening externally?

National and local news

- Following the recent General Election, the [Queen's Speech](#) included several items [relevant to our area](#), including plans for a Patient Safety Bill, reform of the Mental Health Act, and a green paper on children and young people's mental health.
- The NHS 2016/17 [quarter four finances](#) were [published by NHS Improvement](#), revealing a £791m national deficit with a total of 105 providers in deficit. This performance was better than previously expected.
- It's been reported that there's been [96% drop in nurse applications from the EU](#) following the Brexit vote – we'll be keeping a close eye on the impact on our Trust.
- [Fire assessments and inspections](#) have been taking place in NHS buildings across the country following Grenfell Tower in London.
- The [Care Quality Commission](#) (CQC) published its [response to a consultation](#) on the next phase of regulation. They also [launched a second consultation](#) which includes the regulation of primary care, social care and new models of care – closes 8 Aug.

What's happening internally?

Safety and quality

Our Trust Board received [two key reports](#) on 27 June:

- Our [incident management annual report 2016/17](#) revealed that 13,126 incidents were reported, which is up 5% on the previous year – 89% of these incidents were no or low harm. This is indicative of a [positive safety culture](#). We had 65 serious incidents and no 'never events'. Please keep reporting incidents on Datix.
- Our [customer services annual report 2016/17](#) showed that we received 215 complaints - this is down 37% from 2015/16. We received an excellent 647 compliments, along with 510 comments and concerns, and 381 requests under the Freedom of Information Act. Please keep logging details with Customer Services.

Performance (May)

- **5** serious incidents - 3 of which were apparent suicides
- **76%** of prone restraints lasted less than 3mins - our target is 80%
- **77** complaints received, 11 with staff attitude as a factor
- **0** reportable confidentiality breaches

- **111%** safer staffing fill rate
- **110%** fill rate of registered nurses - 7 wards fell below our 80% threshold on days, none on nights

We're [performing well in terms of the metrics we report on nationally](#). In IAPT services, the number of people moving to recovery remains a challenge in some areas - it's been below the 50% target for both April and May. We're implementing an action plan and getting help from the national intensive support team to improve this.

Staffing

- We've introduced a [new scheme to buy up to two weeks of additional annual leave](#) – read the eligibility criteria on the staff intranet. This year, you have until 30 Sept to apply.
- Our May [sickness absence](#) rate was down to 4.8% - our target is 4.5%.
- [Mental Health Act and Mental Capacity Act training](#) is below our 80% target - 57% and 70% respectively – please make sure you've completed yours.
- Our staff [Excellence 2017](#) awards open w/c 3 July – have a think about what you might enter and read more on the staff intranet.
- Please [make sure you've had your appraisal](#) and it's been recorded. Bands 6 and above are due by the end of June and bands 5 and below by the end of Sept.

Month 2 finances (May)



In May we broke even with a small surplus of £27k - we overspent on out of area beds by £164k



We spent £400k on agency, down by £100k from Apr - our cap for the year is £5.7m



We've delivered £1m of our £8.6m CIPs so far this year, £50k less than planned - 20% of it is non-recurrent which means that we'll need to find it again



We're in NHS Improvement's segment 1 (out of 4) for finance thanks to our reduced agency spend - 1 is the highest score possible

Infrastructure

All of our [fire safety assessments are up to date](#) and have been carried out by our specialist fire safety officers. [It's important that you're up to date with your fire safety mandatory training](#). If yours is due, you must complete it as soon as possible. Details of upcoming sessions are available on the staff intranet and more dates are being organised.

Names have been revealed for the redeveloped Fieldhead wards opening later this year - thanks to all those involved.

- Overall unit: [Unity Centre](#)
- Male ward: [Stanley](#)
- Female ward: [Nostell](#)
- PICU: [Walton](#)
- 136 suite: [136 suite](#)

Our [mental health clinical system](#) was discussed at Board on 27 June. The procurement due diligence has been completed and the supplier will be announced after

the procurement standstill period ends. This is likely to be towards the end of July. Roles to work on the programme implementing the clinical system will be advertised as soon as possible.

Change and innovation

- [Barnsley intermediate care service](#) - partners are meeting on 12 July with the aim of agreeing a future model that's clinically safe and within financial resources available. The proposal to move Mount Vernon beds to Barnsley Hospital as an interim measure is being quality assessed. We'll keep you involved and updated.
- [Calderdale and Kirklees rehabilitation services](#) - we're developing community specialist rehabilitation services to provide more care in the community and people's homes. We're also working with local CCGs on a review of Lyndhurst and Enfield Down. Again, we'll make sure teams are involved as things progress.
- [New models of care](#) - we're one of 11 groups of providers chosen by NHS England to take on devolved commissioning responsibilities for specialist services. Successful bids were for:
 - [Inpatient CAMHS](#) – led by Leeds Community Healthcare Trust in partnership with us, Bradford District Care Foundation Trust, and Leeds and York Partnership Foundation Trust
 - [Adult eating disorder service](#) – led by Leeds and York Partnership Foundation Trust in partnership with us and Bradford District Care Foundation Trust.
 - We're also working collaboratively on [forensic services](#).
- Have you got an idea for a research project? A new [Research for Change](#) award scheme has been launched by our research and development team. Funding and support is available for four small scale, practice based research projects to evaluate and improve services. Read more on the [staff intranet](#) and email if you have any questions.
- We changed our [pharmacy supplier and system](#) this month. Thanks to all staff who went above and beyond to make it happen smoothly – great job!

Get involved in a number of upcoming events:

- Innovation expo, 24 July, Mental Health Museum - celebrating our innovative practice
- Research event, 6 Oct, Fieldhead - building a research culture

Focus on:

Wellbeing survey results

Thanks to everyone who completed the 2017 wellbeing at work survey. We had 1,890 responses – a 42% response rate.

Over the years, our [results have improved and stayed stable](#), and most results are typical in line with the general working population. '[Future job change](#)' is still the area of most concern.

The tables below show our results over time (from 2013 to 2017), as well as 2017 results broken down by business delivery unit (BDU). Results by service line are available and will be circulated to managers.

Results over time:

Results Over Time	Res & Comms	Control	Balanced Workload	Job Sec & Change	Work Relationships	Conditions	Job	Physical Health	Psych Health	Emotions	Positive	Sense of purpose	Engagement	Perceived Commitment	Employee Commitment
2013 Pulse															
2014 Pulse															
2015 Pulse															
2017 Pulse															

	Positive finding in relation to general working population
	Finding typical in relation to general working population
	Area for improvement in relation to general working population
	Risk in relation to general working population

Results by BDU:

BDU breakdown	Res & Comms	Control	Balanced Workload	Job Sec & Change	Work Relationships	Conditions	Job	Emotions	Positive	Sense of Purpose	Physical Health	Psych Health	Engagement	Perceived Commitment	Employee Commitment
Barnsley BDU (n=473)															
Calderdale and Kirklees BDU (n=412)															
Forensic Services BDU (n=154)															
Specialist Services BDU (n=184)															
Wakefield BDU (n=214)															
Support Services (n=447)															

Staff listening event feedback

Thanks to the [130 people who shared their views](#) with us across our four staff listening events. They focused on workforce and wellbeing and we heard lots of [positive examples of things that have got better](#) over the past year.

Themes around our [key workforce priorities and the support required](#) included:

- Communication in teams and services
- Personal development support and career progression opportunities
- IT works well in the main hubs, less reliable agilely or in smaller locations
- Staffing levels and vacancies - creates pressure for other staff
- Managing change and making sure everyone who is affected is involved
- Services being tendered at reduced costs and the impact on staff
- Job security.

Feedback will continue to be used to help shape our workforce and wellbeing plans, in support of our workforce strategy.



Take home messages

1. We put safety first, always, and we have a positive safety culture - keep reporting incidents
2. We're holding up on performance and finances so far this year - thanks for your hard work
3. We still have challenges ahead finding savings and dealing with the unexpected
4. Your wellbeing is a priority, there's support available - e.g. additional annual leave, flexible working
5. Please make sure your appraisal is booked and keep up to date with mandatory training
6. Get involved - Excellence 2017 and Research for Change entries open soon



NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

wyhstp.coreteam@nhs.net

01924 317761

To: WY&H STP Leadership Team
WY&H STP Directors of Finance

19 July 2017

Dear Colleagues

Capital expenditure funding allocations update

The Department of Health and NHS England will publish the outcome of the first wave of STP capital resource (£325m nationally) announced in the Spring Budget on **Wednesday 19 July 2017 at 9.30am**.

Ahead of this we received notification yesterday afternoon that we have not been allocated funds in this first round and we discussed the handling of this at the STP System Leadership Executive Group Meeting yesterday. Our expectation is that our bids in this round, totaling £37.6m, will roll into the wider capital programme for the STP.

We have now agreed that the Directors of Finance should take forward a process that re-assesses the combined bids for the two processes against our STP. For clarity, this relates to the following programmes of work:

Spring budget bids

- Digital – national pathology exchange - £2.0m
- Digital – interoperability - £2.5m
- Digital – tele-medicine in care homes - £1.5m
- Digital – Leeds Teaching Hospital Trust informatics – £13.3m
- Cancer – radiotherapy planning system - £1.2m
- UEC – Bradford hub - £5.0m
- UEC – Acute admission at Airedale - £7.0m
- UEC – Acute reconfiguration at Mid Yorkshire Hospital Trust - £5.1m



These will be considered alongside the further bids we submitted at the end of May 2017, as part of the possible **autumn budget capital**, which include:

- £712m capital proposals submitted on 31 May 2017 (to inform the Autumn Budget discussions)
- £430m capital expenditure plans from providers covering the period 2017/18 to 2020/21 (based on the operational plan submissions to NHS Improvement, adjusted to take into account the developments that have now been included in the STP capital proposals – primarily the proposed capital cost to redevelop Leeds General Infirmary)
- £30m estimated NHS England capital available for CCGs to deploy from 2017/18 to 2020/21 (primarily on GPIT)
- £33m submitted proposals across West Yorkshire and Harrogate to support the delivery of the GP Five Year Forward View as part of the national Primary Care Estates, Technology and Transformation fund

We are clear that in order to deliver the required transformational changes, we need to work together on the totality of our NHS capital plans, rather than the elements that are the subject of recent rounds of proposals. This comprehensive view allows us to consider our overall capital requirements and the funding sources available to meet them.

I felt it was important that we personally let you know the outcome from the first wave of funding as soon as possible and to thank you and the efforts of your teams – particularly the Director of Finance Group - across the patch for the development of these bid at such short notice at a such a challenging time of the year.

Jonathan will be meeting with the Directors of Finance Group this afternoon to discuss this further and so that we as a leadership group understand and are clear on the impact on our STP.

Thank you again for all your efforts.

Yours sincerely



Rob Webster

**Chief Executive of South West Yorkshire Partnership NHS Foundation Trust
West Yorkshire and Harrogate Sustainability and Transformation Partnership CEO Lead**



Jonathan Webb

West Yorkshire and Harrogate Sustainability and Transformation Partnership Finance Director

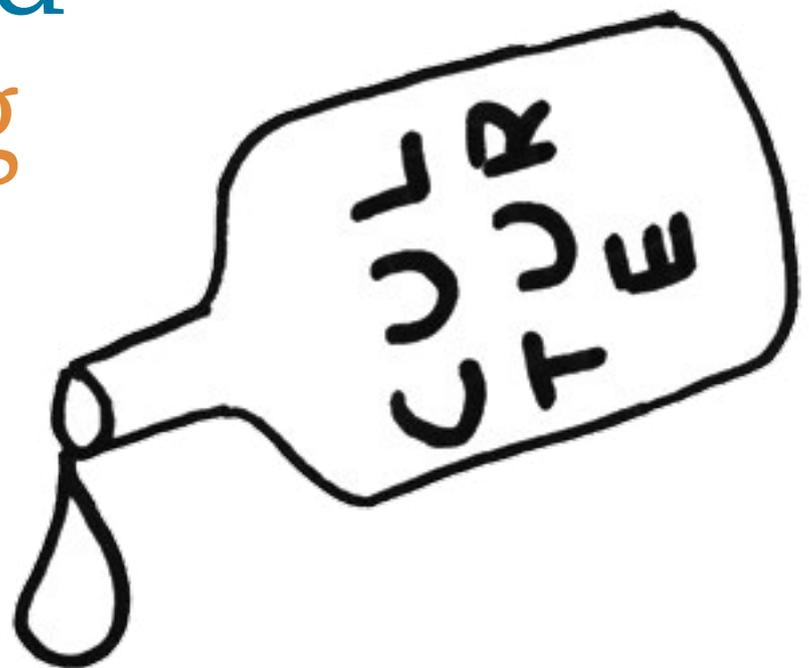


All-Party Parliamentary Group
on Arts, Health and Wellbeing
Inquiry

Creative Health: The Arts for Health and Wellbeing

The Short Report

July 2017



Foreword

The time has come to recognise the powerful contribution the arts can make to our health and wellbeing. A substantial report, *Creative Health*, by the All-Party Parliamentary Group on Arts, Health and Wellbeing, sets out comprehensive evidence and numerous examples of practice which demonstrate the beneficial impact of the arts.

We hope that our report will influence the thinking and practice of people working professionally in health and social care as well as of artists and people working in cultural organisations. It is addressed to all who are thinking about the future of these crucial public services.

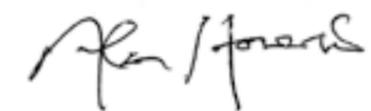
We offer a challenge to habitual thinking and ask for new collaborations to be formed across conventional boundaries. We are calling for an informed and open-minded willingness to accept that the arts can make a significant contribution to addressing a number of the pressing issues faced by our health and social care systems. The evidence we present shows how arts-based approaches can help people to stay well, recover faster, manage long-term conditions and experience a better quality of life. We also

We are calling for an informed and open-minded willingness to accept that the arts can make a significant contribution to addressing a number of the pressing issues faced by our health and social care systems.

In the full report, we present the findings of two years of research, evidence-gathering and discussions with patients, health and social care professionals, artists and arts administrators, academics, people in local government, ministers, other policy-makers and parliamentarians from both Houses of Parliament. Our partners in this Inquiry have been the National Alliance for Arts, Health and Wellbeing, King's College London, the Royal Society for Public Health and Guy's and St Thomas' Charity. We are extremely grateful to our funders, Wellcome, Paul Hamlyn Foundation and the Arts and Humanities Research Council. More than 300 people have contributed to this process, and we are profoundly indebted to them for the insight and knowledge that they have shared with us. We have been privileged to hear moving personal testimonies from individuals who have experienced remarkable improvements in their own health and wellbeing from engagement with the arts.

show how arts interventions can save money and help staff in their work.

Culture change cannot be imposed by government, and we are not asking for legislation or organisational upheaval or more public spending. Government can, however, support the process of change. We hope that our report will help to develop the case that is already being made, by ministers and the NHS as well as others, that we should work towards a healthy and health-creating society.



Rt Hon. Lord Howarth of Newport
Co-Chair, All-Party Parliamentary Group on Arts, Health and Wellbeing.



SING YOUR SONG

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Designed by Steers Gillan Eves



Arts in Health and Care Environments

This includes hospitals, GP surgeries, hospices and care homes.



A mental health recovery centre co-designed by service users in Wales is estimated to save the NHS

£300k

per year.



Visual and performing arts in healthcare environments help to reduce sickness, anxiety and stress.



The heart rate of new-born babies is calmed by the playing of lullabies. The use of live music in neonatal intensive care leads to considerably reduced hospital stays.

Participatory Arts Programmes

This refers to individual and group arts activities intended to improve and maintain health and wellbeing in health and social care settings and community locations.

After engaging with the arts

79% of people in deprived communities in London ate more healthily

77% engaged in more physical activity

82% enjoyed greater wellbeing.

£1 spent on early care and education has been calculated to save up to £13 in future costs. Participatory arts activities with children improve their cognitive, linguistic, social and emotional development and enhance school readiness.

Arts Therapies

This refers to drama, music and visual arts activities offered to individuals, usually in clinical settings, by any of 3,600 practitioners accredited by the Health and Care Professions Council.



Music therapy reduces agitation and need for medication in

67%

of people with dementia.

Arts therapies help people to recover from brain injury and diminish the physical and emotional suffering of cancer patients and the side effects of their treatment.



Arts therapies have been found to alleviate anxiety, depression and stress while increasing resilience and wellbeing.

Arts on Prescription

Part of social prescribing, this involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries).

An arts-on-prescription project has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions. This represents a saving of

£216

per patient.

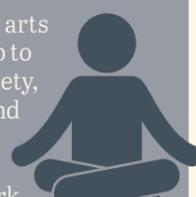


A social return on investment of between £4 and £11 has been calculated for every £1 invested in arts on prescription.

Over the past two centuries, life expectancy has increased by two years every decade, meaning that half of people being born in the West can expect to reach 100. Arts participation is a vital part of healthy ageing.



Participatory arts activities help to alleviate anxiety, depression and stress both within and outside of work.



Medical Training and Medical Humanities

This refers to inclusion of the arts in the formation and professional development of health and social care professionals.

Within the NHS, some 10 million working days are lost to sick leave every year, costing

£2.4bn

Arts engagement helps health and care staff to improve their own health and wellbeing and that of their patients.



Everyday Creativity

This might be drawing, painting, pottery, sculpture, music- or film-making, singing or handicrafts.

There are more than **49,000** amateur arts groups in England

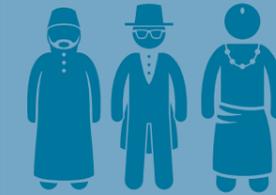
involving **9.4 million** people

that is **17%** of the population.



Attendance at Cultural Venues and Events

This refers to attendance at concert halls, galleries, heritage sites, libraries, museums and theatres.



Attendance tends to be determined by educational level, prosperity and ethnicity.



Cultural engagement reduces work-related stress and leads to longer, happier lives.

Of **2,500** museums and galleries in the UK, some

600

have programmes targeting health and wellbeing.



The Built and Natural Environments

Poor-quality built environments have a damaging effect upon health and wellbeing.

85% of people in England agree that the quality of the built environment influences the way they feel.

Every £1 spent on maintaining parks has been seen to generate

£34

in community benefits.



Key Messages

- The arts can help keep us well, aid our recovery and support longer lives better lived.
- The arts can help meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health.
- The arts can help save money in the health service and social care.

When we talk about the arts, we mean the visual and performing arts, including crafts, dance, film, literature, music and singing, as well as the culinary arts and gardening. The cultural field embraces concert halls, galleries, heritage sites, libraries, museums and theatres. Other places in which arts engagement may take place include health and social care environments and community settings. We emphasise the importance for health and wellbeing of architecture, design, planning and the environment.

There is an expanding body of research and evaluation to support the case that the arts have an important contribution to make to health and wellbeing. This evidence is being developed through scholarly work and in everyday practice; it is being funded by national bodies, and it is being disseminated through dedicated journals and other platforms. There is growing interest in the field from professional bodies, including government agencies, and new strategic partnerships are being developed. However, the potential contribution of the arts to health and wellbeing has, as yet, been all too little realised. Too often, arts programmes for health are temporary, and provision is uneven across the country. For this to improve, culture change is needed. The key to progress will be leadership and collaboration across the systems of health, social care and the arts.

“This report sets out the significant contribution that arts and culture can make to keeping our communities healthy and happy. It is a call for action and a powerful argument for continuing to expand the artistic and cultural offer that complements and enhances our health offer to residents.”

Izzi Seccombe, Leader of Warwickshire County Council; Chairman of the LGA Community Wellbeing Board

The Arts and the Social Determinants of Health and Wellbeing

The conditions in which we are born, grow, work, live and age have profound effects on our health and wellbeing. This report examines how engagement with the arts and culture can have a positive impact on these social determinants, enhancing health, wellbeing and quality of life for people of all ages. However, the evidence shows that engagement with the publicly funded arts is relatively low among people living in circumstances of economic and social disadvantage. We argue, therefore, that it is essential to improve access and engagement where they are lacking, so as to create and sustain healthier lives.

“The mind is the gateway through which the social determinants impact upon health, and this report is about the life of the mind. It provides a substantial body of evidence showing how the arts, enriching the mind through creative and cultural activity, can mitigate the negative effects of social disadvantage. Creative Health should be studied by all those commissioning services.”

Professor Sir Michael Marmot,
Director, Institute of Health Equity,
University College London

A Healthy and Health-Creating Society

Funding aside, the greatest challenges to the health and social care systems come from an ageing population and an increase in the number of people with long-term conditions. NHS England's *Five Year Forward View* (2014) called for a new emphasis on prevention and the development of community-based, non-medical responses to a range of physical and mental health and wellbeing needs. *Next Steps on the Five Year Forward View* (2017) brought into sharper focus the need to enhance primary and mental health care and encourage healthy ageing.

The All-Party Parliamentary Group on Arts, Health and Wellbeing sees itself as part of a growing movement advancing the ‘transformation of the health and care system from a hospital-centred and illness-based system to a person-centred and health-based system’.¹ Our report shows that the arts can enable people to take greater responsibility for their own health and wellbeing and enjoy a better quality of life. Engagement with the arts can improve the humanity, value for money and overall effectiveness of the health and social care systems.

Place, Environment and Community

A chapter in the full report discusses how devolution of decision-making and budgets can provide better opportunities to create healthy places and healthy lives, building on individual and community strengths.

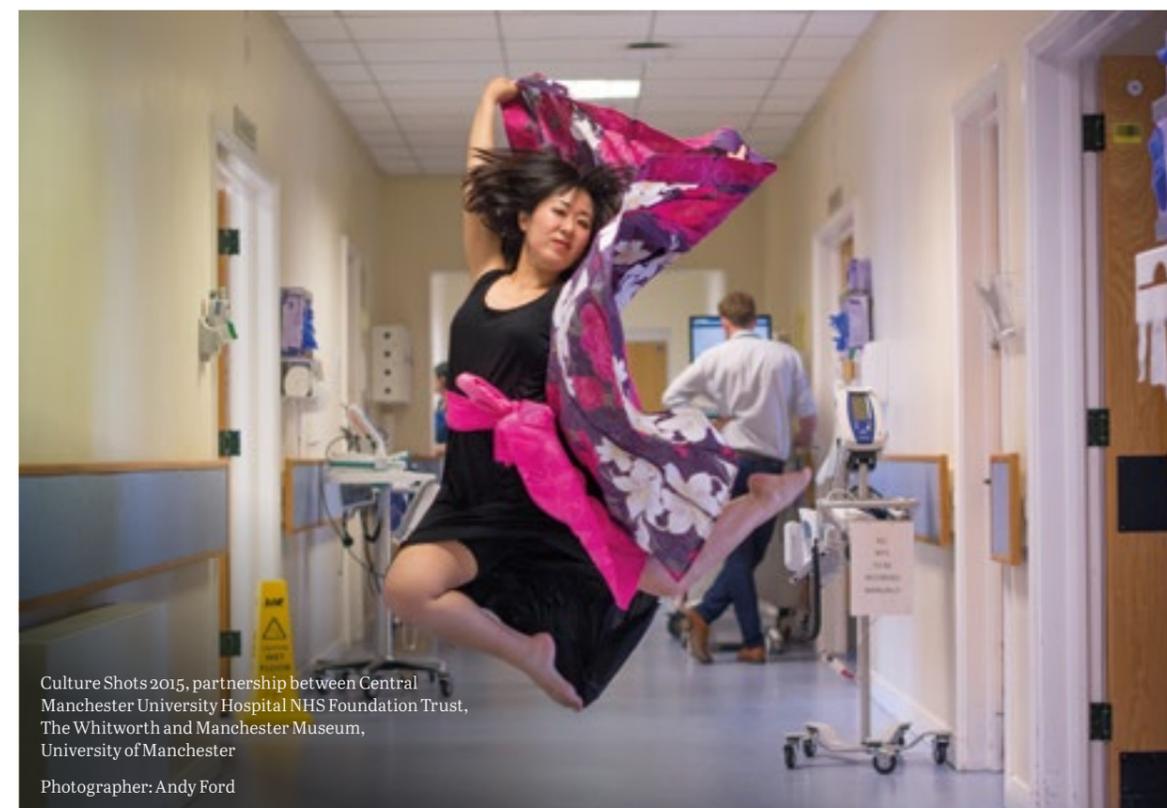
We consider the growth of social prescribing, whereby people are referred to activities in the community, in preference to medication. We look at the benefits to health and the cost savings arts-on-prescription activities provide.



Greater Manchester Devolution

In Greater Manchester, local elected leaders and clinicians have health and social care budgets of more than £6bn to meet the needs of 2.8m residents, many of whom have a lower life expectancy than people in other parts of England. The focus is on people and place, rather than organisations. The population health plan states an intention to ‘position the strong inter-relationship between arts and individual and community health as one of the key foundations of

building sustainable and resilient communities across Greater Manchester’.² Arts and culture are being included in partnerships with health service commissioners and providers, with arts activity a core element of future planning and provision. Arts and health commissioners and practitioners are stimulating debate on the arts and health as a social movement under the banner Live Well Make Art.



Culture Shots 2015, partnership between Central Manchester University Hospital NHS Foundation Trust, The Whitworth and Manchester Museum, University of Manchester

Photographer: Andy Ford

Artlift Arts-on-Prescription Scheme



Artlift is a charity delivering an arts-on-prescription scheme in Gloucestershire and Wiltshire. Health professionals refer patients with a wide range of conditions – from chronic pain to stroke to anxiety and depression – to take part in an eight-week course of two-hour sessions, led by a professional artist working in poetry, ceramics, drawing, mosaic or painting. A cost benefit analysis of Artlift from 2009 to 2012 showed that, after six months of working with an artist, people had 37 percent less demand for GP appointments and their need for hospital admissions dropped by 27 percent. Setting reductions in costs to the NHS against the cost of Artlift interventions, there was a net saving of £216 per patient.

A participant, who attended the Artlift programme for six months following a stroke, describes how:

I had split up from my partner, found myself without anywhere to live and couldn't see my children. I couldn't work as I wasn't physically able to do the job and wasn't in a position mentally or financially to start a building business again after going bankrupt. Since going to Artlift I have had several exhibitions of my work around Gloucester. I find that painting in the style that I do, in a very expressionistic way, seems to help me emotionally. I no longer take any medication and, although I am not without problems, I find that as long as I can paint I can cope. It doesn't mean that depression has gone but I no longer have to keep going back to my GP for more anti-depressants, I just lock myself away and paint until I feel slightly better. I now mentor some people who have been through Artlift themselves and they come and use my studio a couple of times a week to get together, paint, draw and chat and I can see the benefit to them over the time they have been doing it.

"It has been heart-warming to hear about many examples in our system where, through involvement in the arts, people have been able to develop their talents and live fuller lives, taking more control of their health and wellbeing. We believe that the arts and cultural sector has a major part to play in the transformation of health and care in Gloucestershire."

Mary Hutton, Accountable Officer, NHS Gloucestershire Clinical Commissioning Group and Lead for Gloucestershire Sustainability and Transformation Partnership

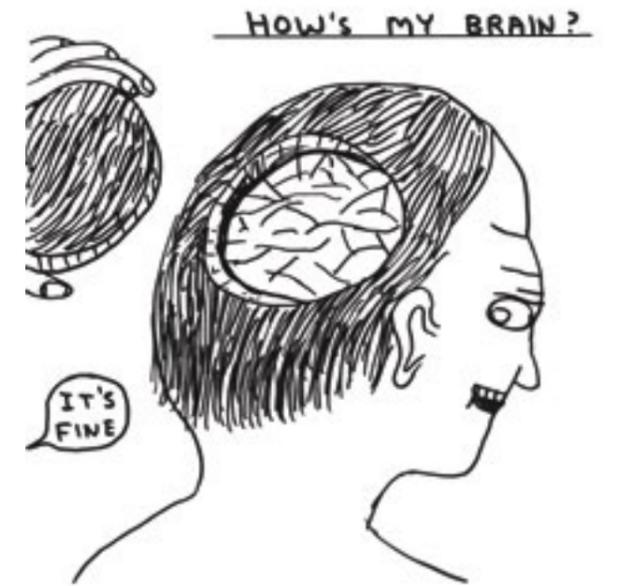


Russell, Artlift, Gloucestershire
Photographer: James Garrod

Arts Engagement at Every Age

The full report follows the journey through life from birth to death. In a chapter on childhood, adolescence and young adulthood, we discuss ways in which the arts can improve the mental health of new mothers and encourage the emotional, social and cognitive development of children.

An estimated 850,000 children and young people in Britain have mental health problems and related physical health problems. Most serious mental health problems – such as psychosis and bipolar disorder – begin before the age of 24, with half of conditions being manifested by the age of 14. In the report, we take the Alchemy Project – which uses dance as a form of early intervention – as an example of an innovative approach to psychosis.



Creative Homes, live arts experiences in the household environment, Knee High Design Challenge finalist, 2015
Photographer: Robin Howie

Creative Families



Creative Families is co-produced by Southwark Council's Parental Mental Health Team and South London Gallery, funded by Guy's and St Thomas' Charity and led by artists at the gallery and three local children's centres. During a pilot phase, Creative Families worked with 46 mothers experiencing mental distress and 61 of their children under the age of five. Over the course of a

10-week art and craft programme, mothers experienced a 77 percent reduction in anxiety and depression and an 86 percent reduction in stress. The bonds between mothers and children improved, and the emotional, social and cognitive development of the children was stimulated. Following the pilot, funding from the mental health team was secured to enable the project to continue.

Anxiety, depression and stress are leading causes of disability at any age. At one of our round tables, on Young People, Mental Health and the Arts, a young man who has suffered severe anxiety and depression since the age of 20 said:

About my darkest time, I made a decision that I had one more thing to try and that was to stop hiding. I couldn't keep up this double life of portraying happiness to everybody. So it started with a poem. Putting it into poetry made it somehow easier to say. I filmed it and I posted it onto social media, which was terrifying, but quite necessary for me, because the support that I got from that was amazing, and it changed how I saw everything that was happening. Because, for the first time, I wasn't as afraid to talk about it. That was the biggest step for me. Poetry then turned into music when I realised that these words that I'd written could be lyrics. Then that became my next weapon, I guess, in this battle against depression.

In a chapter on working-age adulthood, we show that workplace stress, serious illness and the management of long-term conditions are all areas in which there is evidence of the benefits of the arts for prevention, recovery and improved quality of life.

We show how the arts can help with expressing difficult emotions and experiences for people in the criminal justice system and how arts therapies provide an effective non-verbal means of accessing painful memories for those with post-traumatic stress.

We discuss inspiring examples of the arts and humanities being used in the training and professional development of health and social care staff. Despite the benefits, this is not commonplace, nor is the relevance to the arts of health and wellbeing generally conveyed in the professional development of artists.

The arts can support healthy ageing and counteract loneliness at all ages. In a chapter on older adulthood, we look at evidence that social participation by older

people can have as positive an impact on health as giving up smoking, with the arts providing enjoyable opportunities for social participation from group singing to community knitting. In February 2017, Age UK published an analysis of data gathered from more than 15,000 older people which showed that engagement in creative and cultural activities makes the highest contribution to overall wellbeing.

It is predicted that, by 2040, 1.2 million older people in the UK will have a dementia diagnosis. Our full report describes in detail how engagement with the arts can provide significant help in meeting this enormous challenge. It discusses how dancing, painting or playing a musical instrument can boost brain function, potentially helping to delay the onset of dementia. It also considers how arts engagement, including handling evocative objects, can help the recall of memories in people with dementia. There is a movement in dementia care to focus less on memory and more on improving the quality of life for people with dementia. The full report presents examples of practice and research in this area across eight different art forms.

Very importantly, the arts can also improve quality of life for carers. A woman whose husband had been diagnosed with terminal cancer said to the Director of Grampian Hospitals Arts Trust:

To be given a terminal prognosis is devastating for both the patient and family. To take away your future, the opportunity to grow old and grey with your spouse and to watch your children grow and thrive. You lose your independence and your sense of self, your purpose and role in life. Yet in the midst of this suffering lies the Artroom. An oasis of positivity and fulfilment providing a different purpose. One of creativity and self-expression. It is a place where the self is rediscovered and allowed to flourish. A place where you feel valued and worth investing in. It's medicine for the soul and every bit as vital as drugs and chemotherapy. A life-fulfilling experience that has changed both our lives for the better.

Scale scores and through interviews. Eighty-six percent of patients felt the sessions relieved disability symptoms, citing improved sleep; reduced anxiety, dizzy spells and epileptic episodes; improved concentration and memory; and increased confidence, morale and sense of self. Ninety-one percent of patients experienced social benefits, including enhanced communication and relationships.

Strokestra

Strokestra, a pilot collaboration between the Royal Philharmonic Orchestra and Hull Integrated Community Stroke Service within Humber NHS Trust, was funded through a £48,000 grant from Hull Public Health. Strokestra sessions ranged from percussion to conducting and culminated in a live orchestral performance at Hull City Hall. Evaluation focused on individual progress, measured by Stroke Impact

Staying Well

The Staying Well project in Calderdale aims both to reduce isolation and loneliness among older people and to ease pressure on health and social care resources. Staying Well workers in four community hubs provide opportunities for engaging in a wide range of art and craft activities at a charge of less than £5 per session. Evaluation has shown that almost half of 779 participants had a long-term condition and over a third two or more long-term conditions. Among the 55 percent of participants drawn from deprived communities,

there was a higher incidence of long-term health conditions, lower quality of life and greater isolation and loneliness. Three of the four hubs showed a reduction in loneliness over the initial period, with some participants also reporting improvements in their health. Initially intended as a 12-month pilot, the project has been extended three times. Funding through Calderdale Clinical Commissioning Group's Care Closer to Home programme has been matched by the NHS Vanguard programme and Calderdale Metropolitan Borough Council.

"At least one third of GP appointments are, in part, due to isolation. Through social prescribing and community resilience programmes, creative arts can have a significant impact on reducing isolation and enabling wellbeing in communities."

Dr Jane Povey GP, Director, Creative Inspiration Shropshire Community Interest Company

At the end of life, participatory arts and arts therapies can offer physical, social, psychological and spiritual support to people facing death. In the final life-course chapter, we discuss how the arts can open up conversations about death and enable people to cope

better with dying and bereavement. In the words of a seriously ill 15-year-old boy during a drama workshop, 'Death is simply a door in the room that we have not yet noticed, and we won't until our eyes adjust to the dark'.



Equal Arts session at Cranlea, Newcastle

Photographer: Dave Charlton

Recommendations

We hope we demonstrate in *Creative Health* that the arts can make an invaluable contribution to a healthy and health-creating society. They offer a potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods. Policy should work towards creative activity being part of all our lives. We make ten specific recommendations as catalysts for the change of thinking and practice that can open the way for the potential of the arts in health to be realised.

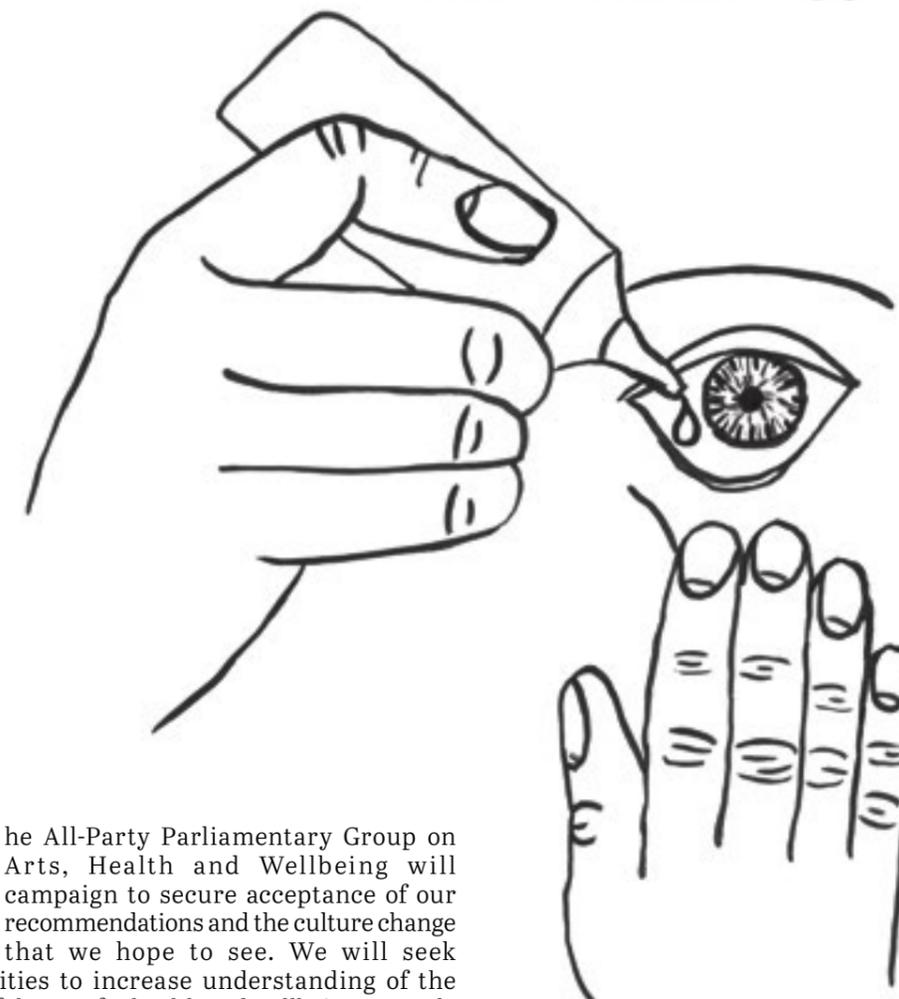
- 1) We recommend that leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. We appeal to philanthropic funders to support this endeavour. We hope that the centre will also have the support of Arts Council England, NHS England and Public Health England as well as the Local Government Association and other representative bodies.
- 2) We recommend that the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture.
- 3) We recommend that, at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing.
- 4) We recommend that those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level.
- 5) We recommend that Arts Council England supports arts and cultural organisations in making health and wellbeing outcomes integral to their work and identifies health and wellbeing as a priority in its 10-year strategy for 2020–2030.
- 6) We recommend that NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate.
- 7) We recommend that Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.
- 8) We recommend that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts to health and wellbeing.
- 9) We recommend that Research Councils UK and individual research councils consider an interdisciplinary, cross-council research funding initiative in the area of participatory arts, health and wellbeing, and that other research-funding bodies express willingness to contribute resources to advancement of the arts, health and wellbeing evidence base. We recommend that commissioners of large-scale, long-term health surveys include questions about the impacts of arts engagement on health and wellbeing.
- 10) We recommend that the National Institute for Health and Care Excellence regularly examines evidence as to the efficacy of the arts in benefiting health, and, where the evidence justifies it, includes in its guidance the use of the arts in healthcare.

“This report lays out a compelling case for our healthcare systems to better utilise the creative arts in supporting health and wellbeing outcomes, building on a growing body of evidence in mental health, end-of-life care and in supporting those living with long-term conditions.”
Lord Darzi, Professor of Surgery, Imperial College London

Next Steps

The All-Party Parliamentary Group on Arts, Health and Wellbeing will campaign to secure acceptance of our recommendations and the culture change that we hope to see. We will seek opportunities to increase understanding of the benefits of the arts for health and wellbeing, not only with ministers and in parliament but also among the health and social care professions and others across the country. The process of the Inquiry – in particular the exchanges of ideas and experience of service users, health and social care professionals, artists and arts administrators, funders, academics, people in local government, policy-makers and parliamentarians – has generated energy and commitment. We will continue to enlist the help of those who are willing and able to join forces to shape a shared vision for change and bring that change into being. We will welcome advice from all who share our mission. Those who work with the arts in the health and social care sectors and are already expert practitioners will be powerful advocates of this change. The stories of people who have personally experienced the benefits of the arts for their own health and wellbeing are compelling. We ask all those who believe in the value of the arts for health and wellbeing to speak up. We will work with all who believe, as we do, that the arts offer an essential opportunity for the improvement of health and wellbeing.

ART HELPS YOU SEE



“This is an impressive collection of evidence and practice for culture and health, which reflects the passion and breadth of engagement of the APPG and its partners over the last two years.”
Duncan Selbie, Chief Executive, Public Health England



Dancing in their Footsteps, Age Exchange, London
 Photographer: Tim Sutton for Age Exchange

Detailed references for all case studies and evaluations are given in the full report.

You can download the full report here: www.artshealthandwellbeing.org.uk/appg/inquiry

You can view submissions to the Inquiry's call for practice examples here: www.artshealthandwellbeing.org.uk/appg/inquiry-submissions

The All-Party Parliamentary Group on Arts, Health and Wellbeing has developed policy briefings in collaboration with the Association of Directors of Public Health, Local Government Association, National Council for Voluntary Organisations, Social Care Institute for Excellence and What Works Centre for Wellbeing. Arts Council England and Public Health England have provided advice and have agreed to help with their dissemination.

You can download the policy briefings here: www.artshealthandwellbeing.org.uk/appg/inquiry

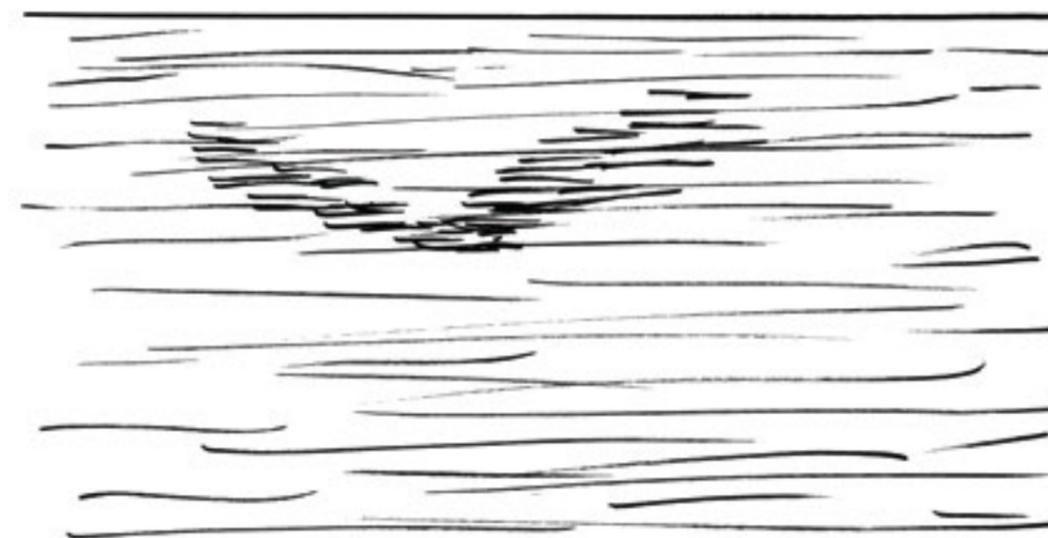
The All-Party Parliamentary Group on Arts, Health and Wellbeing is very grateful for the participation of a number of service users and expert patients in the Inquiry. Many returned to take part in a focus group attended by the artist, David Shrigley. Our warmest thanks to David for the drawings that illustrate this report.

The All-Party Parliamentary Group on Arts, Health and Wellbeing has produced the Inquiry report in collaboration with King's College London, the Royal Society for Public Health and Guy's and St Thomas' Charity. The secretariat for the All-Party Parliamentary Group on Arts, Health and Wellbeing is provided by the National Alliance for Arts, Health and Wellbeing. The Inquiry has been funded by Paul Hamlyn Foundation and Wellcome, with additional support from the Arts and Humanities Research Council. We express our deep gratitude to our project manager, Alex Coulter, and our researcher, Dr Rebecca Gordon-Nesbitt.

To contact the All-Party Parliamentary Group on Arts, Health and Wellbeing please email Alexandra Coulter: coultera@parliament.uk

More information about our work can be found here: www.artshealthandwellbeing.org.uk/appg

THE ARTS

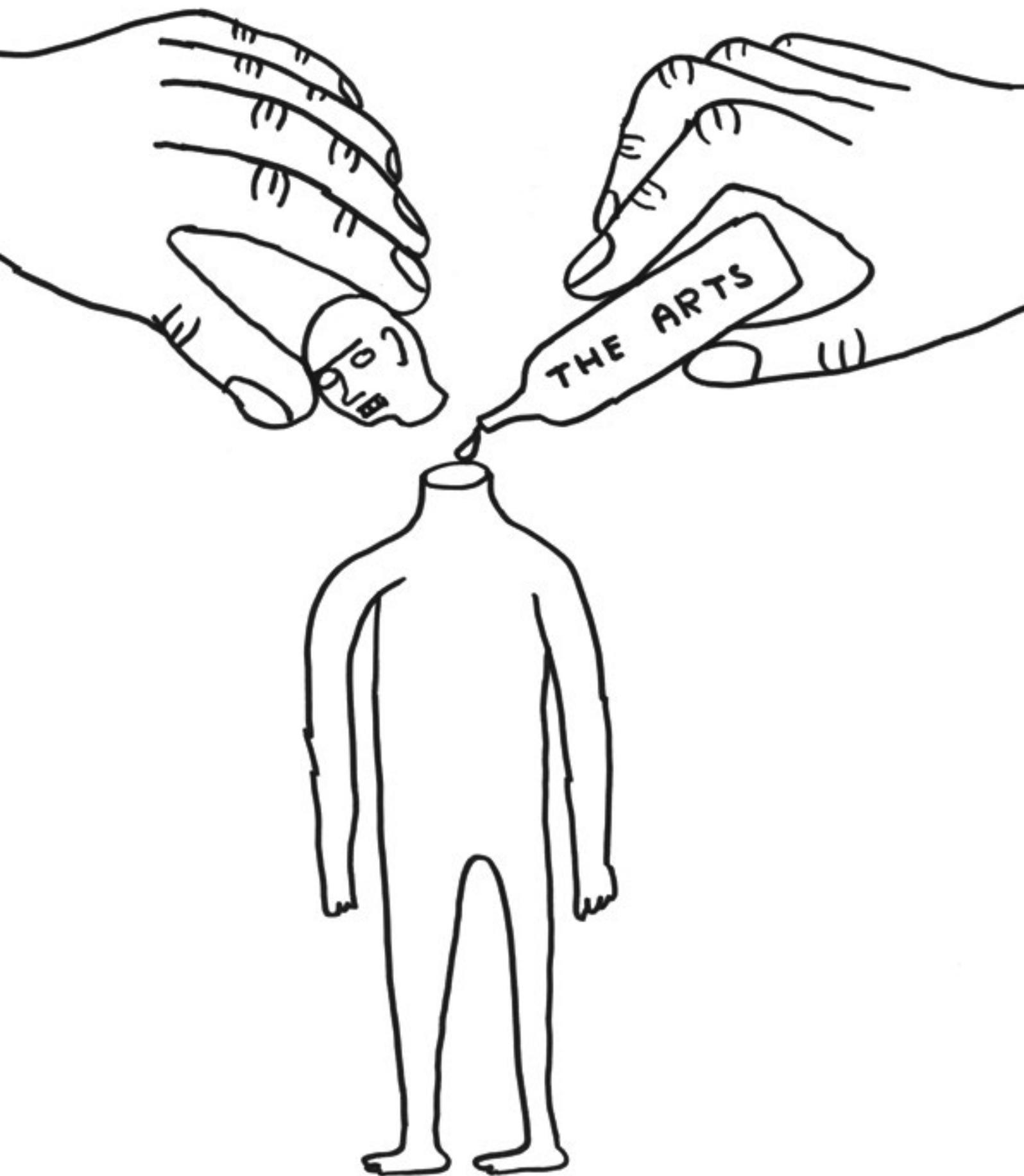


"Art helps us access and express parts of ourselves that are often unavailable to other forms of human interaction. It flies below the radar, delivering nourishment for our soul and returning with stories from the unconscious. A world without art is an inhuman world. Making and consuming art lifts our spirits and keeps us sane. Art, like science and religion, helps us make meaning from our lives, and to make meaning is to make us feel better."
 Grayson Perry, Artist

References

1. Crisp, N., Stuckler, D., Horton, R., Adebawale, V., Bailey, S., et al. (7 October 2016). Manifesto for a Healthy and Health-creating Society. *The Lancet*, p. 1.
2. Greater Manchester Combined Authority. (2016). *The Greater Manchester Population Health Plan 2017–2021*. Manchester: Greater Manchester Combined Authority, p. 26.

THE ARTS ARE LIKE GLUE



CARE QUALITY COMMISSION: THE STATE OF CARE IN MENTAL HEALTH SERVICES 2014 TO 2017

Today the Care Quality Commission has published [State of care in mental health services 2014 to 2017](#), a comprehensive overview of the quality of care in registered specialist mental health services in England, based on the first full round of comprehensive inspections and thematic reviews conducted during this period. The report covers both NHS and independent mental health services. The CQC also discusses how re-inspected providers have responded to CQC's recommendations and what actions have improved quality.

This briefing summarises the main sections of the report including overall findings, breakdown of issues by key services, and improvement journeys. We also give a brief NHS Providers view on the key points for each set of key services summarised, as well as a full response through our media statement.

Key messages

- Overall we consider this report is robust, rigorous and evidence based. It offers a helpful insight into the challenges impacting the quality of mental health services in the current climate of high demand, workforce shortages and financial constraint, as well as insight into the factors that determine what constitutes a high quality service.
- It reflects the findings of our recently published [State of the Provider Sector](#) report, which focused on mental health providers. This highlighted the particular pressures on core services which mental health trusts are facing. We are pleased that the CQC chose to reference our report in its commentary.
- The report paints a picture of some excellent and good practice despite the very real challenges trusts are facing. It highlights too the substantial improvements a number of trusts have made to move from Requires Improvement rating to Good.
- Half way through the three year inspection process the five year forward view for mental health was published. Clearly the actions set out in that report will not have yet impacted the majority of trusts inspected, however we expect this to be a contributing factor to driving further improvements in the sector.

Summary, introduction and key points

The CQC acknowledges that more people than ever are receiving treatment and care for mental health conditions, with 1.8 million people receiving specialist mental health services in 2015/16, due to a reduction in the stigma associated with mental ill-health and the expansion of funding, provision and access to services. Notwithstanding this, the sector is facing an unprecedented combination of challenges in terms of high demand, workforce shortages, unsuitable buildings and poor clinical information systems. These pressure on services partly explain why the CQC has rated 36% of NHS core services as requires improvement for safety, and 4% being rated as inadequate.

The CQC recognises that the standard of caring in mental health is generally excellent and that staff have much to be proud of. There are six common themes identified as associated with a good or outstanding for well-led services:

- strong and **visible leadership**,
- a **clear vision and set of values** understood and shared by staff across the services,
- a **culture of learning** where staff are actively encouraged to participate and drive improvement,
- **good governance** including getting the basics of high quality care in place and ensuring staff are well-trained,
- **robust quality assurance** with meaningful quality and safety indicators and up-to-date risk monitoring, and
- high levels of **service user engagement and involvement** in care planning and service improvement.

Through its inspections, the CQC has found many examples of good and outstanding care but also found persisting poor care and variation in quality and access across different services. However, several areas of concern persist across services in both NHS and independent settings:

- **Safety:** on too many wards, the combination of a concentration of detained patients with very serious mental health conditions, old and unsuitable buildings, staff shortages and lack of basic training, make it more likely that patients and staff will suffer harm.
- **Restrictive practices:** the high prevalence of people living in 'locked rehabilitation wards', especially in independent services, is concerning and does not offer sufficient rehabilitation or recovery focus. The availability of discharge and step-down services are a key factor in this problem, along with fractured commissioning.
- **Access and waiting times:** delays to treatment, sometimes due to commissioning decisions, are driving increased out of area placements.
- **Poor clinical information systems:** patient care is suffering from poor planning and delays due to IT problems.
- The CQC is planning to strengthen its assessment of how, and how often, services use physical restraint in the future, as well as how providers respond to the key findings of this report.

Children and young people's services

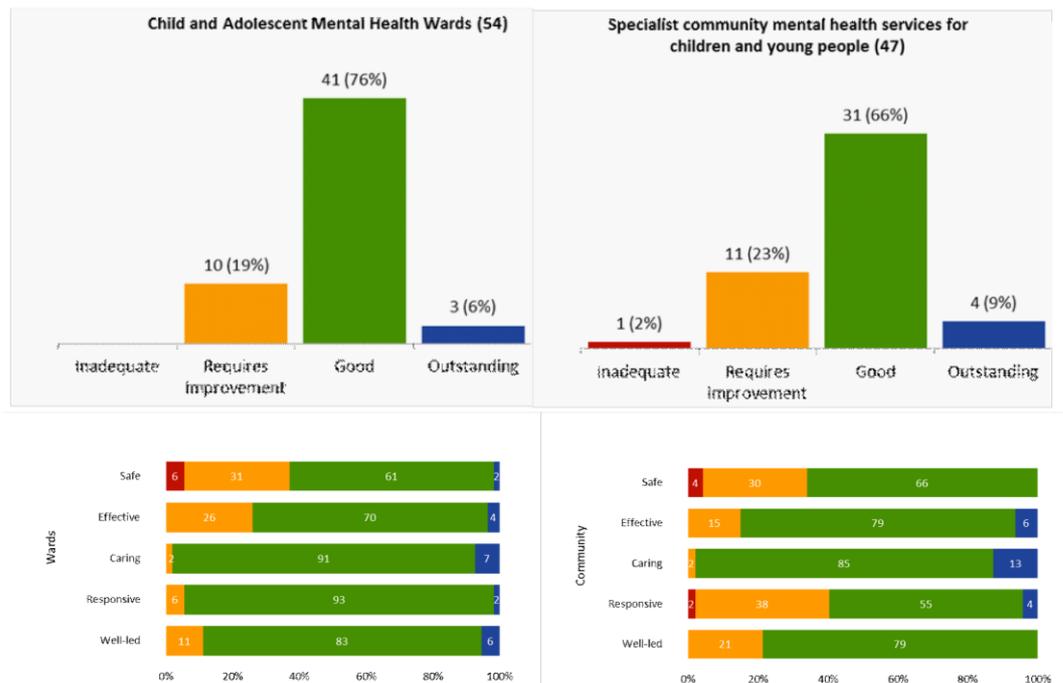
- **Accessibility:** Thresholds are increasing. Longer waits mean services are increasingly failing to meet their own or national targets for access, which is predominantly why 38% of community-based services were rated as RI for responsive. Some community services are also not monitoring the risk and acuity of children on waiting lists, so cannot respond to any escalation in a child's condition. Outstanding practices are helping children and parents to monitor their condition, and provide rapid access to services and comprehensive out of hours responses.
- **Staffing:** Pressures are showing through increased sickness and absence rates. More services must ensure staff training is up to date. Best practice included daily incident reviews, multidisciplinary and multiagency team meetings. Managerial attention to staff supervision and staff appraisals needed more focus in some services.
- **Involving children and young people:** the best services actively involved children in planning and decisions about care had a strong recovery focus, involving children in decision about how to manage risk and crisis.
- **Safety:** broad improvement is needed in risk assessment and management, record keeping especially in community services, staff training in safeguarding policy, de-escalation and minimising use of restraint and seclusion. Basic care planning was not always completed and recorded consistently and holistically.
- **Next steps:** CQC's review of CAMHS, currently underway, will complete by March 2018. It will also inform a new government consultation on children and young people's mental health due to commence in autumn 2017.

NHS Providers view:

These findings reflect the responses received from our members about the pressures on CAMHS, covered in our State of the Provider sector report. We evidenced the rising demand for CAMHS and the particular workforce shortages these services are facing. New models of care in children's mental health services are crucial step towards addressing the fractured commissioning underpinning much of the inefficiency, increasing thresholds for access

and out of area placements. We also recognise that local authority commissioning, health visitors and schools-based support have a critical role to play and we look forward to the government's plans for this in the forthcoming consultation later this year. We are keen to support our members to draw on good practice from these models, to expand provider tertiary commissioning as rapidly as a sufficient evidence base for local implementation can be developed. Member engagement and support for our advocacy on this is both necessary and very helpful.

Figure 1: Ratings for children and young people's services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Services for working age adults

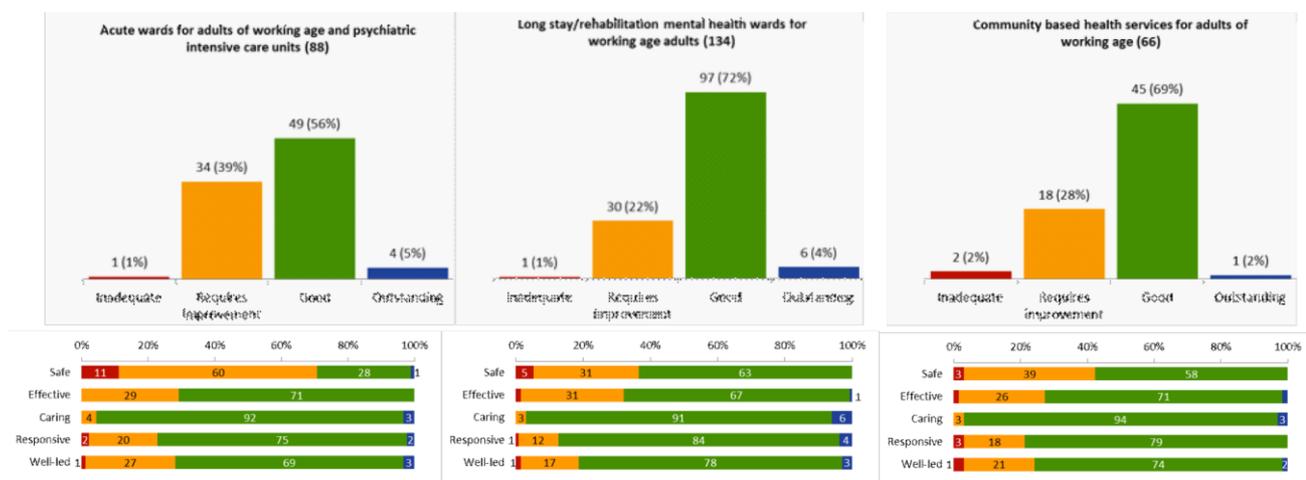
- Encompasses adult acute wards and Psychiatric Intensive Care Units (PICUs) (53 of 86 are NHS services), rehabilitation wards (46 of 134 are NHS services); and community-based services (53 of 66 are NHS services).
- **Safety:** risk level on PICUs and adults wards is increasing with acuity levels, and only 29 percent rated good or outstanding for safety. Particular concerns relate to risks of old buildings with poor layout, poor observation by staff, ongoing use of mixed sex and dormitory style accommodation.
- **Staffing:** shortages impacting on patient-staff time and access to psychiatrists; mental health nursing shortages being addressed by higher use of bank and agency staff which in some cases was not accompanied by sufficient briefing and training to ensure continuity of care and safety for patients.
- **Restrictive interventions & practices:** wide variation in use of restraint, with higher use reflecting lack of training in appropriate de-escalation and lower level intervention techniques, patient involvement in care planning, and cultural issues around staff-patient engagement. Blanket restrictions are used against the MHA code of practice.
- **Access to and discharge from inpatient care:** demand pressures mean out of area placements are rising. Good practice involved discharge planning at the point of admission or in advance, and continued support post-discharge. Systemic issues are impacting on timely discharge from rehabilitation wards including suitable local community placements and social housing. Length of stay in independent rehab wards is especially concerning.
- **Access to non-crisis, community mental health care:** Lots of positive community-based care, including prioritising urgent referrals, following up non-attendances, and improving provision of out of hours support.

- **Meeting physical health needs:** more consistency needed in monitoring and recording physical health checks. The best services actively promote healthy lifestyles, good nutrition and smoking cessation.
- **Pathways of care:** the best care involved coordination and detailed handover across teams and periods of joint working, use of tracking systems and a city-wide bed management system to manage resources effectively.
- **Commitment to improvement:** the best services actively encouraged and supported staff to engage in quality improvement training and to lead projects; participated in key Royal College of Psychiatrists programs.

NHS Providers view:

While we recognise the principle underlying the MHA risk-based approach to least-restrictive interventions, as CQC notes the risk environment of adult acute wards and PICUs is growing with increased acuity of presentations, coupled with the staffing shortages. CQC also notes that staff are reporting increasing fears for their safety, along with increased rates of violence and aggression from service users. In these circumstances it is incumbent on providers to ensure that staff and patient safety is prioritised and while search practices must be conducted with appropriate engagement and consent of patients, we would ask CQC to consider the issue in the round, and to work with trusts to come up with an approach that meets patient needs for privacy and dignity while ensuring the ward environment is as safe as possible. The proposed legislation on mental health will be an important opportunity to address issues that arise from the implementation of the Mental Health Act.

Figure 2: Ratings for service for working age adults



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Older people's services

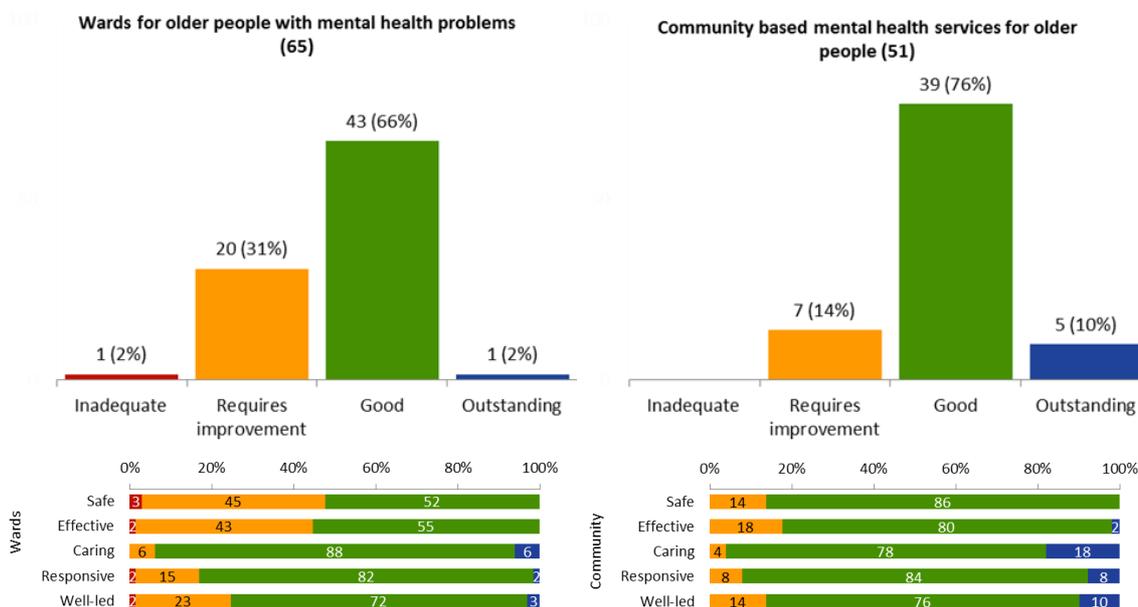
- Encompasses both home-based services (49 of 51 are NHS) and specialised inpatient services (53 of 65 are NHS)
- **Safety:** the primary concern on wards, reflecting similar challenges as working age adults due to estates, mixed sex accommodation and adequate observation by staff. Age-appropriate risk assessments were not consistently practiced and some services also used excessive restraint and blanket restrictions. Safe staffing levels were not always achieved due to high vacancy rates.
- **Delayed discharges:** many services reported people remaining in hospital beyond point of need due to pressures on social care and also in delays for home care packages.
- **Multidisciplinary and inter-agency working:** good evidence of widespread multidisciplinary working within services, although more access to NICE-recommended talking therapies is needed. More engagement between physical and mental health services for older people are needed to improve care and discharge planning.

- **Focus on improvement:** best services have good consultant input and links to primary care and local social care services. Leaders were highly visible to staff and patients and encouraged staff-led improvement and innovation. Learning from incidents was not always well supported or delivered due to poor technical investigative abilities.

NHS Providers view:

Older people’s mental health services are especially in need of better coordination across primary, physical mental health and social care to ensure care is delivered in the right pace at the right time. Whilst services for older people are increasingly highlighted as part of the wider physical health agenda, we need to see a greater focus on the enduring mental health problems that many older people face and also stronger recognition of the importance of IAPT services and substance misuse services..

Figure 3: Ratings for older people’s services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Crisis care

- Encompasses community-based crisis mental health including crisis resolution and home treatment teams and crisis houses, and health based places of safety (HBPOs) for assessment under the Mental Health Act (MHA).
- The CQC recognises that the Crisis Care Concordat has driven improved crisis response including dramatic reduction in use of police cells as HBPOs, including through expansion of street triage schemes.
- Nonetheless, use of s136 of the MHA has risen by 26% in three years, outpacing growth in demand for services. Police cells are still used in places where HBPOs are not sufficiently available; legislative changes to reduce this are likely to place further pressure on NHS HBPOs including on A&E services, underscoring the need for improved mental health training in physical care settings.
- **Gaps in provision of crisis care:** there is not yet full coverage providing access to 24-hour seven days a week crisis care services, which means people still seek out of hours support from A&E where the response they receive is not always appropriate to need. Street triage works most effectively when tailored to needs of the local population and shared information with local police services.

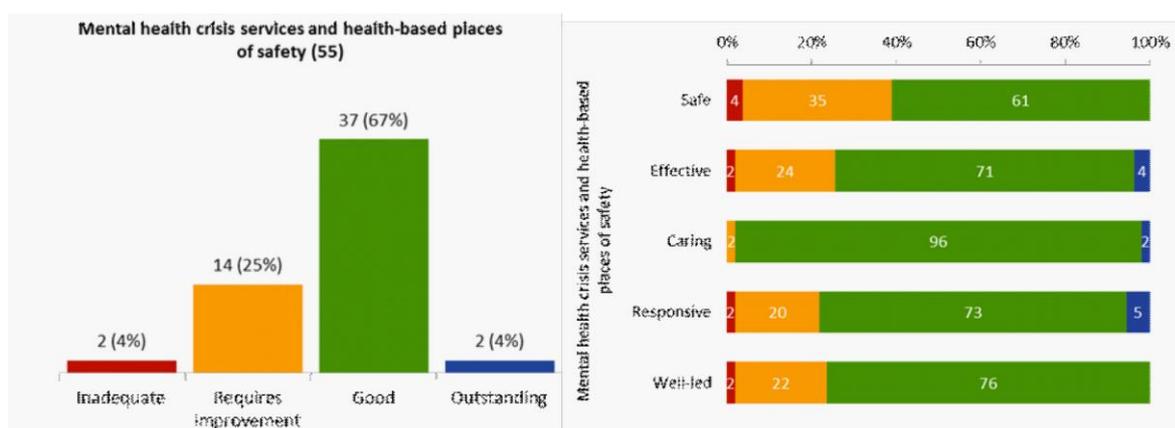
- **More focus needed on safety:** while environmental risk was mostly well managed and mitigated, the high risk of suicide or self-harm amongst this service cohort is not always addressed by sufficiently high quality, collaborative risk assessments. Staffing levels were generally sufficient, but training was not always up to date and staff not always supervised at levels appropriate to risk.
- **Provision of full range of interventions:** services need to more consistently link social and psychological interventions and connect with recovery colleges, identifying appropriate support at the assessment stage.
- **Best practice:** multidisciplinary team working including with inpatient and outpatient services, with police and local substance misuse services; access to short-term admissions for some patient groups; a host-family scheme.

NHS Providers view:

We are pleased that the report identifies the substantial improvements to local crisis care provision that have been driven by improved collaboration and coordinated planning under the mental health Crisis Care Concordat. We are concerned that the ongoing support needed to embed this work is not being sufficiently met by the national bodies, particularly the Department of Health and the Home Office, who took on joint stewardship at the end of 2015. The incoming Police and Crime Act 2017 will reduce the length of detention under s136 the Mental Health Act in police cells for adults and outlaw it for children, which means that joined-up and coordinated resource planning and service provision will be needed to ensure the consequent pressures on health services do not lead to increased out of area placements and delays to care.

The Crisis Care Concordat is also a key driver of better coordinated mental health and substance misuse services, and provision of in-community support to ensure people can be discharged appropriately when they no longer need inpatient care. It is a key driver of improved patient flow in mental health crisis services and need ongoing support.

Figure 4: Ratings for crisis care services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Services for people with a learning disability or autism

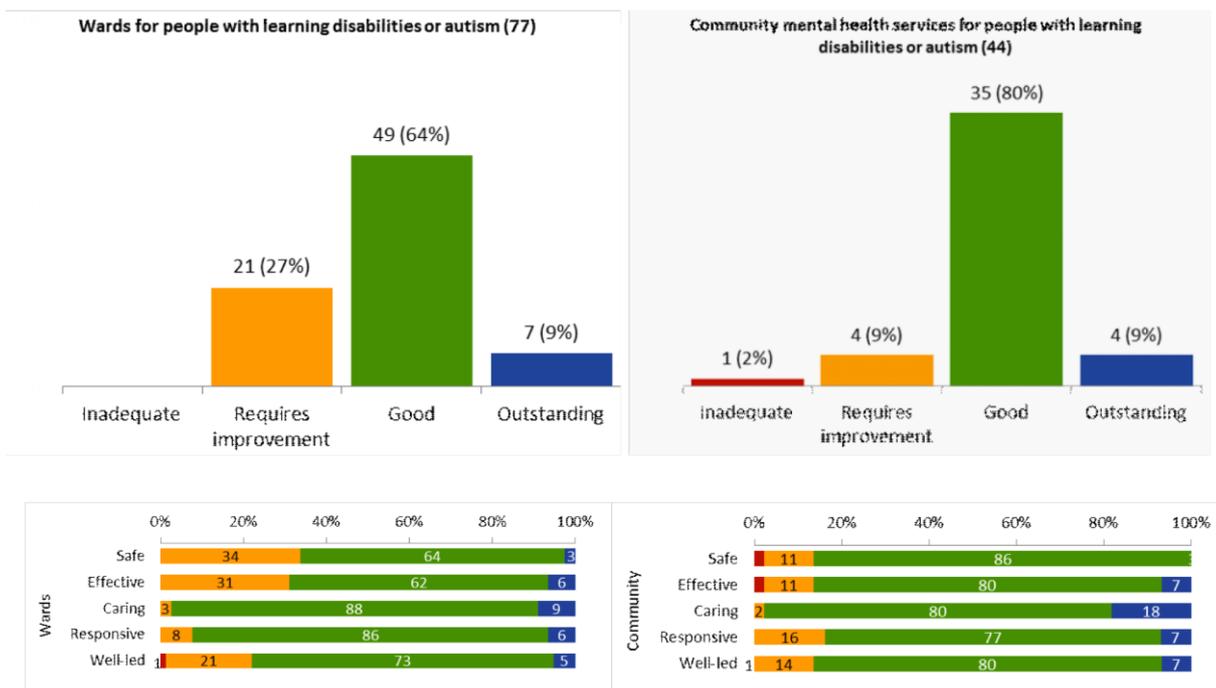
- Encompasses ward (37 of 77 are NHS) and community services (42 of 44 are NHS).
- Progress with the transforming Care program to move people from institutional settings to community-based care has been 'patchy'; while providers are not penalised for matters beyond their control they are expected to be putting the 'building blocks' of transfer into place, and to ensure that care provided is positive behaviour supporting and discharge oriented.

- **Safety:** remains the biggest concern on wards including excessive use of restrictive interventions and over-medication, and physical environment challenges mirroring those in mental health inpatient settings.
- **Planning and coordination of care:** overall done well, but some services must improve quality and consistency.
- **Access to and discharge from care:** some community based services had long waiting lists and people with long stays in wards sometimes lacked discharge planning in line with Transforming Care protocols.
- **Use of the Mental Capacity Act:** staff training in some services not sufficient, and is being applied incorrectly.
- **Involving and respecting people:** Care is generally excellent, respectful, dignified and compassionate. The best services often involved service users in decisions and supported self-assessment, engaging them in service improvement processes. Some services could offer better MHA advocacy and support contact with an advocate.

NHS Providers view:

We strongly support the principles of the Transforming Care programme, and recognise that ongoing delays to community placement for many service users is due to insufficient community service provision and timely care and treatment reviews. However there remains a small group of service users for whom more intensive, in-patient care is still appropriate and this needs to be reflected in the breadth of service models deployed.

Figure 5: Ratings for services for people with a learning disability or autism



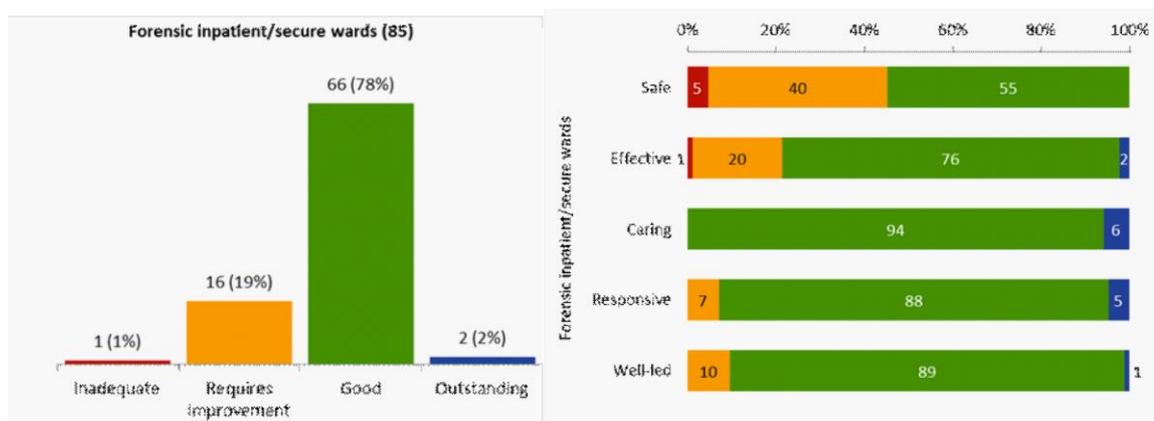
Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

Forensic services

- Encompasses low, medium and high secure services (44 of 85 services are NHS).
- **Safe Staffing:** high vacancies in some services meant high use of bank staff and in some case leaving gaps in staffing that were impacting on delivery of patient care. Staff training levels were not always appropriate to risk.
- **Concerns about the high secure hospitals:** staff shortages were leading to excessive restrictions on patients, elevated risk due to poor supervision, and lack of monitoring of patients in seclusion or segregation.

- **Adherence to MHA and MCA legislation:** generally good practice, although improvement needed in some specific aspects of implementation including to ensure patients understand their rights, staff understand best practice in seclusion, and ensure sufficient staff training in the legislation and in deprivation of liberty safeguards.
- **Restrictive practices:** as per adult acute wards, some providers use blanket restrictions or excessive restraint.
- **Involving people in their care and focusing on recovery:** this has improved over recent years, and many examples of good practice. The best services took a recovery approach to planning, involved patients to decide how to be managed in moments of distress; had buddy systems and ward familiarisation processes; personalised and well integrated care planning; service user input into service improvement.
- **Meeting physical health needs:** a high proportion of the forensic service population have comorbid health needs and suffer adverse impacts from some medications. The best services ensure primary care, physical activity and good nutrition.

Figure 6: Ratings for forensic services



Source: CQC ratings data as at 31 May 2017. Figures on horizontal bars are percentages.

NHS Providers view:

New models of care in secure services offer the opportunity to address many of the issues identified by the CQC, including better case management and care along pathways and reinvesting in community teams to support movement of patients into community settings with the right social support services to sustain recovery. We consider there are learning opportunities from the good practice identified in forensic services around use of restraint, which could help support better practice in use of restraint and restrictive practices in adult secure settings. Also, the commended practice of strong service user engagement in co-designing care plans and managing distress also offers learning for acute settings, as does the emphasis on improving and coordinating physical health care. By freeing up resources to reinvest in community teams through new models of care this will also give stronger opportunities for emphasis on recovery post-discharge and on step-down care.

Improvement and re-inspection

As at 31 May 2017, the CQC had re-inspected and reconsidered the overall rating of 25 NHS mental health trusts. The report provides an overview of the improvements these trusts have made:

- Initially, 22 of the 25 trusts were rated as inadequate or requires improvement at the overall trust level. Of these, sixteen improved their overall rating at re-inspection: 15 from requires improvement to good, and one from inadequate to requires improvement (see figure 7 below).

- The others remained the same except for one which deteriorated from a rating of requires improvement to inadequate. Only 10 of the 25 trusts were able to improve their overall safety rating.
- Among core services, most improvement was found among forensic inpatient/secure wards, long stay/rehabilitation mental health wards for working age adults and wards for people with a learning disability or autism. In each case, 64% of those re-inspected improved their rating.
- CQC has found least improvement for community mental health services for people with a learning disability or autism – only one out of the 10 re-inspected had improved its rating.
- Providers that improved had actively sought to learn from best practice in the sector and had engaged with the best performing trusts to learn and benchmark improvement.

Figure 7: NHS mental health trusts re-inspected

Code	Trust Name	First rating	First rating					Last rating	Last rating						
			Safe	Effective	Caring	Responsive	Well-led		Overall	Safe	Effective	Caring	Responsive	Well-led	Overall
FP1	Northamptonshire Healthcare NHS Foundation Trust	26/08/2015													
FX	Kent and Medway NHS and Social Care Partnership Trust	30/07/2015													
RY	North Staffordshire Combined Healthcare NHS Trust	22/03/2016													
RG	South West Yorkshire Partnership NHS Foundation Trust	24/06/2016													
TAJ	Black Country Partnership NHS Foundation Trust	26/04/2016													
RIA	Worcestershire Health and Care NHS Trust	18/06/2015													
QY	South West London and St George's Mental Health NHS Trust	16/06/2016													
RW6	Lancashire Care NHS Foundation Trust	04/11/2015													
TAH	Sheffield Health and Social Care NHS Foundation Trust	09/06/2015													
FFG	Oxleas NHS Foundation Trust	13/09/2016													
RTV	North West Boroughs Healthcare NHS Foundation Trust	01/02/2016													
RWW	Devon Partnership NHS Trust	18/01/2016													
RE	Rotherham Doncaster and South Humber NHS Foundation Trust	19/01/2016													
RI5	Leicestershire Partnership NHS Trust	10/07/2015													
FGD	Leeds and York Partnership NHS Foundation Trust	16/01/2015													
RNU	Oxford Health NHS Foundation Trust	15/01/2016													
FX2	Sussex Partnership NHS Foundation Trust	28/05/2015													
RK	Dudley and Walsall Mental Health Partnership NHS Trust	19/05/2016													
RMV	Norfolk and Suffolk NHS Foundation Trust	03/02/2015													
RNK	Tavistock and Portman NHS Foundation Trust	27/05/2016													
TAD	Bradford District Care NHS Foundation Trust	15/09/2014													
FDY	Dorset Healthcare University NHS Foundation Trust	16/10/2015													
FX3	Tees, Esk and Wear Valleys NHS Foundation Trust	11/05/2015													
RKL	West London Mental Health NHS Trust	16/09/2015													
RIF	Isle of Wight NHS Trust	09/09/2014													

Source: CQC ratings data as at 31 May 2017

Figure 8: Outcome of NHS re-inspected core services

Core Service	Deteriorated	Same	Improved	Grand Total
Acute wards for adults of working age and psychiatric intensive care units	0 (0%)	12 (50%)	12 (50%)	24
Child and adolescent mental health wards	1 (10%)	3 (30%)	6 (60%)	10
Community mental health services for people with learning disabilities or autism	1 (10%)	8 (80%)	1 (10%)	10
Community-based mental health services for adults of working age	2 (13%)	7 (47%)	6 (40%)	15
Community-based mental health services for older people	2 (13%)	8 (53%)	5 (33%)	15
Forensic inpatient/secure wards	3 (21%)	2 (14%)	9 (64%)	14
Long stay/rehabilitation mental health wards for working age adults	1 (7%)	4 (29%)	9 (64%)	14
Mental health crisis services and health-based places of safety	2 (11%)	11 (61%)	5 (28%)	18
Specialist community mental health services for children and young people	2 (14%)	4 (29%)	8 (57%)	14
Wards for older people with mental health problems	3 (14%)	12 (55%)	7 (32%)	22
Wards for people with learning disabilities or autism	1 (9%)	3 (27%)	7 (64%)	11
Grand Total	18 (11%)	74 (44%)	75 (45%)	167

Source: CQC ratings data as at 31 May 2017

NHS PROVIDERS MEDIA STATEMENT

Mental health services under intolerable pressure

Responding to the report by the Care Quality Commission (CQC) *"The State of Care in Mental Health Services"* the director of policy and strategy at NHS Providers, Saffron Cordery, said:

"We welcome this report which sets out the extraordinary challenges trusts face in caring for people with mental health needs.

"In particular it highlights concerns over growing demand, workforce gaps and funding difficulties, citing as evidence the survey findings published in our recent report *"The State of the NHS Provider Sector"*.

"It also rightly commends the many examples of excellent care and services. We strongly endorse the praise in this report for caring and compassionate staff.

"However while we are undoubtedly seeing some welcome extra funding and new initiatives, it is clear that core mental health services are coming under intolerable pressure.

"This is having a worrying impact on access and waiting times – which means that people have to be more unwell and wait longer before they receive treatment, so their condition may deteriorate further. This is a particular concern for Child and Adolescent Mental Health Services (CAMHS) where demand and workforce pressures are especially severe.

"Safety is paramount. The CQC has identified a number of issues that must be addressed, including people being detained inappropriately, unsuitable buildings, staff shortages and inadequate training.

"These are fundamental requirements for a decent service.

"We welcome the repeated commitments from the very top of government to address the injustices faced by people with mental health problems, and we hope this report will provide renewed impetus towards improving their experience so they receive the care they need and deserve."

NHS Providers

20 July 2017

APPENDIX 1: OUTSTANDING TRUSTS ACROSS THE CORE SERVICES

Provider	Setting
Children and young people's services	
Central Manchester University Hospitals NHS Foundation Trust	Ward and Community
East London NHS Foundation Trust	Ward and Community
Pennine Care NHS Foundation Trust	Ward
Northamptonshire Healthcare NHS Foundation Trust	Ward
Weston Area Health NHS Trust	Community
Lincolnshire Partnership NHS Foundation Trust	Community
Northumberland, Tyne and Wear NHS Foundation Trust	Community
Derbyshire Healthcare NHS Foundation Trust	Community
Services for working age adults	
Dorset Healthcare University NHS Foundation Trust	Acute wards and PICUs
2gether NHS Foundation Trust, Gloucestershire	Acute wards and PICUs
East London NHS Foundation Trust	Acute wards and PICUs
Cornwall Partnership NHS Foundation Trust	Long stay/rehab wards
Kent and Medway NHS and Social Care Partnership Trust	Long stay/rehab wards
Northumberland, Tyne and Wear NHS Foundation Trust	Long stay/rehab & Community services
Older people's services	
East London NHS Foundation Trust	Wards
Berkshire Healthcare NHS Foundation Trust	Community
Black Country Partnership NHS Foundation Trust	Community
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	Community
Northumberland, Tyne and Wear NHS Foundation Trust	Community
North Staffordshire Combined Healthcare NHS Trust	Community
Crisis services and health-based places of safety	
Rotherham Doncaster and South Humber NHS Foundation Trust	
2gether NHS Foundation Trust, Gloucestershire	

Services for people with a learning disability or autism	
Cheshire and Wirral Partnership NHS Foundation Trust	Wards
South London and Maudsley NHS Foundation Trust	Wards
Northumberland, Tyne and Wear NHS Foundation Trust	Wards
Kent and Medway NHS and Social Care Partnership Trust	Wards
South London and Maudsley NHS Foundation Trust	Community services
Northumberland, Tyne and Wear NHS Foundation Trust	Community services
Solent NHS Trust	Community services
Forensic inpatient / secure wards	
Barnet, Enfield and Haringey Mental Health NHS Trust	

CONTACT INFORMATION

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Trust Board 25 July 2017 Agenda item 5.1

Title:	Assurance framework and organisational risk register Quarter 1 2017/18
Paper prepared by:	Director of Corporate Development
Purpose:	For Trust Board to be assured that a sound system of control is in place with appropriate mechanisms to identify potential risks to delivery of key objectives.
Mission/values:	The assurance framework and risk register are part of the Trust's governance arrangements and integral elements of the Trust's system of internal control, supporting the Trust in meeting its mission and adhere to its values.
Any background papers/ previously considered by:	Previous quarterly reports to Trust Board.
Executive summary:	<p>Assurance framework 2017/18</p> <p>The Board assurance framework provides the Trust Board with a simple but comprehensive method for the effective and focused management of the principal risks to meeting the Trust's strategic objectives. In respect of the assurance framework for 2017/18, the principle high level risks to delivery of the Trust's strategic objectives have been identified and, for each of these, the framework sets out:</p> <ul style="list-style-type: none"> ➤ key controls and/or systems the Trust has in place to support the delivery of the objectives; ➤ assurance on controls: where the Trust Board will obtain assurance; ➤ positive assurances received by Trust Board, its Committees or the Executive Management Team confirming that controls are in place to manage the identified risks and these are working effectively to enable objectives to be met; ➤ gaps in control (if the assurance is found not to be effective or in place); ➤ gaps in assurance (if the assurance does not specifically control the specified risks or no form of assurance has yet been received or identified), which are reflected on the risk register. <p>A schematic of the assurance framework process is set out as an attachment.</p> <p>The assurance framework will be used by the Board in the formulation of the Board agenda and in the management of risk and by the Chief Executive to support his review meetings with Directors. This will ensure Directors are delivering against agreed objectives and action plans are in place to address any areas of risk identified.</p> <p>The assurance framework following discussion at the Executive Management Team on the 13th July 2017 indicates an overall current assurance level of amber/green. The rational and the individual principle risk rag ratings are set out in the attached report.</p>

Overview of current assurance level:

Principle strategic objective	Principle strategic risk (abbreviated)	Assurance level Q1	Assurance level Q2	Assurance level Q3	Assurance level Q4
1. Improve people's health and wellbeing	1.1 Inequalities across the Trust footprint	A/R			
	1.2 Services not aligned to stakeholder needs	A/G			
	1.3 Variation in clinical practice	A/G			
2. Improve the quality and experience of all that we do	2.1 Poor clinical information	A/G			
	2.2 Inability to recruit and retain staff	A/G			
	2.3 Failure to create learning environment	A/G			
	2.4 Failure to embed Trust mission, vision, values	G			
3. Improve our use of resources	3.1 Failure to manage costs to deliver capital programme	A/G			
	3.2 Failure to develop commissioner support leading to loss of contracts/income	A/G			
	3.3 Failure to delivery efficiency improvements/CIPs	A/R			
	3.4 Failure to meet strategic objective due to capacity and resources	A/G			

Organisational risk register

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

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

- No. 275 impact on the demand for services as a result of continued reduction in Local Authority funding (LA as a provider).
- No. 695 impact on clinical services if the Trust is unable to achieve the transitions identified in the Trusts 5 year plan.
- No. 772 impact on level of financial resources to commission services as a result of continued reduction in Local Authority budgets (LA as commissioner).

- No. 812 impact of local place based solutions changing clinical pathways and financial flows. (Note this risk will be reviewed by EMT to ensure it adequately reflects any risk the Trust is exposed to through the South Yorkshire and Bassetlaw STP Memorandum of Understanding).
- No. 1077 risk that the Trust could lose business resulting in a loss of sustainability.
- No. 1078 impact of long waiting lists to access CAMHS treatment and ASD diagnosis and treatment on young people. *Note: EMT are to consider incorporating this risk into risk no 1132.*
- No. 1080 risk that the Trust's information systems could be the target of cybercrime leading to theft of personal data.
- No. 1099 impact of inability of forensic CAMHS to access Trust Datix system.
- No. 1114 (prev.695 (b)) financial unsustainability if the Trust is unable to achieve the transitions identified in the Trusts 5 year plan.
- No. 1119 risk of compromise re locking mechanisms in forensics.
- No. 1132 long waiting lists in specific services.
- No.1511 impact of inability to recruit qualified clinical staff on the safety, quality of current services and future developments (new).
- No. 1153 impact of ageing workforce retiring within the next 5 years with loss of knowledge and experience (new).
- No. 1154 impact of sickness absence, reduced ability to meet clinical demand (new)
- No. 1155 risk of pay restraint, new terms and conditions on increased industrial action and impact on morale (new)
- No. 1156 Service decommissioning leaving Trust with redundancy costs and increased overheads as % of income (new)
- No. 1157 Ensuring we have a diverse and representative workforce (new)
- No. 1158 impact of over reliance on agency staff on quality and finances (new).

The following risks have been reviewed by EMT and are deemed to have been mitigated below the level required (15 and above before mitigation) to remain on the ORR:

- No. 850 impact of RiO 7 upgrade on clinical services
- No. 1076 risk that the Trust may deplete its cash reserves.

At EMT on 13th June 2017, new risks were discussed surrounding the updating of the clinical record system. The Director of Finance will review the potential implications and update the ORR via Datix in the next quarter.

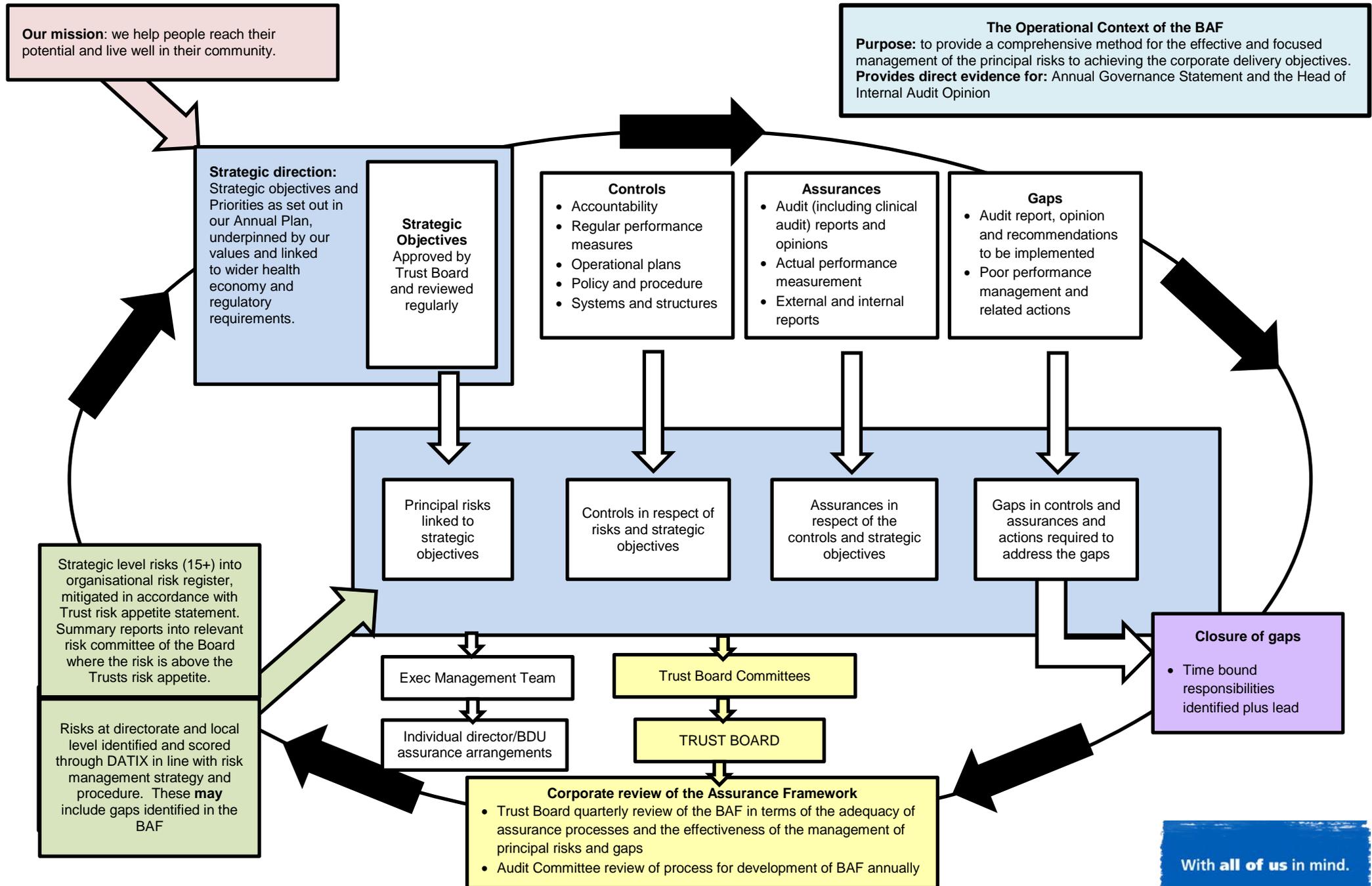
Risk Appetite

The Board Assurance Framework and organisational risk register supports the Trust in providing safe, high quality services within available resources, in line with the Trust's Risk Appetite Statement.

Further work has been undertaken through EMT to review Directorate risk registers where **organisational risks** have not been escalated to the organisational risk register (not considered 15 and above), but the risks may fall outside the Trust Risk Appetite Framework. These risks have been summarised and appended to the ORR for Board information. A risk exception report has been developed which goes to the relevant sub-committee or forum of Trust Board setting out the actions being taken and the consequences of managing the risk to a higher risk appetite level.

Recommendation:	Trust Board is asked to: <ul style="list-style-type: none"> ➤ NOTE the controls and assurances against the Trust's strategic objectives for Q1 2017/18; and ➤ NOTE the key risks for the organisation subject to any changes/additions arising from papers discussed at the Board meeting around performance, compliance and governance.
Private session:	Not applicable.

ASSURANCE FRAMEWORK – STRUCTURE AND PROCESS



Assurance Framework 2017/18 Quarter 1

KEY: BDU= Business Delivery Unit Directors, CEO=Chief Executive Officer, DFPI=Director of Finance Performance and Information, DHR=Director of Human Resources and Workforce Development, DMCE= Director of Marketing, Communication and Engagement, DNCGS=Director of Nursing Clinical Governance and Safety, MD=Medical Director, DS=Director of Strategy, DD= Director of Delivery.

AC=Audit Committee, EF=Estates Forum, EMT=Executive Management Team, CGCS=Clinical Governance & Clinical Safety Committee, MHA=Mental Health Act Committee, R&TSC=Remuneration and Terms of Service Committee. OMG=Operational Management Group. MC=Members Council, ORR=Organisational Risk Register. **RAG Rating Principles: Green:** On-target to deliver actions within agreed timeframes; **Amber Green:** Off trajectory but ability/confident can deliver actions within agreed time frames; **Amber Red:** Off trajectory and concerns on ability/capacity to deliver actions within agreed time frame; **Red:** Actions/targets will not be delivered.

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

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment		Rag Rating
1.1	Differences in services and local strategic priorities across our districts, leading to service inequalities across the Trusts footprint.	A/R
1.2	Trust plans for service transformation are not aligned to a multiplicity of stakeholder requirements.	A/G
1.3	Differences in the services provided due to internal variation in practice, may result in inequitable service offers across the whole Trust	A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)		Director lead
C.1	Senior representation on local partnership boards, building relationships, ensuring transparency of agenda's and risks, facilitating joint working, cohesion of policies and strategies, ability to influence future service direction (1.1, 1.2)	CEO, DS
C.2	Annual Business planning guidance in place standardising process and ensuring consistency of approach across the Trust, standardised process in place for producing businesses cases with full benefits realisation (1.1, 1.2)	DFPI
C.3	Formal contract negotiation meetings with clinical commissioning and specialist commissioners underpinned by legal agreements to support strategic review of services (1.1)	DFPI
C.4	Development of joint Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with CQUIN targets in place. (1.1)	BDU, DD
C.5	Trust performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (1.1, 1.2)	DFPI
C.6	Cross-BDU and OMG performance meetings established to identify and rectify performance issues and learn from good practices in other areas (1.1, 1.3)	BDU, DD
C.7	Director lead in place to support revised service offer through transformation programme and work streams, overseen by EMT (1.1, 1.3)	BDU
C.8	Project Boards for transformation work streams established, with appropriate membership skills and competencies, PIDs, Project Plans, project governance, risk registers for key projects in place (1.2, 1.3)	DS, BDU
C.9	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (1.2)	DHR
C.10	Further round of Middle ground being developed, delivered and evaluated linked to organisational and individual resilience to support staff, prepare for change and transition and to support new ways of working (1.2)	DHR
C.11	Partnership Fora established with staff side organisations to facilitate necessary change (1.2)	DHR
C.12	Framework in place to ensure feedback from customers, both internal and external (including feedback loop) is collected, responded to, analysed and acted upon (1.2, 1.3)	DNCGS
C.13	Communication, Engagement and Involvement Strategy in place for service users/carers, staff and stakeholders/partners, engagement events gaining insight and feedback, including identification of themes and reporting on how feedback been used (1.2)	DHR, DMCE
C.14	Process for amending policies and procedures in place aiming for consistency of approach, with systematic process for renewal, amending and approval (1.1)	DFPI
C.15	Governors engagement and involvement on Member Council and on working groups, holding NEDs to account (1.2, 1.3)	DFPI
C.16	Strategic Priority no. 1 and no. 2 (People First and Joining up Care) and underpinning programmes supported through robust programme management approach (1.2, 1.3)	BDU, DNCGS,MD

		Report Title/Date
A.1	Annual plan and budget and five-year strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor (DFPI)	
A.2	Annual reports of Trust Board Committees to Audit Committee, attendance by Chairs of Committees and Director leads to provide assurance against annual plan (DFPI)	
A.3	Transformation plans monitored and scrutinised through EMT ensuring co-ordination across directorates, identification of and mitigation of risks, reported through Transformation Boards and IPR (DS, BDU)	
A.4	Documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems (CEO)	
A.5	Business cases for expansion/change of services approved by EMT and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework (BDU)	
A.6	Integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken (DFPI)	
A.7	Independent PLACE audits undertaken and results and actions to be taken reported to EMT, Members' Council and Trust Board (DHR)	
A.8	Rolling programme of staff, stakeholder and service user/carer engagement and consultation events (DHR, DS, DMCEC)	
A.9	Audit of compliance with policies and procedures in line with approved plan co-ordinated through clinical governance team in line with Trust agreed priorities (DNCGS)	
A.10	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives (CEO)	
A.11	Service user survey results reported annually to Trust Board and action plans produced as applicable (DNCGS)	
A.12	CQC registration in place and assurance provided that Trust complies with its registration (DNCGS)	
A.13	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board , CGCS and MC (DNCGS)	
A.14	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken. Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DFPI)	
A.15	Staff wellbeing survey results reported to Trust Board and/or Remuneration and Terms of Service Committee and action plans produced as applicable (DHR)	
A.16	Annual Safeguarding report to CGCD, MC and Trust Board (DNCGS)	
A.17	Strategic Priorities and Programmes monitored and scrutinised through EMT and reported to Trust Board through IPR (DS)	

Gaps in control and what do we need to do to address these and by when	Date
- ORR no 275 and 772 -impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 695 - Impact on clinical services if unable to achieve the transitions identified in the Trusts 5 Year Plan, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 812 – commissioning intentions re local place based solutions, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 1077 - risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective, being mitigated through actions set out in the ORR.	Quarter 1

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
- Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers.	Quarter 2
- Internal audit reports with partial assurance (see below) management actions agreed by lead Director	As per audit report

Rationale for current assurance level

- Monitor Independent well-led review assessed the Trust as Green in two areas and amber/green in eight areas with action plan in place to move towards green.
- In the main, positive Friends and Family Test feedback from service users and staff with the exception of CAMHS (being addressed through joint action plan with commissioners).
- Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract and establishment of Programme Board.
- Establishment of locality Recovery Colleges and production of co-produced prospectus.
- Increasing capacity of Creative Minds and Spirit in Mind through partnership development.
- Regular Board-to-Board and/or Exec-to Exec meetings with partners.
- Trust involved in local Vanguard and STP's.
- Involved in development of Accountable Care Organisation in Barnsley and MCP in Wakefield.
- Changes in Local Authority Commissioning arrangements for Smoking Cessation Contracts e.g. Loss of smoking cessation service in Kirklees and impact on our more vulnerable groups.
- Stakeholder survey results and resulting action plan
- CQC revisit overall rating of good, number of areas rated good or outstanding 90%, action plan to address remaining requirement notices
- IPR summary metrics re improving people's health and well-being – IPR Month 2 out of area beds/IAPT – Red, % service users followed up within 7 days green, 1 child/YP accommodated on an IP ward
- Strategic Priorities (1 and 2) and underpinning Programmes rag rating all green re governance, all green for scoping phase with exception of 1.4 Physical and Mental Health yellow.
- Internal audit reports: Delivering service change and clinical record keeping - partial assurance with improvements required
- Internal audit reports: Corporate governance arrangements – significant assurance, Data quality performance metrics significant assurance with minor improvement opportunities.

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

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

Controls – systems and processes (what are we currently doing about the Strategic Risks?)		Director Lead
C.1	IM&T strategy in place and quarterly report to EMT and Trust Board in place (2.1)	DFPI
C.2	Development of data warehouse and business intelligence tool supporting improved decision making (2.1)	DFPI
C.3	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (2.2)	DHR
C.4	A set of leadership competencies developed as part of the leadership and management development plan supported by coherent and consistent leadership development programme (2.2)	DHR
C.5	HR processes in place ensuring defined job description, roles and competencies to meet needs of service, pre-employment checks done re qualifications, DBS, work permits (2.2)	DHR
C.6	Trust Board sets the Trust vision and corporate objectives as the strategic framework within which the Trust works (2.4)	CEO
C.7	Performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (2.1, 2.2, 2.3)	DFPI
C.8	Executive Management Team ensures alignment of developing strategies with Trust vision and strategic objectives (2.4)	DS
C.9	Weekly serious incident summaries to EMT supported by quarterly and annual reports to EMT, Clinical Governance and Clinical Safety Committee and Trust Board (2.3)	DNCGS
C.10	Leadership and management arrangements established and embedded at BDU and service line level with key focus on clinical engagement and delivery of services (2.2, 2.3)	BDU
C.11	Trust Board approved strategic objectives supporting delivery of Trust mission, vision and values monitored through appraisal process down through director to team and individual team member (2.4)	CEO
C.12	Risk assessment and action plan for delivery of CQUIN indicators in place (2.1)	DNCGS
C.13	Risk assessment and action plan for data quality assurance in place (2.1)	DFPI
C.14	Values-based appraisal process in place and monitored through KPI's (2.2, 2.4)	DHR
C.15	Values-based Trust Welcome Event in place covering mission, vision, values, key policies and procedures (2.2, 2.4)	DHR
C.16	Mandatory clinical supervision and training standards set and monitored for service lines (2.2)	DHR
C.17	Communication, Engagement and Involvement Strategy approved by Board and action plan in place (2.2)	DHR/DMCE
C.18	Medical Leadership Programme in place with external facilitation (2.2)	MD
C.19	OD Framework and plan re support objectives "the how" in place with underpinning delivery plan (2.2) Strategic Priority no. 1 and no. 2 (People First and Joining up Care) and underpinning programmes supported through robust programme management approach (1.2, 1.3)	DHR
C.20	Risk Management Strategy in place facilitating a culture of horizon scanning, risk mitigation and learning lessons supported through appropriate training (2.3)	DFPI
C.21	Strategic Priority no. 3 and no.4 (Quality counts, safety first and compassionate leadership) and underpinning programmes supported through robust programme management approach (2.2, 2.4)	DNCGS,DS, BDU, DHR, DMCE

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Report title/Date
A.1	Documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems (CEO)	
A.2	Trust Board Strategy sessions ensuring clear articulation of strategic direction, alignment of strategies, agreement on key priorities underpinning delivery of objectives (CEO)	
A.3	CQC registration in place and assurance provided that Trust complies with its registration (DNCGS)	
A.4	Planned internal visits to support staff and ensure compliance with CQC standards through the delivery of supported action plans (DNCGS)	
A.5	Quarterly Assurance Framework and Risk Register report to Board providing assurances on actions being taken (DFPI)	
A.6	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DFPI)	
A.7	Assurance reports to Clinical Governance and Clinical Safety Committee covering key areas of risk in the organisation seeking assurance on robustness of systems and processes in place (DNCGS)	
A.8	Integrated performance reports to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken (DFPI)	
A.9	Annual report to Trust Board to risk assess changes in compliance requirements and achievement of performance targets, in year updates as applicable (DFPI)	
A.10	Nursing and Medical staff revalidation in place evidenced through report to Trust Board (DNCGS, MD)	
A.11	Data quality improvement plan monitored through EMT deviations identified and remedial plans requested (DFPI)	
A.12	Serious incidents from across the organisation reviewed through the Clinical Reference Group including the undertaking of root cause analysis and dissemination of lessons learnt and good clinical practice across the organisation (DNCGS)	
A.13	Annual appraisal, objective setting and PDPs to be completed in Q1 of financial year for staff in Bands 6 and above and in Q2 for all other staff, performance managed by EMT (DHR).	
A.14	Announced and unannounced inspection visits undertaken by CQC, independent reports on visits provided to the Trust Board, CGCS Committee and MC (DNCGS)	
A.15	Information Governance Toolkit provides assurance and evidence that systems and processes in place at the applicable level, reported through Improving Clinical Information Group, deviations identified and remedial plans requested receive, performance monitored against plans (DFPI)	
A.16	Monitoring of organisational development plan through EMT, deviations identified and remedial plans requested (DHR)	
A.17	Health Watch undertake unannounced visits to services providing external assurance on standards and quality of care (BDU)	
A.18	Independent CQC reports to Mental Health Act Committee provided assurance on compliance with Mental Health Act (DNCGS)	
A.19	Annual Patient Safety Strategy progress report to CGCS Committee (DNCGS)	
A.20	Strategic Priorities and Programmes monitored and scrutinised through EMT and reported to Trust Board through IPR (DS)	

Gaps in control and what do we need to do to address these and by when	Date
- ORR no 275 and 772 impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 695 –Impact on clinical services unable to achieve the transitions identified in the 5 Year Plan, being mitigated through action plans as set out in the ORR.	Quarter 1
- ORR no. 1078 - long waiting lists to access CAMHS treatment and ASD diagnosis and treatment leading to a delay in young people starting treatment, potentially causing further deterioration in their mental health and a breakdown of their support networks being mitigated through action plans as set out in the ORR .	Quarter 1
- ORR no. 1080 - risk that the Trust's information systems could be the target of cybercrime leading to theft of personal data levels being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 1099 – access to Datix, Forensic CAMHS in Wetherby, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 1119 – locking system in Forensics, being mitigated through action plans set out in ORR	Quarter 1

- ORR no. 1132 – long waiting lists in specific services, being mitigated through action plans as set out in ORR	Quarter 1
- ORR no. 1151 – shortage of qualified staff, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1153 – impact of retirement of aging workforce, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1154 – impact of sickness on care, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1155 – impact of industrial action, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1156 – service decommissioning leaving Trust with redundancy costs and increased overheads as % of income, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1157 – ensuring diverse and representative workforce, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1158 – impact of agency staff on care and resources, being mitigated through action plans set out in ORR	Quarter 1

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
- Workforce plans require on-going development as transformation standard operating procedures are being finalised to deliver the revised service offers, transformation reports to EMT setting out time lines for changing workforce plans, skills and competencies to deliver revised service offers.	Quarter 2
- Further updates to CG&CS and Audit Committees on capture of clinical information and impact on data quality	Quarter 3
- Mandatory training standards not being delivered in all areas, routine reports to teams identifying individuals out of compliance.	Quarter 2
- Appraisal targets not being met, routine reporting to EMT and R&TSC	Quarter 2
- Internal audit reports with partial assurance (see below) management actions agreed by lead Director	As per audit report

Rationale for current assurance level
- Monitor well-led review undertaken by independent reviewer demonstrated through stakeholder engagement that the Trust's mission and values were clearly embedded through the organisation.
- Staff 'living the values' as evidenced through values into excellence awards.
- In the main, positive Friends and Family Test feedback from service users and staff with the exception of CAMHS (being addressed through joint action plan with commissioners).
- Trio model bringing together clinical, managerial and governance roles working together at service line level, with shared accountability for delivery.
- Strong and robust partnership working with local partners, such as Locala to deliver the Care Close to Home contract and establishment of Programme Board.
- CQC revisit overall rating of good, number of areas rated good or outstanding 90%, action plan to address remaining requirement notices
- Internal audit reports – Patient property follow up, Patients bank, Agile working, IT capability, Delivering service change, Sickness absence, Clinical record keeping - partial assurance with improvements required,
- Internal audit reports – IG Toolkit significant assurance, Significant and serious untoward incidents significant assurance with minor improvement opportunities
- CQUIN targets not achieved in full.
- IPR summary metrics re improving the quality and experience of all that we do – IPR for month 2 shows: F&F Test MH yellow, F&F Test Community Green, Patient safety Incidents involving moderate or severe harm or death green, safer staff fill rates green, IG confidentiality breaches red
- Strategic Priorities (3 and 4) and underpinning Programmes rag rating all green for governance and scoping phase

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

Principle Strategic Risks that need to be controlled and consequence of non-controlling and current assessment		Rag Rating
3.1	Failure to manage costs leading to unsustainable organisation and insufficient cash to deliver capital programme	A/G
3.2	Failure to develop required relationships or commissioner support to develop new services/expand existing services leading to contracts being lost, reduction in income	A/G
3.3	Failure to deliver efficiency Improvements/CIPs	A/R
3.4	Capacity and resources not prioritised leading to failure to meet strategic objectives.	A/G

Controls – systems and processes (what are we currently doing about the Strategic Risks?)		Director Lead
C.1	Independent survey of stakeholders perceptions of the organisation and resulting action plans (3.2)	DMCE
C.2	Annual financial planning process CIP and QIA process (3.1, 3.3)	DFPI, DHR, MD, DNCGS
C.3	Financial control and financial reporting processes (3.1, 3.3)	DFPI
C.4	Production of annual plan and strategic plan demonstrating ability to deliver agreed service specification and activity within contracted resource envelope or investment required to achieve service levels and mitigate risks (3.4)	DFPI DS
C.5	Strategic Business and Risk Report including PESTEL/SWOT and threat of new entrants/substitution, partner/buyer power (3:2)	DS
C.6	Weekly Operational management Group chaired by DD providing overview of operational delivery, services/resources, identifying and mitigating pressures/risks (3.1, 3.3)	DD
C.7	Standing Orders, Standing Financial Systems, scheme of Delegation and Trust Constitution in place and publicised re staff responsibilities (3.1)	DFPI
C.8	Performance management system in place with KPIs covering national and local priorities reviewed by EMT and Trust Board (3.1)	DFPI
C.9	Project Management office in place with competencies and skills to support the Trust to make best use of its capacity and resources and to take advantage of business opportunities (3.4)	DS
C.10	Standardised process in place for producing businesses cases with full benefits realisation (3.1)	DFPI
C.11	Innovation Framework in place to deliver service change and innovation (3.4)	DS
C.12	Service line reporting/ service line management approach (3.1)	DFPI
C.13	HR and Finance managers aligned to BDU's acting as integral part of local management teams(3.1,)	DFPI, DHR
C.14	Workforce plans in place identifying staffing resources required to meet current and revised service offers and meeting statutory requirements re training, equality and diversity (3.4)	DHR
C.15	Contingency/reserves – budget for anticipated risks of slippage/ under-delivery (3.1)	DFPI
C.16	Development of joint Commissioning for Quality and Innovation (CQUIN) targets with commissioners to improve quality and performance, performance monitoring regime of compliance with CQUIN targets in place. (3.3)	DD
C.17	Annual Business planning guidance in place standardising process, ensuring consistency of approach, standardised process for producing businesses cases with full benefits realisation (3.1)	DFPI
C.18	Formal contract negotiation meetings with clinical commissioning and specialist commissioners underpinned by legal agreements to support strategic review of services (3.2)	DFPI
C.19	Regular formal contract review meetings with clinical commissioning and specialist commissioning groups (3.4)	DFPI
C.20	Strategic Priority no. 5 and no.6 (Operational excellence and digital by default) and underpinning programmes supported through robust programme management approach (3.1, 3.3)	DD, DFPI, DS, DCME

Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)	Report Title/Date
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Assurance outputs: Guidance/reports (how do we know if the things we are doing are having an impact internal and external)		Report Title/Date
A.1	Documented review of Directors objectives by Chief Executive ensuring delivery of key corporate objectives or early warning of problems (CEO)	
A.2	Integrated performance report to Trust Board providing assurances on compliance with standards and identifying emerging issues and actions to be taken (DFPI)	
A.3	Audit Committee review evidence for compliance with policies, process, standing orders, standing financial instructions, scheme of delegation, mitigation of risk, best use of resources (DFPI)	
A.4	Quarterly Investment Appraisal report – covers bids and tenders activity, contract risks, and proactive business development activity (DFPI)	
A.5	Annual Governance Statement reviewed and approved by Audit Committee and Trust Board and externally audited (DFPI)	
A.6	Quarterly strategic business and risk analysis to Trust Board ensuring identification of opportunities and threats (DS)	
A.7	CQUIN performance monitored through OMG and EMT, deviations identified and remedial plans requested (DD)	
A.8	Remuneration and Terms of Service Committee receive HR Performance Reports, monitor compliance against plans and receive assurance from reports around staff development, workforce resilience (DHR)	
A.9	Benchmarking of services and action plans in place to address variation (DFPI)	
A.10	Annual plan and budget and strategic plan approved by Trust Board, and, for annual plan, externally scrutinised and challenged by Monitor (DFPI, DS)	
A.11	Business cases for expansion/change of services approved by EMT and/or Trust Board subject to delegated limits ensuring alignment with strategic direction and investment framework (BDU)	
A.12	Attendance of NHS I/Monitor at EMT and feedback on performance against targets (DFPI)	
A.13	Triangulation of risk report to Audit Committee to provide assurance of systems and processes in place (DFPI)	
A.14	Strategic Priorities and Programmes monitored and scrutinised through EMT and reported to Trust Board through IPR (DS)	

Gaps in control and what do we need to do to address these and by when	Date
- ORR no. 772 - impact on services as a result of continued local authority spending cuts, being mitigated through action plans as set out in the ORR	Quarter 1
- ORR no. 812 – commissioning intentions re local place based solutions, being mitigated through action plans as set out in the ORR	Quarter1
- ORR no. 1077 - risk that the Trust could lose business resulting in a loss of sustainability for the full Trust from a financial, operational and clinical perspective, being mitigated through actions set out in ORR	Quarter1
- ORR no. 1151 – shortage of qualified staff, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1153 – impact of retirement of aging workforce, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1154 – impact of sickness on care, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1155 – impact of industrial action, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1156 –service decommissioning leaving Trust with redundancy costs and increased overheads as % of income, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1157 – ensuring diverse and representative workforce, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1158 – impact of agency staff on care and resources, being mitigated through action plans set out in ORR	Quarter 1
- ORR no. 1114 no. prev. 695(b) – Financial unsustainability if unable to achieve transitions identified in Trust 5 Year Plan, being mitigated through actions set out in ORR.	Quarter 1

Gaps in assurance, are the assurances effective and what additional assurances should we seek to address and close the gaps and by when	Date
- Completion of review of decision-making framework (Scheme of Delegation) to inform delegated authority at all levels (to Audit Committee)	Quarter 2
- Review of contingencies and reserves to meet potential shortfall in CIP	Quarter 2
- Internal audit reports with partial assurance (see below) management actions agreed by lead Director	As per Audit report

Rationale for current assurance level

- Monitor Independent well-led review assessed the Trust as Green in two areas and amber/green in eight areas with action plan in place to move towards green.
- Holding significant income streams with local authorities in the current climate will generate risk.
- Contracts agreed with commissioners subject to certain caveats i.e. demand and capacity.
- Impact of new Single Oversight Framework on Trusts Governance rating re failure to delivery against agency spending cap.
- Integrated Performance Report hot spots re. out of area placements and agency spend.
- Impact of non-delivery of CIPs and out of area placements on financial year end outturn.
- Underlying profitability after adjusting for non-recurrent measures being taken.
- Risk of potential STP and place based driven change may impact on our service portfolio.
- Internal audit reports – Patient property follow up, Agile working, IT capability, Sickness absence – partial assurance with improvements required.
- Internal audit reports – IG toolkit, Risk Management and BAF, Corporate governance arrangements - significant assurance. Core financial controls, payroll, Capital project governance - significant assurance with minor improvement opportunities.
- IPR summary metrics re improving people's health and well-being – IPR for month 2 shows: CQUIN achievement yellow, surplus v control total green, agency spend green, CIP delivery amber, sickness absence yellow, MHA training red, MCA training red
- Strategic Priorities (5 and 6) and underpinning Programmes rag rating all green for governance and scoping phase

Risk profile Trust Board 26 July 2017

Consequence (impact/severity)	Likelihood (frequency)				
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost certain (5)
Catastrophic (5)			= Risk that the Trust's information systems could be the target of cyber crime leading to theft of personal data (1080) = Financial sustainability if unable to achieve transitions in five-year strategy plan (1114 previously 695(b)) = Forensic BDU are KABA locks (1119)	= Impact on clinical services if unable to achieve transitions in five-year strategy plan (695) = Local commissioning intentions (812) = Inability for forensic CAMHS in Wetherby Prison to access the Trust Datix system (1099)	
Major (4)				= Reduction in local authority funding to commission services (772) > Lose business resulting in a loss of sustainability (1077) = Long waiting lists to access CAMHS treatment and ASD diagnosis and treatment (1078) ! Long waiting lists in services: (1132) ! Recruitment of qualified clinical staff due to national shortages (1151) ! Potential loss of knowledge, skills and experience of NHS staff due to aging workforce (1153) ! Loss of staff and reduced ability to meet clinical demand due to sickness absence (1154) ! Employee relations given national negotiations on terms and conditions and pay restraint (1155) ! Service decommissioning leaving Trust with redundancy costs and increased overheads as % of income (1156) ! Ensuring we have a diverse and representative workforce (1157) ! Over reliance on agency staff (1158)	= Reduction in local authority funding to provide services (275)
Moderate (3)				RA (772), (812)	
Minor (2)			RA (1153), (1154), (1155)		
Negligible (1)	RA (1077)		RA (275), (695), (1078), (1080), (1099), (1114), (1119), (1132), (1151)		

= same risk assessment as last quarter < decreased risk rating since last quarter RA risk appetite
! new risk since last quarter > increased risk rating since last quarter



Risk appetite:
Strategic risks: Risks generated by the national and political context in which the Trust operated that could affect the ability of the Trust to deliver its plans.
Clinical risks: Risks arising as a result of clinical practice or those risks created or exacerbated by the environment, such as cleanliness or ligature risks.
Financial or commercial risks: Risks which might affect the sustainability of the Trust or its ability to achieve its plans, such as loss of income, inability to recruit or retain an appropriately skilled workforce, damage to the Trust's public reputation which could impact on commissioners' decisions to place contracts with the organisation.
Compliance risks: Failure to comply with its licence, CQC registration standards or failure to meet statutory duties, such as compliance with health and safety legislation.

Risk appetite	Application
Avoid / none (nil)	<ul style="list-style-type: none"> Risk of breakdown in financial controls, loss of assets with significant financial value.
Minimal / low (1-3)	<ul style="list-style-type: none"> Risk to service user, public or staff safety Risks to meeting statutory and mandatory training requirements, within limits set by the Board Risk of failing to comply with Monitor requirements impacting on license Risk of failing to comply with CQC standard and potential of compliance action Risk of failing to comply with health and safety legislation Meeting its statutory duties of maintaining expenditure within limits agreed by the Board
Cautious / moderate (4-6)	<ul style="list-style-type: none"> Reputational risks, negative impact on perceptions of service users, staff, commissioners Risks to recruiting and retaining the best staff
Open / high (8-12)	<ul style="list-style-type: none"> Delivering transformational change whilst ensuring a safe place to receive services and a safe place to work Developing partnerships that enhance Trusts current and future services Financial risk associated with plans for existing / new services as the benefits for patient care may justify the investment
Seek / extreme (15-20)	<ul style="list-style-type: none"> Innovating and safely changing practices

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

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

Principle Strategic Objectives (PSO)
<ol style="list-style-type: none"> Improving health Improving care Improving resources.

ORGANISATIONAL LEVEL RISK REPORT

Trust Board 26 July 2017

Risk level 15+

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
275	Corporate/organisational level risk (corporate use only EMT)		Continued reduction in Local Authority funding (LA as a provider) may impact on demand for health services as a consequence of cost and demand shifting, which may impact on capacity and resources within integrated teams for service provision. This creates potential service and clinical risks including impact on waiting times, assessment, treatment, and management of risk.	<ul style="list-style-type: none"> Agreed joint arrangements for management and monitoring delivery of integrated teams. Monthly review through Delivery EMT of key indicators set out in Integrated Performance Report, which would highlight if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation. Weekly risk scan by Director of Nursing and Medical Director to identify any emerging issues, reported weekly to EMT. 	4 Major	5 Almost certain	20	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> Continues to be monitored through BDU/commissioner forums. Given ongoing financial austerity review of planned activity is reflected in annual plan submission. (SR / CH) Instigated B2 B and/or Executive Team meetings with Barnsley CCG to agree objectives to facilitate a system response to current challenges. (SR) Joint commissioned work between Trust and Wakefield Council to provide baseline for ensuring joint service provision for mental health service is fit for purpose linked to system wide transformation and MCP vanguard. (SR) Joint working with Calderdale Council under review through consideration of new ways of working in MCP vanguard. (CH) Increase use of service line reporting and health intelligence to drill down to facilitate early detection of quality issues. (MB) Identified leading indicators to highlight where local authority service change and/or benefits changes lead to increased demand i.e. DTCs. (SR / CH) Six monthly strategic overview of business and associated risks 	SR	Ongoing risk given external influence outside our control	BDU (monthly) EMT (monthly) Trust Board (each meeting through integrated performance report) Annual review of contracts and annual plan at EMT and Trust Board	12 (4*3)	Amber/High (8-12)	Current: no Target: yes given the external influences.	CG&CS	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee, setting out actions being taken and consequence of managing the risk to a higher risk appetite] Links to BAF, PSO No 1 & 2	Every three months prior to business and risk Trust Board – July 2017

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
										presented to EMT and Trust Board. (SY) Actions in green completed or ongoing by their nature.									
695	Corporate/organisational level risk (corporate use only EMT)		Risk of adverse impact on clinical services if the Trust is unable to achieve the transitions identified in the strategy in regard to STP's, ACO's, place-based plans and the five-year plan.	<ul style="list-style-type: none"> Governance arrangements for the integrated change framework are developing for OMG, transformation project board and EMT to review Trust priority change projects. Service quality metrics in place highlighting potential hotspots and areas for action to be taken as appropriate. Post implementation review process. 	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> Active stakeholder management to create opportunities for partnership and collaboration which are reflected in corporate objectives. (SY / CH / SR) Regular and update of strategy by Trust Board. (SY) Increased use of service line management information by directorates with updates to Audit Committee. (MB) Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models of care and sustainable services. (SY) Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans/CEO leads the West Yorkshire STP (RW / AB) Active engagement in place based plans. (SY / CH / SR) Development of pricing principals to engage with commissioners. (MB) Update forward plan and actions in light of updated planning assumptions and system intelligence. (MB) Review by the CG&CS committee on QIA's updated at gateway review stages of the integrated change framework process. Place based plans that impact on clinical services will be governed and managed through the Trust-wide integrated change process at EMT and discussed at Trust Board. Services impacted by changes will have robust governance change management processes in place (i.e. in Barnsley). 	SY	As per strategic priority delivery timetables.	EMT (monthly) Transformation board (monthly) OMG (weekly) Trust Board (quarterly)	8 (2*4)	Amber/high (8-12)	Target: yes	CG&CS	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite Links to BAF, PSO No 1&2	Every three months prior to business and risk Trust Board – July 2017
772	Corporate/organisational level risk (corporate use only EMT)		Impact of continued reduction in Local Authority budgets (LA as commissioner) may have a negative impact on level of financial resources available to commission services.	<ul style="list-style-type: none"> In all geographic areas the Trust is a partner in developing integrated working to reduce overall costs in the system. Maintenance of good strategic partnerships through maintenance of positive relationships with Local Authority staff through EMT and operational contacts. Positive engagement of overview and scrutiny 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Open / high (8-12)	<ul style="list-style-type: none"> Continues to be monitored through BDU/commissioner forums. Given ongoing financial austerity review of planned activity is reflected in annual plan submission. (SR / CH) 0 - 19 services in Barnsley now safely transferred to local authority. (SR) Member of Integration Board which is chaired by Locala and includes local authority to develop wider system integration following award of Care Closer to Home contract for community services in Kirklees. (CH) 	SR	As per Annual plan	EMT (monthly) Trust Board (each meeting) Annual review of contracts and annual plans at EMT and Trust Board	12	Amber/high (8-12)	Current: no Target: yes given the level of external influences we can't control	Audit Committee	Links to BAF, PSO 1 & 2 & 3	Every three months prior to business and risk Trust Board – July 2017

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date	
				<ul style="list-style-type: none"> committees Monthly review through performance monitoring governance structures of key indicators, which would indicate if issues arose regarding delivery, such as delayed transfers of care, waiting times and service users in settled accommodation. At least monthly review of bids management in relation to services commissioned by local authorities. Regular ongoing review of contracts with local authorities. 						<ul style="list-style-type: none"> Working in partnership with Locala as a lead provider of an integrated 0-19 service for Kirklees. (CH) Service line strategy review work tested with Trust Board identified direction of travel for service lines, which are challenged by NHS and local authority austerity and commissioning practices. Enables timely decision-making (exit/partner etc.) as opportunities arise. (SR / CH) Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans/CEO leads the West Yorkshire STP. (RW / AB) Further support being developed for the transfer and redeployment of staff. (AD) Creation of alternative models for delivery of services and to mitigate financial risks. (SR / CH) <p>Actions in green completed or ongoing by their nature.</p>										
812	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Risk that Trust's sustainability will be adversely impacted by the creation of local place based solutions which change clinical pathways and financial flows. For example ACO implementation.	<ul style="list-style-type: none"> Developing a clear service strategy through the internal transformation programmes to engage commissioners and service users on the value of services delivered. Ensure appropriate Trust participation and influence in STP, place based solutions and other system transformation programmes. Progress on system and service transformation reviewed by Board and EMT. Quality Impact Assessment process for CIP and QIPP savings in place. Planned improvement in bid management process including additional skills building an increase in joint bids with partners. Alignment of contracting and business development functions to support a proactive approach to retention of contract income and growth of new income streams. Half yearly investment appraisal report to EMT and Trust Board. 	5 Catastrophic	4 Likely	20	Red/extreme /SUI risk (15-25)	Open / high (8-12)	<ul style="list-style-type: none"> Trusts pro-active involvement and influence in system transformation programmes, which are led by commissioners and includes four vanguard programmes. (SR / CH) Alignment of our plans with CCGs commissioning intentions. (SR / CH) Horizon scanning for new business opportunities. (SY) Developing communications and engagement into a more systematic approach in stakeholder engagement. (KH) Maintain tight controls on costs to maximise contribution. (MB) Review of CQUIN income attainment by EMT & OMG with action plan to improve. (MB) Update of strategy and two year plan requirements. (SY / MB) Review of commissioning intentions by EMT and contract negotiation stances and meetings in place to progress agreements of contracts for 2017/18 and 2018/19. (MB) Emergent strategy – September 2017, with related communication plans in place by October 2017 (SY) <p>Actions in green completed or ongoing by their nature.</p>	SY	Currentl y October 2017	EMT (monthly) Trust Board business and risk (quarterly)	8	Amber/high (8-12)	Current: no Target: yes based on ability to influence external environment	Audit Committee	Links to BAF, PSO 1 & 3	Every three months prior to business and risk Trust Board – July 2017	
1077	Corporate/organisational level	Trust wide (Corporate support)	Risk that the Trust could lose business resulting	Systematic and integrated monitoring of contract performance, changes in	4	4	16	Red/extreme /SUI risk	Minimal / low (1-3)	Formulation and delivery of proactive contract risk management plans for specific services (SR / CH).	MB	30/09/17	EMT (monthly) Board	6	Yellow/Moderate (4-6)	Yes	Audit Committee	Risk appetite: Financial risk target 1 – 3, paper to Audit committee setting	Every three months	

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date		
	risk (corporate use only EMT)	services)	in a loss of sustainability for the full Trust from a financial, operational and clinical perspective.	specification and commissioning intentions to identify and quantify contract risks. <ul style="list-style-type: none"> ➢ Regular reporting of contract risks to EMT and Trust Board. ➢ Stakeholder engagement strategy. 				(15-25)		<ul style="list-style-type: none"> ➢ Development and maintenance of longer term financial planning (Deputy Director of Finance). ➢ Development of targeted programme of business growth focused on specific services and markets and aligned to strategy (BDU Directors). ➢ Refresh of Trust strategy to identify role the Trust can best play in each geography given rapidly changing operating environment (SY). ➢ Scenario planning in Operational Plan and Strategy regarding place based developments, where this could result in step-changes in income in either direction (SY / SR / CH). ➢ Develop an understanding of clinical and operational interdependencies and minimum volumes for high quality care (BDU Dirs). ➢ Implement actions from stakeholder survey (KH). ➢ Play full role in STPs in both West and South Yorkshire (RW / AB). <p>Actions in green completed or ongoing by their nature.</p>			(monthly)							out actions being taken and consequence of managing the risk to a higher risk appetite Links to BAF, PSO 1 & 3	prior to business and risk Trust Board – July 2017
1078	Corporate/organisational level risk (corporate use only EMT)	Calderdale and Kirklees	Risk that the long waiting lists to access CAMHS treatment and ASD diagnosis and treatment lead to a delay in young people starting treatment, potentially causing further deterioration in their mental health and a breakdown of their support networks. Beyond the initial assessment waiting time, data monitoring is not yet able to accurately identify waiting times in line with each pathway. The waiting lists and the lack of clarity of information impact negatively on the confidence of Commissioners and young people and their families in the service.	<ul style="list-style-type: none"> ➢ If a child / young person deteriorates whilst on the waiting list they receive an immediate emergency response. ➢ The implementation of a single point of access system has shown early indication of a reduction in referrals to the specialist CAMHS service, therefore releasing capacity. ➢ Extensive work, supported by the PMO, is underway to develop the care pathways and agree consistent recording and monitoring of activity and outcome data. ➢ The Trust is working closely with Commissioners to manage the situation within available resources for ASD. ➢ Commissioners have established an ASD Board and local commissioning plans are in place to start to address backlog for ASD. ➢ Future in Mind investments are in place to support the whole CAMHS system and therefore release demand on specialist CAMHS. ➢ Healthwatch Barnsley and Wakefield have carried out monitoring visits and are 	4	4	16	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> ➢ Work with the PMO has been completed to support better understanding of demand and capacity so that resources can be best utilised. ➢ Work is ongoing to implement care pathways and consistent recording of activity and outcome data (CH). ➢ There is a CAMHS dashboard for each district that sets out performance against each indicator routinely reviewed and action taken as applicable (CH). ➢ The team is working with commissioners to implement additional solutions for people waiting for ASD assessment and treatment (CH). ➢ The team is contributing to the locality plans and reviewing the impact of the Future in Mind investments on demand for specialist CAMHS. (CH) ➢ Investment into FPOC has demonstrated a positive impact on access and demand in Kirklees. The learning from this is being applied to other areas (CH). ➢ The CAMHS team utilise opportunities for waiting list initiatives in each district. This includes the flexible use of vacant posts to fund short term focussed projects such as waiting list and brief intervention clinics. (CH) ➢ CAMHS teams are implemented 	CH	Review every three months	Performance reporting to EMT - monthly Assurance report to Clinical Governance Committee Individual district performance reports reviewed by BDU	8	Amber/high (8-12)	No see comments	CGCS	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite Links to BAF, PSO 2 Waiting list initiatives are successful in reducing waits but do not address future demand in all areas. Further support across the footprint is required to address the growing demand for ASD diagnoses treatment. CQC have noted 'good' overall in CAMHS and whilst recognising the waiting lists have acknowledged improvements in the recording and management of them.	Every three months prior to business and risk Trust Board – July 2017		

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
				supporting local teams with the action plans.						processes to contact people who are waiting, to keep in touch and to carry out well-being checks (CH). Actions in green completed or ongoing by their nature.									
1080	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Risk that the Trust's IT infrastructure and information systems could be the target of cyber-crime leading to theft of personal data.	<ul style="list-style-type: none"> ➢ McAfee anti-virus software in place including additional email security and data loss prevention. ➢ Security patching regime of all servers, client machines and key network devices. ➢ Annual infrastructure, server and client penetration testing. ➢ Appropriately skilled and experienced staff who regularly attend cyber security events. ➢ Disaster recovery and business continuity plans which are tested annually. ➢ Data retention policy with regular back-ups and off-site storage. ➢ NHS Digital CareCert advisories reviewed on an on-going basis & where applicable applied to Trust infrastructure. ➢ Key messages and communications issued to staff regarding potential cyber security risks. 	5	3	15	Red/Extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> ➢ Explore potential to install Intrusion Detection and Intrusion Prevention. (Deputy Director of IM&T) ➢ Implementation of 3 year (data Centre) infrastructure plan including security and firewall rules for key network and computer devices, and IT services business continuity and disaster recovery. (Deputy Director of IM&T) ➢ Daisy currently drafting a cyber-security overview which will include recommendations for improvement. (Deputy Director of IM&T) ➢ Provision of Microsoft software licensing strategic roadmap will ensure future appropriate licensing cover and availability of on-going security updates for Microsoft products. (Deputy Director of IM&T) ➢ Increased training for information asset owners and managers. ➢ Internal assurance report for the Trust controls and mechanisms in relation to the recent WannaCry Ransomware cyber-attack being finalised. (Deputy Director of IM&T) 	MB	Ongoing	<ul style="list-style-type: none"> IM&T Managers Meeting (Monthly) EMT Monthly (bi -Monthly) Audit Committee (Quarterly) IT Services Department service management meetings (Trust/ Daisy) (Monthly) 	5	Yellow/moderate (4-6)	Current no Target Yes given the environment in which we currently work	Audit Committee	<p>Risk appetite: Financial risk 1 – 3, paper to Audit committee setting out actions being taken and consequence of managing the risk to a higher risk appetite</p> <p>Links to BAF, PSO 2</p> <p>The Trust were not impacted by the recent WannaCry Ransomware cyber-attack on 12 May 2017 as experienced within the NHS and private industry</p>	Every three months prior to business and risk Trust Board – July 2017
1099	Corporate/organisational level risk (corporate use only EMT)	Specialist Services	Inability for forensic CAMHS in Wetherby Prison to access the Trust Datix system. This means that reporting through management systems may not be timely or reliable. The reputation of the organisation, the lack of effective oversight could lead to incidents which are unreported hence appropriate safeguards may not be in place. There may be a lack of effective governance leaving employees	<p>Staff with access to the Leeds Community Trust were able to log on to Datix to complete the reports.</p> <p>Verbal and email reporting was in place through management reporting systems.</p> <p>Support for staff is arranged via management systems.</p>	5	4	20	Red/Extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> ➢ Explore potential to install Intrusion Detection and Intrusion Prevention. (Deputy Director of IM&T) ➢ Implementation of 3 year infrastructure plan including security and firewall rules for key network and computer devices. (Deputy Director of IM&T) ➢ Daisy currently drafting a cyber-security overview which will include recommendations for improvement. (Deputy Director of IM&T) ➢ List of staff has been supplied to Leeds Community Healthcare so that Datix can be accessed via their system from the end of April 2017 (delayed to July 2017). (CH) ➢ Meeting held with Patient Safety Team, SWYPFT to agree reporting from LCH system to SWYPFT which will commence from the end of April 2017. 	CH	EMT monthly		Yellow/moderate (4-6)	Current no	CGCS	<p>Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite</p> <p>Risk will be further reviewed in June 2017 once the new reporting system is embedded. It is then expected to reduce to green.</p> <p>Links to BAF, PSO 2</p>	Every three months prior to business and risk Trust Board – July 2017	

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
			at risk. Employees may require support due to the distressing nature of the incidents which have been reported into SWYPFT.																
1114 (pre v. 695(b))	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Risk of financial unsustainability if the Trust is unable to achieve the transition identified in the five year plan.	<ul style="list-style-type: none"> Board and EMT oversight of progress made against transformation schemes. Active engagement in West Yorkshire and South Yorkshire STPs / CEO leads the West Yorkshire STP. Active engagement on place based plans. Enhanced management of CIP programme in 2017/18 including NHS I benchmarking data. Updated integrated change management processes. 	5 Major	3 Possible	15	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> Increased use of service line management information by directorates. (MB) Increase in joint bids and projects to develop strategic partnerships which will facilitate the transition to new models of care and sustainable services. (JD) Active engagement in West Yorkshire and South Yorkshire Sustainability and Transformation plans / CEO leads West Yorkshire STP. (RW / AB) Development of pricing strategy to engage with commissioners in 2017/18. (MB) Update five year forward plan in light of updated planning assumptions and system intelligence. (MB) Devise plans based on NHS I benchmarking data. (MB) Implement integrated change management process for agreed priority programmes. (MB) <p>Actions in green completed or ongoing by their nature.</p>	MB	Annual review	EMT (monthly) Trust Board (quarterly)	8 (2*4)	Amber/high (8-12)	Current: no Target: yes given the external influences	Audit Committee	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite Links to BAF, PSO 3	Every three months prior to business and risk Trust Board – July 2017
1119	Corporate/organisational level risk (corporate use only EMT)	Forensic Services	All locks within the Forensic BDU are KABA locks. This system of lock is now out of patent, meaning there is potential for a key removed from the BDU could be copied, compromising security. In the Bretton Centre it is possible that keys are taken outside of the perimeter in the event that an alarm is activated on Ryburn unit. (Ryburn unit is located outside the perimeter fence of the Low Secure Service).	<ul style="list-style-type: none"> Protected airlocks and procedures controlling the issue and return of keys. Controlled access and egress from the unit. Procedures re care and control of keys. Full induction support specifically addressing care and control of keys for all staff who work in the service. 	5 Major	3 Possible	15	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> The current control measure is through procedure and protected airlocks. All staff issued keys must undertake a full key induction which underlines the importance of care of keys and ensuring that these are returned at the end of a span of duty. Airlocks are staffed and reception staff are fully conversant with care and control of keys to ensure that these are not taken out of the building. This is an absolute in the Medium service. EMT supported a programme of work over 2 to replace all locks so that the risk will be then eradicated. Bretton response team have the keys on a quick release so will leave them on Reception. Should other staff need to leave, they will return to Bretton as soon as the emergency is under control. <p>Actions in green completed or ongoing by their nature.</p>	CH	Review progress of work March 2018 Expected completion March 2019	EMT monthly Progress report March 2018		Yellow/moderate (4-6)	Current no Target yes given the loss of patent	CGCS	Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite Links to BAF, PSO 2	Every three months prior to business and risk Trust Board – July 2017

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
1132	Corporate/organisational level risk (corporate use only EMT)	All BDUs	Long waiting lists services leading to delay in treatment and delay in recovery and present a reputational risk for the organisation.	<ul style="list-style-type: none"> There is a common understanding of the issues with relevant commissioners. Waiting lists are reported through the BDU business meetings. Alternative services are offered as appropriate. People waiting are offered contact information if they need to contact someone urgently. Individual bespoke arrangements are in place within services and reported through the BDU business meetings. Bespoke arrangements to review pathways in individual services. 	4	4	16	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> Waiting list information being developed with P&I and reported to EMT on the IPR. (SR / CH / MB) Further work on reviewing the pathways and the impact of this to be monitored in the BDU management meetings (SR / CH). Maintaining communication with commissioners to push for waiting list initiatives where demand has exceeded an optimal service supply. The risks at BDU level will be monitored in BDU meetings (SR / CH) Work required with the commissioners to agree additional capacity in specific services. <p>Actions in green completed or ongoing by their nature.</p>	BDU Directors	Ongoing	<p>Performance reporting to OMG and to EMT as appropriate</p> <p>Assurance report to Clinical Governance Committee (CAMHS)</p> <p>Individual district performance reports reviewed by BDU</p>	6	Yellow/moderate (4-6)	No	CG&CS	<p>Risk appetite: Clinical risk target 1 – 3, paper to CG&CS committee setting out actions being taken and consequence of managing the risk to a higher risk appetite</p> <p>Links to BAF, PSO 2</p>	Every three months prior to business and risk Trust Board – July 2017
1511	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Recruitment of qualified clinical staff due to national shortages. Could impact on the safety, quality of current services and future development.	<ul style="list-style-type: none"> Safer staffing levels for inpatient services agreed and monitored. Agreed turnover and stability rates part of IPR Weekly risk scan by Director of Nursing and Medical Director to identify any emerging issues, reported weekly to EMT. Reporting to the Board through IPR Datix reporting on staffing levels. 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Minimal / low (1-3)	<ul style="list-style-type: none"> Marketing of the Trust as an employer of choice Strong links with universities New students supported whilst on placement Regular advertising Development of Associate Practitioner Workforce plans linked to annual business plans Workforce plans incorporated into new business cases Develop new roles Safer staffing reviewing establishment levels Workforce strategy implementation Working in partnership across W Yorks on international recruitment. 	AD	Ongoing risk given external influencing outside our control	BDU (weekly) EMT (monthly) Trust Board (each meeting though integrated performance report)	6	Yellow/moderate (4-6)	Current: no Target: Yes given the external influences	CG&CS	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017
1153	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Ageing workforce able to retire within the next 5 years under NHS Pension scheme with loss of knowledge and experience. Potential loss of knowledge, skills and experience of NHS staff.	<ul style="list-style-type: none"> Monitoring turnover rates monthly Exit interviews Flexible working guidance 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Workforce planning includes age profile Flexible working arrangements promoted Investment in health and well-being services Retire and return options Better development and career opportunities Apprenticeship scheme balancing the age profile. 	AD	Ongoing	EMT and Trust Board reporting through IPR (monthly) RTSC exception reports	6	Yellow/moderate (4-6)	Current: no	RTSC	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017
1154	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Sickness absence. Loss of staff, reduced ability to meet clinical demand etc.	<ul style="list-style-type: none"> Absence management policy Occupational Health service Trust Board reporting Health and well-being survey. 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Enhanced occupational health service Well-being at Work Partnership Group Health trainers Workforce plans Well-being action plans Staff Engagement events Staff appointments Core skills training on absence 	AD	31/03/18	BDU (weekly) EMT (monthly) Trust Board	6	Yellow/moderate (4-6)	Current: no Target: yes given the level of external influencing we	RTSC	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017

Risk ID	Risk Responsibility	BDU / Directorate	Description of risk	Current control measures <u>pre-mitigation</u>	Consequence (current)	Likelihood (current)	Rating (Pre-mitigation)	Risk level (Pre-mitigation)	Risk appetite	Summary of Risk action Plan to get to Target risk Level and individual risk owners	Overall Risk owner	Expected date of completion	Monitoring & reporting requirements	Rating (target)	Risk level (target)	Is this rating acceptable?	Nominated Committee	Comments	Risk review date
										<ul style="list-style-type: none"> management Extend use of e-rostering Reduction in absence. 						cant control			
1155	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Employee relations given national negotiations on terms and conditions and pay restraint. Pay restraint could cause increased industrial action and impact on morale New terms and conditions increase costs and impacts on morale and causes increase in industrial action.	<ul style="list-style-type: none"> Implementation of terms and conditions monitored through EMT Staff Partnership Forum and negotiation. 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Strong partnership working with Staff Side Staff Partnership Forums to engage on key issues Implement as far as possible changes in an open and transparent way Reinforce Trust values Pay and conditions part of the well-being and engagement survey. 	AD	Ongoing	Reports to EMT as and when	6	Yellow/moderate (4-6)	Current: yes	RTSC	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017
1156	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Decommissioning at short notice by local authorities does not enable redeployment Decommissioning leaves the Trust with redundancy costs as no opportunities to TUPE Unable to take out all overhead costs and therefore causing a cost pressure.	<ul style="list-style-type: none"> Performance contracting report IPR NHS Benchmarking 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Organisational change with clear at risk and redeployment process Early discussions with Staff Side on service changes Corporate services benchmarking to review overhead costs Explore the opportunities for shared services. 	AD	Ongoing	EMT (monthly) Board (monthly)	6	Yellow/moderate (4-6)	Current: yes	RTSC	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017
1157	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Ensuring we have a diverse and representative workforce. The Trust does not have a workforce that is representative of the population Fails to achieve EDS2 and WRES.	<ul style="list-style-type: none"> Annual Equality Report Equality and Inclusion Form Equality Impact Assessment Staff Partnership Forum. 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Development of joint WRES and EDS2 action plan Links with Universities on widening access Focus development programmes Support the development of Staff Equality Networks Targeted career promotion in Schools. 	AD	Ongoing	EMT quarterly E and I (quarterly)	6	Yellow/moderate (4-6)	Current: no	RTSC and E and IF	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017
1158	Corporate/organisational level risk (corporate use only EMT)	Trust wide (Corporate support services)	Over reliance on agency staff which could impact on quality and finances.	<ul style="list-style-type: none"> Board self assessment Reporting through IPR Safer Staffing Reports Agency induction policy. 	4 Major	4 Likely	16	Red/extreme /SUI risk (15-25)	Cautious / Moderate (4 – 6)	<ul style="list-style-type: none"> Recruitment to Consultant Roles Restrictions on Administration and Clerical Staff Extension of the Staff Bank Development of Medical Bank OMG to Overview Director of Delivery supporting reduction in agency usage Development of new roles Retention programme. 	AD	31/03/18	EMT (monthly) Board (monthly)	6	Yellow/moderate (4-6)	Current: yes	RTSC	Links to BAF PSO 2 and 3	Every three months prior to business and risk Trust Board – July 2017

Risk level <15+ - risks outside the risk appetite (unless stated)

Risk ID	Description of risk	Lead Dir.	Nominated committee	Risk level (current)	Risk level (target)	Risk appetite
744	If temperatures rise above 25 degrees there is a risk that medicines may deteriorate and not be effective or cause harmful effects. The use of any medicines stored outside conditions specified will not be covered by the manufacturer's product licence. Leaving the trust liable for any harm.	AB	CG&CS	Yellow / moderate (4 – 6) 6 (2*3)	Yellow / moderate (4 – 6) 6	Minimal / low (1 – 3)
1079	Risk of not securing medication wholesale supply and pharmacy computer system from 1 April 2017.	AB	CG&CS	Amber / high (8 – 12) 10 (5*2)	Amber / high (8 – 12) 12	Minimal / low (1 – 3)
164	Non Submission of statutory returns	MB	Audit	Yellow / moderate (4 – 6) 4 (4*1)	Yellow / moderate (4 – 6) 4	Minimal / low (1 – 3)
522	Risk that the Trust's financial viability will be affected as a result of changes to national funding arrangements (such as, CCG allocation and the Better Care Fund) coupled with emerging intensified local acute Trust pressures. Risk that local re-tendering will increase and will increase level of savings required to >5% to maintain financial viability and potential to fragment pathways and increase clinical risk.	MB	Audit	Amber / high (8 – 12) 12 (3*4)	Yellow / moderate (4 – 6) 6	Cautious / Moderate (4 – 6)
835	Achievement of the access and waiting time standard for Early Intervention in Psychosis (EIP) from 1 April 2016. The standard requires that more than 50% of people experiencing first episode psychosis will commence treatment with a NICE-approved care package within two weeks of referral.	MB	CG&CS	Yellow / moderate (4 – 6) 6 (3*2)	Yellow / moderate (4 – 6) 6	Minimal / low (1 – 3)
850	The upgrade to RiO V7 resulted in system functionality and operational issues which impacted on the Trust's ability to effectively support clinical services operationally as well as in the production and submission of central returns and accurately recording clinical coding information.	MB	Audit	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 4	Minimal / low (1 – 3)
852	Updated 24/11/2016: Risk of information governance breach leads to inappropriate circulation and / or use of personal data leading to a reputational and public confidence risk.	MB	Audit	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 4	Minimal / low (1 – 3)
875	If individuals holding key information relating to specific issues which has not been shared are absent from the trust for an extended period of time, the ability of the team to complete tasks or respond to queries would be affected. This could impact on systems, processes, business cases, relationships with internal and external customers. <i>NB. Request from lead director to keep on the organisational risk register as the system is unstable at present.</i>	MB	Audit	Yellow / moderate (4 – 6) 6 (3*2)	Yellow / moderate (4 – 6) 6	Cautious / Moderate (4 – 6)
1004	Loss of records / inability to find them. The decentralised model for health records has resulted in teams making unilateral decisions on record keeping rather than following trust wide standards and guidance; there is a strong likelihood of teams, as part of estate moves, not indexing records correctly or not transporting them appropriately leading to a risk of loss of records or an inability to find them when needed. This could have serious implications for the person whose record is lost (even if lost temporarily) and for the organisation's reputation. Inappropriate destruction of records In the push to become more paper light and moves into smaller accommodation as part of the estates strategy and transformation, there is a risk of staff scanning records onto the clinical system without paper light accreditation and destroying paper records inappropriately. If called to court, the scanned record could be deemed inadmissible and there is a potential, if the scan is not readable that errors could be made in treatment.	MB	Audit	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 4	Minimal / low (1 – 3)
1076	Risk that the Trust may deplete its cash given the inability to identify sufficient CIPs, the current operating environment, and its high capital programme committed to, leading to an inability to pay staff and suppliers without DH support.	MB	Audit	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 4	Minimal / low (1 – 3)
1159	Fire Safety - Arson is a particularly malicious crime, which impacts on both individual victims and on society as a whole. It is now the largest single cause of major fires in the U.K. At its worse arson leads to loss of life and significant financial damage. Even minor arson, where it is persistent and pervasive, sets a strongly detrimental tone to deprived communities and contributes to social exclusion. In healthcare premises, not only can it affect the morale of staff but can seriously affect the Trust's ability to deliver a service to its patients.	AD	TBC	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 4	Cautious / Moderate (4 – 6)
905	Wards are not adequately staffed to meet safer staffing requirements, leading to increased usage of bank and agency staff which has financial implications and may impact on continuity of service user care.	SR	CG&CS	Amber / high (8 – 12) 9 (3*3)	Yellow / moderate (4 – 6) 6	Cautious / Moderate (4 – 6)
773	Risk that a lack of engagement with external stakeholders and alignment with commissioning intentions leads to delay in implementation and / or inability to achieve the transformational changes required in Trust services leading to financial service quality and reputational risk.	KH / SY	CG&CS	Amber / high (8 – 12) 12 (4*3)	Yellow / moderate (4 – 6) 6	Cautious / Moderate (4 – 6)

**Trust Board 25 July 2017
Agenda item 5.2**

Title:	Fire Safety Report Update
Paper prepared by:	Director of Human Resources, Organisational Development and Estates
Purpose:	To update the Board on the Trust's current fire safety position in light of recent tragic events at the Grenfell Flats, London.
Mission/values:	This report is in line with the Trust's values around valuing people and providing a safe environment.
Any background papers/ previously considered by:	This paper is in line with the existing Trust Fire Safety Policy which was revised in May 2017. The Executive Management Team (EMT) sign off an annual statement of compliance for fire safety. A verbal update on actions and responses following the Grenfell fire was given at the Trust Board meeting on the 27 th June 2017.
Executive summary:	<p>The tragic fire at the Grenfell Flats, London, has understandably caused both the NHS as a whole and the Trust to re-examine their approach to Fire Safety. A verbal update was given to the Board in June confirming compliance with Fire Safety Standards and reported on a number of additional checks that had taken place. The fire safety report attached provides a detailed brief for the Board and the key points are:</p> <ul style="list-style-type: none"> ➤ The Trust has completed the required national returns and has had confirmation, by exception, that our property portfolio does not require any external fire testing and/or further reviews with the Fire and Rescue Service. This position is kept under constant review in light of any new information following the Grenfell fire. ➤ The Trust does have cladding on some buildings, these have all been inspected. It has been confirmed that they have been installed in accordance with the manufacturer's instructions, they have the required fire breaks and from the information currently available, are of a higher class and different material from that used on the Grenfell Flats. ➤ Whilst all fire safety assessments were up to date, 4 were reviewed early: The Dales, Elmfield Down, Lyndhurst and Mount Vernon Hospital. The review confirmed that the assessments do not require any further updating, but as a precaution, a review of evacuation procedures at Mount Vernon Hospital is currently being undertaken. This review will be discussed at the Executive Management Team on 20 July 2017. ➤ Following discussions at the Executive Management Team, the risk of fire on the wards has now been escalated up to the

	<p>organisational risk register. A key action is a review of the search and banned items policy which is being undertaken by the Acute Care Forum, and an update will be discussed at the EMT on 20 July 2017.</p> <p>➤ A high risk area for the Trust is inpatients. Whilst the Trust is achieving its mandatory fire safety training target of 80%, this is being reviewed with a view to increasing it to 95% for inpatient areas. This review will be completed by the end of July.</p> <p>The Trust has always treated fire safety as a high priority and invested significant resources over the past years, which has ensured compliance with all current fire safety standards. This investment included ensuring all furniture, fixtures and fittings are of the highest fire retardant/resistance levels and, although not a requirement, all new builds and major refurbishments of inpatient areas have sprinkler systems installed as standard. As part of updating the Estates Strategy, we are scoping the feasibility of installing sprinklers in all inpatient areas. This will be completed by quarter 3 of 2017/2018.</p>
Recommendation:	Trust Board is asked to NOTE the contents of this report.
Private session:	Not applicable.



**South West
Yorkshire Partnership**
NHS Foundation Trust

Fire Safety Report

1. Introduction

Following on from the recent internal fire issues within the Trust and the wider national issues arising from concerns over cladding this report is intended to inform Board of the position of the Trust and any further action to be taken

2. Background

The terrible incident at Grenfell tower has thrown the issue of fire precautions into the spotlight and has and will continue to have ramifications on design and maintenance in this field. It should be noted from the outset that the Trust takes its responsibilities in this respect seriously and has always invested in fire safety.

The focus of attention at the moment is on cladding especially on high rise properties. The Trust does not have any high rise properties but does have buildings with cladding systems as part of the design. This information was sent to the Department of Health (DoH) as a return on the 16th of June with no follow up action expected . On the 24th of June NHSI requested that all Trusts in England undertook a full fire risk assesment with the local fire service and confirm that this had been undertaken via a joint letter from the Trust and fire service, this to be completed by the 25th of June. The Fire and Rescue Service could not comply with this request due to resourcing issues nationally and subsequently this request has been changed and only joint exception visits are taking place where higher risks are thought possible. SWYPFT has no follow up surveys to undertake due to us having no high risk properties.

3. The Trust position

Whilst the Trust is not required to undertake joint visits certain actions have been taken internally as a matter of good practice. These are as follows:-

1. Any property with beds on two floors has been reassessed against its current Fire Risk Assessment to confirm it is still appropriate. These inspections have not shown any high risks and any outstanding actions have been authorised.
2. Mount Vernon Hospital has had an additional inspection with regard to known fire issues on the site, the recommendation around evacuation of beds has been escalated for further action.
3. The construction of all cladding in the Trust owned Estate has been checked to ensure it is correctly installed and specified, no issues have been found.
4. The planned checks of the fire compartmentation at Kendray hospital following the similar exercise iat Fieldhead has been brough forward to August 2017.
5. The persons nominated as fire wardens have been contacted by the fire safety team and reminded of their duties and that they must have an up to date copy of the fire risk assessment available for inspection and that the local procedures for fire awareness are to be available to all staff.

6. The Trust has made a decision to obtain budget costings for retro fitting sprinklers in all wards, as in the new development at Fieldhead.
7. Discussions are ongoing around a proposal to increase the minimum fire safety training figure on inpatient wards from the 80% in national guidance to a figure of 95% for ward staff. This increase will require a considerable investment in terms of time to release ward staff as the training required is face to face.
8. A review of the banned items and search policies is being conducted with a view to lessons learned from Trust incidents.

4. Conclusion

The Trust has complied with all requests in relation to fire queries ensuring it has made resources available to comply even where the request has subsequently been withdrawn we have prioritised actions to ensure safety. Whilst some of the action has not been relevant to the Trust the additional scrutiny afforded to fire safety should be welcomed.

5. Recommendation

Trust Board is asked to note the content of this report

Nick Phillips
Head of Estates and Facilities

Trust Board 25 July 2017 Agenda item 6.1

Title:	Equality Strategy
Paper prepared by:	Director of Corporate Development
Purpose:	To seek Trust Board approval for a refreshed Equality Strategy for the organisation.
Mission/values:	<ul style="list-style-type: none"> ➤ This strategy provides an overarching framework to support an equality competent organisation with a well-led culture that prioritises and champions equality. ➤ It takes account of legislation to ensure the Trust meets its equality duties and delivers improvements that will benefit everyone, sustaining an environment where everyone feels respected and valued. ➤ This equality strategy will support the achievement of the organisation's mission and objectives. Every aspect of the strategy is underpinned by the Trust's values.
Any background papers/ previously considered by:	The strategy has been reviewed by Trust Equality and Inclusion Forum members, Executive Management Team (EMT) and designated representatives, equality and engagement development managers, Human Resources colleagues and representatives from the BAME staff network. It builds on previous work with service users and carers.
Executive summary:	<p>Equality is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential.</p> <p>Diversity is about recognising and valuing difference in its broadest sense.</p> <p>This strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same. It aims to reduce inequalities in our services, including those linked to circumstance and deprivation and those linked to the Equality Act protected characteristics.</p> <p>The Trust is committed to being responsive and supporting the needs of the diverse population it serves, as reflected in the Trust's values. Equality and Diversity is central to all we do as a provider of services, as an employer and as part of the public sector.</p> <p>People who use the Trust's services are all different - in terms of social circumstances, wealth, housing, employment, where they live, their age, gender, sexual orientation, ethnicity, religion, culture, physical and mental abilities and appearance. Any or all of these factors might affect a person's ability to access public services, including health services.</p> <p>The Trust aims to ensure that services are designed and delivered, as</p>

	<p>far as possible, to respect and value difference and that services can adapt to meet the needs of individual service users and their carers.</p> <p>Equality of opportunity in employment and developing a workforce that reflects local communities will further enhance the quality of the services we provide.</p> <p>This strategy will be delivered through our Executive Management team, with the Director of Nursing and Quality as the lead director accountable for delivery, supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related equality matters</p> <p>Risk appetite</p> <p>Key risks identified will be escalated to the organisational risk register as applicable and will be mitigated in line with our risk appetite and risk management strategy. This will be done through detailed action planning to underpin implementation activity.</p>
Recommendation:	Trust Board is asked to APPROVE the Equality Strategy.
Private session:	Not applicable.,

Equality Strategy 2017 - 2020



V4 July 2017

Contents

1. Introduction	Page 3
1.1. Our mission and values	
1.2. Purpose and scope	
2. Context	Page 3
2.1. Fit with Organisational Development and related strategies	
2.2. Local context	
2.3. National context	
2.4. Legal and regulatory requirements	
3. Equality Impact Assessments	page 6
4. Equality and Inclusion Forum	Page 7
5. Equality strategy objectives	Page 8
5.1. promote a fair organisation with better health outcomes for all	
5.2. promote person centred care and equal access to pathways of care	
5.3. develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels	
5.4. continue to improve equality of opportunity for staff	
6. Delivery and outcome measures	Page 12
7. Risks	Page 12
8. Resourcing, staffing and technology related issues	Page 13
9. Member involvement – staff and public	Page 13
10. Stakeholder considerations	Page 13
11. Next steps and governance arrangements	Page 14
12. Evaluation and review	Page 14
13. Quality and equality impact assessments	Page 14
14. Appendices	Page 15
14.1. SWOT analysis	
14.2. Equality impact assessment	

1. Introduction

1.1. Our mission and values

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

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

In 2017/18, our strategic objectives are to:

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

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

As a foundation trust we are accountable to our members – local people who have joined our organisation because they take an interest in what we do and are involved in service development. Our staff are also members, with the same ownership and influence. This strategy will ensure the Trust values difference, is a champion of diversity and is accountable to individuals and communities in meeting local needs.

1.2. Purpose and scope

Our **strategic aims for equality** are to:

- promote a fair organisation with better health outcomes for all
- promote person centred care and equal access to pathways of care
- develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels
- continue to improve equality of opportunity for staff and our volunteers.

2. Context

2.1. Fit with related strategies

Our **organisational development (OD) strategy** contains the essential enablers to a successful organisation (structure, strategy, systems, shared values, skills, staff and style). Equality is an essential underpinning component across the 7 strands.

Our **workforce strategy** sets out a strategic approach to leadership, management and development to ensure the Trust is well led and has the right people to achieve the strategic direction, deliver the mission and demonstrate the values.

Our **communication, engagement and involvement strategy** sets out the framework to ensure service users, carers, staff, stakeholders and local communities have a say in how services are planned and delivered and can have access to relevant information in a timely manner through a variety of methods.

Equality, diversity and health inequalities work complements communications and engagement activity but takes a distinct approach with the aim of identifying, understanding and reducing inequalities which affect our service users, communities and workforce.

Our [digital strategy](#) is an essential enabler to effective communication, engagement and involvement and aims to help reduce inequalities.

Our [membership strategy and volunteering policy](#) set out ways for people to be involved in the organisation and influence how services are developed and delivered.

Our [customer services policy](#) supports seeking the views of people who use our services and their carers and responding appropriately to feedback, including when things go wrong.

2.2. Local context

[Equality](#) is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential.

[Diversity](#) is about recognising and valuing difference in its broadest sense.

This strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same. It aims to reduce inequalities in our services, including those linked to deprivation and those linked to the Equality Act protected characteristics.

The Trust is committed to being responsive and supporting the needs of the diverse population it serves, reflected in the Trust's values. Equality and Diversity is not an 'add on', it is central to all we do as a provider of services, as an employer and also as part of the public sector.

People who use the Trust's services are all different - in terms of social circumstances, wealth, housing, employment, where they live, their age, gender, sexual orientation, ethnicity, religion, culture, physical and mental abilities and appearance. Any or all of these factors might affect a person's ability to access public services, including health services.

The Trust aims to ensure that services are designed and delivered, as far as possible, to respect and value difference and that services can adapt to meet the needs of individual service users and their carers. The Trust has achieved accreditation against the Customer Services Excellence standard and is working towards accreditation against the Investors in Carers standard.

Equality of opportunity in employment and developing a workforce that reflects local communities will further enhance the quality of the services we provide.

This strategy provides an overarching framework to support an equality competent organisation with a well-led culture that prioritises equality. It takes account of legislation to ensure the Trust meets its equality duties and delivers improvements that will benefit everyone, sustaining an environment where everyone feels respected and valued.

The following has been considered in the development of this strategy:

- The [Care Quality Commission \(CQC\)](#) found that the Trust's work on equality and diversity required further embedding across the organisation.
- [NHS Employers](#) regularly publishes guidance on equality matters to raise awareness of good diversity practice and outcomes focussed improvement in managing equality.
- Our most recent [staff wellbeing survey](#) results (2017) included the following results:

- 114 staff stated they were disabled as per the Equality Act definition. They indicated lower levels of workplace well-being and rated 'red' for perceived commitment from the organisation to the employee.
- The following staff groups showed positive results, with well-being rated better than Trust average –
 - Asian, Asian British/ Indian
 - Asian, Asian British / Pakistani
 - Black, Black British / African
- The following staff groups showed negative results for well-being:
 - White Irish
 - White and other backgrounds
 - Black, Black British / Caribbean
- 44 staff did not wish to disclose their ethnic origin and showed the majority of scales as a red risk.
- We regularly receive [service user and carer views](#), such as via our customer services team or the Friends and Family Test (FFT). We collect and monitor equality data relating to this feedback. We ensure any learning from compliments relating to positive cultural sensitivity.
- The Trust's newly established [Black, Asian and Minority Ethnic \(BAME\) staff Network](#) has inputted to the development of this strategy.

2.3. Legal and regulatory requirements

This strategy supports us in living our values and maintaining positive practices. It will also help us deliver against our statutory duties set out in the Equality Act 2010, including the Public Sector Equality Duty.

The Equality Act is subject to frequent amendment to ensure it reflects changes in society and promotes civil rights and equality. This has included the Race Relations Acts in the 1960s, steps towards equality for women in the Equal Pay and Sex Discrimination Acts in the 1970s, strengthening the rights of disabled people in the 1990s, to the introduction of civil partnerships in 2004. More recent amendments recognise gender identity and make associated provision for transgender and other persons.

The law helps society to make progress on equality. The Equality Act is the most significant piece of equality legislation and simplifies the law making it easier to understand. It also strengthens the law in important ways, tackling discrimination and inequality and making it easier for employers to understand their responsibilities. This streamlined approach brings together complex legislation and describes an approach which covers the groups offered protection from unfavourable treatment. These [protected characteristics](#) are:

- Disabled people
- Men and women (gender)
- People from different ethnicities and cultures and with different appearance
- People of different ages
- Straight, gay and lesbian people
- People from different religions or people who do not have a religion
- Women who are pregnant or who have a new baby

- People who are married or who have a civil partner
- Transgender people
- People who are carers (In keeping with the type of services we offer, the Trust includes this additional characteristic – which is given the same importance as the other 9 characteristics).

The Public Sector Equality Duty states that public authorities must consider how they ensure people have equal access to services. The Trust must:

- Remove or minimise discrimination in different groups
- Take steps to meet the needs of people from different groups by using creative approaches and the principles of co-production
- Encourage people from different groups to have a say and influence the way services are planned and delivered
- Make sure people from different groups can participate by removing unnecessary barriers
- Tackle prejudice and promote understanding.

This means the Trust must consider the needs of all individuals in its day to day work, for example in shaping policies or how services are delivered. The Trust must ensure that everyone, no matter what their background or personal circumstances is treated with dignity and respect. This strategy provides a framework to ensure that this consideration takes place.

Equality Delivery System 2 (EDS2)

The Equality Delivery System (EDS2) was designed by the Department of Health, and reviewed by NHS England, to help the NHS measure equality performance. It helps organisations evaluate practices and procedures and understand how driving equality improvements can strengthen accountability to service users and the public. EDS2 helps the Trust to ensure it meets the Public Sector Equality Duty and includes 18 outcomes grouped into 4 goals.

2 of the goals are about services:

- Better health outcomes for all
- Improved patient access and experience

And 2 are about NHS staff:

- Empowered, engaged and included staff
- Inclusive leadership.

The Trust's strategic aims for Equality are linked to these goals. The Trust Board approach is to assess Trust performance via assessment of 4 outcomes from the 18 covered by EDS2, reflecting the incremental nature of the journey to improved performance. Priorities are agreed by the Equality and Inclusion Forum, with EDS2 goals to be included in director objectives.

3. Equality Impact Assessments

The Trust uses Equality Impact Assessments (EIAs) to find out whether proposed changes to services or policy will have an adverse impact on particular groups of people. EIAs are

required for all services, are valid for three years and are subject to annual review to ensure ongoing validity, with action plans required to address any issues identified.

Training and support is offered to staff to increase awareness and knowledge of the importance and benefit of robust evidence-based equality information and assessment to ensure that services are person centred.

A guide to EIAs is also available to support teams to think about the likely impact of their work on different communities and groups and to see life through their 'lens'. The guide supports teams to anticipate the consequences of service decisions and changes and to ensure negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

4. Equality and Inclusion Forum

The Equality and Inclusion Forum was set up by Trust Board in 2015 and is a non-executive committee of the Board. The Forum's prime purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion in everything it does, through promoting the values of inclusivity and treating people with respect and dignity. The Forum will oversee this strategy, including the approach to positive action, to improve access, experience and outcomes for people from all backgrounds and communities, including people who work and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities. Forum membership includes the staff side representative with the lead for equality and diversity and a representative from the Members' Council.

Duties of the Equality and Inclusion Forum

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a co-ordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members Council.
- To ensure that the Trust embeds diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2 and the Workforce Race Equality Standard.
- To provide updates to Trust Board following each meeting.

The Forum meets regularly and at least four times a year. The Black, Asian and Minority Ethnic (BAME) staff network links to the Forum via the Director of Human Resources. The Forum provides assurance on its work through the Chair of the Forum reporting into Trust Board.

5. Equality objectives

5.1 Promote a fair organisation – better health outcomes for all

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Accurate data about the people accessing Trust services is limited • Limited understanding of the perception of Trust services among minority communities • The Trust uses EIAs to assess the impact of Trust decisions on different groups. Review of EIAs and delivery of action plans is inconsistent. • An EIA ‘quick guide’ is available to support staff in undertaking EIA. Specialist advice is also available. • The Trust has implemented the Accessible Information Standard (AIS) and has processes in place to respond to identified need. • The Trust reviews satisfaction with services through analysis of feedback through customer services and patient experience processes • Analytical tools are not well used at service line. • We adopt a person centred approach to complaint handling • We work with partners to engage with local communities, including hard to reach groups • We have commenced work to refresh our commitment to carers • Workforce Strategy sets out a framework for equitable recruitment, training and development, career progression and staff wellbeing • Newly established BAME staff network in place and plans for a disability staff network being developed. 	<ul style="list-style-type: none"> • Ensure accurate data is collected via clinical systems • Use intelligence from engagement activity to inform plans to better connect to specific groups • Undertake targeted engagement with diverse / excluded groups to promote better understanding and joint working • Ensure Accessible Information Standard embedded and part of routine assessment activity. • Better collection and use of equality monitoring data and feedback • Identify benchmarking data • Promote positive stories and good practice (internally and externally) • Lead on and promote equality issues with partners • Maximise connection to newly established locality equality panels • Progress work to benchmark against the NHSE carers toolkit and work towards Investors in Carers accreditation • Ensure alignment with CEI strategy and membership strategy • Ensure connection to Creative minds, Spirit in mind and volunteering opportunities • Explore focussed Insight (educational) sessions for community groups / those identifying with protected characteristics • Ensure links to workforce strategy and staff networks. 	<ul style="list-style-type: none"> • We understand who uses our services and their experience • We target any gaps to ensure people understand our services and feel confident to access them. • Our engagement activity extends to all elements of our communities and we can demonstrate this has influenced our decision making and that we are responsive to specific needs. • People’s communication needs are routinely identified • People are provided with information in a way they can access and understand • People understand Trust services and have opportunities to contribute and influence • An improved offer to carers and accreditation against the Carers Charter • Staff are respected and valued for their individual contribution • Co-production of culturally and diversity appropriate courses in our recovery colleges • We can demonstrate our learning from best practice from within and outside the NHS. • Workforce strategy action plan delivered with evidence of progress.

5.2 Promote person centred care and equal access to pathways of care

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Our values put the person first and centre • We have involved service users and carers in our service change programmes • We use the Department of Health Equality Delivery System (EDS2) to measure equality performance and to strengthen our accountability to individuals and the public • We work in partnership with the local health economy to assess performance against the EDS2 public facing goals • We know people want better communication from / with us • We know people want more information about self-referral options • We use Equality Impact Assessments (EIAs) to understand how our services or proposed changes impact on particular groups of people • We know that certain groups access our services later than others • We monitor complaints about access to care and satisfaction with care • We collect and analyse feedback from people who use our services and try to respond in a person centred way 	<ul style="list-style-type: none"> • Extend engagement opportunities aligning efforts to the Communications, Engagement and Involvement strategy • Evidence the extent of engagement to demonstrate connections to communities • Improve collection of equality data • Deliver on EDS2 actions and ensure continued evidence collection against the EDS2 goals • Ensure links to partner programme to reduce barriers to equal access to services and transfers between services • Maximise connection to newly established community equality panels • Respond to service user feedback • Ensure an EIA is in place for all services and that EIAs are subject to annual review • Ensure EIA action plans are delivered – monitored through BDU governance processes • Continue targeted activity with referrers and with local communities to promote early access to services • Monitor feedback, complaints and incidents where discrimination is a factor and ensure appropriate and timely action. • Learn from any insight gathered from surveys • Ensure diverse stakeholders are involved in our plans and regular connection to local scrutiny regarding service development 	<ul style="list-style-type: none"> • We better understand the needs of local communities and address needs. • We have continuous / iterative processes to receive and respond to feedback. • We provide clear information about services and how to access them and make this available in a variety of formats suitable for a range of audiences. • We can demonstrate improved collection and use of equality data • We can demonstrate increased access to services by ‘seldom heard’ groups. • We can demonstrate that health outcomes for people from protected characteristics are positively impacted by contact with our services. • We can demonstrate improved joint working with referrers with better access to services, signposting to other services and appropriate support on discharge. • The number of complaints about access to services is reduced.

5.3 Develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • There is commitment at Board level to sustaining an equality competent organisation. • There is an established Equality and Inclusion Forum (EIF), which is non-executive director led and ensures actions placed within the organisation • The EIF has overseen work to ensure implementation of the Accessible Information Standard • The EIF has overseen the self-assessment of Trust performance against the Equality Delivery System (EDS2) • The EIF monitors completion, review and action planning in respect of Equality Impact Assessments for services, service changes and policy. • The EIF has supported the Insight programme for non-executive director recruitment. • The Executive Management Team reviews staff survey results and delivery on wellbeing action plans. • There is a newly established BAME staff network in place with plans for a staff disability network being developed. • There are links to regional and locality networks to share knowledge and skills and benchmark performance. 	<ul style="list-style-type: none"> • Trust Board to model and promote equality and a culture of leadership 'from every seat'. • Clearly communicate the Trust's approach to equality to our members (including staff) and stakeholders. • Develop clear and measurable plans to deliver on equality objectives. • Record and analyse our performance on equality matters. • Develop awareness raising campaigns to promote increased understanding of protected characteristics and cultural identities. • Revisit EIF objectives and work plan to ensure alignment with strategic direction. • Ensure the EIF drives improvements in delivering the equality agenda. • Ensure compliance with legislation and with national and local approaches • Respond appropriately to forthcoming Workforce Disability Equality Standards (DES). • Keep Trust Board and Members Council profile under review to ensure balanced and representative leadership. • Explore the concept of 'Equality Champions'. • Progress Shadow Board and Inspiring Leaders programmes to support equality of opportunity in development and career progression. 	<ul style="list-style-type: none"> • We can clearly articulate our equality competency and plans for improvement. • Equality competency is owned by all. • Our EIF has representation from staff side and our Members' Council. • We can evidence that people's involvement in our services makes a difference, in particular our actions in response to feedback from specific groups. • There are planned approaches to raise the profile of equality matters. • We publicise good practice internally and with stakeholders. • Feedback on equality matters is positive. • Our benchmarking performance is positive • Our staff development programmes evaluate well (Learning & Development / Organisational Development) • Our staff networks deliver measurable benefits. • A positive response to DES • Participation in partner programmes of work to progress the agenda.

5.4 Continue to improve equality of opportunity for staff and our volunteers

Where are we now?	What do we need to do?	What does success look like?
<ul style="list-style-type: none"> • Workforce Strategy sets out a framework for equitable recruitment, training and development, career progression and staff wellbeing • Newly established BAME staff network and plans for a disability staff network • OD strategy sets out a framework to support staff skills and competences • OD programmes piloted including shadow board • Staff survey results showed reported improvements for staff from BAME backgrounds • Positive staff side relationships • Staff side representation on EIF • Training offer to staff on Equality and Diversity evaluates well • We have Freedom to Speak Up guardians (our staff representatives on the Members' Council) • Pilot of 'human library' evaluated well • Action plans in place for WRES and other workforce equality monitoring 	<ul style="list-style-type: none"> • Deliver on workforce strategy objectives regarding workforce development, leadership and management development and wellbeing and engagement, in particular to: <ul style="list-style-type: none"> • Develop a diverse workforce which reflects the population served • Ensure we have representative and inclusive leadership • Targeted activity to promote the Trust as an employer • Work with universities to ensure intakes reflect local populations • Link to faith based groups and places of worship to better understand communities. • Respond positively to staff wellbeing and survey results and ensure appropriate actions delivered • Promote the employment of people with a disability and establish a disability staff network • Ensure access to training is fair and equitable and that all training and development is evaluated • Continually review and evaluate the E&D training offer to ensure fit for purpose in addressing conscious and unconscious bias (continued use of case studies) • Support staff to be confident to challenge unacceptable behaviours • Roll out pilots of Shadow Board and Inspiring Leaders programmes • Awareness raising campaigns to raise awareness of intersectionality (difference) 	<ul style="list-style-type: none"> • There is leadership from every seat in respect of equality matters – our workforce is 'aware and fair'. • There is an expectation that staff are skilled at making people feel valued and harnessing their potential. • There is evidence of delivery of WRES workforce action plan monitored through EIF. • We can evidence a safe and positive working environment for staff and the elimination of any form of discrimination. • Staff are empowered to challenge discrimination / inappropriate behaviour • Our staff survey and wellbeing survey results improve • Our staff networks demonstrate added value and influence improvements in the equality agenda • Other staff networks are considered e.g. LGBT • Our workforce profile better represents our communities • There is a reduction in the incidences of bullying and harassment reported by staff • There is a reduction in the number of disciplinaries / grievances involving BME staff • We will evidence work with local communities to promote the Trust and the NHS as an employer • People experience a genuine partnership when using our services • Good practice is shared • Organisational change is managed in partnership with staff and staff side

	<ul style="list-style-type: none"> • Review BAME network workplan. • Review equality aspects of Freedom to Speak Up • Encourage staff to disclose equality data about themselves • Share information to improve staff understanding of our communities and engagement with people who have protected characteristics 	
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6. Delivery and outcome measures

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

- All services will have an [Equality Impact Assessment \(EIA\)](#) with annual review and [delivery of actions](#) monitored through BDU governance arrangements. All [change programmes will be co-produced where appropriate](#) and include equality considerations informed by EIA.
- We will improve [data capture and accuracy of recording](#) in respect of protected characteristics.
- Services will evidence equality considerations in support of [Equality Delivery System \(EDS2\)](#) to demonstrate how driving equality improvements [can strengthen accountability to service users and the public](#).
- We will monitor any [complaints and reported incident](#) about [access to services](#) where [discrimination](#) was a factor
- An [increase in positive stakeholder perceptions](#) via Friends and Family Test and feedback via Customer Services and dedicated surveys.
- Our staff wellbeing survey results see [improvements in feedback regarding equality of opportunity in training, support and career progression](#).
- NHS staff survey feedback will report [increased staff satisfaction](#) with equality of opportunity.

7. Risks

Key risks identified in the delivery of this strategy include:

- A lack of collective commitment internally to ensuring equality considerations underpin all we do in line with our values
- A lack of personal responsibility, in line with the requirements of our roles, for individually embracing difference and contributing to an environment where everyone feels respected and valued.
- Insufficient resources in terms of capacity to deliver robust Equality Impact Assessments and ensure they are subject to frequent review.
- A lack of action in response to areas identified by Equality Impact Assessments.
- Financial pressures and challenging cost savings required in future years
- Failure to effectively involve people as services change and are redesigned.

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

8. Resourcing, staffing and technology related issues

Equality considerations need to underpin our work right across the organisation. Equality and Engagement Development Managers will work with Business Delivery Units (BDUs) and support functions in delivering this strategy collaboratively. In particular, this includes the following functions:

- Equality and Engagement specialist workers
- Marketing, communication and engagement
- Customer services
- Human resources and organisational development
- Nursing and quality
- Teams and services

We will make use of our Trust platforms to promote equality matters, promote recovery, challenge stigma, enable social inclusion and promote an inclusive and fair working environment for staff.

9. Member involvement – staff and public

We are committed to ensuring our members play a full part in owning and governing our Foundation Trust.

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

- Ensure our membership is representative of the communities we serve.
- Involve members in staff recruitment and induction
- Involve members in service change proposals and planning, as well as projects such as our work to evidence our commitment to carers
- Target specific groups to increase active involvement and engagement
- Invite members to information sharing and education events to increase understanding of our services, for example our Insight programme and medicines management sessions, in addition to our Annual Members' Meeting
- Encourage volunteering and offer a range of opportunities across our services.
- Monitor the make-up of our volunteers and undertake targeted promotion of volunteering opportunities
- Survey members to seek their views on equality matters
- Share information via our website and printed material about the Trust's work to ensure services are fair and equitable.

10. Stakeholder considerations

It will be essential that we work in partnership with others when implementing this strategy. The Trust is connected to a range of place based initiatives and regional developments and must ensure that equality considerations are factored into collaborative working.

We will update our stakeholders on our progress on equality matters.

11. Next steps and governance arrangements

This strategy is subject to Trust Board approval with delivery through the Trust's Executive Management Team. The Director of Nursing and Quality, as lead director, will be accountable for delivery of this strategy, supported by the Director of Human Resources, Organisational Development and Estates in respect of workforce related matters, with support also from BDU directors.

Implementation of the strategy will see involvement from teams across the organisation, in both Business Delivery Units and in support service functions.

Delivery will be monitored by the Trust's Equality and Inclusion Forum, which will agree priorities and goals with clear measurable targets to evidence progress against this agenda.

12. Evaluation and review

This strategy will be evaluated and updated in 2020. Progress will be monitored via the Equality and Inclusion Forum and via an annual report to Trust Board, with a public facing summary report to demonstrate the Trust's commitment to equitable services.

13. Quality and equality impact assessment

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

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

An equality impact assessment has been undertaken, and can be found in Appendix 14.2.

14. Appendices

14.1. Appendix 1 – SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Commitment at Board level to equality agenda and Board level accountability • Equality viewed as mainstream business and not a compliance issue • Strong working relationships with partner organisations • Commitment to staff training and awareness raising • Specialist guidance aligned to BDUs • Good knowledge of local communities • Connections to groups representing people with protected characteristics • Improved staff wellbeing survey results • Strong partnership working with staff side • Growing number of volunteers • Reputation for being a values-based organisation • Alternative capacity models e.g. Creative Minds and Recovery College promote inclusivity • Commitment to being a good corporate citizen 	<ul style="list-style-type: none"> • A lack of collective commitment to ensuring equality considerations underpin all we do in line with our values • A lack of personal responsibility for embracing difference • Gaps in capabilities • Insufficient resources in terms of capacity to deliver robust Equality Impact Assessments and ensure they are subject to frequent review. • Limited action in response to areas identified by Equality Impact Assessments. • Limited recording of equality data • Staff reluctance to challenge discriminatory behaviour • Financial pressures and challenging cost savings required in future years • Limited involvement of people as services change and are redesigned. • Risk to reputation if not seen to be proactive with this agenda
Opportunities	Threats
<ul style="list-style-type: none"> • Enhance service pathways and access to services • Co-produce services responsive to local need • Support development of new and alternative offers specific to particular groups • Development of information and research • Build social capital • Changing external landscape • Sharing good practice to improve reputation • Using leadership and management development activity to support implementation of this strategy • Positive impact on staff – representative of local communities, 	<ul style="list-style-type: none"> • Statutory duties not met • Non-compliance could be subject to legal challenges, which could be costly to the organisation • Organisation is out of step with broader political agenda • Sustaining internal capabilities • Workloads and limits on resource • Increasing pressures on our services • Changing external landscape • Ability to attract the right staff

14.2. Appendix 2 – Equality impact assessment

Date of assessment: 01 06 2017

	Equality Impact Assessment Questions:	Evidence based answers & actions:
1	Name of the document that you are Equality Impact Assessing	Equality strategy
2	Describe the overall aim of your document and context? Who will benefit from this policy/procedure/strategy?	The aim of this strategy is to support an equality competent organisation, with person centred care that is equally accessible and with equality of opportunity for our staff. Service users, carers, members, staff and other stakeholders will benefit from this strategy. We will specifically work with people with protected characteristics and associated organisations to ensure identified benefits are delivered.
3	Who is the overall lead for this assessment?	<ul style="list-style-type: none"> • Director of Corporate Development • Director of Nursing and Quality • Director of HR, OD and Estates
4	Who else was involved in conducting this assessment?	<ul style="list-style-type: none"> • Deputy director – corporate development • HR business partner • Equality and engagement development managers
5	Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy? What did you find out and how have you used this information?	<ul style="list-style-type: none"> • Service users were involved in the original development of this strategy • Service user / carer views have been gathered through local engagement and through evaluation of EDS2 self-assessment • Service user views have been gathered through FFT and customer services • Staff side - consulted as part of strategy development • BAME staff network – consulted as part of strategy development • Staff views have been gathered through wellbeing survey and NHS staff survey • Service user / carer / member views - gathered through service change engagement and through equality processes <p>The feedback has been used to inform the strategy – to ensure action plans address key issues, there is equal opportunity to participate in decision making and service planning and that access to services is non-discriminatory.</p>
6	What equality data have you used to inform this equality impact assessment?	Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage and civil partnership from census data. We also have access to JSNAs and public health profiles for our localities. The makeup of our Trust membership and volunteers through individual self-declaration.

		<p>Staffing profile: As per workforce annual report 2016</p> <ul style="list-style-type: none"> staff in post by age: <table border="1" data-bbox="783 315 1406 584"> <thead> <tr> <th>BDU</th> <th>19 and Under</th> <th>20 - 29</th> <th>30 - 39</th> <th>40 - 49</th> <th>50 - 59</th> <th>60 - 69</th> <th>70+</th> <th>Total 2016</th> <th>Total 2015</th> </tr> </thead> <tbody> <tr> <td>Barnsley</td> <td>1 (0.1%)</td> <td>138 (8.8%)</td> <td>322 (23.2%)</td> <td>376 (27.1%)</td> <td>428 (30.9%)</td> <td>115 (8.3%)</td> <td>10 (0.7%)</td> <td>1388</td> <td>1627</td> </tr> <tr> <td>CAK District</td> <td>0 (0.0%)</td> <td>89 (10.4%)</td> <td>197 (23.0%)</td> <td>241 (28.1%)</td> <td>256 (29.8%)</td> <td>72 (8.4%)</td> <td>3 (0.3%)</td> <td>858</td> <td>845</td> </tr> <tr> <td>Forensic</td> <td>5 (1.3%)</td> <td>81 (20.5%)</td> <td>96 (24.2%)</td> <td>100 (25.3%)</td> <td>98 (24.7%)</td> <td>14 (3.5%)</td> <td>2 (0.5%)</td> <td>396</td> <td>373</td> </tr> <tr> <td>Wakefield</td> <td>0</td> <td>50 (11.6%)</td> <td>93 (21.6%)</td> <td>106 (24.6%)</td> <td>134 (31.1%)</td> <td>46 (10.7%)</td> <td>2 (0.5%)</td> <td>431</td> <td>471</td> </tr> <tr> <td>Specialist</td> <td>-</td> <td>47 (11.2%)</td> <td>100 (23.8%)</td> <td>133 (31.6%)</td> <td>122 (29.0%)</td> <td>17 (4.0%)</td> <td>2 (0.5%)</td> <td>421</td> <td>425</td> </tr> <tr> <td>Support Services</td> <td>4 (0.5%)</td> <td>67 (8.6%)</td> <td>129 (16.5%)</td> <td>211 (26.9%)</td> <td>289 (36.9%)</td> <td>76 (9.7%)</td> <td>7 (0.9%)</td> <td>783</td> <td>765</td> </tr> <tr> <td>Sub Total</td> <td>10 (0.2%)</td> <td>470 (11.0%)</td> <td>937 (21.9%)</td> <td>1167 (27.3%)</td> <td>1327 (31.0%)</td> <td>340 (7.9%)</td> <td>26 (0.6%)</td> <td>4277</td> <td>4506</td> </tr> <tr> <td>Medical Staff</td> <td>-</td> <td>7 (4.2%)</td> <td>34 (20.2%)</td> <td>72 (42.9%)</td> <td>47 (28.0%)</td> <td>7 (4.2%)</td> <td>1 (0.6%)</td> <td>168</td> <td>168</td> </tr> <tr> <td>Total 2016</td> <td>7 (0.2%)</td> <td>477 (10.7%)</td> <td>971 (23.8%)</td> <td>1239 (27.9%)</td> <td>1374 (30.5%)</td> <td>347 (7.8%)</td> <td>27 (0.6%)</td> <td>4445</td> <td>-</td> </tr> <tr> <td>Total 2015</td> <td>7 (0.1%)</td> <td>496 (10.6%)</td> <td>1004 (21.5%)</td> <td>1345 (28.8%)</td> <td>1440 (30.9%)</td> <td>358 (7.7%)</td> <td>24 (0.5%)</td> <td>-</td> <td>4674</td> </tr> </tbody> </table> <ul style="list-style-type: none"> 5.8% of staff describes themselves as having a disability The gender split is 76.8% female and 23.2% male 46.6% of staff chose not to disclose their religion. 73% of staff are heterosexual; sexual orientation not known for 24%. 57% are married; 8.3% divorced or separated. <p>Ethnicity:</p> <table border="1" data-bbox="783 958 1393 1285"> <thead> <tr> <th>BDU</th> <th>Asian</th> <th>Black</th> <th>Chinese Other</th> <th>Mixed</th> <th>White</th> <th>Unknown</th> <th>BDU Total</th> </tr> </thead> <tbody> <tr> <td>Barnsley</td> <td>11 (0.8%)</td> <td>11 (0.8%)</td> <td>8 (0.6%)</td> <td>5 (0.4%)</td> <td>1347 (97.0%)</td> <td>6 (0.4%)</td> <td>1388</td> </tr> <tr> <td>C&K</td> <td>35 (4.1%)</td> <td>39 (4.5%)</td> <td>8 (0.9%)</td> <td>16 (1.9%)</td> <td>757 (86.2%)</td> <td>3 (0.3%)</td> <td>858</td> </tr> <tr> <td>Forensic</td> <td>10 (2.5%)</td> <td>23 (5.8%)</td> <td>5 (1.3%)</td> <td>5 (1.3%)</td> <td>352 (88.9%)</td> <td>1 (0.3%)</td> <td>396</td> </tr> <tr> <td>Wakefield</td> <td>6 (48.2%)</td> <td>4 (0.0%)</td> <td>1 (10.1%)</td> <td>6 (2.4%)</td> <td>412 (38.7%)</td> <td>2 (0.6%)</td> <td>431</td> </tr> <tr> <td>Specialist</td> <td>19 (4.5%)</td> <td>6 (1.4%)</td> <td>2 (0.5%)</td> <td>3 (0.7%)</td> <td>389 (92.4%)</td> <td>2 (0.5%)</td> <td>421</td> </tr> <tr> <td>Support Services</td> <td>12 (1.5%)</td> <td>10 (1.3%)</td> <td>6 (0.8%)</td> <td>3 (0.4%)</td> <td>749 (95.7%)</td> <td>3 (0.4%)</td> <td>783</td> </tr> <tr> <td>Sub Total</td> <td>93 (2.1%)</td> <td>93 (2.1%)</td> <td>30 (0.7%)</td> <td>38 (0.9%)</td> <td>4006 (93.7%)</td> <td>17 (0.40%)</td> <td>4277</td> </tr> <tr> <td>Medical Staff</td> <td>81 (48.2%)</td> <td>-</td> <td>17 (10.1%)</td> <td>4 (2.4%)</td> <td>65 (38.7%)</td> <td>1 (0.6%)</td> <td>168</td> </tr> <tr> <td>Total 2016</td> <td>174 (3.9%)</td> <td>93 (2.1%)</td> <td>47 (1.1%)</td> <td>42 (0.9%)</td> <td>4071 (91.6%)</td> <td>18 (0.4%)</td> <td>4445</td> </tr> </tbody> </table>	BDU	19 and Under	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70+	Total 2016	Total 2015	Barnsley	1 (0.1%)	138 (8.8%)	322 (23.2%)	376 (27.1%)	428 (30.9%)	115 (8.3%)	10 (0.7%)	1388	1627	CAK District	0 (0.0%)	89 (10.4%)	197 (23.0%)	241 (28.1%)	256 (29.8%)	72 (8.4%)	3 (0.3%)	858	845	Forensic	5 (1.3%)	81 (20.5%)	96 (24.2%)	100 (25.3%)	98 (24.7%)	14 (3.5%)	2 (0.5%)	396	373	Wakefield	0	50 (11.6%)	93 (21.6%)	106 (24.6%)	134 (31.1%)	46 (10.7%)	2 (0.5%)	431	471	Specialist	-	47 (11.2%)	100 (23.8%)	133 (31.6%)	122 (29.0%)	17 (4.0%)	2 (0.5%)	421	425	Support Services	4 (0.5%)	67 (8.6%)	129 (16.5%)	211 (26.9%)	289 (36.9%)	76 (9.7%)	7 (0.9%)	783	765	Sub Total	10 (0.2%)	470 (11.0%)	937 (21.9%)	1167 (27.3%)	1327 (31.0%)	340 (7.9%)	26 (0.6%)	4277	4506	Medical Staff	-	7 (4.2%)	34 (20.2%)	72 (42.9%)	47 (28.0%)	7 (4.2%)	1 (0.6%)	168	168	Total 2016	7 (0.2%)	477 (10.7%)	971 (23.8%)	1239 (27.9%)	1374 (30.5%)	347 (7.8%)	27 (0.6%)	4445	-	Total 2015	7 (0.1%)	496 (10.6%)	1004 (21.5%)	1345 (28.8%)	1440 (30.9%)	358 (7.7%)	24 (0.5%)	-	4674	BDU	Asian	Black	Chinese Other	Mixed	White	Unknown	BDU Total	Barnsley	11 (0.8%)	11 (0.8%)	8 (0.6%)	5 (0.4%)	1347 (97.0%)	6 (0.4%)	1388	C&K	35 (4.1%)	39 (4.5%)	8 (0.9%)	16 (1.9%)	757 (86.2%)	3 (0.3%)	858	Forensic	10 (2.5%)	23 (5.8%)	5 (1.3%)	5 (1.3%)	352 (88.9%)	1 (0.3%)	396	Wakefield	6 (48.2%)	4 (0.0%)	1 (10.1%)	6 (2.4%)	412 (38.7%)	2 (0.6%)	431	Specialist	19 (4.5%)	6 (1.4%)	2 (0.5%)	3 (0.7%)	389 (92.4%)	2 (0.5%)	421	Support Services	12 (1.5%)	10 (1.3%)	6 (0.8%)	3 (0.4%)	749 (95.7%)	3 (0.4%)	783	Sub Total	93 (2.1%)	93 (2.1%)	30 (0.7%)	38 (0.9%)	4006 (93.7%)	17 (0.40%)	4277	Medical Staff	81 (48.2%)	-	17 (10.1%)	4 (2.4%)	65 (38.7%)	1 (0.6%)	168	Total 2016	174 (3.9%)	93 (2.1%)	47 (1.1%)	42 (0.9%)	4071 (91.6%)	18 (0.4%)	4445
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7	What does this data say?	<p>Our local communities are diverse in many ways, supporting the need to make sure we do not discriminate and ensure fair and equal access to services and offer services that are flexible and responsive to individual need.</p> <p>We need to ensure our staff are offered equality of opportunity in employment and development.</p>																																																																																																																																																																																														
8	Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality group unfavourably:	No	<p>Evidence based answers & actions. Where negative impact has been identified please explain what action you will take to remove or mitigate this impact.</p> <p>The purpose of the strategy is to support an equality competent organisation, with person centred care that is equally accessible and with equality of opportunity for our staff.</p> <p>Targeted action planning will address the needs of specific groups and we will work with communities, including people with protected characteristics, to ensure we meet their needs and preferences.</p>																																																																																																																																																																																													
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9	What monitoring arrangements are		Current governance processes include monitoring of																																																																																										

	you implementing or already have in place to ensure that this policy/procedure/strategy:-	EDS2 indicators and complaint themes. Overview of performance through Equality and Inclusion Forum.
9a	Promotes equality of opportunity for people who share the above protected characteristics;	Action planning will be undertaken to monitor impact and effectiveness
9b	Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;	Staff wellbeing survey, WRES monitoring information, review of complaint themes, and BAME staff equality network.
9c	Promotes good relations between different equality groups;	WRES monitoring information.
9d	Public Sector Equality Duty – “Due Regard”	EDS2 panel processes involving service users and carers. Undertaking EIAs on services, service change and policy and delivering on action plans resulting from same.
10	Have you developed an Action Plan arising from this assessment?	This strategy will be monitored through the delivery of action plans agreed by the Equality and Inclusion Forum.
11	Assessment/Action Plan approved by (Director Lead)	Sign: D Stephenson Date: 30 06 17 Title: Director of Corporate Development
12	<i>Once approved, you <u>must</u> forward a copy of this Assessment/Action Plan to the Equality and Engagement Development Managers:</i> Aboobaker.bhana@swyt.nhs.uk Zahida.mallard@swyt.nhs.uk Please note that the EIA is a public document and will be published on the web. Failing to complete an EIA could expose the Trust to future legal challenge.	

Trust Board 25 July 2017 Agenda item 7.1

Title:	Integrated Performance Report
Paper prepared by:	Director of Finance & Resources and Director of Nursing & Quality
Purpose:	To provide the Board with the Integrated Performance Report (IPR) for June 2017
Mission / values:	All Trust objectives
Any background papers / previously considered by:	Not applicable
Executive summary:	<p>Quality</p> <ul style="list-style-type: none"> • Ten serious incidents reported in June, 3 of which were suicide or apparent suicide. One incident will become subject to external review • Overall fill rates for majority of Trust inpatient areas remain above 90% for registered staff. Trustwide average fill rate of 103%. • Within friends and family tests, 98% recommend community services and 86% mental health services • 31 Child Protection Incidents and 45 Safeguarding Adults Incidents reported in the month <p>NHSI Indicators</p> <ul style="list-style-type: none"> • IAPT proportion of people moving to recovery has improved to 56.4% in June and 50% for quarter 1 <p>Finance</p> <ul style="list-style-type: none"> • Pre STF surplus of £45k in June • Cumulative pre STF surplus of £98k • Out of area beds overspend of £90k in the month (£0.4m cumulatively) was offset by £0.1m pay savings driven by a continued improvement in the agency position (actual spend of £0.5m in month) and other non-pay savings. • Use of resources risk rating of 1 given the improved agency position • CIP delivery of £1.6m is in line with plan. £0.3m has been delivered non-recurrently • Cash balance of £22.0m is significantly below plan due to timing of STF and other receipts, which are due to be resolved in July. <p>Workforce</p> <ul style="list-style-type: none"> • Staffing summit took place at the beginning of June with a range of staff involved and reviewed a range of topics including reducing sickness, effective rostering and recruitment

	<ul style="list-style-type: none"> • Sickness rate remained at 4.9% in June • Mental Capacity Act and Mental Health Act training completion has increased to 78% and 70.5% respectively • Task group focused on reducing sickness has met and action agreed on rapid referrals for MSK and risk • Areas below target on appraisal completion producing a trajectory <p>Transformation</p> <ul style="list-style-type: none"> • Barnsley therapy services review and Barnsley community nursing transformation programmes were all rated a complete last month and have therefore been removed from this report • It is recommended that this section of the report is amalgamated with the priority programmes section of the report from next month onwards
Recommendation:	<p>Trust Board is asked to note the Integrated Performance Report and comment accordingly.</p> <p>It is recommended that the transformation section of the report is amalgamated with the priority programmes section of the report from next month onwards.</p>
Private session:	Not applicable

Integrated Performance Report

Strategic Overview



June 2017

With **all of us** in mind.

Table of Contents

	Page No
Introduction	4
Summary	5 - 6
Quality	7 - 13
National Metrics	14 -15
Locality	16 - 17
Transformation	18 - 19
Priorities	20 - 22
Finance /Contracts	23 - 25
Workforce	26 - 28
Publication Summary	29 - 30
Appendix 1 - Finance Report	31 - 50
Appendix 2 - Workforce Wall	51-53
Glossary	54

Introduction

Please find the Trust's Integrated Performance Report for June 2017. The recent developments on the report now ensure that an owner has been identified for each key metric, and the alignment of the metrics with Trust objectives and CQC domains. This ensures there is appropriate accountability for the delivery of all our performance metrics and helps identify how achievement of our objectives is being measured. The report is now more in line with the vision of having a single report that plots a clear line between our objectives, priorities and activities. The intention is continue to develop the report such that it can showcase the breadth of the organisation and its achievements as well as meeting the requirements of our regulators and providing an early indication of any potential hotspots and how these can be mitigated. An executive summary of performance against key measures is included in the report which identify how well the Trust is performing in achieving its objectives. It is recommended that from the next report onwards the transformation and priority programme sections are combined.

It is recognised that for future development stronger focus on outcomes is required and a clearer approach to monitoring progress against Trust objectives would be beneficial.

The integrated performance strategic overview report is a key tool to provide assurance to the Board that the strategic objectives are being delivered and to direct the Board's attention to significant risks, issues and exceptions and will contribute towards streamlining the number of different reports that the board receives.

The Trust's three strategic objectives are:

- Improving health
- Improving care
- Improving resources

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

- Strategic Summary
- Quality
- National metrics (NHS Improvement, Mental Health Five Year Forward View, NHS Standard Contract National Quality Standards)
- Locality
- Transformation
- Priority Programmes
- Finance
- Contracts
- Workforce

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

Summary Quality National Metrics Locality Transformation Priority Programmes Finance/Contracts Workforce

Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Single Oversight Framework metric		2	2	2	2										2
CQC Quality Regulations (compliance breach)		Green	Green	Green	Green										Green

Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Improve people's health and reduce inequalities															
Total number of children & young people in adult inpatient wards		0	0	1	1										1
% service users followed up within 7 days of discharge		95%	98.3%	97.5%	97.3%										1
% clients in settled accommodation		60%	82.2%	82.5%	82.2%										1
% Learning Disability referrals that have had a completed assessment, care package and commenced service delivery within 18 weeks			Q1 Data avail end of July.												
Out of area beds ₂		<=100 Green 101 -199 Amber >=200 Red	281	348	254										3
IAPT –proportion of people completing treatment and moving to recovery		50%	45.6%	49.4%	56.4%										1

Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Improve the quality and experience of care															
Friends and Family Test - Mental Health		84%	85%	82%	86%										85%
Friends and Family Test - Community		98%	97%	99%	98%										98%
Patient safety incidents involving moderate or severe harm or death			4	7	9										
Safer staff fill rates		90%	110%	111%	103%										100%
Number of records with up-to-date risk assessment (MH)			KPI under development												
IG confidentiality breaches		<=8 Green 9 -10 Amber	9	12											
% people dying in a place of their choosing			KPI under development												

Section	KPI	Target	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Year End Forecast
Improve the use of resources															
CQUIN achievement		£4.2m	£346k	£664k	£842k										£4.2m
Surplus vs Control Total		In line with Plan	£26k	£53k	£95k										£1020k
Agency spend		In line with Plan	£501k	£426k	£500k										£7m
CIP delivery		£1074k	£472k	£1024k	£1643k										£8.3m
Sickness absence		4.5%	4.8%	4.9%	4.9%										4.50%
Mental Health Act training		>=80%	51.2%	56.9%	70.5%										80%
Mental Capacity Act Training		>=80%	64.9%	69.6%	78.0%										80%

NHSI Ratings Key:
1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures

Notes:
2 - Out of area beds - this identifies the number of out of area bed days during the reporting month - the national definition for out of area bed is: is a patient that is admitted to a unit that does not form part of the usual local network of services. This is for Adult Acute and PICU Mental Health Services only. Whilst there has been improvements the number of days used remains above plan.

Lead Director:

- This section has been developed to demonstrate progress being made against Trust objectives using a range of key metrics.
- A number of targets and metrics are currently being developed and some reported quarterly.
- Opportunities for benchmarking are being assessed and will be reported back in due course.
- More detail on areas of underperformance are included in the relevant section of the IPR.

The performance information above shows the performance rating metrics for the new Single Oversight Framework which captures Trust performance against quality, finance, operational metrics, strategy and leadership under one single overall rating. The most significant reasons for the Trust to be rated as 2 were the CQC rating of 'requires improvement' and the level of spend above our agency staff expenditure ceiling. An assessment of the impact of the good CQC rating on our Single Oversight Framework metric has yet to be made. Agency spend is currently below our ceiling.

Areas to Note:**Finance**

- Pre STF surplus of £45k in June
- Cumulative pre STF surplus of £98k
- Out of area beds overspend of £90k in the month (£0.4m cumulatively) was offset by £0.1m pay savings driven by a continued improvement in the agency position (actual spend of £0.5m in month) and other non-pay savings.
- Use of resources risk rating of 1 given the improved agency position
- CIP delivery of £1.6m is in line with plan. £0.3m has been delivered non-recurrently
- Cash balance of £22.0m is significantly below plan due to timing of STF and other receipts, which are due to be resolved in July.

Quality

- Ten serious incidents reported in June, 3 of which were suicide or apparent suicide. One incident will become subject to external review.
- Overall fill rates for majority of Trust inpatient areas remain above 90% for registered staff. Trustwide average fill rate of 103%.
- Within friends and family tests, 98% recommend community services and 86% mental health services.
- 31 Child Protection incidents and 45 safeguarding adults incidents reported in the month.
- The overall fill rates show a reduction from the previous month but remain above threshold

NHSI

- IAPT proportion of people moving to recovery has improved to 56.4% in June and 50% for quarter 1.

Transformation

- The Barnsley therapy services review and Barnsley community nursing transformation programmes were all rated as blue last month (complete) and have therefore been removed from the report this month.
- It is recommended that this section of the report is amalgamated with the priority programmes section of the report from next month onwards.

Workforce

- Staffing summit, led by the Director of Delivery took place at the beginning of June with a range of staff involved and reviewed a range of topics including reducing sickness, effective rostering and recruitment.
- Sickness rate remained at 4.9% in June.
- Areas below target on appraisal completion producing a trajectory for completion.
- Mental Capacity Act and Mental Health Act and training completion has increased to 78% and 70.5% respectively.
- Task group focused on reducing sickness has now met and action agreed on rapid referrals for MSK and stress.

Quality Headlines

Work has been undertaken to identify additional quality metrics, some of these are under development and are likely to be in place by the end of quarter 1. For the new indicators where historic data is available, this has been included. These indicators can be used to measure progress against some of the Trusts quality priorities for 2017-18.

Section	KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Q1 17/18	Year End Forecast Position *	
Infection Prevention	Infection Prevention (MRSA & C.Diff) All Cases	Quality & Experience	Safe	TB	6	0	0	1	2	1	0	0	1	4	
	C Diff avoidable cases	Quality & Experience	Safe	TB	0	0	0	0	0	0	0	0	0	4	
Complaints	% of feedback with staff attitude as an issue	Quality & Experience	Caring	DS	< 20%	14%	7%	18%	12%	20%	14%	24%	19.8%	4	
						23/168	12/162	28/158	23/195	13/63	11/77	19/77	43/217		
Service User Experience	Friends and Family Test - Mental Health	Quality & Experience	Caring	DS	85%	72%	71%	71%	79%	85%	82%	86%	84%	2	
	Friends and Family Test - Community	Quality & Experience	Caring	DS	98%	98%	98%	98%	99%	97%	99%	98%	98%	4	
Quality	Total number of reported incidents	Quality and Experience	Safety Domain	TB	N/A	3509	3405	3293	2946	838	1010	933	2781	N/A	
	Total number of patient safety incidents resulting in severe harm and death	Quality and Experience	Safety Domain	TB	N/A	10	19	19	20	4	7	9	20	N/A	
	Total number of patient safety incidents resulting in moderate or severe harm and death	Quality and Experience	Safety Domain	TB	N/A	73	79	73	84	20	25	32	77	N/A	
	MH Safety thermometer - Medicine Omissions	Quality and Experience	Safety Domain	TB	17.7%	16.80%	17.70%	Data not avail		15.80%	13%	25.70%	N/A	3	
	Safer staff fill rates	Quality and Experience	Safety Domain	TB	90%					110%	111%	103%	108%	4	
	Safer Staffing % Fill Rate Registered Nurses	Quality and Experience	Safety Domain	TB	80%					109.7%	109.7%	100%	107%	4	
	Number of pressure ulcers (attributable) ¹	Quality and Experience	Safety Domain	TB	N/A	98	95	78	86	27	25	30	82	N/A	
	Number of pressure ulcers (avoidable) ²	Quality and Experience	Safety Domain	TB	0	1	4	3	2	0	1	1	2	3	
	Complaints closed within 40 days	Quality and Experience	Responsive	DS	80%				28%	10%	24%	0%	12.7%	1	
									11/39	2/20	6/25	0/18	8/63		
	Referral to treatment times	Health & Wellbeing	Responsive	KT/SR/CH	TBC	KPI under development									
	Un-attended appointments ⁶	Quality and Experience	Effective	KT/SR/CH	TBC		2.2%	2.9%	2.6%	5.0%	4.6%	4.3%	4.3%		
	Data completeness	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development									
	Number of unvalidated records	Quality and Experience	Effective	KT/SR/CH	<10%	KPI under development									
	Number of Information Governance breaches ³	Quality and Experience	Effective	MB	<=8	36	25	29	36	9	12	Data not avail	Data not avail		
	Staff FFT survey - % staff recommending the Trust as a place to receive care and treatment	Quality and Experience	Caring	AD	80%	N/A	79.26%	N/A	80%		N/A		74%	N/A	
	Staff FFT survey - % staff recommending the Trust as a place to work	Quality and Experience	Caring	AD	N/A	N/A	65.19%	N/A	66%		N/A		60%	N/A	
	Number of compliments received	Quality and Experience	Caring	DS	N/A	Data not avail until Oct 16.		141	81	19	44	18	81	N/A	
	Eliminating Mixed Sex Accommodation Breaches	Quality and Experience	Safety Domain	TB	0	0	0	0	0	0	0	0	0	4	
	Number of Duty of Candour applicable incidents ⁴	Quality and Experience	Caring	TB	N/A	73	86	83	86	21	25	33	79	N/A	
	Duty of Candour - Number of Stage One exceptions ⁴	Quality and Experience	Caring	TB	N/A	Reporting established from Oct 16		0	2	1	0	0	1	N/A	
	Duty of Candour - Number of Stage One breaches ⁴	Quality and Experience	Caring	TB	0	Reporting established from Oct 16		0	1	0	0	0	0	3	
	% Service users on CPA given or offered a copy of their care plan	Quality and Experience	Caring	KT/SR/CH	80%	85.6%	85.0%	83.0%	85.2%	85.2%	85.0%	85.5%	85.2%	4	
	% of prone restraint with duration of 3 minutes or less	Quality and Experience	Safety Domain	KT/SR/CH	80%	Reporting Established from July 16		79.7%	75.6%	66.3%	68.40%	75.70%	80%	75%	4
	Delayed Transfers of Care	Quality and Experience	Effective	KT/SR/CH	8%	2.2%	2.6%	3.1%	2.7%	1.9%	1.7%	1.1%	1.6%	4	
	Number of records with up to date risk assessment	Quality and Experience	Effective	KT/SR/CH	TBC	KPI under development									
	No of staff receiving supervision within policy guidance	Quality and Experience	Well Led	KT/SR/CH	TBC	KPI under development									
	Number of Falls (inpatients)	Quality and Experience	Safety Domain	TB	TBC	162	158	136	95	38	54	49	141		
Number of restraint incidents	Quality and Experience	Safety Domain	TB	TBC						104	140	101	345		

* See key included in glossary

- 1 - Attributable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. There is evidence in care records of all interventions put in place to prevent patients developing pressure ulcers, including risk assessment, skin inspection, an equipment assessment and ordering if required, advice given and consequences of not following advice, repositioning if the patient cannot do this independently off-loading if necessary
- 2 - Avoidable - A pressure ulcer (Grade 2 and above) that has developed after 72 hours of the first face to face contact with the patient under the care of SWYFT staff. Evidence is not available as above, one component may be missing, e.g.: failure to perform a risk assessment or not ordering appropriate equipment to prevent pressure damage
- 3 - The IG breach target is based on a year on year reduction of the number of breaches across the Trust. The Trust is striving to achieve zero breaches in any one month. This metric specifically relates to confidentiality breaches.
- 4 - These incidents are those where Duty of Candour is applicable, however some may be subject to confirmation. Data correct at 13/6/17.
- 5 - The April 17 figure was reported as 39 in the May report. This has subsequently decreased to 38 due to recoding/re-categorisation of a fall.
- 6 - this is the year to date position for mental health direct unattended appointments which is a snap shot position at a given point in time. The increase in unattended appointments in April 17 is due to the report only including at 1 months worth of data.

Quality Headlines

During 2016/17, the Trust undertook some work to develop the key quality measures. There are a few areas remaining that require additional development; these relate to:

- Referral to Treatment waiting times - we are awaiting some national guidance on this - this was anticipated to be received during November but remains outstanding. This will relate to CAMHS services. We will align our reporting to this once the report criteria is published.
- Data completeness - this indicator is being developed and will focus on the completeness of the clinical record.

As part of the Trust's ongoing review of quality, additional metrics have been identified for reporting in 2017/18 relating to:

- Number of unvalidated records – this metric will allow the Trust to track improvement required within the data quality plan. It is proposed that the threshold will be less than 10%.
- Number of records with up to date risk assessment - the target for this metric is to be agreed in line with CQUIN discussion. This metric will also allow the Trust to track improvement required within data quality plan.
- No of staff receiving supervision within policy guidance – This metric will allow the Trust to track improvement required within CQC action plan. The threshold is to be set by BDU.

Further items to note:

- NHS Safety Thermometer - Medicines Omissions – this was indicator within the CQUINs 16/17 for the west. The data we have been awaiting has just been provided and the spike for June (25.7%) is under review.
- Prone Restraint is not a preferred option, however on occasions it can be the only option to maintain safety. Where it needs to be deployed, staff are taught to do so for the minimum time possible. The training in the new techniques has produced positive results, however as the numbers are sometimes quite small, individual situations can have a significant impact on the figures. The target was set in acknowledgement of the fact that a reduction in the time of prone restraint will improve safety.
- Falls reduction - In 2014, the Trust joined the national Sign up to Safety campaign, and made five pledges to improve patient safety. The pledges are being addressed through the Patient Safety Strategy implementation plan. The Trust committed to reduce avoidable harm by 2018 in five main areas, including falls. The targets for falls are to 1) reduce the frequency of falls by inpatients by 15% by 2018, and 2) reduce the frequency of inpatient falls resulting in moderate/severe harm or death by 10% by 2018. The total number of inpatient falls fell from 823 in 2014 to 623 in 2016 with a reduction in falls causing moderate or severe harm from 19 in 2014 to 18 by 2016 with a forecast for a further reduction in 2017. The Trust remains on track to achieve the sign up to safety targets for falls by 2018. The target is currently being reviewed to ensure it takes account of some inpatient changes.

Safety First

Summary of incidents during Q1 17/18 June 2017

Summary of Incidents	Q4 16/17	Q1 17/18	Apr-17	May-17	Jun-17
Green no harm	1806	1681	524	603	554
Green	821	780	227	290	263
Yellow	234	233	68	89	76
Amber	71	60	14	18	28
Red (should not be compared with SIs)	16	27	5	10	12
Total	2948	2781	838	1010	933

- All serious incidents are investigated using Root Cause and Systems Analysis techniques. Further analysis of trends and themes are available in the quarterly and annual incident reports, available on the patient safety support team intranet pages. the report for 2016/17 has recently been added.
- Incident reporting levels remain within the normal range.
- Risk panel remains in operation and scans for themes that require further investigation. Operational Management Group receive a monthly report.
- No never events reported in June
- 10 serious incidents were reported, one will be subject to external review.
- Mortality – Improvements to data collection for deaths reported on Datix were implemented from 1/4/17 and has delivered improved information. Monthly meetings are in place to review mortality. Work continues regionally with Mazars to agree common scope, improve mortality reporting and review arrangements. An internal action plan is in place in response to national guidance on learning from deaths issued in March 2017. Our revised policy will be in place within the agreed timescale.
- The response to fire related incident reports is being considered by the trusts operational management group and new guidance is available to patients on banned items.

Summary of Serious Incidents	Q1 17/18	Apr-17	May-17	Jun-17
Death - cause of death unknown/	0	0	0	0
Death - confirmed from	0	0	0	0
Death - confirmed related to substance misuse (drug and/or	1	1	0	0
Fire / Fire alarm related incidents	1	0	0	1
Formal patient absent without leave	0	0	0	0
Homicide by patient	1	0	0	1
Illegal Acts	1	1	0	0
Inappropriate Sexual Behaviour	0	0	0	0
Inappropriate violent/aggressive behaviour (not against person) by	0	0	0	0
Information disclosed in error	1	0	1	0
Lost or stolen paperwork	0	0	0	0
Patient healthcare record issues	0	0	0	0
Physical violence (contact made)	1	0	0	1
Physical violence (contact made) against patient by patient	0	0	0	0
Physical/sexual violence by other	1	0	0	1
Self harm (actual harm)	2	0	1	1
Self harm (actual harm) with suicidal	0	0	0	0
Slip, trip or fall - patient	0	0	0	0
Suicide (incl apparent) - community team care - current episode	8	2	3	3
Suicide (incl apparent) - community team care - discharged	0	0	0	0
Suicide (incl apparent) - inpatient	0	0	0	0
Suicide (incl apparent) - inpatient	0	0	0	0
Vehicle Incident	1	0	0	1
Pressure Ulcer - grade 3	1	0	0	1
Total	19	4	5	10

Quality Headlines

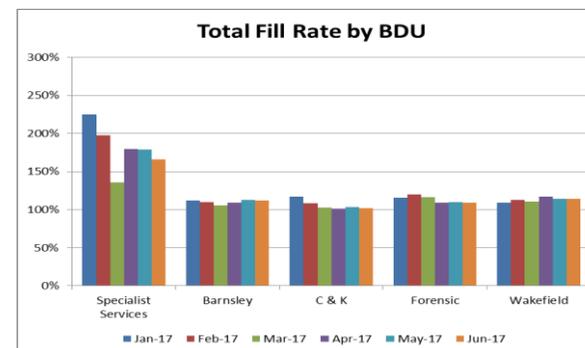
Safer Staffing

Trustwide average fill rate: 110%

Overall average fill rate for registered staff was 100.3%

Overall fill rates for the majority of Trust inpatient areas remain above 90% for Registered Staff on both days and nights.

Fill Rate	Month					
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
BDU						
Specialist Services	225%	197%	136%	180%	179%	166%
Barnsley	112%	110%	105%	109%	113%	112%
C & K	117%	108%	103%	101%	103%	102%
Forensic	116%	120%	117%	109%	110%	109%
Wakefield	109%	113%	111%	117%	115%	115%
Grand Total	116%	115%	110%	110%	111%	110%



Overall

No ward fell below a 90% overall fill rate in the period of June 2017. Chippendale rose above the 90% threshold after falling below the previous month (92.6% rising 4.3%). Of the 32 inpatient areas 23 (71.8%) achieved greater than 100%.

Registered On Days

The number of wards which are achieving 100% and above fill rate has risen to 28% (9 wards) in June, with a decrease to 12.5% (4 wards down from 7 in May) achieving less than the 80% threshold. These remain mainly focused in the Forensic BDU (Medium Secure Unit) with Appleton, Chippendale and Priestley being affected. Appleton and Chippendale have increased on the previous month with Priestley being the only ward with a significant reduction (down 5.3%) citing the reasons as covering other areas, sickness and vacancies among the reasons. Vacancies, maternity and sickness being listed as the main reasons for by the other areas within Forensic. Similar reasons have been given for Melton Suite (0.3% increase). All other wards achieving 80% or above fill rate.

When staffing fell below the escalation thresholds, safe services were maintained using the preferred guidance tool.

Registered On Nights

The number of wards which are achieving 100% and above fill rate on nights remains consistently around 63%. Only Thornhill fell below the 80% (78.2%) threshold.

Safer Staffing average Fill across all BDUs were registered nurse (RN) days 91.9% (+ 0.8%), RN nights 100.3% (- 1.6%) non registered nurse (NRN) days 123.6% (- 2.6%) NRN nights 123.8 (- 1.5%). Overall Average Fill Rate was 110.1% (+ 0.4)

Average Fill Rates for Barnsley BDU (112%), Calderdale and Kirklees BDU (102%) and Forensic BDU (109%) have all decreased by 1% in June. Wakefield BDU remained consistent (115%). Specialist services have again decreased by 13% (166%) after a slight decrease to 180% in April.

Infection Prevention & Control Incidents

- There have been 2 cases of ecoli bacteraemia (blood stream infection). Both incidents were unavoidable from SWYPFT perspective.
- Annual action plan for 2017/18 has been approved at IPC TAG – Q1 has progressed well with no areas at risk.
- Action plan maintained and monitored for the water hygiene issue at Mount Vernon Hospital.
- There have been 13 infection prevention and control incidents reported on DATIX during Q1. Severity rating – all incidents were risk rated green.
- The Trust remains compliant with all standards.

Summary

Quality

National Metrics

Locality

Transformation

Priority Programmes

Finance/Contracts

Workforce

Quality Headlines

NICE

At the end of June 2017 there were 175 pieces of NICE Guidance and Technology Appraisals assessed as applicable to Trust services. There are currently no 'significant' internal risk gradings recorded against any relevant guidance.

Compliance and Risk Assurance levels show that 93% of guidance has been assessed. Outstanding assessments are prioritised by the responsible group.

NICE Risk Grading Matrix - Definitions for compliance

- FULL: NICE guidance fully implemented - no identified concerns
- PARTIAL
 - o Usually: NICE guidance partially implemented - most criteria met but some not met
 - o Sometimes: NICE guidance partially implemented - some criteria met but most not met
- NOT: Do not comply/NICE guidance not implemented

Information Governance

63 incidents occurred during quarter 1, of which 19 involved records management issues, including inaccurate recording, misfiling, inappropriate storage and notes left in public places, a decrease of 25% on the previous quarter.

18 incidents of information being disclosed in error were reported during quarter 1, compared to 31 in quarter 4 16/17, of which 6 were caused by misdirected correspondence, a reduction of 67% on the previous quarter. The incidents that occurred this quarter were less severe than previously and none were reported to the ICO.

No IG serious incidents requiring investigation (SIRIs) were reported to the Information Commissioners Office (ICO). A significant reduction has been achieved in the number of incidents caused by misdirected correspondence. Focus remains on creating a positive Information Governance culture. All outstanding cases have now been reviewed by the ICO, with no further action taken, but some actions identified, which will be implemented.

Quality Headlines

Operating Frameworks

- It was confirmed in June that the 2017/18 IG Toolkit will be unchanged from the previous year. The first submission deadline will be 31st October.
- The final phase 2 report on the IG Toolkit audit was presented to the Trust in June: the assurance rating is 'significant assurance'.
- Progress on the action plan following the ICO Data Protection audit has been excellent in the scope areas of subject access requests and training and awareness, for which all actions are either implemented or firm plans are in place for completion; however, further work is required to improve data sharing and actions will continue until the end of 2017.
- An audit of readiness for the General Data Protection Regulation in May 2018 has commenced.

Commissioning for Quality and Innovation (CQUIN)

The Trust submitted its quarter 4 returns at the end of April. Data related to the improving physical healthcare for people with severe mental illness indicator has only recently become available as this was reliant upon a national audit. Validation of the final quarter 4 position is being undertaken and we anticipate this will be available in next months report.

The shortfall against target for 16/17 is expected to be slightly better than expected with improvements in mental health clustering and increase in the results of the national audit looking at the physical health for people with severe mental illness.

For 2017/18 the CQUIN schemes are part of a national two year scheme. A number of the indicators work across partner organisations and collaboration will be required. The national CQUIN indicators on improving the health of our staff, and Physical Health for people with Severe Mental Illness are retained from the 2016/17 scheme and new indicators for the Trust are:

- Preventing ill health by risky behaviours – alcohol and tobacco
- Child and Young Person MH Transition
- Improving services for people with mental health needs who present to A&E

A Trust lead for each of these indicators has been identified, work continues to review the indicators in conjunction with the commissioner and work streams have been established with representation from commissioner and acute trust partner organisations where indicators span across providers requiring joint working. Progress on this is being monitored via the Trust CQUINS leads group.

Risks in performance currently relate to:

- Improvement of health and wellbeing of NHS Staff and are linked to the requirement to achieve a 5% increase in specific questions in the staff Health & Wellbeing survey, the baseline is currently very high and to achieve this would mean that SWYPFT would be one of the best in the country.

0.5% of CQUIN monies for 17/18 is dependent upon achievement of 16/17 control total and 17/18 STP performance – some risk has currently been identified related to STP performance and this is currently being discussed with relevant partners.

Forensic services will continue with the national forensic scheme, this will include 2 indicators, both of which the indicators are a continuation of the 2016/17 scheme:

- Recovery colleges for medium and low secure patients
- Reducing restrictive practices within adult low and medium secure services.

Clinical Audit & Practice Evaluation (CAPE) – Q1 2017/18

Prioritised Programme

2017/18 Clinical Audit and Practice Effectiveness (CAPE) plan – A total of 114 projects have been authorised for the 2017/18 CAPE plan. 15 national projects, 68 annual audits and re-audits, 10 NICE Quality Standards and 21 service evaluations are included on the plan. Of the 68 audits, 13 (19%) are completed, 8 (12%) in progress. It is anticipated that further audits will be added throughout the year.

2016/17 QUALITY IMPROVEMENTS - During 2016/17 there were a total of 68 clinical audits and 19 service evaluations completed. Of the 47 clinical audits where quality improvements were expected to be reported, 85% have reported improvements made to services.

Summary

Quality

National Metrics

Locality

Transformation

Priority Programmes

Finance/Contracts

Workforce

Quality Headlines

Safeguarding Children

Datix:

- A total of 31 Child Protection Incidents were reported in Q1, with at least 1 incident reported from each BDU and the highest number of incidents reported from Kirklees BDU. This is an increase of 25% on Quarter 4.
- Nine cases were reported for concerns re: the impact of neglect on a child, with 7 of these cases being referred to Social Care for an assessment of the home environment, parenting capacity and the 2 remaining cases being referred to MARAC.
- The other incidents involved physical abuse, allegations of historical sexual abuse, domestic abuse, emotional abuse, self-harm, verbal aggression, systems concerns, a referral to Prevent and a child death.
- 71% of the Child Protection Incidents resulted in a Request For Service into Social Care.

Training:

- Safeguarding Children Level 1, 2 and 3 remain above the Trust's mandatory 80% requirement.
- Hotspot areas include Older People's services, Learning Disabilities, Inpatient Rehabilitation and Long Term Conditions, services have been contacted and actions are in place to ensure compliance.
- Additional training provided to Junior Doctors and the Forensic medical staff.
- The safeguarding children team have provided information to all four Safeguarding Children Boards.
- Prevent training continues to be well attended and above the projected target.

Other activity (including Safeguarding Children Board commitments):

- Submission of S11 audits for Wakefield and Calderdale.
- Attendance at S11 Challenge events (CQC and S11) in Wakefield and CQC in Calderdale.
- Attendance and participation and 'mock' JTAI audits for Barnsley, Calderdale and Wakefield.
- Participation and partnership working with Kirklees Safeguarding Board as part of the improvement plan.

□

Quality Headlines

Safeguarding Adults

Datix:

- A total of 45 Safeguarding Adults Incidents were reported in Q1, the highest proportion were from Wakefield. The majority of the incidents, (38) were graded as green.
- The highest recorded type of abuse was 'financial'.
- There were 2 Amber incidents both were in Calderdale which are being investigated.
- The other case involved two female service users who were placed out of area, allegations involving a staff member. Human Resources involved, safeguarding difficult to co-ordinate due to out of area placement.
- There were also 2 incidents of radicalisation and one incident recorded for honour based violence.

Training:

- Safeguarding Adults Levels 1, and 2 remain above the Trust's mandatory 80% requirement. Level 1 is 87.05% and Level 2 is 86.60%.
- Hotspots Medium Secure – Level 1, security, admin, secretaries.
- CAMHS – level 1 and level 2.
- Additional training provided to Junior Doctors and the Forensic medical staff.
- Delivery of Domestic Abuse training.

Other activity (including Safeguarding Adult Board commitments):

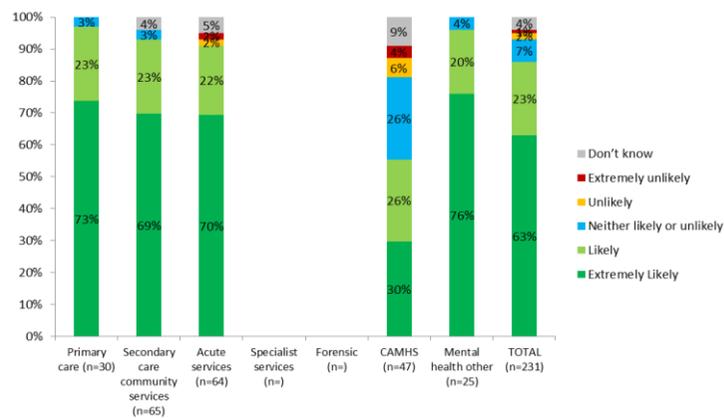
- Development of Young Volunteers recruitment package with Volunteer Manager.
- Attendance at the Wakefield Quality Intelligence Group meeting.
- Supporting staff through attendance at ward rounds, MDT, Professionals meetings, VARM, supervision, safeguarding forum.
- Action plan updates for SAB.
- Involvement in Domestic Homicide Review .

Patient Experience

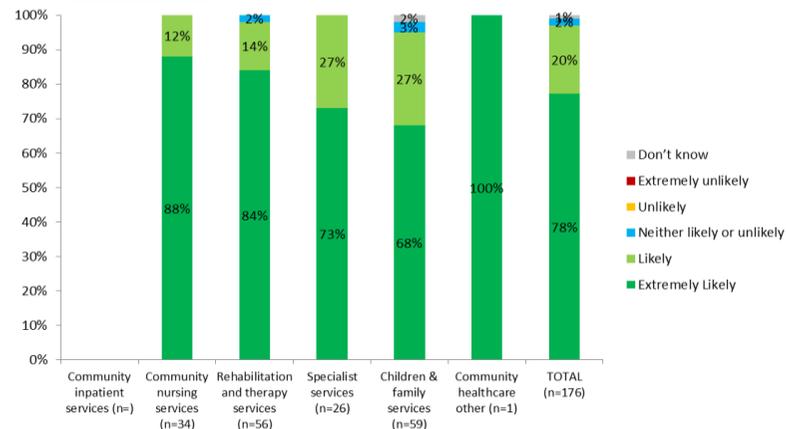
Friends and family test shows

- Community Services – 98% would recommend community services.
- All service lines achieved 68% or above for patients/carer's stating they were extremely likely to recommend the Trust's services.
- Mental Health Services – 86% would recommend mental health services.
- Significant variance across the services in the numbers extremely likely to recommend the Trust– between 30% (CAMH services) and 76% (Mental Health other services)
- Small numbers stating they were extremely unlikely to recommend.

Mental Health Services



Community Services



- Complaints with staff attitude as an issue increased to 24% (19 out of 77 complaints)

Summary

Quality

National Metrics

Locality

Transformation

Priority Programmes

Finance/Contracts

Workforce

This section of the report outlines the Trusts performance against a number of national metrics. These have been categorised into metrics relating to:

- NHS Improvement Single Oversight Framework - NHS providers must strive to meet key national access standards, including those in the NHS Constitution. During 16/17, NHS Improvement introduced a new framework for monitoring provider's performance. One element of the framework relates to operational performance and this will be measured using a range of existing nationally collected and evaluated datasets, where possible. The below table lists the metrics that will be monitored and identifies baseline data where available and identifies performance against threshold.
- Mental Health Five Year Forward View programme – a number of metrics were identified by the Mental Health Taskforce to assist in the monitoring of the achievement of the recommendations of the national strategy. The following table outlines the Trust's performance against these metrics that are not already included elsewhere in the report.
- NHS Standard Contract against which the Trust is monitored by its commissioners. Metrics from these categories may already exist in other sections of the report.

The frequency of the monitoring against these KPIs will be monthly and quarterly depending on the measure. The Trust will continue to monitor performance against all KPIs on a monthly basis where possible and will flag up any areas of risk to the board.

NHS Improvement - Single Oversight Metrics

KPI	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Q1 17/18	Year End Forecast Position *	Trend	
Max time of 18 weeks from point of referral to treatment - incomplete pathway	Health & Wellbeing	Responsive	SR	92%	98.2%	97.0%	97.5%	98.7%	98.9%	97.8%	98.20%	98.3%	4		
Maximum 6-week wait for diagnostic procedures	Health & Wellbeing	Responsive	SR	99%	99.6%	100%	100%	100%	99%	100%	100.0%	99.7%	4		
% Admissions Gatekept by CRS Teams	Health & Wellbeing	Responsive	SR/KT	95%	96.9%	99.3%	99.2%	99.3%	95.6%	98.3%	100.0%	98.5%	4		
% SU on CPA Followed up Within 7 Days of Discharge	Health & Wellbeing	Safe	SR/KT	95%	96.7%	97.8%	97.3%	97.5%	98.3%	97.5%	97.3%	97.6%	4		
Data completeness: Identifiers (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	95%	98.1%	99.7%	99.8%	99.7%	Data Not available	99.7%			4		
Data completeness: Priority Metrics (mental health)	Health & Wellbeing	Responsive	SR/KT/CH	85% (by end March 17)	Reporting developed from Oct 16			42.3%	61.1%	58.9%	60.4%	59.5%		2 *	
IAPT - proportion of people completing treatment who move to recovery	Health & Wellbeing	Responsive	SR/KT	50%	50.1%	52.5%	48.0%	50.5%	45.6%	49.4%	56.4%	50.1%	3		
IAPT - Treatment within 6 Weeks of referral	Health & Wellbeing	Responsive	SR/KT	75%	76.1%	83.6%	88.9%	86.0%	80.3%	84.2%	81.2%	81.9%	4		
IAPT - Treatment within 18 weeks of referral	Health & Wellbeing	Responsive	SR/KT	95%	98.9%	99.3%	97.9%	99.9%	99.6%	99.4%	99.6%	99.5%	4		
Early Intervention in Psychosis - 2 weeks (NICE approved care package) Clock Stops	Health & Wellbeing	Responsive	SR/KT	50%	77.5%	82.0%	82.2%	73.6%	86.1%	88.9%	89.2%	89.2%	4		
% clients in settled accommodation	Health & Wellbeing	Responsive	DS	60%	Reporting developed from Sept 16			82.7%	82.9%	82.2%	82.5%	82.2%	82.2%	4	
% clients in employment	Health & Wellbeing	Responsive	DS	10%	Reporting developed from Sept 16			8.3%	8.8%	9.3%	8.8%	9.0%	9.0%	1	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards / b) early intervention in psychosis services / c) community mental health services (people on Care Programme Approach)	Health & Wellbeing	Responsive	SR/KT		Performance due to be published end May 17				Due Q4				2		



Mental Health Five Year Forward View	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Q1 17/18	Year End Forecast Position *	Trend
Total bed days of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	14	2	60	86	0	1	3	4	N/A	
Total number of Children and Younger People under 18 in adult inpatient wards	Health & Wellbeing	Safe	KT/SR/CH	TBC	4	1	4	3	0	1	1	2	N/A	
Number of detentions under the Mental Health Act	Health & Wellbeing	Safe	KT/SR/CH	TBC	167	174	156	168	Data avail at Qtr end				N/A	
Proportion of people detained under the MHA who are BME 2	Health & Wellbeing	Safe	KT/SR/CH	TBC	15.0%	10.3%	10.9%	19.6%	Data avail at Qtr end				N/A	

NHS Standard Contract	Objective	CQC Domain	Owner	Target	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17	Apr-17	May-17	Jun-17	Q1 17/18	Year End Forecast Position *	Trend
Completion of IAPT Minimum Data Set outcome data for all appropriate Service Users, as defined in Contract Technical Guidance 1	Health & Wellbeing	Responsive	KT/SR/CH	90%	97.8%	97.9%	97.8%	98.0%	Data Not avail 3	95.9%			4	
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	99%	99.5%	99.6%	99.7%	99.7%	Data Not avail 3	Data avail end June			4	
Completion of Mental Health Services Data Set ethnicity coding for all Service Users, as defined in Contract Technical Guidance	Health & Wellbeing	Responsive	KT/SR/CH	90%	89.6%	91.1%	94.0%	90.2%	Data Not avail 3	Data avail end June			4	

* See key included in glossary.

1 - In order to provide the board with timely data, data from the IAPT dataset primary submission is used to give an indication of performance and then refreshed the following month using the refreshed dataset data.

2 - BME includes mixed, Asian/Asian British, black, black British, other

3 - There was no April Primary submission this month due to the transition to MHSDS v2. Data to flow monthly from May 17 onwards.

Areas of concern/to note:

IAPT - proportion of people completing treatment who move to recovery – significant improvement has been made in each BDU this month. The 50% threshold has been achieved in each BDU with the Trust performance in June at 56.4%, the final position for quarter 1 is 50%.

Max time of 18 weeks from point of referral to treatment - incomplete pathway - no performance issues to flag for June 17 however, from 1st June the implementation of the Diabetes SPA in Barnsley, which is hosted by SWYPFT, will mean that additional data will flow into this line from next month as the service aligns to the RTT reporting definition. Some risk in achievement has been identified, however this is based on the SWYPFT only element of data and it has been acknowledged there are a number of data quality issues impacting. A number of mitigating actions have been put in place as part of the SPA implementation which will assist with the position going forward. Data is being monitored on a weekly basis, however it is unlikely we will see the impact of this until late September/early October.

Data Completeness Priority metrics for mental health remains below threshold.

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/ Contracts

Workforce

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

Barnsley BDU:

- There have been 0 Delayed Transfers of Care from the Barnsley MH Wards in this quarter
- Moving to Recovery in Improving Access to Psychological Therapies has been achieved this month at 53%
- The Improvement Support Team (IST) from NHS England have visited the IAPT Service – a formal report is expected in the next 4-6 weeks, but an initial action plan has been drafted based on verbal feedback from the IST.
- The impact of the transition to a new model of Intermediate Care is being worked through, with plans being developed with our partners.

Calderdale & Kirklees BDU:

- Perinatal Mental Health team development is underway and successful recruitment to key clinical and leadership posts means the team will start accepting referrals from September this year. The team will have psychology and psychiatry staff and provide a highly specialist Managed clinical Network for highly complex clients and families. Connections with Peer support groups and Midwifery and Health visiting services to develop a NICE standard care pathway is nearly complete.
- 14 day routine assessments - The Trust is now using the national reporting against this which means that appointments that are cancelled by the patient or the patient does not attend do not stop and reset the clock anymore. The service is looking at other alternatives to manage this such as telephone contacts.
- Adult Psychology- post transformation activity and caseload changes following full integration of Psychology staff into teams is affecting recording of assessment and treatment figures in the new team reporting arrangements.
- Early Intervention in Psychosis - all 3 teams well above the 50% target.
- IAPT - Kirklees is performing highly for recovery and is well above target for June. Waiting times both above target for Calderdale and Kirklees. Access (prevalence) - significant increase from April to May. June figure not yet available but expected see continued improvement.
- Pressures increased late June and into July across older adult and acute beds leading to out of area placements in adult acute.
- Building pressures for same period for delayed transfers of care in adults and older adults due to difficulty in finding specialised placements. Work with CCG and social service commissioners is focused on the needs of individual clients.

Forensics BDU:

- Work continues on the Service Review. The work involves working collaboratively with other providers and commissioners. On the 11th July NHS England hosted a separate event to explore Learning Disability provision in secure services. The timescales for delivery are much shorter with a definite plan to commence service changes by Q4.
- The Quality Network Report has been finalised with action plans for medium and low secure. The focus of development will be around service users and carers.
- Maintaining Safe Staffing levels remains a key area of activity. Recruitment, staff development, well-being, management of sickness and reduction of use of agency are all priorities for the service.
- Forensic CAMHS still awaiting news as to whether it has been successful in its bid to be a lead provider of services across the region.

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/ Contracts

Workforce

Specialist BDU:

CAMHS

- As previously reported the New Model of Care bid submitted as part of the West Yorkshire and Harrogate STP and West Yorkshire Mental HealthTrust Collaborative has been approved by NHSE. The bid focuses on developing more robust and consistent approaches to reducing the need for inpatient stays - for example through creating safe space alternatives and strengthening the capacity of crisis and intensive home based treatment teams.
- A programme of internal visits across the CAMHS teams is scheduled for July 2017. Key recommendations/actions will be identified in the next report.
- A September 2017 to March 2018 waiting list initiative will be implemented across CAMHS – but with a specific focus on Barnsley and Wakefield. This will utilise £320k of projected staffing underspends. The intention is to secure additional generic mental health practitioner and psychologist capacity through ‘advertisement’ to staff across SWYPFT who may wish to work additional/bank hours and focused use of agency. For this investment a total of 400 children/young people will receive an intervention earlier and be removed from CAMHS waiting lists - effectively halving waiting lists in Barnsley and Wakefield. Whilst the impact on average waiting times is difficult to estimate the initiatives would specifically target those children/young people waiting the longest.

Learning Disability

- Robust reporting and charging arrangements are now in place with regard to the 2 spot purchase in-patient beds. A marketing plan is being developed to ensure high occupancy levels are maintained.
- There was a CQC Mental Health Act visit to Horizon Centre on 17 July 2017. No significant concerns were raised though verbal feedback indicated a need for; stronger evidence that care plans were offered for patients/carers and facility for patients to access the internet.

Wakefield BDU:

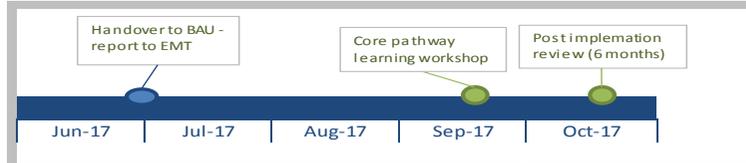
- Trinity Ward has been re-accredited for Accreditation for Inpatient Mental Health Services (AIMS).
- Following a successful bid for new monies for PLT to move the service toward Core 24 compliance standards, 3 new Band 7 posts are now out to advert.
- The CQC are now using Wakefield BDUs template for Multi Disciplinary Team Mental Capacity Act discussion and decision making as an example of good practice.



This section of the report reports the Trust's progress against the identified transformation projects.

Acute & Community Mental Health Transformation Project

The Trust has implemented the 'core and enhanced' community pathways which have been designed through this project. These services went live on 3rd April 2017, and there is continuing work planned throughout the year to embed the new ways of working and ensure consistency of service development is maintained. A project closure report has been completed and shared EMT.	Delivery against plan	
Feedback from BDUs suggests that whilst the enhanced part of the new pathway is working well, that there have been initial issues in the core pathway. A meeting is being organised to consider the issues and further activity will be planned as / if necessary.	Management of risk	
Benefits realisation will be assessed after a period of go live and period of post implementation will be brought EMT and Trust board.	Benefits Realisation	
Quality Impact Assessments for each BDU were signed off by the Quality Team in January 2017. A benefits framework has been established to track the delivery of the quality improvements and these will be tracked in the year post implementation.	Quality impact	



Older Peoples Mental Health Transformation Project

Work is progressing well towards a business case for in-patient model. A revised plan has been shared with the Transformation Steering group with rebased timeframes, though within this there are still uncertainties about when the new workforce can be agreed. Over this coming period a business case will be drafted for inpatient options and an initial QIA undertaken, a data extract will be gathered to support the workforce modelling, a benefits framework established, first draft SOPs will be developed and work will commence on Equality Impact Assessments. A working group met to review outputs from the recent engagement events and consider how we can factor this into the model. Further engagement with commissioners is being planned.	Delivery against plan	
There remains a risk that some financial benefits identified can't be fully realised if parts of the community workforce require enhancing.	Management of risk	
Benefits are targeted in 2018/2019 which will include greater emphasis on reducing admissions. This will be included in the business case, to be drafted in August.	Benefits Realisation	
Extensive engagement around clinical model provides assurance of positive quality impact. A Quality Impact Assessment will be produced with the business case.	Quality impact	





Rehab and Recovery Transformation Project

<p>A community service model is agreed in principle with local CCGs and has been implemented in Wakefield. Implementation in Calderdale is expected in 2017/18. The project scope in Kirklees for the full system model is still under discussion, discussions between the BDU and Kirklees commissioners have been positive and it is hoped quick progress will be found on a way forward.</p>	<p>Delivery against plan</p>	<p>Yellow</p>
<p>Risk that there is not a consistent approach of service provision across West Yorkshire.</p>	<p>Management of risk</p>	<p>Green</p>
<p>Financial benefits have already been realised in Wakefield and will be developed elsewhere. All parties are keen to reinvest savings in mental health where possible.</p>	<p>Benefits Realisation</p>	<p>Yellow</p>
<p>The project undertook a Quality Impact Assessment in design phase, and a new QIA plus further engagement is likely to be required following decisions on how to progress activity in Kirklees.</p>	<p>Quality impact</p>	<p>Green</p>



Key for Transformation:	
Implementation deliverables	RAG Ratings
On Target to deliver within agreed timescales	On Target to deliver within agreed timescales/project tolerances
On Trajectory but concerns on ability/confident to deliver within agreed timescales	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
Off Trajectory and concerns on ability/capacity to deliver within agreed timescales	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
Action will not be delivered within agreed timescales	Actions will not be delivered within agreed timescales/project tolerances
Action Complete	Action Complete



This section of the IPR reports the Trust's progress against the identified Trust priorities for 2017/2018.

The framework below is a short term method of reporting on progress with Trust priorities and it shows the necessary components each programme needs to have in place to get started (SRO, scope, operational lead, clinical lead, change manager, etc.). Once governance and scope are established the report will summarise progress against plan, risk and benefits etc. in subsequent updates.

In respect of the priority programmes across the board we can report that:

- Good progress has been made with confirmation of SROs and change managers
- There is greater clarity in the main about the governance bodies that will oversee delivery of priority programmes
- Work to appoint operational leads and clinical leads is ongoing – but resolvable within the next month
- Scoping for some priorities is clarified and for some is still ongoing. Significant effort will be conducted by the integrated change team to work with SRO's and the wider change network team within the next month to complete this scoping stage
- Milestones for each priority to be confirmed in August
- Regular reporting on milestones and KPIs via IPR from August onwards
- Engagement and involvement team are established to support the integrated change team with plans for each priority in place by September

	Governance						Scoping Phase				Update								
	SRO Identified	Governance Route Agreed	Clinical lead Identified	Operational lead Identified	Change Manager Identified	RAG	Scope Agreed	1st Draft PID	Governance Body Approval	RAG									
IMPROVING HEALTH																			
Strategic Priority One: People First																			
1.1 Enhancing Liaison Services	✓	Sean Rayner	✓	OMG	✓	James Waplington	✓	James Waplington/ Alison Gibbons	✓	Sharon Carter		-	04/08/17	-	04/08/17	-	04/08/17		This priority will focus on transition to a new framework. Scoping work being undertaken to establish background to project, who involved, and progress to date.
1.2 Improving people's experience	✓	Tim Breedon	✓	EMT	-	31/7/17	✓	Karen Batty	✓	Paula Rylatt		-	26/07/17	-	26/07/17	-	26/07/17		Governance arrangements are developing and progress commenced for integrated change team to document scope. Initial conversations held with patient experience manager. Scoping meeting with Director of Nursing booked for 26/7/17.
1.3 Recovery based approaches	✓	Salma Yasmeen	✓	Transformation Board		N/A	✓	Matt Ellis	✓	Sue Barton		-	04/08/17	N/A	N/A	-	08/08/17		SRO, governance and integrated change team role agreed. Creativity and sustainability workshop held which will inform overall plan which is under development.
1.4 Physical /Mental Health	✓	Adrian Berry	✓	Transformation Board	✓	-	✓	-	✓	Ryan Hunter		✓	-	✓	-	✓	-		<ul style="list-style-type: none"> • The scope of this is limited to the rollout of effective physical health monitoring for people accessing our mental health services. • SRO is in place but there is considerable alignment with physical health CQUIN so consideration to be given to whether governance route needs to be aligned to CQUIN. • A bid made to the Health Foundation was unsuccessful but work is happening across the Trust and this will be reviewed and finalised by the SRO • Clinical lead needs review due to capacity issues and operational leads yet to be confirmed
Strategic Priority Two: Joining up Care																			
2.1 Supporting place-based plans	✓	Salma Yasmeen	✓	EMT		N/A	✓	Sean Rayner Carol Harris	✓	Sharon Carter		N/A	N/A	-	04/08/17				<ul style="list-style-type: none"> • This priority is focussed on place based plans which will be part of the Trust Strategy to go to Trust Board in Sept. • Integrated Change Team supporting SRO scoping out governance for Wakefield and Barnsley and alignment to Trust Strategy and working of services in BDUs. • Work needed to scope out Calderdale and Kirklees.
2.2 Accountable Care in Barnsley and Wakefield	✓	Sean Rayner	✓	EMT		N/A	✓	Sean Rayner Andrea Wilson	✓	Sharon Carter		N/A	N/A	-	04/08/17				<ul style="list-style-type: none"> • Priority planning and influencing SWYPFT role in each ACO • Following on from initial scoping discussions this has been identified as ongoing service delivery rather than change project work. • Work is ongoing to identify specifically scope and alignment.
2.3.1 New models of care	✓	Sean Rayner	✓	EMT	✓	As per individual project	✓	As per individual project	✓	Sharon Carter		✓	01/04/17	✓	01/04/17	✓	12/07/17		<ul style="list-style-type: none"> • New Models of Care (NMOC) in Barnsley alliance contract NMOC currently includes IMC, Diabetes, Respiratory, NNS, Right care. • Governance structure in place, and project plans for the projects that are in progress - Respiratory and IMC. • priority to respond to partner timescales e.g. diabetes
2.3.2 Vanguard	✓	Salma Yasmeen	✓	EMT	✓	As per individual project	✓	As per individual project	✓	Sharon Carter		✓	01/04/17	✓	01/04/17	✓	12/07/17		<ul style="list-style-type: none"> • Vanguard being rolled out for NMOC and for Portrait of a Life (POAL) • Wakefield connecting care Vanguard: Work is being undertaken to identify Wakefield governance structure and alignment of SWYPFT involvement.

Summary

Quality

National Metrics

Locality

Transformation

Priority Programmes

Finance/ Contracts

Workforce

IMPROVING CARE																			
Strategic Priority Three: Quality Counts, Safety First																			
3.1 Patient Safety	Please see the Quality section of this report for an update on progress with this priority.																		
3.2 Older People's MH transformation	Please see the Transformation section of this report for an update on progress with this priority.																		
3.3 Improving autism and ADHD	✓	Carol Harris	✓	OMG	✓	Marios Adamou	✓	Marios Adamou	✓	Richard Norman		–	04/08/17	–	04/08/17	–	04/08/17	Green	Scope to reduce waiting times agreed, governance route through OMG and governance roles finalised. Final scoping phase yet to be completed
3.4 Perinatal mental health	✓	Carol Harris	✓	Transformation Board	✓	Stephen McGowan	✓	Stephen McGowan	✓	Ryan Hunter		✓	–	✓	–	✓	–	Blue	Expanding new service in development and transition to new framework and documentation at pace for launch in Sept
3.5.1 West Yorkshire work – CAMHS	✓	Carol Harris	✓	Transformation Board	✓	Dave Ramsay	✓	Dave Ramsay	✓	Richard Norman		✓	–	✓	–	✓	–	Blue	<ul style="list-style-type: none"> Work is focussed on provision of tier 4 CAMHS beds and improved access times lead by Leeds Community Healthcare Funding has been secured though STP NMoC workstream Work ongoing to scope extent and role of Trust
3.5.2 West Yorkshire work – Forensic	✓	Carol Harris	✓	Transformation Board	✓	Abdullah Kraam	✓	Sue Threadgold	✓	Richard Norman		–	04/08/17	–	04/07/17	–	04/07/17	Yellow	Bid submitted through STP for NMoC was unsuccessful however the Trust is continuing defining a review of forensics services through specialist community work
3.5.3 West Yorkshire work – Suicide prevention	✓	Tim Breedon	✓	EMT	✓	Mike Doyle	✓	Mike Doyle	✓	Paula Rylatt		–	26/07/17	–	26/07/17	–	26/07/17	Green	Governance arrangements are developing and progress commenced for integrated change team to document scope. Meeting with SRO booked 26/7/17.
3.6 Quality priorities	✓	Tim Breedon	✓	EMT		N/A	✓	Karen Batty	✓	Sue Barton		–	04/08/17	N/A	N/A	✓	–	Yellow	<ul style="list-style-type: none"> Quality priorities agreed in Quality account Scoping phase is ongoing to develop an action plan for improvement initiatives Governance arrangements are developing and progress commenced for integrated change team to document scope
Strategic Priority Four: Compassionate Leadership																			
4.1 Leadership development	✓	Alan Davis	✓	EMT		N/A	✓	Andrew Cribbis	✓	Paula Rylatt		–	04/08/17	–	04/08/17	–	04/08/17	Green	<ul style="list-style-type: none"> Integrated change network being agreed following approval at EMT Values in to behaviours framework developed Collaborative working with Bradford and Leeds
4.2 Change and quality improvement - Strategic Approach	✓	Salma Yasmeen / Tim Breedon	✓	EMT		N/A	✓	Karen Batty	✓	Sue Barton		N/A	✓	Ongoing	✓	01/06/17		Blue	<ul style="list-style-type: none"> Quality Strategy, which includes the integrated change framework, to be presented to Trust Board in Sept Links being made to leadership development programme, currently being scoped Network plans approved by EMT
4.3 Membership	✓	Kate Henry	✓	EMT		N/A	–	04/08/17	✓	Richard Norman		–	–	–	–	–	–	Orange	Scope to be delivered within the new structural arrangements



IMPROVING USE OF RESOURCES

Strategic Priority Five: Operational Excellence

5.1 Flow and out of area beds	✓	Karen Taylor	✓	OMG	✓	Dr Nusair	✓	Roland Miller	✓	Ryan Hunter / Sarah Foreman	–	04/08/17	–	04/08/17	–	04/08/17	<ul style="list-style-type: none"> Priority ongoing through out of area project group Governance and clear project plan are in place Scope is in place for the ongoing the operational aspects of this priority. Scope is in development for future transformation aspects of this priority Summit planned for 7 August Priority links to STP work on bed management and new arrangements for out of area beds using West Yorkshire as a local place
5.2 Workforce – sickness, rostering, skill mix and agency	✓	Karen Taylor	✓	OMG	N/A	✓	Various	✓	✓	Sarah Foreman	✓	15/06/17	✓	15/06/17	✓	15/06/17	<ul style="list-style-type: none"> Task and finish groups for these priorities areas in place Work is currently taking place on implementation planning Paper on reducing sickness and effective rostering agreed by executive management team.
5.3 Effective use of supplies and resources	✓	Mark Brookes	✓	OMG	N/A	✓	Rob Adamson	✓	✓	Sarah Foreman	✓	16/06/17	✓	16/06/17	✓	16/06/17	Priority being delivered through non-pay group with significant support from finance
5.4 CQUIN	Please see the Quality section of this report for an update on progress with this priority.																
5.5 Financial sustainability and CIP	Please see the Finance section of this report for an update on progress with this priority.																

Strategic Priority Six: Digital by Default

6.1 Clinical record system	✓	Salma Yasmeen	✓	Transformation Board	✓	Adrian Berry / Tim Breedon	✓	Ed Reid	–	TBC	✓	16/06/17	✓	16/06/17	✓	16/06/17	<ul style="list-style-type: none"> Scope and governance agreed, programme manager in place and recruitment to project team ongoing. Work ongoing to determine scale of integrated change team involvement. Procurement process ongoing Change Manager nomination yet to be agreed
6.2 Digital health	✓	Kate Henry	✓	Transformation Board	✓	Jacob Agoro	✓	Jacob Agoro	✓	Paula Rylatt	–	31/07/17	–	31/07/17	–	31/07/17	<ul style="list-style-type: none"> Digital strategy is defined and action plan developed. Dates for presentation of scope to steering group and EMT arranged for July. Not all actions are clinical, however the clinical work on the action plan has an agreed clinical/operational lead from CAMHS and a pilot with ORCHA has been scoped to launch from August. Scope still being developed for actual projects within this priority
6.3 Data driven improvements and innovation	✓	Mark Brooks	✓	EMT	N/A	✓	Nikki Cooper	✓	✓	Sharon Carter	✓	04/08/17	✓	16/06/17	✓	16/06/17	This change project has agreed governance through EMT and EMT approval gained. Work ongoing to determine scale of integrated change team involvement

RAG Ratings	
	On Target to deliver within agreed timescales/project tolerances
	On Trajectory but concerns on ability/confident to deliver actions within agreed timescales/project tolerances
	Off Trajectory and concerns on ability/capacity to deliver actions within agreed timescales/project tolerances
	Actions will not be delivered within agreed timescales/project tolerances
	Action Complete

Key	
✓	Complete
–	In progress and date for delivery if known

Overall Financial Performance 2016 / 2017

Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to June 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increased to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	June 2017 finance performance excluding STF is a surplus of £45k. Including STF this is a surplus of £114k. The forecast, whilst currently in line with plan, remains challenging and delivery will require mitigation of income risks, continued control of cost pressures such as agency and out of area placements, and further cost reductions.	
3	Agency Cap	£1.4m	£7m	Agency expenditure in June 2017 is £0.5m which is line with expenditure trends in April and May 2017. The agency cap for 2017 / 2018 is £5.7m and current trajectories suggest this could be achievable.	
4	Cash	£22m	£21.8m	The month 3 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues. These are forecast to be resolved in July 2017.	
5	Capital	£2.7m	£10.5m	Capital expenditure is ahead of plan at the end of Quarter 1. This is primarily due to costs relating to the Fieldhead Non Secure scheme which is offset by delays on 3 minor capital schemes and the Data Centre IM & T scheme.	
6	Delivery of CIP	£1.6m	£6.6m	Year to date CIP delivery is £33k ahead of plan. Overall the forecast position is £1.7m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

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

Plan	
Actual	
Forecast	

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/Contracts

Workforce

Contracting

Contracting Issues - General

Following the production of the Joint assurance letters with CCGs providing preliminary assurances in relation to growth in Mental Health investment in line with the Five Year Forward View, meetings are being arranged with individual CCGs. A meeting was held in July with Calderdale CCG. North Kirklees and Greater Huddersfield CCGs are arranging to hold a combined meeting.

CQUIN

Work continues internally and with commissioners to ensure clarity on definitions and required data sets in relation to 17/18 CQUINs. Work continues on implementation of systems and processes for 17/18 CQUINs.

QIPP

There are no specific Cash releasing QIPP targets for 17/18. The Trust continues to work with commissioners on wider systems contribution to support continued transformation and efficiency.

Contracting Issues – Barnsley

Barnsley Intermediate Care Services provision transfers from the main contract to the Alliance Contract with wider Barnsley providers in July 2017. During July to October there will be a transition period with the new model of service delivery planned to commence from 1 October 2017. A new model of integrated delivery for respiratory services 'Breath' has been agreed in Barnsley for provision delivered by BHNFT and SWYPFT and will be provided as part of the Alliance Contract commencing July. Mobilisation is in place to implement the new service model. Other key strategic work areas currently in Barnsley relate to MSK and Diabetes Services.

Contracting Issues – Calderdale

A meeting was held in July to discuss the Five Year Forward View Investment in Calderdale. Key priorities relate to a sustainable 24/7 crisis resolution service, pressures within Psychology services and the provision of specialist ASD Services for Adults. Key ongoing work streams include the mobilisation and implementation of the expansion of IAPT services to Long Term Conditions and full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Greater Huddersfield.

Contracting Issues – Kirklees

A joint meeting with Greater Huddersfield and North Kirklees CCGs is being arranged to discuss Five Year Forward View investment and plans. The current priority areas of work related to Kirklees CCG's contracts include IAPT services and expansion to Long Term Conditions and the reconfiguration of adult mental health rehabilitation services. Discussions continue regarding the commissioning of sustainable specialist ASD Services for Adults. For Greater Huddersfield confirmation has been received from NHS E of successful application for funding in 2018/19 related to full implementation of services to meet core 24/7 Mental Health Liaison requirements jointly with Calderdale. For North Kirklees, confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with Wakefield. It has been confirmed that SWYPFT has been awarded funding in relation to the IAPT Employment Advisors project. This is to fund data analysis and reporting support to the project. The advisors will be directly employed by the Richmond Fellowship and embedded into the SWYPFT Kirklees IAPT Service. The national project start date moved from June to August.

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/Contracts

Workforce

Contracting

Contracting Issues- Wakefield

The commissioning of an Adult ASD assessment, diagnostics and treatment service commenced from 1 April 2017. The new contract for the provision of the Social Wellbeing Service jointly between SWYPFT and Nova commenced from 1 April 2017. The Street Triage service commenced at the end of April. The extension of 2 Admiral Nursing posts until January 2019 has been agreed with Dementia UK. A key ongoing work stream includes the full implementation of the perinatal service across Barnsley, Wakefield, Calderdale and Kirklees. Confirmation has been received from NHS E of successful application for funding in 17/18 related to full implementation of core 24/7 Mental Health Liaison requirements jointly with North Kirklees. Transformation of CAMHs services remains a key priority.

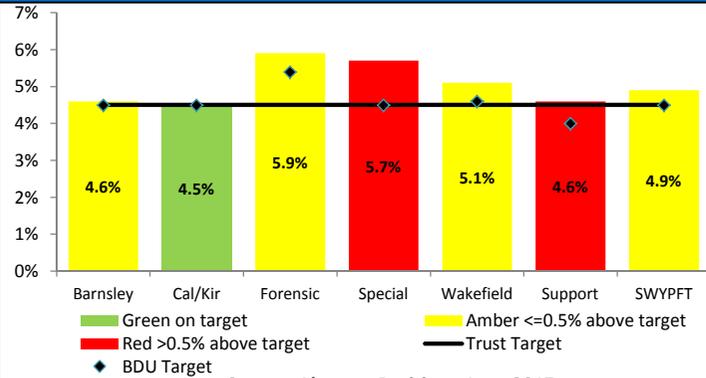
Contracting Issues - Forensics

The key area of monitoring continues to relate to the occupancy target. The sub contract for advocacy services has been extended until 1st August 2017 whilst the new Provider is chosen.

Contracting Issues – Other

Following a successful bid SWYPFT has been awarded the contract for the provision of a new model of service delivery for Smoke Free Services in Sheffield. The contract is for 3 years with a 2 year extension option commencing on 1 October 2017. A mobilisation team has been established to oversee implementation of the new model for 1 October 2017. The procurement processes for Doncaster & Rotherham Smoke Free services are currently live.

Sickness Absence

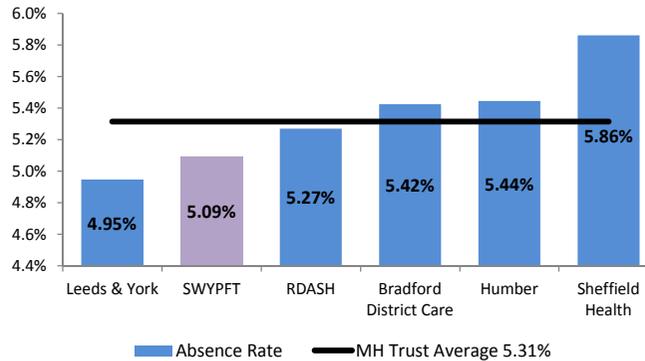


Current Absence Position - June 2017

	Barn	Cal/Kir	Fore	Spec	Wake	Supp	SWYPFT
Rate	4.7%	4.7%	5.0%	5.0%	5.6%	4.8%	4.9%
Trend	↓	↔	↓	↑	↓	↑	↓

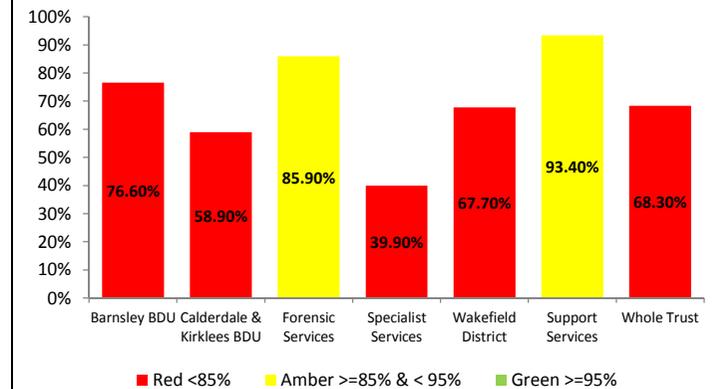
The Trust YTD absence levels in June 2017 (chart above) were above the overall 4.5% target at 4.9%.

The YTD cost of sickness absence is £1,466,593, if the Trust had met its target this would have been £1,355,168, saving £111,425.



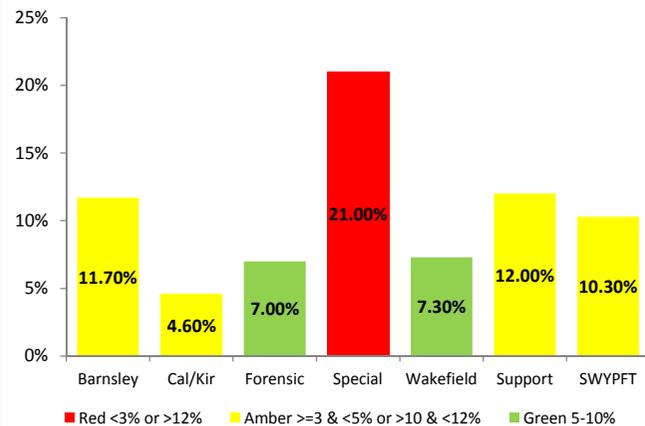
The above chart shows the YTD absence levels in MH/LD Trusts in our region for 12 months from March 2016 to April 2017. During this time the Trust's absence rate was 5.09% which is below the regional average of 5.31%.

Appraisal Data - Band 6 and Above

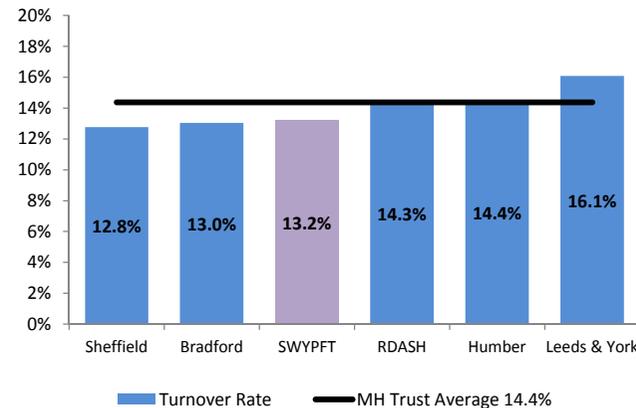


The above chart shows the appraisal rates for staff at Band 6 and above to the end of June 2017. The appraisal target is 95% and over. For staff at Band 6 and above, all appraisals should be completed by the end of June in each financial year.

Turnover and Stability Rate Benchmark

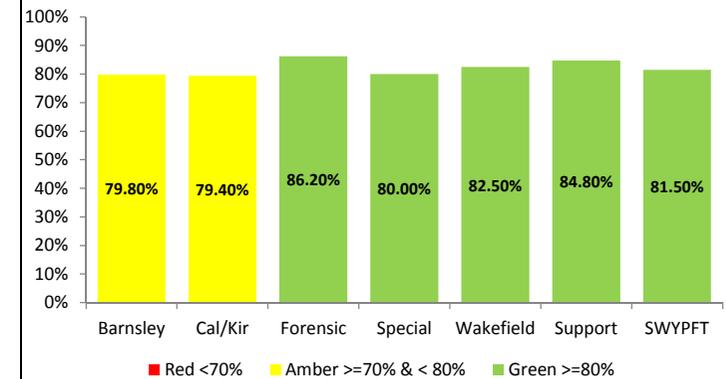


This chart shows the YTD turnover levels up to the end of June 2017. Turnover figures may look out of line with the average across the Trust but this is because of the small amount of data; the figures will level out over the new reporting year.



This chart shows turnover rates in MH Trusts in the region for the 12 months ending in March 2017. The turnover rate shows the percentage of staff leaving the organisation during the period. This is calculated as: leavers/average headcount. SWYPFT figures exclude decommissioned service changes.

Fire Training Attendance



The chart shows the YTD fire lecture figures to the end of June 2017. While the Trust continues to achieve its 80% target for fire lecture training, two of the areas have dropped below the 80% target in June.

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/Contracts

Workforce

Workforce - Performance Wall

Trust Performance Wall															
Month	Objective	CQC Domain	Owner	Threshold	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.7%	4.7%	4.7%	4.8%	4.9%	5.0%	5.1%	5.1%	4.8%	4.9%	4.9%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.0%	4.7%	4.6%	5.2%	5.8%	6.1%	5.8%	5.3%	4.9%	4.9%	4.9%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	71.0%	81.4%	84.8%	89.8%	93.2%	93.7%	94.4%	94.9%	5.2%	17.6%	68.3%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	44.3%	68.5%	76.8%	84.9%	89.0%	91.4%	92.8%	93.6%	1.9%	5.3%	18.4%
Aggression Management	Quality & Experience	Well Led	AD	>=80%	81.0%	82.4%	80.0%	78.8%	78.4%	77.6%	77.2%	76.6%	76.4%	75.6%	78.1%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80% by 31/3/17	60.6%	63.2%	65.0%	66.9%	69.7%	72.8%	73.8%	73.9%	75.2%	75.3%	74.7%
Clinical Risk	Quality & Experience	Well Led	AD	>=80% by 31/3/17	39.0%	41.0%	39.9%	45.1%	53.5%	55.3%	60.4%	62.2%	64.8%	65.3%	69.1%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.7%	90.9%	90.3%	89.4%	90.1%	89.0%	89.4%	88.2%	87.3%	86.6%	86.0%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	85.1%	84.6%	83.7%	82.9%	85.5%	84.0%	82.9%	82.7%	81.5%	82.0%	81.5%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	82.2%	81.8%	82.6%	82.9%	83.9%	82.9%	82.6%	82.1%	82.6%	81.2%	80.3%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.4%	82.5%	81.3%	81.9%	83.8%	83.6%	83.6%	83.4%	83.0%	83.5%	84.0%
Information Governance	Resources	Well Led	AD	>=95%	89.2%	88.2%	86.5%	85.9%	86.5%	91.9%	95.2%	96.1%	92.0%	91.7%	91.3%
Moving and Handling	Resources	Well Led	AD	>=80%	79.4%	78.2%	77.0%	78.1%	78.8%	80.5%	81.9%	81.7%	81.1%	77.3%	78.8%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80% by 31/3/17				12.9%	46.0%	48.2%	53.1%	64.1%	64.9%	69.6%	78.0%
Mental Health Act	Quality & Experience	Well Led	AD	>=80% by 31/3/17				11.0%	20.9%	23.2%	30.5%	47.9%	51.2%	56.9%	70.5%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.7%	89.2%	89.0%	88.6%	89.5%	89.7%	89.4%	89.1%	88.5%	88.0%	86.7%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.2%	88.0%	86.7%	87.0%	87.8%	87.6%	87.0%	85.6%	85.5%	84.8%	83.6%
Sainsbury's clinical risk assessment tool	Health & Wellbeing	Well Led	AD	>=80%	96.9%	96.6%	93.2%	93.8%	94.8%	95.1%	94.7%	93.7%	93.3%	91.2%	91.7%
Bank Cost	Resources	Well Led	AD	-	£512k	£605k	£486k	£458k	£477k	£505k	£493k	£722k	£398k	£457k	£579k
Agency Cost	Resources	Effective	AD	-	£989k	£833k	£833k	£753k	£885k	£662k	£729k	£833k	£501k	£426k	£500k
Overtime Costs	Resources	Effective	AD	-	£17k	£9k	£16k	£14k	£26k	£19k	£15k	£12k	£16k	£13k	£9k
Additional Hours Costs	Resources	Effective	AD	-	£52k	£48k	£40k	£41k	£47k	£41k	£48k	£53k	£56k	£36k	£48k
Sickness Cost (Monthly)	Resources	Effective	AD	-	£504k	£501k	£447k	£511k	£565k	£592k	£527k	£561k	£476k	£504k	£487k
Business Miles	Resources	Effective	AD	-	300k	273k	328k	330k	316k	284k	287k	273k	289k	245k	285k

Summary

Quality

National Metrics

Locality

Transformation

Priority
Programmes

Finance/Contracts

Workforce

Workforce - Performance Wall cont...

Notes:

Mandatory Training

- Information Governance – 91.3% which is a 0.5% decline from last month. The majority of services are between 90% and 100%. The new Information Governance training from NHS Digital will be available from the end of July. Plans are being made to roll this out.
- Aggression Management – 78.1%, this is a 2.5% increase compliance rate from last month, which is likely due to the managing aggression and violence team (MAV) putting on extra training sessions to the ones already scheduled. All Clinical Mental Health In-patient Services are achieving their compliance target.
- Cardio Pulmonary Resuscitation - 0.5% decline from last month
- Clinical Risk – 69%, an increase of 3.75% from last month and continues on an upward trajectory
- Moving and Handling – 78.7%, which is a 1.5% increase on last month
- Mental Capacity Act/DOLS – 78%, a 10% increase on last month and now only 2% off reaching the 80% requirement. Training options will continue to be offered and encouraged to continue on this upward trajectory
- Mental Health Act – 70.5%, a 19.5% increase on last month. Mental Health Inpatient Registered Clinical Staff are now just 3% off reaching the 80% requirement. Training options will continue to be offered and encouraged to continue on this upward trajectory

Attendance registers and competencies for MCA and MHA training are being double-checked to assure accuracy of recorded attendance with the correct level of training required

The Trust has a training schedule for MCA/MHA throughout 2017/18 to increase the compliance percentage

Sickness

- The Trusts YTD position remains at 4.9%, which continues to be above the Trusts threshold.
- Forensic (5.9%), Specialist Services (5.7%) BDUs continue to report the highest sickness levels although there continues to be an improvement in reported levels during June 17 in the Forensic BDU which reduces the year to date position from 6.2% to 5.9%.
- BDUs continue to focus on long term sickness and the recent staffing summit identified some further potential areas which are being explored that may assist with reducing sickness absence.
- Inpatient areas sickness rates are an area for focus and a Health and Wellbeing Trainer has been appointed to focus on supporting staff in these areas.
- A system of immediate referral into Occupational Health using ERostering has been developed for absence due to MSK and Stress.
- A coordinated system for reasonable adjustments or redeployment for staff is being finalised to support people to remain at work
- Further training support is being rolled for managers on wellbeing and effective absence management.
- The trust set a target of 95% of agenda for change band 6 and above to be appraised by the end of June. The latest appraisal figures show across the trust currently we are significantly short of this target.

A breakdown of the latest performance by BDU is shown below:

Barnsley	75.20%
Calderdale & Kirklees	57.60%
Forensic	69.20%
Specialist Services	38.20%
Wakefield	67.20%
Support Services	86.50%

Trajectories for achievement of the target are being agreed with directors.

Publication Summary

This section of the report identifies any national guidance that may be applicable to the Trust.

Department of Health group accounting manual 2017 to 2018

This guidance is aimed at DH group bodies (including CCGs, NHS trusts, NHS foundation trusts and arm's length bodies) to help them complete their statutory annual reports and accounts for 2017 to 2018.

[Click here for link to guidance.](#)

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

- Combined performance summary: April 2017 - This publication summarises the data around NHS performance for April 2017. It finds that the long-term trend of increased demand on urgent and emergency care and elective activity continues and that waiting times were not met.
- Children and young people's health services monthly statistics: February 2017
- Consultant-led referral to treatment waiting times: April 2017
- Monthly hospital activity: April 2017
- Early intervention in psychosis waiting times: April 2017
- Early intervention in psychosis waiting times: April 2017
- Data on written complaints in the NHS: Q4 2016/17
- Direct access audiology waiting times: April 2017
- Mixed sex accommodation breaches: May 2017
- NHS Improvement provider bulletin: 14 June 2017
- Direct access audiology data: April 2017
- Mental health services monthly statistics: March 2017
- NHS workforce statistics: March 2017
- NHS sickness absence rates: February 2017
- Psychological therapies: reports on the use of IAPT services, England, March 2017 final, including reports on the integrated services pilot
- NHS Improvement provider bulletin: 21 June 2017
- Provisional monthly hospital episode statistics for admitted patient care, outpatients and A&E data: April 2016 to March 2017
- Mental health out of area placements: 2016/17
- Learning disability services monthly statistics – England commissioner census (assuring transformation), provisional statistics : May 2017

Publication Summary

- NHS Improvement provider bulletin: 28 June 2017 - this included notification of data collection relating to executive board members pay.
- Cover of vaccination evaluated rapidly (COVER) programme 2016 to 2017: quarterly data
- Out of area placements in mental health services: May 2017
- NHS Improvement provider bulletin: 5 July 2017
- Children and young people's health services monthly statistics, experimental statistics, England: March 2017
- Referral-to-treatment waiting times for consultant-led elective care: May 2017
- Diagnostics waiting times and activity: May 2017
- Early intervention in psychosis, access and waiting times, experimental statistics: May 2017
- Monthly hospital activity data: May 2017
- Delayed transfers of care: May 2017
- NHS Improvement provider bulletin: 12 July 2017



**South West
Yorkshire Partnership**
NHS Foundation Trust



Finance Report

Month 3 (2017/2018)

Appendix 1



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With **all of us** in mind.

Contents

		1.0	Key Performance Indicators	3
1.0	Strategic Overview	1.1	Financial - Continuity of Service Risk Rating (COSRR)	4
		1.2	Financial Context	5
2.0	Statement of Comprehensive Income	2.0	Summary Statement of Income & Expenditure Position	6
		2.1	Cost Improvement Programme	13
		3.0	Balance Sheet	14
3.0	Statement of Financial Position	3.1	Capital Programme	15
		3.2	Cash and Working Capital	16
		3.3	Reconciliation of Cash Flow to Plan	17
		4.0	Better Payment Practice Code	18
4.0	Additional Information	4.1	Transparency Disclosure	19
		4.2	Glossary of Terms & Definitions	20

1.0 Executive Summary / Key Performance Indicators

Performance Indicator		Year to Date	Forecast	Narrative	Trend
1	NHS Improvement Risk Rating	1	1	The NHS Improvement financial risk rating is 1 for the year to June 2017. All metrics, with the exception of the I & E margin, are 1. I & E margin needs to be increased to greater than 1% to score 1. (approximately a £100k increase in surplus to date).	
2	Normalised Surplus (inc STF)	£0.3m	£2.4m	June 2017 finance performance excluding STF is a surplus of £45k. Including STF this is a surplus of £114k. The forecast, whilst currently in line with plan, remains challenging and delivery will require mitigation of income risks, continued control of cost pressures such as agency and out of area placements, and further cost reductions.	
3	Agency Cap	£1.4m	£7m	Agency expenditure in June 2017 is £0.5m which is line with expenditure trends in April and May 2017. The agency cap for 2017 / 2018 is £5.7m and current trajectories suggest this could be achievable.	
4	Cash	£22m	£21.8m	The month 3 cash position is lower than planned primarily due to 2016 / 2017 STF receipts and other timing issues. These are forecast to be resolved in July 2017.	
5	Capital	£2.7m	£10.5m	Capital expenditure is ahead of plan at the end of Quarter 1. This is primarily due to costs relating to the Fieldhead Non Secure scheme which is offset by delays on 3 minor capital schemes and the Data Centre IM & T scheme.	
6	Delivery of CIP	£1.6m	£6.6m	Year to date CIP delivery is £33k ahead of plan. Overall the forecast position is £1.7m below plan. Themes are being developed to close this gap with specific schemes in progress with executive director leads. e.g. effective rostering, temporary staffing review.	
7	Better Payment	97%		This performance is based upon a combined NHS / Non NHS value.	

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

1.1

NHS Improvement Risk Rating - Use of Resources

The Trust is regulated under the Single Oversight Framework and the financial metric is based on the Use of Resources calculation as outlined below. The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right.

Area	Weight	Metric	Actual Performance		Plan - Month 3	
			Score	Risk Rating	Score	Risk Rating
Financial Sustainability	20%	Capital Service Capacity	3.1	1	2.6	1
	20%	Liquidity (Days)	17.6	1	13.7	1
Financial Efficiency	20%	I & E Margin	0.6%	2	-0.2%	3
Financial Controls	20%	Distance from Financial Plan	0.8%	1	0.0%	1
	20%	Agency Spend	-17.5%	1	-20.2%	1
Weighted Average - Financial Sustainability Risk Rating				1	1	

Impact

The risk rating in month 3 is rated as 1 which is the highest possible score. All metrics are currently at 1 with the exception of I & E margin. This needs to be greater than 1% to achieve a rating of 1.

Definitions

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

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

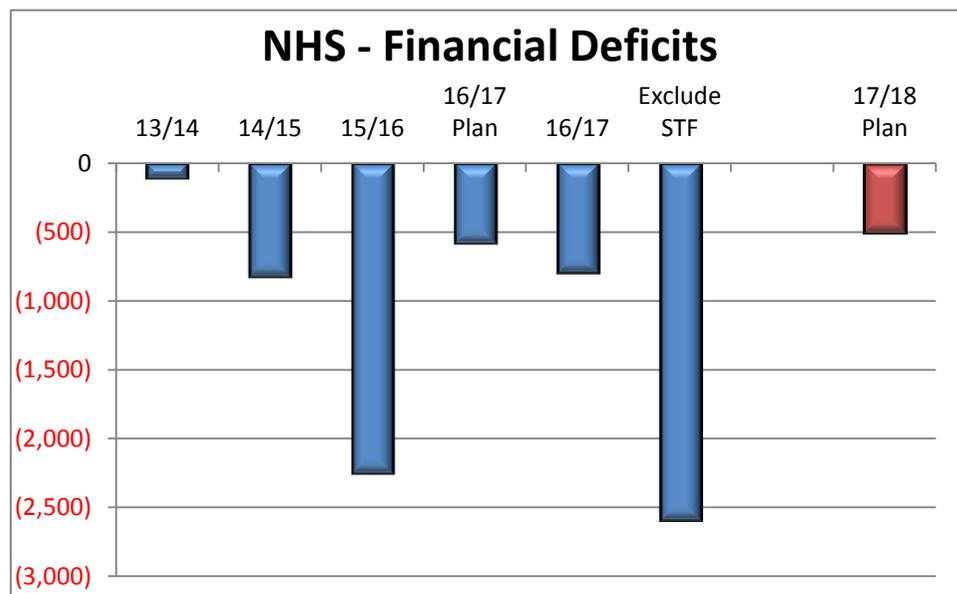
I & E Margin - the degree to which the organisation is operating at a surplus/deficit

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

Agency Cap - A cap of £5.6m has been set for the Trust in 2017 / 2018. This metric compares performance against this cap.

1.2

NHS Financial Context



NHS Improvement have now published the year end NHS financial position for 2016 / 2107. This highlights a deficit of £791m which is £211m adverse to plan. This includes the £1.8bn investment provided through the Sustainability and Transformation Fund (STF). Overall this is an improvement from the Q3 position of £886m deficit.

It is worth noting that most Trusts have flagged that delivery of this position relied upon significant one off actions and as such does not solve the long term financial sustainability question.

Taking this into account the 2017 / 2018 financial outlook remains challenging. Plans submitted by the sector do not achieve the desired break-even position but consolidate to a deficit position of £496m.

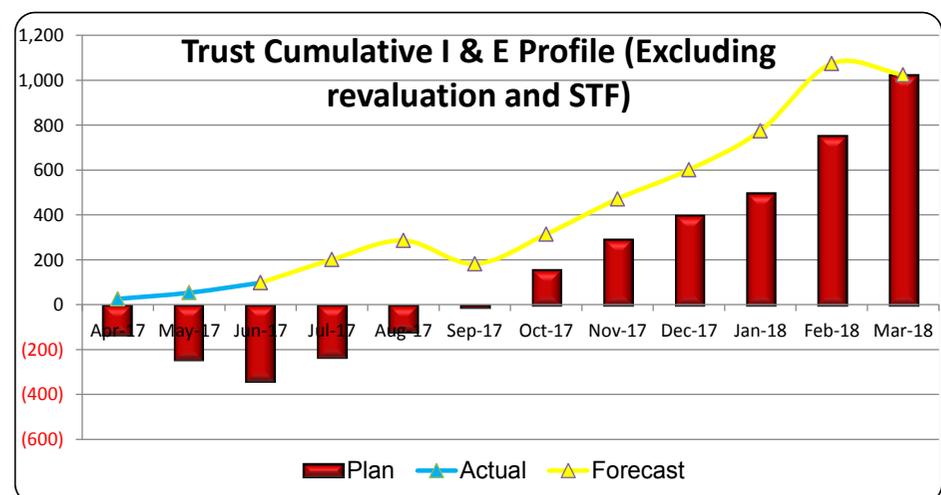
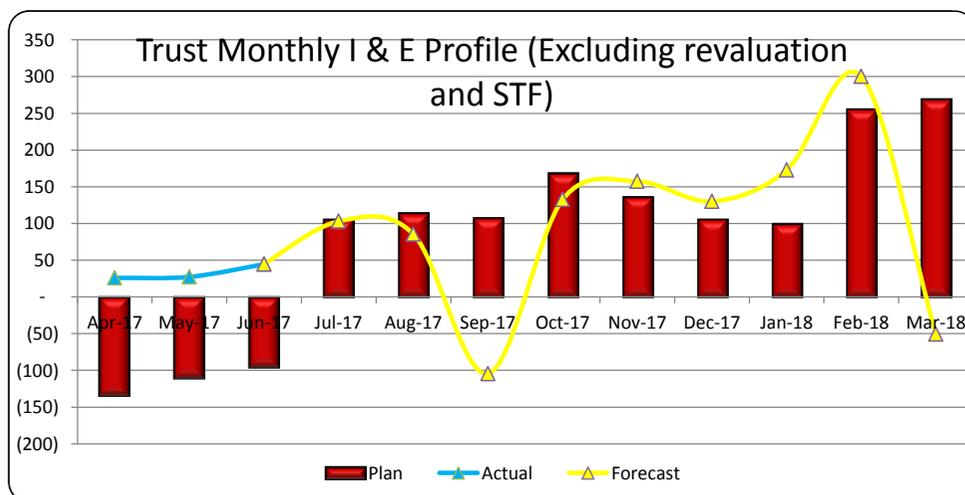
In June 2017 the HFMA's Mental Health Faculty produced a paper entitled Mental health investment standard which consolidated results from 3 surveys on the parity of esteem agenda between mental and physical health.

All surveys reached broadly the same conclusions in relation to implementation of the Five Year Forward View (FYFV):

- * commitment from commissioners to increase real term investment in mental health is a significant challenge.
 - * continued lack of alignment between commissioners and providers over what it means to implement the mental health investment standard
 - * local visibility and transparency is critical. STPs should be able to see where mental health money is spent and priorities realised.
- This has been supported by a letter jointly signed by the Trust and CCGs on the level of investment being provided.

Meetings are taking place with each of our commissioners in respect of mental health five year forward view investments and priorities.

Budget Staff in Post	Actual Staff in Post	Variance		This Month Budget	This Month Actual	This Month Variance	Description	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual Budget	Forecast Outturn	Forecast Variance
WTE	WTE	WTE	%	£k	£k	£k		£k	£k	£k	£k	£k	£k
				17,349	17,174	(175)	Clinical Revenue	51,833	51,554	(279)	206,731	205,617	(1,115)
				17,349	17,174	(175)	Total Clinical Revenue	51,833	51,554	(279)	206,731	205,617	(1,115)
				1,182	1,196	14	Other Operating Revenue	3,395	3,427	32	13,081	13,219	138
				18,532	18,370	(162)	Total Revenue	55,228	54,981	(247)	219,812	218,836	(977)
4,268	4,190	(78)	1.8%	(14,215)	(14,163)	53	Pay Costs	(42,649)	(41,906)	743	(169,874)	(169,217)	657
				(3,468)	(3,488)	(20)	Non Pay Costs	(10,307)	(10,337)	(30)	(40,908)	(41,537)	(629)
				(205)	121	327	Provisions	(299)	(256)	44	845	2,102	1,257
4,268	4,190	(78)	1.8%	(17,889)	(17,529)	360	Total Operating Expenses	(53,256)	(52,499)	757	(209,937)	(208,652)	1,285
4,268	4,190	(78)	1.8%	643	841	198	EBITDA	1,972	2,481	509	9,875	10,184	309
				(459)	(514)	(55)	Depreciation	(1,473)	(1,541)	(68)	(5,500)	(5,754)	(254)
				(283)	(286)	(3)	PDC Paid	(849)	(852)	(3)	(3,397)	(3,443)	(46)
				4	3	(1)	Interest Received	11	9	(2)	45	37	(8)
4,268	4,190	(78)	1.8%	(95)	45	140	Normalised Surplus / (Deficit) Excl.STF	(339)	98	437	1,023	1,024	1
				69	69	0	STF	209	209	0	1,394	1,394	0
4,268	4,190	(78)	1.8%	(26)	114	140	Normalised Surplus / (Deficit) Incl SFT	(130)	307	437	2,417	2,418	1
				0	0	0	Revaluation of Assets	0	0	0	0	0	0
4,268	4,190	(78)	1.8%	(26)	114	140	Surplus / (Deficit)	(130)	307	437	2,417	2,418	1



Income & Expenditure Position 2017 / 2018

The year to date position, pre STF, is a surplus of £98k. Increased expenditure is highlighted within the forecast, which alongside income risk, means delivery of the financial control total remains challenging.

Month 3

The normalised year to date position is a surplus of £98k excluding STF and £307k including STF funding. This is £437k ahead of plan, the key headlines are below:

In month there have been favourable movements in the financial position resulting in a normalised surplus position for June of £45k pre STF. This is £140k better than planned, the key headlines behind this are:

	£k Mth 3	£k YTD	
Income	(162)	(247)	Provision has been made for under-achievement of CQUIN of £180k year to date. This has been partly offset by additional non-contract activity.
Pay	500	1,427	Agency and Bank staff continue to be employed by the Trust to meet clinical and service requirements. Actions continue to ensure that the clinical and financial consequences are minimised. These include ongoing recruitment and expansion of the peripatetic staffing model.
	(448)	(684)	There are a number of vacancies within the Trust that have resulted in year to date pay savings. These are partly offset by temporary staffing costs.
Non Pay	(20)	(30)	Overspends are in Drugs (M3 £27k, YTD £173k), Clinical Supplies (M3 £11k, YTD £90k) and out of area beds (M3 £90k, YTD £366k), offset by underspends on non clinical areas such as Travel and Office supplies.
	327	44	Provisions, and budgets held centrally.
	(56)	(73)	Depreciation and PDC are in line with planned expenditure
	<u>142</u>	<u>437</u>	

Forecast

The full year STF income is currently forecast to achieve plan but there remains significant risk attached with its delivery. These risks, and also any opportunities, are to be assessed to ensure actions are taken to improve the chance of delivery of the control

The CQUIN performance risk is £0.9m, of which £0.7m relates to achievement of STP control total

A full review of year-end forecast, risks and opportunities has taken place in early July in time for reporting to the July Trust Board.

Income Information

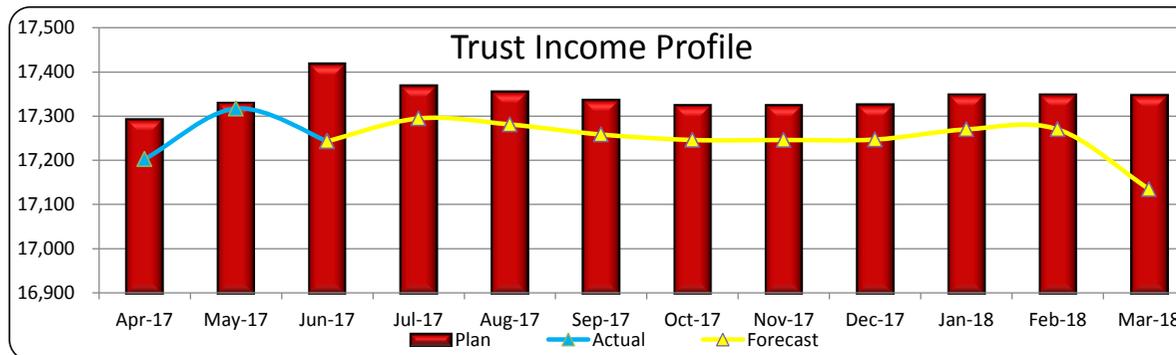
The table below summarises the year to date and forecast income by commissioner group. This is identified as clinical revenue within the Trust income and expenditure position. (page 5)

The majority of Trust income is secured through block contract arrangements and therefore there is traditionally little variation to plan. The budget values are reconciled against signed and agreed contracts with any movement highlighted. The headlines for these are outlined below with CQUIN highlighted as the biggest risk. CQUIN is reviewed internally within the Trust and agreed with commissioners on a quarterly basis.

The source of Trust income continues to change. Historically the majority was provided by CCGs and Local Authorities but this is reducing. To show the trend and movements these are broken down below.

Commissioner	Year to Date			Variance Headlines		
	Budget	Actual	Variance	CQUIN / LIS	Other	Total
	£k	£k	£k	£k	£k	£k
CCG	39,480	39,182	(298)	(180)	(118)	(298)
Specialist Commissioner	5,833	5,833	0	0	0	0
Alliance	1,760	1,760	(0)	0	(0)	(0)
Local Authority	1,384	1,384	(0)	0	(0)	(0)
Partnership	1,727	1,726	(2)	0	(2)	(2)
Other	1,649	1,669	20	0	20	20
Total	51,833	51,554	(279)	0	(180)	(279)

Budget	Forecast			Variance Headlines		
	Actual	Variance	CQUIN / LIS	Other	Total	
	£k	£k	£k	£k	£k	
150,876	149,740	(1,136)	(856)	(280)	(1,136)	
23,333	23,333	0	0	0	0	
13,961	13,961	(0)	0	(0)	(0)	
5,535	5,535	0	0	0	0	
6,909	6,900	(9)	0	(9)	(9)	
6,118	6,149	30	0	30	30	
206,731	205,617	(1,115)	(856)	(259)	(1,115)	



CQUIN Risk		
	YTD	Forecast
Wellbeing Improvement	0	136
STP Reserve	180	720
Total	180	856

Whilst comprehensive the income position currently excludes a number of key factors: (these will be included as the financial impact is reviewed and agreed)

Income Risk - Income forecast will be updated to reflect changes in funding allocations in respect of the new model of care for Intermediate Care in Barnsley.

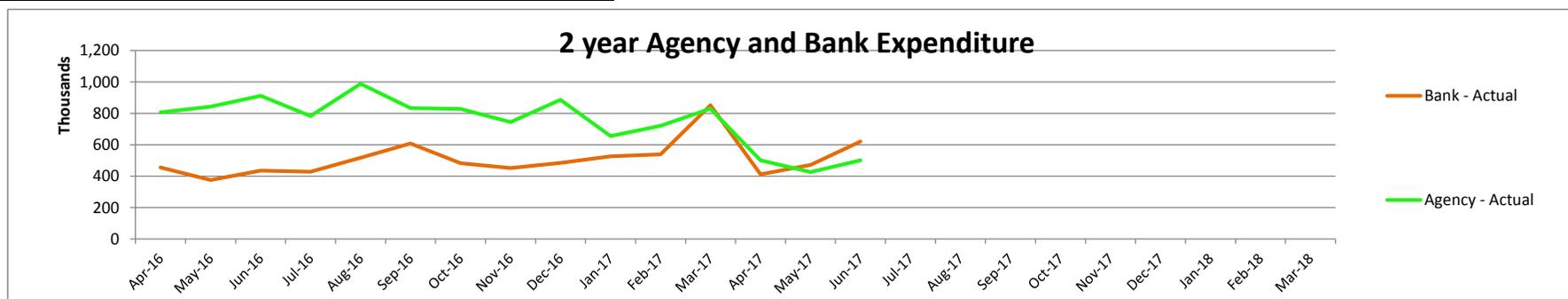
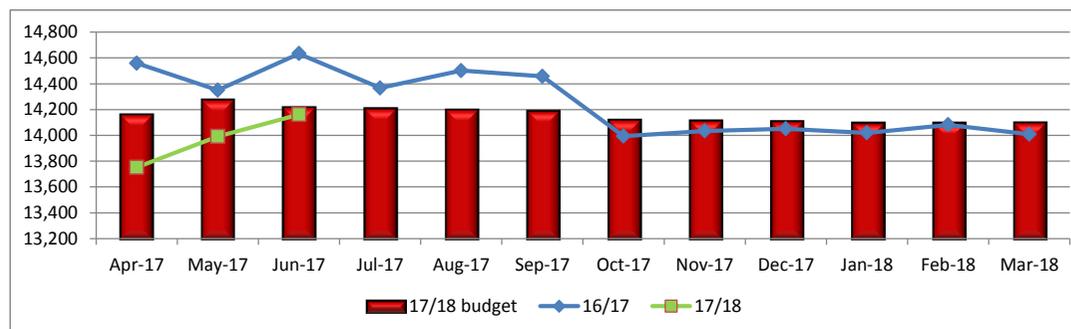
Income Opportunity - It has been confirmed that the Trust, again in partnership, has been successful in a number of new opportunities. These are due to commence later in the year and the forecast will be updated accordingly.

Our workforce is our greatest asset and one in which we continue to invest in ensuring that we have the right workforce in place to deliver safe and quality services. In total workforce spend accounts for in excess of 75% of total Trust expenditure.

The Trust workforce strategy continues to be developed but current expenditure patterns highlight the usage of temporary staff (through either internal sources such as Trust bank or through external agencies). Actions are focussed on providing the most cost effective workforce solution to meet the service needs.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
Substantive	12,841	13,094	13,040										38,975
Bank & Locum	411	472	620										1,503
Agency	501	426	500										1,427
Total	13,752	13,992	14,161	0	41,904								
16/17	14,559	14,350	14,633	14,367	14,502	14,456	13,994	14,034	14,050	14,020	14,081	14,008	171,053
Bank as %	3.0%	3.4%	4.4%										3.6%
Agency as %	3.6%	3.0%	3.5%										3.4%

	Substantive £k	Temp £k	Agency £k	Total £k
Medical	4,506	71	658	5,235
Nursing Registered	13,599	529	131	14,259
Nursing Unregistered	4,526	638	252	5,416
Other	9,772	100	351	10,223
Admin	6,572	166	35	6,772
Total	38,975	1,503	1,427	41,904



Key Messages

Both 2016/17 and 2017/18 have seen a focus on reducing agency staffing, the graph above shows the actual downward trend in the use of Agency staffing by month. Some agency staff have moved to Bank posts and a more moderate increase in month on month bank usage can be seen. Agency use is forecast to continue to decline at a slower pace and bank usage to marginally increase.

Agency Spend is currently within the NHS Improvement agency cap.

Quarter 1 spend is £1.4m. This is a £1.1m reduction (44%) compared to last year.

Agency costs continue to remain a focus for the NHS nationally and for the Trust. As such separate analysis of agency trends is presented below.

The financial implications, alongside clinical and other considerations, continues to be a high priority area for the Trust. We acknowledge that agency and other temporary staff have an important role to play within our overall workforce strategy but this must fit within the overall context of ensuring the best possible use of resources and providing a cost effective strategy.

The Trust had experienced increased levels of agency spend rising from £3.6.m in 2013 / 2014 to £9.8m in 2016 / 2017. This increase was across all staffing groups.

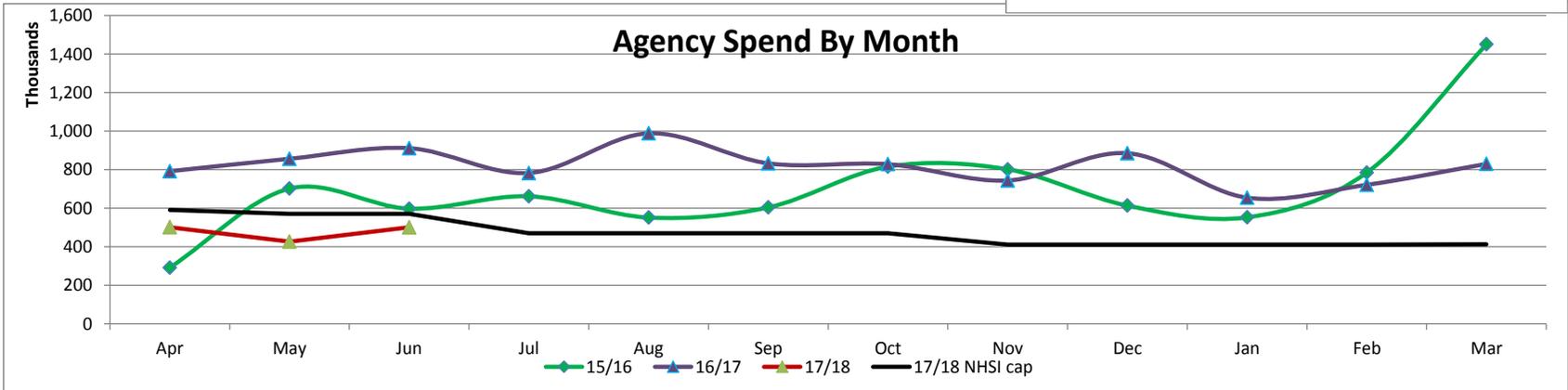
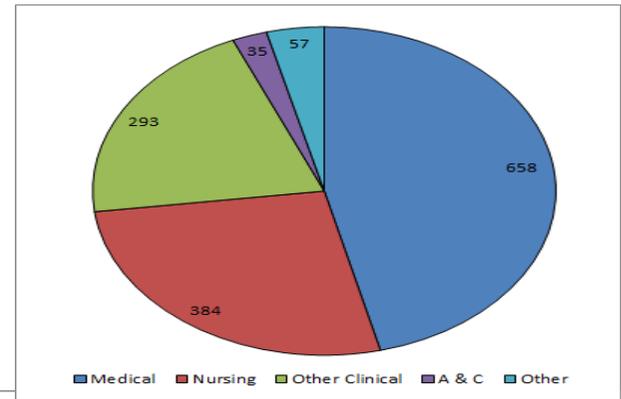
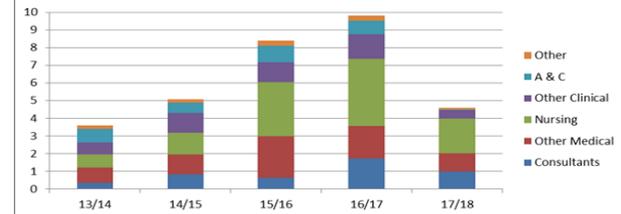
These trends were being experienced nationally within the NHS and as a result NHS Improvement introduced a number of metrics and guidance designed to support Trusts reducing their reliance and spend on agency staff. One of these measures was the introduction of a maximum agency cap (as monitored within the Trusts risk rating). The Trust cap for 2016 / 2017 was £5.1m and was breached by 93%.

Work streams and actions undertaken throughout 2016/17 are now being realised in reduced agency spend during 2017 / 2018. These actions can be allocated to 2 main themes :

- * Reduction in the number of agency staff required - this is evident within the Admin & Clerical category where the Trust currently has none and there has also been a continued reduction in agency medical staff.

- * Reduction in the hourly rate paid. In particular qualified nursing staff who are now all paid within the NHS Improvement capped rates. A number of medical locums continue to be paid higher than the NHSI caps. These have been individually approved by the Trust Medical Director and are reported weekly to NHSI.

Agency Expenditure Trends (£m)



2.1

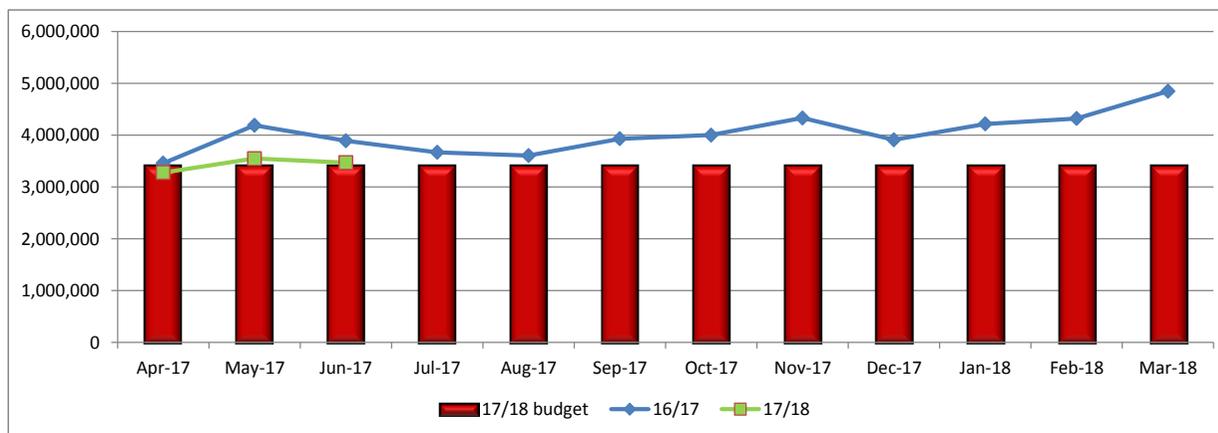
Non Pay Expenditure

Whilst pay expenditure represents approximately 75% of all Trust spend non pay expenditure presents a number of key financial challenges. This analysis focusses on non pay expenditure within the BDUs and therefore excludes provisions and capital charges (depreciation and PDC).

The Trust is forecasting to spend considerably less on non pay compared to last year. This is driven by a number of key areas which are highlighted below.

	Apr-17 £k	May-17 £k	Jun-17 £k	Jul-17 £k	Aug-17 £k	Sep-17 £k	Oct-17 £k	Nov-17 £k	Dec-17 £k	Jan-18 £k	Feb-18 £k	Mar-18 £k	Total £k
2017 / 2018	3,278	3,548	3,469										10,295
2016 / 2017	3,459	4,193	3,890	3,671	3,604	3,931	4,002	4,331	3,909	4,217	4,322	4,849	48,379

Non Pay Category	Budget £k	Actual £k	Variance £k
Clinical Supplies	702	791	90
Drugs	771	944	173
Healthcare subcontracting	859	1,226	366
Hotel Services	541	440	(101)
Office Supplies	1,051	933	(118)
Other Costs	1,208	1,064	(144)
Property Costs	1,525	1,464	(62)
Service Level Agreements	1,546	1,552	6
Training & Education	190	177	(12)
Travel & Subsistence	1,192	987	(204)
Utilities	320	336	16
Vehicle Costs	402	422	21
Total	10,307	10,337	30



Key Messages

Healthcare subcontracting relates to the purchase of all additional bed capacity. As such this includes commissioner commissioned activity which is provided through this method. The Out of Area focus provides further details on this.

Drugs continue to present a financial pressure. The Trust has recently changed pharmacy system and it is expected that this will help drive through future cost reductions and efficiencies.

In this context the term Out of Area expenditure refers to spend incurred in order to provide clinical care to Service Users in non-Trust facilities. The reasons for taking this course of action can often be varied but some key trends are highlighted below.

- Specialist health care requirements of the Service User not available directly from the Trust or not specifically commissioned.
- No current bed capacity to provide appropriate care

On such occasions a clinical decision is made that the best possible care option is to utilise non-Trust resources. Where ever possible service users are placed within the Trust footprint.

This analysis excluded activity relating to Locked Rehab in Barnsley.

Out of Area Expenditure Trend (£)

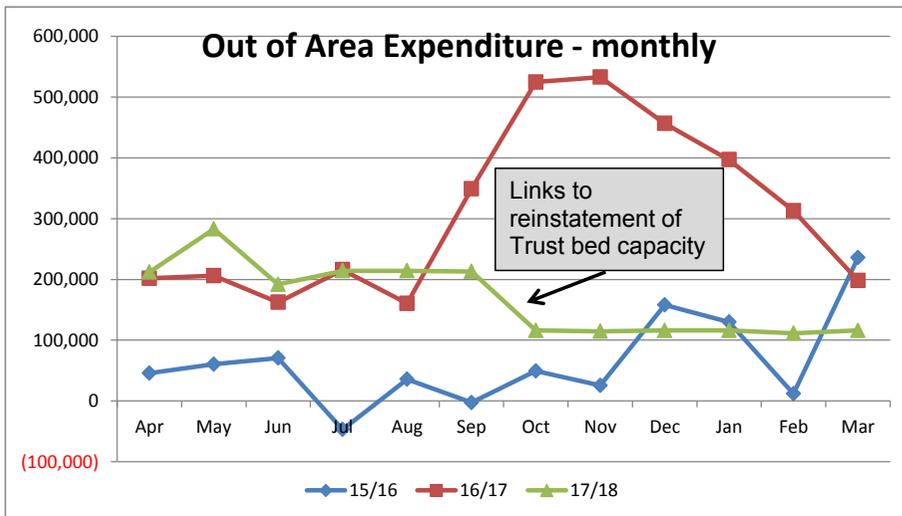
	Apr £000	May £000	Jun £000	Jul £000	Aug £000	Sep £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Mar £000	Total £000
15/16	46	60	71	(47)	36	(3)	49	25	158	130	12	236	772
16/17	202	206	162	216	160	349	525	533	457	397	313	198	3,718
17/18	212	283	192	214	214	213	116	115	116	116	111	116	2,019

Bed Day Trend Information

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
15/16	104	152	192	190	246	42	92	119	180	338	439	504	2,598
16/17	294	272	343	310	216	495	755	726	679	624	416	364	5,494
17/18	282	348	254										884

Bed Day Information 2017 / 2018 (by category)

PICU	198	176	168										542
Acute	84	172	86										342
Gender	0	0	0										0



Expenditure on Out of Area placements increased significantly during 2016 / 2017 but through continued action usage reduced throughout Quarter 3 and 4. This trend has continued in Quarter 1 2017 / 2018.

Current spend is comparable to Quarter 1 in the previous year (16/17 - £909k compared to £884k in 17/18) however no further spike is forecast in year. Indeed expenditure is forecast to reduce from Quarter 3 as the Trust bed capacity is reinstatement with the opening of phase 1 Fieldhead Non Secure project.

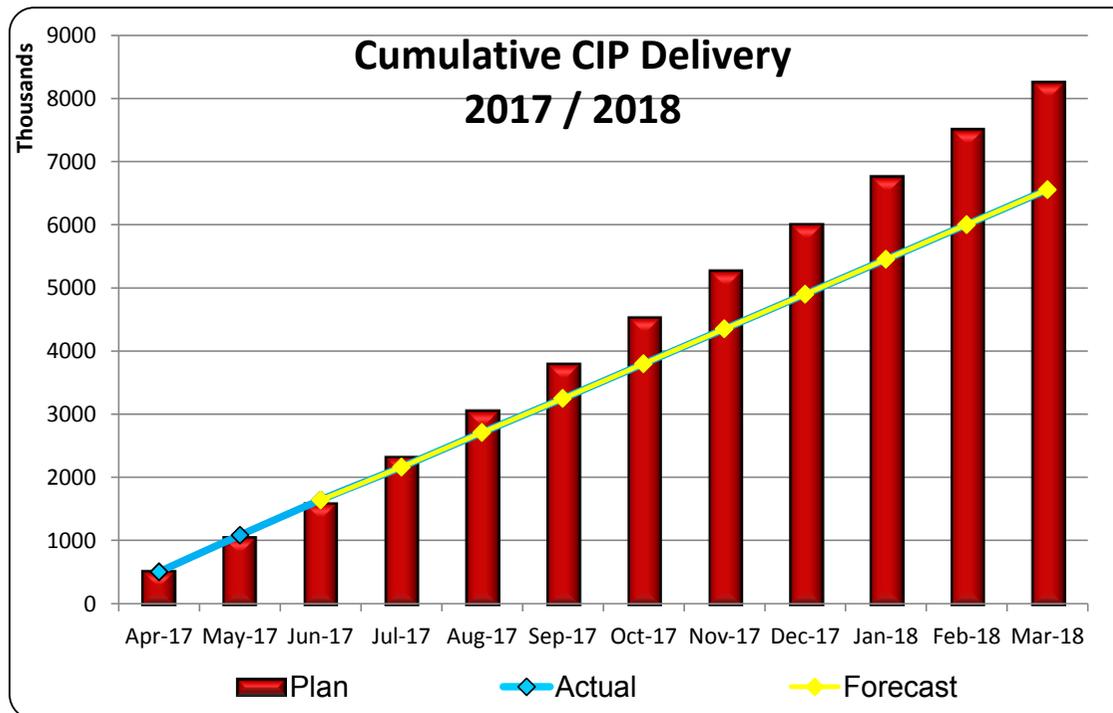
This replaces capacity reduced as a result of the fire in November 2016. To date an interim payment of £500k has been received against the insurance claim. A further payment is currently being pursued. These payments help to offset the cost pressure associated with additional out of area bed usage. Overall costs incurred will exceed the insurance payment leaving a cost pressure with the Trust.

2.1 Cost Improvement Programme 2017 / 2018

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Forecast
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Target - Cumulative	537	1,074	1,610	2,341	3,072	3,809	4,546	5,283	6,021	6,768	7,515	8,262	1,610	8,262

Delivery as originally planned	405	850	1,315	1,770	2,254	2,747	3,255	3,763	4,272	4,780	5,288	5,796	1,315	5,796
Mitigations - Recurrent & Non-Recurrent	99	233	328	393	458	501	544	587	630	673	716	758	328	758
Total Delivery	504	1,083	1,643	2,163	2,712	3,248	3,799	4,350	4,901	5,452	6,003	6,555	1,643	6,555

Variance	(33)	10	33	(178)	(361)	(561)	(747)	(933)	(1,119)	(1,315)	(1,511)	(1,707)	33	(1,707)
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The Trust identified a CIP programme for 2017 / 2018 which totals £8.3m. This included £1.6m of unidentified savings for which specific schemes need to be defined and

The year to date position is marginally ahead (£33k) of plan. This is due to the profile of substitutions being achieved earlier in the year when compared against the original schemes.

Operational BDU schemes are delivering against original targets however an unidentified CIP gap remains. Specific projects are progressing, such as effective rostering and non pay review groups but additional new cost reductions and cost avoidance need to be identified.

The value of these schemes will be included within both the CIP position and overall Trust financial forecast once available.

	2016 / 2017 Plan (YTD)		Actual (YTD)	Note
	£k	£k	£k	
Non-Current (Fixed) Assets	111,199	113,069	113,992	1
Current Assets				
Inventories & Work in Progress	166	215	166	
NHS Trade Receivables (Debtors)	2,138	2,299	795	2
Other Receivables (Debtors)	8,289	7,506	10,783	3
Cash and Cash Equivalents	26,373	23,382	22,031	4
Total Current Assets	36,966	33,402	33,774	
Current Liabilities				
Trade Payables (Creditors)	(7,213)	(6,834)	(5,058)	5
Capital Payables (Creditors)	(1,157)	(752)	(1,275)	5
Accruals	(9,912)	(12,256)	(11,319)	6
Deferred Income	(754)	(950)	(861)	
Total Current Liabilities	(19,036)	(20,792)	(18,512)	
Net Current Assets/Liabilities	17,929	12,610	15,262	
Total Assets less Current Liabilities	129,128	125,679	129,254	
Provisions for Liabilities	(7,550)	(6,763)	(7,369)	
Total Net Assets/(Liabilities)	121,578	118,916	121,885	
Taxpayers' Equity				
Public Dividend Capital	43,665	43,665	43,665	
Revaluation Reserve	18,766	18,413	18,766	
Other Reserves	5,220	5,220	5,220	
Income & Expenditure Reserve	53,928	51,618	54,234	7
Total Taxpayers' Equity	121,578	118,916	121,885	

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

1. Capital expenditure is detailed on page 15. The value of fixed assets is the broughtforward value of assets adjusted for the value of additions, disposals and depreciation

2. NHS debtors are lower than plan, this is expected at the quarter end as debts are settled.

3. Other debtors are higher than planned which includes STF income relating to 2016 / 2017 (c. £2m). This is expected to be received in July 2017.

4. The reconciliation of actual cash flow to plan compares the current month end position to the annual plan position for the same period. This is shown on page 17.

5. Creditors are lower than plan. Steps are taken to pay valid invoices within the Better Payment Policy timescales and to date £306k is older than 30 days. These continue to be targeted for resolution.

6. Accruals are lower than planned.

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

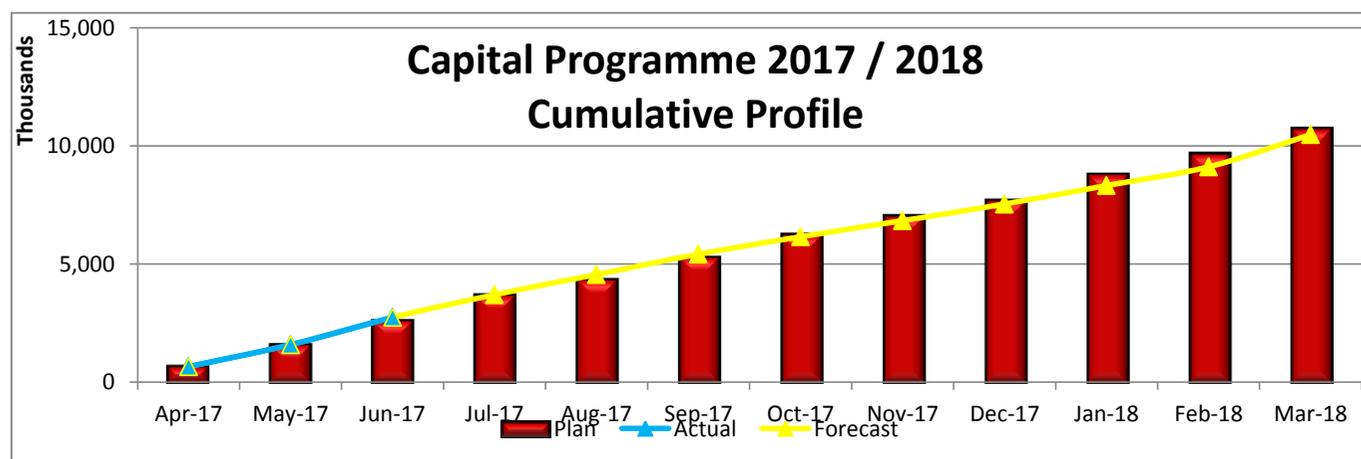
3.1

Capital Programme 2017 / 2018

	Annual Budget £k	Year to Date Plan £k	Year to Date Actual £k	Year to Date Variance £k	Forecast Actual £k	Forecast Variance £k	Note
Maintenance (Minor) Capital							
Facilities & Small Schemes	1,558	376	187	(189)	1,577	20	3
Equipment Replacement	44	44	27	(18)	57	12	
IM&T	2,121	211	83	(128)	2,120	(1)	4
Major Capital Schemes							
Fieldhead Non Secure	7,030	2,027	2,475	448	6,757	(273)	5
VAT Refunds	0	0	(37)	(37)	(37)	(37)	
TOTALS	10,753	2,659	2,735	76	10,474	(279)	2

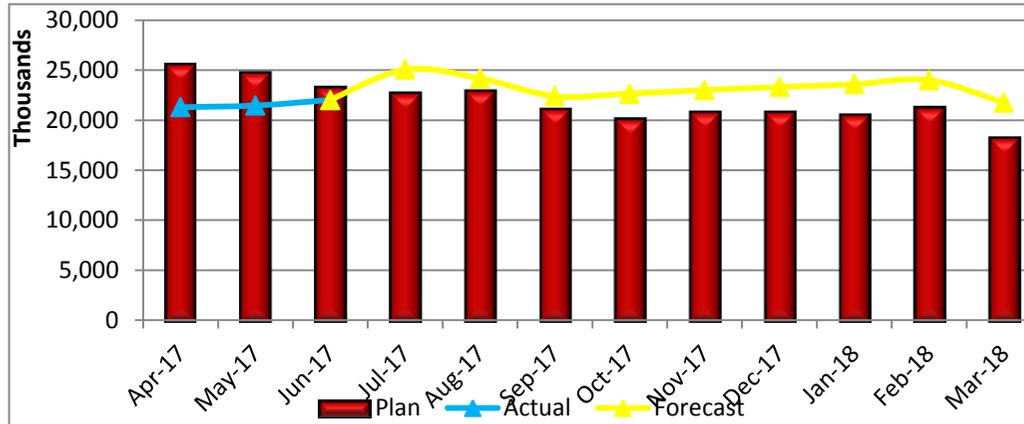
Capital Expenditure 2017 / 2018

1. The Trust capital programme for 2016 / 2017 is £10.8m and schemes are guided by the current Trust Estates Strategy.
2. The year to date position is £76k ahead of plan (3%). Excluding the benefit from arising from successful VAT recovery agreed with HMRC this is £113k ahead of plan.
3. Three minor capital schemes have been delayed but remain forecast to be delivered in year.
4. The IM & T data centre scheme is currently £91k behind plan. This plan has now been approved.
5. Expenditure valuations received on the Fieldhead Non secure scheme are currently under review.

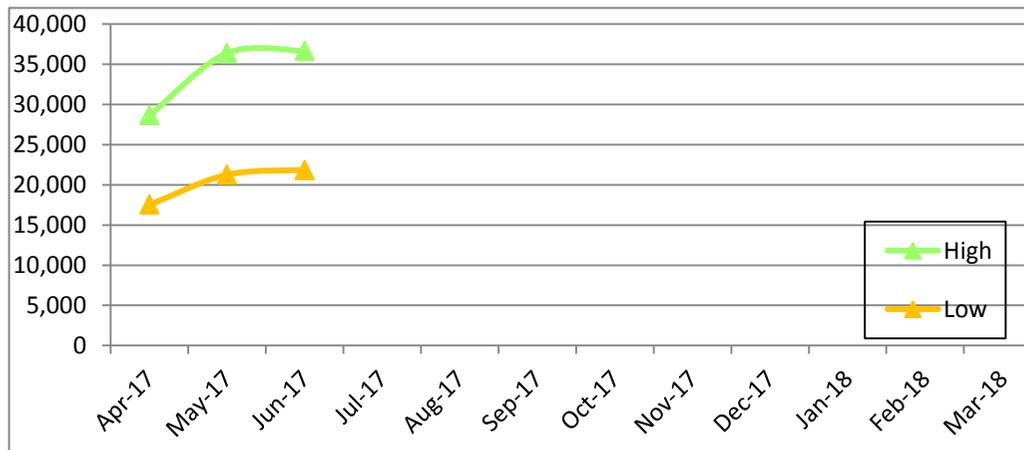


3.2

Cash Flow & Cash Flow Forecast 2017 / 2018



	Plan £k	Actual £k	Variance £k
Opening Balance	25,495	26,373	
Closing Balance	23,382	22,031	(1,351)



Cash is behind plan to date. STF income relating to 2016 / 2017 is expected to be received in July 2017.

The team continue to focus on maximising the Trust cash position. This currently remains focussed on ensuring that invoices are raised and any outstanding debtors are resolved.

A detailed reconciliation of working capital compared to plan is presented on page 17.

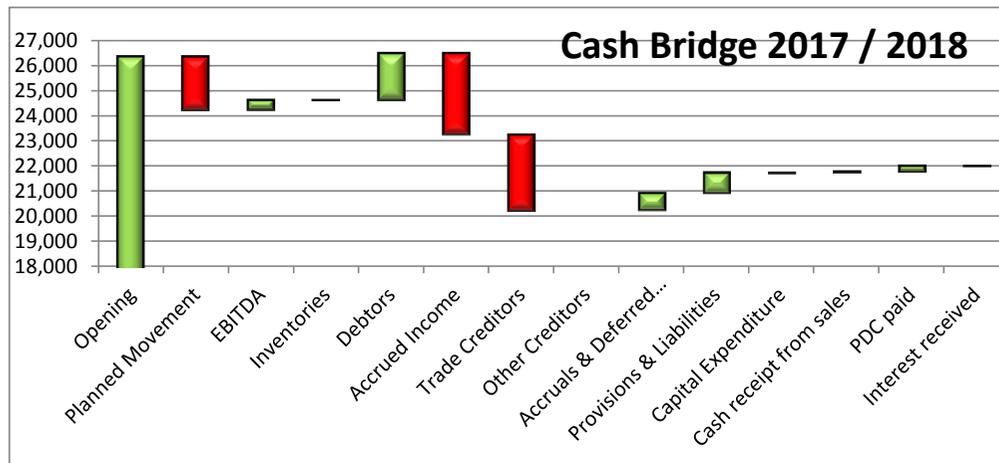
The graph to the left demonstrates the highest and lowest cash balances within each month. This is important to ensure that cash is available as required.

The highest balance is: £36.6m
The lowest balance is: £21.8m

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

3.3 Reconciliation of Cashflow to Cashflow Plan

	Plan £k	Actual £k	Variance £k	Note
Opening Balances	25,495	26,373	878	1
Surplus (Exc. non-cash items & revaluation)	2,234	2,628	394	2
<i>Movement in working capital:</i>				
Inventories & Work in Progress	0	0	0	
Receivables (Debtors)	(500)	1,355	1,855	4
Accrued Income / Prepayments	(1,050)	(4,274)	(3,224)	6
Trade Payables (Creditors)	0	(3,007)	(3,007)	7
Other Payables (Creditors)	0	0	0	
Accruals & Deferred income	850	1,514	664	3
Provisions & Liabilities	(1,000)	(181)	819	
<i>Movement in LT Receivables:</i>				
Capital expenditure & capital creditors	(2,658)	(2,617)	41	
Cash receipts from asset sales	0	231	231	5
PDC Dividends paid	0	0	0	
PDC Dividends received			0	
Interest (paid)/ received	12	9	(3)	
Closing Balances	23,383	22,031	(1,352)	



The plan value reflects the March 2017 submission to NHS Improvement.

Factors which increase the cash position against plan:

1. Brought forward cash position was higher than planned.
2. Surplus position is higher than planned.
3. Accruals are being reviewed with key suppliers chased for invoices. This helps provide assurance over the year to date position.
4. Debtors are higher than plan. These continue to be actively chased with emphasis on older and largest debt.
5. A Trust asset has been sold in June 2017 which was originally planned to be sold in Quarter 4 2017 / 2018. This disposal forms part of the overall Trust Estates Strategy.

Factors which decrease the cash position against plan:

6. Accrued income continues to be higher than plan, this includes the 2016/17 STF funding which is expected to be paid in July 2017. Additionally Quarter 4 2016 / 2017 CQUIN remains to be agreed with commissioners
7. Creditors are lower than planned. Invoices are paid in line with the Trust Better Payment Practice Code.

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

4.0

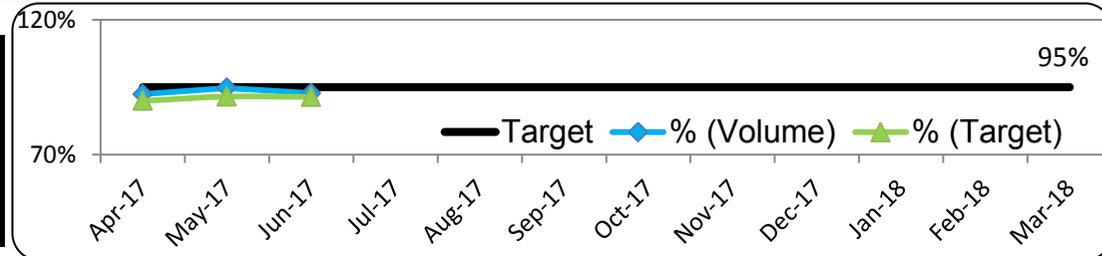
Better Payment Practice Code

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

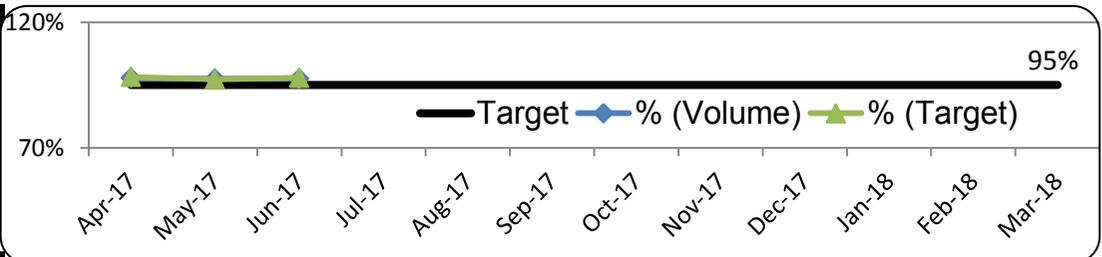
In November 2008 the Trust adopted a Government request for Public Sector bodies to pay local Suppliers within 10 days. This is not mandatory for the NHS.

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

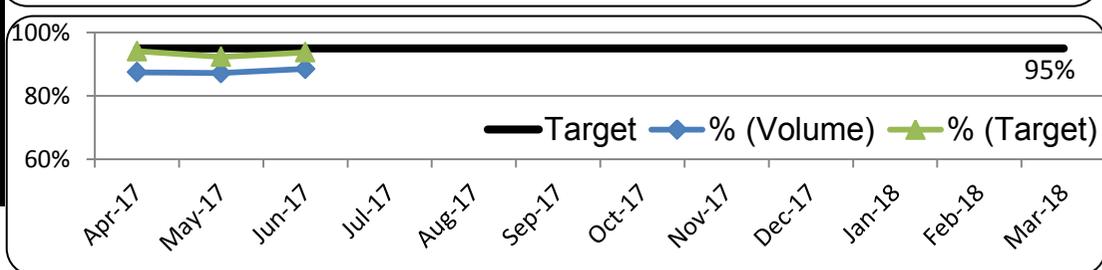
NHS		
	Number	Value
	%	%
Year to May 2017	95%	91%
Year to June 2017	93%	91%



Non NHS		
	Number	Value
	%	%
Year to May 2017	97%	97%
Year to June 2017	97%	98%



Local Suppliers (10 days)		
	Number	Value
	%	%
Year to May 2017	87%	92%
Year to June 2017	88%	94%



4.1

Transparency Disclosure

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

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

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

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

Date	Expense Type	Expense Area	Supplier	Transaction Number	Amount (£)
20-Apr-17	Membership	Trustwide	Care Quality Commission	3032798	245,652
26-May-17	Lease Rent	Calderdale	Calderdale and Huddersfield NHS Foundation Trust	3036308	212,218
23-May-17	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3035906	100,302
15-Jun-17	CNST contributions	Trustwide	NHS Litigation Authority	3038249	47,581
03-May-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3033966	43,401
23-May-17	Other	Forensics	Leeds Community Healthcare NHS Trust	3035902	36,500
08-Jun-17	Staff Recharge	Trustwide	Leeds and York Partnership NHS FT	3037468	32,420
06-Apr-17	Drugs	Wakefield	Mid Yorkshire Hospitals NHS Trust	3031503	29,211

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

Appendix 2 - Workforce - Performance Wall

Barnsley District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.80%	4.90%	4.90%	4.50%	4.60%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.90%	5.70%	5.20%	4.50%	4.70%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	95.00%	95.50%	96.60%	7.00%	24.00%	76.60%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.60%	95.30%	96.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	82.30%	77.60%	76.20%	77.50%	71.90%	81.70%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	82.40%	82.50%	81.30%	81.90%	79.10%	78.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	75.50%	78.20%	77.90%	76.00%	74.70%	79.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	88.60%	89.40%	89.00%	88.20%	88.50%	89.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.20%	82.60%	81.50%	78.80%	80.80%	79.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	80.70%	80.30%	79.60%	77.50%	76.10%	73.30%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	88.80%	87.80%	86.70%	86.40%	87.10%	87.10%
Information Governance	Resources	Well Led	AD	>=95%	91.80%	94.90%	95.40%	91.30%	89.80%	89.60%
Moving and Handling	Resources	Well Led	AD	>=80%	82.20%	83.70%	82.80%	83.10%	81.90%	82.30%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.60%	90.40%	89.90%	89.50%	89.30%	86.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.90%	88.40%	88.20%	88.00%	86.50%	86.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	98.20%	97.40%	95.70%	94.70%	94.60%	93.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	47.10%	51.50%	55.90%	54.60%	56.90%	64.30%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	34.40%	38.30%	42.90%	44.60%	41.20%	55.60%
Agency Cost	Resources	Effective	AD		£148k	£143k	£115k	£92k	£109k	£118k
Overtime Costs	Resources	Effective	AD		£6k	£4k	£4k	£7k	£3k	£4k
Additional Hours Costs	Resources	Effective	AD		£18k	£23k	£25k	£32k	£20k	£21k
Sickness Cost (Monthly)	Resources	Effective	AD		£172k	£163k	£167k	£130k	£144k	£139k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		133.8	136.67	131.92	111.33	108	113.58
Business Miles	Resources	Effective	AD		107k	101k	102k	108k	91k	97k

Calderdale and Kirklees District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	5.00%	5.00%	4.30%	4.50%	4.50%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.30%	5.20%	4.90%	4.30%	4.60%	4.70%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	98.50%	98.20%	98.50%	3.00%	14.90%	58.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	95.30%	95.80%	96.50%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	77.40%	77.40%	75.80%	74.30%	72.30%	73.90%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	70.10%	72.10%	72.80%	75.20%	75.40%	77.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	63.80%	65.80%	69.40%	72.40%	71.30%	73.10%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.00%	89.70%	86.50%	86.20%	84.50%	82.00%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.20%	81.70%	80.90%	81.10%	80.50%	79.40%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	79.20%	79.10%	78.70%	79.60%	78.30%	79.20%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.20%	78.30%	78.90%	78.00%	78.80%	80.20%
Information Governance	Resources	Well Led	AD	>=95%	94.50%	96.70%	97.50%	92.80%	92.60%	90.70%
Moving and Handling	Resources	Well Led	AD	>=80%	77.40%	79.50%	79.80%	79.30%	76.10%	76.00%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.40%	89.60%	88.60%	87.40%	86.80%	85.40%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	85.30%	84.20%	83.70%	83.00%	82.80%	80.60%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	96.40%	95.90%	95.80%	95.50%	93.30%	93.30%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	33.30%	39.60%	58.00%	61.10%	75.40%	83.30%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	22.70%	30.30%	49.40%	52.30%	67.10%	77.60%
Agency Cost	Resources	Effective	AD		£173k	£177k	£165k	£76k	£61k	£79k
Overtime Costs	Resources	Effective	AD		£9k	£5k	£3k	£3k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£1k	£1k	£1k	£1k	£2k	£2k
Sickness Cost (Monthly)	Resources	Effective	AD		£109k	£100k	£112k	£93k	£101k	£103k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		50.69	47.64	40.79	85.41	75.52	71.45
Business Miles	Resources	Effective	AD		58k	54k	57k	62k	58k	68k

Appendix - 2 - Workforce - Performance Wall cont...

Forensic Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	6.40%	6.40%	6.40%	7.10%	6.30%	5.90%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	8.00%	6.80%	6.20%	7.10%	5.60%	5.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.20%	93.70%	93.70%	10.30%	21.20%	85.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	82.50%	88.50%	90.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	85.40%	83.40%	84.50%	85.80%	85.30%	87.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	60.50%	62.60%	66.60%	68.30%	74.00%	73.30%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	26.70%	45.10%	50.80%	54.70%	65.00%	71.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.90%	92.30%	92.00%	89.20%	86.60%	85.90%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.60%	85.40%	86.70%	85.90%	83.40%	86.20%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	87.10%	86.70%	88.00%	89.20%	88.30%	88.80%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	81.50%	82.70%	82.20%	81.70%	84.90%	86.70%
Information Governance	Resources	Well Led	AD	>=95%	90.90%	95.50%	97.60%	91.50%	92.70%	92.30%
Moving and Handling	Resources	Well Led	AD	>=80%	85.50%	85.40%	87.20%	84.90%	82.90%	84.10%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	90.90%	92.10%	92.30%	92.30%	91.70%	90.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	87.90%	87.60%	87.80%	88.40%	87.90%	85.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	82.40%	93.80%	80.00%	75.00%	51.70%	64.50%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	33.80%	42.40%	65.40%	65.70%	70.70%	84.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	18.50%	30.10%	55.80%	56.00%	61.90%	77.50%
Agency Cost	Resources	Effective	AD		£114k	£128k	£95k	£58k	£54k	£46k
Overtime Costs	Resources	Effective	AD		£-1k	£0k	£3k	£0k	£0k	£0k
Additional Hours Costs	Resources	Effective	AD		£0k	£1k	£5k	£2k	£2k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£78k	£53k	£54k	£62k	£51k	£45k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		46.25	49.44	50.2	49.29	47.49	48.04
Business Miles	Resources	Effective	AD		5k	15k	9k	8k	5k	5k

Specialist Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.90%	5.00%	5.00%	5.90%	6.00%	5.70%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.80%	6.00%	5.70%	5.90%	6.00%	5.00%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	84.30%	87.40%	87.50%	3.80%	9.40%	39.90%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	66.70%	70.30%	71.20%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	73.10%	72.00%	72.30%	72.70%	75.20%	77.40%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	71.50%	71.80%	70.40%	70.70%	69.20%	68.20%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	33.20%	38.10%	39.70%	43.50%	46.50%	52.40%
Equality and Diversity	Resources	Well Led	AD	>=80%	89.10%	88.30%	87.40%	85.70%	84.80%	83.20%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	80.40%	79.50%	80.10%	78.60%	80.20%	80.00%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	58.30%	62.50%	60.00%	59.10%	56.50%	56.50%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	86.30%	86.50%	85.90%	84.40%	83.30%	82.10%
Information Governance	Resources	Well Led	AD	>=95%	92.70%	96.00%	97.30%	92.80%	91.50%	92.30%
Moving and Handling	Resources	Well Led	AD	>=80%	80.90%	80.90%	77.00%	75.70%	75.80%	76.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	85.20%	83.80%	83.00%	82.10%	82.40%	83.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	88.10%	87.30%	84.70%	86.80%	85.20%	86.30%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	89.30%	87.80%	87.90%	87.80%	86.90%	88.90%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	31.60%	37.50%	55.60%	58.30%	62.70%	75.90%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	11.70%	17.50%	42.70%	54.70%	57.80%	71.40%
Agency Cost	Resources	Effective	AD		£88k	£165k	£261k	£178k	£167k	£169k
Overtime Costs	Resources	Effective	AD		£2k	£3k	£2k	£2k	£3k	£1k
Additional Hours Costs	Resources	Effective	AD		£3k	£4k	£5k	£5k	£4k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£71k	£68k	£74k	£70k	£82k	£63k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		71.96	64.87	57.42	53.47	51.56	52.4
Business Miles	Resources	Effective	AD		38k	38k	31k	39k	33k	38k

Appendix 2 - Workforce - Performance Wall cont...

Support Services										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	4.70%	4.70%	4.80%	4.20%	4.40%	4.60%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	5.60%	5.50%	4.80%	4.20%	4.70%	4.80%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	92.10%	92.20%	93.70%	7.10%	17.40%	93.40%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	94.30%	95.30%	95.50%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	64.80%	68.70%	71.10%	68.60%	73.00%	71.30%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	84.80%	90.90%	86.50%	86.10%	86.80%	82.90%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	20.00%	100.00%	16.70%	28.60%
Equality and Diversity	Resources	Well Led	AD	>=80%	87.10%	87.90%	87.80%	87.50%	86.40%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	84.90%	84.90%	85.90%	87.70%	87.10%	84.80%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	98.40%	98.40%	96.80%	99.20%	98.30%	96.70%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	83.20%	83.90%	84.80%	85.50%	86.00%	85.70%
Information Governance	Resources	Well Led	AD	>=95%	89.10%	93.00%	93.40%	92.20%	93.40%	92.90%
Moving and Handling	Resources	Well Led	AD	>=80%	82.60%	85.90%	85.80%	85.80%	72.60%	78.90%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	89.70%	89.70%	90.90%	90.90%	89.80%	89.50%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	90.80%	91.00%	86.40%	86.10%	86.60%	82.50%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	100.00%	100.00%	100.00%	100.00%	20.00%	33.30%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	91.00%	91.60%	92.90%	93.70%	94.80%	97.40%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	19.10%	29.80%	33.30%	38.80%	53.10%	64.40%
Agency Cost	Resources	Effective	AD		£32k	£26k	£33k	£8k	£5k	£10k
Overtime Costs	Resources	Effective	AD		£1k	£1k	£0k	£5k		£3k
Additional Hours Costs	Resources	Effective	AD		£18k	£16k	£13k	£14k	£8k	£13k
Sickness Cost (Monthly)	Resources	Effective	AD		£86k	£75k	£84k	£68k	£79k	£79k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		60.89	55.36	52.39	23.23	43.12	40.07
Business Miles	Resources	Effective	AD		40k	47k	39k	40k	29k	39k

Wakefield District										
Month	Objective	CQC Domain	Owner	Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
Sickness (YTD)	Resources	Well Led	AD	<=4.4%	5.20%	5.30%	5.40%	5.00%	4.80%	5.10%
Sickness (Monthly)	Resources	Well Led	AD	<=4.4%	7.30%	6.90%	6.00%	5.00%	4.60%	5.60%
Appraisals (Band 6 and above)	Resources	Well Led	AD	>=95%	94.60%	95.20%	94.60%	2.10%	16.10%	67.70%
Appraisals (Band 5 and below)	Resources	Well Led	AD	>=95%	89.00%	88.80%	91.00%	Avail Sept 17		
Aggression Management	Quality & Experience	Well Led	AD	>=80%	80.80%	82.60%	80.40%	81.10%	80.40%	80.80%
Cardiopulmonary Resuscitation	Health & Wellbeing	Well Led	AD	>=80%	60.40%	61.30%	62.60%	65.00%	69.70%	66.00%
Clinical Risk	Quality & Experience	Well Led	AD	>=80%	57.10%	60.60%	59.70%	63.40%	61.50%	65.00%
Equality and Diversity	Resources	Well Led	AD	>=80%	91.00%	89.60%	87.10%	86.00%	86.80%	86.50%
Fire Safety	Health & Wellbeing	Well Led	AD	>=80%	86.00%	84.10%	83.10%	78.90%	80.90%	82.50%
Food Safety	Health & Wellbeing	Well Led	AD	>=80%	77.90%	76.50%	75.20%	76.70%	75.00%	72.90%
Infection Control and Hand Hygiene	Quality & Experience	Well Led	AD	>=80%	78.70%	78.50%	78.40%	77.80%	77.10%	79.30%
Information Governance	Resources	Well Led	AD	>=95%	92.30%	95.50%	97.20%	91.80%	92.30%	93.50%
Moving and Handling	Resources	Well Led	AD	>=80%	73.10%	72.20%	75.00%	72.60%	71.30%	71.50%
Safeguarding Adults	Health & Wellbeing	Well Led	AD	>=80%	88.70%	88.40%	87.50%	86.40%	85.30%	85.60%
Safeguarding Children	Health & Wellbeing	Well Led	AD	>=80%	82.30%	80.70%	79.40%	77.90%	77.40%	78.70%
Sainsbury's clinical risk assessment tool	Quality & Experience	Well Led	AD	>=80%	94.90%	95.20%	93.10%	93.50%	92.50%	93.40%
Mental Capacity Act/DOLS	Quality & Experience	Well Led	AD	>=80%	34.00%	40.90%	57.60%	59.30%	59.10%	73.10%
Mental Health Act	Quality & Experience	Well Led	AD	>=80%	26.50%	33.40%	49.30%	50.30%	49.70%	66.90%
Agency Cost	Resources	Effective	AD		£107k	£91k	£164k	£88k	£31k	£77k
Additional Hours Costs	Resources	Effective	AD		£2k	£3k	£3k	£2k	£4k	£4k
Sickness Cost (Monthly)	Resources	Effective	AD		£75k	£67k	£69k	£52k	£47k	£58k
Vacancies (Non-Medical) (WTE)	Resources	Well Led	AD		68.48	69.36	64.28	50.56	48.56	43.91
Business Miles	Resources	Effective	AD		36k	32k	34k	32k	29k	38k

Glossary

ADHD	Attention deficit hyperactivity disorder	FT	Foundation Trust	NHSI	NHS Improvement
AQP	Any Qualified Provider	FYFV	Five Year Forward View	NICE	National Institute for Clinical Excellence
ASD	Autism spectrum disorder	HEE	Health Education England	NK	North Kirklees
AWA	Adults of Working Age	HONOS	Health of the Nation Outcome Scales	OOA	Out of Area
AWOL	Absent Without Leave	HR	Human Resources	OPS	Older People's Services
B/C/K/W	Barnsley, Calderdale, Kirklees, Wakefield	HSJ	Health Service Journal	PbR	Payment by Results
BDU	Business Delivery Unit	HSCIC	Health and Social Care Information Centre	PCT	Primary Care Trust
C&K	Calderdale & Kirklees	HV	Health Visiting	PICU	Psychiatric Intensive Care Unit
C. Diff	Clostridium difficile	IAPT	Improving Access to Psychological Therapies	PREM	Patient Reported Experience Measures
CAMHS	Child and Adolescent Mental Health Services	ICD10	International Statistical Classification of Diseases and Related Health Problems	PROM	Patient Reported Outcome Measures
CAPA	Choice and Partnership Approach	IG	Information Governance	PSA	Public Service Agreement
CCG	Clinical Commissioning Group	IHBT	Intensive Home Based Treatment	PTS	Post Traumatic Stress
CGCSC	Clinical Governance Clinical Safety Committee	IM&T	Information Management & Technology	QIA	Quality Impact Assessment
CIP	Cost Improvement Programme	Inf Prevent	Infection Prevention	QIPP	Quality, Innovation, Productivity and Prevention
CPA	Care Programme Approach	IPC	Infection Prevention Control	QTD	Quarter to Date
CPPP	Care Packages and Pathways Project	IWMS	Integrated Weight Management Service	RAG	Red, Amber, Green
CQC	Care Quality Commission	KPIs	Key Performance Indicators	RiO	Trusts Mental Health Clinical Information System
CQUIN	Commissioning for Quality and Innovation	LA	Local Authority	SIs	Serious Incidents
CROM	Clinician Rated Outcome Measure	LD	Learning Disability	S BDU	Specialist Services Business Delivery Unit
CRS	Crisis Resolution Service	MARAC	Multi Agency Risk Assessment Conference	SK	South Kirklees
CTLD	Community Team Learning Disability	Mgt	Management	SMU	Substance Misuse Unit
DoC	Duty of Candour	MAV	Management of Aggression and Violence	STP	Sustainability and Transformation Plans
DoV	Deed of Variation	MBC	Metropolitan Borough Council	SU	Service Users
DoC	Duty of Candour	MH	Mental Health	SWYFT	South West Yorkshire Foundation Trust
DQ	Data Quality	MHCT	Mental Health Clustering Tool	SYBAT	South Yorkshire and Bassetlaw local area team
DTOC	Delayed Transfers of Care	MRSA	Methicillin-resistant Staphylococcus aureus	TB	Tuberculosis
EIA	Equality Impact Assessment	MSK	Musculoskeletal	TBD	To Be Decided/Determined
EIP/EIS	Early Intervention in Psychosis Service	MT	Mandatory Training	WTE	Whole Time Equivalent
EMT	Executive Management Team	NCI	National Confidential Inquiries	Y&H	Yorkshire & Humber
FOI	Freedom of Information	NHS TDA	National Health Service Trust Development Authority	YTD	Year to Date
FOT	Forecast Outturn	NHSE	National Health Service England		

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

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

NHSI Key - 1 – Maximum Autonomy, 2 – Targeted Support, 3 – Support, 4 – Special Measures

Produced by Performance & Information

Trust Board 25 July 2017 Agenda item 7.2

Title:	Customer services report – Quarter 1 (April to June) 2017/18
Paper prepared by:	Director of Corporate Development
Purpose:	To note feedback on experience of using Trust services received via the Customer Services function, the themes arising, learning and action taken in response to feedback. To note also the summary Friends and Family Test results, comments and benchmarking and the number and types of requests received by the Trust under the Freedom of Information (FOI) Act.
Mission/values:	<p>A positive service user experience underpins the Trust's mission and values. Ensuring people have access and opportunity to feedback their views and experiences of care, is essential to delivering the Trust's values and is part of how we ensure people have a say in public services.</p> <p>The Trust is committed to responding openly and transparently to all requests for information under FOI.</p>
Any background papers/ previously considered by:	<p>Trust Board reviews the Customer Services Policy, with the last review in June 2017. The Board also reviews feedback received via the Customer Services function on a quarterly basis.</p> <p>Trust Board reviews Key Performance Indicators (KPIs) on complaints management in the Integrated Performance Report.</p> <p>Work is currently underway to improve the timeliness of drafting responses following investigation which has been adversely impacted by maternity leave and long term sickness absence. Action to address this is underway. Responses are also subject to increased scrutiny, with district directors reviewing complaint responses prior to review by the Chief Executive. A 'paper-light' process is being introduced to mitigate delay as far as possible.</p> <p>Fortnightly reporting to BDUs is enabling increased scrutiny of issues and themes, complaints investigation, response timeframes and action planning, to ensure service improvement in response to feedback.</p> <p>The customer services team continue to promote the function through leaflets and posters. The team also work with services and team to encourage signposting to Customer Services as a single gateway to raise issues with the Trust.</p>
Executive summary:	<p>Customer Services Report – Quarter 1 2017/18</p> <p>This report provides information on feedback received through Customer Services, the themes indicated, lessons learned and action taken in response to feedback. This report supplements information supplied to BDUs every 2 weeks.</p>

In Q1, there were 106 formal complaints, 72 compliments, 393 general enquiries and staff contacts were responded to and there were 78 requests to access information under the Freedom of Information Act.

Most complaints contain a number of issues; the most frequently raised issues were access to treatment / medication, values and behaviours, patient care, communication, admission and discharge and clinical treatment.

Key areas to note:

- There were 21 more formal complaints made about Trust services than in the previous quarter.
- The Customer Services Team continues to remind services to share compliments to ensure they are acknowledged and recorded at a corporate level in a timely manner.
- Work is ongoing to improve the time taken to prepare draft responses following investigation of issues. This has been impacted by sickness absence and maternity leave. The team has been joined on a temporary basis by a forensic staff nurse who is currently unable to work in a clinical setting.
- The PHSO was not requested to review any new complaints during quarter 1. Decisions on 2 cases were received – 1 partially upheld, 1 not upheld. EMT now reviews all action plans arising from PHSO decisions prior to their submission to the Ombudsman.
- The Trust results for the Friends and Family Test improved from quarter 4 with a recommend rate of 91%, compared to 87% in the previous quarter.
- The Trust continues to process a substantial number of FOIs, but the number was lower than the previous quarter. Requesters are directed to the publication scheme where possible, but most require a response by the information owner with exemptions applied where applicable.
- The Information Commissioner issued a decision notice regarding an FOI about art therapy in Calderdale. Additional information was shared with the requestor (extracted and redacted from a staff supervision record) with no further action required of the Trust and no penalty.

This report is shared with The Members' Council, distributed to commissioners and is subject to discussion at Quality Boards and through contracting processes. It is also shared with Healthwatch across the Trust's geography.

The information is also reviewed at BDU governance meetings.

Risk Appetite

The Customer Services report provides information to the Board on feedback about the quality of 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.

	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.
Recommendation:	Trust Board is asked to REVIEW and NOTE the feedback received through Customer Services in Q1 of financial year 2017/18.
Private session:	Not applicable.



**South West
Yorkshire Partnership**
NHS Foundation Trust

A large decorative graphic consisting of a central white circle surrounded by concentric rings of blue brushstrokes, creating a textured, circular pattern.

Customer Services Report Quarter 1 2017- 2018

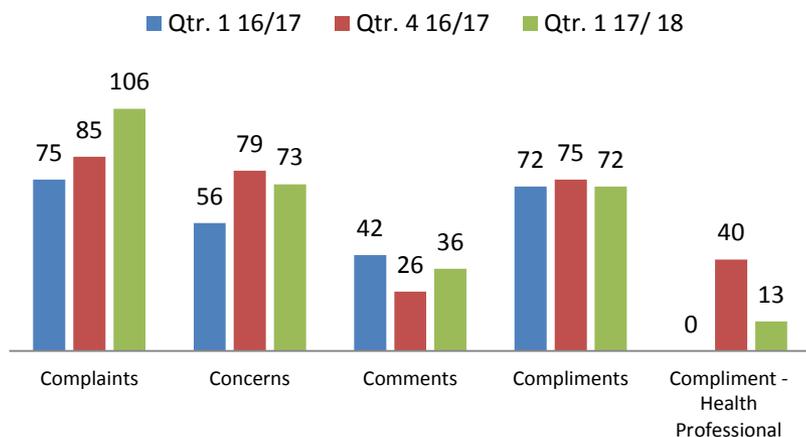
With all of us in mind.

Summary:

- Feedback received through complaints, concerns, comments and compliments totalled 300 in **Qtr. 1**, a **decrease** on the previous quarter when feedback totalled **480**.
- **106** formal complaints were received, an **increase** on the previous quarter when **85** complaints were received. **58** formal complaints were closed, **6 within 40 days**.
- **109** comments/concerns were received. This was in line with the previous quarter total of **105**.
- **72** compliments were received (75 in Qtr. 4). The team is promoting the importance of submitting compliments so that they can be formally acknowledged and best practice shared.
- **177** general enquires were responded to in Qtr. 1 in addition to 4C's management. Sign-posting to Trust services was the most frequent enquiry. **216** staff contacts were recorded.
- **Access to treatment and drugs** was identified as the most frequently raised negative issue (39). This was followed by **values and behaviours (staff)** (37), **patient care** (35), **communication** (20), **admission and discharge** (19), and **clinical treatment** (9). [Most complaints contained a number of themes].
- **91%** of people who completed the Friends and Family Test said they would recommend Trust services, **6%** were unsure and **3% would not recommend them**.

In June 2017, the Trust was re-accredited against the nationally recognised Customer Services Excellence standard. The standard provides a tool to drive forward customer focussed change within organisations. The Trust retained accreditation with 'compliance plus' against 7 of the assessed elements. A range of services participated in the assessment including mental health in-patients, older people's services, CAMHS and end of life care as well as senior managers, library services and creative minds. The assessor praised Trust staff for their work saying it was 'A privilege to work with such a great organisation with passionate, committed and focussed staff'.

Trust wide

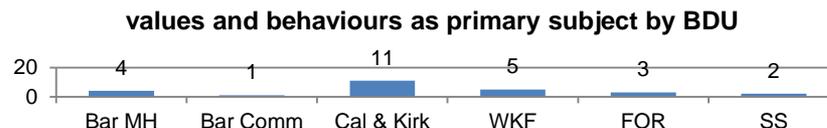


Values and Behaviours (staff)

The Trust received 36 complaints in 2017/18 that included staff attitude as a factor. Staff attitude was the primary subject matter in 15 complaints and the only factor in 11 complaints.

Across staff groups this related to 20 nurses, 11 consultants, 2 administrative staff and 3 allied health professionals.

A further 25 comments and concerns were received which referenced staff attitude but were resolved by the service line to the individual's satisfaction.



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.

	complaint	concern	comment
Barnsley Hospital NHS Foundation Trust	2	0	0
Calderdale and Huddersfield NHS Foundation NHS Trust	0	0	1
Calderdale Metropolitan Borough Council	0	1	0
NHS Calderdale CCG	1	0	0
NHS England	1	0	0
NHS Greater Huddersfield CCG	1	0	0
Sheffield Teaching Hospital	0	1	0
Care Quality Commission	0	1	0
Member of Parliament	2	5	2



NHS Choices

The Trust recognises that NHS Choices 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.

14 individuals posted comments on NHS Choices and Patient Opinion in Qtr. 1. 2 positive experiences were recorded, 1 related to the Tissue Viability service in Barnsley and 1 to Ashdale Ward, The Dales. 12 negative comments were noted, 1 related to Physiotherapy services, 1 to Elmdale ward, The Dales and 1 to The Stroke Unit, Barnsley. 9 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. Follow up in this way is limited.



PHSO

No complainants asked the PHSO to review their case in Qtr. 1. Formal decisions were received about 2 cases in the period:

- A complaint about Wakefield Community Services was partially upheld. Action plans are currently being developed to address the recommendations – these will be approved by the Executive Management Team before submission to PHSO. The recommendations include the need to ensure full and comprehensive assessment is offered and to consider alternative treatments for Post Traumatic Stress Disorder. The PHSO awarded financial redress in the sum of £750 in this case. Payment has been made by the service.
- Calderdale and Kirklees Community services received a decision that the PHSO did not uphold a complaint about perceived lack of support from services.



Mental Health Act

1 complainant raised concerns with the Trust in Qtr. 1 regarding detention under the Mental Health Act. The service user 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.

Care Quality Commission (CQC)/ Information Commissioner 's Office (ICO)

There was no contact by the CQC with the Customer Services function in quarter 1.

The ICO contacted the team regarding 2 Freedom of Information requests where the requestors had asked the ICO to review the Trust's response. Both requests related to art therapy in Calderdale. A decision on 1 review has already been received. The ICO's decision is that the Trust should have shared redacted extracts from a staff supervision record within 20 days of the request. The Trust has complied with this. No further action is required by the Trust and no penalty has been applied. The outcome of the second review is still awaited.

Equality Data

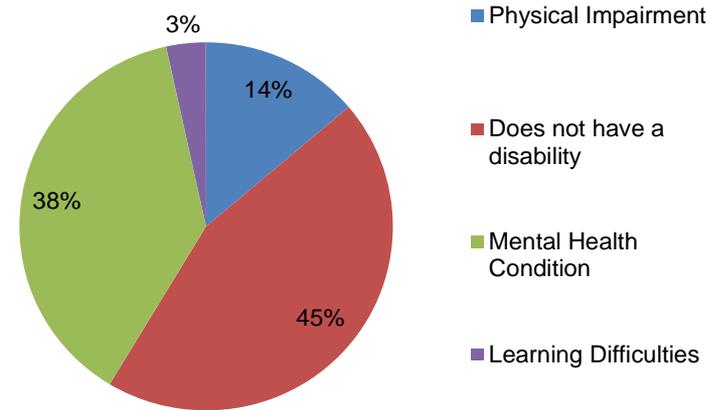
Equality data is an indicator of who accesses the complaints process. It is about the person raising the issue, who is not necessarily the person receiving services. Data is captured, where possible, at the time a formal complaint is made, or as soon as telephone contact is made following receipt of 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.

58 complaints were closed. Complaints were raised by service users (29), and carers/ and/ or family members (24) and by third party (5) . Equality data was collected for 49 contacts, 4 complainants declined to provide equality data. Data is not collected about third party agents.

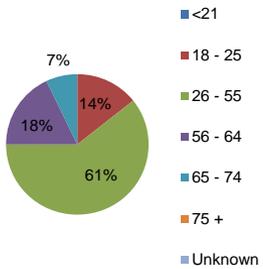
The Team continues to explore best practice in equality data capture, both internally with teams and externally with partner organisations and networks, and incorporates any learning into routine processes.

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.

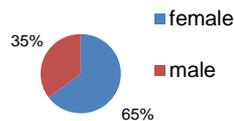
Trust wide - Disability



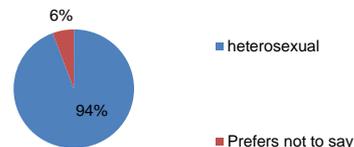
Trust wide - Age



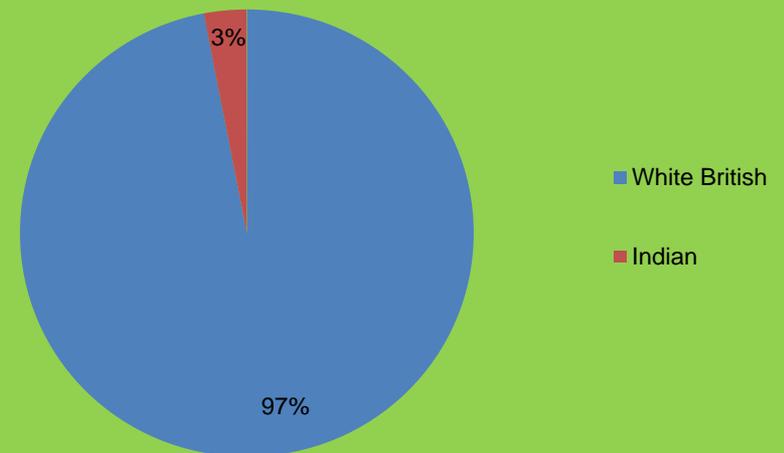
Trust wide - Gender



Trust wide - sexual orientation

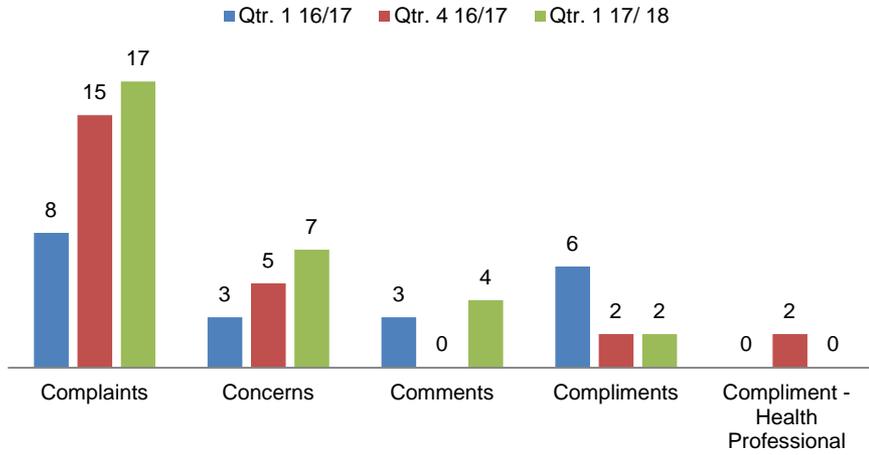


Trust wide - Ethnicity

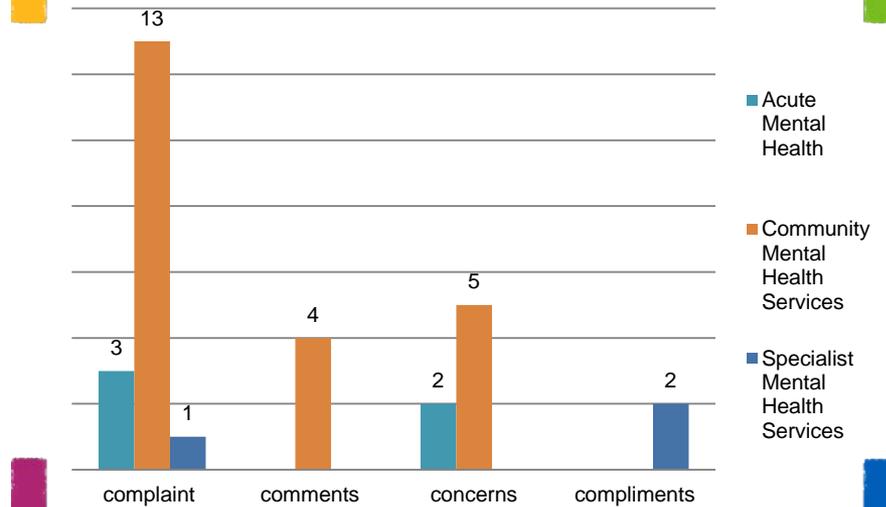


Barnsley Business Delivery Unit Mental Health Services

number of issues



issues by service line



Learning:

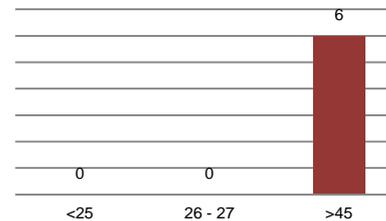
- Staff will ensure that clear information is provided to service users and carers regarding any side effects of prescribed medication. – **CMHT – Dearne**
- Administrative procedures have been changed to ensure that service users are offered regular update whilst on the waiting list. – **IAPT**
- Staff have been reminded of the importance of formulating care plans with service users and offering clear explanations – **Clarke Ward.**

Top Five Themes

1. Admission and discharge
2. Values and behaviours
3. Appointments
4. Communication
5. Patient care

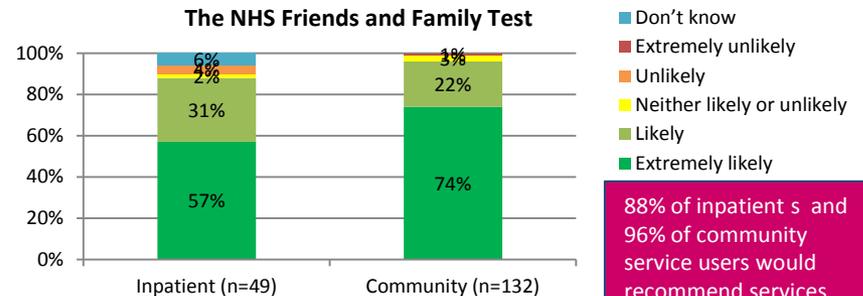
'I am writing to personally thank the named health professional for her kindness, professionalism and guidance in helping us through a difficult time and assisting in the final diagnosis of dementia for my mum'. – Memory Services

response rate



BDUs receive fortnightly reports on complaints management and learning from closed cases. The time taken to prepare letters from investigation toolkits has increased due to staff maternity leave and long term sickness. Action is being taken to mitigate the delay. Scrutiny of issues and responses has also added to response times. Customer Services staff keep complainants updated on progress.

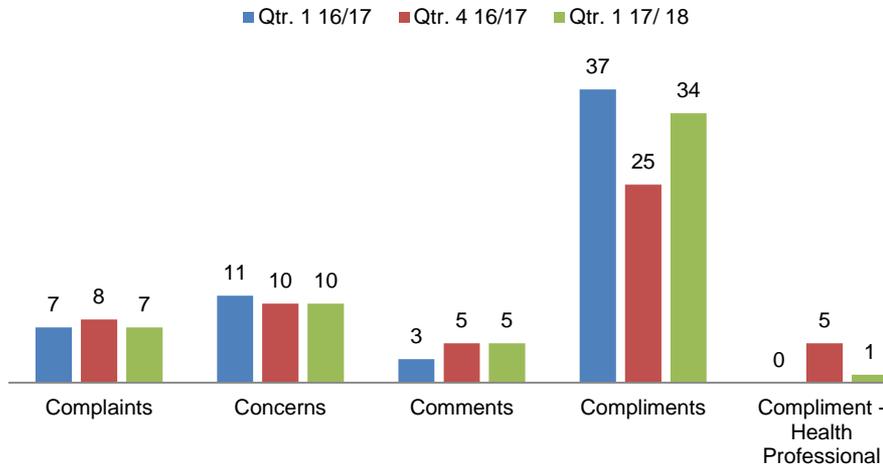
The NHS Friends and Family Test



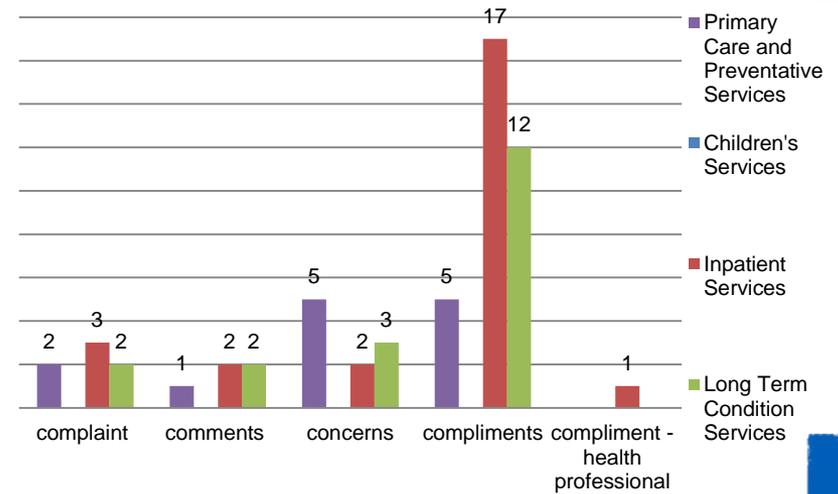
88% of inpatient s and 96% of community service users would recommend services

Barnsley Business Delivery Unit General Community Services

issues



issues by service line



Learning:

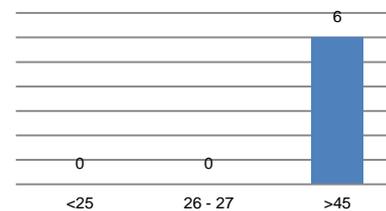
- Staff will ensure that the aims of rehabilitation are fully explained to service users at the initial assessment. - **Ward 5, Mount Vernon.**
- The service has reviewed the information it makes available to support therapy and the process for sharing same. – **Physiotherapy services**

Top Five Themes

1. Values and Behaviours
2. Appointments & Discharge
3. Communication
4. Access to treatment or drugs
5. Prescribing

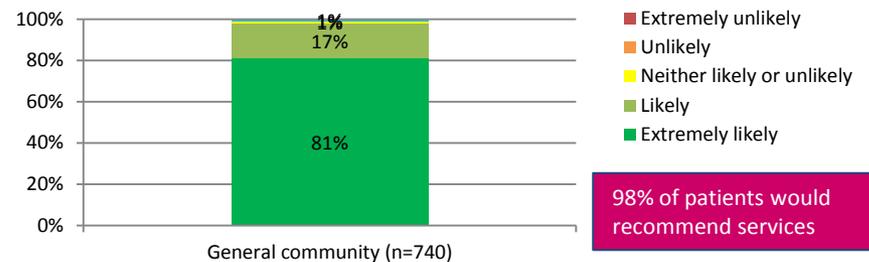
'To all the staff. I just want to say a really big thank you for all the care and support you gave me during my stay with you. I would like to wish each and every one of you all the best'. – **Ward 4**

response rate



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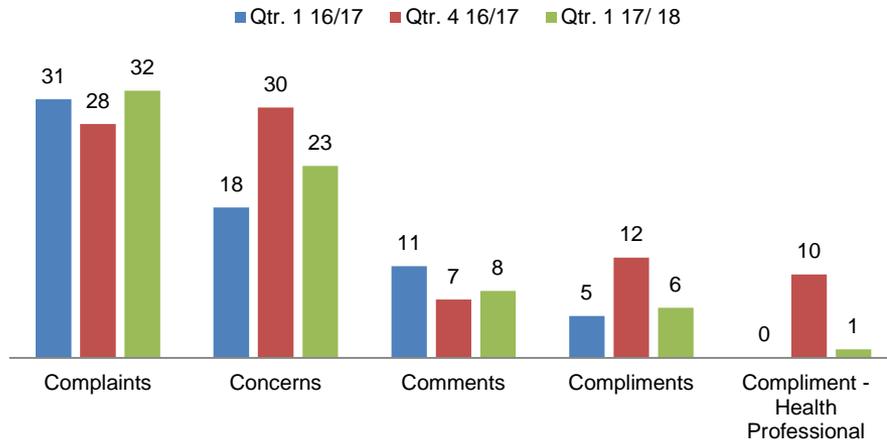
The NHS Friends and Family Test



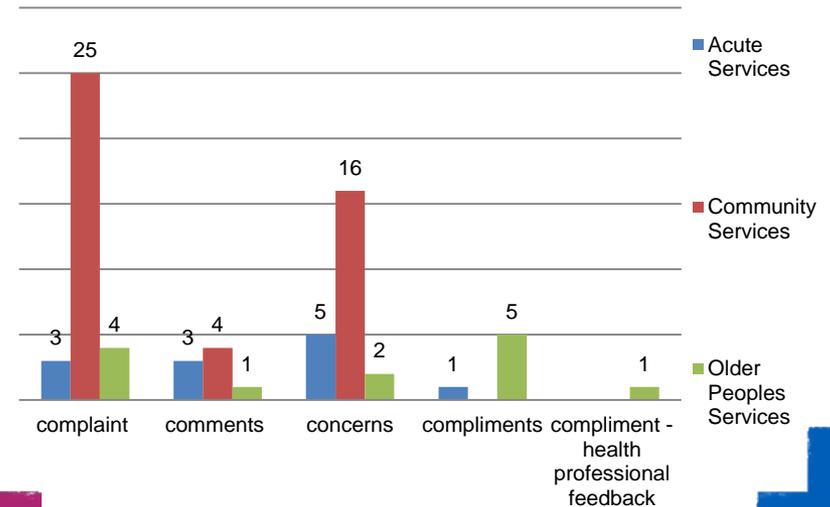
98% of patients would recommend services

Calderdale & Kirklees Business Delivery Unit

issues



issues by service line



Learning:

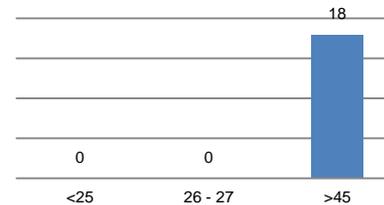
- The need to work in partnership with service users when formulating risk plans has been reiterated to all staff – **Elmdale Ward.**
- Staff will work with service users to minimise the risk of appointments being missed. – **IAPT**
- Service users who are being cared for out of area will be provided with regular updates regarding the provision of a local bed – **Elmdale ward**
- All staff have been reminded of the importance of clearly explaining and documenting the rationale for any decisions regarding leave entitlement – **Elmdale ward**
- Staff reminded of the importance of sharing information with families, where appropriate, regarding leave and arrangements for same. – **Elmdale ward**

Top Five Themes

1. Access to treatment or drugs
1. Values and behaviours
2. Clinical treatment
3. Patient Care
4. Communication

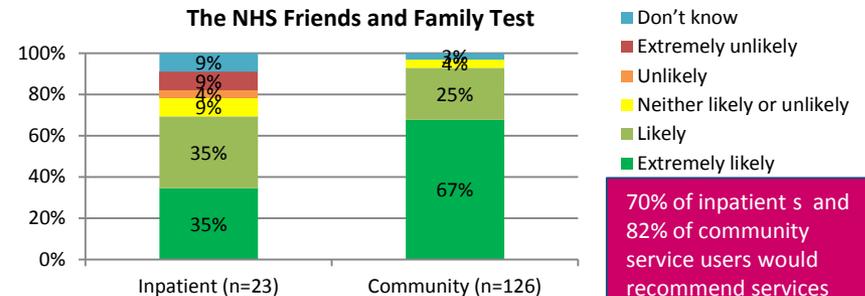
'Thank you to all doctors, nurses and staff on the ward for all your care, attention and support while looking after our relative'. – Beechdale Ward

response rate



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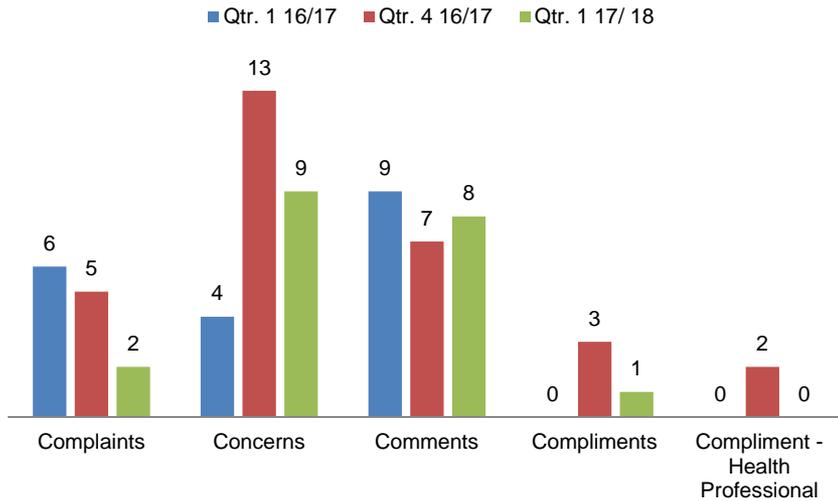
The NHS Friends and Family Test



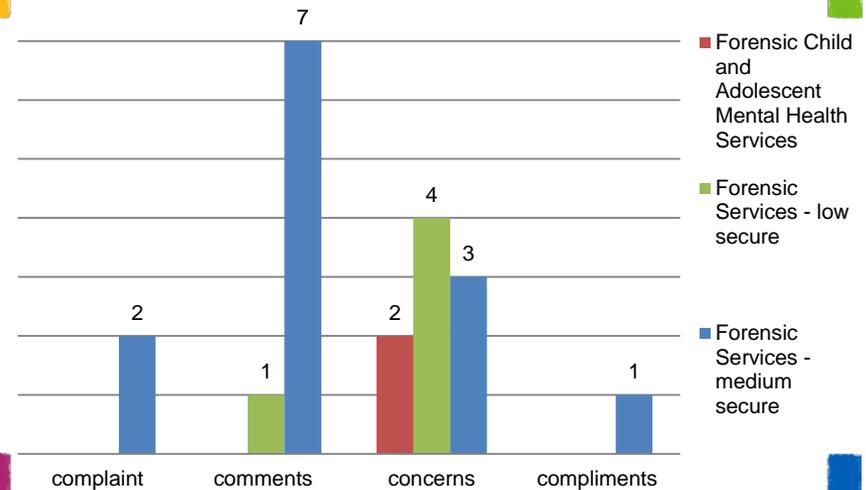
70% of inpatient s and 82% of community service users would recommend services

Forensic Business Delivery Unit

issues



Issues by service line



Learning:

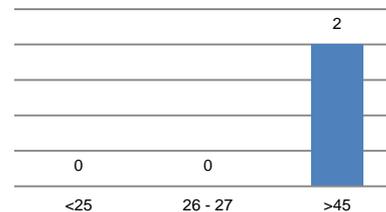
Staff will ensure that leave arrangements and process for accessing leave are fully explained to service users and will check understanding of same. - **Learning Disabilities, Newhaven.**

Top Five Themes

1. Values and behaviours
2. Patient care
3. Staffing
4. Other
5. Communication

There was no collection of Friends and Family Test survey results in Forensic Services in Qtr. 1

response rate

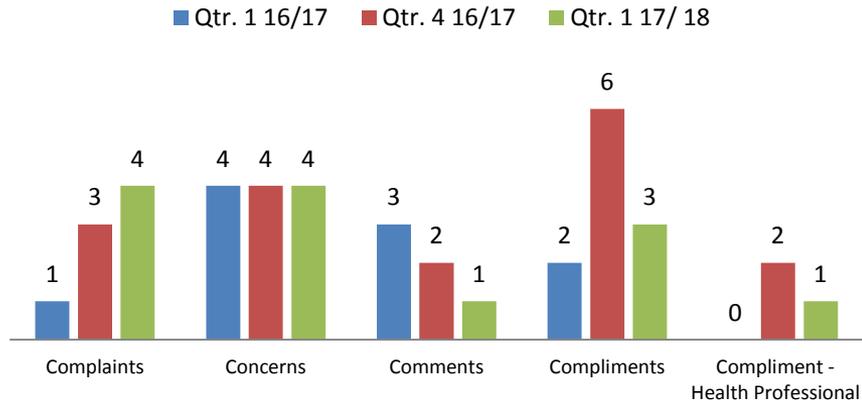


BDUs receive fortnightly reports on complaints management and learning from closed cases. The time taken to prepare letters from investigation toolkits has increased due to staff maternity leave and long term sickness. Action is being taken to mitigate the delay. Scrutiny of issues and responses has also added to response times. Customer Services staff keep complainants updated on progress.

'I would like to thank the named staff member for teaching me to swim. I can now swim 10 lengths helping me get over my fear of going in a gym, learning boxercise and getting more active. Please say thank you to him for me'. - **Chippendale Ward**

Specialist Services Business Delivery Unit excluding CAMHS

issues



Learning:

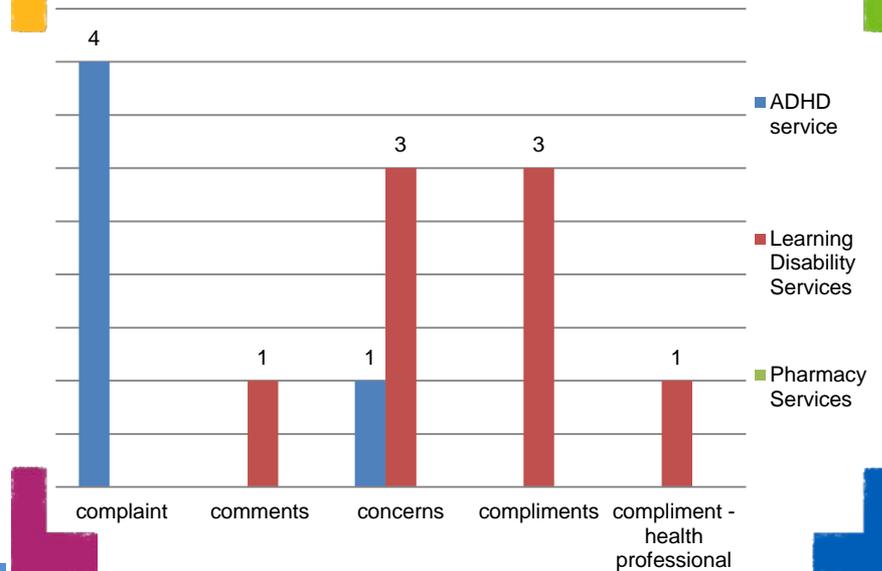
- All staff have been reminded of the importance of clearly explaining the rationale for any decisions made regarding care and treatment and checking understanding of same - **Wakefield Community Learning Disability Team**
- Service to look at all referrals and caseload management systems to ensure that delays are mitigated, with support through staff supervision - **Children's Learning Disability Team – Calderdale**
- Staff to ensure any concerns are promptly brought to the attention of the team leader so that action can be taken in a timely manner - **Children's Learning Disability Team – Calderdale**
- Procedures to monitor and report dispensing errors have been reviewed and revised - **Pharmacy Services, North Kirklees**
- Staff have been reminded of the importance of checking service user understanding of information shared – **ADHD service**

Top 3 Themes

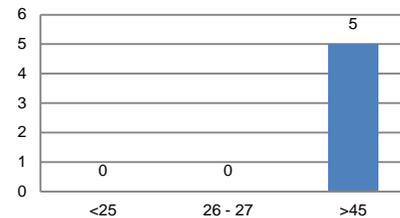
1. Waiting times
2. Clinical treatment
3. Access to treatment or drugs

'I just wanted to say thank you so much for everything you have helped me with over the past year and months. I am so grateful of everything you have helped me with and many thanks to you for your amazing support and care. So I want to say I really am so happy with your care and support. For helping me with and taking it to next level. So I want to say you are an amazing person. Thank you so much for everything'. – WKF CLDT

issues by service line

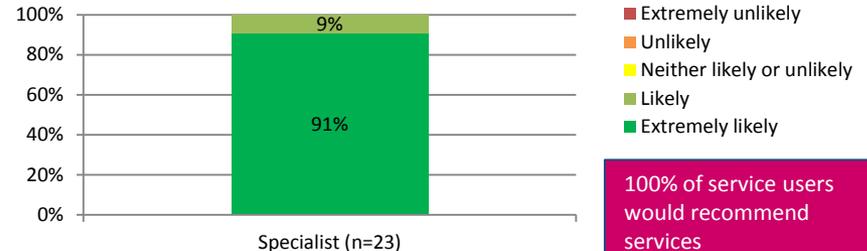


response rate



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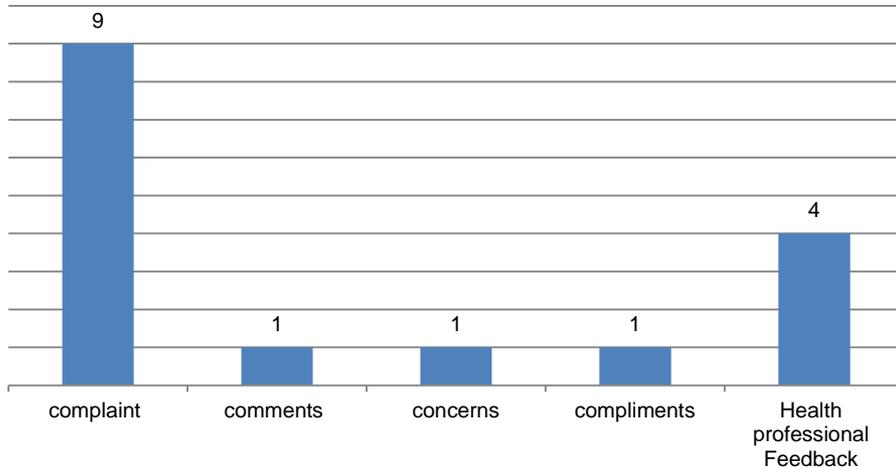
The NHS Friends and Family Test



100% of service users would recommend services

Child and Adolescent Mental Health Services - Barnsley

issues



What was good about your experience?

"Good support for my child and myself from staff member and lots of info given about websites and other facilities"

"They really try help you in all ways they can and make sure you don't feel down."

"Appointment on time, took time to understand my daughters experiences and problems"

What would have made your experience better?

"To have been offered what is recommended immediately, and not go on 12 months plus the waiting list"

"To get therapy straight away and not in 12 months"

"Make sure the people that need help the most gets it ASAP"

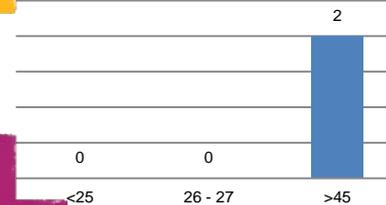
Learning:

- Staff will ensure that calls are returned in a timely manner.

Top Five Themes

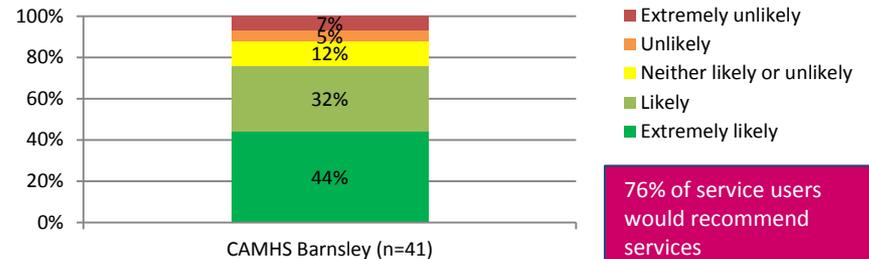
1. Access to treatment or drugs
2. Waiting times
3. Values and behaviours
4. Appointments
5. Admin and discharge

response rate



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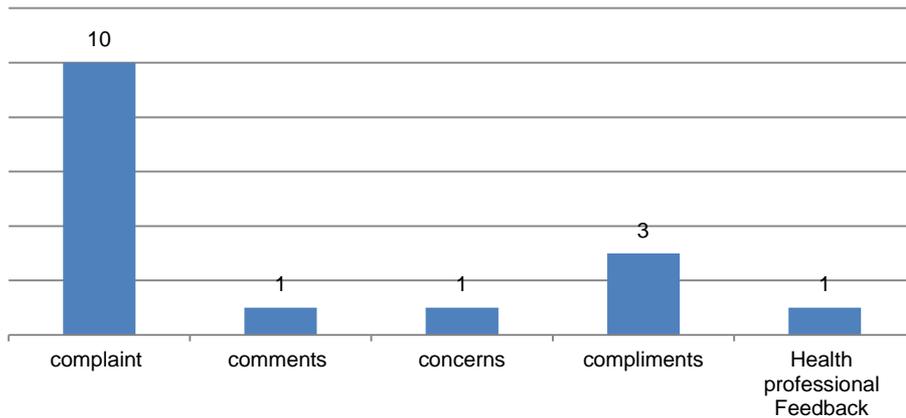
The NHS Friends and Family Test



76% of service users would recommend services

Child and Adolescent Mental Health Services – Calderdale & Kirklees

issues



What was good about your experience?

“Very comfortable atmosphere . Made me and my daughter feel very relaxed. It was actually an enjoyable experience”

“They help you when you need help and it is good to talk to someone that is professional and someone that is not judging you”

“Always able to obtain fast support in times of crisis”

What would have made your experience better?

“More psychiatric nurses like staff member who was excellent but only here on a temp contract”

“To get the right person that helps you for what you need”

“Calm music in the waiting room a bit more decoration and a clock in the room”

“Lower waiting time for appointments”

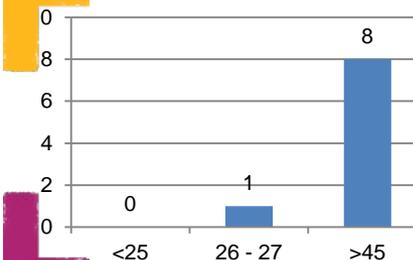
Learning:

- The service is currently reviewing the assessment process to ensure waiting times are kept to a minimum
- Staff will ensure that people who are accessing the service are informed from the outset of waiting times to minimise additional frustration
- Information will be routinely shared about alternative sources of support that can be accessed whilst waiting to be seen.
- The importance of clearly communicating the rationale for assessment or follow up appointments has been reiterated to staff.

Top Three Themes

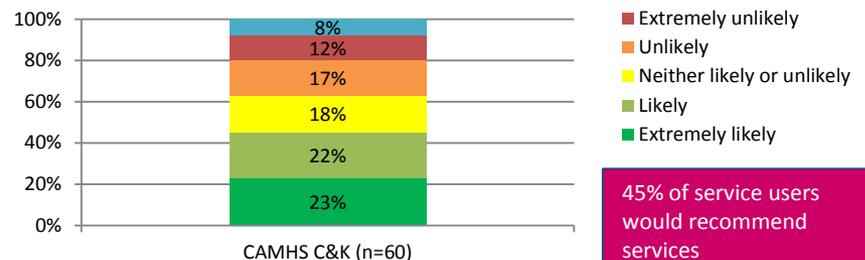
1. Access to treatment or drugs
2. Values and behaviour
3. Clinical treatment

‘I just wanted to say thank you for everything. You kept me going, You kept me on track and I will be eternally gratefully you came into my life’. – CAMHS Kirklees



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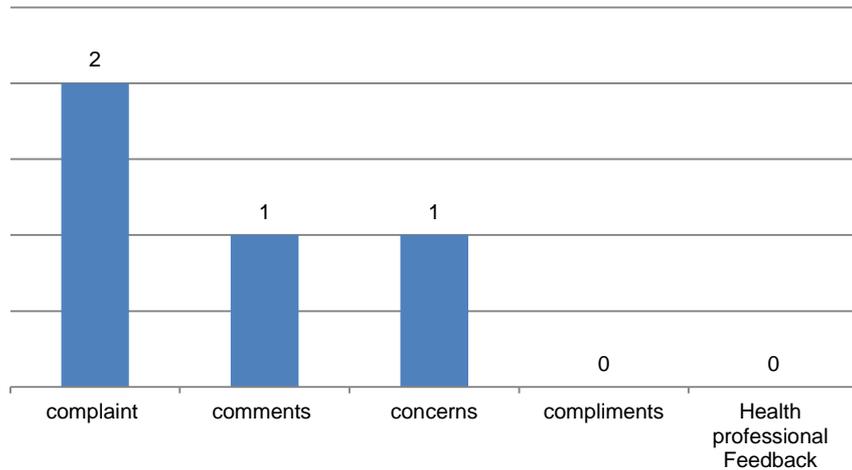
The NHS Friends and Family Test



45% of service users would recommend services

Child and Adolescent Mental Health Services - Wakefield

issues



What was good about your experience?

'Friendly, prompt, clean colourful comfortable environment'

'Good at listening to the kids and reconciling the problem'

'They help you when you need help and it is good to talk to someone that is professional and someone that is not judging you'

No learning recorded in Qtr. 1

What would have made your experience better?

The smell of the clinic

Cut wait times

You could have made it better by sorting what day my grandma comes and what day my mum comes

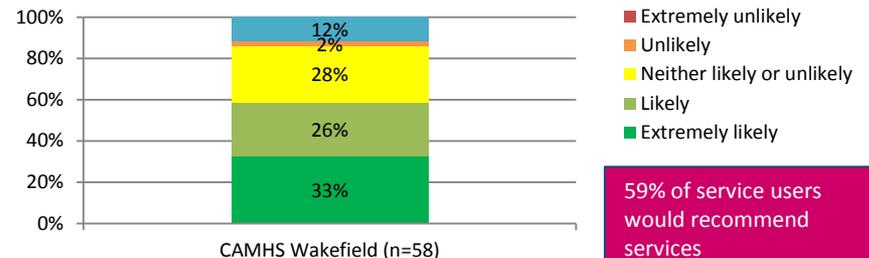
Main Themes

1. Access to treatment or drug
2. Waiting times

No complaints were closed in the period.

BDUs receive fortnightly reports on complaints management and learning from closed cases. The time taken to prepare letters from investigation toolkits has increased due to staff maternity leave and long term sickness. Action is being taken to mitigate the delay. Scrutiny of issues and responses has also added to response times. Customer Services staff keep complainants updated on progress.

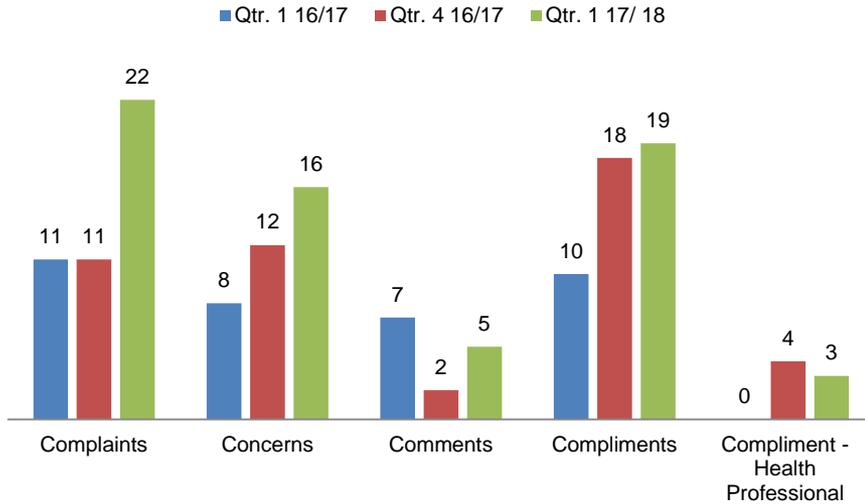
The NHS Friends and Family Test



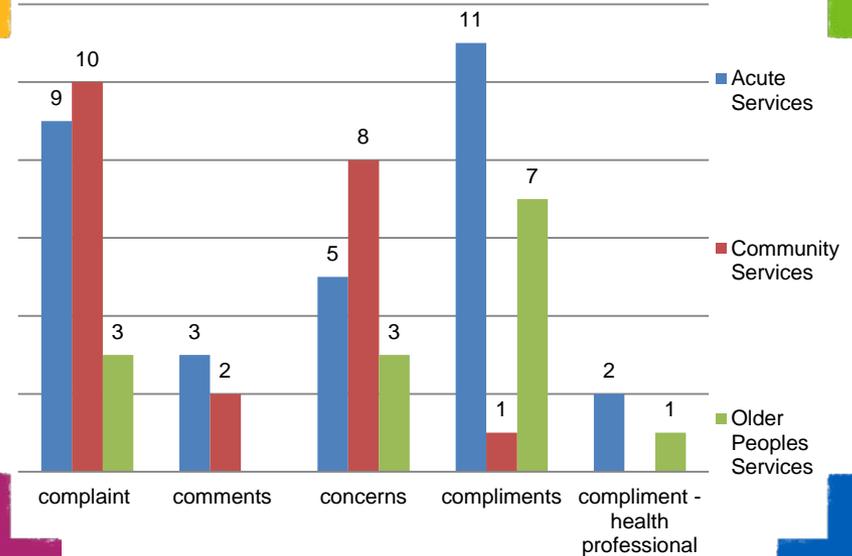
59% of service users would recommend services

Wakefield Business Delivery Unit

issues



issues by service line



Learning:

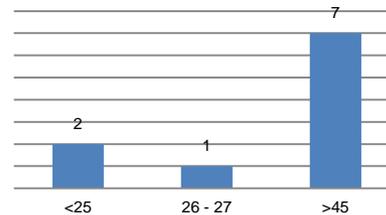
- Service users will now also be advised in writing when they are discharged from secondary community mental health services. – *CMHT 1*
- Staff will ensure that service users are provided with a clear and full explanation when they are subject to a community treatment order, including circumstances for recall – *AOT*
- Clear information and explanation will be offered about inpatient services and the process for ensuring a local bed as soon as possible if an out of area bed is initially required - *Priory 2, Acute Inpatients.*

Top Five Themes

1. Admission and discharge
2. Access to treatment or drugs
3. Values and behaviours
4. Communication
5. Patient care

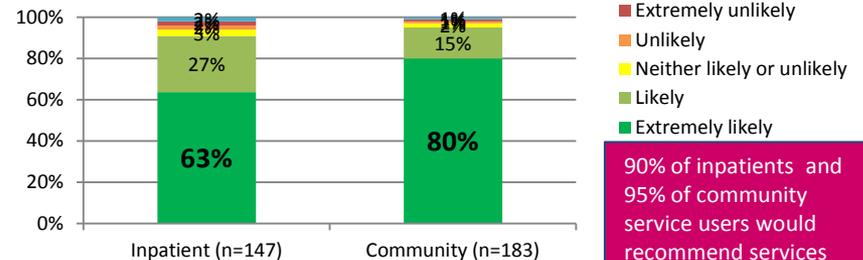
'Thank you to all staff for your fantastic care. You were all extremely caring, kind and always prepared to offer advice and support. This enabled me to make a swift recovery and get back on my feet.' - *Trinity 2*

response rate



BDUs receive fortnightly reports on complaints management and learning from closed cases. The time taken to prepare letters from investigation toolkits has increased due to staff maternity leave and long term sickness. Action is being taken to mitigate the delay. Scrutiny of issues and responses has also added to response times. Customer Services staff keep complainants updated on progress.

The NHS Friends and Family Test



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

Freedom of Information requests

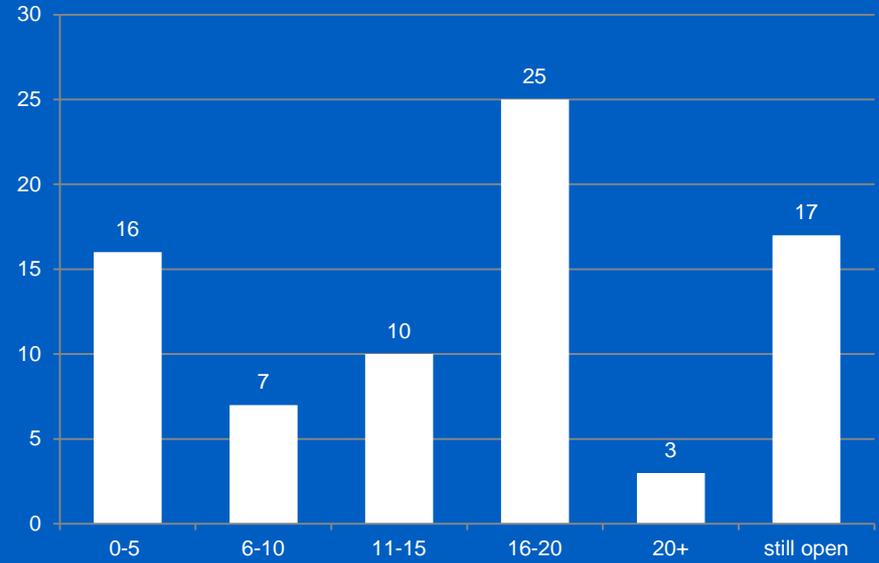
78 requests to access information under the Freedom of Information Act were processed in Qtr. 1, a decrease on the previous quarter when 107 requests were processed. Most requests were detailed and complex in nature and required significant time to collate an appropriate response working with services and quality academy functions.

During the quarter the following exemption was applied –

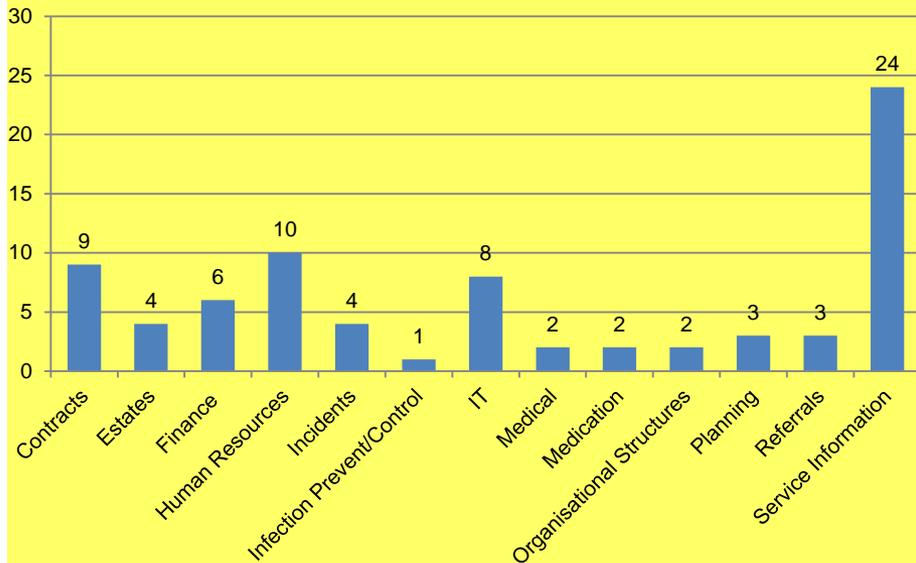
- 2 x Personal information (section 40, regulation 13)

The ICO contacted the team regarding 2 Freedom of Information requests where the requestors had asked the ICO to review the Trust's response. Both requests related to art therapy in Calderdale. A decision on 1 review has already been received. The ICO's decision is that the Trust should have shared redacted extracts from a staff supervision record within 20 days of the request. The Trust has complied with this. No further action is required by the Trust and no penalty has been applied. The outcome of the second review is still awaited.

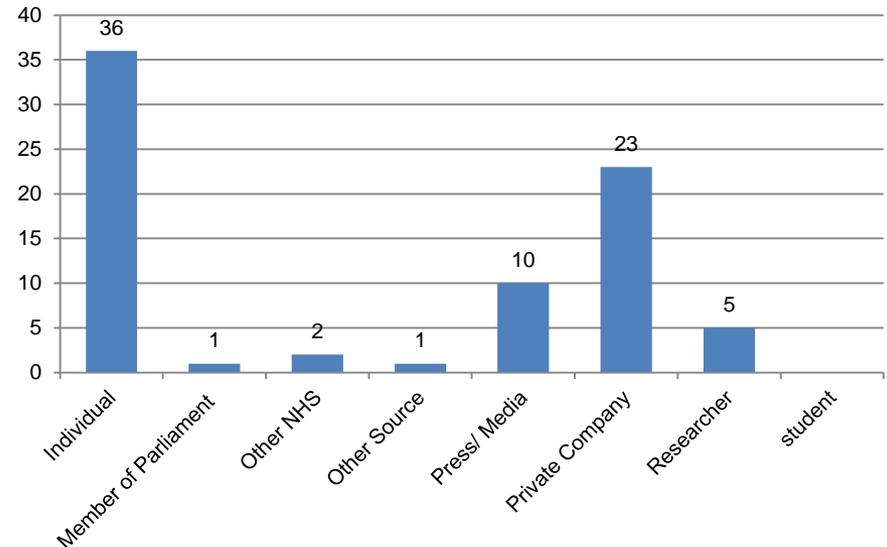
number of days to respond



types of request



origin of request



Trust Board 25 July 2017 Agenda item 8.1

Title:	South Yorkshire and Bassetlaw (SYB) Health and Care Working Together Partnership - Memorandum of Understanding “Agreement”
Paper prepared by:	Director of Strategy
Purpose:	This paper confirms the approach to participation of the Trust (SWYPFT) in the revised governance arrangements of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (SYB STP), which have been triggered by the selection of the SYB STP as one of the first Accountable Care Systems nationally.
Mission/values:	The development of place based partnership arrangements supports the Trust’s mission of enabling people to reach their potential and live well in their communities. It places people and services ahead of organisational interests. The approach is in line with our values – specifically being relevant today and ready for tomorrow.
Any background papers/ previously considered by:	Trust Board has received reports on this emerging arrangement in the private sessions of both the May and June 2017 Board meetings. Prior to this the SYB STP has been part of the Chief Executive’s update at the February, March and April 2017 Trust Board. The SYB STP has also been considered as part of board discussions related to the development of our Trust strategy.
Executive summary:	<p>South Yorkshire and Bassetlaw STP – Development of Accountable Care System</p> <p>As noted in previous reports to Trust Board, the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (SYB STP) has been designated as one of the first nine partnerships to develop as an Accountable Care System. To govern these new arrangements a Memorandum of Understanding (MOU) has been developed between the SYB system and NHS England and NHS Improvement.</p> <p>The MOU confirms the intention of the SYB accountable care system to agree an accountable performance contract with NHS England and NHS Improvement, under which parties commit to make faster improvements in the key national deliverables, in return for additional freedoms and additional non-recurrent investment.</p> <p>The MOU has now been approved by NHS England and NHS Improvement, and the final version was confirmed at the SYB STP Collaborative Partnership Board meeting in July. This document is attached to this paper.</p>

Partnership status of SWYPFT within the SYB Accountable Care System

SWYPFT is a 'partner in' the SYB Accountable Care System (ACS), rather than a 'party to' the agreement. The Trust is a member of the SYB Collaborative and its associated Partnership Board.

The Lead of the SYB ACS has written to the Trust to welcome SWYPFT's continued commitment to working with us as a partner in SYB which includes full engagement in the Collaborative Partnership Board, the Oversight and Assurance Group, and our underpinning work programmes

- Confirm SWYPFT's relationship as a partner in the SYB ACS MOU
- Confirm that SWYPFT is also a full and equal member of the Accountable Care Partnership in Barnsley
- Note SWYPFTs desire to join the Working Together provider collaboration
- Commit to revisit the issues regarding relationship and accountability to the ACS in March 2018.

In response the Trust has agreed this position and noted the suitability of a review in March 2018, by which time several material issues regarding application of the Single Oversight Framework and the ACS single control total will be clearer. This period of time will enable SWYPFT and other organisations with material interests in two STPs to clarify the implications of ACS developments in both patches.

SYB ACS System Control Total

The South Yorkshire STP ACS has set a direction of travel which is likely to lead to a system wide control total being applied to all organisations that are parties to the Agreement. At the present time SWYPFT is not part of this proposed system control total.

In the event that the partnership status of SWYPFT was to change to become a party to the Agreement, the system control total may be applicable. The detail of how this would work for an organisation that spans two STPs is to be determined.

Risk Appetite

The "Agreement" is in line with the Trust's risk appetite supporting the development of strategic partnerships that enhance the Trusts sustainability. Risks to the Trust services in South Yorkshire will need to be reviewed and managed in light of the "Agreement" and our partnership status as this may impact services, clinical and financial flows.

Recommendation:	Trust Board is asked to: <ul style="list-style-type: none"> ➤ NOTE the final version of the South Yorkshire and Bassetlaw Accountable Care System MOU (the ‘Agreement’). ➤ AGREE the approach the Board wishes to take in view of the partnership status of the Trust within the Agreement.
Private session:	Not applicable.

Health and Care Working Together

South Yorkshire & Bassetlaw
Accountable Care System

Memorandum of Understanding
'Agreement'

June 2017

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Foreword

This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. It is not a plan or a legal contract. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

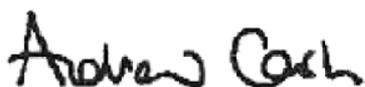
It does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. This document recognises the complexity of how health and care organisations currently work and interact together to provide the best possible care and services. It is also mindful of how health and care organisations are coming together to form partnerships locally in place; integrating health and care, commissioning and providing, including voluntary, community, GP, mental health and hospital services. At the same time, some of those same organisations have formed partnerships and are coming together across South Yorkshire and Bassetlaw to plan and commission strategically to ensure safe, sustainable and equitable acute services. In short, we are seeing increased collaboration, joint planning and integration of services that are focused entirely on bringing the greatest benefits to our population.

It is a complex picture and one which we must work through together as we continue to focus on what matters – the people in the populations we serve. This means constantly reviewing our approach, together with our staff, patients and citizens. We will also continue to build trust between us, working through what is best for our populations while using best practice where it exists and national guidance and support where we need it.

This document summarises and sets out our shared commitment to continue to work together on improving health and care for the people of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield and collectively South Yorkshire and Bassetlaw. We still have much to work through and our plans and our approaches to delivering them continue to evolve.

This is our best assessment for 2017-19 on how we will work together, what we will work on and what we need to accelerate our vision and plans – the ‘Give’ and ‘Get’ which lies at the core of this MoU.

As we are in transition it is helpful to clarify how we are using terminology and acronyms for the purposes of this document. Sustainability and Transformation Plan (STP), Accountable Care System (ACS) and South Yorkshire and Bassetlaw Health and Care Partnership (SYB) are used throughout and they refer to the same thing – our SYB Partnership and our collaborative approach.



Sir Andrew Cash, ACS Lead

Contents

1.	Introduction and Context	5
2.	Parties and Partners.....	7
3.	Scope.	8
4.	System objectives	9
5.	Overarching principles	11
6.	Direction of travel and key milestones	11
7.	Governance, accountability and assurance	13
	7.1. Principles and underpinning assumptions	14
	7.2. NHS assurance, regulation and accountability.....	14
	7.3. Quality and safety	15
	7.4. Financial.....	15
	7.5. Operational.....	16
	7.6. Shadow Accountable Care System.....	16
	7.7. ACS governance	17
	7.8. Joint Committees and Committees in Common (CiC).....	18
	7.9. <i>Place</i> and accountable care development	19
8.	Delivery improvement 2017-18 /19	19
	8.1. Efficiency programmes	20
	8.2. Managing demand and optimising care	21
	8.3. General practice and primary care	21
	8.4. Urgent and emergency care	22
	8.5. Mental health and learning disabilities	23
	8.6. Cancer	23
	8.7. Children’s and maternity services	24
	8.8. Workforce.....	25
	8.9. Digital and IT	25
	8.10. Development of accountable care in <i>Place</i> and <i>System</i>	26
	8.11. Commissioning reform	26
	8.12. Specialised services.....	27
	8.13. Hospital services review	28
9.	National and regional support from NHS England, NHS Improvement and the Arms Length Bodies	28
	9.1. Capacity and capability	28
	9.2. Financial including capital	28
	9.3. Peer support (STP exemplars).....	29
10.	Glossary.....	30

1. Introduction and context

1.1. This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. **It is not a plan** or a **legal contract**. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

1.2. It does not replace the **legal framework or responsibilities of our statutory organisations** but instead sits alongside the framework to complement and enhance it, setting out **the framework** within which our organisations will come together to establish how we will develop as **an Accountable Care System**.

1.3. South Yorkshire and Bassetlaw has **five strong health and social care communities** of **Barnsley, Bassetlaw, Doncaster, Rotherham** and **Sheffield** which have a long history of **working together** in each local **Place and across South Yorkshire and Bassetlaw** (SYB) to achieve positive change and improvements for local people.

1.4. The links between **poverty** and **ill health** are well established and are the driving force behind our joint working. Creating **jobs**, ensuring availability of affordable, good **quality housing** and targeting resources towards areas of **greatest need and reducing inequalities** are all important to **reduce poverty** and **improve our health and wellbeing**.

1.5. Our collective and collaborative approach is increasingly focused therefore on **prevention, integration, physical and mental health** and crucially, **co-production** with **citizens and communities**; addressing the **wider determinants of health together**. These are inextricably linked and include:

- **Employment**, opportunity and business
- **Adult and child health and social care**, enabling independence
- Raising levels of **education and skills** to improve opportunity
- Safe, clean and green **environment**
- **Life chances** for all

1.6. Each health and social care organisation in each Place **already has plans** which have been developed in partnership and in some cases, for example the **Better Care Fund Plan**, these plans are **jointly owned** between health and social care.

1.7. There is a shared view that in order to transform our services to the degree required to achieve **excellent** and **sustainable services** in the future, we need to have a single shared vision and single shared plan both for each Place and for South Yorkshire and Bassetlaw. For this reason, **leaders** from across health and social care in each Place have come together to develop a **single shared vision** and **single shared plan** which has resulted in **Place Plans** and the SYB Plan.

1.8. South Yorkshire and Bassetlaw is therefore in a good position with a single shared vision and plan in each Place. This is made possible by the commitment and significant contributions of each constituent organisation.

1.9. This puts each of our localities, and system as a whole, in a **strong position** to develop and realise an ambitious set of health and social care services for our patients and service users; ensuring the best possible quality of care within available resources.

1.10. In developing a joint vision and plans in each Place, we intend to maximise the value of our collective action and, through our joined up efforts, accelerate our ability to transform the way we deliver services. Our **Plans** are not starting from scratch or replacing individual partners' plans- they build on existing plans, taking a common view and identifying areas where it makes sense for us to work together and collaborate.

1.11. Central to these ambitions is developing different relationships with each other in Place, across the system and with those that assure and regulate our health services. This will enable us to focus on integrating health and social care services and ensuring safe, sustainable and equitable hospital services for everyone.

1.12. We are committed to ensuring citizens and staff have the opportunity to be involved in conversations to help shape the direction of travel in the ACS and in Place. This ranges from their role in wellness, prevention and self-care; identifying what's important to them in the delivery of services; as well as more specific consultation about service changes; and on the ongoing transparency and opportunity for them to hold us to account for delivery.

1.13. A key test of our new relationships will be the extent to which we adopt, as a first principle, an altruistic approach to each other as partners 'working as one'. How we respond as partners in times of need will be crucial and we must always put the needs of individuals, patients and the public first.

1.14. This document sets out how we propose to **organise ourselves** to provide the best health and care, ensuring that **decisions** are always taken in the **interest of the patients** we serve. It allows us to push even further beyond organisational need and allows us to build on **working together in each Place and working together across SYB** - to take collective strategic decisions across the whole of South Yorkshire and Bassetlaw to **lift the standard of care** no matter where people live or the organisation charged with planning or delivering care.

1.15. South Yorkshire and Bassetlaw set out its **strategic ambition** and **priorities** to improve health and wellbeing for all local populations in the **Health and Care plan published** in November 2016, together with how this will be implemented in each of the five **Place Plans** across Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield.

1.16. Following publication of the Next Steps in the Five Year Forward View, South Yorkshire and Bassetlaw has been confirmed as a **high performing system** and named as one of the eight Accountable Care Systems nationally. This means being supported centrally with additional funding, capacity and capability to be able to have more local control over health and care resources and in the delivery of transformational changes to services for people of South Yorkshire and Bassetlaw. This ability to have more local control is mainly reflective of the potential devolved responsibilities from health, its regulatory and assurance framework and health funding and resources.

1.17. This 'Agreement' sets out the framework within which our partner organisations, including NHS England and NHS Improvement will come together 'working as one', in 2017/18 to establish how South Yorkshire and Bassetlaw will develop as an Accountable Care System. We will agree together the delegated powers and new relationships we adopt between partner organisations, health regulators and health assurers to better achieve ambitions set out in the Plan and five Place plans.

1.18. The MoU sets out the approach to collaborative working and ambition to work as a **shadow Accountable Care System in 2017/18**, together with **key milestones** to move to a full ACS in 2018/19. SYB will engage with **NHS England centrally**, the **Department of Health** and the national **Arm's Length Bodies (ALBs)** to work through in 2017/18 **how** and **what** devolved **NHS powers** it will receive in 2018 as an Accountable Care System and which will be reflected in and **subject to separate and specific agreements** both with NHS England and local statutory organisations. Throughout this process we will be mindful of the legal duties placed on each partner organisation.

1.19. This 'Agreement' should be read in conjunction with the **Plan**, published in November 2016 and the **five local Place plans** across South Yorkshire and Bassetlaw. It should be viewed as a **framework** to **enable** collaborative working, **secure central funding** and support **new**

relationships with Arms Length Bodies (ALBs) in the pursuit of becoming an ACS to better deliver **improved health and care for the population** of South Yorkshire and Bassetlaw.

1.20. This 'Agreement' recognises the importance of integration of health and social care in each *Place* and that this will be an important factor in working through how the **emerging Accountable Care Partnerships** - which are being developed in each Place across partners and complement the ACS - develop to deliver improved care.

2. Parties to and partners in the Agreement

2.1. In developing this Agreement consideration has been given to the different relationships with constituent member organisations within the SYB ACS and the different relationship that organisations may wish to have with it. There are many partners working together - **NHS and non NHS** including **local authorities** and the **voluntary sector** each have respective governance, accountabilities and in many cases regulation responsibilities.

2.2. It is accepted that not all partners would want to be subject to many aspects of this agreement or indeed it would not be appropriate. **NHS England** and **NHS Improvement** have assisted SYB to establish clarity on which organisations should be **Parties** to and which might be **Partners** in this Agreement in context of NHS governance, accountability, regulation and assurance. For clarity, collectively, Parties to and Partners in are all members of the **SYB Collaborative** and its associated **Partnership Board**.

2.3. **STP geographies were, in the large part, nationally defined.** **Core** and **associate** partner terminology has been established over the course of developing the Plan to describe different partners and to support a wide and diverse partnership and to enable cross geographical boundary relationships and working.

2.3.1. For the purposes of this MoU core partners ('Parties to' the MoU) are NHS partners who have the **majority relationships** (patient flows and contracts) within and across SYB while Associate partners ('Partners in' the MoU) have majority relationships (patient flows and contracts) as core members of **neighboring STPs**, and relationships in SYB generally confined to a *Place* or **Accountable Care Partnership (ACP)**. Associate partners are also likely to be subject to collaborative agreements in neighboring STPs or local ACP and receive support consistent with respective STPs. For clarity, collectively, 'Parties to' and 'Partners in' are all members of the **SYB Collaborative** and its associated **Partnership Board**

2.3.1. **In the case of Chesterfield Royal Hospital NHS Foundation Trust**, the trust became a core member in the partnership on the basis of its **strong history of clinical networks** within and across South Yorkshire and Bassetlaw including the Cancer Network and more recently the **Cancer Alliance** and its history of collaboration with acute trusts as part of the **Acute Vanguard, resulting in significant acute flows into SYB**. Early on in the plan development process, formal representation was made to NHS England and NHS Improvement jointly between the Partnership and Chesterfield Royal Hospital NHS FT for it to become a **full partner in SYB** which was supported.

2.3.1. It is recognised that Chesterfield sits within a neighboring STP and likely that it may be subject to agreements with the neighboring STP which will need to be worked through to establish the medium and longer term relationships with **SYB ACS which may change**. There may also be changes to the way other organisation engage in the MoU as we develop and mature as an ACS. This also applies to emerging organisations, federations and legal partnership including primary care federations and therefore we will need to review as we develop.

2.4. It is anticipated that **Parties 'to' will sign the agreement as** an emerging ACS in SYB, be subject to **delegated NHS powers** and a new relationship with each other, with both **NHS regulators** and **assures** and package of support to transform health and care.

2.5. It is anticipated that **Partners ‘in’** will **support the direction of travel** and work in partnership with SYB ACS. In some cases they may be subject to separate agreements in neighboring ACS and aligned agreements in ACP in Place within SYB.

2.6. The Parties to this agreement are:

2.6.1. Commissioners

- NHS Bassetlaw Clinical Commissioning Group
- NHS Barnsley Clinical Commissioning Group
- NHS England
- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group

2.6.2. Healthcare Providers

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Sheffield Children’s Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Rotherham, Doncaster, South Humber NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

2.6.3. Heath Regulator, Assurer, Education and Training

- NHS England
- NHS Improvement
- Health Education England
- Public Health England

2.7. The Partners in this agreement are:

2.7.1. Local Authority partners

- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Nottinghamshire County Council / Bassetlaw District Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council

2.7.2. Provider partners

- Nottinghamshire Healthcare NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- East Midland Ambulance Service NHS Trust
- Doncaster Children’s Services Trust

3. Scope

3.1. The scope of South Yorkshire and Bassetlaw’s transformational plan covers all aspects of health and care, specifically:

- Public health
- Social care
- Primary care (including GP contracts)

- Community services
- Dental and screening services
- Mental health services
- Acute services
- Specialised services
- Research and development
- Health education and innovation
- Governance
- Assurance
- Regulation
- Resources and finance
- Capital and estate
- Information sharing and digital integration
- Workforce
- Communication and engagement

3.2. Key enablers to include:

- Appropriate governance and regulation
- Delegation of resources from relevant national partners in line with the delegation of statutory functions
- Access to fiscal and regulatory levers that enable the improvement of health and wellbeing outcomes through wider determinants e.g. education, employment etc.
- Empowered system leadership, supported by effective governance and accountability arrangements
- A shared strategic approach to capital and estates planning
- A shared strategic approach to communications and engagement
- A shared strategic approach to workforce planning (clinical and non-clinical)
- Development of new payment mechanisms that remove perverse incentives and encourage/ support new models of care
- Development of new information sharing system/ processes

3.3. Operating as a shadow ACS through 17/18, will require flexibility in terms of ways of working. As a result, it is expected that the scope will remain fluid over this time period, to allow arrangements to be tested and amended as required to secure the optimal outcomes.

4. System objectives

4.1. In our STP submission we set out the objectives for the SYB systems aligned to the dimensions of the triple aims of the STP. These are summarised below:

4.2. The parties share the following system objectives

4.3 Care and quality

- Joined up, high quality services across hospitals, care homes, general practices, community and other services
- Easy and convenient access to services across settings and times of day
- Greater availability of services closer to home
- Better quality, more specialised hospital based care
- Greater availability and variety of non-health services that enhance people's health

4.4 Health and wellbeing

- Better support for individuals in relation to physical and mental wellness and prevention
- A wider variety of healthy living schemes aimed at all communities within the population
- Active networks and links that connect people across communities and provide support
- Greater collaboration across the public sector relevant to the wider determinants of health

4.5 Finance and sustainability

- High quality, efficient services which provide good value for money for tax payers
- Reduced waste and greater efficiency in service delivery
- Greater use of available funding in enabling individuals to stay well and providing care closer to their homes
- A workforce and service that works flexibly to respond to individual needs and how people live locally, ensuring that the right skills and services are present in the right place and the right time

4.6 The NHS Constitution and Mandate sets out clearly what patients, the public and staff can expect from the NHS. SYB wants to build upon the rights and pledges of the Constitution and provide further opportunities for patients and the public to be involved in the future of their NHS - building on the Plan and the early conversations we have had with the citizens, patients and staff on these ambitions during February and March 2017.

4.7. The NHS Next Steps on the Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It sets out the development of new models and SYB is committed to being an early implementer and a test bed for new, innovative approaches of:

- a. An Accountable Care System **across SYB**, with devolved freedoms, accountabilities and responsibilities and **new relationships with member organisations**, including NHS England, NHS Improvement and the ALBs
- b. A **closer relationship between commissioning and providing**, integrating and aligning approaches to strategic planning and transformation of services
- c. Accountable Care Partnerships with **providers across SYB**, delivering new models of acute and specialist care
- d. New models of **commissioning at system level** for acute services, reducing variation and duplication and minimising transactional activity
- e. Operating and managing a system **control total** for health
- f. Accountable Care Partnerships in each local **Place** delivering **integrated health and social care aligned to an overall SYB ACS**

4.8. SYB needs to develop different relationships and have freedoms and responsibilities to optimise its potential. This Agreement builds the collaborative partnership established to develop the Plan, creates the platform for SYB to build on these to implement its ambitions through the invitation to SYB commissioners and providers to develop an emerging ACS.

5. Overarching principles

5.1. In the documents that were submitted as part of the STP submission on 21 October 2016, STP partners made a commitment to upholding the principles summarised below:

- **Improving quality and outcomes** - As a system, partners will work collectively to improve quality and population outcomes for people and reduce health inequalities for all of our local populations.
- **'No worse off' principle** – Decision making will be focused on the interests of people in SYB and our collaborative partnership will work to ensure those interests are served. We will ensure that our collective working and decisions **do not lead to increased health inequalities or a worsening of health outcomes for any of our populations across SYB**
- **Inclusiveness** - All stakeholders (including commissioners, providers, patients, carers and partners) will be included in decision making and empowered to shape the system as it continues to develop. This will require active and sustained communications and engagement, informing and involving people early and in ways that allow them to get involved and help shape the direction of travel as we tackle the challenges
- **Participation** - SYB will be involved in all decisions that materially impact on the health and care provided to its population or by its local partners
- **Integration** - Partners will work to support improvements in outcomes through increased integration
- **Subsidiarity** - Partners will work to support delegation of decision making to the most appropriate level, subject to robust governance and accountability mechanisms
- **In the NHS family** - Healthcare services in SYB will remain part of the NHS. All the commitments described in this Agreement aim to (i) strengthen health and care in SYB and (ii) uphold the NHS values and standards
- **Transparency** - Decision making will be underpinned by transparency and open information sharing between and amongst local and national partners
- **Co-production** - National partners will take a co-production approach with SYB, in which decision making is facilitated by national partners to devolve and by local partners to 'receive' and deliver delegated functions
- **Form aligned to function** - the delivery of shared outcomes will drive changes to organisational form where appropriate
- **Wider system (NHS) focused** - Further delegation decisions will continue to be subject to consideration by national partners.
 - Local partners commit to working with national partners to ensure alignment between national policy objectives and the strategic direction taken locally.
 - Local partners will continue work to support nationally agreed priorities, including those set out in the Five Year Forward View.
- **Accountability** - All organisations will retain their current statutory accountabilities for health and social care and any commitments made will remain subject to organisations' continuing ability to meet these accountabilities.

6. Direction of travel and key milestones

6.1. This document outlines our desire, individually and collectively, to achieve our vision of health and care in SYB. A significant amount of work has been delivered through working together locally to progress the system to its current state. However, we know that more work remains to be done and that a clear roadmap, agreed with all parties, will provide a clear and transparent way forward. We will continue to work together as local partners and with national colleagues to define the specific mechanisms and timescales associated with any further delegation of responsibilities and associated funding. Delegation of functions

from national partners to local partners on behalf of the “system” will take place in a series of agreed steps, the speed and scale of which will likely be determined by:

- The achievement of assurance criteria determined by national partners
- Demonstrated capability
- The strength/ appropriateness of governance arrangements
- The clarity of the delivery plan
- Suitability of gateway milestones

6.2. This approach will ensure that the system will only take on greater responsibilities and powers when it has the capability and resources to manage them appropriately.

Key milestones in the process include:

- By end **July 2017**, an MoU **Agreement** between SYB Parties giving the **Framework** by which SYB will ‘**work as one**’ to develop as an Accountable Care System and implement its Plan.
- **By September 2017**, taking staff and public feedback into account, we will refresh and rebrand the STP from a communications and engagement perspective to reflect becoming an ACS and what this means for the future of health and care
- **By September 2017** we will **agree a delivery plan for 2017/19** for SYB ‘working as one’ to include priority areas including **urgent and emergency care, primary care, mental health and learning disabilities and cancer** to demonstrate delivery and enable testing of key ACS objectives outlines in 4.7.
- **By September 2017**, governance and an approach for agreeing and monitoring investment decisions within the ACS will be agreed
- **By the end of October 2017**, with capital and transformation funding, we will agree how we will operate a system control total for health in 18/19
- **By end October 2017**, we will agree a new **NHS single oversight and assurance framework** for SYB to be operational by April 2018 with aligned resources to support an integrated SYB ACS oversight and assurance function which will work with **streamlined regional and national oversight arrangements**.
- **By end of October 2017**, we will agree system and place commissioning responsibilities for agreed functions and services to enable alignment for ACPs to focus on new ways of contracting and allocating resources including **population budgets, population health management** and segmentation approaches for Place tier 0 - 1 and a system commissioning function for tier 2 and 3 services (all to be agreed).
- **By April 2018**, we will agree governance and approach for delivery of tier 2 services following the **hospital services review** outcome to support a **horizontally integrated accountable network of hospital based services**.
- Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in **shadow form in 2017/18**.
- **By October 2017**, SYB ACS will be ‘working as one’ with NHS England and NHS Improvement and working with ACPs in shadow form to provide support so that they will be **legally constituted partnerships by April 2018** (at the latest).

7. Governance, accountability and assurance

7.0.1. This MoU **does not replace the legal framework or responsibilities** of our statutory organisations but instead sits alongside the framework to complement and enhance it. It recognises the complexity of how health and care organisations currently work and interact with each other to provide the best possible care and services.

7.0.2. Our health and care organisations are already coming together to **form partnerships in Place**; integrating health and care, commissioning and providing, including **voluntary, community, GP, mental health and hospital services**. These are taking varying forms and the governance and how this best supported in an overall ACS will be a **key priority in 2017/18** and will be an area for which we will receive national guidance and support.

7.0.3. At the same time, some of these same organisations are forming necessary partnerships and coming together across South Yorkshire and Bassetlaw, either our hospitals, to ensure safe, sustainable and equitable acute services as a **'group of hospitals'** or our health commissioners to make consistent strategic planning and commissioning decisions as a **system commissioner**. In all of this, how the traditional separation between health commissioning and providing and the focus on competition is giving way to a focus on collaboration and integration.

7.0.4. All of this **'pushes'** at the boundaries of the **existing legal frameworks** but other systems have found ways to work where there is evidence that it better serves to make improvement to the populations we serve.

7.0.5. Current statutory requirements for CCG assurance

7.0.5.1 NHS England has a duty under the NHS Act 2006 (as amended by the 2012 act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

7.0.5.2 NHS England must publish a report each year which summarises the results of each CCG's assessment. The detail of the CCG assurance framework which underpins the publication is NHS England policy rather than set in statute or regulation.

7.0.6. Current statutory requirements for Foundation Trust oversight

7.0.6.1. NHS Improvement (NHSI - the operational name which brought together Monitor and the Trust Development Authority (TDA) and their associated teams on 1 April 2016) has a duty under the NHS Act 2012 to ensure the operation of a licensing regime for Foundation Trusts (and other providers of NHS services). The licensing regime covers requirements on FTs in relation to: general conditions; pricing; choice and competition; integrated care; continuity of services; and governance. The 2012 Act provides powers for NHS improvement to enforce or set conditions on a provider's license.

7.0.6.2. The licensing regime is underpinned by the NHS Improvement Single Operating Framework which aims to help providers attain and maintain CQC ratings of good or outstanding. The framework is NHS Improvement policy rather than set in statute regulations.

7.1 Principles and underpinning assumptions

7.1.1. The Agreement is drafted by all *Parties* including NHS England, NHS Improvement and the ALBs where this is appropriate. The Agreement is intended to be **flexible** to achieve the right balance of **'Give' and 'Get'** - financial, capacity, capability or devolved freedoms and flexibilities in return for improved delivery, operational, financial, quality, and transformational change.

7.1.2. There will be continual **engagement** and **consultation** with **Boards, Governing Bodies and Councils** throughout development. ACSs are **not statutory bodies** - they supplement accountabilities of individual statutory organisations. 2017/18 will be the first phase of SYB ACS and statutory organisations will **continue** with statutory accountabilities and relationships with NHS England and NHS Improvement, which will retain legal responsibility for CCG assurance and FT oversight respectively.

7.1.3. From September 2017, SYB Health and Care Partnership will adopt the 'Working Together' brand and as such will continue to deliver NHS Constitution and Mandate commitments in full and remain part of the wider NHS System. **The Health and Care Working Together Partnership** will deliver the FYFV ambitions through the development of an **Accountable Care System with five constituent Accountable Care Partnerships** and implementation of its **Health and Care Working Together Plan** (October 2016, revised April 2017) and **five Place Plans**.

7.1.4. The development of the Accountable Care System during 2017/18 will establish how individual organisations will be **held to account** for their contribution to the delivery of NHS Constitution and Mandate and the Health and Care Working Together Plan. Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in shadow form in 2017/18. What constitutes 'shadow' is to be worked through and to be discussed and agreed with statutory organisations. SYB ACS 'working as one' with NHS England and NHS Improvement will work with ACPs providing support where required, especially where ACPs look to move to legal forms.

7.1.5. **Operational management** of the **assurance** and **oversight processes** will be through SYB working together and we will deliver the principles of the two national frameworks with a **locally developed model** with an **integrated single** oversight and assurance process within the ACS.

7.1.6. SYB will be **assured once**, as a place, for delivery of the NHS constitution and mandate, **financial** and **operational control** and **quality**.

7.2. NHS assurance, regulation and accountability

7.2.1. We would expect to move to a **SYB relationship** with NHSI and NHSE providing a **single 'one stop shop' regulatory relationship** with NHSE and NHSI in the form of **streamlined oversight arrangements**. An **integrated CCG Improvement Assessment Framework (IAF)** and **Trust single oversight framework**. CCGs will still require an annual review with NHSE. This will be in place from April 2018.

7.2.2. Single Accountability Framework

Within 2017/18, SYB working with NHS England and NHS Improvement will establish a Single Accountability Framework (SAF) which brings together the NHS England CCG Assurance

Framework and the NHS Improvement Single Operating Framework at a local level. The SAF will be implemented from 1 April 2018 and will set out:

- The **roles and responsibilities** of the parties to this Agreement (CCGs, providers, NHS England and NHS Improvement)
- The **scope of the SAF** including NHS constitutional commitments, national targets, quality indicators and productivity measures
- The **internal governance, assurance and reporting** system within SYB to support delivery of the SAF
- The **external assurance** and reporting system for SYB to NHS England and NHS Improvement
- The **agreed trigger points and process** where NHS England and NHS Improvement may **exercise their statutory responsibilities for intervention**.

7.2.3. The **Single Accountability Framework** will operate in shadow form within 2017/18. In shadow form, its scope will reflect the priorities of SYB (for example, cancer and urgent & emergency care).

7.2.4. The scope of the SAF **will widen as the ACS matures** until it covers the full range of NHS responsibilities. The timeline for the development of the scope of the SAF will be agreed between the Parties to the Agreement.

7.2.5. In 17 / 18 we will **align NHS England and NHS Improvement functions** and resources to support delivery of the 'integrated within SYB ACS' element of the Single Accountability Framework.

7.3. Quality and safety

7.3.1. South Yorkshire and Bassetlaw has a well established quality and safety approach at, organisation, Place and System level. Very much of what is described in this MoU is about **improving quality and safety**. This is both through our organisations choosing to work together on common challenges and on those issues which are most in need of a different way of working or most likely to deliver improvements through our joint efforts.

7.3.2. We commit to reviewing our approaches in light of developing as an ACS in 2017/18 to ensure our **quality and safety oversight and assurance** best supports how we are coming together in Place, as emerging ACPs and across SYB as an overall ACS.

7.3.3. There is growing evidence that the improvements we are aiming to achieve within our plan will give measurable **improvements in quality** ahead of any financial efficiency improvements. We would therefore want to develop clear quality metrics for SYB to enable us to track these quality improvements.

7.4. Financial

7.4.1. There are a number of areas that the ACS wishes to develop in conjunction with NHS England and NHS Improvement to support robust governance, accountability and assurance. The proposals will be developed through the SYB Directors of Finance Steering Group and ultimately approved by the Collaborative Partnership Board. The areas to be considered are outlined below.

7.4.2 How a system control total would work across the ACS?

This would focus on the following areas:

- How to create in year flexibilities including the potential use of a contingency or other specific business rules?
- How to reflect the impact of an agreed transformational scheme which differentially impacts organisational financial performance?
- Consideration of Place based control totals?
- Consideration of monitoring, management and reporting arrangements?
- Whether a set of efficiency indicators could be used to inform the application of a system wide control total?

7.4.3 Consideration of moving to a risk based approach to contracts?

Consideration will be given to developing a risk based approach to contracts where risks are identified and aligned to the organisation best placed to manage the risk and which supports the development of a system wide solution.

7.4.4 Investment decisions and business case development?

Agreeing a process to ensure investment decisions are optimal for the ACS footprint and are consistent with the ACS strategy. This will include a process on how any additional capital, transformation and any other external funding can be best deployed across the ACS. Developing a process to agree financial principles and assumptions to be used in ACS business cases

7.4.4 Agreeing a process for business planning, financial reporting and performance

To develop an ACS business planning process including agreement to a consistent set of planning assumptions, where appropriate, and taking into account national guidance. To develop in partnership with NHS England and NHS Improvement a monthly ACS report which covers both financial performance and performance against key operational targets.

7.5. Operational

7.5.1. In 2017/18 and as part of our approach to developing an integrated single oversight and assurance approach within SYB, we will review operational assurance and oversight including our approach to planning and delivery assurance so that it is integrated within SYB. We will also align NHS England and NHS Improvement functions and resources.

7.6. Shadow Accountable Care System

7.6.1. In 2017/18, SYB will develop as an **Accountable Care System**. This will include collective decision making, governance and a **single accountability framework** which will align the individual statutory responsibilities of Parties to the Agreement to the delivery of the Health and care Plan (November 2016).

7.6.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

7.6.2. Each of the five Places will develop an **Accountable Care Partnership** (ACP) to deliver the ambition set out in its **Place Plan** and the **wider Health and Care Plan (2016)**. The five ACPs will operate in shadow form within 2017/18 and will **be legally constituted partnership by 1 April 2018**, at the latest.

7.6.3. The five ACPs will bring together health and care services from statutory and non-statutory organisations to create a **vertically integrated care system** in each Place. This will include hospital services from tier 1.

7.6.4. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.

7.6.5. The five ACPs will connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

7.6.6. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in SYB, integrating approaches to planning and transformation and explore new ways of contracting and allocating resources to network of hospital based care. From April 2018, we will start to test the **'contract once' with the 'network of provider'** to support sustainable services and drive improved outcomes for patients.

7.7. ACS governance

7.7.1. South Yorkshire and Bassetlaw has established collaborative governance. This governance **recognises statutory governance** of member organisations and where statutory organisations have come together to formally delegate to **a joint committee or Committees in Common**. It serves to support and supplement where agreed and appropriate, statutory governance and is the basis from which we will develop as an ACS.

7.7.2. A summary of SYB governance includes an **Oversight and Assurance Group**, a **Collaborative Partnership Board**, an **Executive Steering Group** and a range of programme Boards and project Boards.

Summary schematic - South Yorkshire & Bassetlaw Health and Care Working Together Partnership Governance



7.7.2.1. Oversight and Assurance Group: membership includes chairs from constituent statutory bodies including providers, commissioners, and Health and Wellbeing Boards with chief executives (CEOs) and accountable officers (AOs) in attendance.

7.7.2.2. Collaborative Partnership Board: membership includes CEOs and AOs from partner organisations including mental health and primary care, commissioning and local authority organisations, voluntary action groups, Healthwatch, NHS England and the ALBs. We also have clinical membership from primary and acute care. We plan to strengthen our Collaborative Partnership Board and review primary care input and wider clinical input and with lay membership.

7.7.2.3. Executive Steering Group: this group combines both the former STP executive steering group and the former finance oversight committee. Membership includes CEO and AO representation, together with directors of strategy, transformation and delivery and directors of finance.

7.7.2.4. Programme Boards: we have a range of programme boards delivering key priorities which are all led by a CEO and AO senior responsible officer (SRO). Each has a director of finance lead and a programme manager supporting.

7.7.3. This governance will remain in place for 2017/18 and during this time SYB will work with the Department of Health, NHS England, NHS Improvement and the ALBs as an ACS to review and establish governance that will best support us. This will be in place for 1 April 2018.

7.8. Joint Committees and Committees in Common

7.8.1. SYB CCGs, in partnership with North Derbyshire and Wakefield CCGs, have already established a joint committee and CCG governing bodies have **delegated authority** for the review of children's surgery and hyper acute stroke services. The membership includes accountable officers, clinicians and lay members. During 2017/18, we will review the scope of delegation to reflect the outcomes of the Hospital Services Review and the Commissioning Review so that formal governance arrangements are in place by 1 April 2018.

7.8.2. SYB acute providers, in partnership with Chesterfield Royal Hospital NHS Foundation Trust and Mid Yorkshire Hospital NHS Trust, have established a **Committees in Common (CiC)** to better support collaborative working between trusts including streamlining decision making. The collaboration has already supported changes in a number of programme areas including support services (back office functions) and a number have been joint with commissioners working together across the same geographical area.

7.8.3. During 2017/18, we will review the scope of delegation to reflect outcomes of the Hospital Services Review and Commissioning Review so that governance arrangements are in place by 1 April 2018. At this stage, the wider acute provider partnership includes both acute providers and community mental health providers. However the CiC does not currently extend to community mental health providers

7.8.4. The two programme offices and teams supporting commissioning and provider collaborations have now co-located to provide a joined up approach to planning and transformation delivery of acute services across SYB.

7.9. Place and accountable care development

7.9.1. CCGs and local authorities will continue to receive their respective health and care funding and to be statutorily accountable for their allocation.

7.9.2. Within 2017/18 each CCG will agree with its corresponding local authority the integrated governance structure which will support the **allocation of resources** to their ACP based on delivery of their agreed Place plan, wider Health and Care plan and agreed local outcomes.

8. Delivery improvement 2017/18-19

8.0.1. South Yorkshire and Bassetlaw has developed a number of priorities to support delivery of its Plan. These are led by chief executives and accountable officers with strong input from senior clinicians, public health, senior finance and operational colleagues from member organisations.

8.0.2. Transformation priority workstreams include:

- Urgent and emergency care
- Cancer
- Healthy lives, living well and prevention
- Primary care
- Mental health and learning disabilities
- Elective care and diagnostics
- Maternity and children's

8.0.2.1. Enabler workstreams

- Workforce
- Digital and IT
- Carter, estates and shared services
- Finance
- Communications and engagement

8.0.3. For 2017/18 – 19 South Yorkshire and Bassetlaw has identified a focused number of key priorities for delivery improvement 'working as one'. We will align resources and priority workstreams to support delivery of these key priorities at all levels within the emerging Accountable Care System and we will use these priorities to test new ways of working together and with NHS England and NHS Improvement to show additional benefits to patient and service delivery:

1. at organisational level
2. at Place (ACP) level
3. at System (ACS) level

8.0.4. Catalyst for change – in 2017/18 we will focus delivery improvements in urgent and emergency care, primary care, mental health and learning disabilities and cancer (or subsets of these priority areas) where we plan to make tangible improvements which will serve as a real catalyst for change across SYB. Each of our transformational workstreams has taken a unique perspective on how best they can contribute to delivering the 'key improvements' set out in the Next Steps on the Five Year Forward View. We will also take a unified approach to tackle efficiency improvement 'working as one' where this makes sense to do so.

8.1. Efficiency programmes, back office, Carter, Naylor

8.1.1. The efficiency programmes agenda is being addressed through two workstreams.

8.1.2. Firstly; The Provider Efficiency Group, which is responsible for the oversight of the acute and mental health trust providers programme and is addressing the eight nationally defined corporate service areas to ensure that collaborative opportunities are identified and maximised, including consolidation where appropriate. Its strategic objective is to develop systems that capture and optimise the cost effectiveness of corporate services so that services are assessed not only on direct costs and non financial quality indicators, but in relation to professional influence in driving efficiencies across trust systems, policies and processes. Its key aim is to reduce service costs with the summary data for showing the SYB position as 27/44, with potential savings of £4.4m to £10m, taking into account the national median and upper quartile benchmarking data from 2015/16. This is in line with estimated savings contained in the case for change submission October 2016.

8.1.3. The workstream's immediate priority is to achieve efficiency savings that will help to reduce the financial gap and, in particular, focus on savings and innovations that can be delivered during 2017/18. To enable effective oversight and delivery of collective solutions, a phased approach has been agreed on the key service areas that have shown, through the benchmarking data, the greatest saving opportunities, and which take into account the synergies and dependencies between these service areas. These are **HR services, finance including payroll, and procurement.**

8.1.4 . The ambition and commitment is to have regional networked arrangements using the same financial, HR and procurement solutions that will use consolidation and integration of transactional services as an enabler for common standardisation and streamlining of e-processes across all trusts to make efficiencies. Where and when appropriate, market testing may be undertaken.

8.1.5. The focus is therefore not just on changes to operating models but where with the use of technology and removal of transactional activity, significant efficiencies could be made. This is also reflected through formal HR streamlining and standardisation of priorities that target reduction of unwarranted variation and duplication across: workforce systems and compliance (including collaborative commercial relationships); general recruitment; bank and agency management (phase one focusing on medical agency including case for collaborative bank); occupational health/absence management; mandatory and statutory training; common bandings/gradings.

8.1.6. Secondly; there is a system wide Strategic **Estates** Group, the role of which is to provide strategic oversight, planning and direction to SYB clinical workstreams and the CCG Local Estate Forums (LEFs), enabling the delivery of more effective, Place based health facilities, property assets and health/public land across South Yorkshire and Bassetlaw. This workstream will support the implementation of a sustainable estate strategy that will help to deliver those objectives and also consider the findings of the Hospital Services Review and support the development and implementation of estates strategies arising from it. This will ensure a more integrated approach through the delivery of a smaller, more cost effective and efficient estate which is aligned more closely with the delivery of frontline public services.

8.1.7. The Strategic Estates Group brings together organisations which own health facilities, property assets and health/public land to facilitate the better use of all health and public

sector estate and will review principles for collaborative use of built assets. Its immediate priorities for 2017/18 – 2018/19 are based on three themes: strategic estates planning; aligning investment and disinvestment; and estates intelligence and spatial mapping.

8.1.8. Key outcomes are the production of a strategic estates plan and accompanying action plan, which sets out clear priorities for the delivery of better use of all local public land and property assets within respective geographical areas to deliver the estate objectives highlighted within the Health and Care Plan . It will also review the findings of the Naylor Review of surplus land and challenge partner organisations to address any recommendations, which will support the development of affordable estates and infrastructure plans and associated capital strategy

8.2. Managing demand and optimising care

8.2.1. The elective and diagnostic care workstream will be responsible for the planning, oversight and governance of a regional or sub regional elective and diagnostic care system. Closing the elective workstream’s gap will be achieved by focusing on two priorities: reducing system demand and improving efficiencies in how we deliver our services. These themes will be delivered at Place and System levels through eight interventions; however, immediate priorities for 2017-2019 are described below.

8.2.2. Correct referral pathway – we will implement best practice demand management approaches that will reduce unnecessary or inappropriate referrals and ensure patients reach their most appropriate treatment first time. This will be achieved by piloting local solutions to advice and guidance and referral support with consideration to developing a regional solution. We will undertake local place based reviews of clinical pathways to reduce demand and attendance in hospital by developing community based services. We will support local organisations to improve utilisation of non face-to-face clinic delivery, alternative workforce models to drive efficiency and ensure effective access and discharge policies are in place to reduce unnecessary follow up appointments.

8.2.3. Procedures of low clinical value and clinical thresholds – we will develop a SYB policy for effective commissioning including a common set of controls and clinical thresholds for procedures to ensure adherence to best practice guidance.

8.2.4. Diagnostics – we will implement workforce and IT solutions that will reduce the demand and capacity gap in radiology reporting. We will work with the cancer workstream to develop diagnostic solutions that support early diagnosis.

8.2.5. Clinical efficiency – we will use benchmarking analysis (Getting It Right First Time) to identify and target variation along clinical pathways in order to deliver efficiencies. We will ensure our surgical activity is aligned to the appropriate setting and we will identify and transfer activity that can be delivered closer to home in the community.

8.3. General practice and primary care

8.3.1. Supporting and investing in general practice and primary care is a national priority mirrored by key priorities for all of our local Places. During the course of 2017 -19 we will deliver extended access to general practice for 100% of the local population by March 2019 and where possible, take steps locally to boost GP numbers including improving retention.

8.3.2. Expand multidisciplinary care including clinical pharmacists, mental health therapists, physician associates and increase the number of nurses in general practice.

8.3.3. Ensure 100% of GP practices are working together in hubs or networks by March 2019 that offer a greater scope of services which are increasingly capable of taking on population health responsibilities.

8.3.4. Expand multi-disciplinary care by deploying SYB's share of 1300 clinical pharmacists and 1500 mental health therapists, as well as physicians' associates and increase the number of nurses in general practice.

8.4. Urgent and emergency care (UEC)

8.4.1. We will continue to develop and strengthen the urgent and emergency care networks and partnership working through the UEC Steering Board, which builds upon the UEC Network established in 2015. A programme of work is currently being developed to take account of national requirements and the case for change described in the Health and Care Plan, with delivery models developed at place with a joint focus on redesigning the urgent and emergency care system and developing out of hospital services to reduce demand on A&E and acute beds.

8.4.2. The Five Year Forward View identified seven UEC priorities which will be included in the work programme. Specific priorities for 2017/18 include;

- We will work within Place and collectively across the System to ensure delivery of the four hour A&E standard and we will work as one with NHSE/I to agree improvement trajectories at System level with oversight on place delivery.
- We will work with Place to ensure the implementation of primary care streaming for each emergency department and with NHSE/I to agree at system level targets for activity flows through primary care streaming.
- We will work with Place to develop and identify the requirements for a clinical advisory service at three levels, 1) Place, 2) System 3) Regional to develop a hub and spoke arrangement to clinical advice using local clinicians/services where possible and scaling to system level where it is more efficient to do so.
- We will work as one with NHSE/I to agree at System level a realistic improvement trajectory to increase the volume of calls transferred from 111 to a clinician, working with providers of 111, out of hours and with place to deliver the ambition of 50% by March 2018 ensuring that NHS 111 connects into the appropriate clinical services and patients are directed to the most appropriate clinician/service.
- We will express an interest in becoming a pilot at system level for NHS 111 online in 2017/18 subject to the national roll out plan.
- We will work with Place to develop a plan to have at least one designated urgent treatment centre established by March 2018, which will include a review of existing urgent care centres, minor injury and walk in services to establish the baseline position and develop a plan to have a model for urgent treatment centres across the System in place by 2019.
- We will work with ambulance providers to implement the ambulance response programme and work as one with NHSE/I to develop realistic implementation plans. This will include working with Place to develop consistent offers on alternative pathways to conveyance to A&E.

- We will work with Place to improve patient discharges and flow through hospitals, including the establishment of a pilot to roll out the use of care home electronic bed states.
- We will work with Place to establish a common and shared approach to escalation management developing a plan to roll out a single system for better connections between Place and allow System level oversight of pressures in the UEC system.
- *We will work as one with NHSI and NHSE to align differential standards to secure delivery of integrated urgent care between 111 and out of hours providers.*

8.5. Mental health and learning disabilities (MHL D)

8.5.1 A number of priorities for the MHL D workstream have been identified, reflecting the requirements set out in *Implementing the Five Year Forward View for Mental Health* and identifying where and how a System level approach offers opportunities for improvements in service development and delivery. Key objectives for the workstream are:

- Development of core 24 liaison mental health services in all acute hospitals to support a reduction in pressure on the urgent and emergency care system, including reducing emergency admissions and length of stay for people with mental health problems.
- Providing support across all areas to develop integrated improving access to psychological therapies (IAPT) to ensure that people with long term conditions have their mental health needs met, reduce presentations for people with medically unexplained symptoms and improve patients' ability to self manage to reduce reliance on healthcare services.
- Taking a collaborative approach to developing perinatal mental health pathways and services.
- Working with specialised commissioning on specialist beds and community alternatives across children and young people's and secure mental health services.
- Improving the management of people with complex dementia needs, as part of moving care closer to home across the mental health and learning disabilities health and social care system.

8.5.2 In addition to supporting delivery of national objectives, the workstream is proactively addressing local issues, including gaps in services for adults with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and workforce issues. It will also work closely with the healthy lives, living well and prevention workstream to roll out innovations around social prescribing and employment support.

8.5.3 SYB will also oversee and support delivery of national objectives around access to services, including increasing access to psychological therapies, delivery of the 18 week referral to treatment target, and access to physical health checks for people with severe mental illnesses.

8.5.4 The workstream is also looking to explore opportunities for alternative commissioning and provider models where these will improve outcomes for patients, secure efficiency savings and secure service capacity and quality across SYB; including provider alliances and system commissioning.

8.6. Cancer

8.6.1. We will strengthen the newly formed **Cancer Alliance** by working with member organisations and at Place across the Cancer Alliance footprint; South Yorkshire, Bassetlaw and North Derbyshire. Our mandate and deliverables are explicitly articulated through the

Next Steps on the Five Year Forward View, the Cancer Taskforce strategy and our own Cancer Alliance Delivery Plan. Immediate priorities are outlined below:

- We will work to **deliver the 62 day referral to treatment standard at System level** as a single measure across our provider organisations by March 2018. This will create capacity to focus not only on the target but also enable us to focus on measures which hold the greatest significance to people affected by cancer such as quality of life, whilst also working to improve inter provider transfers within 38 days and improve earlier diagnosis.
- We will work with Place to **implement interventions to achieve earlier diagnosis of cancer** through raising awareness of signs and symptoms and maximising uptake in screening. We will understand capacity and demand across our diagnostics services, priorities in access to diagnostics and explore new models of access to diagnostics.
- We will support the delivery, through the local Cancer Alliance, of the strategic priorities to improve early diagnosis, services and outcomes for cancer patients as per the Cancer Taskforce report and facilitate the introduction of bowel cancer screening and primary HPV testing for cervical screening.
- We will continue to work with Place to fully deliver person centered care for people affected by cancer by **implementing the living with and beyond cancer (LWABC) model of care**.
- We have established an **'advisory board' of people affected by cancer to support decision making** as part of our Living With and Beyond Cancer programme, one of our four Cancer Alliance workstreams. The Cancer Alliance board will also access this group on a topic by topic basis to support decision making on a range of issues such as performance.

8.7 Children's and maternity care

8.7.1 We have established a Children's and Maternity Delivery Board to support system transformation across three initial priority areas:-

1. Following public consultation, to reconfigure children's surgery and anaesthesia, developing new models of care with consistent management across providers, with sustainable care pathways that meet the newly specified standards of care.
2. For the acutely ill child, there is variation in the provision of care, and local assessment (in line with the national picture) identifies the current models are not sustainable, particularly in terms of workforce sustainability and coordinated care pathways. Therefore, there is a need to plan across a larger footprint and network provision. The immediate priority is to work together to develop sustainable new models of care for acute paediatrics, ensuring equity for children right across the SYB area through the adoption of a consistent 'blueprint' for services in each Place. This will be supported by a managed clinical network (MCN), ensuring a strong clinical input throughout. The blueprint will include paediatric acute services and consistent management across hospital settings, promoting demand management and supported discharge models in community settings, and the use of short stay assessment models.

3. For maternity services, we will work together to review the current offer and develop a single implementation plan for maternity care across SYB proposing changes in line with the implementing better births, through our Local Maternity Systems (LMS).

8.8. Workforce

8.8.1. The Local Workforce Action Board (LWAB) is the main vehicle for driving and managing the workforce work stream. There is an overarching aim and ambition to make SYB an attractive place to work to both attract and retain staff.

The LWAB is focusing on three initial priorities:

- **Development of the South Yorkshire and Bassetlaw region excellence centre (1 of 7 in England)** which aims to raise the standard for support staff by promoting vocational education including focusing on apprenticeships, sharing resources and acting as a vehicle for innovation.
- **Creation of a faculty of advanced clinical practice** for the region which aims to ensure consistent practice standards and secure resources for advanced clinical practitioners (ACPs) and physician associates (PAs).
- **Sustainable primary care;** plans include an increase in GP, practice nurse and clinical support worker numbers, plus further development of physician associates, AHP practitioners, care navigators and clinical pharmacists.

8.8.2. As an enabling work stream, the LWAB is committed to supporting the SYB workstreams to identify their workforce requirements and transform their services.

8.9 Digital and IT

8.9.1. We will be relentless in focusing on the needs of our citizens and our patients and will seek opportunities for technology to improve the ability of our staff and our partners to meet those needs. Therefore, on the journey towards achieving our vision we will:

- Directly support and influence the work of the SYB priority and enabling workstreams to ensure they are able to maximise the benefit of digital solutions.
- Transform the way in which we engage with patients and citizens, supporting them to maintain their own health and wellbeing through digital solutions.
- Improve the way in which health and care providers engage at all levels to ensure an integrated approach to digital transformation.
- Accelerate mechanisms that promote record and data sharing as more care is delivered outside a hospital environment, enabling clinicians to provide the best care in all settings, particularly via the use of mobile technology.
- Exploit big data analytics to inform frontline clinical decision making, provide real time system level management information and better targeting of prevention initiatives.
- Support and empower our staff, patients and citizens so they can maximise the potential of new technologies as they become available to them.
- Invest in interoperability and infrastructure to enable change

8.9.2. Focus areas from a recent development workshop (and a draft programme of interventions) are:

- Digital inclusion
- Self help connect
- Wellbeing and recovery
- Healthcare co-ordination

- Sharing data, predictive analytics
- Shared services and information governance
- Technical interoperability
- Digital health innovation

8.10 Development of accountable care in Place and System

8.10.1. In 2017/18, SYB will develop as an **Accountable Care System**. This will include collective decision making, governance and a **single accountability framework** which will align the individual statutory responsibilities of Parties to the MoU to the delivery of the Health and Care Plan (November 2016).

8.10.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

8.10.3. Each of the five Places will develop an **Accountable Care Partnership (ACP)** to deliver the ambition set out in its **Place Plan** and the **wider Health and Care Plan (2016)**. The five ACPs will operate in shadow form within 2017/18 and will **be legally constituted by 1 April 2018**, at the latest.

8.10.4. The five ACPs will bring together health and care services from statutory and non statutory organisations to create an **integrated care system** in each Place. This will include hospital services from tier 1 (to be determined).

8.10.5. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.

8.10.6. The five ACPs will connect between the five Places and with a **horizontally integrated** network of hospital based care (Tiers 2 and 3 to be determined) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

8.10.7. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in the STP, **integrating approaches to planning and transformation** and we will explore new ways of contracting and allocating resources to the integrated network of hospital based care.

8.11. Commissioning reform

8.11.1. During 2017/18, we will undertake a review of commissioning as part of our system reform. This will consider the development of ACP in Place and the developing ACS and will need to influence and respond to:

- a. The five ACPs bringing together **health and care services** from statutory and non statutory organisations to create a **vertical and horizontal integrated care system** in each Place, include hospital services from tier 1 (to be determined).
- b. Developing new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.
- c. Connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3 determined by the hospital services review and

delivery of safe and sustainable services) to support seamless care for patients and to create the overall Accountable Care System (ACS) for South Yorkshire and Bassetlaw.

- d. Having a **system wide commissioning function** in place within 2017/18 with new ways of contracting and allocating resources to the integrated network of hospital based care. From April 2018, contracting once for a range of agreed services with the network to support sustainable services and drive improved outcomes for patients.

Organisations have agreed to fully engage in the review to support the objectives and also to support implementation of the **review recommendations**.

8.12. Specialised services

8.12.1. In many clinical areas, including cancer, mental health and learning disabilities, the commissioning of services is often split across a number of different organisations, which makes it much more difficult to plan the provision of integrated care. Different sets of commissioners make separate decisions about areas of provision which – for the patient – combine to form their whole patient journey. In children and young people’s mental health, for example, young people move between types of provision that are commissioned and provided by separate organisations.

8.12.2. Whilst commissioning responsibilities have become more dispersed over recent years, our collective responsibility is to ensure that any differentiation in the commissioning of services does not manifest itself in fragmented services for patients. The development of the ACS gives the opportunity for specialised commissioners to work with local systems to ensure that joined up pathways are both commissioned and delivered across multiple health and social care settings and that the transitions between services are explicitly supported.

8.12.3. Commissioning specialised services across SYB helps remove some of the structural barriers that reinforce the separation between different elements of provision. It means that integration – for example between inpatient services and community services in mental health, or between chemotherapy and follow-up care in cancer – is ‘designed-in’ to local NHS services by joining up the commissioning processes across specialised and non specialised services, and across NHS and local authority care. Decision making is shifted as far as possible from the national to the local, to ensure it is based on the specific requirements of that geographical locality, giving local systems more say on how specialised budgets are spent in their area, making use of their deep understanding of their local population and giving them a voice in how resources are used locally in line with the established national service specifications.

8.12.4. The specialised services commissioned by NHS England include a diverse range of services, from the rare and highly specialised to more common/higher volume services. It follows that the most appropriate footprint for planning these services also varies (depending on a range of factors such as: patient numbers, shape of provision, financial risk, service specifications, strategy). NHS England has worked with its regional teams to undertake an initial segmentation of the services. This has resulted in developing a list of 20 services that are suitable for planning at populations up to 2.5m and thus at SYB level. During 17/18, work will take place with SYB and specialised commissioners to explore areas of focus that would be most relevant to work towards being part of the ACS.

8.12.5. Milestones:

- Areas of focus for specialised services to be planned at an SYB level agreed - Mar 18
- Shadow run budget for areas of focus for specialised services agreed - from Apr 18

- Ensure that for areas of focus agreed, any decisions on changes to services is made in partnership with SYB – from Apr 18
- 18/19 – work towards integration of services within ACS.

Further work is still required to understand the staff resource implications of this work and this will be explored during 17/18.

8.13. Hospital services review

8.13.1. Both commissioners and acute providers across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield have all committed to support an independent review of hospital services. The review will be completed in 2017/18. The terms of reference have been established and include the following key review objectives:

- a) Define and agree a set of criteria for what **constitutes ‘Sustainable hospital services’** for each **Place** and for South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire (in the context of South Yorkshire and Bassetlaw).
- b) Identify any services that are **unsustainable and not resilient against** these criteria, in the short, medium and long-term, including tertiary services delivered within and beyond SYB.
- c) Put forward a future service **delivery model or models** which will deliver sustainable hospital services.
- d) Consider the future role of a **district general hospital** in best meeting patient needs in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Health and Care Plan and emergent models of sustainable service provision.

9. National and regional support from the Department of Health, NHS England, NHS Improvement and the Arms Length Bodies

9.1. Capacity and capability

9.1.1. To support SYB ACS development there will be a process of aligning resources from ALBs to support delivery and establishing ACS integrated single assurance and regulation approach.

9.1.2. National capability and capacity will be available to support SYB from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9.2. Financial including transformation and capital funding

9.2.1. In year one, an allocation of central funding has been ring fenced for the eight accelerating ACSs only.

9.2.2. SYB will therefore receive **a share of the £450 million transformational funding** allocated for the eight high performing systems and **a share of the £325 million capital funding**. How this funding is allocated to deliver our system plan is to be worked through and agreed.

9.2.3. Bespoke support to work through financial governance and operating a shared system control total and alternative payment models.

9.3. Nationally supported workstreams and peer support

9.3.1. National ACS workstreams/learning set have been established to work with and support the eight named Accountable Care Systems including:

- Communications and public engagement
- Leadership
- Scaling up primary care
- Urgent and emergency care
- Devolved transformation funding
- Spreading new care models and integrating care
- Capital funding
- Shared system control totals
- Alternative payment models
- System wide efficiency opportunities
- Governance
- Streamlining oversight
- Future of commissioning functions
- External partnerships to support population health.

10. Glossary of terms and acronyms

ACP	Accountable Care Partnership. The partnerships forming in each of the five local places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.
or	Advanced Clinical Practitioner
ACS	Accountable Care System; here covering South Yorkshire and Bassetlaw with five constituent Places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield
ALB	Arm's Length Body; see https://www.gov.uk/government/publications/arms-length-bodies/our-arms-length-bodies
AO	Accountable Officer at a Clinical Commissioning Group
Carter	Lord Carter's review: 'Unwarranted variation: A review of operational productivity and performance in English NHS acute hospitals' (2016)
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CiC	Committees in Common
CPB	Collaborative Partnership Board
CQC	Care Quality Commission, the independent regulator of all health and social care services in England
DoH	Department of Health
FT	Foundation Trust; a semi--autonomous organisational unit within the NHS
FYFV	Five Year Forward View; a strategy for the NHS (2014)
GB	Governing Body - governance of Clinical Commissioning Groups
GP	General Practitioner
GPFV	General Practice Forward View
HEE	Health Education England
HSR	Hospital Services Review
IAPT	Improving Access to Psychological Therapies
JC CCG	Joint Committee of Clinical Commissioning Groups - a statutory body where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
LA	Local Authority, an administrative body in local government

LWAB	Local Workforce Action Board sub regional group within Health Education England
MCP	Multi-specialty community provider
MHLD	Mental Health and Learning Disabilities
MoU	Memorandum of Understanding; a formal agreement between two or more parties to establish official partnerships
Naylor Review	Sir Robert Naylor’s review of NHS property and estates and how to make best use of the buildings and land (2017)
NHS	National Health Service
NHS 111	A national free to call single non-emergency number medical helpline
NHSE	NHS England
NHSI	NHS Improvement; operating name for Monitor, NHS Trust Development Authority and teams from 2016
PA	Physician’s Associate
PACS	Primary and Acute Care System
Place(s)	One of five geographical subdivisions of SYB with the same footprint as the ACPs
SAF	Single Accountability Framework
SRO	Senior Responsible Officer, the visible owner of the overall business change, accountable for successful delivery
STP	Sustainability and Transformation Plans (2016); the NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
SYB	South Yorkshire and Bassetlaw
TBA	To be announced
TBC	To be confirmed
UEC	Urgent and emergency care
Vertical integration	FYFV delivery next steps: horizontally operating provider organisations simultaneously operating as vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000 – 50,000 populations
Horizontally integrated	FYFV delivery next steps: Where provider organisations collaborate to form care systems. There are different forms; from virtual to actual mergers, for example, having ‘one hospital on several sites’ through clinically networked service delivery

Trust Board 25 July 2017 Agenda item 8.2

Title:	Update to the Scheme of Delegation
Paper prepared by:	Director of Finance and Director of Corporate Development
Purpose:	Trust Board is required to approve changes to the Trust's Constitution. The Scheme of Delegation forms part of the document.
Mission/values:	Robust governance arrangements are essential for the Trust to remain legally constituted, financially viable and sustainable as a Foundation Trust and to continue to meet its obligations under its Constitution.
Any background papers/ previously considered by:	<p>The last version of the Scheme of Delegation was approved by Trust Board in January 2017 and the Members' Council in February 2017 along with the Trust's Constitution.</p> <p>The proposed amendments to the Scheme of Delegation have been considered by the Executive Management Team on 6 July 2017 and the Audit Committee on 18 July 2017 who support its approval.</p>
Executive summary:	<p>Background</p> <p>As part of the review and approval of the Trust's Constitution and Scheme of Delegation in January 2017, the Executive Management Team requested that a further review of the Scheme of Delegation take place. The further amendments include:</p> <ul style="list-style-type: none"> ➤ Areas of delegated authority that are in place have been stated. ➤ Documents cross referenced and updated to reflect current guidance. ➤ Duplications removed to make it easier to read. <p>The proposed amendments have been considered by the Executive Management Team and Audit Committee who support their approval.</p> <p>Risk appetite</p> <p>The delivery of the Trust's Constitution and Scheme of Delegation supports the Trust's endeavours to provide high quality and equitable services, improving the Trust's reputation in line with the Trust's Risk Appetite Statement.</p>
Recommendation:	Trust Board is asked to APPROVE the update to Scheme of Delegation and support its approval by the Members' Council on 26 July 2017.
Private session:	Not 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	<p>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.</p>
	Trust Board	<p>Regulations and Control</p> <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 <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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 <ol style="list-style-type: none"> 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	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: <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	The essence of the accounting officer's role is a personal responsibility for: <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: <ul style="list-style-type: none"> 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 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	<p>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;</p> <p>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</p> <p>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.</p>
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	<p>Issue manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender.</p> <p>Issue a scheme of delegation for capital investment management.</p>
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
Requestioner	£500

**Trust Board 25 July 2017
Agenda item 8.3**

Title:	Equality Annual Report 2016/17
Paper prepared by:	Director of Corporate Development
Purpose:	To review Equality and Inclusion activity in 2016/17, as reported to the Equality and Inclusion Forum, and areas of focus for 2017/18 as set out in this report and in the Equality strategy.
Mission/values:	<ul style="list-style-type: none"> ➤ This report provides evidence of an equality competent organisation with a well-led culture that prioritises and champions equality. ➤ Meeting the Trust's equality duties supports an environment where everyone feels respected and valued. ➤ Valuing diversity in the communities we serve and in our staff is fundamental to our value of person first and in the centre
Any background papers/ previously considered by:	Equality strategy – 2017- 2020
Executive summary:	<p>Equality is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential.</p> <p>Diversity is about recognising and valuing difference in its broadest sense.</p> <p>This report offers an overview of Trust activity in 2016/17. It highlights work to ensure an approach that is about culture not compliance, promoting an agenda of inclusivity and respect and valuing the diversity of the communities we serve and of the staff we employ. A public facing summary will be produced.</p> <p>The report summarises work reported to the Equality and Inclusion Forum. The Forum's primary purpose is to ensure the Trust improves the diversity of its workforce and embeds diversity and inclusion into everything it does through promoting the value of inclusivity and treating people with respect and dignity. The Forum focusses on driving a values-based approach to equality and inclusion through the organisation rather than a traditional compliance-based approach.</p> <p>The Trust aims to ensure that services are designed and delivered, as far as possible, to respect and value difference and that services can adapt to meet the needs of individual service users and their carers.</p> <p>Equality of opportunity in employment and developing a workforce that reflects local communities will further enhance the quality of the services we provide.</p>

	<p>Risk Appetite</p> <p>Key risks identified will be escalated to the organisational risk register as applicable and will be mitigated in line with our risk appetite and risk management strategy. This will be done through detailed action planning to underpin implementation activity.</p>
Recommendation:	Trust Board is asked to RECEIVE the Equality Report 2016/17
Private session:	Not applicable

Equality update

Overview of activity 2016/17 and forward plan 2017/18

Dawn Stephenson
Director of Corporate Development
July 2017

Introduction

This report offers a summary of activity demonstrating the Trust's commitment to equality, diversity and inclusion. Working with service users, carers, staff and stakeholders, the Trust's strategic aims for equality are to:

- Promote a fair organisation with better health outcomes for all
- Promote person centred care and equal access to pathways of care
- Develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels
- Continue to improve equality of opportunity for staff and Trust volunteers

The aims support the need to ensure that everyone who needs to, can access Trust services and that we have a workforce which represents the communities we serve, that is afforded equal opportunity and is free from any form of discrimination.

Equality is about creating a fairer organisation in which everyone has the opportunity to fulfil their potential.

Diversity is about recognising and valuing difference in its broadest sense.

Governance – The Equality and Inclusion Forum

The Trust Board approves the equality strategy and a refreshed strategy covering the period 2017 – 2020 is scheduled for review by the Board in July 2017. The strategy is about treating everyone with fairness and understanding, not necessarily treating everyone the same. It aims to reduce inequalities in our services, including those linked to difference, stigma and deprivation and those linked to the Equality Act protected characteristics.

Local commissioners review performance against equality matters through quarterly Quality Board processes.

The Equality and Inclusion Forum is a non-executive committee of the Board. The Forum's prime purpose is to ensure the Trust embeds equality, diversity and inclusion in everything it does and improves the diversity of its workforce. This is done through promoting the values of inclusivity and treating people with respect and dignity. The Forum seeks assurance on delivery of the agenda, including the approach to positive action to improve access, experience and outcomes for people from all backgrounds and communities. This includes



With **all of us** in mind.

people who work for and volunteer for the organisation, those who use Trust services and their families, and those who work in partnership with the Trust to improve the health and well-being of local communities. Forum membership includes the staff side representative with the lead for equality and diversity and a representative from the Members' Council.

Duties of the Equality and Inclusion Forum

- To promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust.
- To ensure a coordinated approach to promoting the values of inclusivity developed in partnership with other key stakeholders including service users, carers and staff and Members Council.
- To ensure that the Trust embeds equality, diversity and inclusion in all its activities and functions.
- To agree an annual work plan/schedule of priorities that link to the Trust's strategic direction, workforce plan and the wider transformation of services and to monitor progress.
- To ensure that as a consequence of promoting the values of inclusivity the Trust's services comply with legal and national guidance, including EDS2 and the Workforce Race Equality Standard.
- To provide updates to Trust Board following each meeting.

The Forum meets regularly and at least four times a year. The Black, Asian and Minority Ethnic (BAME) staff network links to the Forum via the Director of Human Resources. The Forum provides assurance on its work through the Chair of the Forum reporting into Trust Board.

The Forum's work through-out 2016/17 focussed on ensuring that equality and diversity considerations were an intrinsic part of improving service user and carer experience and the workplace culture, especially for those people who have additional needs with a protected characteristic. Adopting this focus also supports evidence of good practice in meeting legislation and national standards.

This report highlights recent work to support progress on equality matters. A public facing summary of work to evidence commitment to an equality competent organisation that champions equality matters is also planned.

Equality Impact Assessments (EIAs)

An Equality Impact Assessment is a tool used to find out whether the plans, strategies, policies and services of the Trust will affect some communities or groups of people differently and address the impact of difference. The real value of undertaking an EIA comes through positive changes implemented as a result of completing the toolkit. The Trust uses EIAs to meet the Public Sector Equality Duty by undertaking Equality Analysis in this manner. Teams and services should complete an EIA for a three year period with annual reviews built in to ensure action plans are addressed. The impact of any proposed service change is also subject to EIA as well as new strategy and policy.

Staff have access to a 'quick guide' which aims to support completion of EIAs, setting out why, when and how to complete an EIA and incorporating a step by step process from initial screening through to involvement and consultation, action planning and review.

The Equality and Engagement Development Managers ensured a particular focus on EIA activity in 2016/17. Workshops were offered on best practice approaches to EIA completion and collaborative work with teams and services, was undertaken to complete and refresh assessments.

Throughout 2016/17, the Forum monitored progress on EIAs, most recently noting:

- Although the internal target of 100% compliance for all EIA's by March 2017 was not met, the vast majority of EIAs were progressing well, with significant improvement noted over the year.
- A small number of services/teams demonstrated little activity, despite ongoing advice and the offer of support from the Equality and Engagement Development Managers.
- Support had been provided to the Acute/Community Mental Health and Older Peoples Services transformation programs in developing EIA's.
- Work is required to ensure that IT systems can capture Protected Characteristics data and that collection of this information is routine.
- Additional rigor is being built into EMT and Trust Board assurance for service change and strategies, in ensuring that suitable EIA's have been undertaken.

Future focus for the Forum in respect of monitoring EIA activity is to identify areas of best practice to showcase to staff, including qualitative changes that have been achieved as a consequence of analysis and delivery of subsequent action plans.

Equality Delivery System (EDS2)

EDS2 is a tool designed to measure Equality performance. It helps organisations understand how driving equality improvements can strengthen accountability to service users and the public. EDS2 includes 18 outcomes, grouped into 4 goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership.

The Trust Board, in line with national guidance, agreed to an informed selective approach to EDS2, with a focus on 2 internal and 2 external outcomes, which mirror the strategic aims and are:

- Transitions from one service to another, for people on care pathways, are made smoothly, with everyone well informed (outcome 1.3)
- People are informed and supported to be as involved as they wish to be in decisions about their care (outcome 2.2)
- Fair NHS recruitment and selection processes lead to a more representative workforce at all levels (outcome 3.1)
- Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organization (outcome 4.1).

NHS organisations are required to work with local stakeholders to evaluate performance each year. Performance can be graded as undeveloped, developing, achieving or excelling. The Trust has evaluated the public goals through stakeholder engagement and the internal goals by means of a staff survey.

Public goals - Calderdale, Kirklees and Wakefield CCGs

The Trust again worked in partnership with the health economy in Calderdale, Kirklees and Wakefield to assess local performance against the two public facing goals. This coordinated approach involved hospital, community and ambulance services working with the CCGs and sharing examples of work and showcasing projects and services to demonstrate progress against the goals.

The CCGs established Equality Panels, representative of local communities, to support organisations to deliver on the requirements of EDS2. Panels were asked to attend half day sessions where they listened to short presentations from the health organisations. They were asked to consider the evidence provided with their groups and networks and then

reconvene to grade the organisations and to provide 2 recommendations to each organisation for improvement in the next 12 months.

Panels were held in January and February 2017, with grading panels also in February and follow up in July.

The Trust shared the following examples of positive practice during the panel process:

- Engagement of service users and carers throughout the acute and community service transformation process, most recently in February and March 2017 with Trust hosted stakeholder events and service representative attendance at service user and carer groups and forums.
- The procurement process for an appointment reminder system where services users helped determine the tender specification.
- The provision of a multi faith room at the Dales Unit in Calderdale. This followed engagement with service users, carers, staff and visitors and an understanding that meeting religious and spiritual needs would improve experience and outcomes for all.
- During the year the Trust received over 5900 responses to the Friends and Family Test, nearly 500 per month. Additional materials are now available to collect survey responses with easy read and child specific survey cards available in services. A staff guide has been produced to support teams to ensure that people who identify as lesbian, gay, bisexual, transgender, questioning or intersex (LBGTQI) feel safe and welcome in Trust services. The Barnardo's charity has also offered free gender identity training to staff teams in Calderdale.
- An art café was established (with support from Charitable Funds) to offer social, educational and creative activities to adults with a learning disability. Other groups to support on-going engagement in learning disability services have been established.
- Efforts continue to better engage with young people using Trust CAMHS services, with groups being established to support involvement in service planning and delivery.
- Over 120 people participated in conversations about change in older peoples services.

The Trust self-assessed the examples as 'developing', to indicate that people from some protected groups fare as well as people overall.

Stakeholder contribution to the process was impacted by the low number of participants and lack of diversity among attendees (average 7 people at each event). Overall, feedback was positive, with each panel agreeing with the Trust's self- assessment as 'developing'. The recommendations for improvement from each panel were:

Learning from Calderdale - 23rd February, VAC Building

- Improve partnerships with third sector providers from all protected groups
- Provide training to frontline staff on working with people from all the protected groups

Learning from Kirklees - 27th February, Broad Lea House

- Improve communication with community groups representing all protected groups
- Identify carers at point of contact and offer carer support

Learning from Wakefield - 21st February, White Rose House

- Ensure Single Point of Access is accessible to all and maximise opportunities to improve communication (e.g. – not just text reminders, explore email also)
- Address the access issues for deaf people who experience mental health issues

Barnsley services

In Barnsley, each local organisation made its own arrangements to assess performance against the goals. The Trust hosted an event for service users, carers and stakeholders in February 2017 and shared examples of positive practice in services. 14 people attended and graded the information based on what they have heard and the subsequent discussion. The Trust shared information about:

- Engagement of service users and carers throughout the acute and community service transformation process, most recently in February and March 2017 with Trust hosted stakeholder events and service representative attendance at service user and carer groups and forums.
- The procurement process for an appointment reminder system where services users helped determine the tender specification.
- The Yorkshire Smokefree service offer and how it is supporting people to 'quit' in Barnsley.
- The Care Navigation service and how this is supporting people to manage their own conditions and remain independent and in control.
- Creative Minds and working with a broad range of creative partners in the local area.
- A service user gave a presentation on their experience of the mental health pathway. This personal perspective helped attendees to appreciate the service impact on real lives.

Those attending agreed with the Trust self-assessment of 'developing'.

Learning from Barnsley event -3rd February, Kendray Hospital

- Need to connect to communities and work together better at engagement internally and externally

- Create opportunities for people to share their experiences and ensure ongoing involvement rather than 'one-off' activity.

Next steps

Commissioners - The Equality lead for the Clinical Commissioning Groups in Calderdale, Kirklees and Wakefield is working to continue the Equality Panels and has extended an invitation to the Trust to participate. It is hoped that these panels will continue to work collaboratively to address inequalities, share good practice and reduce duplication.

Trust Actions:

- The Trust Equality and Engagement Development Managers will work with BDU colleagues to respond to feedback from the events and to introduce a more robust framework to capture evidence of positive practice and improvements at team and service level.
- Equality priorities and EDS2 goals must form part of the BDUs' governance agenda to ensure the Trust can capture evidence, share best practice and ensure a continued focus on this area of work as part of mainstream activity.
- Maximise opportunities to connect with and participate in place based Equality Panels
- Continue to deliver and evaluate a training offer that meets the needs of the organisation in ensuring a diversity competent workforce (just under 900 staff attended face to face training in 2016/17)
- Continue work to ensure a consistent offer to carers – mapped against the NHSE carers toolkit and Investors in Carers

Accessible Information Standard

The Accessible Information Standard (AIS) was introduced in 2016 to ensure that people who have a disability, impairment or sensory loss, receive information in a way that they can access and understand and any communication support that they need, is identified and provided.

All NHS and Social Care organisations are required to comply with the AIS.

The standard sets out how organisations should ensure that service users, carers and appropriate family members can access and understand information. This includes making sure that people get information in different formats if they need it, for example braille, large print and easy read and receive information by different methods e.g. via email.

The standard also tells organisations how they should ensure that people get any support

with communication that they need i.e. support from a British Sign Language (BSL) interpreter, deaf-blind manual interpreter or an advocate.

This standard does not cover requirements around interpretation and translation into community languages.

To comply with the standard, organisations must do 5 things:

1. **Ask** people if they have any information or communication needs, and find out how to meet their needs.
2. **Record** those needs clearly and in a set way.
3. **Highlight or flag** in the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share** information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Act**/take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

Trust compliance

Implementation and awareness raising on AIS has been undertaken over the last 18 months, overseen by a steering group made up of representatives from across Trust services. This group has:

- Engaged with service user and carer groups to ask how our services can best meet people's needs in the spirit of the standard.
- Raised awareness of the standard through communication via the Headlines, intranet content, attendance at Trust meetings and forums (for example TRIO meetings, practice governance coach networks, BDU governance groups and quality improvement meetings). The Partnerships Team also held a number of drop-in sessions in 2016 to support staff awareness and answer specific queries relating to the standard.
- Worked with IT colleagues to update electronic systems to create new fields to record communication needs, for example SystmOne and RiO 7 now have the required modifications to ensure staff can record information needs.
- Overseen the update of appropriate policy to reflect AIS.

Staff training / awareness sessions – Easy Read project

Further training was offered between January and March 2017, with advertised fixed sessions across the Trust, attendance at team meetings and consultancy advice. These

sessions supported staff understanding of the principles of how to make information accessible and guidance to ensure a consistent quality of information.

The sessions were aimed at staff who routinely work with people with information needs, including learning disability services, CAMHS, older people's services and memory services. Over 130 members of staff participated and the sessions evaluated positively.

Resources for staff

A bank of resources has been made available on the intranet to support staff to meet the needs of service users and carers who have information needs. This includes:

- Best practice guides to support recording need and acting on identified requirements
- Training materials
- Templates
- Easy read example documents, including template letters and leaflets (for example Confidentiality of Information, MH Act and Customer Services leaflets, Operational Plan)
- Useful links to external information sources
- The Trust has entered into a 3 year contract with Photosymbols (an image bank to support easy read material) with 100 licenses. Licenses are centrally coordinated and usage monitored. [Photosymbols are the preferred images of Trust Learning Disability services and represented best value for money. Informal feedback from service users and carers is that these are the preferred images].
- Staff Guidance on how to access Photosymbols
- A Photosymbols dictionary linking approved pictures with specific words and phrases that are commonly used in our correspondence with service users.

Ongoing commitment

Activity to support compliance with the AIS is now mainstreamed but the following is being progressed:

- The development of a 'self-service' data reporting tool is being explored, which service lines will be able to run to monitor compliance in meeting information needs.
- The Integrated Change Team, working with the Patient Experience Team, will build in evaluation of AIS into survey materials including feedback forms and comment cards. A variety of formats to give feedback will be offered.
- Staff views will be sought via i-hub and 'The Headlines' to plug information gaps and support requirements.
- An e-learning/training package has been developed by Health Education England. This is available for staff via the Trust ESR/OLM platform.

- Further update on embedding the Standard will be offered to the Forum in Autumn 2017.

Mental Health Act Audit – encouraging access to services

The Trust conducted a Mental Health Act Admissions audit to explore the needs of the BME (South Asian) working aged adult population in North Kirklees. This was to support understanding of the barriers that result in delayed engagement with mental health services and people coming into services in crisis.

The audit involved tracking the clinical pathway for BME service users, working with GPs to promote timely referral and prevent delays in referral and subsequent diagnosis, and working with service users and carer groups to raise awareness of and increase engagement with mental health services.

A range of issues resulted from the audit, with a number of actions undertaken in the last year, including:

- A special interest group was established to support clinical engagement
- Focus groups were held with service users, carers and staff to understand the barriers to delayed engagement and access to services for BME communities and understanding the barriers faced by carers, in supporting loved ones with a mental illness.
- A Reach Out With Faith conference was held exploring the concept of spiritual healing in treating mental health, involving local Muslim faith leaders and clinical staff
- A Spirit in Mind conference was held exploring different approaches in faith communities.
- Culturally sensitive memory cafes are being set up to meet the needs of people with dementia in the local South Asian population. This is being progressed as part of the service transformation work programme.
- The Trust participated in a successful community dementia awareness event, led by the Kirklees Dementia Alliance.
- The Trust has worked with Batley Girls High School on a partnership programme between Trust clinical and non-clinical services and the University of Huddersfield around mental wellbeing, overcoming cultural resistance to accessing mental health services and promoting placements and apprenticeships within the NHS.
- The Trust provided service user information to support healthy fasting during Ramadan. This was linked with a staff event in May to help support staff who have

service users on medication, understand the cultural issues, possible health complications and possible remedies.

- The Trust offered Mental Health First Aid (MHFA) courses to the BME community, which taught people how to recognise the signs and symptoms of common mental health issues provide help, support and signpost for further information. The courses were held at the Al Hikmah Centre and evaluated very positively.
- Creative opportunities have been offered to service users and carers through the Sahaara Group (sahaara means support in Urdu). This group has attracted people reluctant to enroll on courses at our recovery colleges due to cultural and language issues. The group has offered a safe place for women to meet and has offered art and educational activity to support mental wellbeing and increased confidence.

Commitment to carers

Carers play a vital role in supporting people who use Trust services and the Trust recognises and values their important contribution. During 2016/17, work began to improve the Trust's offer to carers. This included collating existing support and activity to identify good practice and any gaps. Connection is also being made to carer groups to gather feedback about carers current experience and how this could be improved.

This work will support update of the Trust's 'Commitment to Carers' statement which was originally developed with the help of carers 3 years ago.

The Trust's offer to carers is being mapped against the quality standards set out in the NHS England report (May 2016) 'An integrated approach to identifying and assessing carer health and well-being'.

The Trust has also given a commitment to progress towards accreditation against Investors in Carers, a carers charter developed in Kirklees. The charter looks for evidence, pledges and action plans that support:

- The health and wellbeing of carers – helping carers maintain their own physical and mental wellbeing and recognising when help might be needed.
- Information and advice – making sure the right information or advice is available at the right time to help people's understanding of services and to help them plan ahead
- Acknowledging carers as experts – ensuring their voices are heard and that their contribution is sought and valued
- Working with professionals – ensuring staff are carer aware and can develop positive relationships based on a common understanding of what it means to care.

A Trust wide action plan is being developed to ensure a consistent quality offer to carers. Activity is also being progressed in each BDU, for example collaborative working with Kirklees Mental Health Carers Forum, to improve communication with carers and joint work with Barnsley Clinical Commissioning Group and other local partners, on a carers strategy for Barnsley.

Inclusive leadership

The Trust's Equality and Inclusion Forum was established to promote the values of inclusivity, mainstreaming equality, diversity and inclusion across the Trust. The Trust Board has approved a number of related strategies and will review a refreshed Equality strategy at the July meeting:

- The Trust's **organisational development (OD) strategy** contains the essential enablers to a successful organisation (structure, strategy, systems, shared values, skills, staff and style). Equality is an essential underpinning component across the 7 strands.
- The **workforce strategy** sets out a strategic approach to leadership, management and development to ensure the Trust is well led and has the right people to achieve the strategic direction, deliver the mission and demonstrate the values.
- The **communication, engagement and involvement strategy** sets out the framework to ensure service users, carers, staff, stakeholders and local communities have a say in how services are planned and delivered and can have access to relevant information in a timely manner through a variety of methods. Equality, diversity and health inequalities work complements communications and engagement activity but takes a distinct approach with the aim of identifying, understanding and reducing inequalities which affect our service users, communities and workforce.
- Our **digital strategy** is an essential enabler to effective communication, engagement and involvement and aims to help reduce inequalities.
- Our **membership strategy and volunteering policy** set out ways for people to be involved in the organisation and influence how services are developed and delivered.
- Our **customer services policy** supports seeking the views of people who use our services and their carers and responding appropriately to feedback, including when things go wrong.

To support a representative and inclusive Board, the Trust has participated in a pilot for the Insight Programme, which assists people from minority groups to be represented on NHS Boards. Candidates who have participated in the programme have shadowed Board members and attended public Board meetings and Members' Council meetings. Feedback about participation in the process has been very positive.

In relation to recent non-executive director vacancies, the Trust has worked with Penna and through local networks to encourage applications from people from a diverse range of backgrounds. Information on the makeup of applicants was made available to the Trust's Nominations Committee as part of the overall process of recruitment.

Equality workforce monitoring

The Trust produced its most recent workforce monitoring information in March 2017 which is publicly available via the Trust's website. Summary information includes:

- Total staff numbers have decreased, falling by approximately 200 per year, largely due to contract changes and TUPE of staff in health visiting, school nursing, health and wellbeing and substance misuse services.
- There has been an increase of 5.8% in the number of staff who consider themselves to have a disability; the highest total for 5 years.
- 92% of staff in post are White British. In terms of BME representation there have been increases in South Asian and Chinese and mixed race employees. The number of black staff remained the same as the previous year.
- The staff profile has a larger White British representation than the local combined demographic of 89.1%.
- The gender profile of staff is stable at 77% female and 23% male.
- 60% of staff are aged between 40 -59. The age profile has been positively affected by the apprenticeship programme, with 82% of the first 6 cohorts being under 30.
- There were 269 promotions, of which 18 staff members had a reported disability. The proportion of disabled staff in higher banded roles across the Trust has seen a marked increase on the previous year.

Analysis of the findings of workforce monitoring information has resulted in the following priorities being identified for 2017/18, which are reflected in the Equality Strategy:

Harassment & Bullying – revisit the training offer to staff and work with the BDU's to develop a consistent approach to managing instances of harassment, bullying or abuse against staff.

Promotions – the number of BME staff achieving promotion needs to reflect the Trust's ethnic proportion of staff in post. This will include internal promotion development up to 8a roles and regional development in higher roles (8b and above).

Disability – Creating a focus on disability and the creation of disability staff network.

BME representative workforce that is reflective of local need – for example staff in Kirklees services should better reflect the local BME population of 20.9%.

Access to training development – work to ensure that access to training is fair and equitable and that training and development opportunities are positively evaluated by all staff.

Staff networks

A staff network for Black, Asian and Minority Ethnic (BAME) staff was launched in Autumn 2016. The network is a forum owned by that group, with the Trust offering initial support to establish the network. A number of meetings of the groups have now taken place with a chair, deputy and other officials being identified to support the network going forward. Areas of focus have included:

- Agreeing communication arrangements and championing the network at service level to raise its profile and encourage participation.
- Commitment to raising cultural awareness.
- Identifying issues of racial discrimination, encouraging the recording of all incidents on Datix and seeking feedback on action taken.
- Commitment to support action planning following the results of the staff wellbeing survey.
- Supporting the recruitment and selection process for the Director of Strategy appointment and for non-executive director candidates.
- Securing two seats at the monthly Extended Executive Management Team, one for a steering group member and one for any interested network member.
- Places for SWYPFT staff identified on the regional Breaking Through training programme.

In line with the priorities identified in the workforce monitoring report, plans are underway to establish a disability staff network. Again, this network would be owned by that staff group, with support to individuals for initial set up. There is commitment to encourage any staff member to volunteer to establish a network aimed at improving the experience of staff in any particular group.

Forward plan – Equality Strategy 2017 - 2020

This report identifies areas for focused activity in relation to Equality Impact Assessment, Equality Delivery System, Accessible Information, carers and Trust staff and volunteers.

A refreshed equality strategy is being considered at the July Board meeting which includes a range of priority actions for 2017/18 linked to the strategic aims for equality:

- Promote a fair organisation with better health outcomes for all
- Promote person centred care and equal access to pathways of care
- Develop and sustain an equality competent organisation through inclusive leadership and ownership at all levels
- Continue to improve equality of opportunity for staff and Trust volunteers

Specific action plans will be developed to take forward this work with assurance on delivery reported to the Equality and Inclusion Forum.

Trust Board 25 July 2017 Agenda item 8.4

Title:	Appraisal / Revalidation Annual Report 2016-17
Paper prepared by:	Medical Director / Deputy Chief Executive
Purpose:	The purpose of this paper is to inform the Trust Board of progress in achieving satisfactory medical appraisal and revalidation and to support the signing of the Statement of Compliance as required by NHS England.
Mission/values:	Ensuring that all medical staff are fit to practice and up to date supports the Trust's mission to enable people to reach their potential and live well in the community.
Any background papers/ previously considered by:	None.
Executive summary:	<ul style="list-style-type: none"> ➤ 141 doctors had a prescribed connection with the Trust as at 31st March 2017. <ul style="list-style-type: none"> • 89% successfully completed the appraisal process during 2016/17. • 10.5 % had an agreed postponement in line with the medical appraisal policy. These were approved by either the Associate Medical Director (AMD) for Revalidation or Responsible Officer as appropriate. • 1 doctor did not undertake their appraisal within their appraisal month and this had not been approved. ➤ 6 revalidation recommendations were required from 1st April 2016 to 31st March 2017. <ul style="list-style-type: none"> • 5 doctors had positive recommendations made. • 1 doctor had a recommendation of deferral. The deferral was recommended after the Responsible Officer had consulted with the General Medical Council (GMC) Liaison Employment Advisor. • All recommendations made were upheld by the GMC. ➤ The Trust continues to strengthen its appraisal and revalidation processes. <p>Risk appetite</p> <p>Over the course of recent years the Trust has provided Responsible Officer functions to Barnsley Hospice. This was reviewed during 2015/16 and from 1st April 2016 a more detailed and robust Service Level Agreement for ongoing provision has been in place. There have been no issues over the last year, but this will be continually monitored.</p> <p>The voluntary status of the appraisers and their importance to our system has been previously noted. It remains a concern that, if under</p>

	<p>pressure from other areas of work, doctors could withdraw from this role, thus threatening the appraisal process.</p> <p>There is an expectation that the revalidation process will become more robust and place new demands on existing resources. If it transpired that additional resources are required, the Responsible Office will present this to the Executive Management Team. The identified risks are well within the risk appetite within the Medical Directorate.</p> <p>The Revalidation Team feel confident that the system in place is a robust one. The Team have however recognised the importance of confirming this impression and are in the process of negotiating a peer review.</p> <p>The Trust's statutory duties relating to equality and diversity have been met and an Equality Impact Assessment has been undertaken on the Medical Appraisal Policy which underpins the appraisal and revalidation process.</p>
Recommendation:	Trust Board is asked to ACCEPT the report and APPROVE the statement of compliance confirming that the organisation is a designated body as in compliance with the regulations.
Private session:	Not applicable.

MEDICAL APPRAISAL / REVALIDATION ANNUAL BOARD REPORT 2016-17

1. Executive Summary

- 1.1** 141 doctors had a prescribed connection with the Trust as at 31st March 2017.
- 89% successfully completed the appraisal process during 2016/17.
 - 10.5% had an agreed postponement in line with the Medical Appraisal Policy. These were approved by either the AMD for Revalidation or Responsible Officer as appropriate.
 - 1 doctor did not undertake their appraisal within their appraisal month and this had not been approved.
- 1.2** 6 revalidation recommendations were required from 1st April 2016 to 31st March 2017.
- 5 doctors had positive recommendations made.
 - 1 doctor had a recommendation of deferral. The deferral was recommended after the Responsible Officer had consulted with the GMC Liaison Employment Advisor.
 - All recommendations made were upheld by the GMC.
- 1.3** 1 doctor was subject to GMC Conditions of Practice during this period. This was investigated and the case was closed by the GMC with no further action in February 2016.
- 1.4** The Trust continues to strengthen its appraisal and revalidation processes.

2. Purpose of Paper

This report is presented to the Board:

- 2.1** For assurance that the statutory functions of the Responsible Officer role are being appropriately and adequately discharged.
- 2.2** To inform of progress in medical appraisal and revalidation during 2016/17.
- 2.3** To support the signing of the Statement of Compliance (see Appendix 5).

3. Background

- 3.1** 2016/17 was the fifth year of medical revalidation. Launched in 2012 to strengthen the way that doctors are regulated, the aim is to improve the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical profession.

- 3.2** Each doctor must have a Responsible Officer who must oversee a range of processes including annual appraisal, and who will at five yearly intervals make a recommendation to the GMC in respect of the doctor's revalidation.
- 3.3** The Responsible Officer is appointed by the Board of the organisation, termed a Designated Body, to which the doctor is linked by a Prescribed Connection.
- 3.4** Provider organisations have a statutory duty to support their Responsible Officer in discharging their duties under the Responsible Officer Regulations and it is expected that provider boards / executive teams will oversee compliance by:
- 3.4.1 Monitoring the frequency and quality of medical appraisals in their organisation.
 - 3.4.2 Checking there are effective systems in place for monitoring the conduct and performance of their doctors.
 - 3.4.3 Confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.
 - 3.4.4 Ensuring that appropriate pre-employment background checks (including pre-employment for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.
- 3.5** Compliance with the Responsible Officer Regulations forms part of the CQC inspection.

4. Governance

4.1 Trust's Revalidation Team

- Responsible Officer – Dr Adrian Berry
- Associate Medical Director (AMD) for Revalidation – Dr Gerard Roney
- Business Manager, Medical Directorate – Julie Hickling
- Medical Directorate Administrator – Debbie Hellowell
- Revalidation HR Representative – Andrea Horton

4.2 Policy and Guidance Update

- Fixed term new starter guidance updated in October 2016.
- Multi source feedback (MSF) guidance updated in October 2016 to support the move to utilising the embedded MSF tool within MyL2P (the e-appraisal system the Trust uses).

4.3 Main Tools Utilised Centrally

- MyL2P (web based) – e-appraisal system
- Datix (Trust system) – provision of incident, complaints and compliments data
- HR Online (Trust system) – provision of sickness data and mandatory training
- GMC Connect (web based) – designated body list

4.4 Designated Body List

The Business Manager and Administrator ensure that the designated body list of doctors is accurate. The formal list of the Trust's prescribed connections is recorded on the GMC Connect portal. As individual doctors are able to add themselves to this list, it is regularly checked to ensure that all the prescribed connections are appropriate. To facilitate this, a regular starters and leavers report is run from Electronic Staff Record.

4.5 External Oversight

The Trust is subject to the oversight of the NHS England Revalidation Team. During 2016/17, due to the Trust's successful record in attaining satisfactory engagement in appraisal, an email response from Dr Berry was the only quarterly reporting requirement. This was to confirm that the Trust was still on target to achieve the planned appraisal trajectory for the quarter and the year as a whole. The final year Annual Organisational Audit was still a requirement and was completed.

4.6 Internal Oversight

- 4.6.1 The AMD and Business Manager meet fortnightly to oversee the day-to-day running of the appraisal and revalidation processes.
- 4.6.2 The RO, AMD and Business Manager meet monthly to ensure that there is regular communication with the RO and that any issues are highlighted and acted upon. Where a meeting is not possible, email and telephone conversations take place to ensure matters are dealt with in a timely manner.
- 4.6.3 The Revalidation Team have Revalidation Review meetings to formally consider those doctors with a revalidation recommendation required within the following 3 months.

4.7 Independent Verification

- 4.7.1 During 2012/13, KPMG undertook an audit of the Trust's appraisal and revalidation processes, as part of the Trust's internal audit programme. The resulting report in March 2013 provided an overall rating of substantial assurance. Independent verification is required to be undertaken every 5 years.
- 4.7.2 Discussions have taken place with Leeds and York Partnerships NHS Foundation Trust to agree to undertake a peer to peer Medical Revalidation Peer Review with SWYPFT. Due to the similar natures of the Trusts, it is felt this would prove a beneficial method of assuring the systems and sharing good/innovative practice for both Trusts. It is anticipated this will take place during the latter part of 2017.

5. Medical Appraisal

5.1 Appraisal and Revalidation Data

	Consultant		SAS & Trust Grade		Fixed Term	
Number of doctors as at 31 st March 2016 who have a prescribed connection to the Trust	82		48		11	
Number of completed appraisals during 2016/17:	77	94%	42	87.5%	6	54.5%
Number of missed/incomplete appraisals during 2016/17:	5	6%	6	12.5%	5	45.5%
Number of doctors in remediation:	0	0%	0	0%	0	0%
Number of doctors in disciplinary processes	0	0%	0	0%	0	0%

See Appendix 1; Audit of missed/incomplete appraisals

5.2 Appraisers as at 31st March 2017

5.2.1 Number of appraisers – 23 (19 consultants, 4 SAS doctors)

- Three appraisers stepped down from the role during 2016/17; 2 in preparation for their impending retirement and 1 as they felt they had undertaken it for a number of years. One appraiser left the Trust.
- Three new appraisers were recruited.

5.2.2 Support activities undertaken:

- A full day refresher appraiser training day was provided on 12.10.16, with 4 appraisers attending the courses in total (excluding the facilitators). Sessions are facilitated by at least 2 of appraiser trainers who are experienced Trust appraisers – Dr Mark Radcliffe, Dr Ruth Stockill, Dr Isaura Gairin and Dr Sara Davies.

- A full day new appraiser training day was provided on 27.7.16 for the 3 newly recruited appraisers. This was also facilitated by 2 of our appraiser trainers.
- Appraisers Forums were held on 8.4.16, 13.7.16 and 9.11.16. The Forums continue to provide an opportunity for appraisers to share good practice and discuss areas of concern/difficulty. Continuous improvement of the appraisal process in the Trust is also an important topic for discussion in the Forums.

5.3 Quality Assurance Processes

- 5.3.1 There is a portfolio minimum data set required for appraisal and the appraisers are required to check that this is uploaded or an adequate reason provided for non-inclusion.
- 5.3.2 From 1.10.16 the Trust moved to using the multisource feedback tool embedded within MyL2P. This automatically flags with the doctors when they are required to undertake the colleague and patient feedbacks (required to be undertaken every 3 years, unless new to the Trust then required within first year). The reports are then not released to the doctor unless they have gained the minimum number of responses (and undertaken their self-assessments) or their request for release to the Revalidation Team is upheld.
- 5.3.3 The Revalidation Team inform the doctor if they are required to change their appraiser for their next appraisal (required to change after every third consecutive appraisal with same appraiser).
- 5.3.4 The AMD reviews all submitted appraisals (excluding those where he was the appraiser). Checks are made on appraisal inputs (appraisal portfolio), appraisal outputs (PDP, appraisal summary and sign-off) and where appropriate, the AMD will request further work be undertaken prior to him recommending to the Responsible Officer that annual appraisal is satisfactory. Those appraisals where the AMD was appraiser, the RO reviews and checks inputs and outputs.
- 5.3.5 The RO also reviews the appraisals on receiving the AMD's recommendation and either concurs or requests further clarification.
- 5.3.6 Appraisers undertake an annual 360° appraisal in their role as appraisers. This feedback is combined with other objective measures and subject to impression of the AMD who aspires to feed back in writing on an annual basis. If any issues arise in the course of the year, the AMD will liaise with individual appraisers.
- 5.3.7 There is on-going feedback to the doctors being appraised and appraisers, at the time that appraisal submissions are being reviewed. This takes the form of email correspondence or telephone conferences with the relevant doctors. The aim of this is to improve the quality of the appraisal submissions and to ensure there is satisfactory engagement.
- 5.3.8 The appraisers receive further group feedback during Appraiser Forum meetings.

5.4 Access, security and confidentiality

- 5.4.1 The e-appraisal system (MyL2P) is required to be used by all doctors. No breaches to the system or individual portfolios were recorded during 2016/17.
- 5.4.2 Access to individual appraisals on MyL2P is restricted by login to the doctor, their appraiser, RO, AMD and the Revalidation Team and any other person the doctor provides access to (via their own login).
- 5.4.3 Doctors are made aware via the MyL2P system that patient identifiable information should not be included in their appraisals. This is also stated in the Trust Medical Appraisal Policy.

5.5 Clinical Governance

- 5.5.1 All doctors are provided with a PDF record (including a nil response if appropriate) of their Incidents, Complaints and Sickness for their appraisal year from the Revalidation Team. This data is directly uploaded to the doctor's appraisal record on MyL2P. Doctors are required to reflect on their involvement in incidents and complaints, both those included in the reports and any others that they are aware of but may not have been linked to them via Datix.
- 5.5.2 The minimum requirement for their appraisal portfolio is provided in a Portfolio Minimum Data Set.
- 5.5.3 The doctor is required to complete a checklist prior to submitting their appraisal to their appraiser and where key information (predominately the minimum data set) is missing, they are required to provide a reason for its absence.

5.6 Appraisal feedback

Of the 139 feedback questionnaires completed by doctors after their appraisal, the following is a selection of the feedback given:

Was your appraisal useful for:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Your personal development	47%	44%	8%	1%	0%
Your professional development	48%	46%	6%	0%	0%
Your preparation for revalidation	53%	41%	6%	0%	0%
Promoting quality improvements in your work	47%	42%	10%	1%	0%
Improving patient care	42%	46%	11%	1%	0%

Number of hours	<1	1-2	2-3	3-4	>4
Duration of appraisal discussion	4%	55%	30%	6%	4%

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The appraisal was satisfactory	61%	35%	2%	0%	1%
I was able to collect all the necessary supporting information from the organisation	55%	40%	4%	2%	1%

100% of the doctors stated they would be happy to have the same appraiser again.

6. Revalidation Recommendations (1.4.16 to 31.3.17)

Number of recommendations	6
Recommendations completed on time	6
Positive recommendations	5
Deferral requests	1
Non engagement notifications	0

- 6.1** The Revalidation Review Group meet monthly and consider those revalidation recommendations due to be made in the following 3 months. This allows time for any further requirements to be actioned to enable a positive revalidation recommendation to be made.
- 6.2** As an outcome of this process, 100% of recommendations due in 2016/17 were submitted on time.
- 6.3** Of these, all but 1 were positive recommendations, the remaining one was for deferral.
- 6.4** All positive recommendations were approved by the GMC and the doctors subsequently revalidated. In the case of the deferral, the proposed new recommendation date was accepted by the GMC.
- 6.5** No recommendations were made late (within GMC category of late 7 days and under).

See Appendix 3; Audit of revalidation recommendations

7. Recruitment and engagement background checks

7.1 Substantive and Fixed Term appointments

During 2016/17, 13 permanent doctors were employed, one of these being a doctor who was on a temporary contract within the Trust. 8 doctors were employed on temporary contracts.

- 7.1.1** During the application and interview process, doctors are assessed to ensure they have the qualifications and experience in order to fulfil the duties of the post.

- 7.1.2 For consultants, an assessment centre is usually held.
- 7.1.3 Where appropriate, Medical HR check the national database for AC and Section 12 status. GMC registration is also checked.
- 7.1.4 Reference checks from the previous 3 years of employment are undertaken by Medical HR and the Appointing Officer confirms that they are satisfied with the references before a final offer is made. The references will be checked for the correct dates and that the person giving them is the relevant person to provide.
- 7.1.5 Medical HR will meet with the doctor to verify their ID using the acceptable documents list. They request the original documents which are copied and used to process the DBS check.
- 7.1.6 The Medical Directorate request information from the doctor's current/last Responsible Officer, where the doctor has had one. This includes information about the doctor's last appraisal date, whether there are any concerns about the doctor's practice, conduct or health and if there are any outstanding investigations. This information is often only received once the doctor is in post.
- 7.1.7 If a doctor is recruited with GMC conditions, further information from the GMC is requested.

7.2 Agency Locum appointments

- 7.2.1 During 2016/17 the Trust had a primary supplier agreement with Athona Recruitment.
- 7.2.2 The Medical Clinical Lead/Medical Manager usually leads on the securing of locum doctors for their areas.
- 7.2.3 Athona provides suitable CVs and references through an online portal.
- 7.2.4 If a booking is taken forward, a checklist is sent via email confirming the doctor has a DBS, OH clearance, Right To Work etc.
- 7.2.5 In line with the Trust guidance on booking locum doctors, the internal lead is then required to undertake a telephone interview prior to commencement.
- 7.2.6 In line with Trust guidance on booking locum doctors, on their first day a locum doctor's ID should be verified through the checking of their passport or photo-card driving licence.

8. Monitoring Performance

- 8.1** Doctors are generally monitored through their team management structures.
- 8.2** In addition, a doctor's performance is monitored via the appraisal system which includes a requirement for feedback from service users and 360° feedback from colleagues on a three yearly basis.
- 8.3** Information in relation to whether a doctor is involved in serious untoward incidents or subject to complaint is also included in the appraisal system.

- 8.4 Serious untoward incidents are investigated using the Trust investigation procedures carried out by the trained investigators.
- 8.5 In the event that any concerns are raised, these are referred to the Medical Director who can instigate various levels of investigation and take to the Responding to Concerns Advisory Group as appropriate.

9. Responding to Concerns and Remediation

- 9.1. The Trust has a Responding to Concerns and Remediation Policy which was approved in January 2015.
- 9.2. As at 31.3.17 the Trust had 2 trained Case Managers and 3 trained Case Investigators, all of whom are medical consultants.
- 9.3. A Responding to Concerns Advisory Group meets monthly wherever possible. It is chaired by the Responsible Officer/Medical Director and is also attended by the Director of Human Resources and Workforce Development, the Associate Medical Director for Revalidation, Director of Nursing and Quality, Medical Directorate Business Manager and HR Business Partner responsible for medical staffing. Relevant general management representatives attend as and when required. This approach ensures there is a consistent and open approach taken across the Trust in the investigation of concerns in relation to doctors.
- 9.4. Remediation, when identified, is carried out on an individual basis, being tailored to the individual's needs.

10. Risk and Issues

The following are areas of potential difficulty for the Trust:

- 10.1 Over the course of recent years the Trust has provided Responsible Officer functions to Barnsley Hospice. This was reviewed during 2015/16 and from 1st April 2016 a more detailed and robust Service Level Agreement for ongoing provision has been in place. There have been no issues over the last year, but this will be continually monitored.
- 10.2 The voluntary status of the appraisers and their importance to our system has been previously noted. It remains a concern that, if under pressure from other areas of work, doctors could withdraw from this role, thus threatening the appraisal process.
- 10.3 There is an expectation that the revalidation process will become more robust and place new demands on existing resources. If it transpired that additional resources are required, the RO will present this to the EMT.
- 10.4 The Revalidation Team feel confident that the system in place is a robust one. The Team have however recognised the importance of confirming this impression and are in the process of negotiating a peer review.

11. Actions, Improvements and Next Steps

11.1 2015-16 Actions

- 11.1.1 To further strengthen the appraiser development process, an annual desk-top exercise to review individual appraiser performance will be developed for 2016/17. The exercise would cover areas such as number of appraisals undertaken, number of late submissions, number referred back for additional work and attendance at training and forums. This, together with the knowledge gathered from the individual review by the AMD for Revalidation of every appraisal undertaken, will assist in identifying potential development needs.
Update: This was completed utilising basic information and the subjective impressions of the Revalidation Team. It has been further enhanced by developments within the MyL2P system which has provided further information to feed into the process.
- 11.1.2 Consideration to be given to undertaking a peer review with a neighbouring Trust to comply with the requirement for independent verification every 5 years.
Update: It is anticipated this will be completed during 2017/18.
- 11.1.3 Undertake an audit to check the appraisal status of agency locum doctors appointed to work in the Trust.
Update: Athona Locum Agency provide a regular report of the locums placed within the Trust and the status of their appraisal. The appraisal status is reviewed by the AMD for Revalidation/Business Manager on a monthly basis and communication with Athona is undertaken as and when required.
- 11.1.4 Ensuring that appraiser time is reflected in the job plans of appraisers.
Update: This has been partially successful. However the development of the e-job planning system should support this.

11.2 Additional Improvements

- 11.2.1 The MyL2P appraisal system developed multisource feedback tools for colleague and patient/carer feedback. The colleague tool is on-line and embedded in MyL2P. The patient/carer tool is administered through MyL2P for the requesting of a pack of questionnaires. Both reports are then available online and automatically added to the doctor's on-line appraisal portfolio. The Trust changed to using this from October 2016.

11.3 Next Steps (2016-17 Actions)

- 11.3.1 Review the Responding to Concerns & Remediation Policy for Medical Staff.
- 11.3.2 Review the Medical Appraisal Policy.

- 11.3.3 Review the training of new and existing appraisers to ensure still fit for purpose and making an efficient use of resources.
- 11.3.4 Present a paper on appraisal and revalidation to the Members Board.
- 11.3.5 Increase the number of medical case investigators.
- 11.3.6 Review and amend the recruitment checks undertaken for employing substantive and fixed term doctors.
- 11.3.7 Undertake a continuous review of the resources required to adequately support the appraisal/revalidation process.

12. Recommendations

- 12.1** The Board is asked to receive this report noting that it will be shared, along with the Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.
- 12.2** The Board is further asked to recognise that the resource implications of medical revalidation are likely to continue to increase year on year.
- 12.3** The Board is finally asked to approve the Statement of Compliance attached as Appendix 5 of this report confirming that the Trust, as a Designated Body, is in compliance with the regulations.

**APPENDIX 1
AUDIT OF MISSED / INCOMPLETE APPRAISALS DURING 2016/17**

DOCTOR FACTORS	CONSULTANT	SAS/TRUST GRADE
Maternity Leave during the majority of the appraisal period	0	0
Sickness Absence during the majority of the appraisal period	1	1
Prolonged Leave during the majority of the appraisal period	0	0
Suspension during the majority of the appraisal period	0	0
New starter	4	8
Postponed due to incomplete portfolio / insufficient supporting information	0	0
Lack of time of doctor	1	1
Lack of engagement of doctor	0	0
Other doctor factor (describe)	0	0
APPRAISER FACTORS	NUMBER	
Unplanned absence of appraiser	0	0
Lack of time of appraiser	0	0
Other appraiser factor (describe)	0	0
ORGANISATION FACTORS	NUMBER	
Administration or management factors	0	0
Failure of electronic information systems	0	0
Insufficient numbers of trained appraisers	0	0
Other organisational factors (describe)	0	0

**APPENDIX 2
QUALITY ASSURANCE AUDIT OF APPRAISAL INPUTS AND OUTPUTS**

TOTAL NUMBER OF APPRAISALS COMPLETED - 125		
	NUMBER OF APPRAISAL PORTFOLIOS AUDITED (1.4.16-31.3.17)	NUMBER OF APPRAISAL PORTFOLIOS DEEMED TO BE ACCEPTABLE AGAINST THE STANDARDS
APPRAISAL INPUTS		
Scope of work	125	122
Is continuing professional development compliant with GMC requirements?	125	125
Is quality improvement activity compliant with GMC requirements?	125	125
Has a patient feedback exercise been completed?	125	125
Has a colleague feedback exercise been completed?	125	125
Have all complaints been included and appropriately reflected on?	125	125
Have all significant events been included and appropriately reflected on?	125	121
Is there sufficient supporting information from all the doctor's roles and places of work?	125	125
Is the portfolio sufficiently complete for the stage of the revalidation cycle?	125	125
Other reason	125	121 • Patient identifiable info • Episodes of inaccurate recording
APPRAISAL OUTPUTS		
Appraisal summary	125	125
Appraiser statement	125	125
PDP	125	125

All deficits were either addressed satisfactorily after the appraisal had been referred back, or agreement given that it would be addressed in the doctor's next appraisal.
Some appraisals were referred back for multiple reasons.



APPENDIX 3**AUDIT OF REVALIDATION RECOMMENDATIONS (1st April 2016 to 31 March 2017)**

Recommendations completed on time (within GMC recommendation window)	6
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	6
PRIMARY REASON FOR LATE/MISSED RECOMMENDATIONS	
No Responsible Officer in post	0
New starter / new prescribed connection established within 2 weeks of revalidation due date	0
New starter / new prescribed connection established more than 2 weeks of revalidation due date	0
Unaware the doctor had a prescribed connection	0
Unaware of the doctor's revalidation due date	0
Administrative error	0
Responsible Officer error	0
Inadequate resources or support for the Responsible Officer role	0
Other (describe)	0
TOTAL (sum of late and missed)	0

APPENDIX 4
AUDIT OF CONCERNS ABOUT A DOCTOR'S PRACTICE

CONCERNS	HIGH LEVEL	MEDIUM LEVEL	LOW LEVEL	TOTAL
NUMBER OF DOCTORS WITH CONCERNS ABOUT THEIR PRACTICE IN THE LAST 12 MONTHS				
Capability concerns (as primary category)	0	0	0	0
Conduct concerns (as primary category)	0	0	0	0
Health concerns (as primary category)	0	0	0	0
REMEDIATION/RESKILLING/RETRAINING/REHABILITATION				
Number of doctors who have undergone formal remediation				0
Consultants (permanent, employed staff)				0
Staff grade, associate specialist, specialty doctor (permanent, employed staff)				0
Temporary or short term contract holders				0
OTHER ACTIONS / INTERVENTIONS				
LOCAL ACTIONS				
Number of doctors who were suspended/ excluded (commenced or completed between 1.4.16 and 31.3.17)				0
Number of doctors who have had local restrictions placed on their practice in the last 12 months				0
GMC ACTIONS				
Number of doctors referred to the GMC between 1.4.16 and 31.3.17				0
Number of doctors who underwent or undergoing GMC Fitness to Practice procedures between 1.4.16 and 31.3.17				0
Number of doctors who had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1.4.16 and 31.3.17				0
Number of doctors who had their registration / licence suspended by the GMC between 1.4.16 and 31.3.17				0
Number of doctors who were erased from the GMC register between 1.4.16 and 31.3.17				0
NATIONAL CLINICAL ASSESSMENT SERVICES ACTIONS				
Number of doctors about whom NCAS has been contacted between 1.4.16 and 31.3.17				0
Reason for contacts:				
For advice				
For investigation				
For assessment				
Number of NCAS investigations performed				
Number of NCAS assessments performed				



South West Yorkshire Partnership NHS Foundation Trust

Designated Body statement of Compliance

The board of South West Yorkshire Partnership NHS Foundation Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes, this being the Medical Director Dr Adrian Berry

2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained;

Yes, this is maintained by the Trust's Medical Revalidation Team utilising GMC Connect and MyL2P

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Yes, as of 31st March 2016 there are 23 appraisers for 141 doctors with a prescribed connection to the Trust. The Medical Appraisal Policy requires appraisers to undertake between 3 and 7 appraisals per year.

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

Yes, this is achieved by attendance at appraisal training every 2 years, appraisers forum (3 during 2016-17), receiving feedback for the role and receiving direct feedback from the AMD for Revalidation on quality issues.

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Yes, see annual report

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

Yes, see annual report

7. There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

Yes, as specified within the Trust's Responding to Concerns and Remediation Policy

8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

Yes, there is a requirement through the appraisal process that supporting information regarding a doctors full scope of practice is incorporated and reviewed.

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners¹ have qualifications and experience appropriate to the work performed; and

Yes, the Trust's HR procedures are followed

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Yes, a regularly reviewed action plan is in place to continue to development the quality and management of the appraisal and revalidation processes.

Signed on behalf of the designated body

Name: _____

Signed: _____

[chief executive or chairman]

Date: _____

Trust Board 25 July 2017

Agenda item 9 – Receipt of public minutes of partnership boards

Barnsley Health and Wellbeing Board

Date	Next meeting scheduled for 8 August 2017
Member	Rob Webster/Sean Rayner
Items discussed	➤ To be confirmed
Minutes	Papers and draft minutes are available at: http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143

Calderdale Health and Wellbeing Board

Date	Next meeting scheduled for 17 August 2017
Non-Voting Member	Dr Adrian Berry/Karen Taylor
Items discussed	➤ To be confirmed
Minutes	Papers and draft minutes are available at: https://www.calderdale.gov.uk/council/councillors/councilmeetings/agen-das-detail.jsp?meeting=24528

Kirklees Health and Wellbeing Board

Date	Next meeting scheduled for 28 September 2017
Invited Observer	Rob Webster/Karen Taylor
Items discussed	➤ To be confirmed.
Minutes	Papers and draft minutes are available at: https://democracy.kirklees.gov.uk/mgCommitteeDetails.aspx?ID=159

Wakefield Health and Wellbeing Board

Date	20 July 2017
Member	Rob Webster/Sean Rayner
Items discussed	<ul style="list-style-type: none"> ➤ Connecting Care Hubs. ➤ Children's Autism Spectrum Disorder. ➤ Sustainability and Transformation Plan: West Yorkshire and Harrogate. ➤ Wakefield Health and Wellbeing Plan.
Minutes	Papers and draft minutes are available at: http://www.wakefield.gov.uk/residents/health-care-and-advice/public-health/what-is-public-health/health-wellbeing-board

Trust Board 25 July 2017 Agenda item 9.1

Title:	Kirklees Health and Wellbeing Plan
Paper prepared by:	Director of Strategy
Purpose:	Trust Board is asked to note this local place based plan which has been approved by the Kirklees Health and Wellbeing Board and which contributes to the local delivery of the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP).
Mission/values:	<p>The Kirklees Health and Wellbeing Plan aims to help achieve the Kirklees 2020 Vision for health and social care; <i>“no matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.”</i></p> <p>This is consistent with the Trust’s mission to <i>help people reach their potential and live well in their communities</i>, and also consistent with our strategic objectives <i>to improve people’s health and wellbeing, to improve the quality and experience of all that we do, and improve our use of resources.</i></p> <p>The way in which the Kirklees plan is developed and delivered is through partnership, drawn together around the health and wellbeing board. This approach supports our values.</p>
Any background papers/ previously considered by:	<p>Trust Board has previously noted the West Yorkshire and Harrogate STP, which draws heavily upon the local place based plans of the constituent areas within the STP footprint. The Kirklees plan is one of the six places represented.</p> <p>Additionally Trust Board has previously approved the Trusts Strategy Refresh document (December 2016), which set out the intention to focus on playing an active role in the formulation and delivery of local place based plans for the provision of holistic integrated community health and care services.</p>
Executive summary:	<p>The Kirklees Health and Wellbeing Plan highlights local challenges framed around the ‘triple aim’. It also contains priorities for action in response. The following aspects are of particular note for the Trust (SWYPFT):</p> <p><u>Health and Wellbeing Gap</u></p> <ul style="list-style-type: none"> ➤ need to increase the proportion of people with common mental health conditions who access Improving Access to Psychological Therapies (IAPT) services (target 25% of prevalence) ➤ meet needs of women who experience poor mental health during pregnancy and in the first year after the birth of their children (implement specialist community perinatal mental health service) <p><u>Care and Quality Gap</u></p> <ul style="list-style-type: none"> ➤ timely access to Child and Adolescent Mental Health Services (CAMHS), and in particular specialist assessment and support e.g. for Autistic Spectrum Conditions ➤ address health inequality experienced by people with severe and enduring mental health needs to improve healthy life expectancy, and reduce late/ emergency presentations.

	<p>In response to the gaps identified the Plan sets out the following priorities for action;</p> <ul style="list-style-type: none"> ➤ Early intervention and prevention – it is noted that SWYPFT is active in shaping the early intervention offer in Kirklees in partnership with Kirklees Council, Kirklees Neighbourhood Housing and Locala ➤ Improving services for children – this includes the integrated 0-19 services contract that was awarded to a partnership including SWYPFT earlier this year. Along with our voluntary sector partner Northorpe Hall, SWYPFT provide CAMHS as part of this integrated service. ➤ developing an adult wellness model – This includes support for a wide variety of wellbeing needs including smoking cessation (note previous smoke free service was decommissioned earlier this year). The Recovery College has been highlighted to commissioners of this service and SWYPFT will continue to showcase innovative approaches to recovery and wellbeing as the adult wellness model is developed. ➤ transforming care for people with learning disabilities ➤ capacity and quality of primary care ➤ sustainability of adult social care ➤ change the configuration of acute services ➤ new model for continuing care ➤ changing the commissioner landscape and new models of care <p>Supported by progress on;</p> <ul style="list-style-type: none"> ➤ health and social care workforce ➤ digital opportunities ➤ one public estate ➤ Kirklees economic strategy
Recommendation:	Trust Board is asked to NOTE the Kirklees Health and Wellbeing Plan 2017–2020 and REQUESTED that the Trust writes to the Kirklees Health and Wellbeing Board to confirm our organisational commitment to the Plan.
Private session:	No applicable.

Kirklees Health and Wellbeing Plan 2017–2021

Final v 1.0
20th June 2017



Kirklees Health and Wellbeing Plan 2017 - 2021

Document History:

Document Ref:	Kirklees Health and Wellbeing Plan
Version:	v1.0
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Version Control:

Version:	Date:	Author(s):	Summary of Changes:
Draft V0.1	30.09.2016	R Millson	Development of outline template
Draft V0.2	03.10.2016	R Millson, P Longworth	Addition of outputs from September HWBB Session
Draft V0.3	17.10.2016	R Millson, P Longworth, T Cooke, N Ackroyd	Addition of information for each initiative. Additional information on challenges.
Draft V0.4	07.11.2016	R Millson, P Longworth	Addition of outputs from the HWBB session in October.
Draft V0.5	11.11.2016	R Millson, N Ackroyd, P Longworth	Addition of outputs from the HWBB session in October, STP information and engagement section.
Draft V0.6	23.11.2016	P Longworth	Added finance slides from HWB session. Plus minor amends – version sent to HWB
Draft V0.7	05.01.2017	R Millson	Alignment to West Yorkshire and Harrogate STP and CCG Operational Plans
Draft V0.8	12.01.2017 27.01.2017	R Millson	Formatting and additional narrative
Draft V0.9	10.02.17, 20.02.17	R Millson	Additional narrative added
Draft V0.10	13.03.17, 16.03.17	Working Group Members	Formatting and amendments to narrative following HWBB in March 17
Draft V0.11	22.03.17, 24.03.17	Working Group Members	Amendments to content following review by Working Group Members and SRO
Draft V0.12	20.04.17, 24.04.17	R Millson	Further amendments to content following review by work stream leads
Draft V.13	19.05.17	Z Thurman	Further amendments to content following review by work stream leads
Draft V.14	23.05.17	P Longworth	Revised Vision and health and wellbeing challenges
Draft V0.15	24.05.17	N.Ackroyd	Further amendments to content following review by work stream leads
Draft V0.16	05.06.17	N.Ackroyd	Further amendments from working group
Final V1.0	20.06.17	N.Ackroyd P.Longworth	Further amendments following LA meeting and GB at GH

Kirklees Health and Wellbeing Plan 2017 - 2021

Contents:	Page Number
Foreword	4
Kirklees 2020 Vision	5
Delivering the Vision Together	7
Alignment with Other Plans and Strategies	9
Involving local people	10
Local Challenges	11
From Vision to impact	21
Delivering The Vision: Priorities for Change	22
Delivering The Vision: Changing Behaviours	24
Appendices	25

Foreword

The mandate to develop Sustainability and Transformation Plans (STPs) was announced by NHS England as part of the *2016/17 National Joint Planning Guidelines*. Organisations (Provider, Commissioner and Local Authorities) were tasked through this mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges.

In response, the NHS and Local Councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and social care. Our local footprint is the West Yorkshire and Harrogate STP which is underpinned by six place-based plans built around the needs of the local population.

Kirklees Health and Wellbeing Plan is a clearly articulated vision for the Kirklees health and social care system which is supported by a number of existing organisation level plans and enabling strategies. It supports delivery at a local level of the NHS England *Five Year Forward View* and recently published *Forward View Next Steps* documents

The commissioner/provider geography in Kirklees is complex in that it crosses a number of organisational boundaries. This provides us with the opportunity to collaborate with a number of organisations over a number of footprints to deliver change. Further detail on this is included in appendix 3 of this document. Working across organisational boundaries is not a new concept in Kirklees, collaboration and integration is well established and has already started to deliver change in a number of areas. The work streams identified within the Kirklees Health and Wellbeing Plan build upon this work and aim to take the principles of collaboration and integration further in the future to deliver better quality outcomes for people in Kirklees.

To ensure we do not lose sight of the needs of local people in this complex commissioner/provider environment, a set of principles to support system change have been developed. These principles will be used as a tool to support decision making and the development of new models of care.

Please note: This is a live document and therefore will be refreshed as our plans evolve and develop. We are awaiting the West Yorkshire STP delivery plan which is due for publication in next 2-3 months, following its publication we intend to produce a local delivery plan for Kirklees .

Kirklees 2020 Vision for our health and social care system:

No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.

The principles underpinning the Kirklees 2020 vision are that:

- ✓ People in Kirklees are as well as possible for as long as possible, in both mind and body
- ✓ People take up opportunities that have a positive impact on their health and wellbeing
- ✓ Local people are helped to manage life challenges
- ✓ People experience seamless health and social care appropriate to their needs that is;
 - affordable and sustainable, and investment is rebalanced across the system towards activity in community settings
 - based around integrated service delivery across primary, community and social care that is available 24 hours a day and 7 days a week where relevant
 - led by fully integrated commissioning, workforce and community planning
 - clear about what difference it is making , and how it can improve
- ✓ To support the achievement of this Vision we will need to work with a wide range of partners who can influence the wider determinants of health and wellbeing, including housing, learning, income and employment.

Delivering the Vision Together

To ensure we do not lose sight of the needs of local people in this complex commissioner/provider environment, a set of principles to support system change have been developed. These principles will be used as a tool to support decision making and the development of new models of care.

- ✓ Having a strong focus on prevention and early intervention to keep people well and independent for as long as possible;
- ✓ Empowering individuals to take responsibility of their own health and wellbeing and develop their own strengths and abilities to enable them to live an independent and fulfilling life;
- ✓ Breaking down barriers between health, social care and different care providers and consider the impact of change on the wider system;
- ✓ Providers working together to provide seamless integrated care centred on the individual and focuses on physical, psychological and social needs;
- ✓ Working together over bigger footprints where appropriate to deliver economies of scale and reduce geographical inequalities;
- ✓ Support patients and their carers to understand how to navigate the system;
- ✓ Recognising the importance of carers to care delivery identify, involve and empower people in a caring role and support them through the Carers Charter;
- ✓ Development of new models of care and new ways of working;
- ✓ Improving quality and safety of and access to services and patient outcomes while reducing variation across them;
- ✓ Being sustainable and cost effective: strategies to sustainably manage and where possible reduce demand on services;
- ✓ Ensuring services and solutions are created in partnership with local people;
- ✓ Ensuring services and resulting funding promote a longer term vision of integrated personalised care and population based budgets;
- ✓ A collective approach to addressing workforce issues, estates and technology.

Delivering the Vision Together

We can only deliver the vision if all health and social care partners work together and turn the commitments in this plan into reality. Achieving our ambitions for the future also depends on local people playing their part too.

Our Part

Local health and social care organisations will work together across Kirklees to:

- Keep people as well as possible for as long as possible
- Ensure services are accessible, sustainable, safe and care is of a high quality
- Help communities to support each other
- Support the local economy to grow
- Listen to our communities, be honest and open

Your Part

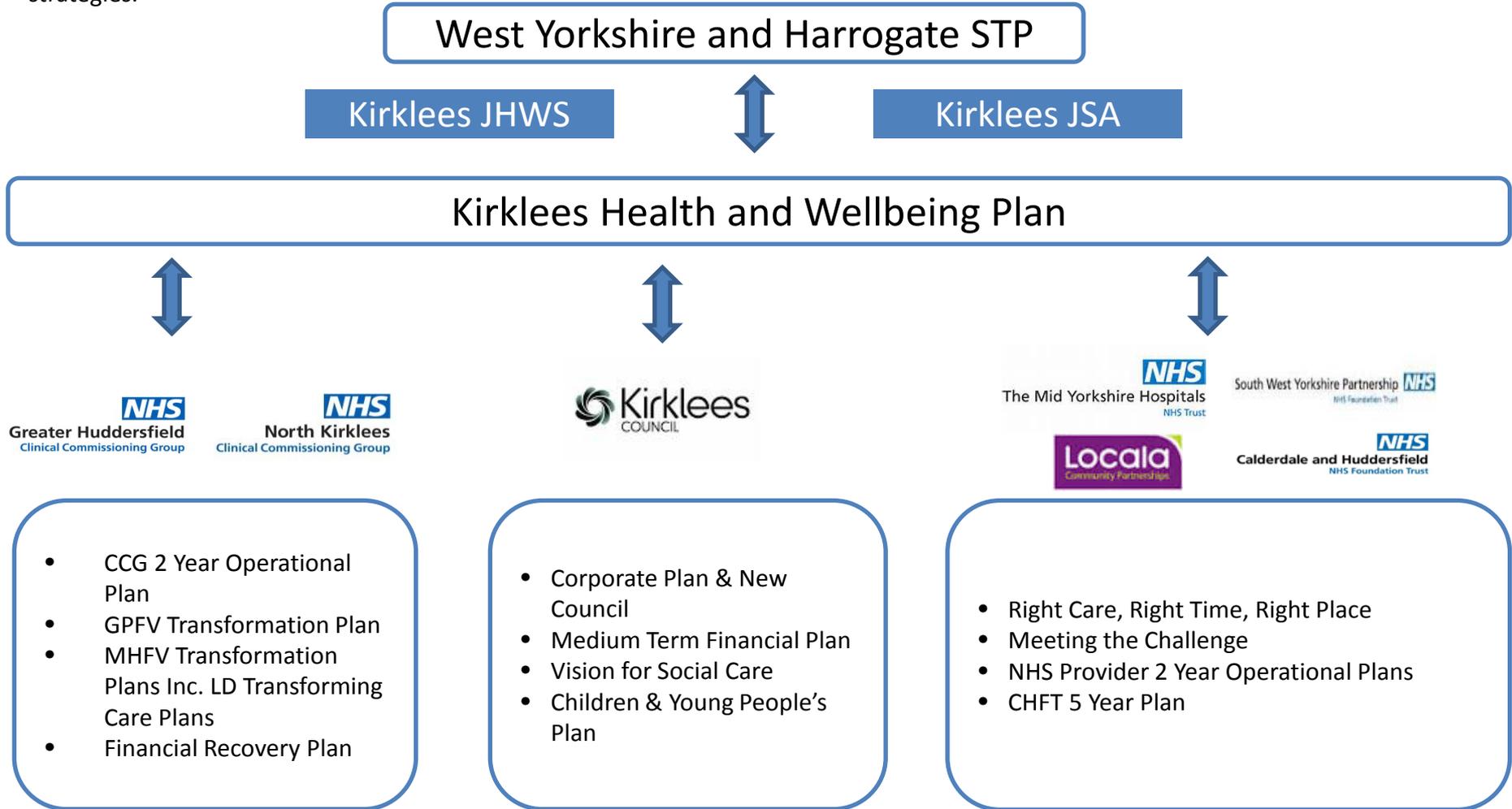
As a local resident you can play your part by:

- Taking responsibility for your own health and wellbeing
- Getting involved in your community
- Being as healthy and active as possible
- Helping protect children and the vulnerable
- Supporting your local businesses
- Having your say and telling us if we get it wrong



Alignment with Other Plans and Strategies

Kirklees Health and Wellbeing Plan is an overarching plan which is supported by a number of existing organisation level plans and enabling strategies.



Involving local people

We will involve local people and key stakeholders in any proposals which involve the design, development and delivery of services. This includes:

When proposals are being developed and designed to ensure that local people/stakeholders have the opportunity to shape them

When we are thinking about changing the way a service is provided which may be as part of co-production, engagement and formal consultation

Our approach to involvement is to always use what we already know, including any patient/user/carer experience intelligence prior to embarking on further involvement. Our ambition for the future is to upskill our local population to co-produce any changes or new models of care where they can influence design and development. We have an established multiagency Patient Engagement and Experience (PPE) Group who are responsible for working as a partnership to ensure our engagement activities are aligned and robust. This work is undertaken at an organisational level but we continue to work on projects together to ensure we don't duplicate conversations or over consult our local population. Part of our involvement approach is to work with trained Community Voices representatives in delivering our conversations. These representatives are local people from Voluntary and Community Sector (VCS) Groups and Patient Reference Groups (PRG). These people are paid to deliver engagement and consultation on our behalf ensuring we reach the most vulnerable members of our local population.

Any proposals outlined within this Kirklees Health and Wellbeing Plan will be subject to the usual engagement processes. Some examples of how we engage are detailed below:



Get involved through social media: [\(add links\)](#)



Local Challenges

The triple aim: Closing the gaps

There are three gaps outlined in the Five Year Forward View these relate to health and wellbeing, care and quality of services and finance and efficiency.

Our approach is to ensure that we can improve outcomes in health and wellbeing and care and quality whilst delivering within the resources available.

The following slides summarise the local challenges that we face in Kirklees, our plans focus on closing these three gaps.

The detailed milestones and targets will be included in the implementation plan which will be published later in the year.

Local Challenges – Health and Wellbeing Gap

Local Challenge	Ambition for the Future	How will we Measure Success?
<p>Whilst life expectancy for men and women is increasing there is still a significant difference in life expectancy at birth between our least deprived areas and most deprived areas of 6.8 years for men and 5.3 years for women. Healthy life expectancy is lower than the England average for both men and women.</p>	<p>We want to enable people to live long and healthy lives no matter where they live .</p>	<p>Reduce the inequality in life expectancy for men and women in Kirklees (Marmot indicator)</p> <p>Increase healthy life expectancy for men and women to the England average</p>
<p>Good housing, work with prospects, green infrastructure and social mobility all influence the social capital of an area. In turn this generates a more confident, independent self sustaining culture that promotes further social and economic development and personal wellbeing.</p>	<p>All Kirklees residents are able to live in a home that meets their needs.</p> <p>Reshaping our environment to promote health, volunteering, active travel and physical activity and use of our green spaces and cultural facilities helps shape how we feel about ourselves and communities. Confident cohesive communities are healthy communities.</p>	<p>Increase the proportion of people living in suitable housing</p> <p>Increase in the proportion of people who feel socially connected, especially those with a long term condition</p>
<p>Too many people experience living and working conditions that have negative impacts on their health and wellbeing. Our response is often not focused on preventing issues occurring, or we do not intervene early enough so issues become more embedded and complex.</p>	<p>If we are to transform our approach to health and social care we need to prevent and better manage conditions at all ages by encouraging self care and deliver brief, early and targeted interventions.</p>	<p>Increase the proportion of people with 3 or more long term conditions who feel confident that they can manage their health.</p>

Local Challenges – Health and Wellbeing Gap

Local Challenge	Ambition for the Future	How will we Measure Success?
<p>Kirklees has one of the highest infant mortality rates in West Yorkshire, although a lot of progress has been made in previous years, more needs to be done.</p>	<p>The reduction in infant mortality rates continues, especially amongst those groups with the highest rates</p>	<p>Infant mortality rate has reduced to the England average, with the greatest improvement in areas with the highest rate</p>
<p>Uptake of cancer screening programmes in Kirklees is amongst the worst in West Yorkshire. This is a particular issue in North Kirklees in bowel and cervical screening. Kirklees is also higher than the England average for cancers diagnosed as emergency presentations. These cancers are on average more advanced (stages 3 and 4) than those detected earlier and the outcome for the patient is poor.</p>	<p>Cancer screening uptake improves, especially in groups with the lowest rates, to support early identification of cancers and to help reduce the number of cancers detected as emergency presentation.</p>	<p>Kirklees cancer screening rates are in line with the England average, with the greatest improvements in groups with the lowest rates</p> <p>Increase of 4% of cancers diagnosed at stages 1 and 2.</p>
<p>Not enough people who have a common mental health condition gain access to early help.</p>	<p>In line with the Mental Health Forward View we are aiming to transform services to ensure they are more preventative and proactive. Increase in the number of people who receive help for common mental health conditions earlier in the pathway.</p>	<p>Increase to at least 25%, the proportion of people with common mental health conditions who access early help.</p>
<p>Too many women experience poor mental health during pregnancy and in the first year after the birth of their child.</p>	<p>More women to gain timely expert help in their local community. To foster development of local networks with providers of maternity services and community groups thus aiming to increase community resilience and build awareness.</p>	<p>Launch of a new specialist perinatal mental health service in 2017 which will provide timely, expert help for up to 260 women per year in Kirklees experiencing moderate to severe mental health problems during pregnancy and during the first year after the birth of a child.</p> <p>Work in partnership with primary care and other providers of perinatal care to make a difference to the 1040 women per year with less serious mental health problems during pregnancy and after the birth of their child.</p> <p>Improved access, reduced crises/incidents, satisfaction.</p>

Local Challenges – Health and Wellbeing Gap

Local Challenge	Ambition for the Future	How will we Measure Success?
<p>A third (33%) of children age 10/11 and two thirds (66%) of adults are overweight and obese. Physical activity and emotional health and wellbeing are connected to this, and are a toxic trio leading to poorer outcomes and increasing risk of costly long term conditions.</p> <p>Our high obesity levels locally result in a higher than average prevalence of health conditions like diabetes.</p>	<p>Our services must make every contact count and support positive changes that promote health at all stages of the life course.</p> <p>A partnership of providers will deliver an integrated approach to emotional and physical health through the Health Child Programme. (This incorporates Tier 2/3 CAMHS)</p> <p>Reduction of people at high risk of developing diabetes by 2020 and increase in the number of people referred to Healthy Living Services.</p>	<p>Reduce the proportion of children and adults who are obese to the England average, with the greatest improvement in the areas with the highest levels.</p> <p>Reduce the proportion of adults with diabetes, with the greatest improvement in the groups with the highest levels.</p>
<p>People who live in poorer areas and/or have lower educational attainment/lower skills have, in general, worsened health behaviours and outcomes at all points in the life course. More affluent groups are increasingly heeding messages about healthy eating, exercise and smoking and so the gradient of inequality worsens.</p> <p>Smoking rates are falling in line with national trends. There are still a number of vulnerable population groups however where smoking rates are high, including pregnant women and people in routine and manual occupations.</p>	<p>We continue to see improvements in the health related behaviours and take up of opportunities, but we want to see the fastest improvements in those neighbourhoods and communities with the worst rates currently and where there are low levels of motivation to change.</p>	<p>Improvement in key healthy lifestyle indicators including</p> <ul style="list-style-type: none"> • drinking at sensible levels • physical activity <p>Reduce the proportion of women smoking at delivery in our most deprived Wards (>25%) to current Kirklees average (13%)</p> <p>Reduce smoking prevalence in routine and manual occupations from 25% to the lowest in the region (21%)</p>

Local Challenges – Care and Quality Gap

Local Challenge	Ambition for the Future	How will we Measure Success?
<p>Some people in Kirklees wait too long to be seen/for diagnosis/treatment/discharge:</p> <ul style="list-style-type: none"> ➤ MYHT are not currently meeting the national access standards relating to 18 weeks RTT, A&E and some cancer targets. ➤ Some patients have an unnecessary admission and an extended LoS in hospital ➤ Currently none of our GP Practices offer extended access outside of what is funded by the national enhanced scheme. ➤ Timely access to choice appointments in CAMHS has significantly improved locally however there remains more work to do in respect to access to specialist elements of CAMHS such as ASD. ➤ Around 1 in 4 adults who are referred for a social care assessment have to wait too long 	<p>All patients/service users will be seen/assessed/diagnosed/treated /managed and discharged by the right clinician/professional for their needs in a timely manner. This ambition is for all care sectors in Kirklees.</p>	<p>Sustainable achievement of all NHS Constitution measures by 2018/19. Including 18 weeks RTT, Cancer, DTOC</p> <p>100% of GP practices offering extended access at evenings and weekends by 2018/19.</p> <p>Timeliness of adult social care assessment</p>
<p>As the age profile of our population changes we will also see more and more people needing help to live at home, We expect to see demand for social care for people aged over 65 grow by 30% in the next 10 to 15 years.</p>	<p>We will improve the quality of care and sustainability of adults social care and develop a wider range of types of place to live for people with care needs.</p>	<p>Improve the social care related quality of life for people receiving social care to at least the regional average</p> <p>No adult social care providers are rated inadequate by CQC</p>
<p>Workforce crisis amongst both acute hospital consultants and trainees resulting in a high agency spend on medical and nursing roles.</p>	<p>TBC – Acute Trusts to confirm</p>	<p>Reduce agency spend</p> <p>Improve staff turnover rates</p>
<p>Workforce crisis among primary care, community care. High proportion of primary care workforce nearing retirement age.</p>	<p>Diverse and skilled workforce to deliver care in community and primary care settings. Introduction of collaborative new and transient roles to support this. Succession planning for the future Improve reputation of Kirklees as a good place to work</p>	<p>Increase in the number of training practices in primary care</p> <p>Introduction of new roles and new ways of working</p>

Local Challenges – Care and Quality Gap

Challenge	Ambition for the Future	How will we Measure Success?
<p>The local adult social care workforce is predicted to increase by up to 40% over the next 10 years due largely to an ageing populations., and the roles of these staff are becoming increasingly complex as the needs of service users become more complex.</p>	<p>We want to make adult social care an attractive career which recognises the critical role care staff play in enabling some of our most vulnerable citizens to lead independent and fulfilling lives</p>	<p>Reduce the vacancy rate across adult social care Increase the skill levels across the care workforce, particularly in residential and domiciliary care</p>
<p>Compared to our peers within the NHS England RightCare data packs we have higher than average emergency admission rates for respiratory conditions and CVD conditions. We also have than average admission rates for all cancers.</p> <p>RightCare also shows variability in the way long term conditions are managed locally, for example diabetes management. Deferential outcomes for patients dependent on the management approach.</p>	<p>We will develop clinical resource centres to manage patients in primary care which will enable us to offer a wider range of services to meet the needs of local people and better access to services whilst using the workforce available to us more effectively. There is a strategic shift of activity planned from hospitals to the community, preventing the need for hospital admission wherever possible. With enhanced integration of services for vulnerable patients, the aim is to ensure that people do not spend any longer in hospital than they need to. Proactive management of activity shifts out of secondary care to primary care need to be properly planned and resourced.</p>	<p>Reduction in admission rates for respiratory conditions, CVD and all cancers.</p> <p>Reduced variability in long term condition management.</p>
<p>In Kirklees, approximately 3,800 people die each year. This number is expected to rise by 17% from 2012 to 2030. There is more which could be done to coordinate different services to ensure patients and their families receive the highest quality of care at the end of life.</p>	<p>Improve co-ordination of care for people at the end of life. Focus on better informed decision making for patients, holistic care planning/management and delivery which ensures people during end of life phase remain in a place of their preference where possible and are supported to die with dignity.</p>	<p>Increase in the numbers of people achieving their preferred place of death through earlier identification, proactive management, development of Advanced Care Plans and recording of preferences on the EPaCCS register.</p>

Local Challenges – Care and Quality Gap

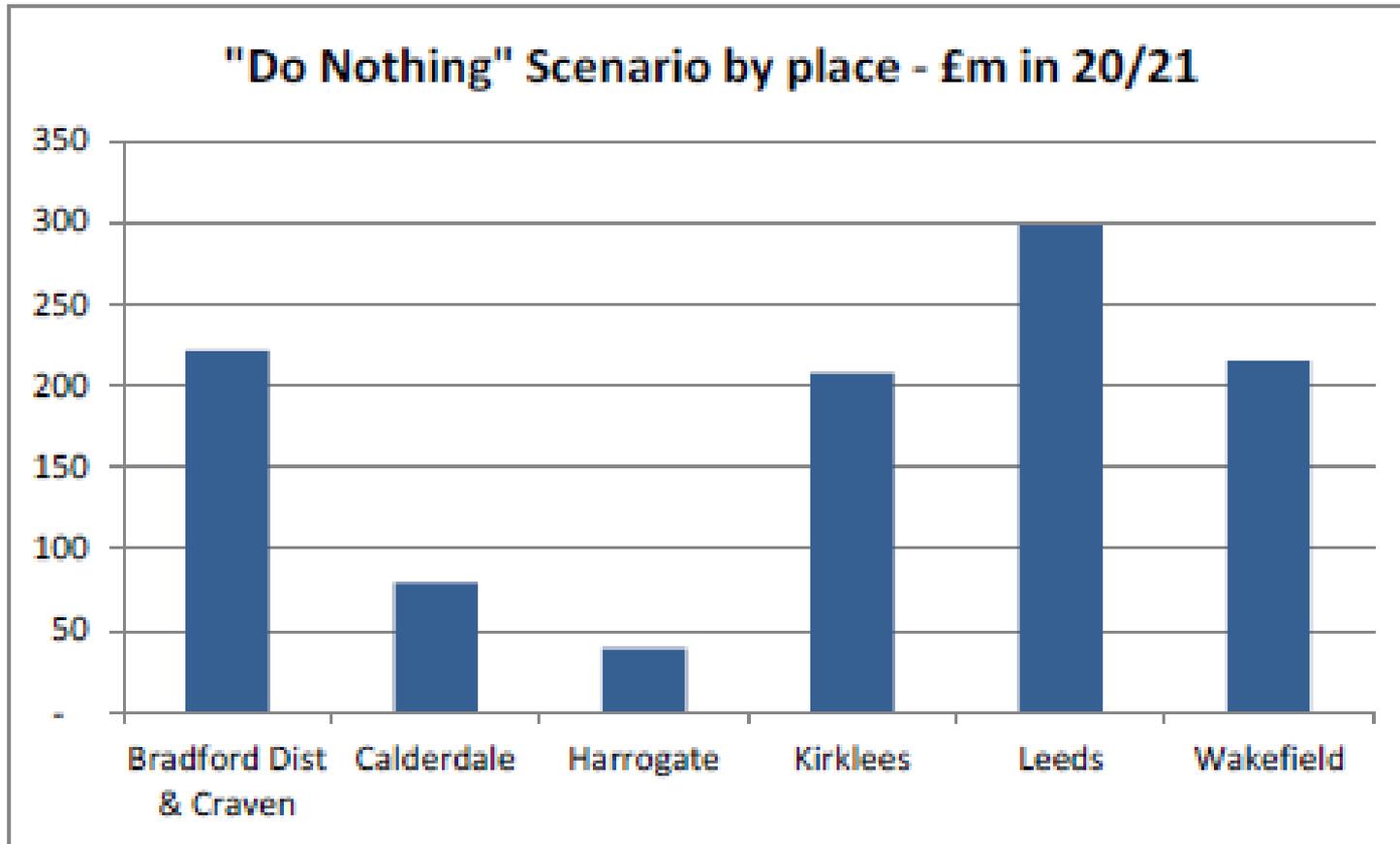
Challenge	Ambition for the Future	How will we Measure Success?
People with severe and enduring mental health needs die on average 15-20 years sooner than their neighbors in similar socio-economic circumstances.	Address this issue proactively through improved health screening in conjunction with primary and community care.	Reduction in late/emergency presentations Reduction in excess mortality
Carers are critical to an effective health and social care system. However, most carers don't feel they have enough control over their daily life, they are more likely to have poorer health but they are likely to have a job but many are restricted to part time work, and around 1 in 3 do not find it easy to find information about support, services or benefits	We want all carers to feel confident in their ability to deliver care and manage long term. To help achieve this we aim to have all health and social care organisations signed up to the carers charter through Investors in Carers and ensure that the caring community receive adequate support to improve their health and wellbeing and remain in employment.	Improve self-reported quality of life for carers Proportion of health and social care organisations signed up to the Carers Charter

Local Challenges – Finance and Efficiency Gap

Challenge	Ambition for the Future	How will we Measure Success?
The NHS England RightCare data packs have identified efficiency savings through reducing unwarranted variation across Kirklees.	Through the RightCare programme we plan to deliver efficiencies through our QIPP delivery program in 2017/18 e.g . MSK/pain pathway, respiratory pathway and delivering care closer to home through our Integrated Community Services Contract.	Working with our RightCare delivery partner we will monitor efficiencies using the RightCare methodology and principles. Robust QIPP monitoring processes.
The money available to us to spend is decreasing, demand for services is increasing and people are living longer. We also have a growing number of young people with complex needs in Kirklees who require intensive support	Our QIPP schemes aim to transform services in line with the changing needs of our population. For example changes to how we care for the frail elderly and the falls service are two of our QIPP schemes for 2017/18.	Reduction in avoidable admission for frail elderly population.

Finance and Efficiency Gap

The national finance and efficiency gap is forecast to be £22bn by 2020/21. The West Yorkshire gap is £1.070m and the Kirklees gap is £207m.



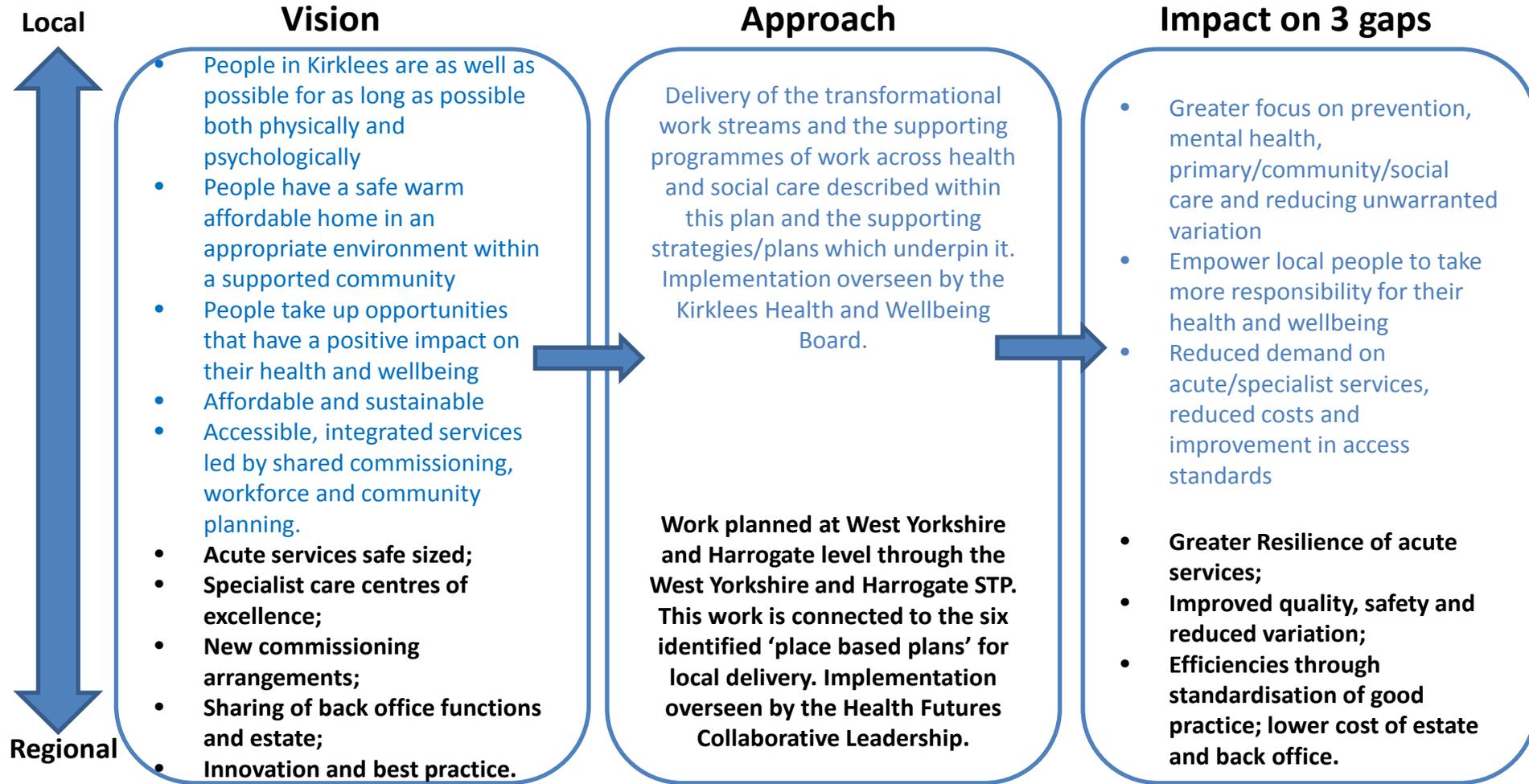
Finance and Efficiency Gap

The Kirklees finance and efficiency gap is forecast to be £207m by 2020/21. Schemes to close the gap are in varying stages of development. These figures are draft and still to be approved by every organisation. They are due to be updated.

Kirklees Patch Share of the WYSTP submission (based on population shares)	Challenge by 2020/21	Solutions by 2020/21	Residual Gap by 2020/21
	£'000	£'000	£'000
Greater Huddersfield CCG	- 28,213	- 31,799	3,586
North Kirklees CCG	- 35,764	- 39,472	3,708
Calderdale and Huddersfield Trust	- 48,987	- 27,848	- 21,139
Mid Yorkshire Trust	- 32,798	- 23,260	- 9,538
South West Yorkshire Partnership Trust	- 7,719	- 1,544	- 6,174
Kirklees Council	- 53,760	-	- 53,760
Total	- 207,240	- 123,923	- 83,317

From Vision to impact

The approach we are taking to deliver the Kirklees 2020 Vision is to progress and implement a number of transformational programmes. This will have a positive impact on the three gaps identified within the Five Year Forward View. The diagram below illustrates how the Kirklees 2020 Vision will be achieved, at both a local and regional level.



Delivering The Vision: Priorities for Change

The following areas of transformation and the supporting programmes overleaf were identified by members of the Kirklees Health and Wellbeing Board as priorities to work on collectively, through a systems approach to address the challenges described earlier in this document. These priorities have been tested with a number of stakeholders including patients and the public to ensure this plan is focussing on the right areas.

Areas of Transformation



- Early intervention & prevention



- Improving services for children



- Developing an adult wellness model



- Capacity & quality of primary care



- Sustainability of adult social care



- Change the configuration of acute services



- New model for continuing care



- Transforming care for people with learning disabilities



- Changing the commissioner landscape and new models of care

Delivering The Vision: Priorities for Change

Supporting Programmes



- Health & Social Care Workforce



- Digital Opportunities



- One Public Estate



- Kirklees Economic Strategy

Delivering The Vision: Changing Behaviours

Through developing the Kirklees Health & Wellbeing Plan a number of consistent themes emerged that we need to consider when making any changes to the services in Kirklees.

Planning for Kirklees

- Move away from separate organisational plans, developed in isolation, to a set of interlinked plans for Kirklees:
 - Our estate
 - Our digital future
 - Our intelligence needs
 - Our workforce

Kirklees People

- Grow our own workforce and retain them by making Kirklees a great place to work, live and learn.
- Work together to identify the future skills Kirklees needs to successfully deliver our ambitions for health and social care services and remove organisational barriers to training.
- Improve our shared understanding of the challenges within our local communities, e.g. the challenges faced by: Asian women; 'frequent flyers' and; isolated older people.
- Adopt a consistent way of recognising, valuing and supporting the critical role of carers.

Kirklees Pound

- Develop a system where money follows the patient/user around the system
- Develop our local supply chains to maximise the return on local public sector spend on the local economy
- Encourage local people to contribute to local causes
- Be bold in our approach to funding local voluntary services through innovative contracting processes
- Understand funding rules and funding flows
- Ensure our decisions make best use of the Kirklees pound rather than be based on individual organisational interest.

Appendices

The Kirklees Provider and Commissioner Landscape

Kirklees hosts two Clinical Commissioning Groups (CCG), **North Kirklees CCG** and **Greater Huddersfield CCG**. Both CCGs work jointly with **Kirklees Council**.

North Kirklees CCG is a membership organisation, comprising 29 member practices. Greater Huddersfield CCG is a membership organisation, comprising 37 member practices.

Over 430,000 people live in Kirklees rising to around 483,000 by 2030 if current trends continue in birth rate, increasing life expectancy and net international migration. Almost all of this increase is in the young and old age groups, with only a small increase for the working age population.

We have two acute trusts within Kirklees; **Mid Yorkshire Hospitals Trust (MYHT)** and **Calderdale and Huddersfield Foundation Trust (CHFT)**. MYHT has one of its three hospitals in Dewsbury, within **North Kirklees CCGs** boundaries. The commissioning of hospital services provided by MYHT is led by **Wakefield CCG**.

CHFT has two hospitals one in Huddersfield and the other in Halifax. **Greater Huddersfield CCG** is the lead commissioner for CHFT and works in collaboration with **Calderdale CCG** to commission hospital services.

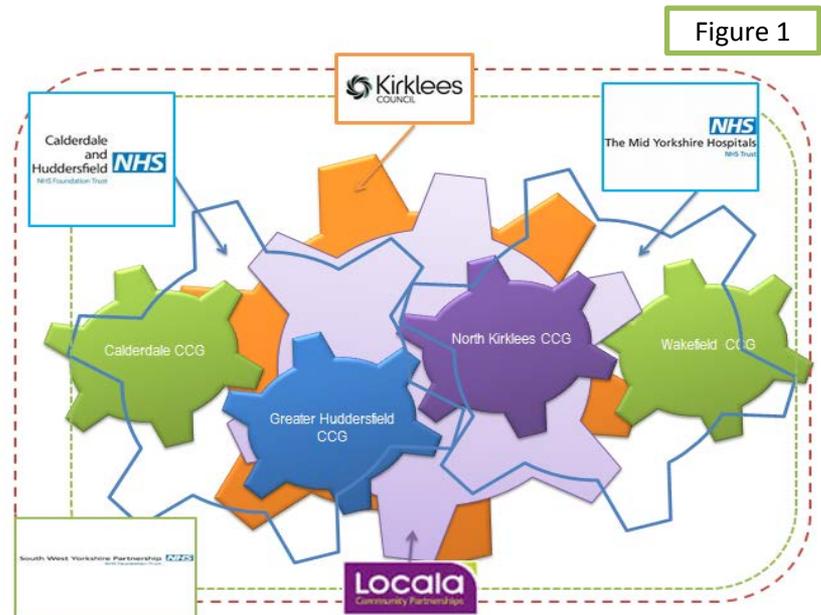
South West Yorkshire Partnership Foundation Trust (SWYPFT) provides mental health services across Kirklees. The Lead Commissioner for this contract is Calderdale CCG.

Locala provide community based health services across Kirklees.

Social care is commissioned by **Kirklees Council** and delivered by a wide range of independent sector providers

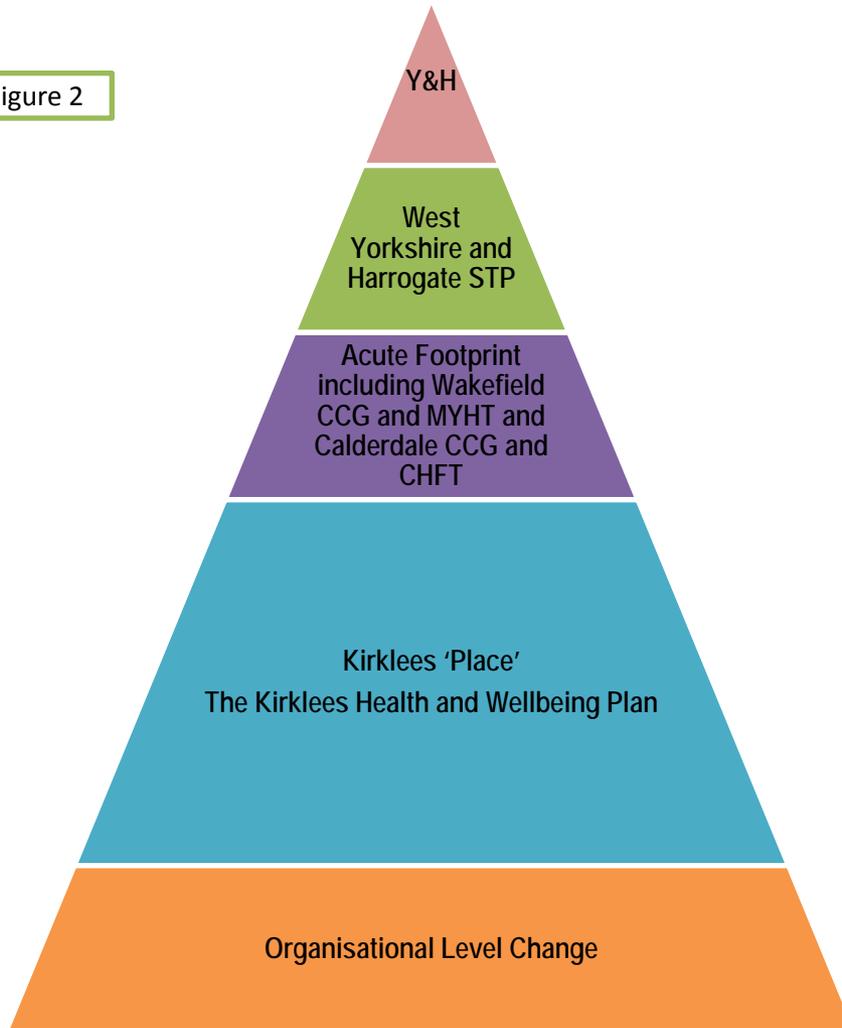
This complex Kirklees planning unit is overseen by the **Kirklees Health and Wellbeing Board**. The Kirklees Health and Wellbeing Board holds responsibility for holding the system to account in the development and delivery of the changes outlined in the **Kirklees Health and Wellbeing Plan**.

Figure 1 shows the different commissioning organisations described above and how they work together to ensure that high quality services are commissioned for the people of Kirklees.



Collaboration and Transformation

Figure 2



The commissioner/provider geography in Kirklees is unusual in that it crosses a number of organisational boundaries. This provides us with the opportunity to collaborate with a number of organisations over a number of footprints to deliver change. Figure 2 illustrates the different levels of commissioning arrangements we are currently engaged in as a system.

We are actively involved in the West Yorkshire and Harrogate STP and engaged in the identified work streams which will be delivered at this level. The Kirklees Health and Wellbeing Plan localises the delivery of these work streams and feeds local priorities and population need into the regional discussions.

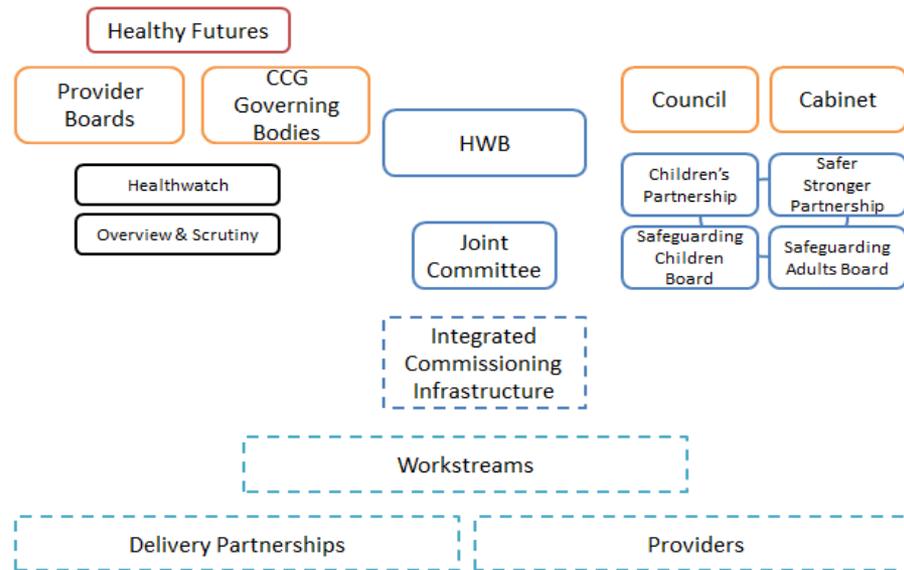
To ensure services are reflective of local need our primary focus will be on sustainability and transformation within the 'Kirklees Place', recognising that where it adds value to patient outcomes we will need to work collaboratively across all levels of joint working in figure 2 and acknowledging the interdependencies with our acute footprints.

Within the Kirklees Place a number of priorities for system wide intervention have been identified to address our local challenges described earlier in this document and support us in our ambition to close the three gaps described in the Five Year Forward View.

Our identified priorities for delivery across Kirklees are described in appendix 3 of this document.

Governance and Decision Making

The Kirklees Health and Wellbeing Board will take the lead in the development and delivery of the Kirklees Health and Wellbeing Plan. The Plan recognises that all partners will need to take responsibility for embedding the Plan in their own organisational plans. The current governance arrangements will be updated to reflect the growing need for an integrated approach to decision making. Proposals are being developed and trialled for a new 'joint committee' with representatives from the Council and both CCGs. The joint committee will provide a mechanism for dealing with issues that require both CCGs and the Council to make a decision in a co-ordinated way and which are beyond the delegated powers of individual officers or would benefit from being made in a wider forum. Initial areas to be included in the work programme for the Joint Committee are the Healthy Child Programme and CAMHS Transformation Plan, Transforming Care Programme and Better Care Fund. The Board also recognises that it needs to work more closely with the Safeguarding Boards, Safer Stronger Partnership and Children's Partnership as each of these bodies leads on critical aspects of health and wellbeing in Kirklees. The Overview and Scrutiny function in the Council have been actively engaged in the development of the Plan from the outset. Kirklees Council is also collaborating with the other West Yorkshire Authorities on a joint-scrutiny for the West Yorkshire and Harrogate STP. As we move to implementation of this plan, we will strengthen our integrated performance monitoring processes to support its delivery of the work streams within it.



Approach to Quality

Aims of the quality teams:

Quality is what matters most to people who use services and what motivates and unites everyone working in health and care. But quality challenges remain, alongside new pressures on staff, performance and finances. Therefore the quality teams will always be the voice to scrutinise and challenge all decisions made to reduce the quality impact on patient care.

The Quality teams across North Kirklees and Greater Huddersfield CCG's are working in a streamlined collaborative integrated way to deliver the overarching aims of the STP at local level. We will strengthen, triangulate and support robust assurance processes to ensure our patients are consistently receiving a high quality standard of care which is patient centred, effective and equitable across Kirklees. Furthermore where required we will respond, effectively and timely to safeguard our patients.

The Quality teams will work in partnership with the council and our providers and organisations to facilitate, support and develop quality improvement initiatives. We aim to identify where variation exists in our health provision and use quality improvement methodology and innovative practice in collaboration with the Improvement Academy and our partners to support and work collaboratively to reduce the gap and address variance whilst enhancing quality of care to benefit our population.

How this will be delivered:

The Quality teams will use the 'Seven Steps' set out in 'Shared commitment to quality' (National Quality Board 2016) as our framework for quality assurance and improvement work. This outlines what we need to do together to maintain and improve the quality of care that people experience.

Shared Portfolios and working together in a more integrated way across CCGs and with the council will support and assist in delivery of these aims.



1.	Setting clear direction and priorities based on evidence.
2.	Bringing clarity to quality , setting standards for what high-quality care looks like across all health and care settings.
3.	Measuring and publishing quality , harnessing information to improve care quality through performance and quality reporting systems.
4.	Recognising and rewarding quality .
5.	Maintaining and safeguarding quality .
6.	Building capability , by improving leadership, management, professional and institutional culture, skills and behaviours to assure quality and sustain improvement.
7.	Staying ahead , by developing research, innovation and planning to provide progressive, high-quality care.

Approach to Quality



Our approach to Quality in Kirklees ensures that patients and quality care is at the heart of commissioning and provision of care now and in the future. The diagram below demonstrates how the work we are undertaking as part of the system wide quality agenda supports us in closing the three gaps described in the Five Year Forward View.

Patient Safety	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • Further development of assurance mechanisms: monitoring and triangulation of data to ensure that robust processes are embedded to enable equality across all providers and potential to extend across our AQP providers. • Supporting and developing new models for workforce to transform our career pathways in providers to create a sustainable and effective workforce. <p>Finance and Efficiency Gap:</p> <ul style="list-style-type: none"> • Supporting providers to deliver safe effective care, e.g. transfers of care from acute to community and transformation of services.
Patient Experience	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • Review and triangulation of patient experience intelligence alongside quality dashboards and performance data. This will be embedded into our assurance frameworks and governance structures to ensure this intelligence is acted upon effectively and efficiently. <p>Finance and Efficiency gap:</p> <ul style="list-style-type: none"> • Supporting pathway development to meet our patients and carers needs and expectations whilst ensuring this is cost effective and clinically effective.
Clinical Effectiveness	<p>Care and Quality Gap:</p> <ul style="list-style-type: none"> • Leading the developing our non medical primary care workforce to have the right skills at the right time to see the right patients to ensure quality of care is optimised with an enhanced patient experience. • Reviewing of best practice guidance supporting our providers to ensure they are providing a high standard of quality care for all. • Supporting the cultural development of robust incident reporting and learning systems from incidents to effectively and efficiently learn across Kirklees to benefit our patients. <p>Finance and Efficiency Gap:</p> <ul style="list-style-type: none"> • QIA & QIPP support (to safeguard and scrutinise quality of services) <p>Health and Wellbeing Gap</p> <ul style="list-style-type: none"> • Supporting new quality initiatives e.g. discharge letters • Falls, Frailty models, Fragility work to improve the health of our population. • Support in delivering new service models for primary care to transform our ways of working. • Strengthening mortality review processes and the emerging safeguarding priorities 'Prevent', modern slavery and trafficking and support to Children's Social Care on their improvement journey.

Alignment with the West Yorkshire and Harrogate STP

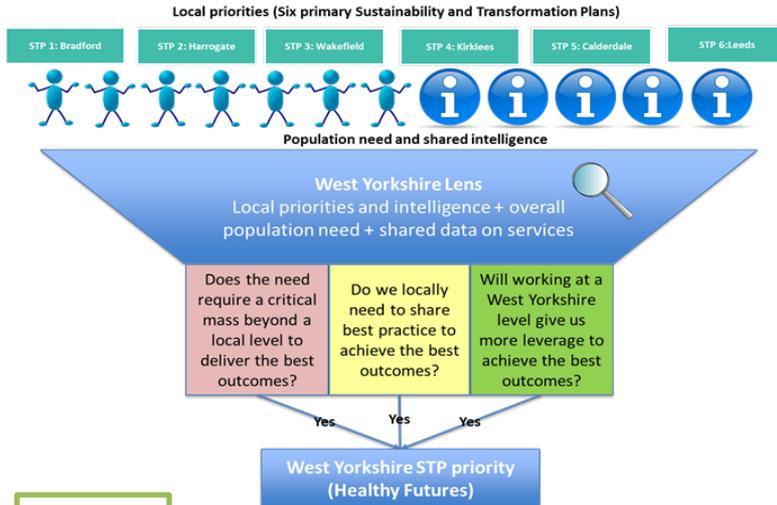


Figure 3



The mandate to develop Sustainability and Transformation Plans (STPs) was announced by NHS England as part of the *2016/17 National Joint Planning Guidelines*. Organisations (Provider, Commissioner and Local Authorities) were tasked through this mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges across the three gaps in the NHS England, *Five Year Forward View*. A total of 44 STP footprints were agreed nationally, our local footprint being West Yorkshire and Harrogate. The Healthy Futures Programme was established to develop the STP and progress the underpinning work streams which will be developed to deliver the plan. The agreed work streams across the West Yorkshire and Harrogate STP and the rationale for taking a regional view on these areas are described in figure 3.

Our local Acute Trusts are also using these principles to collaborate as providers across West Yorkshire through the West Yorkshire Association of Acute Trusts (WYAAT) and are in the process of developing a Joint Committee in Common.

To support the delivery of the West Yorkshire and Harrogate STP a joint committee has been formed. It is intended that this committee will have delegated functions to make decisions. An operating model to implement the programmes within the STP is also currently in development. This model proposes that each programme has representation from each local plan to ensure alignment and that local priorities are reflected.

The West Yorkshire and Harrogate STP is unique in that a large proportion of the transformation which will achieve the set ambitions will be delivered at a local level. Local organisations have come together across Health and Wellbeing Board footprints to develop plans which outline the transformation priorities for doing this. The Kirklees Health and Wellbeing Plan fulfils this role.

Progress to Date and Building on this in the Future

The Kirklees Health and Wellbeing Plan builds and expands upon work existing work undertaken across the Kirklees health and social care economy, taking a more collaborative systems approach with partners going forward to ensure we are maximising opportunities to improve patient outcomes and deliver economies of scale. The diagram below illustrates the work we have already undertaken and how we will build on this through implementation of this plan and its supporting plans/strategies to achieve our vision for people in Kirklees.

Exploring/identifying opportunities across the health and care system for collaborative working between providers and commissioners. Using pooled budget principles to facilitate change. Test new ways of working in a number of areas and new models of care will emerge from this.

Review of the function and role of the CCG in response to the above to ensure we support new models of care and maximise the benefits for local people. Achieving the best outcomes for patients and their carers will be at the heart of this work.

Development of a future model for urgent care services focused at Dewsbury District Hospital, supported by the frailty model and delivery of extended access in GP Practices

Through the implementation of the Kirklees End of Life Care Strategy delivery of a joined up approach to palliative and end of life care services. Supported by a collaborative and coordinated commissioning model.

Integrated approach to delivery of community services across Kirklees through full implementation of the Care Closer to Home contract. Integrated Health and Social Care Teams.

Development of a new model of care for primary care which promotes collaboration and working at scale

Development of an integrated approach/model for frail elderly people delivered through provider collaboration

New approach to promotion of health and wellbeing, early intervention and prevention (EIP Model) and development of an adult wellness model for Kirklees

Kirklees Vision for Social Care agreed. Commitment to single approach to supporting the independent care sector.

Public consultation around changes to acute services at CHFT undertaken. Decision regarding next steps taken in 2017/18.

Commissioning of an integrated model for children's services (0-19 years) through the Healthy Child Programme

Development of CCG Primary Care Strategies and GP Forward View Transformation Plans.

Commissioning of an integrated model for community services (adults and children) through Care Closer to Home

CCG resources are being targeted at supporting practices to collaborate and be stronger together through federations

Joint Chief Officer post piloted across NKCCG and Kirklees Council. A similar arrangement piloted across the acute interface in North Kirklees.

Partners across the MYHT health economy mobilising the final year of the planned changes to acute services. Demand management initiatives identified.

How we have already involved local people?

We have already involved local people through a range of engagement and consultation activities. The insight and intelligence from all the activities listed below is already contributing to the development of the local vision and underpinning work streams detailed within this plan. An outline of engagement and consultation activities undertaken and any planned activity is provided in the table below.

Programme	Engagement and Consultation To date	Planned Engagement and Consultation
Early Intervention and Prevention	<ul style="list-style-type: none"> • Call to Action Engagement September 2013 • 4 week Council led engagement regarding EIP Programme July to August 2016 all stakeholders both internal and external stakeholders • 8 week council led statutory consultation on EIP Programme including Children Centres September to November 2016 both internal and external stakeholders 	<ul style="list-style-type: none"> • Stakeholder engagement regarding the implementation of communities plus and targeted element of the agreed early help model planned in for 2017. • Regular updates/newsletters to be produced giving updates to the public on changes to services as they start to happen.
Healthy Child Programme	<ul style="list-style-type: none"> • ASC services , 2014 • Kirklees CAMHS Transformation Plan, 2016 • Consultation undertaken with providers workforce , parents, children and young people, schools, GP's and across a number of stakeholder and governance groups - 2016 	<ul style="list-style-type: none"> • July/ August 2016 Consultation undertaken with providers workforce , parents, children and young people, schools, GP's and across a number of stakeholder and governance groups
Wellness model	<ul style="list-style-type: none"> • Stakeholder event - 10th February 2017 • Commissioned research company currently undergoing insight work with public. 	<ul style="list-style-type: none"> • Future engagement activity throughout 2017still being planned
Primary, social and community services	<ul style="list-style-type: none"> • Care Closer to Home 2014/15 • GHCCG Co-Commissioning 2015 • Primary Care Strategies 2015/16 • Healthwatch Kirklees engagement regarding access to GP appointments, 2014. 	<ul style="list-style-type: none"> • NKCCG Co-Commissioning 2017 • GHCCG 'Extended Access'
Acute Transformation	<ul style="list-style-type: none"> • Meeting the Challenge Public Consultation 2013/14. • Right Care, Right Time, Right Place Public Consultation from March 2016 to June 2016 and Pre Consultation in 2014/15. • Calderdale and Huddersfield Health and Social Care Strategic Review, 2012/13 • NKCCG School House Practice Walk-in-Centre 2013/14 	<ul style="list-style-type: none"> • On-going discussion with the public as changes agreed through Meeting the Challenge are implemented. • Travel and transport group – Right Care, Right Time, Right Place

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We have already involved local people through a range of engagement and consultation activities. The insight and intelligence from all the activities listed below is already contributing to the development of the local vision and underpinning work streams detailed within this plan. An outline of engagement and consultation activities undertaken and any planned activity is provided in the table below.

Programme	Engagement and Consultation To date	Planned Engagement and Consultation
Mental Health	<ul style="list-style-type: none"> • SWYPFT re Crisis intervention. • CAMHS • SWYPFT re Transforming Care 2013, 2014 and 2015. • Learning Disability services as part of LDTCP 	<ul style="list-style-type: none"> • Rehabilitation and Recovery services • Older people services • Kirklees Mental Health Strategy
Standardisation of Commissioning Policies	<ul style="list-style-type: none"> • Engagement conversations September- 2016 • NK/GHCCG and Healthwatch Smoking and BMI Engagement, 2016 • Talk Health Campaign – prescribing, IFR, prescription ordering 2016 	Future engagement will be undertaken where necessary.
New Models of Care	<ul style="list-style-type: none"> • Engagement with CCG Governing Bodies regarding the form and function of CCGs in the future throughout 2016/17. • Development of the End of Life Care Strategy 2016/17 	<ul style="list-style-type: none"> • Development of a model for frailty • Development of the End of Life Care offer



Aim of Work Stream:

We will work with individuals and communities across the health and social care system so that people have the lives they want with support from formal services only when they need it to keep them well.

Our aim is to enable people with information and skills to prevent ill health whilst tackling the wider determinants of health, ensuring our communities are able to reside and work in the best environment possible. This includes ensuring the right support is available at the right time whilst making the best use of resources and preventing people deteriorating to need unnecessary more intensive care and support in the future. Delivery of this work stream will be supported by joint working across the system to improve people's quality of life and reduce inequalities within our population.

This work will build on the work undertaken through the Early Intervention & Prevention Programme. The programme is based on a tiered approach to support which is driven by need. Supporting the voluntary and community sector to thrive is also integral to the success of this work.

How will this be Delivered:

- Develop better understanding of impact of early intervention and prevention spend on other parts of the system using tools such as Care Trak
- Review of local the alcohol prevention strategy to ensure alignment with West Yorkshire and Harrogate STP planning assumptions.
- Implementation of national diabetes prevention programme across Kirklees .
- Review of contracting and procurement processes to ensure opportunities to work with the voluntary sector are maximised.
- Develop a strategic approach to improving mental health and wellbeing, preventing mental ill health and embedding a community based recovery model.
- Additional investment in IAPT services pending approval of application to NHS England. Undertake a targeted piece of work to improve access to IAPT services for BME population groups.
- Implement health screening for people with severe and enduring mental health needs to improve mortality.
- Suicide prevention work programme, and work to reduce inequalities in men's access to health care and health outcomes
- Implement planned changes to early help offer for children, young people and families
- Supporting carers to understand the condition of the person they are caring for and recognise signs of deterioration. Proactive approach to managing long term conditions.
- Supporting carers in the own health and wellbeing through the Carers Charter.
- Integrating dementia risk reduction prevention programmes for example cardiovascular disease, type 2 diabetes, stroke and chronic obstructive pulmonary disease.
- Development of a specialist perinatal community mental health service across the mental health provider footprint.
- Work to improve prevention and early detection of cancer including initiatives to improve cancer screening uptake. Includes links to regional initiatives through the West Yorkshire and Harrogate STP to increase diagnostic capacity across West Yorkshire.



How will we know this work stream has been successful?

- Shift in our focus and resources to address the causes rather than the symptoms – aimed at each part of the child, adult, family journey
- We will make service savings, but will reinvest in early intervention and prevention to reduce or delay the need for costly crisis support or health and social care services. This is part of the longer term sustainability plan for Kirklees.
- Significant increase in the number of people with common mental health conditions who have access to early help.
- Improved access to IAPT services for BME Communities. Reducing inequalities across different population groups.
- Improved mortality rates for people with severe and enduring mental health needs
- Reducing social isolation for both carers and people living with dementia and other physical and mental health conditions.
- Reduction of people at high risk of developing diabetes by 2020 and increase in the number of people referred to Healthy Living Services.
- Improvements in cancer screening uptake across Kirklees to support early detection of cancer. Increase in the number of cancers diagnosed at stages 1 and 2. Reduction in cancers diagnoses as a consequence of an emergency admission.
- Delivery of the new cancer standard to give patients a definitive diagnosis within 28 days by 2020.
- Reduction in risk factors which contribute to vascular dementia

Measures to be defined



Aims of this Work Stream:

Number of strands to this work stream:

Improvements to Maternity Services 'Better Births'

'Better Births' is a national initiative which aims to improve safety and quality of maternity care over the next 5 years. Work has already begun to implement the aims within the national initiative at a local level. It has already been identified that to ensure economies of scale some elements will require work at a regional level. Implementation will require input from providers, commissioners and NHS England.

Kirklees Integrated Healthy Child Programme (KIHCP)

This programme covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging health problems. There will be a particular emphasis on improving mental and emotional health and wellbeing and the transitions between stages of development.

The KIHCP will:

- Improve health and wellbeing of children, young people and families
- Mediate between families and different services, sectors and systems
- Facilitate and enable access to a supportive environment, information, life skills and opportunities for making healthy choices
- Deliver child and family-centred, integrated interventions appropriate to the needs of children, young people and their families
- Share skills and expertise between and across the whole workforce.

Children's Services Improvement Plan

Aims to transform the way we improve the lives of our most vulnerable children including children in need of help and protection, looked after children and care leavers, and children with Special Educational Needs and Disability. The Plan focusses on four areas:

- Workforce - Recruitment and retention of a stable workforce to sustain and accelerate improvement;
- Sufficiency and quality of placements for Looked after Children;
- Review of the Multi Agency Safeguarding Hub and Front Door to facilitate a swifter and earlier response to need;
- embedding a performance culture across the service to demonstrate and articulate impact.



How will this be Delivered:

- Discussions regarding the geography over which regional elements of the 'Better Births' recommendations will be implemented to conclude by April 2017. Leadership and governance to be confirmed. Regional vision and implementation plan to be developed by the end of October 2017.
- Development and implementation of an action plan at a local level to ensure compliance with the recommendations of 'Better Births'. This work will build on the work already undertaken in advance of the 'Better Births' recommendations being published. Through Meeting the Challenge, MYHT have already developed a Midwife led Unit at Dewsbury District Hospital, which offers greater choice for women.
- Implementation of the KIHCP
- Coordinated approach to the commissioning of CAMHS aiming towards a tierless service in Kirklees which focusses on investment in low level preventative services to provide support earlier in the pathway and reduce the number of children requiring a more specialist intervention. Includes extension of psychiatric liaison services to all ages. Links to work across West Yorkshire and Harrogate relating to Tier 4 services.
- Development of a sustainability plan for looked after children.
- Review of the current Children's Improvement Plan being in light of OFSTED recommendations made in December 2016
- Whole systems review of children's pathways to deliver better quality outcomes for children and their families. Initial focus will be on respiratory conditions and IV administration.
- Development of a local plan to support the transfer of funding for diabetes insulin pumps and continuous glucose monitoring from NHS England to CCG responsibility.
- Work to improve pre-conceptual care in Kirklees with a specific focus on reducing the number of women smoking at delivery.
- Development of a strategy for Autism (and other behavioural conditions) including diagnostic services, education and support

How will we know this work stream has been successful?

- Healthier and more resilient children who have greater lifetime potential and exert a positive influence on inequalities as they are more skilled, more active and have the skills to flourish in communities and the economy.
- Healthy children become healthy adults and exert less pressure on health and social care systems. They are also more economically productive.
- Reduction in out of area placements for CAMHS services.
- Reduction in the number of children who require specialist intervention through more proactive and preventative services.
- Reduction in the number of women smoking at delivery
- Further improvements to infant mortality rate

Measures to be defined



Aims of this Work Stream:

Integration of Health Improvement services to enable a more focused approach to behaviour change across the health and social care system, including the third sector. The development of an integrated wellness model will offer referral from primary and social care alongside self-referral and an approach rooted in community empowerment. Partnership will be central and work on emotional health and wellbeing, smoking, healthy weight, physical activity, alcohol, diabetes will be delivered in a seamless, co-ordinated manner via health coaching and a focus on wider influences on health such as housing, income and social capital. Health checks will be used to identify people at risk of conditions such as type II diabetes and healthy ageing will be central to the model. Services such as Health Trainers, PALS, IAPT and the diabetes prevention programme will be more closely aligned and will target people at risk of long term conditions as well as enabling better management of those conditions. The model will also promote personal resilience and self-care and population segmentation using risk stratification tools will enable better targeting of limited resources.

How will this be Delivered:

- Adult Wellness Model to be in place by Spring 2018.
- Development of an integrated system wide self-care strategy to transform our approach to self-care and promote independence and personal responsibility
- More effective commissioning of smoking cessation services to include health optimisation and health coaching through the wellness model. Focus on vulnerable populations where smoking rates remain high.
- More effective commissioning of weight management services and promotion of physical activity, exercise and healthy eating through PALS and Health Trainers. Links to West Yorkshire and Harrogate STP prevention at Scale work.



How will we know this work stream has been successful?

- People will live longer and in better health. Conditions like type II diabetes will be averted as more people are physically active and better at managing their own health.
- Realisation of efficiency savings through integration.
- Reduction or delay the need for costly crisis support or health and social care services, for example around type II diabetes, mental health, obesity and dementia.
- Health inequalities will be minimised by promoting better mental health and physical activity.
- Reduce obesity levels and increase physical activity levels in Kirklees
- Reduction in smoking rates by 2020/21. Our CIK Survey indicates we are on track to reduce smoking rates across Kirklees in line with the West Yorkshire and Harrogate STP ambition.
- Reduction in inequalities in smoking rates across Kirklees.

Measures to be defined

Improving the Capacity and Quality of Primary Care



Aims of Work Stream:

Both CCGs have developed strategies which outline plans for future proofing General Practice and ensuring sustainable provision of Primary Care Services for people in Kirklees. These strategies have been revised in response to the GP Forward View and transformation plans have been developed which outline how the objectives within the GP Forward View will be delivered through implementation of the respective strategies.

Whilst there are two documents which respond to the differing population challenges and organisational challenges in North and South Kirklees, the essence of the documents in terms of what they are trying to achieve is consistent.

Our Strategies aim to:

- Enable patients to be able to make appropriate choices and responsible decisions about their health and wellbeing
- Provide easily accessible primary care services for all patients
- Ensure consistent, high quality, effective, safe, resilient care delivered to all patients
- Develop a strong, innovative and resilient multidisciplinary workforce in primary care
- Improve use of modern technology
- Provide education and training opportunities that cultivate professional excellence and high motivation
- Improve premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care
- Provide effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes
- Develop a culture which promotes openness, transparency and the ability to make mistakes in a supportive and learning environment
- Ensure General Practice are at the heart of the health and social care system working collectively with partners and the wider community
- Encourage collaboration with partners

Our CCG primary care strategies can be accessed via the link below:

<https://www.northkirkleescg.nhs.uk/wp-content/uploads/2016/01/Primary-Care-Strategy-2016-2021-vFINAL-220116.pdf>

<https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/08/GHCCG-Primary-Care-Strategy-final-v1.0.pdf>

Improving the Capacity and Quality of Primary Care



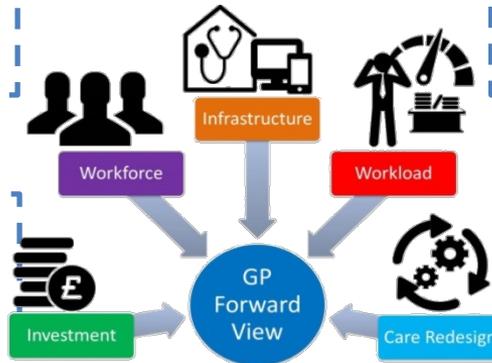
How will this be Delivered:

- New models of care
- Review of skill mix and introduction of new roles (Care Navigators, Clinical Pharmacists, Mental Health Workers)
- Increase number of training practices
- Initiatives to encourage recruitment and retention including use of overseas workers.
- Look at more diverse working arrangements across different sectors to encourage recruitment and retention

- Better use of technology
- Estates strategy to support new ways of working

- Participate in the productive general practice programme
- Local implementation of 10 High Impact Changes within the GPFV
- New models of care
- Social Prescribing (All Together Better) and links to self-care interventions
- Streaming of patients to the right place – care navigators
- Education of the public on appropriate use of services
- Supporting GPs in recognising and meeting the needs of carers as an approach to indirectly reducing workload.

- Investment in strategies to deliver increased access through new models of care and more collaborative working
- Investment in technology and estates /infrastructure to support the above
- Investment in workforce initiatives to deliver future sustainability. Including introduction/piloting of new roles
- Equalisation of funding so everyone is on a level playing field.
- Move towards fully delegated status for co-commissioning by April 2017 (NKCCG).



- Work towards new models of care. (Collaboration of providers and hub and spoke approach/central resource centre)
- Different approach to streaming of patients.
- Development of federations
- Strategies to deliver increased access using the above
- Use of technology
- Development of leaders in primary care



How will we know this work stream has been successful?

- Patients will have access to weekend/evening routine GP appointments. Improvements in access will release efficiencies elsewhere in the system. We are developing our model of improving access and this will be considered as part of this work.
- More support in primary care to navigate patients to the most appropriate clinician for their needs, first time.
- Improvements in GP Survey results relating to access
- More sustainable primary care workforce through a review in skill mix and introduction of new roles to manage demand differently
- Reduction in unnecessary hospital admissions from GP Practices
- Reduction in the variability of long term condition management through peer support and challenge and the introduction of protocol driven referral management systems. Improve standards of quality of care received across Kirklees. Reduce number of referrals into Secondary Care Services.
- Improvements in dementia diagnostic rates and the number of dementia annual care plan reviews that are carried out. Currently at the national average of 68.3%, however by March 2017 we are aiming to reach 71%.

Measures to be defined

Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector



Aims of Work Stream:

The Council has recently adopted a new Vision for Adult Social Care and Support in Kirklees. This vision focusses on promoting independence and delaying the need for care, recognising and supporting carers as the bedrock of social care and support, promoting quality, choice and control, and developing partnerships and collaboration. This will deliver a shift from formally assessed services towards targeted non-assessed services, community based services and informal support.

The independent care sector provides the majority of social care in Kirklees, but the social care market locally and nationally face significant financial, quality and workforce challenges.

We want to make sure that:

- There is a wider range of different, affordable services on offer to meet everyone's needs – including more proactive and tailored advice and guidance at key decision points in people's lives;
- All services help people keep well and independent for as long as possible – and encourage people to take action to maintain their independence; services are of an excellent quality and offer value for money; services work in partnership with people who need support (co-productively), meeting people's needs and aspirations and treating people with dignity and respect; services can attract, recruit, develop and retain a high performing and high quality workforce;
- We encourage innovation and creativity – supporting the development of organisations that offer genuine alternatives to traditional social care;
- When we do contract for services, we look at the overall value they can offer including value for money, social value to local people and communities and environmental value.

How will this be Delivered:

- Review of pathways to make them more integrated and streamlined
- Procurement of new domiciliary care providers
- Development of tailored advice and guidance and a wider range of care and support options including extra care housing
- Develop a 'wellness model' for older people to enable them to retain their independence, including a step change in the use of technology
- Ensure appropriate links are made to work being undertaken across Kirklees relating to making improvements in dementia care.
- Ensure appropriate links are made with the Kirklees Council Housing Strategy

Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector



How will we know this work stream has been successful?

- Improved independence and quality of life for vulnerable adult and their carers, and an increased sense of control independence
- Improved choice of good quality support options that reflect individual needs
- Reduce demand on specialist and acute services
- Services have the right capacity to meet demand in an effective way

Measures to be defined

Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Time, Right Place, Meeting the Challenge and Healthy Futures plans



Aims of this Work Stream:

We are engaged in the reconfiguration of hospital services at both Acute Trusts within the Kirklees footprint which has been initiated due to the challenges which are described earlier in this document. The focus of these programmes is to:

- Ensure people are cared for in the most appropriate setting by the most appropriate clinical team for their need, first time.
- Make improvements for patients keep them safe and improve the quality of care they receive.
- Optimise the use of resources to ensure services can meet growing demands
- Respond to the workforce crisis within our hospitals
- Create efficiencies and ensure sustainability by reducing duplication

Achievement of the above is reliant on a whole system approach which engages community services, primary care and the voluntary and community sector. The commissioning and staged implementation of our integrated model for community services, 'Care Closer to Home', the strengthening of primary care services through implementation of the GP Forward view and the measures being taken to ensure sustainability of social care provision are key elements of our strategy to improve out of hospital care and support the ambitions within our hospital reconfigurations.

As these programmes develop and evolve, further work will be undertaken to assess the interdependencies and potential impact on the Kirklees population. The impact of the West Yorkshire Urgent and Emergency Care Vanguard which is being delivered as part of the Healthy Futures Programme, the wider work being progressed under the umbrella of the West Yorkshire and Harrogate STP relating to regional provision of services and the work delivered through the West Yorkshire Association of Acute Trusts (WYAAT) by will also be taken into consideration.



Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Place, Right Time, Meeting the Challenge and Healthy Futures plans



How will this be Delivered:

Meeting the Challenge

Mid Yorkshire Hospital Trust (MYHT), through the implementation of the 'Striving for Excellence' Strategy aims to provide high quality healthcare services. Working closely with the wider health and social care economy, the vision is to achieve excellent patient experience each and every time. MYHT is continuing to progress the Acute Hospital Reconfiguration as part of the Meeting the Challenge (MTC) programme. The Reconfiguration is rooted in the need to provide services differently across the Trust's three sites to ensure quality and safety are maintained. The programme entered a critical phase of implementation in 2016/17 which continues into 2017/18. The key system changes which underpin this are:

- The re-profiling of A&E services provided from the three hospital sites;
- An integrated approach between acute, primary care and community services which supports patient flow and early supported discharge;
- Delivering services 7 days per week;
- Centralising some services to improve quality and safety such as acute medicine to Pinderfields hospital; and
- Greater reliance on delivery of urgent services outside of hospital and providing elective services, outpatient, day case and inpatient surgery, at the closest hospital to where a patient lives.

We have an agreed framework for transformation of planned care built upon effective clinical threshold management and robust pathways of care as a key theme of the Five Year Forward View and an essential enabler of the Meeting the Challenge reconfiguration of hospitals. We will continue to accelerate the work and already underway with a clinical leader's forum of primary and secondary care clinicians to transform planned care across the Mid Yorkshire footprint working through the new Joint Planned Care Improvement Group. In partnership there will be a focus on:

- Managing growth for non-urgent, non-cancer referrals from primary care
- Understanding and tackling any unexplained variation in non-urgent, non-cancer referrals from primary care;
- Promoting the use of e-consultation to minimise the need for primary care referrals for face-to-face outpatient appointments;
- Supporting secondary care clinicians to initiate e-consultations with primary care, as an appropriate alternative to an outpatient referral;
- Re-looking at services which require provision in a hospital environment and those that do not;
- The potential to minimise hospital face-to-face outpatient follow-ups by primary and secondary care clinicians adopting shared-care protocols and revised care pathways.
- Utilisation of right care data to develop a collaborative approach to demand management
- Active participation in conversations relating to a regional approach to the delivery of services, where deemed clinically appropriate. Initial discussions are focusing on Stroke and Vascular pathways.

Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Place, Right Time, Meeting the Challenge and Healthy Futures plans



How will this be Delivered:

Right Care, Right Place, Right Time

NHS Greater Huddersfield and NHS Calderdale Clinical Commissioning Groups (CCGs) have undertaken a consultation exercise about some far reaching proposed changes to hospital services and further proposed changes to community health services. Our proposed changes would help us to address some big challenges.

We have consulted on:

Emergency and acute care; Urgent care; Maternity; Paediatrics; Planned care; and Community Health Services.

The Governing Bodies met in parallel and in public to consider if the findings from the Right Care, Right Time, Right Place consultation and subsequent deliberation provided sufficient grounds to proceed to the next stage.

Each CCG agreed to proceed to explore implementation in the Full Business Case, in line with the proposals within the consultation. The Full Business Case will be considered by key stakeholders prior to implementation.



How will we know this work stream has been successful?

- People receive the right advice and support to enable self-care, to provide highly responsive primary and community services to reduce reliance on A&E departments and to ensure a safe and effective integrated network of hospital urgent care services so that people with the most acute and complex conditions have the best chance of recovery
- Achievement of the national constitution measures for A&E, RTT and Cancer at MYHT.
- Reduction in avoidable admissions at both acute trusts
- Reduction in excess bed days
- Reduction in elective activity
- Reduction in unnecessary follow up appointments at MYHT
- Roll out of 7 day services in hospital to 100% of the population across the 4 initial priority clinical standards.
- Increase in diagnostic capacity working in collaboration with the West Yorkshire and Harrogate STP
- Increase in one year survival rates for bowel cancer
- Reduction in avoidable deaths in hospital

Measures to be defined

New Approach/Model to support people with Continuing Healthcare Needs



Aims of this Work Stream:

To ensure that we have commissioned sufficient placements and care packages to meet needs of our local population who meet the eligibility criteria for Continuing Healthcare. Our ambition is to provide care in local settings to reduce the number of out of area placements and associated risks and costs associated with this.

How will this be Delivered:

- Scoping and development of a dementia service with nursing elements.
- Development of a local physical disability service including long term care and respite.
- Development of the provision of Fast Track domiciliary services for care packages and care management.
- Joint working with Kirklees Council to ensure clarity on projected needs of the Learning Disability population in regard to day care and respite to support commissioning arrangements.
- Review the delivery of residential care for Learning Disabilities
- Commissioning of services to meet local need for specialised physical disability, older peoples mental health residential and supported living.
- Complex care Strategic Panel will plan for future needs through transition from ages 14 to 25 years
- Continue to ensure that assessments for Continuing Healthcare funding take place in a community setting in line with the mandate set in the NHS England Five Year Forward View Next Steps.

How will we know this work stream has been successful?

- Reduction in out of area placements
- 85% of all assessments for Continuing Healthcare funding to take place in a community setting

Measures to be defined

Implementation of the Transforming Care Programme for people with Learning Disabilities



Aims of Work Stream:

The Calderdale, Kirklees, Wakefield and Barnsley (CKWB) Transforming Care Partnership has been formed to collaboratively develop a programme that will transform our community infrastructures and reshape services for people with a learning disability and/or autism. The plan will be framed around Building the Right Support and the National Service Model October 2015 and it will be developed to ensure the needs of the five cohorts below are included as well as the wider population when transforming services.

- A mental health problem, such as severe anxiety, depression or a psychotic illness which may result in them displaying behaviours that challenge
- Self-injurious or aggressive behaviour, not related to severe mental ill-health, some of whom will have a specific neurodevelopmental syndrome with often complex life-long health needs and where there may be an increase likelihood of behaviour that challenges
- 'Risky' behaviour which may put themselves or others at risk (this could include fire-setting, abusive, aggressive or sexually inappropriate behaviour) and which could lead to contact with the criminal justice system
- Lower level health or social care needs and disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family background), who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system
- A mental health condition or whose behaviour challenges who have been in in-patient care for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed

How will this be Delivered:

Each area within the partnership had already developed programmes locally to transform services. However, it has been acknowledged that the partnership will prove invaluable to harness the collective knowledge and experience to further build on progress already made and to use our resources more effectively and efficiently to gain more momentum in the delivery of new models of care and support for the most complex people.

The key aims for our plan will be:

- ✓ Reduction of in-patient beds, delivering an almost 60% reduction across the partnership by 2019 taken from baseline data in December 2015
- ✓ Developing better/new/broader range of specialist community services that are flexible and responsive to manage crisis better and prevent admission
- ✓ Developing capable communities to enable people to live in their own homes
- ✓ Developing a better understanding of our local populations with complex needs and how best to support them in a crisis
- ✓ Ensure people with a learning disability and/or autism have the opportunity to live meaningful and fulfilled lives

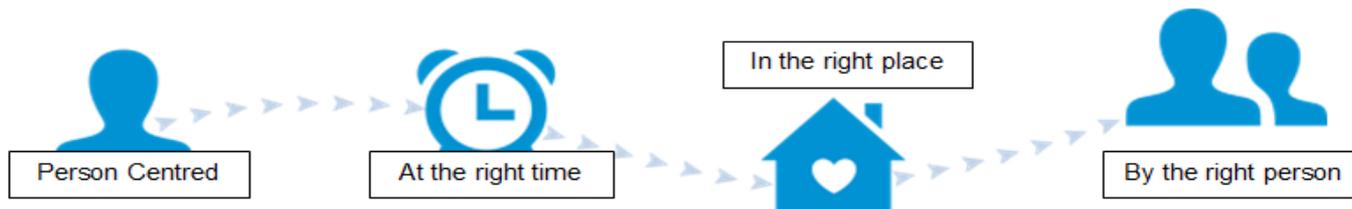


How will we know this Work Stream has been successful?

Our vision is to radically change the parts of the system that are not working well and become an area of best practice to meet the needs of the complex population.

We will invest in a model of care and support that meets the needs of the LD population now and in the future. We will work collaboratively and innovatively to look at the way we commission and deliver future care and services. We will ensure that the change is system wide and encompasses the cultural shift that is required to succeed.

The core strategy will be to develop capable communities, a highly skilled workforce and more quality accommodation options across the pathway, with a clear focus on personalised care at the right time in the right place by the right person. It will be aligned to our care closer to home strategy which encompasses the wider determinants of health and social care, enabling people to be independent, living in their own homes and communities with access to all services when required.



Measures to be defined and will include the following:

- **Number of people in IP beds for MH who have LD or ASD**
- **Improving the physical health of people with learning disabilities and reduce early mortality**

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



Aims of Work Stream:

There is a long and strong history of joint working across the two CCGs in Kirklees and Kirklees Council, and between these organisations and others in the region. This joint working spans a wide range of activity and includes both formal and informal arrangements, including a range of shared senior posts.

The NHS Operational Planning and Contracting Guidance reinforces the national direction of travel towards increased integration of both commissioning and provision, in line with the Five Year Forward View. Our approach in Kirklees will focus primarily on the wider health and well-being agendas, and the commissioning and provision of ‘out of hospital’ services where health and social key integration is a key component to success.

Within Kirklees, we have already demonstrated our commitment to commissioning on an integrated basis via our care closer to home programme and a similar approach is reflected in our means of delivering many of our key interventions, for example, the Healthy Child Programme, Transforming Care and Early Intervention and Prevention. These programmes are also giving rise to a change in the way our providers work together, with a shift towards partnership approaches and collaboration.

During this period, we have also seen an ongoing commitment to the development of GP Federations – one in North Kirklees and one in Greater Huddersfield.

The CCGs and the local authority are committed to developing this approach further. We already have a range of senior shared appointments and will look to increase these in the functions where they bring most benefit. We want these joint working arrangements to be supported by joint governance arrangements, possibly a Joint Committee, that will enable us to make the right decision once, reinforcing a commitment to a single Kirklees approach in identified functions. We are not planning wholesale re-organisation – we will ensure that form will follow function, and we will make best use of tools such as pooled budgets.

The geography of Kirklees and our interdependencies with our neighbours means that each of our two CCGs will continue to work closely with its neighbours in Calderdale and Wakefield on matters where the acute footprint takes precedence. In addition, each CCG will be a member of the West Yorkshire Joint Committee to ensure consistent decision making on the areas of work we have agreed to manage on a West Yorkshire basis.

We recognise that introducing new models of care is unlikely to be a ‘one size fits all’ approach across Kirklees, and therefore will explore new ways of working through initiatives such as the “Batley and Spen” pilot and specific schemes (e.g. frailty model) to learn what works in building these new models.

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



How will this be Delivered:

The two CCGs and the Council will develop an implementation plan for the areas of priority set out in this Health & Well Being Plan, with defined milestones and measures being established for each programme.

There are a wide range of areas where we have made significant progress, and we want to develop further, for example:

- Maximising the potential of the Better Care Fund
- Build on the success of the Kirklees Integrated Community Equipment Service and extend the arrangements to include assistive technology, home adaptations and other equipment
- Implementation of the Healthy Child Programme and the CAMHS Transformation Plan
- Implementation of our integrated approach to improving quality in care homes & the Care Home Strategy
- Further development of our integrated approach to intelligence and shared care record

Over 2017 and 2018 we will establish fully integrated commissioning arrangements for:

- People with continuing care needs
- Frail older people
- Vulnerable children and families
- Adults with health limiting behaviours or at risk of developing health/independence issues
- Adults receiving specialist Learning Disability services or at risk
- People approaching end of life
- Older people with social care needs living in their own home or specialist accommodation
- Adults receiving specialist mental health services or at risk

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



Case Study Example: New Model of Care for Children and Vulnerable Families (Batley and Spenningsdale Pilot)

- We have recently been successful with a bid to the national One Public Estate programme to develop a pilot in Batley – the aim is to identify opportunities to bring together adult social care, Locala, CCG, Children’s Centre, Police and local VCS. The pilot will provide a ‘proof of concept’ for delivering the value of the OPE – especially more integrated and customer focused services.
- Once the pilot is up and running to extend the approach across other hubs including Dewsbury

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



Case Study Example: Further Developments to Support Delivery of Integration of Health and Social Care within Community Services through the Care Closer to Home Contract

Care Closer to Home is the vision for the development of integrated community based health, social, primary care and mental health services across Kirklees for children and young people, the frail and older people specifically targeting those vulnerable groups who have identified health needs.

We commissioned an integrated community service model in October 2015. This work was supported by Kirklees Council. The implementation of the integrated service model is phased across the duration of the contract. Our ambition is to continue to expand the scope of services provided within the model and to further integrate health and social care services using the better care fund as a lever.

As part of this 5 year transformation plan of transforming services closer to home we will be working jointly with Locala to reconfigure services to be delivered within the community. This will include:

- Review and improvements to respiratory services focussing on COPD and Asthma. The aim is to improve services to ensure provision is delivered within the patient home unless they clinical require more specialist intervention in another setting.
- Preventing people requiring hospital intervention through pro-active long term condition management supported by robust care planning and multi disciplinary team meetings with relevant healthcare professionals across the health and social care system.
- Increase the throughput of patients being administered antibiotic therapy in their own home working with the OPAT (Outpatient Parenteral Antibiotic Team)
- Continue to improve community in-reach services to ensure patients are supported back to their usual place of residence with the appropriate support as quickly as possible.

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



Case Study Example: Integrated Frailty Approach Focussing on the Frail Elderly Population

Our ambition is to create a collaborative approach between providers which supports true integration of frailty services in line with the Five Year Forward View, New Models of Care and Fit for Frailty (British Geriatrics Society, 2015).

Our emerging integrated approach to the frail elderly population will:

- Optimise referral to, access and use of prevention programmes
- Implement an early identification process using an electronic frailty index (eFI)
- Implement an evidence-based proactive holistic assessment process for those with an eFI score of > 0.25
- Embed a care planning approach
- Provide a rapid access to services in times of crisis
- Adequately support people assessed as severely frail or palliative
- Deliver an integrated system-wide frailty service

The integrated frailty service is intended to deliver the following functions:

- Work collaboratively with partners to recognise Frailty as a long term condition and ensure a consistent approach across the health and social care system.
- Collaborate with general practice to review and diagnose patients identified as potentially frail (eFI scores > 0.25).
- Provide a community based multi-disciplinary frailty team to carry out a comprehensive and holistic review of medical, functional, psychological and social needs based on comprehensive geriatric assessment principles in partnership with older people who have frailty and their carers.
- Provide a 24 hour reactive crisis response service (clinical and medical) for those patients diagnosed with moderate/severe frailty.
- Provide care home medical provision.
- Provide a Specialist Frailty Assessment Unit on the Dewsbury District Hospital site (part of the Mid Yorkshire NHS Hospital Trust [MYHT] estate) with multi-specialist assessment/short stay treatment.
- Provide a step-up and step-down facility for appropriate patients.
- Work with the ambulance service and secondary care colleagues to ensure assessment starts at the time of 999 call/front door and continues through to discharge to assess.

Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care



Case Study Example: New Model for End Of Life Care

The End of Life Care Strategy (2008) identified the need to improve co-ordination of care, recognising that people at the end of life frequently received care from a wide variety of teams and organisations. Our local vision reinforces commitment to the following outcomes:

- People are informed as early as possible about the approach of end of life to enable informed decision making about their preferences.
- End of life care is timely, compassionate and reflects needs and wishes with respect to physical, social, psychological, cultural and spiritual aspects.
- People during end of life phase remain in a place of their preference where possible
- Pain and other symptoms are managed as effectively as possible.
- All children and adults in Kirklees die with dignity and in a place of their preference.
- People and their carers feel supported both during end of life care and after the person has died.
- People and their carers are engaged in the co-production of services and service developments linked to end of life care.

There are four key areas of activity currently being utilised to develop a Kirklees wide end of life offer. This work is taking place across all agencies linked to the provision of end of life care and includes the Local Authority, General Practice, the Clinical Commissioning Groups, Kirkwood Hospice and Locala. The four distinct areas of activity are:

- Kirklees integrated End of Life Care Strategy
- Review of choice in End of Life Care
- Service review to scope the possibility of a lead commissioner model
- Quality, innovation, productivity and prevention

The work to develop an Kirklees wide end of life offer has been on-going for some time and our key achievements to date include the development of:

- A central point of access for bereavement services
- An integrated commissioning plan for training and education which looks at specific needs of different professionals, especially in primary care.
- The roll out of an Electronic Palliative Care Co-ordination System (EPaCCS) across Kirklees.

Future work includes the development of:

- A Lead Provider model for end of life services across Kirklees
- A frailty model which incorporates those who are severely frail and palliative.
- Continued work to reach more people with diseases other than cancer and to reach people from different parts of the community in Kirklees that have not traditionally accessed palliative care services.



Aims of Work Stream:

The implementation of this plan depends on having the sufficient people with the right skills working in the sector. However we know there are significant challenges that cannot be tackled by working inside traditional organisational and professional boundaries. Whilst some issues will need a West Yorkshire or national led response, such as ensuring a supply of medical undergraduates, there are specific areas that we need to tackle as a local health and social care system and others we will need to tackle in collaboration with the Kirklees Economic Strategy.

Our initial focus will be on :

- Developing Kirklees as a great place to work in health and social care , including making the most of our partnership approach to ‘growing our own’ and retaining people with the skills we value. The role of the University and Colleges will be crucial in this.
- Recruiting & retaining key staff groups, including nurses (especially into care homes), care workers (especially in rural areas), and the quality and retention of social workers.
- We need to make the workforce more representative of the local population and adopt a value based approach to recruitment.
- Developing the ‘Kirklees core skills’ and building key skills & behaviours including community asset building, strengths based approaches, motivational interviewing, and the capacity to enable people to develop these skills in the right settings e.g. placements outside hospital.
- Developing apprenticeships and critical new roles including care worker ‘plus’ and nurse associates, personal assistants and ‘early help’ workers, along with clarifying and simplifying employment pathways to enable people to work across the local health and social care sector (and being more consistent about what we call people to avoid confusion)
- Development of new roles and more innovative approaches to collaboratively managing local workforce challenges, including more of an multidisciplinary approach to care delivery.
- Developing a more co-ordinated approach to rewards for our staff – especially those on the lowest wages and those with key skills
- Reducing agency spend
- Improving the wellbeing of staff



How will this be Delivered:

- Development of a shared view about the local challenges and how these can be overcome.
- Ensure workforce planning processes are in place to support implementation of our local plans, working closely to provide a quality workforce with the right skills in the right place.
- Development of a local plan for making every contact count
- Explore opportunities to take part on national training initiatives led by NHS England.
- Elements of this programme will be delivered by the West Yorkshire STP Workforce Action plan e.g. development of an internal agency for NHS staff and nurse recruitment, others will be delivered as locally in collaboration with WY partners e.g. Health Promoting Trusts.
- Implement Nurse Associates Programme across Kirklees
- Map and understand current workforce roles working within Primary Care, work up proposals for extending and broadening the skill mix to include Clinical Pharmacists, Mental Health Workers, Paramedics, Physio First
- Explore opportunities to work collaboratively to recruit overseas GP's
- Encourage organisations to become accredited in delivering the carers charter. In doing this we will support more carers to remain in employment.
- Explore the development of a pathway so that somebody can develop transferrable skills through caring role which will support them in future employment. Particular focus on young carers

How will we know this work stream has been successful?

- Shift skills and attitudes of staff towards prevention, earlier intervention and promoting resilience and self care
- Making the sector a more attractive place to work will aid recruitment and retention of staff
- Shift to more resilience and self care focussed skills to reduce unnecessary demand on specialist services

Measures to be defined

Maximising the digital opportunities (building on the Digital Roadmap)



Aims of Work Stream:

To establish a digital environment across the Kirklees health and care economy that adopts a philosophy of;

- Effective digital collaboration
- information sharing
- Joint planning that enables the population to receive the highest possible quality of care.
- Clinicians to have access to technology and appropriate information required to provide appropriate care”.
- Establish utilisation of technology which demonstrates improved health and well-being, across the priorities identified in the STP and future priorities.
- Provide digitalisation where appropriate to deliver the right care in the right place at the right time.

By;

- Investing in technology appropriately – ensuring alignment with clinical objectives across the CCG, its partners and service providers.
- Utilising technological to enable improvement in the quality of services, achieve better outcomes for patients by enhanced communications, information and collaboration for people and systems.

How will this be Delivered:

- Full interoperability of healthcare records inclusive of mental health services
- Further expansion of e-prescribing across all services by 2019/20
- Increase use of e-consultation by 2018/19
- Increase sharing of GP clinical record
- Implement Acute Electronic Patient records
- Increase electronic transfers of care across all settings by 2019/20
- Shared Infrastructure utilising the opportunities through the Health and Social Care Network
- WIFI deployment in GP Practices by during 2017/18
- Professionals across care settings to access GP-held information on GP-prescribed medications, patient allergies and adverse reactions by 2019/20
- Professionals across care settings to be made aware of end-of-life preference information through further roll out of EPaCCS by 2019/20
- Increase ability to electronically book appointments in GP Practices from other care settings



How will we know this work stream has been successful?

- Patients able to view their own records online
- Improvement in electronic health record sharing
- Paper free at the point of care
- Increased usage of E consultation as an alternative to face to face in primary care
- Shared infrastructure
- Digital maturity in primary care

Measures to be defined

Moving towards a 'One Public Estate' approach



Aims of Work Stream:

Our aim is to develop an integrated plan for the development of the health and care estate – that is driven by the service strategies that flow from it. The impact of digital technology is one of the main drivers of change in the estate requirements – our approach to estates must be developed in close collaboration with our approach to digital technology. The approach will be based on what we need to deliver excellent customer focussed services, not just how to use what we've already got.

The national One Public Estate (OPE) programme has identified the potential benefits of a more integrated approach:

- More integrated and customer focused services
- Creating economic growth
- Reducing running costs
- Generating capital receipts through the release of land and property

This is a new area of work and will need to build links not just across health and social care organisations but also with the Kirklees Economic Strategy and the Local Plan.

How will this be Delivered:

- Bring together single organisations estates plans into a coherent plan for Kirklees
- Map utilisation of current estates usage and their occupancy, aim to increase usage to support out of hospital care.
- Implementation of the One Public Estate pilot in Batley. This will be evaluated and rolled out to other localities if successful.
- Work with all health and care partners and those leading the Economic Strategy and the Local Plan to identify opportunities, and to explore alternative approaches to funding developments
- Clearly articulating the benefits to organisations and local people of shifting the current estate towards a more integrated estate

How will we know this work stream has been successful?

- Maximise the impact of the health and social care estate on economic growth, local employment and healthy environments
- Co-location of services will facilitate integration of front line services
- Reducing the size and cost of the public estate and getting better value out of multi-use sites

Measures to be defined

Work with the Kirklees Economic Strategy to Maximise Benefits on the Local Economy



Aims of Work Stream:

The JHWS and KES have been developed as complimentary strategies that do different things and cover different ground but are fundamentally connected:

- Confident, healthy, resilient people are more productive, better able to contribute to communities and secure work.
- Good jobs and incomes for all of our communities make a huge contribution to health and wellbeing

Whilst some progress has been made over the last 2 years, as we move to a more 'place based' focus these connections will need to be strengthened

How will this be Delivered:

Council agreed its approach to 'Economic Resilience' as part of the New Council programme in October 2016. This sets out how the Council will work with partners to deliver the outcomes in the Kirklees Economic Strategy

How will we know this work stream has been successful?

- Creating (good) jobs; supporting higher incomes and reducing poverty;
- Promoting healthy, safe, diverse workforces and workplaces;
- Creating a green infrastructure that supports physical activity and emotional wellbeing;
- Ensuring quality housing with high energy efficiency supports affordable warmth, good health and reduces living costs
- Building skills that aid employability and enhancing the pool of confident people able and willing to work;

The Economic Strategy can support health by:

- resilient people powering business success; more productive employees and volunteers working for longer;
- positive perceptions of places and communities support investment
- economic opportunities from growth in the health and social care sectors

Measures to be defined

Risks/Issues/Key Concerns to Delivery

Theme	Risk/Issue/Concern Description	Mitigating Action
Organisational Form and Integration	Developing a systems approach to care in Kirklees is challenging due to the different rules/mandates organisations are bound by. This applies to all work streams within this plan.	Governance to support integration and development of principles to support system change.
	NHS configuration and reform has led to a high level of variability between organisations.	Agree a standardised approach and where appropriate commission services which are consistent across Kirklees.
	A joint governance structure to deliver this plan will be difficult to implement. Risks in terms of the willingness to delegate control.	All stakeholder organisations have committed through the Kirklees Health and Wellbeing Board to working collaboratively. Overall accountability sits with the Kirklees Health and Wellbeing Board which all stakeholders are represented. Relationships to build a joint governance structure have been in development for a number of years therefore we have a strong platform locally to build upon.
	Risk that the work progressed through the West Yorkshire and Harrogate STP will not move at the pace required locally.	Agreement by the West Yorkshire and Harrogate STP Leadership that local place based change will require implementation from different starting points and that change will be implemented at different paces. Commitment from local place based collaborations that change regardless of pace will be driven by achievement of the overall outcomes described in the West Yorkshire and Harrogate STP Plan.

Risks/Issues/Key Concerns to Delivery

Theme	Risk Description	Mitigating Action
Engagement and Stakeholders	<p>Engagement with stakeholders across the system. Inclusive of patients and citizens Culture and an unwillingness to change may inhibit implementation of this plan. Some changes may be politically sensitive and require consideration through a consultation process, slowing the ability to realise any potential benefits identified.</p>	<p>In line with existing processes stakeholder analysis and communication and engagement plans are developed for all work we undertake. Assessments are made at this stage of the process of any potential barriers to change and plans built with this in mind.</p>
	<p>Unwillingness of individuals to take more responsibility for themselves and their communities, changing hearts and minds will take time.</p>	<p>As part of our benefits realisation process, any benefits identified through initiatives which are supported by individuals taking more responsibility of their own care are considered longer term deliverables. Tools available to support people in fulfilling this responsibility.</p>
Transformation and Implementation	<p>Current operational/financial pressures across all sectors of the system are impacting on our ability to run existing services. It also inhibits the ability to invest in early intervention and prevention measures for a sustainable future and the ability to invest in new models of care which will deliver transformation.</p>	<p>All organisations involved in development and delivery of this plan are committed to future investment in prevention and new models of care as part of short and longer term measures to promote sustainability. Organisational and system level schemes in place to create efficiencies which over time will release funding and capacity to do this.</p>
	<p>Some of the changes described within this plan will require extensive mobilisation and a transformation across all partners. This will take time and the benefits realisation timescales may fall outside of the lifespan of this plan.</p>	<p>This plan is a ‘live’ and evolving document which will change in scale and pace over time. The Health and Wellbeing Board and contributing organisations recognise the importance of this in creating a sustainable system in the long term.</p>
	<p>Risk in making the care landscape more complicated for the wider system through re-configuration and centralisation of services. Need to consider the system wide impact of changes to ensure we do not destabilise services.</p>	<p>A set of principles have been developed which will be used as a tool when considering system change or developing new models of care. We will consider the system wide impact of changes as part of these principles to ensure we do not destabilise services.</p>

Risks/Issues/Key Concerns to Delivery

Theme	Risk Description	Mitigating Action
Enablers	Workforce pressures inhibit the ability to make change across all care sectors. Whilst plans are being put in place they will take time to implement. This is also compounded by the local recruitment and retention challenges we face regarding Kirklees as an 'attractive' place to work.	Organisational level plans are developed and take into account short term initiatives to manage the risk. Workforce work stream will bring all organisational level plans together and identify priorities at a systems level as part of longer term sustainability plans. Regional/national workforce initiatives are also being put in place to mitigate the risk.
	IT is not in place to support fully integrated working. Funding is required to make both large scale Digital advances and smaller transformational changes.	Plans to improve information sharing across organisations through the implementation of the Local Digital Roadmap for Kirklees.
	The current levels of funding for publicly funded adult social care results in market instability.	Within the constraints of available budgets for statutorily funded care, we will work with local providers to build their resilience and support them to provide good quality affordable care .

Endorsement of this Plan by Stakeholders

Organisation/Body	Endorsement Route	Date
Health and Wellbeing Board	Committee Meeting	02.03.2017 27.04.2017
North Kirklees CCG	Governing Body Committee Meeting	09.08.2017
Greater Huddersfield CCG	Governing Body Committee Meeting	14.06.2017
Calderdale and Huddersfield Foundation Trust		
Mid Yorkshire Hospitals Trust		
Locala Community Partnerships CIC		
South West Yorkshire Partnership NHS Foundation Trust		



References

- CLiK Survey 2012 and 2016
- Royal College of GPs report into workforce 2015
- NKCCG Workforce Data, Health Education England, September 2016
- RightCare Data Packs
- The Kirklees Adult Carers Survey 2014/15
- Carer's Allowance - All Entitled Cases Caseload (Thousands): Local Authority of Claimant by Region; February 2012. Available from: http://83.244.183.180/100pc/ca_ent/ccla/ccgor/a_carate_r_ccla_c_ccgor_feb12.html

Get involved

For more information on how you can get involved and have your say in the work CCG will be progressing as part of this plan, please see the web links below:

<https://www.northkirkleescg.nhs.uk/get-involved/>

<https://www.greaterhuddersfieldccg.nhs.uk/get-involved/have-your-say/>



Trust Board 25 July 2017

Agenda item 10 – Assurance from Trust Board Committees

Audit Committee

Date	18 July 2017
Presented by	Laurence Campbell
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ Charitable funds annual report and accounts 2016/17. ➤ Scheme of delegation update. ➤ Future Focussed Finance (FFF) accreditation process. ➤ Internal audit - Data Quality – Clinical Record Keeping. ➤ Internal audit - Programme management office (integrated change team). ➤ Corporate/organisational risk register.

Nominations Committee

Date	11 July 2017
Presented by	Ian Black
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ Non-Executive Director recruitment - recommendation for appointment to Members' Council. ➤ Deputy Chair / Senior Independent Director - recommendation for appointment to Members' Council.

Remuneration and Terms of Service Committee

Date	11 July 2017
Presented by	Rachel Court
Key items to raise at Trust Board	<ul style="list-style-type: none"> ➤ Workforce strategy action plan. ➤ Sickness absence and agency spend positions. ➤ Wellbeing survey. ➤ Clinical excellence awards process. ➤ Progress on workforce risk register.

Trust Board annual work programme 2017-18

Agenda item/issue	Apr	June	July	Sept	Oct	Dec	Jan	Mar
Standing items								
Declaration of interest	x	x	x	x	x	x	x	x
Minutes of previous meeting	x	x	x	x	x	x	x	x
Chair and Chief Executive's report	x	x	x	x	x	x	x	x
Integrated performance report	x	x	x	x	x	x	x	x
Assurance from Trust Board committees	x	x	x	x	x	x	x	x
Receipt of minutes of partnership boards	x	x	x	x	x	x	x	x
Quarterly items								
Assurance framework and risk register	x		x		x		x	
Customer services quarterly report	x		x		x		x	
Guardian of safe work hours <i>(from July 2017)</i>			x		x		x	
Serious incidents quarterly report		x		x		x		x
Use of Trust Seal		x		x		x		x
Strategic overview of business and associated risks	x				x			
Investment appraisal framework	x				x			
Corporate Trustees for Charitable Funds# <i>(annual accounts presented in July)</i>	x		x		x		x	
Annual items								
Draft Annual Governance Statement <i>(final approval by Audit Committee)</i>	x							
Audit Committee annual report	x							
<i>Compliance with NHS Improvement/Monitor licence (date to be confirmed by NHS Improvement)</i>	x							
Planned visits annual report	x							
Risk assessment of performance targets, CQUINs and Single Oversight Framework and agreement of KPIs	x							
Annual report, accounts and quality accounts update on submission		x						
Code of Governance compliance		x						
Customer services annual report		x						

Agenda item/issue	Apr	June	July	Sept	Oct	Dec	Jan	Mar
Health and safety annual report		x						
Serious incidents annual report		x						
Equality and diversity annual report			x					
Medical appraisal/revalidation annual report			x					
Sustainability annual report				x				
Assessment against NHS Constitution						x		
Operational plan						x		
Trust Board annual work programme						x		
Eliminating mixed sex accommodation (EMSA) declaration								x
Information Governance toolkit								x
Strategic objectives								x
Policies and strategies								
Membership Strategy <i>(next due for review in April 2019)</i>	x							
Digital Strategy <i>(next due for review in April 2020)</i>	x							
Quality Improvement Strategy <i>(next due for review in July 2017)</i>			x					
Constitution (including standing orders), Scheme of Delegation and Standing Financial Instructions <i>(next due for review in January 2019 or as required)</i>								
Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) <i>(next due for review in January 2019)</i>								
Risk Management Strategy <i>(next due for review in January 2019)</i>								
Treasury Management Policy <i>(next due for review in January 2019)</i>								
Information Management and Technology Strategy <i>(next due for review in April 2019)</i>								
Communication, Engagement and Involvement strategy <i>(next due for review in December 2019)</i>								
Organisational Development Strategy <i>(next due for review in December 2019)</i>								
Workforce Strategy <i>(next due for review in March 2020)</i>								

	Business and Risk (includes quarterly performance reports and quarterly reports to Monitor/NHS Improvement)
	Performance and monitoring
Strategic sessions are held in February, May, and November which are not meetings held in public.	
There is no meeting scheduled in August.	
# Corporate Trustees for the Charitable Funds which are not meetings held in public.	