<table>
<thead>
<tr>
<th>No</th>
<th>Time</th>
<th>Item</th>
<th>Lead</th>
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<tbody>
<tr>
<td>1</td>
<td>9.00</td>
<td>Welcome</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>Apologies for Absence – Petar Vjestica, Jim Marr, Richard Banks, Dr</td>
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<td></td>
<td></td>
<td>Wildgoose, Paul Wilkin, Dr Ahiuwalla</td>
<td>LP</td>
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<tr>
<td>3</td>
<td></td>
<td>Declarations of Interest</td>
<td>A</td>
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<td>4</td>
<td></td>
<td>Minutes of the Board of Directors held in public on 28 July 2016</td>
<td>LP</td>
<td>B</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Matters Arising and Follow up action list</td>
<td>LP</td>
<td>C</td>
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<tr>
<td>6</td>
<td></td>
<td>Chairman’s Report and Council of Governors update</td>
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<td>7</td>
<td></td>
<td>Chief Executive’s Report</td>
<td>KSi</td>
<td>E</td>
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<tr>
<td>8</td>
<td>9.30</td>
<td>Transformation Update: Service Model Design</td>
<td></td>
<td>F</td>
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<tr>
<td>9</td>
<td></td>
<td>Report from the Quality Committee</td>
<td>AP/WJ</td>
<td>G</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Report from the Chair of the Mental Health Legislation Committee</td>
<td>MS</td>
<td>H</td>
</tr>
<tr>
<td>11</td>
<td>10.00</td>
<td>Report from the Finance, Performance and Informatics Committee</td>
<td>TS / JM</td>
<td>I</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>(Agenda item withdrawn)</td>
<td></td>
<td>J</td>
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<tr>
<td>13</td>
<td></td>
<td>Trust Constitution</td>
<td>PG</td>
<td>K</td>
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<tr>
<td>14</td>
<td></td>
<td>Care Quality Commission – update</td>
<td>WJ</td>
<td>L</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>Any Other Business (to be notified in advance to the Chair)</td>
<td>LP</td>
<td>Verbal</td>
</tr>
<tr>
<td>16</td>
<td>10.30</td>
<td>Public questions *</td>
<td>LP</td>
<td>Verbal</td>
</tr>
</tbody>
</table>

**STANDING ITEMS**

**STRATEGY**

**QUALITY**

**FINANCE, PERFORMANCE AND INFORMATICS**

**GOVERNANCE**

* The Board welcomes questions from members of the public at the appointed time during the agenda, or at any other time outside of its meetings. There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In that case, the questioner’s contact details will be requested for response. Questions at the meeting will be taken in rotation, to ensure those wishing to raise questions have equal opportunity, within the limited time available.

Next Meeting: 29 September 2016 at 9am at the RED Centre, Tickhill Road Hospital, Doncaster
<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Board of Directors</th>
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<tbody>
<tr>
<td>Agenda Item</td>
<td>A</td>
</tr>
<tr>
<td>Title of Paper</td>
<td>Declarations of Interest</td>
</tr>
<tr>
<td>Action Required</td>
<td>Decision</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Philip Gowland, Board Secretary/Director of Corporate Assurance</td>
</tr>
<tr>
<td>Presented by</td>
<td>Lawson Pater, Chairman</td>
</tr>
<tr>
<td>Delivery against</td>
<td>Strategic Goal(s)</td>
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<tr>
<td>Financial/Budget</td>
<td></td>
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<tr>
<td>Equality &amp; Diversity</td>
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</tr>
<tr>
<td>Previously Presented to</td>
<td>N/A</td>
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</tbody>
</table>

**Background / Key Points / Outcome**

1. The Board of Directors to note the Register of Interests and to consider any conflicts of interest arising from the agenda items.

2. The Register is presented as attached and Directors are asked to confirm at the meeting that this register is accurate.

Declarations are made to the Board Secretary as they arise, recorded on the public register and formally reported to the Board of Directors at the next meeting. To ensure openness and transparency during Trust business, the Register has, from September 2012, been included in the papers that are considered by the Board of Directors each month. Updates are shown in **bold**.
<table>
<thead>
<tr>
<th>Name / Position</th>
<th>Interests Declared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawson Pater  Chairman</td>
<td>• Trustee of Doncaster Community Arts, a registered charity.</td>
</tr>
</tbody>
</table>
| James Marr  Non-Executive Director | • Trustee of the Methodist Relief and Development Fund  
• Managing Trustee of the Barton and Brigg Methodist Circuit  
• Daughter is a Pharmacist with Boots in Scunthorpe.  
• Volunteer Manager at Brigg Job Club | |
| Michael Smith Non-Executive Director | • Trustee, Magna Science Adventure Centre  
• Director of Magna Enterprises Ltd  
• Director MJS Business Consultancy Ltd  
• Lieutenancy officer for South Yorkshire  
• Director of Flourish Enterprises Community Interest Company  
• Provided Mental Health Act training to Nottinghamshire Health Care NHS Trust  
• Owner of blog ‘Hospital Managers Forum’ | |
| Kathryn Smart Non-Executive Director | • Voluntary Trustee / Director at Doncaster Rape Crisis and Sexual Abuse Counselling Service (DRASACS)  
• Member of the Friends of Town Fields Fundraising Committee  
• Lay member of the Doncaster Metropolitan Borough Council Audit Committee  
• Independent Audit Committee member of a social housing provider (ACIS, based in Gainsborough) | |
| Tim Shaw Non-Executive Director | • None | |
| Petar Vjestica Non-Executive Director | • Director of Trojan Horse Ltd  
• Company Secretary of Marks Natural Foods  
• Secretary of ‘Starlights’ Drama Group  
• Member of Winterton 2022 Committee | |
| Alison Pearson Non-Executive Director | • Husband’s daughter works at Doncaster Rape Crisis and Sexual Abuse counselling service  
• Chair of Stillingfleet Village Institute  
• Trustee for the Two Ridings Community Foundation  
• Member of the Independent Monitoring Board at HMYOI Wetherby | |
| Kathryn Singh Chief Executive | • Husband is Chair of Derbyshire Community Health Services NHS FT  
• Husband is MD of PMS Consulting Ltd (provides consultancy support to NHS organisations and |
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Nav Ahluwalia</td>
<td>Executive Medical Director</td>
<td>• Nil</td>
</tr>
<tr>
<td>Paul Wilkin</td>
<td>Deputy Chief Executive/Executive Director</td>
<td>• Director of Flourish Enterprises Community Interest Company</td>
</tr>
<tr>
<td></td>
<td>of Finance and Performance</td>
<td>• Wife is the lead volunteer of Friends of Woodfield Park (public) group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wife is registered on Flourish Enterprises Community Interest Company staff bank</td>
</tr>
<tr>
<td>Richard Banks</td>
<td>Director of Health Informatics</td>
<td>• Nil</td>
</tr>
<tr>
<td>Rosie Johnson</td>
<td>Executive Director Workforce and Organisational Development</td>
<td>• Member of the advisory board for The Beech Centre (OD Consultancy) representing RDaSH</td>
</tr>
<tr>
<td>Deborah Smith</td>
<td>Chief Operating Officer</td>
<td>• Director of Flourish Enterprises Community Interest Company</td>
</tr>
<tr>
<td>Dr Deb Wildgoose</td>
<td>Executive Director of Nursing and Quality</td>
<td>• School Governor of South Axholme Academy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Son is a volunteer within Flourish Enterprises Community Interest Company</td>
</tr>
<tr>
<td>Committee Name</td>
<td>Board of Directors</td>
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<tr>
<td>Agenda Item</td>
<td>B</td>
<td>Date</td>
</tr>
<tr>
<td>Title of Paper</td>
<td>Minutes from the public Board of Directors meeting held on 28 July 2016</td>
<td></td>
</tr>
<tr>
<td>Action Required</td>
<td>Decision</td>
<td>Assurance</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Melanie Gregson, Personal Assistant</td>
<td></td>
</tr>
<tr>
<td>Presented by</td>
<td>Lawson Pater, Chairman</td>
<td></td>
</tr>
<tr>
<td>Delivery against</td>
<td>Strategic Goal(s)</td>
<td>All</td>
</tr>
<tr>
<td>Financial/Budget</td>
<td>Any financial implications of the decisions made by the Board of Directors are recorded in the minutes and in the supporting papers presented to the meeting on 28 July 2016</td>
<td></td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>The equality and diversity implications of the decisions made by the Board of Directors are recorded in the minutes and in the supporting papers presented to the meeting on 28 July 2016</td>
<td></td>
</tr>
<tr>
<td>Previously Presented to</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Background / Key Points / Outcome</td>
<td>The Board of Directors is asked to consider whether the attached minutes are a true record of the Board of Directors meeting held in public on 28 July 2016. The Chairman will sign a copy of the ratified minutes.</td>
<td></td>
</tr>
</tbody>
</table>
Mr Pater opened the meeting, welcomed all and explained the format of the meeting.

### ACTION

<table>
<thead>
<tr>
<th>119A/16</th>
<th>APOLOGIES FOR ABSENCE</th>
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<tbody>
<tr>
<td>Apologies were recorded from Mr Marr, Mrs Smart and Mr Vjestica.</td>
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<table>
<thead>
<tr>
<th>120A/16</th>
<th>DECLARATIONS OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Register of Interests of the Board of Directors was noted and there were no conflicts of interest in relation to any of the meeting’s agenda items.</td>
<td>The Board of Directors received and noted the Declarations of Interest.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>121A/16</th>
<th>MINUTES OF THE BOARD OF DIRECTORS HELD IN PUBLIC ON 30 JUNE 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>The minutes were agreed as an accurate record of the meeting subject to the following change:</td>
<td></td>
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</table>
Mr Shaw wished to record that in addition to the risk (agency spend) stated in the minutes under 112A/16, that he had also identified the other key risks as performance hotspots (CAMHS, Dietetics, IAPT and Physiotherapy); and the divisional financial risks.

122A/16  MATTERS ARISING AND FOLLOW UP ACTION LIST

The previously circulated paper informed the Board of Directors of the completed action and progress update.

114A/16. Ms Smith reported that the risk CAM6/16 was being reviewed and all other risks relating to the CAMH Service would be reviewed in full at the Operational Managers Meeting on 29 July.

116A/16. Any further amendments/adjustments will be reported through the Quality Committee although an element will be reported through the Board and Board Development sessions relating to the KPMG work.

127A/16  CHAIRMAN’S REPORT AND COUNCIL OF GOVERNORS UPDATE

Mr Pater referred to his report and the activities he had undertaken during the month. He highlighted the Listening into Action programme in place at the Trust and how this was being embraced at the ‘grass roots’ level of the organisation. He also drew attention to the ‘Job Well Done’ and Recovery College events.

The work undertaken by the Non-Executive Directors and Council of Governors was noted.

The Board of Directors received and noted the Chairman’s Report.

128A/16  CHIEF EXECUTIVE’S REPORT

Mrs Singh drew attention to the information contained in the report and highlighted two additional items.

One of the issues discussed at the LiA Big Conversation events had been about the Trust being a ‘smoke-free’ site and there had been an increasing number of issues arising with patients and staff trying to enforce these rules. This has been reviewed at the Executive Management Team (EMT) meeting and also with the Operational Managers and the potential of stepping back from a complete smoke-free site in Adults Mental Health inpatient and Drug and Alcohol services was therefore suggested. Mrs Singh asked for Board agreement to relax the rules slightly in these two areas to enable the issues raised to be worked through. One of the LiA Enabler Teams would be looking into smoke-free and reviewing how the organisation can learn from other areas within the Trust and other organisations throughout the country, to then move back towards being smoke-free. Following further guidance by the Department of Health, the use of electronic cigarettes would be looked at as part of the nicotine replacement therapy support.

The Board of Directors gave approval in the two areas specified.

A report has been issued by NHS Improvement containing more information about the financial reset of the NHS. Mr Wilkin reported that guidance was published last Friday which consolidates guidance already issued together with some new guidance in relation to interventions for Trusts in financial special measures. One of the key changes is that if the Trust is in special measures and the organisation experiences cash flow issues, any cash that is accessed from the Department of Health will be in exchange for assets.
The Carter recommendations and back office functions were discussed as there had been a request across the STP footprints to give a commitment for organisations to start looking at back office functions and how certain functions could be shared, such as payroll services. There is now a target for the NHS to achieve a £250m deficit which is a significant reduction from previous guidance.

RDaSH is holding discussions with the Clinical Commissioning Groups (CCGs) in terms of how the 5 year forward view impacts on the Trust. EMT would review and report back to the Board.

Mrs Singh confirmed that the refresh of the Trust’s strategy to reflect the changing national picture, the emergence of STPs and the Mental Health 5 Year Forward View will be the central focus of the September Board Development Session.

The Board of Directors received and noted the Chief Executive’s Report.

### STRATEGY

<table>
<thead>
<tr>
<th>129A/16</th>
<th>TRANSFORMATION</th>
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<tbody>
<tr>
<td>Ms Smith introduced the paper which was an update on the transformation programme and the work currently taking place in the associated work-streams.</td>
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<tr>
<td>The 4 Care Group Directors and Head of Specialist Services had been appointed and will take up their roles with effect from 1st October. One post remains outstanding which was the Director of the All Age Group. The recruitment of this role will take place in the next stage of the process.</td>
<td></td>
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<tr>
<td>Work continues on pathways and service area models. Benefits realisation outcomes would be produced following the setting up of the Project Management Office and the development of the Project Initiation Documents (PIDs). A diagram of the new structures with contact details would be produced when appointments have been made and structures developed and implemented.</td>
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**The Board of Directors noted:**

- Progress made on the Trust's Transformation Programme to date
- The planned work to be undertaken during the remainder of 2016/17 to ensure delivery of the place based care group models within the timescales agreed with full implementation by 31 March 2017.

### QUALITY

<table>
<thead>
<tr>
<th>130A/16</th>
<th>REPORT FROM THE QUALITY COMMITTEE</th>
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<tr>
<td>Mrs Pearson gave the Board a summary of the key issues from the July Quality Committee meeting including the following:-</td>
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</table>

  - The CQC action plan is currently standing at Limited assurance and deep dives are continuing on the areas rated by the CQC as 'requiring improvement’. EMT and the Quality Committee are reviewing the action plan. Significant progress was being made and was noted.
  - A number of issues had arisen on Skelbrooke Ward and there had been a failure to escalate these to appropriate levels in the organisation. This was now recorded as an extreme risk and work was underway to establish the reasons and review and then restate escalation rules.
  - The Hospice action plan is now closed with the GP cover a controlled risk.
  - The physical health and wellbeing provision remains at low assurance although there is greater clarity now on the way forward.
• The Quality dashboards are under development and these will be included with the Quality Report next month
• From the People sub-committee, it was reported that there was a potential risk in terms of the number of outstanding Personal Development Reviews, although it was acknowledged that there was often a dip at this time of the year as many staff are undertaking them but details are not yet confirmed on electronic records. Sickness absence at the end of May 2016 was recorded as 4.5% which was better than plan and mandatory and statutory training compliance was being maintained at the Trust’s target of 90%.

Dr Wildgoose also gave an update on Duty of Candour and stated that currently there remained 4 historic cases outstanding but it was expected that all would be closed by 31 July 2016.

The closure of IR1s remain an on-going focus and have significantly improved from this point last year and it is hoped to get those figures down to zero.

Mr Shaw commented on recruitment and the recent internal audit report which had highlighted the variable length of time to fill a vacancy within the organisation which had a knock-on effect with agency recruitment. Ms Johnson commented on the number of actions in place at the Trust to ensure recruitment is carried on in as timely a way as possible. Managers complete a monthly template detailing vacancies, with progress reported through to the Quality Committee. Some vacancies are being consciously held awaiting commissioner intentions in certain areas and the outcomes of the Transformation Programme. Some roles are being held to make available for redeployment. Ms Johnson also stated that she had written to NHS Employers in an attempt to speed up information from the Disclosure and Barring Service. The internal audit report had been discussed at both the People sub-committee and Quality Committee. Work was also proactively taking place with Universities in an effort to recruit staff and had recently been successful.

The LIA Enabler work was also reviewing recruitment and this included the recruitment of doctors.

The Board of Directors noted the update from the Quality Committee.

Workforce Race Equality Standard
The report regarding workplace race equality would be submitted to NHS England by 1 August 2016. The report had previously been discussed in detail at the Quality Committee. In summary, the Trust has a workforce broadly reflective of the populations in which it works, plus diversity on the Board of Directors.

Ms Smith confirmed that work is on-going to analyse the data collected in terms of the relevant figures for the patient group.

Ms Johnson commented that the area that had been highlighted from the data is that age is an area of concern and risk to the organisation and there is the need to get a younger workforce in the organisation.

The Board of Directors noted the Workforce Race Equality Standard Report

Annual Report Safeguarding Adults
Dr Wildgoose highlighted that the report provided assurance in terms of safeguarding activity, particularly in relation to the Care Act 2014.

Safeguarding level 3 and 4 training compliance has always been particularly difficult due to multi-agency training provision but is significantly better than last year.
The Board of Directors approved the Safeguarding Adult Annual Report and supported the priorities for the 2016/17 workplan.

Annual Report Infection Prevention and Control
The cover sheet of the report provided highlights and assurances and the annual report reflected the low level of infection at the Trust.

The limited assurance of certain wards related to a comprehensive and detailed audit. It is numerical and comprehensive and Dr Wildgoose offered to meet Mr Shaw outside the Board meeting to discuss the detail of the audit.

The Board of Directors approved the Infection Prevention and Control Annual Report 2015/16.

Safe Staffing Report
The detailed report was a 6 month declaration of safe staffing levels. There have been no patient safety issues but there was an awareness that patient safety was more complex than staffing figures alone. Work regarding triangulation of data is also taking place.

The calculation of the percentage of shifts classed as ‘red’ on pages 4 and 5 would be recalculated as there appeared to be an error on the calculation. The narrative regarding Skelbrooke Ward on page 4 would be given more clarity as Mrs Pearson commented there was no mention of the patient complexity/acuity which she thought should be included.

Mr Shaw asked about the situation with the Ferns as this had an externally funded Private Finance Initiative (PFI) arrangement associated with the building and the Trust was therefore paying for the space. It was noted that the Ferns had closed but only temporarily until alternative proposals for the use of the ward had been discussed with Commissioners. The 2 other wards were able to accommodate all patients.

The Board of Directors noted:-
- There had been no patient safety issues identified as a consequence of low staffing levels
- Bank and agency staff are often used as a short term solution
- The next steps for the Clinical Staffing Review Group

FINANCE PERFORMANCE AND INFORMATICS

131A/16 REPORT FROM THE FINANCE, PERFORMANCE AND INFORMATICS COMMITTEE (FPIC)

The key financial indicators reported to the Committee were included in the report and Mr Shaw commented on the underspend in capital expenditure. An internal review will recalculate the expected year end spend.

The Committee had received a report on the Single Oversight Framework consultation from NHS Improvement which will replace the current risk assessment framework next year. The proposal is to stratify Trusts into 4 segments according to issues faced and then assessed on 5 categories. The details were contained in the report. EMT will review the guidance and self-assess the Trust’s likely segmentation and report back to the Board of Directors.

A detailed briefing on agency spend was presented to FPIC and a summary was contained in the report. Mr Shaw stated that it was unlikely that the Trust would be
able to achieve the 35% reduction in agency spend this year. The consequences of this are unknown at the present time but it would remain under close scrutiny.

NHS Improvement compliance (against the key specified targets) remained as ‘green’.

Performance ‘hotspots’ and the areas causing concern were detailed in the paper – these included IAPT and CAMHS. Mr Shaw commented that the CAMHS performance was still causing concern and there would be a detailed paper presented to FPIC next month. Ms Smith commented that there are improvements in CAMHS and positives are coming of the service. Mrs Singh commented on the discussion that had been held at EMT with the Care Group Directors designate and it had been suggested that the performance of CAMHS could be presented as a bell curve chart so that the Board of Directors could see that there is an improving picture. The challenge to that part of the organisation was noted and sustained improvement would take some time.

The relevant operational extreme risks had been discussed at FPIC and Mr Shaw commented on his disappointment with the pace of recruitment following approval of the Pharmacy business case. Mr Smith suggested that this may be an interesting case study to review in terms of the recruitment process.

Mr Banks reported that a review had taken place regarding the future provision of the email facility in the Trust and it had been agreed to migrate to NHS Mail2. The evidence suggests that this is the most appropriate way to move forward and confirmation regarding the migration date is awaited, although there is a risk that this may coincide with the Electronic Patient Record (EPR) migration next year.

The number of new referrals in the Manchester Early Intervention service was noted although it seemed that performance was starting to decline. Mr Wilkin commented on the financial investment in Manchester to cover these new referrals but there had been a delay in recruitment in the service. He stated that he was confident that performance will be maintained but this would be monitored closely.

The underperformance of the Dietetics service was highlighted and it was noted that the number of referrals had increased from 86 per month to 150 per month. The team was managing the clinical risk around the 4 categories and the breaches would be around the lowest priority category, weight management, which had been noted as the area of least clinical risk. Work is on-going with commissioners.

A review of the activity agreed with commissioners in the DCIS Cardiac service is underway as demand is lower than expected. This has an impact on income for the Trust and has been identified as a risk.

The Board of Directors noted the report.

132A/16 LOCAL DIGITAL ROADMAP (LDR)

Mr Banks commented that the Local Digital Roadmaps (LDR) within the 3 footprint areas of Rotherham, Doncaster and South Bank (North & North East Lincolnshire) had been agreed by the Interoperability Groups in each area prior to submission to NHS England on 30 June 2016. The Board of Directors is being asked to endorse the LDRs.

The ‘Five Year Forward View’ had made a commitment that, by 2020, there would be fully interoperable electronic health records. This was supported by a Government commitment in Personalised Health and Care 2020 that all patient and care records will be digital by 2020.
The 3 reports highlighted the LDR aspiration and the fact that this was dependent on future funding and the access to the maturity investment fund.

Mrs Pearson commented that the funding to support regional portals seems to be the key barrier and therefore quite a lot was linked to future hopes. Mr Banks commented on the work that was currently taking place regarding wider functionality and is at its foundation level in terms of having shared patient records.

The report was noted and the Board of Directors endorsed the Local Digital Roadmaps.

GOVERNANCE

133A/16 BOARD ASSURANCE FRAMEWORK (BAF)

Mr Gowland stated that as it was early in the year the number of assurances received was low. This would change by Q2 as further detailed discussions of assurances at the Board of Directors, Quality Committee and FPIC would take place and be reflected in the BAF report.

The 2 strategic risks owned by the Board (4.1 and 5.3) were contained in the report for information and review.

Mr Smith commented on the lack of financial/equality and diversity information contained on the cover sheet and commented that there were tangible risks to the organisation which should be included in the report. Mr Gowland agreed to complete this for the next report to the Board of Directors.

The Board of Directors noted the BAF overview and progress to date and strategic risks 4.1 and 5.3.

134A/16 EXTREME OPERATIONAL RISKS

The report contained information on the 10 extreme operational risks and movement from last month.

It was noted that the operational risks would be discussed at the Operational Managers Meeting tomorrow and the risks would continue to be reviewed at the appropriate Committees.

Mrs Pearson asked for more clarity regarding which Committee would be discussing which risk and Mr Gowland agreed to include an extra column on the report.

A11/14 – it was noted that if the risk was being managed, the mitigation should be included.

The Board of Directors received and noted the Extreme Operational Risk Register.

135A/16 Q1 DECLARATION TO NHS IMPROVEMENT

The declaration summarised the discussions that had already taken place at the Board of Directors meeting today regarding the Financial Sustainability Rating and the Governance ratings.

Mr Gowland commented that the Declaration is as stated in the paper and FPIC had considered the declaration on 21 July and recommended it to the Board of
**Directors.**

The Board of Directors agreed to the submission of the Quarter 1 declaration to NHS Improvement as stated in the paper.

<table>
<thead>
<tr>
<th><strong>136A/16</strong></th>
<th><strong>ANY OTHER BUSINESS</strong></th>
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<tbody>
<tr>
<td></td>
<td>There was no other business.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>137A/16</strong></th>
<th><strong>PUBLIC QUESTIONS</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>There were no public questions.</td>
</tr>
</tbody>
</table>

Mr Pater thanked the members of the public for their attendance and read the following statement as the Board of Directors meeting moved to private session. “To resolve that because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, the public and press be excluded from the meeting.”

<table>
<thead>
<tr>
<th><strong>DATE, TIME AND VENUE OF NEXT MEETING</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 25 August 2016 at 9am at Global House, Scunthorpe</td>
</tr>
</tbody>
</table>
The statements below provide assurance that the actions have been completed and / or provide an update on the progress to date.

**Follow up actions from the Board of Directors meeting held in Public on 30 June 2016**

<table>
<thead>
<tr>
<th>Minute</th>
<th>Action</th>
<th>Lead Director</th>
<th>Progress on Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>111A/16</td>
<td>PHYSICAL HEALTH AND WELLBEING STRATEGY</td>
<td>NA</td>
<td>The Physical Health and Wellbeing strategy will be presented to the September 2016 Board of Directors meeting.</td>
<td>Amber</td>
</tr>
<tr>
<td>116A/16</td>
<td>CQC WELL-LED REVIEW OCTOBER 2016</td>
<td>PG/ALL</td>
<td>Further feedback form Directors has been received and collated and it will be shared and discussed with Directors. Preparation for the CQC re-inspection has been discussed by the Executive Management Team and at the Quality Committee on 11 August – see the report to the Board of Directors on the agenda that makes reference to this. The CQC will focus part of their work during the re-inspection on the Well-led domain and preparations continue ahead of this. The outcome from the internal audit review is awaited.</td>
<td>Amber</td>
</tr>
</tbody>
</table>

**Update on 28 July 2016**

An email was issued to the Board of Directors and feedback has been received from the majority of Directors. This feedback was briefly discussed at the Board Development Session and will also be considered together with the outcome from an internal audit review before any further amendments / adjustments are planned and implemented.

Key to ‘Status’ column:

- **Green**: Action complete
- **Amber**: Action started but not complete
- **Red**: Action outstanding
<table>
<thead>
<tr>
<th>Minute</th>
<th>Action</th>
<th>Lead Director</th>
<th>Progress on Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>129A/16</td>
<td>TRANSFORMATION</td>
<td>DS</td>
<td>The new management structure is part of this month’s transformation paper. Appointments will hopefully be made during September therefore a further update will be provide for the September board meeting.</td>
<td>Amber</td>
</tr>
<tr>
<td></td>
<td>A diagram of the new structures with contact details would be produced when appointments have been made and structures developed and implemented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130A/16</td>
<td>REPORT FROM THE QUALITY COMMITTEE</td>
<td>DW</td>
<td>The Safe staffing report has been updated with regard to the comments made by Mrs Pearson.</td>
<td>Green</td>
</tr>
<tr>
<td></td>
<td>Safe Staffing Report</td>
<td></td>
<td>The calculation of the percentage of shifts classed as ‘red’ on pages 4 and 5 would be recalculated as there appeared to be an error on the calculation. The narrative regarding Skelbrooke Ward on page 4 would be given more clarity as Mrs Pearson commented there was no mention of the patient complexity / acuity which she thought should be included.</td>
<td></td>
</tr>
<tr>
<td>131A/16</td>
<td>REPORT FROM THE FINANCE, PERFORMANCE AND INFORMATICS COMMITTEE (FPIC)</td>
<td>PW</td>
<td>The Single Oversight Framework (SOF) was discussed by SLT on 10 August. Based on the internal assessment, SLT were of the view that the Trust would fall into Sectors 1 (no concerns) or 2 (minor concerns) depending on the Agency position. NHS Improvement though, will make the final decision on the position of each Trust. The SOF will be shadow from October 2016 and live from April 2017.</td>
<td>Green</td>
</tr>
<tr>
<td></td>
<td>EMT will review the [Single Oversight Framework] guidance and report back to the Board of Directors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>134A/16</td>
<td>EXTREME OPERATIONAL RISKS</td>
<td>PG</td>
<td>Lead Committee is now included in the paper.</td>
<td>Green</td>
</tr>
<tr>
<td></td>
<td>Mrs Pearson asked for more clarity regarding which Committee would be discussing which risk and Mr Gowland agreed to include an extra column on the report.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key to ‘Status’ column:
- Green: Action complete
- Amber: Action started but not complete
- Red: Action outstanding
<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Board of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agenda Item</td>
<td>D</td>
</tr>
<tr>
<td>Date</td>
<td>25 August 2016</td>
</tr>
<tr>
<td>Title of Paper</td>
<td>Chairman’s Report</td>
</tr>
<tr>
<td>Action Required</td>
<td>Decision</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Philip Gowland, Board Secretary / Director of Corporate Assurance</td>
</tr>
<tr>
<td></td>
<td>Melanie Gregson, Personal Assistant</td>
</tr>
<tr>
<td>Presented by</td>
<td>Lawson Pater, Chairman</td>
</tr>
<tr>
<td>Delivery against</td>
<td>Strategic Goal(s)</td>
</tr>
<tr>
<td>Financial/Budget</td>
<td>None</td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>None</td>
</tr>
<tr>
<td>Previously Presented to</td>
<td>N/A</td>
</tr>
<tr>
<td>Background / Key Points / Outcome</td>
<td>The Board of Directors is asked to receive and note the Chairman’s Report including the report of NED activities and the Council of Governor’s update.</td>
</tr>
</tbody>
</table>
Chairman's Report to the Board of Directors

This report includes a background note indicating the rationale for the various activities undertaken by the Chair since the last meeting, which include the following attendances and engagements, in addition to regular meetings with the Chief Executive and other Trust staff:

RDASH
- Annual Members Meeting

  This was held on 11 August 2016, when we welcomed many patients, service users, carers, members, governors and partner organisation representatives, as well as a number of staff who showcased their work. There were presentations on the key parts of the Annual Report 2015/16 and the opportunity to bring those in attendance up to date with progress in 2016/17.

- Corporate Induction
- Chief Executive’s Personal Development Review
- Extra-ordinary Council of Governors meeting (private meeting)
- Council of Governors meeting
- New Governor Inductions (see below)
- Lead Governor meeting
- Mental Health Legislation Committee
- Quality Committee
- Finance Performance and Informatics Committee
- Visit to Drug and Alcohol Community Hubs (Central Doncaster and the celebration of the opening of the new Stainforth Hub)
- Warren Nursery Graduation event
- Summer Fayre at Swallownest Court, Rotherham

I attend board committees and other meetings to contribute to Trust decision making and to observe their operation and contribution to the effectiveness of Trust Governance systems. I take the opportunity to visit services and internal events to engage with and learn from patients, staff and other stakeholders.

EXTERNAL
- Meeting with the Chairman of North Lincolnshire Clinical Commissioning Group

The purpose my engagement with external organisations is to promote partnership working, to learn from service users and their representatives, to act as an ambassador for the Trust, assist in building strong relationships, and facilitate the resolution of problems and development of opportunity.

Non-Executive Director activities

Non-Executives have ensured representation at the Committee meetings during the month. In addition, Non-Executives attended:

- Finance meetings (Mr Shaw)
- Summer Fayre at Swallownest Court, Rotherham (Mr Shaw, Mr Marr)
- Annual Members Meeting (Mr Shaw, Mrs Pearson, Mr Marr, Mr Smith, Mrs Smart)
- Council of Governors (Mr Shaw, Mrs Pearson, Mr Marr, Mr Smith, Mrs Smart)
- Meeting with the Director of Nursing and Quality (Mrs Pearson)
- Service visit to Opal Centre with Director of Nursing (Mrs Smart)

My thanks to the Non-Executive team for their wide ranging contributions, which extend well beyond the occasions identified above, and include the Chairing of Mental Health Act Hearings and serving on appeal hearings against dismissal.
Council of Governors

The Council of Governors meeting took place immediately after the Annual Members Meeting on 11 August. Governors received an update on the current performance of the Trust and received a presentation of the outcomes of the recent work of the external auditors on the financial accounts and quality report.

We welcomed new governors to the meeting following the recent round of elections. Our new governors are:

- Doncaster Public: Richard Rimmington
- Mental Health Service User: Melissa March
- Community Services Carer: Maggie McAndrews
- Mental Health Carer: Valerie Wilson
- Staff Governor Non-Clinical: Sue Sparks
- Staff Governor AHP / Psychology: Amy Chambers

I have met with all the new governors and welcomed them to the Trust and we will be undertaking an induction programme with them in the coming weeks.
The Chief Executive’s Report provides the Board with information about policy, legislative and developmental issues and changes that affect the Trust and local initiatives across the Trust in the last month.

Further information can be gained from the relevant lead director. This month’s report contains the following:

- RDaSH News
- National / Regional Update
- RDaSH Summary Information
  - Media coverage
  - Freedom of Information (FOI) Requests
  - Serious incidents
  - Complaints

National tariff guidance will have implications and these will be better understood once further guidance is received.

Equality & Diversity

Not applicable

Previously Presented to

Not applicable
Listening into Action (LiA)

LiA continues to develop and actions from our Big Conversations and the Clinical Teams have progressed. Below are a selection of these actions:

- Creation of email accounts for 30+ volunteers/peer support workers who work with RDaSH, to enable them to have the same communications that the rest of the workforce has access to.

- Working with GP’s in North Lincolnshire to review discharge processes for people prescribed antipsychotic medication. This different way of working has involved people with experience of mental health services, GPs and RDaSH services and has resulted in 22% increase in people recovering and transitioning back to GP services.

- One ward area (Swallownest Court, Rotherham) taking the initiative to expand their therapeutic care provision, consisting of planning and engaging with others to make this service change without incurring cost to the service, including community fundraising which has yielded £1700 for this ward to enhance the ‘job well done’ initiative; introduce ‘pet therapy’, enhance inpatient peer support and develop a community arts project.

- Introduction of GEM (Going the Extra Mile) and EMA (Extra Mile Awards) in different service areas across RDaSH following the introduction of this scheme in Forensics.

- Introduction of Specialist Community Public Health Nurse (SCPHN) meetings in School Nursing Teams to enable different ways of supervising others and also managing workload within the whole service.

- One ward area has reviewed the number of hours that clinicians engage in admin tasks which may be delegated to a secretarial member of staff. In identifying this a ward administrator has been introduced which has freed up 30 hours per week of clinical nursing time.

- Following patient feedback regarding confusion in terms of different uniforms worn within the Trust, an evaluation of the different uniforms worn with a standardised code agreed for all different sites in RDaSH enabling consistent identification of different levels of staff.

- Alteration of faxed referral receipts to ensure easier recognition and reduce risk of delay.

- Introduction of WOW (Wonderful Outstanding Work) Boards in older adults mental health services so that people can promote and share their ideas.

- Removal of restrictions on social media policy, promotion of social media interaction resulting in an additional 960 followers on twitter.

- Introduction of a ‘Best Practice’ supervision and reflection group in locked inpatient mental health services.

- The introduction of a safe disability friendly drinks making facility within physical health rehabilitation wards to help encourage independence, increase access to tea and coffee making facilities for patients and their relatives.
The Recovery College changes in community engagement and advertisement for mental health and wellbeing courses resulting in an 87% increase in people self-referring (this change recently won recognition through an Academy of Fabulous NHS Stuff Award).

Introduction of ‘carers corner’ within 3 inpatient areas, enabling carers to have spaces to gain information, speak with staff and also access a phone and internet to conduct care tasks needed for their loved ones to progress towards discharge (i.e. contact for benefits and practical support).

Clinician design of a complexity risk screening tool which will help improve physical and mental health assessment for all patients within RDaSH. This has been approved for a service pilot which will be conducted with 10 teams between August and November 2016.

Staff nurse led change in ward multi-professional team meeting format to enable increased time to be spent with patients and their relatives to ensure that their wishes and choices are written prior to a review and form the primary focus of the review, as some patients and carers have explained that they can become anxious in reviews and therefore not communicate their full wants. Positive feedback has been gained form patient and their relatives.

Review of community OT patient caseload moved to a locality based patient allocation. This has saved over 100 miles travel per months, increasing time for patient contact and reducing fatigue in staff.

Meeting changes – conversion of a face-to-face meeting concerning mobile application to a virtual approval panel resulting in £15,384.00 cost saving per year, plus over 100 hours of clinical time which can now be spent on patient face to face contact.

On the 15 November 2016 we will be hosting a LiA ‘Pass it On Event’. At this event we will not only be showcasing the full results from our clinical and enabler teams but we will also have our next 20 teams starting their LiA journey. More information about the event will be circulated in September.

Annual Members Meeting
The Trust’s annual members meeting took place on Thursday 11 August 2016 at St Catherine’s House. We welcomed patients, service users, carers, members, governors and partner organisation representatives as well as a number of staff that showcased the work that they do. There were presentations on the key component parts of the Annual Report 2015/16 and the opportunity to bring those in attendance up to date with progress in 2016/17.

The Annual Report 2015/16 is available on the Trust’s website or hard copies can be requested from the Board Secretary.

The Council of Governors met for their quarterly meeting afterwards and it was good to see a number of the public / FT members stay and participate in the meeting.

National / Regional / Local Announcements and Publications
National Tariff Policy Proposals 2017/18 and 2018/19
In early August NHS England and NHS Improvements published the National Tariff policy proposals for 2017/18 and 2018/19. The proposed changes for mental health are detailed on page 41 of the document and paper will be presented to the Finance, Performance and Information Committee meeting in September.

The current reference to mental health is limited and a further, more specific guide is expected. The two key changes are to change the local payment rules for mental health to link prices to locally agreed
quality and outcome measures and the delivery of access and waits standards; and to mandate the use of the IAPT payment model from April 2018.

Further information can be found at: https://improvement.nhs.uk/uploads/documents/TED_final_1.pdf

<table>
<thead>
<tr>
<th>RDaSH Summary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media Coverage – 11 July to 5 August 2016</td>
</tr>
</tbody>
</table>

34 releases, statements, interviews & information supplied
34 taken up
Plus 89 Tweets only
31 positive press hits
Twitter positive 1,395
Twitter Impressions 131,421
Facebook reach 37,328

| Press release: Kitchen and joinery company raises over £500 for hospice (St Johns Hospice) |
| Press release - Lots of free fun at summer fayre (Flourish) |
| Press release – Job Well Done project aims to get people back to work (AMH) |
| Press release – Doncaster woman is turning her life around thanks to local services (Aspire D&A) |
| Press release – Exam success – Doncaster version (Corporate) |
| Press release – Exam success – Rotherham version (Corporate) |
| Press release – Exam success – Scunthorpe version (Corporate) |
| Press release – Research team shortlisted for Nursing Times award (Corporate) |
| Press release – New appointment from down under (CAMHS) |
| Story from earlier press release – Wendy Sharps. Coping when illness comes decades early (Star) & case study 2 (Doncaster Free Press) |
| Press release – Big boost for Alzheimer’s Society (DCIS adults) |
| Article – Aspire help for over 50s in Doncaster Age UK newsletter (Aspire D&A) |
| Press release – Next board of Directors’ meeting (Corporate) |
| Press release – Tickhill couple celebrate anniversary in style (Corporate - Eileen Harrington) |
| Press release – Race-goers show support for Hospice (DCIS Adults) (St Johns Hospice) |
| Press release – Summer Fayre at Swallownest Court (AMH) |
| Story – Campaign launched to reduce suicides among middle aged men in Rotherham (AMH) |
| Press release – Doncaster people urged to take hepatitis test (Aspire D&A) |
| Press release - Summer Fayre fundraiser success (AMH) |
| Article & Tweet – New story on NHS England website on psychological therapies recovery rates (AMH) |
| Press release – Investment makes services one call away (DCIS adults/Hospice) |
| Press release – Bun sale raises cash for Hospice (DCIS – adults/hospice) |
| Press release - Drivers help to raise £1004 for Hospice appeal (DCIS – Hospice) |
| Press release – Rotherham – Annual members meeting (Corporate) |
| Press release – Doncaster – Annual members meeting (Corporate) |
| Press release – Scunthorpe – Annual members meeting (Corporate) |
| Press release - Close shave for charity (Corporate) |
| Press release – Aspire to launch Stainforth Hub (Aspire D&A) |
| Press release – Raising cash for patients with brain injuries (DCIS adults) |
| Press release – Garden party raises £366 for Hospice appeal (DCIS adults – Hospice) |
| Press release – Garden party fundraiser for young people with dementia (OPMH) |
| Press release – Helping to keep Doncaster safe online (DCIS CYP) |
| Press release – Big Latch On (DCIS CYP) |
| Press release – Bees get busy in Balby (Flourish & RDaSH) |
Freedom of Information (FoI) Requests – 16 July to 14 August 2016

- FOI/1340 - The number of and the average waiting time for children with an autism diagnosis.
- FOI/1344 – The number of and waiting times for autism assessments.
- FOI/1345 – The organisation's total spend on non-medical workforce pay and your organisation's total agency spend on non-medical staff.
- FOI/1346 – What was your staffing establishment and actual usage on a PICU ward per month, the number of observations at level 2 and above, how many beds are on those wards, what was the bed occupancy on those days and do you pay your bank staff weekly or monthly?
- FOI/1347 – The average waiting time for patients with mild to moderate mental health difficulties such as depression, anxiety and post-traumatic stress disorder who have been referred for 'talking therapies' (now known as the Improved Access to Psychological Therapies programme).
- FOI/1348 – Pay rates for internal bank staff.
- FOI/1349 - Question regarding Basic life support and Manual Handling and whether it is in line with skills for health.
- FOI/1350 – Details of and the companies which have supplied antibiotics to the Trust.
- FOI/1351 – Details of the Trust and the purchasing framework utilised. Also the details of the manufacturer of Topical negative Ward Therapy Treatment, pressure relief mattresses, profiling bed frames and the contacts currently in place.
- FOI/1352 – Software/equipment used to record incoming telephone calls and any cost benefit documentation.
- FOI/1353 – Substantive absence rates for the current financial year.
- FOI/1354 - What are the service entry criteria for each of the adult mental health services (community & specialist) within the Trust. I.e. on what information is a decision based when accepting an individual to each service (e.g. the service entry criteria for CMHTs, early intervention, eating disorders services and so forth).
- FOI/1355 - Organisational Structure chart for The Learning Disabilities Services including all manager NAMES, contact details and job titles.
- FOI/1356 - Organisational chart for Team Managers, Service Managers and Assistant Team Managers, including their NAMES, JOB TITLES and CONTACT DETAILS of members within the CAMHS team.
- FOI/1357 - Please provide the organisation’s voluntary turnover (leavers excluding redundancies and dismissals) for each staffing group during the financial year. NB this is the total no. of leavers as a % of total no. of staff in each category for the periods specified. Please state the organisation's average time-to-recruit in weeks for substantive vacancies for each staffing group during the financial year.
- FOI/1358 - an up to date list of Consultants, by name and department/location, working within your trust.
- FOI/1359 – Expenditure and staffing statistics.
- FOI/1360 - Complementary Alternative Medicine (CAM) provision within the Trust.
- FOI/1361 - Information around the Junior Doctors contract.
- FOI/1362 – Copies of sent/received or cc'd in by your Director (or Head) of Human Resources concerning the new Junior Doctor's contract, in the last 2 months up to 4/8/16.
- FOI/1363 - information request relating to the organisations internal plans and strategies around the following departments, Finance, IT, Estates, Waste Management and also a copy of the Annual Report.
- FOI/1364 - Does your Trust operate a Maternity ward and question pertaining to this.
- FOI/1365 – 2010-2015 provide figures of: How many people with a learning disability or autism died while they were in your care, how many were SI’s, how many were investigated, how many were reported to Board.
- FOI/1366 – Details of the Head of the Trust Psychological Services.
- FOI/1367 – Questions surrounding Clinical Negligence claims, Personal Injury Claims and the number of staff involved in management these claims.
**Serious Incidents**

Eight Serious Incidents (SIs), as defined by National Patient Safety Agency guidance, were reported by the Trust to NHS England during the reporting period of July 2016.

The 8 SIs relate to:

**Doncaster**
- Drug & Alcohol
  - 1 x Pending Review
  - 1 x Apparent/actual/suspected self-inflicted harm
- AMH
  - 1 x Pending Review

**Rotherham**
- AMH
  - 1 x Apparent/actual/suspected self-inflicted harm
  - 1 x Disruptive /aggressive/violent behaviour
- Drug & Alcohol
  - 1 x Apparent/actual/suspected self-inflicted harm

**North Lincolnshire**
- AMH
  - 1 x Apparent/actual/suspected self-inflicted harm

**Manchester**
- AMH
  - 1 x Disruptive /aggressive/violent behaviour
<table>
<thead>
<tr>
<th>Date Received</th>
<th>Locality</th>
<th>Business Division</th>
<th>Specialty</th>
<th>Ward/Team</th>
<th>Category Type</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/07/2016</td>
<td>Doncaster</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>Privacy, dignity &amp; wellbeing</td>
<td>Breach of confidentiality (by non-staff)</td>
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<tr>
<td>04/07/2016</td>
<td>Doncaster</td>
<td>DCIS</td>
<td>Community Nursing</td>
<td>Specialist Nursing - MS</td>
<td>Communications</td>
<td>Communication with relatives/carers</td>
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<tr>
<td>04/07/2016</td>
<td>Rotherham</td>
<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Community therapies</td>
<td>Patient care</td>
<td>Care needs not adequately met</td>
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<td>05/07/2016</td>
<td>Doncaster</td>
<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Community Aspergers/ Autism Service</td>
<td>Access to treatment or drugs</td>
<td>Length of waiting list</td>
</tr>
<tr>
<td>06/07/2016</td>
<td>Rotherham</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>CAMHS</td>
<td>Patient care</td>
<td>Care needs not adequately met</td>
</tr>
<tr>
<td>07/07/2016</td>
<td>Rotherham</td>
<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Community Therapies - Intensive</td>
<td>Other</td>
<td>Emotional / Psychological abuse</td>
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<td>07/07/2016</td>
<td>Rotherham</td>
<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
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<td>Communications</td>
<td>Communication with patient</td>
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<td>08/07/2016</td>
<td>North Lincolnshire</td>
<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Assertive Outreach</td>
<td>Values and behaviours (Staff)</td>
<td>Failure to act in a profession manner</td>
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<td>13/07/2016</td>
<td>Doncaster</td>
<td>Learning Disabilities</td>
<td>Inpatients</td>
<td>Sapphire Lodge</td>
<td>Access to treatment or drugs</td>
<td>Service not available</td>
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<td>13/07/2016</td>
<td>Doncaster</td>
<td>OPMHS</td>
<td>Day Services (OPMHS)</td>
<td>Cherry Tree Court</td>
<td>Communications</td>
<td>Communication with relatives/carers</td>
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<td>18/07/2016</td>
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<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Community Access Team</td>
<td>Values and behaviours (Staff)</td>
<td>Failure to act in a profession manner</td>
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<td>OPMHS</td>
<td>Community Services (MH)</td>
<td>OPMHS Liaison Team</td>
<td>Patient care</td>
<td>Care needs not adequately met</td>
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<td>19/07/2016</td>
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<td>Adult Mental Health</td>
<td>Community Services (MH)</td>
<td>Community Therapies - Intensive</td>
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<td>Inappropriate treatment</td>
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<td>20/07/2016</td>
<td>Doncaster</td>
<td>OPMHS</td>
<td>Inpatients</td>
<td>Coniston Lodge</td>
<td>Clinical treatment</td>
<td>Dispute over diagnosis</td>
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<tr>
<td>20/07/2016</td>
<td>North Lincolnshire</td>
<td>CAMHS</td>
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<td>Values and behaviours (Staff)</td>
<td>Attitude of medical staff</td>
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<td>29/07/2016</td>
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<td>Community Nursing</td>
<td>Specialist Nursing - Epilepsy</td>
<td>Patient care</td>
<td>Failure to monitor/observe</td>
</tr>
</tbody>
</table>

Kathryn Singh, Chief Executive  
August 2016
### Background / Key Points / Outcome

The purpose of this paper is to update the Board of Directors on the transforming services project, including the service model design that is being proposed in each “place”. The paper outlines the process that has been followed to reach this point and the steps that will be undertaken in order to achieve the next milestone of team structure design for each care group by 31 October 2016.

The Board of Directors is asked to note:

- the work undertaken to date in the transforming services project, and
- that the project is proceeding to the next stage of designing team configuration and management structures in each of the care groups, while continuing to refine and finalise the place based service models. A paper will be presented to the Board of Directors in October 2016.
2. Purpose Page 3
3. Case for Change Page 3
4. Governance and Process Page 4
5. Service Model Design Page 4
6. Next Steps Page 5
7. Recommendation Page 5
8. Appendix 1 – Proposed Operational (Care Group) Structure Page 6
   Appendix 2 – Doncaster Care Group Page 7
   Appendix 3 – Rotherham Care Group Page 10
   Appendix 4– North Lincolnshire Care Group Page 13
1. Current Position
The trust’s transforming services project within the overall Transformation Programme was established to continue to build on work undertaken to transform services across the whole of the organisation effectively and efficiently so that service users are able to receive care based on the transformation vision and principles.

Vision
All age care which is delivered in an integrated way ensuring patients receive care as close to the community in which they live and empowering our staff to work innovatively to deliver quality services

Principles
- Trust-wide approach
- Patient focused/needs led
- Improve current care pathways
- Recovery and well-being focused
- Improves quality (or at worst maintains current standards)
- Releases QIPP savings
- Promotes integrated working
- Reflects commissioning intentions
- Provides opportunities to develop our staff.

The Board of Directors has been kept informed of progress through the Transformation Board, and since May 2016 through individual status reports directly to the Board of Directors.

In March 2016, the Transformation Board ratified the proposal from the Executive Management Team to progress to establishing four care groups for service delivery from 1 October 2016; moving away from the current business division configuration.

The process for establishing the four care groups is progressing well with the appointment of the Care Group Directors being completed during July 2016. The next stage is to appoint the clinical leads for each care group, the consultation for which is being undertaken during August 2016. Attached at Appendix 1 is the current proposed senior leadership structure for the care groups. It is anticipated that appointments will be made by 1 October 2016 for the commencement of the care group structure.

2. Purpose
To support the Care Group configuration and to achieve the required outcomes from the programme, a milestone within the transforming services project was identified to complete the design of the service model by 31 July 2016.

The purpose of this paper is to brief the Board of Directors on the service model design that is being proposed in each “place”. The paper will outline the process that has been followed to reach this point and the steps that will be undertaken in order to achieve the next milestone of team structure design for each care group by 31 October 2016.

3. The Case for Change
The case for change has been set out in previous transformation documents. It is based on the national and local direction of travel and specific feedback from stakeholder events captured in the trust’s change principles.

The case for change is based on three pillars:
- **Good Practice** Clinical and research evidence in both mental health and social care increasingly supports a prevention, recovery and well-being approach, demonstrating the benefits to both patients and the wider system of supporting service users to live as full and independent lives as possible.
• **Stakeholder views** At an operational level stakeholders have expressed a consistent need for:
  - a place based model where care is delivered closer to home
  - timely access to services with clear routes in
  - removal of artificial barriers such as age and narrow cluster based structures
  - a reduced number of assessments
  - named contacts

• **Efficiency and Effectiveness** it is no longer possible to deliver effective services whilst achieving the required efficiency savings by piecemeal change

Taken together, these three factors require a fundamental change in how we approach and deliver our services. The recommendations set out in this paper aim to move us from patient care based on service models to a patient needs led model to enable patients to live as full and independent life as possible.

4. **Governance and Process**
The governance process that has been followed is in line with the trust's project management approach, via “place” based project groups, through to the Transformation Steering Group.

The project groups have taken into consideration the transformation principles (Section 1), in addition to the three pillars highlighted in the case for change (Section 3) in the design of the service model for each place.

5. **Service Model Design**
Each of the three place based project groups has proposed service models based around some core common features that are consistent, which are:

- **Access to services**: clear routes in, with named contacts and services that are close to home
- **Assessment**: effective (including timely) assessment and signposting (utilising the whole system, i.e. the patient's own networks, health, social care and voluntary & community sector), reducing the number of assessment points
- **Neighbourhood service delivery**: providing holistic care and treatment closer to home. Utilising professional specialisms through multi-disciplinary working, supported by strengthened relationships with primary care, social care, third sector and utilising community assets.
- **Specialist Borough Wide Services**: some services will be delivered borough wide either because of their specialist nature or because there are a small number of staff delivering the service.
- **Trust wide service delivery**: some services will continue to be delivered across the trust footprint and beyond, in line with their commissioned remit.
- **Inpatient Services**: delivering needs led (not age) bed based care.

In addition to these common features, each project group has adapted the model to align to the local aspects of service provision, including stakeholder configuration, resources and local need.

Attached as **Appendices 2-4** is a report from the Project Manager for each of the three place based project groups that provides:
- A summary of the engagement work undertaken, with outcomes.
- A pictorial presentation of the service model as it applies to the place.
- A brief narrative to support the proposed service model.
- Any exceptional issues of note.

The delivery of children’s services within each place will be added to the model, following the dedicated engagement of children’s staff in July and August 2016. This builds on and supplements the recent and on-going engagement with this group of staff in relation to the
provision of local authority commissioned children’s services and CAMHS, through the local Future in Mind transformation programmes.

6. Next Steps
The next milestone for the transforming services project is to complete the proposals for a team configuration and fully costed management structure by October 2016 to deliver the proposed service model. This will include the following:

- continued internal and external engagement to refine the service model, utilising the LiA approach - “Transforming our Services Together”.
- include children’s services in the service delivery model for each place.
- complete the analysis of trust activity, staffing and budget information.
- analyse primary care and demographic data for each place.
- standardisation of team configuration and manager roles (as much as possible) across care groups.
- cost the proposed management structure for each care group.
- support the Unity Project in business process design and configuration of the new EPR system.
- continue to align to the other projects within the Transformation Programme.

7. Recommendation
The Board of Directors is asked to note:

- the work undertaken to date in the transforming services project, and
- that the project is proceeding to the next stage of designing team configuration and management structures in each of the care groups, while continuing to refine and finalise the place based service models. A paper will be presented to the Board of Directors in October 2016.
Appendix 1  Proposed Operational (Care Group) Structure from October 2016

Chief Executive
  Kathryn Singh

Chief Operating Officer (COO)
  Debbie Smith

Doncaster Care Group
  AMD
  Doncaster Care Group Director and Deputy COO
    Jo McDonough
  Head of All Age Services (Vacant)
    Louisa Endersby
    All Age Clinical Services
  Head of Specialist Services
    Specialist Clinical Services

Rotherham Care Group
  Rotherham Care Group Director
    Dianne Graham
    All Age Clinical Services

North Lincolnshire Care Group
  North Lincolnshire Care Group Director
    Graeme Fagan
    All Age Clinical Services

Children's Care Group
  Children's Care Group Director
    Christina Harrison
    Clinical Services

Key:
AMD – Associate Medical Director
AND – Associate Nurse Director
LC – Lead Consultant (CAMHS)
AMDs, ANDs and LC - To be appointed by 1 October 2016

Clinical services team and management structures to be designed by 31 October 2016 and implemented by 1 April 2017
Doncaster Transformation Project Group Report

Engagement

There has been at least 25 separate engagement opportunities which have involved over a 1000 staff and stakeholders from all divisions, patients/service users and carers, GPs and the Clinical Commissioning Group. Seven of these were large scale wide ranging staff engagement events and workshops which included over 450 staff representing teams and services from Adult DCIS services, Mental Health Services (including Adults, Older people and CAMHS), Learning Disabilities, Drug and Alcohol services and Children’s services as well as corporate services such as HR, finance and IT. In addition, over the last six months there have been multiple workshops/sessions with individual service teams and team managers, along with professional meetings for nurses, Allied Health Professionals, Junior Doctors and Consultants. Much of the patient/carer engagement has been around specific care pathways such as Access and Acute Care Pathways, Crisis and Urgent care, management of Long Term Conditions and End of Life care which has been used to identify gaps in delivery and changes required.

Feedback from all of these has been used to identify emerging themes in the following areas:

- Access to services - joint single assessment - trusted assessor role
- Care coordination - lead case manager/navigator – information /directory of services
- Neighbourhood/Locality Multi disciplinary Teams with links to GPs, Social Care and community assets such as Social Prescribing
- All age services – parity of esteem – but maintain specialist skills and pathways
- Admission and discharge planning – focus on Recovery and well being

These areas have been used in addition to the core transformation principles and vision to create the proposed service delivery model for Doncaster.

Doncaster Service Model

When designing the service model it was agreed by the project group that the following key requirements should be a feature of the future Doncaster care model:

- The patient must be at the heart of the design and that wherever possible services should wrap around them in an integrated, coordinated manner to provide holistic care.
- The full range of services in Doncaster are incorporated to ensure that opportunities to integrate and identify efficiencies are not overlooked, even though there may be a phased implementation.
- Maximise the opportunities offered by DCIS Adult Community services to address the parity of esteem issues and support the integration of physical and mental health by establishing integrated pathways/teams to create a forum for multidisciplinary case management of complex patients with multiple long term conditions.
- Deliver an all age model of care, with no distinction or separation on the basis of age alone, which links services together and maintains pathways/specialisms.
- Provide a single point of access into services with appropriate triage and assessment processes to support a positive patient experience.

All of these features have been incorporated into the proposed Doncaster service model as shown in the attached diagram, which demonstrates:

- Access and referral to services via a fully integrated access /assessment service which will build on the existing Single Point of Access for DCIS community services and Mental Health Crisis hub by adding access to the older peoples pathway,
Acute/A&E liaison, rapid response and routine referrals for specialist nurses/pathways of care.

- Neighbourhood service delivery, which is consistent with the geographic boundaries currently utilised by the four one team working (DCIS community services and local authority integrated services) i.e. Central, North, East and South localities. The older people’s mental health services currently closely align to the same locality boundaries. We are currently engaging with Doncaster GP’s in relation to the implementation of the Primary Care Strategy, as alignment with future GP provision boundaries would be preferable.

- Named IAPT, mental health, intermediate care and community nursing staff will work with specific patients registered with the GPs and primary care practices in each of the four localities.

- Long term conditions staff will be allocated to in-reach into localities to work with patients with complex conditions around for example Learning Disabilities, Epilepsy, Cardiac care and Diabetes services.

- A number of borough-wide services, which due to either size or the specialist nature of the service will be delivered across Doncaster. This will also include a number of specialist care pathways such as those for stroke, ADHD, neurological rehabilitation or early intervention in psychosis.

- A number of wards or inpatient areas, which can be accessed by all services on the basis of patient need, will provide a combination of functional, organic and rehabilitation services, covering physical and mental health conditions.

This service model has been agreed by the Doncaster Transformation Project Group.

The staff, activity, resources and finances aligned to each of the services identified are now being confirmed along with the GP practices registered and weighted populations, referral and discharge patterns for each locality to inform future team structure and size.

**Issues**

In order to implement the integrated service model for Doncaster the project group will need to consider and address a number of issues, including:

- Amalgamation of teams, services and staff with different cultures, working styles, ethos, systems and processes.

- Wider stakeholder engagement particularly primary care, local authority and the voluntary sector to deliver integrated services.

- Change of focus to recovery and wellbeing services and the impact this will have on the wider health and social care agenda.
Appendix 3

Rotherham Transformation Project Group Report

Engagement

There have been three rounds of stakeholder engagement involving 650 attendees in 17 cross system events including patients, carers, commissioners, GPs, RDaSH and RMBC colleagues and the voluntary sector. Targeted activities have included special interest groups such as the Alzheimer’s Society; RDaSH groups including the Acute Care Forum, in addition to team and professional meetings e.g. the Rotherham Consultants Group. There have been discussions with commissioner and trust governance groups, including the Rotherham CCG Systems Resilience Group, NHS England and RMBC’s Members Scrutiny Committee.

Events have included staff from the following services mental health, learning disabilities, drug and alcohol and children’s. Incremental change has been introduced where, appropriate. For example, the Learning Disabilities Service has amended their referral criteria from an IQ of 55 to 70 and moved to 7 day working from 8-6 for the Intensive Support Team, in line with commissioner requirements. The Adult Mental Health Service is reducing the numbers in service through the social prescribing pilot and the Older People’s team have disbanded a team to respond to changing demand.

Rotherham Service Model

In order to address stakeholder feedback, improve the quality of services and reduce cost, the key requirements for Rotherham are to:

- **Enable more flexible allocation of resource**, so that care wraps round the patient.
- **Improve flow** through the system, reducing the number of inappropriate referrals into service and supporting more timely discharge out of service to enable more timely access to treatment for those who need it.
- **Utilise specialisms in an MDT approach**; ensuring professionals work within their professional training, maintaining and continuing to develop expertise to meet patient needs whilst removing artificial barriers such as age.

In order to achieve this, the attached model is proposed which provides a:

- First point of contact and triage service, hosted by an established provider to reduce cost through economies of scale and utilisation of call centre technology. Discussions are taking place with the Care Co-ordination Centre based in Rotherham General Hospital. This could provide a stepping stone to an integrated Rotherham health and social care hub which commissioners would like to develop.
- A rapid response team for crisis and new referrals with the capacity to carry out brief interventions with the aim of supporting people to either prevent further deterioration or remove the need for further treatment.
- Two balanced locality based teams. Rotherham has 7 GP localities but there is only enough RDaSH resource to support two locality teams. This mirrors the RMBC structure and the aim is to align our boundaries with social care, sharing premises where possible.
- Borough wide services, either due to their specialist nature or size, working and reporting into localities.
- Integrated social care, initially to be developed for working age adults, across all pathways with the aim of extending to older people and learning disabilities services.
This configuration will support the implementation of a new pathway framework, which is being developed in parallel, informed by service user feedback, good practice within the Trust and elsewhere and NICE guidelines.

There are three clinical streams:
- assessment and brief intervention at the front end to provide a rapid response and the capacity to offer a limited number of interventions for those in immediate need or who would benefit, reducing the numbers requiring secondary care.
- an MDT approach to complex care management for higher intensity, higher risk patients.
- a less medicalised model for longer term recovery and wellbeing for those with more enduring needs.

Issues

The next phase of work to design team and management structures will continue to be undertaken alongside RMBC, as they also review their management structures to ensure delivery of Care Act compliance, while retaining integrated service delivery with RDaSH.

In order to successfully implement the new model and reduce cost over time, there is a reliance on patients needing to be successfully discharged. This requires a change in ethos as well as working practice within RDaSH and across the wider health and social care system, including increasing the focus on recovery and wellbeing.

Steph Watt

Rotherham Programme Manager

Aug 2016
PROPOSED INTEGRATED SERVICE DELIVERY MODEL FOR ROTHERHAM

SOUTH LOCALITY

Initial Point of Contact & Triage
MH & LD

Borough Wide Services

Rapid Response: Crisis
Home Treatment
Hospital Liaison
Criminal Justice
Front Line Social Care

IAPT
Early Intervention
Assessment and Briefing

Complex Care
ICT & Recovery
C6,8,13
CFMME

Longer Term Recovery
C7 & SI C7,11, 12

LD Community Functions
Health Support
OTs

LD: Intensive Support
LD: Psychological Therapies
LD: Speech & Language Therapy
D&A: Treatment
D&A: Recovery (Out to Tender)

North Locality

Wards

Woodlands
Glades
Brambles
Ferns

Swallownest
Goldcrest
Osprey
Sandpiper
Kingfisher

North Locality

Assessment & Brief Intervention
Memory Service

Complex Care
ICT & Recovery
C6,8,13
CFMME

Longer Term Recovery
C7 & SI C7,11, 12

LD: Community Functions
Health Support
OTs

12 of 15
Appendix 4

North Lincolnshire Transformation Project Group Report

Engagement

The transformation programme manager and project support officer, have:

- Facilitated two staff engagement events which were well attended by approximately 70 staff representatives from all services within North Lincolnshire and Drug and Alcohol Services in North East Lincolnshire. Key themes emerged from this, one being improved access to services and from this a working group has been established and a further meeting arranged to begin to implement a Single Point of Access for the Local Authority and all RDaSH services. A RAG (red, amber, green) rated question and response exercise was created to give feedback ranging from high level concerns to general questions and comments.
- Attended three team development days to engage further with staff, provide updates and gain feedback.
- Built links and engaged with carers and have attended a recent local Carers Partnership meeting which included representation from carers who access a variety of services. Following on from this meeting further attendance has been arranged at eight different carers support groups across the place.
- Devised a leaflet for patients and carers; outlining the vision of the service transformation with a feedback form included.
- Facilitated further focus groups for service users and carers, these were attended by individuals who access, Mind, Learning Disability Services and Adult Mental Health Services.
- Contributed to the Listening into Action Big Conversation in Scunthorpe that was attended by Peer Support Workers and patients (service users).
- Invited to the mental health collaborative meeting and have attended regularly, to discuss transformation plans and establish opportunities for further engagement.
- Made links with the Local Authority Adult Information Team and have plans to accompany them to engagement events in the wider community in order to engage with the general public. These events include the Ongo Family Carnival and various local summer fayres.
- Held discussions with senior representatives from the Local Authority with a view to improve working relationships and agreeing common goals to align the two organisational service transformations.
- Established contact with representative from the CCG specifically regarding our links to the on-going work regarding urgent and emergency care, further engagement is planned.
- Participated in the Care Networks perfect fortnight in July 2016 and trialled an integrated Single Point of Access for Older People’s Mental Health services and Adult Mental Health services, whilst it has yet to be fully evaluated there is key learning that we can incorporate into service transformation.

North Lincolnshire Service Model

In order to address stakeholder feedback, improve the quality of services and reduce cost, the key requirements for North Lincolnshire are to:

- **Enable more flexible allocation of resource**, so care wraps round the patient
- **Improve flow** through the system. Have agreed eligibility threshold and criteria into service with a view to reducing the number of inappropriate referrals. Supporting more timely discharge out of service with long term management plans delivered by primary care services within the care networks. Enable more timely access to treatment for those who need it and meet the agreed eligibility criteria with effective signposting to other services for those who don’t. We aim to provide additional
resources into the single point of access to provide clear assessment and short term interventions.

- **Utilise specialisms in an MDT approach** ensuring professionals work within their professional training, maintaining and continuing to develop expertise to meet patient needs whilst removing artificial barriers such as age and geographical area.

In order to achieve this, the attached model is proposed which provides a:

- First point of contact and triage service, hosted by an established provider to reduce cost through economies of scale and utilisation of call centre technology.
- Targeted and Specialist county wide community services, supporting and working into care networks.
- Targeted services based within care networks.
- Universal community based step up and step down support.
- Specialist acute services.

This configuration will support the implementation of a new pathway framework, which is being developed in parallel, informed by patient, carer and staff feedback, good practice within the Trust and NICE guidelines and relevant legislation. There are three clinical streams:

- Assessment and brief intervention at the front end to provide a rapid response and the capacity to offer timely interventions for those in need of a rapid response. This will reducing the numbers of those requiring secondary care.
- An MDT approach to complex care management for higher intensity and higher risk patients. Each discipline will provide interventions according to their specialism.
- A timely discharge from services with a recovery focused management plan. To support the care networks and local communities to meet these needs and become more independent and skilled in promoting wellbeing.

The framework will facilitate multi-disciplinary working across RDaSH specialisms and social care which can be extended to include more integrated working with physical health.

**Issues**

North Lincolnshire Council has recently launched a consultation in relation to social care management structures to ensure delivery of Care Act compliance. Continued engagement and discussion is required over the next few weeks to fully understand the implications on the integration of the social care provision within the attached model.

In order to successfully implement the new model and reduce cost over time, there is a reliance on patients needing to be successfully discharged. This requires a change in ethos as well as working practice within RDaSH and across the wider health and social care system, including increasing the focus on recovery and wellbeing. We are undertaking a project using LiA principles to transfer a number of longer term patients within North Lincolnshire back to the GP services, supported by RDaSH staff. The working group consists of GP Lead, GP’s, practice staff, patient representative, consultant psychiatrist, nurse consultant, non-medical prescriber and a locality manager. Once reviewed with lessons learned it is hoped this could be expanded across the Trust.

**Julie Napolitano**  
North Lincolnshire Transformation Programme Manager

**Louisa Redhead**  
Project Support Officer

*Aug 2016*
PROPOSED INTEGRATED SERVICE DELIVERY MODEL FOR NORTH LINCOLNSHIRE

WEST LOCALITY

IAPT
- Medication management
- Physical health and wellbeing assessment, interventions and signposting
- Non-complex dementia management
- Management of long term conditions
- (Learning disability, psychosis and non-psychosis)
- Care home liaison
- Psychological therapies
- Mental health occupational therapy
- Older people’s mental health physiotherapy

ACCESS TO SERVICES

• Triage
• Mental Health Assessment
• Link to LD Assessment
• Allocation to pathway/signposting out

SOUTH LOCALITY

IAPT
- Medication management
- Physical health and wellbeing assessment, interventions and signposting
- Non-complex dementia management
- Management of long term conditions
- (Learning disability, psychosis and non-psychosis)
- Care home liaison
- Psychological therapies
- Mental health occupational therapy
- Older people’s mental health physiotherapy

Multi-disciplinary mental health inpatient provision
Crisis resolution
Home based treatment
Acute liaison
Urgent response
Discharge co-ordination

Borough Wide Services

- Early interventions in psychosis
- Management of complex and difficult to engage patients
- Complex dementia management
- Learning disability medical and therapy support

EAST LOCALITY

IAPT
- Medication management
- Physical health and wellbeing assessment, interventions and signposting
- Non-complex dementia management
- Management of long term conditions
- (Learning disability, psychosis and non-psychosis)
- Care home liaison
- Psychological therapies
- Mental health occupational therapy
- Older people’s mental health physiotherapy

Wards and Acute Care
The meeting of the Quality Committee was held on 11 August 2016. A summary of discussion and key highlights, assurances, risks and gaps are detailed in the attached paper.

Two key hot spot areas identified are:

- CQC Action Plan
- CQC Re-Inspection Preparation

The Board of Directors is asked to note the update from the Quality Committee on 11 August 2016.
Report from the Quality Committee

Held on 11 August 2016

Alison Pearson
Non-Executive Director

Dr Deborah Wildgoose
Director of Nursing and Quality

August 2016
1. **Introduction**  
This paper is a summary report that captures key messages from the Quality Committee framed around:  
- Highlights  
- Assurance  
- Issues / Risks  
- Future

2. **Highlights**  
- The Quality Committee received a paper on the emerging themes from Quality Reviews undertaken. 14 reviews have commenced during quarter 1, 2016/17, with 2 reviews completed. All areas are engaging well with the Quality Review process and themes highlighted are:  
  - evidence of a high level of caring and compassionate service delivery and demonstrated that personalised and individualised care is being delivered  
  - evidenced examples of good clinical record keeping.  
- The number of restrictive interventions used in June 2016 has reduced to 34, in comparison with 133 in May 2016. The figures are affected by high intensity patients. It was reported that there were significant changes to the patient population in June 2016 and this has impacted on the figures.  
- The closure of IR1’s has been monitored by the Quality Committee since April 2016. At the end of June 2016 the number of unclosed IR1s had reduced to 253, from 811 in May 2016. A verbal update to the Quality Committee reported that at 4 August 2016 the number of unclosed IR1s had further reduced to 72. The Corporate Safety Team continues to work with and support business divisions.  
- The Infection Prevention and Control (IPC) work programme for 2016/17 continues to be implemented, with IPC audits to be undertaken in community teams during quarter 2, 2016/17.  
- The Patient and Public Engagement and Experience Strategy is currently under development and there is to be a new visual approach. A Stop Motion Animation is being developed in partnership with Doncaster Inclusive Centre for Excellence (DICE) and will take into account all the different strands of engagement.  
- Trust staff sickness absence rate in June 2016 is 4.6% against the Trust target of 4.8%. The Trust cumulative sickness absence rate for quarter 1, 2016/17 is 4.7% against the target of 4.8%.  
- Mandatory and statutory training compliance is 89.65% at the end of June 2016, maintaining compliance with the Trust target of 90%.

3. **Assurances**  
- Quality Impact Assessment overview papers will be submitted to each of the three main Commissioners and will include the signed off quality impact assessments for each locality against the quality, innovation, productivity and prevention (QIPP) schemes. The papers will be clear about the impact on the service offered within commissioning intentions and the impact on the quality of care provided.  
- Limited assurance was provided by the CQC Action Plan. The Director of Nursing and Quality and Chief Operating Officer have met with all areas rated as ‘Requires Improvement’ in the September 2015 CQC inspection to check progress with the actions. Work continues to ensure the actions are embedded in services.  
- The update on Duty of Candour provided full assurance, with three open cases reported at the end of June 2016, showing a consistent reduction of open cases during 2016/17. Ongoing scrutiny is required to continue this improvement.  
- A low level of Mental Health Act Medicines Management breaches have been reported, providing high assurance to the Quality Committee.  
- A dashboard has been developed for Professional Leadership. The information demonstrates high assurance that the Trust has good controls in place for referrals to the
Nursing and Midwifery Council (NMC) and that revalidation of nurses is going well and is on track.

4. Gaps

- The Director of Nursing and Quality presented a verbal update on the CQC re-inspection preparation. The Quality Improvement Approach Steering Group has been re-established and is meeting on a two weekly basis with representatives from all services across the Trust. A CQC Hub led by the Director and Deputy Director of Nursing and Quality is being established from August 2016. The CQC Hub is supported by the Head of Quality, the Business Development Manager (Learning Disabilities), the Clinical Director (DCIS Children and Young People) and the Project Support Officer. This is further detailed in Paper L at the Board of Directors on 25 August 2016.
- The updated CQC Action Plan was presented to the Quality Committee. The Business Development Manager (Learning Disabilities) will have oversight of the whole CQC Action Plan to ensure that work being undertaken is captured, including positive areas of development and also outcomes being cross referenced within the action plan. An updated CQC action plan will be presented to the Quality Committee on 8 September 2016. This is further detailed in Paper L at the Board of Directors on 25 August 2016.
- Falls data analysis and planned actions will be presented to the Quality and Safety Sub-Committee on 22 August 2016 and subsequently to the Quality Committee on 8 September 2016.
- Details of the number of shifts at ‘red’ will be included in future Inpatient Safer Staffing minutes. Information of how the shifts have been covered and assurance of safety on the wards also to be included. Verbal assurance that no patients were at risk as a consequence of staffing numbers was provided to the Quality Committee.
- The Community Safer Staffing Report will be developed in line with the national programmes of work.
- Analysis of the 277 WTE vacancies is to be undertaken to identify hotspot areas within the Trust. It was reported that the majority of vacancies are within Adult Mental Health Services and DCIS at Nursing Band 5 and 6 levels.
- Detailed Safeguarding training compliance for both adults and children to be provided to the Quality Committee on 8 September 2016.

5. Risks

- The discussion about Information Management and Technology (extreme risk A10/14) highlighted a potential risk of capacity within the IT department to meet demand
- Limited assurance was provided by the update relating to the Skelbrooke Ward (extreme risk A2/16). Monthly updates will continue to be provided to the Quality and Safety Sub-Committee and the Quality Committee.
- A risk has been added to the Risk Register in July 2016 in relation to learning from complaints and serious incidents (extreme risk NQ1/16). The Quality Committee has highlighted that learning from complaints and serious incidents is not robust. Updates on learning lessons will continue to be reported to the Quality Committee.
- Themes from the Quality Reviews undertaken highlighted the following potential risks:
  - Monitoring of patient records
  - Communication and cascading information
  - Embedding of the lone working policy.
- Preliminary findings from two divisions within the Trustwide Care Records Audit were reported to the Quality Committee, with risks highlighting a lack of documented evidence of:
  - Assessment
  - Recording of capacity
  - Provision of care plans to patients

The Clinical Audit department are working with business divisions to conclude the reports, identify learning and support the implementation of actions.
A decline in PDR levels has continued, with the Trust continuing to report a compliance level of 69% in June 2016, the same as May 2016. Compliance levels and mitigations will continue to be reported to the People Sub-Committee and included within the metrics for the Quality Committee.

6. Future
- The revised Quality Improvement Report will be presented to the Quality Committee on 8 September 2016.
- Updates on the CQC preparation will be presented to the Quality Committee.

7. Clinical Policies and Standard Operating Procedures Approved by Sub-Committees
- The following Policies were approved by Sub-Committees in August 2016:
  - St John’s Hospice In-Patient Out of Hours First Call Policy
  - Transition of Young People (12-19 Yrs) from Child Centred to Adult Oriented Services Policy
  - Animals in Health Care Settings: Care and Management Policy
  - Dysphagia Management Policy
  - Escorting (Forensic Service) Patients Policy
  - Eliminating Mixed Sex Accommodation Policy

- The following Standard Operating Procedures (SOPs) were approved by Sub-Committees in August 2016:
  - Mobile Phone Use on Switchboard for deaf/hard of hearing service users Standard Operating Procedure
  - Control of Airlock Standard Operating Procedure
  - Mobile Phone Standard Operating Procedure
  - Pornographic and Sensitive Material Standard Operating Procedure
  - Absent Without Leave Standard Operating Procedure
  - Fingerprint Access Standard Operating Procedure
  - Manage Prohibited and Restricted Items Standard Operating Procedure

8. Recommendation
The Board of Directors is asked:
- To note the update from the Quality Committee on 11 August 2016.
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<tr>
<th>Committee Name</th>
<th>Board of Directors</th>
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<td>Agenda Item</td>
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<td>Date</td>
<td>25 August 2016</td>
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<tr>
<td>Title of Paper</td>
<td>Summary Report from Mental Health Legislation Committee</td>
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<td>Action Required</td>
<td>Decision</td>
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<tr>
<td>Prepared by</td>
<td>Debbie Smith, Chief Operating Officer</td>
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<td>Presented by</td>
<td>Mike Smith Non-Executive Director</td>
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<td>Delivery against</td>
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<td>CQC Domain</td>
</tr>
<tr>
<td>Financial/Budget</td>
<td>Financial considerations are considered as part of individual actions</td>
</tr>
<tr>
<td>Equality &amp; Diversity</td>
<td>All activities of the Mental Health Legislation Committee are considered in accordance with the Trust’s Equality and Diversity policies and processes.</td>
</tr>
<tr>
<td>Previously Presented to</td>
<td>Board of Directors</td>
</tr>
</tbody>
</table>
| Background / Key Points / Outcome | The meeting of the Mental Health Legislation Committee was held on 3 August 2016. A summary of discussion and key highlights, assurances, risks and gaps are detailed in the attached paper. Two key hot spot areas identified are:  
  - CQC Action plan  
  - Ethnicity/ Protected Characteristic Data  
  The Board of Directors is asked to note the update from the Mental Health Legislation Committee on 3 August 2016. |
Summary Report from 3 August Mental Health Legislation Committee

Debbie Smith
Chief Operating Officer

August 2016
1. Introduction

This paper is a summary report that captures key messages from the Mental Health Legislation Committee, framed around:

• Highlights
• Assurance
• Issues / Risks
• Future

2. Highlights

Highlight discussions took place relating to the following:

• How informatics can provide support to the MHA office to improve the level of data received relating to gender, ethnicity and other protected characteristics particularly for those detained under the Act. Richard Banks, Executive Director of Informatics, agreed to lead this piece of work.

• The Mental Health Act approvals functions was discussed in relation to future tendering opportunities and an action plan was agreed.

3. Assurances

• The Mental Health Legislation Sub Group report was presented which provided the quarter one dashboard. This highlighted mental health activity across all areas, there were no areas for concern but at this stage still provides limited assurance due to further work required on ethnicity and protected characteristic data.

• The Committee reviewed the restrictive interventions data which gave ‘significant assurance’ that we are reducing the use of these interventions. The data is showing a positive downward trend which is linked to enhanced training and raised awareness with staff.

• CQC MHA visit report provided the group limited assurance as there are still a number of outstanding issues which need to be addressed relating CQC visits. It was agreed that this will be the main agenda item for the next Mental Health Legislation Sub Group who will address each action individually to seek assurance of completion dates.

• Mental Capacity Act update provided significant assurance that work is positively continuing with ensuring the Act is applied correctly across the organisation. Additionally, two further workshops supported by Brown Jacobson are to held for staff during October 2016.
A successful TAMs Forum was held during July, the issue of indemnity for hospital managers was raised. Since the meeting it has been clarified that hospital managers do have indemnity cover by the Trust.

4. Gaps

The completion of the CQC action plan was raised as a gap due to outstanding issues within. It was agreed this was a priority for the Mental Health Legislation Sub Committee to address.

Ethnicity data was noted as remaining a gap, however, this was raised through discussion and Richard Banks agreed to take this forward.

5. Risks

It was noted that the CQC action plan remains a risk however work was agreed to mitigate this.

The lack of robust data around ethnicity and protected characteristics was highlighted as a risk for which a plan is been pulled together.

6. Clinical Policies and Standard Operating Procedures Approved by Sub-Committees

• The following Policies were approved in August 2016:

• Policy and Guidance on the Management of Leave for Inpatients (including Section 17 Guidance)

7. Recommendation

The Board of Directors is asked:

• To note the update from the 3 August Mental Health Legislation Committee.
### Background / Key Points / Outcome

- The assurances provided via the Committee in Section 1 of this report.
- The key risks discussed at the Committee as highlighted in Section 2 of this report.
- The updated information provided in Section 3 of the report.
1. Assurances

1.1 The Financial position as at Month 04 for the Financial Year 2016/17

Appendix 1 attached to this report summarises the Month 04 financial position as discussed at the Committee. The key messages are as follows:

- A surplus before technical adjustments of £457k – above the plan of £443k;
- An EBITDA of 5.54%;
- A financial rating as assessed by NHS Improvement of 4 – The strongest financial rating and in line with the plan;
- From October 2016 the Trust will be shadow monitored on a new financial rating linked to the single oversight framework. The Trust position will be reported to the Board from the shadow date and this rating will replace the current rating on a live basis from April 2017;
- A cash balance of £26.2m against a target of £22.7m;
- Capital expenditure of £536k against a target plan of £741k. The Trust will complete a mid-year review of capital spend in September and will revise the year-end forecast if necessary; and
- A charitable funds balance of £2.762m.

The Trust currently has a plan to deliver a year-end surplus of £1.65m which based on the Month 04 performance is forecast to be achieved on the assumption that the agreed Sustainability and Transformation Funding (STF) of £950k is received from NHS Improvement.

1.2 CAMHS Rotherham Progress Monitoring Report

At the meeting on the 18th August the Committee received an update from the Rotherham CAMHS service. It was agreed that the transformation of the service is an on-going process but the Committee received some positive assurances as follows:

- The new service model had been launched on 1st June 2016 and there was evidence of positive partnership working with services and agencies across Rotherham. Regular meetings are now held with Rotherham FT, Healthwatch, the Head Teachers Forum and Rotherham Parents Forum;
- Issues over data inputs and outputs had now been significantly resolved;
- There has been a successful recruitment of staff and a reduction in the reliance on agency staff, (down from 16 to 2);
- Positive feedback and compliments being received from service users and their families;
- Since the last report a significant reduction in sickness and absence levels across the service has occurred;
- There has been a reduction in the overall waiting list for the service and an increase in the number of service users waiting seen within 6 weeks;
- The Division is in a better than forecast financial position and is maintaining a surplus.

It was agreed by the Committee that the service had made significant progress and that if this continues there would be no further need for any formal updates to the Committee, but the service will continue to be monitored by EMT and the Committee will continue to monitor key indicators.

1.3 Reference Costs 2015/16

The Committee received a report detailing the outcome of the reference cost exercise completed for the year ending 31st March 2016. The key messages are that the Trust ended the year with a
reference cost index of 96.24 where the national average for similar Trusts is 100. This means that the Trusts cost base is below the overall national average. In relation to the Mental Health clusters the Trust costs are average or better with the exception of the older people’s inpatient clusters where further work will be completed to understand the options to increase bed occupancy.

1.4 Compliance with NHS Improvement national targets (previously Monitor targets).

The Committee received a report showing that at month 04 the Trust is fully compliant with all the NHS Improvement national targets. This is attached as Appendix 2 for information.

2. Risks

The Committee discussed the following risks:

2.1 Agency spend

As at the end of July 2016 the Trust has spent £2.2m on agency staffing which is a total of 5.4% of the July pay bill. If expenditure continues at the same rate to the year-end then, although total agency spend will have reduced from the 2015/16 out turn position, the agency cap set by NHS Improvement for the year will be breached by January 2017. The main areas of agency spend are as follows:

- Adult MH Services
  Cover for Consultant and Junior Doctor vacancies;
  Cover to maintain safe staffing levels on inpatient wards in difficult to recruit areas; and
  Cover for social workers to cover clinical risk.

- CAMHS – Difficulty to recruit to Consultant posts

- LD – Difficulty recruiting to a specialist post

Work is on-going through the listening into action group to look at ways to reduce agency costs in these areas and across the Trust overall.

2.2 Performance hotspots

a) CAMHS Rotherham and Doncaster waiting times

In Rotherham the current waiting times are:

- Referral to assessment within 21 days -30% against a target of 95%
- Referral to treatment within 8 weeks – 48% against a target of 95%

These waiting times are showing an improvement from previous months and some agency staff have been retained until September to manage the work load until the newly recruited staff are fully trained.

In Doncaster the current waiting times are:

- Referral to assessment within 4 weeks -62% against a target of 95%
- Referral to treatment within 8 weeks – 92% against a target of 95%

There has been a reduction in the Doncaster 4 week referral to assessment target performance in July and a meeting has been arranged with the team to agree what actions need to be taken to improve performance.
b) Dietetics 18 week waiting time target
The service experienced a significant increase in referrals in May and June and this resulted in 5 breaches of the 18 week target. The service has had no breaches in July but the position will continue to be monitored.

c) IAPT services – Rotherham 6 week referral to treatment target of 75%
Although the IAPT target has been achieved overall for the Trust at Month 04, Rotherham is still below target at 62.9%. The service has recruited additional staff to improve performance and is targeting achievement of the 75% by the middle of September.

d) Doncaster Older Peoples referral to treatment target within 8 weeks
This continues to be challenging. The current performance is 80.5% against a target of 95%. The key issue continues to be delays in access to diagnostic services at the Acute Trust. This will be raised at the next contract meeting with the Trust and the Acute Trust.

3. Pharmacy Recruitment

The Committee were pleased to note that the recruitment of pharmacy staff as approved in the June 2016 Business Case, was now fully underway, after the initial delays following Business Case approval. The Committee agreed to receive a further report on the overall recruitment process and any lessons learned for future purposes upon the conclusion of the current recruitment.

4. Recommendation

The Board of Directors are asked:

1) To note the updates and assurances provided in section 1 of the report;

2) To note the risks and mitigations detailed in section 2 of the report; and

3) To note the current position on section 3 of the report.
## Corporate Overview

### Financial Performance - 1st April 2016 to 31 July 2016

<table>
<thead>
<tr>
<th></th>
<th>31 July 2016</th>
<th></th>
<th>Variance</th>
<th>31 March 2017</th>
<th></th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan £m</td>
<td>Actual £m</td>
<td></td>
<td>Plan £m</td>
<td>Actual £m</td>
<td></td>
</tr>
<tr>
<td><strong>Trading Position</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td>52.0</td>
<td>52.5</td>
<td>0.5</td>
<td>157.5</td>
<td>157.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Expenditure</td>
<td>-49.1</td>
<td>-49.6</td>
<td>-0.5</td>
<td>-148.4</td>
<td>-148.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Interest, Depreciation and Dividends Paid</td>
<td>-2.5</td>
<td>-2.5</td>
<td>0.0</td>
<td>-7.4</td>
<td>-7.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Retained Surplus / (Deficit) before impairment</td>
<td>0.4</td>
<td>0.5</td>
<td>0.0</td>
<td>1.7</td>
<td>1.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Impairment / Loss on Disposal</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Retained Surplus / (Deficit) after impairment</td>
<td>0.4</td>
<td>0.4</td>
<td>0.0</td>
<td>1.7</td>
<td>1.7</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Key Exceptions:**

### Balance Sheet

- Long Term Assets (non-current) 94.1 93.9 -0.2 95.8 95.8 0.0
- Net Current Assets / Liabilities 7.3 7.4 0.1 6.4 6.4 0.0
- Long Term Liabilities (non-current) -18.4 -18.3 0.1 -18.0 -18.0 0.0

Total Assets Employed 83.0 83.0 0.0 84.2 84.2 0.0

**Key Exceptions:**

### Liquidity

Cash at Bank and in Hand 22.7 26.2 3.5 21.8 21.8 0.0

**Key Exceptions:**

### Capital Investment

Depreciation and PDC funded Schemes -0.7 -0.5 0.2 -4.9 -4.9 0.0

Total Capital Investment -0.7 -0.5 0.2 -4.9 -4.9 0.0

**Key Exceptions:**

### Key Performance Against Terms of Authorisation

<table>
<thead>
<tr>
<th></th>
<th>31 July 2016</th>
<th></th>
<th>31 March 2017</th>
<th></th>
</tr>
</thead>
</table>
|                      | Plan %       | Actual | Plan %       | Forecast%
| EBITDA Margin        | 5.63%        | 5.54% | 5.20%        | 5.20%
| Financial Sustainability Risk Rating | 4 | 4 | 4 | 4 |

**Notes**

- Green = Compliant
- Red = Not Compliant
Monitor Compliance 2016 / 17

Finance, Performance and Information Committee

Data to July 2016

V 3 FPIC 18th August 2016
## Monitor Targets and Indicators Summary Compliance as at July 2016

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1 16/17 (to date)</th>
<th>Q2 16/17 (to date)</th>
<th>Q3 16/17 (to date)</th>
<th>Q4 16/17 (to date)</th>
<th>Exceptions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPA 7 Day Follow Up</strong></td>
<td>95%</td>
<td>100.0%</td>
<td>98%</td>
<td></td>
<td></td>
<td>Achieving target to date, however there was one breach in Doncaster due to an individual who was homeless. The patient was seen but beyond the 7 day window.</td>
</tr>
<tr>
<td><strong>CPA 12 Month Reviews</strong></td>
<td>95%</td>
<td>95.6%</td>
<td>95.60%</td>
<td></td>
<td></td>
<td>Although the trust is achieving this target, Rotherham is slightly below. Actions are in place and compliance is forecast to improve in Q2. North Lincs has now achieved compliance.</td>
</tr>
<tr>
<td><strong>Gatekeeping Admissions</strong></td>
<td>95%</td>
<td>97.7%</td>
<td>95%</td>
<td></td>
<td></td>
<td>Achieving target to date.</td>
</tr>
</tbody>
</table>

### CPA 7 Day Follow Up
- **2016/17 CPA 7 Day Follow Ups**
- **% F/Up contact within 7 days of discharge**
- **Target**

### CPA 12 Month Reviews
- **CPA 12 Month Reviews**
- **Having formal review within 12 months.**
- **Target**

### Gatekeeping
- **Gatekeeping**
- **% CRHT Gate Keeping admissions**
- **Target**
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1 16/17 (to date)</th>
<th>Q2 16/17 (to date)</th>
<th>Q3 16/17 (to date)</th>
<th>Q4 16/17 (to date)</th>
<th>Exceptions/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention in Psychosis:</td>
<td>50%</td>
<td>78.0%</td>
<td>76.70%</td>
<td></td>
<td></td>
<td>Achieving target to date.</td>
</tr>
<tr>
<td>IAPT - People with common MH conditions</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>referred to the IAPT programme will be treated within 6 weeks of referral</td>
<td></td>
<td>IAPT 6 Weeks Waiting Times</td>
<td>77.2%</td>
<td>81%</td>
<td></td>
<td>Doncaster and North Lincs IAPT waiting times are compliant, however Rotherham compliance declined in July to 62.4%. This poses a key risk to Q2 Monitor Compliance and a remedial action plan is in place. The service are currently achieving the planned recovery trajectory and as at the 11 August are achieving 65%</td>
</tr>
<tr>
<td>IAPT - People with common MH conditions</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>referred to the IAPT programme will be treated within 18 weeks of referral</td>
<td></td>
<td>IAPT 18 Weeks Waiting Times</td>
<td>98.1%</td>
<td>99.6%</td>
<td></td>
<td>Achieving target to date.</td>
</tr>
<tr>
<td>Minimising MH Delayed Transfers of Care</td>
<td>≥7.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Achieving target to date</td>
</tr>
</tbody>
</table>
## Monitor Targets and Indicators Summary Compliance as at July 2016

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Q1 16/17 (to date)</th>
<th>Q2 16/17 (to date)</th>
<th>Q3 16/17 (to date)</th>
<th>Q4 16/17 (to date)</th>
<th>Exceptions/Comments</th>
<th>Position to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Completeness Identifiers (NHS Number, DoB, Postcode, Gender, Registered GP, Commissioner Code from MHLDMDS)</td>
<td>97%</td>
<td>Data Completeness Identifiers</td>
<td>99.0%</td>
<td>99.6%</td>
<td></td>
<td>Achieving target to date</td>
<td></td>
</tr>
<tr>
<td>Outcomes for patients on CPA (Employment status, settled accommodation, HoNOS assessment last 12 months)</td>
<td>50%</td>
<td>Outcomes for patients on CPA</td>
<td>92.4%</td>
<td>90%</td>
<td></td>
<td>Achieving target to date</td>
<td></td>
</tr>
<tr>
<td>Data Completeness from CIDS - Referral to Treatment Info: Consultant led &amp; AHP</td>
<td>50%</td>
<td>RTT</td>
<td>96.4%</td>
<td>99.2%</td>
<td></td>
<td>Achieving target to date</td>
<td></td>
</tr>
<tr>
<td>Data Completeness from CIDS - Community Treatment Activity Referral Info</td>
<td>50%</td>
<td>Referral Info</td>
<td>100.0%</td>
<td>100%</td>
<td></td>
<td>Achieving target to date</td>
<td></td>
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<tr>
<td>Data Completeness from CIDS - Care Contact Activity</td>
<td>50%</td>
<td>Activity</td>
<td>99.40%</td>
<td>99.30%</td>
<td></td>
<td>Achieving target to date</td>
<td></td>
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<tr>
<td>Monitor Compliance 2016 / 17 Detail</td>
<td>WT</td>
<td>Target</td>
<td>Apr-16</td>
<td>May-16</td>
<td>Jun-16</td>
<td>Jul-16</td>
<td>Aug-16</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----</td>
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<td>--------</td>
<td>--------</td>
<td>--------</td>
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<td>Discharges</td>
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<td></td>
<td></td>
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<tr>
<td>Follow Ups</td>
<td>1.0</td>
<td>95%</td>
<td>42</td>
<td>40</td>
<td>40</td>
<td>43</td>
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<tr>
<td>% F/Up contact within 7 days of discharge</td>
<td></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>97.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Having formal review within 12 month’s.</td>
<td></td>
<td>95%</td>
<td>95.8%</td>
<td>95.4%</td>
<td>95.6%</td>
<td>95.5%</td>
<td></td>
</tr>
<tr>
<td>Minimising MH Delayed Transfers of Care</td>
<td>1.0</td>
<td>≤7.5%</td>
<td>5.6%</td>
<td>6.4%</td>
<td>5.4%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td></td>
<td>90%</td>
<td>76</td>
<td>72</td>
<td>72</td>
<td>60</td>
<td></td>
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<tr>
<td>Gatekept</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CRHT Gate Keeping admissions</td>
<td></td>
<td>100.0%</td>
<td>95.8%</td>
<td>100.0%</td>
<td>95.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td>16</td>
<td>31</td>
<td>46</td>
<td>61</td>
<td>77</td>
<td>93</td>
</tr>
<tr>
<td>New cases</td>
<td>1.0</td>
<td>95%</td>
<td>12</td>
<td>39</td>
<td>71</td>
<td>104</td>
<td>135</td>
</tr>
<tr>
<td>% New psychosis cases by EI Teams</td>
<td></td>
<td>75.0%</td>
<td>125.8%</td>
<td>154.3%</td>
<td>170.5%</td>
<td>175.6%</td>
<td>179.6%</td>
</tr>
<tr>
<td>All IAPT patients waiting</td>
<td>1.0</td>
<td>75%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All IAPT patients seen within 6 weeks</td>
<td></td>
<td>1314</td>
<td>1117</td>
<td>1182</td>
<td>1238</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% IAPT treated within 6 weeks of referral</td>
<td></td>
<td>965</td>
<td>891</td>
<td>927</td>
<td>999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All IAPT patients waiting</td>
<td></td>
<td>73.4%</td>
<td>79.8%</td>
<td>78.4%</td>
<td>80.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All IAPT patients seen within 18 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% IAPT treated within 18 weeks of referral</td>
<td></td>
<td>1301</td>
<td>1106</td>
<td>1172</td>
<td>1233</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EI Number of new EI referrals</td>
<td>1.0</td>
<td>50%</td>
<td>46</td>
<td>47</td>
<td>38</td>
<td>43</td>
<td></td>
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<tr>
<td>No treated with NICE approved care package in 2 weeks</td>
<td></td>
<td>36</td>
<td>36</td>
<td>29</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% treated with NICE approved care package in 2 weeks</td>
<td></td>
<td>78.3%</td>
<td>76.6%</td>
<td>76.3%</td>
<td>76.7%</td>
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</table>
### Monitor Compliance 2016 / 17 Detail

#### DONCASTER

<table>
<thead>
<tr>
<th>Metric</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Q1 16/17</th>
<th>Q2 16/17</th>
</tr>
</thead>
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## Monitor Compliance 2016 / 17 Detail

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### MANCHESTER

| Category                                                   |          |        |        |        |        |        |        |        |        |        |        |        |        |        |          |          |
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| EI Number of new EI referrals                             | 27       | 37     | 26     | 30     |        |        |        |        |        |        |        |        |        |          |          |
| New EI referrals treated with a NICE approved care package within 2 weeks | 20       | 28     | 17     | 22     |        |        |        |        |        |        |        |        |        |          |          |
| % treated with a NICE approved care package within 2 weeks | 74.1%    | 75.7%  | 65.4%  | 73.3%  |        |        |        |        |        |        |        |        |        |          |          |

Page 8
## Monitor Compliance 2016 / 17 Detail

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<td>Equality &amp; Diversity</td>
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<td>The removal of the restrictions for those wishing to stand as governors provides greater opportunity for more people to become governors.</td>
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**Background / Key Points / Outcome**

The Constitution is the document that sets out the rules and procedures within which the Trust will operate. Its key sections cover the establishment and composition of the Board of Directors, Council of Governors and the Membership of the Trust. The rules for the meetings of these groups and the elections of to the Council of Governors are also included.

Any changes to the Constitution must be approved by both the Council of Governors and the Board of Directors – by the majority of Directors and Governors voting at the respective meetings.

Over the course of the last quarter a number of issues have been raised that need a change to the Constitution.

1. Restrictions on who can perform the role of a governor

During the recent Listening into Action conversations and as part of the recent round of elections, the question of restrictions was raised. The Constitution includes a number of restrictions over who can be a governor – several of them represent the law and therefore they cannot be changed. However there are some exceptions to this and they represent ‘local’ rules. Within Annex 6 – Additional Provisions: Council of Governors there is a clause that excludes individuals that have, within the last five years, been subject to an order made under Sections 36, 37, 38, 39, 40 or 41 of the Mental Health Act 1983.
The Trust’s Mental Health Legislation Committee (MHLC) reviewed this and concluded that the sole purpose of the order is to ensure that the offender receives the medical care and attention which he needs…” - R v Birch [1989]

Whilst the above does not mean that all hospital order patients will make suitable governors that is exactly the same as those detained under the civil sections of the MHA. Additionally, those subject to restriction either under the direction of the Responsible Clinician (section 17 leave) or the Ministry of Justice (restricted patients) may not be able to attend meetings in the normal way but clearly there are alternatives. On this basis hospital order patients, who wish to stand as potential governors (and who are not excluded by way of the other exclusions listed or any other exclusion elsewhere in the constitution) should be considered on a case by case basis to ensure the individual is able to undertake the role.

The Mental Health Legislation Committee therefore recommended the removal of that restriction as stated in the Constitution. The Board of Directors discussed this in June and provided its support to the change. Following the presentation and approval from the Council of Governors on 11 August 2016, the Board of Directors is asked to formally approve this change to the Constitution.

The relevant section of the Constitution including the proposed change is shown in the attached paper.

2. Board of Director Committees

The Standing Orders of the Board of Directors (Annex 8 of the Constitution) set out the rules relevant to the Board of Directors. Under section 5.8, there is a listing of the Board’s Committees, to who powers can be delegated. Given the recent changes to the governance structure at the Trust this section needs updating to also reflect the establishment of the Finance, Performance and Informatics Committee and the Quality Committee.

3. General changes

There are references within the Constitution to job titles, committee names, and external bodies. All will be updated within the revised document.

The Board of Directors is asked to note the approval by the Council of Governors and approve the changes to the Constitution as described above.

Future Changes

The Constitution will continue to be reviewed to ensure it remains accurate and reflective of the rules and powers of the Trust, The Board of Directors, the Council of Governors and the Membership. Three areas where consideration is being given to changes are listed below:

Whilst the Transformation work continues at the Trust consideration will be given to the composition of the Council of Governors and in particular the 'place based' arrangements that will be brought in by the new Care Group Structure. This may afford the opportunity or requirement for changes to the service user / carer and staff constituencies.
The introduction of electronic voting for Governor elections (as an alternative to the current postal voting)

Fit and Proper Person – to ensure that the Constitution reflects the process by which Directors, and where appropriate Governors, are on appointment and throughout their term of appointment, maintaining their status as Fit and Proper Persons.

The Board of Directors and the Council of Governors will be given full opportunity to contribute to these and any other proposed changes to the Constitution.

The Board of Directors is asked to note the possible future changes to the Constitution.
Council of Governors: Removal and Disqualification

A Governor shall not be eligible to become or continue in office as a Governor if:

- he ceases to be eligible to be a Member, save in the case of Appointed Governors;
- in the case of an Appointed Governor, the appointing organisation withdraws its appointment of him;
- any of the grounds contained in paragraph 14 of the Constitution apply to him;
- he has within the preceding two years been lawfully dismissed otherwise than by reason of redundancy or ill health from any paid employment;
- he is a person whose term of office as the chairman or as a member or director of a health service body has been terminated on the grounds that his continuance in office is no longer in the best interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;
- he has had his name removed from any list maintained pursuant to Parts 4 - 7 of the 2006 Act and has not subsequently had his name included in such a list;
- he has failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act;
- he is subject to a direction made under Section 142 of the Education Act 2002;
- he is a member of any Overview and Scrutiny Committee established under the Local Government Act 2000 with responsibility for, or whose powers extended to, the services provided by the Trust;
- NHS Improvement has exercised its powers to remove him as a Governor of the Trust or has suspended him from office or has disqualified him from holding office as a Governor of the Trust for a specified period or NHS Improvement has exercised any of those powers in relation to him on any other occasion whether in relation to the Trust or some other NHS Foundation Trust;
- he has received a written warning from the Trust for verbal and/or physical abuse towards Trust staff;
- his term of office is terminated pursuant to section 4 below;
- he is a Member of a Staff Class and any professional registration relevant to his eligibility to be a Member of that Staff Class has been suspended for a continuous period of more than six months; or
- the relevant organisation which he represents has ceased to exist
- he is an individual who is or who has within the preceding period of five years been subject to:
  - an Order made under Sections 36, 37, 38, 39, 40 or 41 of the Mental Health Act 1983; or
- o he is an individual who has at any time been subject to the notification requirements under Part 2 of the Sexual Offences Act 2003 or a Sex Offenders Order made under the Crime and Disorder Act 1998 as amended.
- information revealed by a Disclosure and Barring Service (DBS) check is such that it would be inappropriate for him to become or continue as a Governor on the grounds that this would adversely affect public confidence in the Trust or otherwise bring the Trust into disrepute

For Information – one of the points above refers to Paragraph 14 of the Constitution – this is presented below:


14.1 An Elected Governor shall hold office for a period of 3 years.
14.2 An Elected Governor shall cease to hold office if he ceases to be a Member of the Constituency or Class by which he was elected.
14.3 An Elected Governor shall be eligible for re-election at the end of his term, subject to the provisions of section 1.2 of Annex 6.
14.4 An Appointed Governor shall hold office for a period of 3 years and shall be eligible for re-appointment at the end of that term, subject to the provisions of section 1.2 of Annex 6.
14.5 Further provisions relating to a Governor’s tenure of office are set out in Annex 6.
## Committee Name
Board of Directors

## Agenda Item
L

## Date
25 August 2016

## Title of Paper
CQC Re-inspection Preparation Update

## Prepared by
Dr Deborah Wildgoose, Director of Nursing and Quality  
Iona Johnson, Business Development Manager

## Presented by
Wendy Joseph, Deputy Director of Nursing and Quality

### Delivery against

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### Financial/Budget
Financial implications are considered as part of the individual actions.

### Equality & Diversity
All activities of the Nursing and Quality Directorate are considered in accordance with the Trust’s Equality and Diversity policies and processes.

### Previously Presented to
Not applicable

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### Background / Key Points / Outcome

- The Care Quality Commission will undertake a planned re-inspection of Trust services on 10 October 2016.
- A CQC Hub has been established to ensure that there is sufficient support in place for the Trust’s clinical services in preparing for this planned re-inspection.
- This paper provides an update on the ‘hot spot’ areas identified in Board of Directors Paper G – Quality Committee Report.
CQC Re-Inspection Preparation Update

Dr Deborah Wildgoose
Director of Nursing and Quality

Iona Johnson,
Business Development Manager

August 2016
1. **Introduction**

Following a Trust-wide inspection from the Care Quality Commission (CQC) in September 2015, in which the organisation received an overall rating of ‘Requires Improvement’, the Trust has been notified that the CQC will return to undertake a planned re-inspection on 10 October 2016. The inspection will focus on the ‘Well-Led’ Key Line of Enquiry and there will also be unannounced inspections in a number of services including the following four services that received a service-level rating of ‘Requires Improvement’:

- Learning Disability community services
- CAMHS
- Adult Mental Health community services
- Drug and Alcohol services

This paper outlines plans that have been developed to ensure that there is sufficient support in place for the Trust’s clinical services in preparing for this planned re-inspection.

2. **Key Themes**

Key improvement themes raised in the service level and Trust-wide reports following the September 2015 inspection were in the areas of:

- Duty of Candour
- Information Technology systems
- Care Planning
- Risk Assessment
- Medicines Management
- Mandatory and Statutory Training
- Culture and Attitude

In addition, the following key themes have arisen from national guidance implemented since the previous inspection and will therefore also form a focus of the preparation:

- Accessible Information Standard
- Equality Delivery System 2 (EDS2)

3. **Preparation**

The following preparation has already been undertaken by the Nursing and Quality Directorate:

- Initial meetings between the CQC and the Trust on 23 June 2016 and 5 August 2016 attended by:
  - Martin Grinold – CQC Inspector
  - Jennifer Jones – CQC Inspection Manager
  - Jenny Wilkes – CQC Head of Inspection
  - Dr Deborah Wildgoose – Director of Nursing and Quality
  - Wendy Joseph – Deputy Director of Nursing and Quality
  - The key messages from these meetings have been:
    - There will be a focus services previously rated as requiring improvement overall or in one of the key lines of enquiry.
    - There will be provider information returns (PIRs) to complete for services to be inspected but these will be on smaller scale than for the previous inspection.
    - Services inspected will receive revised reports and ratings based on the recent inspection.
    - The Trust’s Quality Report will be updated following the Well-Led focussed inspection.
  - The next meeting is scheduled for 7 September 2016.

- Update and distribution of Fundamental Standard Booklet to all staff.

- Reinstatement of Quality Improvement Approach Steering Group
  - The Group will share information about the detail of the inspection in each service area as relevant and support operational staff to prepare in their services via this forum.
• Completion of Key Lines of Enquiry Self-Assessments
  o The business divisions are currently in the process of completing self-assessments of their services, using the service groupings that were used by the CQC when they undertook the inspection in September 2015.
• Inception of a ‘CQC Hub’ that will be responsible for coordinating the Trust’s preparation and support to clinical services. The following people have been allocated to this Hub:
  o Wendy Joseph, Deputy Director of Nursing (0.2wte)
    ▪ Responsible for leading and oversight of team
  o Karen Cvijetic, Head of Quality (1.0wte)
    ▪ Responsible for CQC Relationship Management and Information Returns
  o Iona Johnson, Business Development Manager (0.2wte)
    ▪ Responsible for corporate and strategic preparation
  o Barbara Symonds, Clinical Director (0.4wte)
    ▪ Responsible for overall operational preparation
  o Tania Linden, Service Manager (0.2wte)
    ▪ Responsible for supporting operational preparation.
  o Jan Grindell, Project Support Officer (1.0wte)
    ▪ Responsible for overall coordination and administration
• A Live workplan has been developed to map the work of this team, the latest version of this is provided at Appendix A. Key points to note from the workplan are:
  o CQC Action Plan
    ▪ The current, Phase 1, Action Plan is to be updated to ensure emphasis on the following key areas of assurance:
      • Triangulation of actions where these have arisen as themes throughout the reports.
      • Evidence provided.
      • Actions taken that exceed the requirements or recommendations made by the CQC.
      • The oversight of these actions in the Trust’s governance systems and processes.
    ▪ A Phase 2 Sustainable Improvement Plan will be produced following sign off of the Phase 1 action plan that focusses on embedding improvements, themes and triangulation of work that has been completed across the organisation.
  o CQC Communications Plan
    ▪ Will provide a structured approach to communications with stakeholders across the organisation including front line staff, managers, Sub-Committees of the Board of Directors and the Board of Directors.
  o CQC Focus Areas Position Statement
    ▪ Will focus on themes identified in Section 2 above and provide a position statement in relation to each together with evidence of actions taken by the Trust.

4. Conclusion and Next Steps
The next steps for the CQC Re-inspection preparation will be as follows:
• As detailed above:
  o Update of CQC Action Plan
  o Completion of Communications Plan
  o Completion of CQC Focus Areas Position Statement
• The CQC Hub Work Plan at Appendix A is a live document and therefore will be continually updated and further workstreams are identified.

8. Recommendation
The Board of Directors is asked:
• To note the update regarding CQC Re-inspection Preparation.
In order to ensure that the services across the organisation have adequate support from the Nursing and Quality Directorate in advance of the planned CQC Inspection in October 2016, a CQC Hub has been established. The purpose of the Hub to provide a coordinated approach to ensuring support for the Trust in advance of the inspection while maintaining continual communication regarding this approach across the Trust and to the Board of Directors. The Work plan below is a live document which aims to collate the work packages of the team into one place and provide a visual update on timescales and progress to date.

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible</th>
<th>Status</th>
<th>Week Commencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish CQC Hub</td>
<td>Dr Deborah Wildgoose, Director of Nursing and Quality</td>
<td>Complete</td>
<td>15-Aug 22-Aug</td>
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<tr>
<td>Establish CQC Hub Team as follows:</td>
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<td>29-Aug 05-Sep</td>
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<tr>
<td>- Wendy Joseph, Deputy Director of Nursing (responsible for leading and oversight of team)</td>
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<td></td>
<td>12-Sep 19-Sep</td>
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<tr>
<td>- Karen Cvijetic, Head of Quality (responsible for CQC Relationship Management and Information Returns)</td>
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<td>03-Oct 26-Sep</td>
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<tr>
<td>- Iona Johnson, Business Development Manager (responsible for corporate and strategic preparation)</td>
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<td></td>
<td>10-Oct 17-Oct</td>
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<tr>
<td>- Barbara Symonds, Clinical Director (responsible for overall operational preparation)</td>
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<tr>
<td>- Tania Linden, Service Manager (responsible for supporting operational preparation)</td>
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<tr>
<td>Schedule weekly meetings for CQC Hub Team to monitor progress</td>
<td>Karen Cvijetic, Head of Quality</td>
<td>Complete</td>
<td>15-Aug 22-Aug</td>
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<tr>
<td>Install visual workplan monitoring board in CQC Hub Office</td>
<td>Jan Grindell, Project Support Officer</td>
<td>In progress</td>
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<tr>
<td>Work Packages</td>
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<tr>
<td>Produce paper for presentation at Board of Directors meeting on 25 August 2016 to provide update to all members on CQC Hub and planned workstreams.</td>
<td>Iona Johnson, Business Development Manager</td>
<td>Complete</td>
<td>15-Aug 22-Aug</td>
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<td>CQC Action Plan Update:</td>
<td>Iona Johnson, Business Development Manager</td>
<td>In progress</td>
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<td>- Update and revised format for Phase 1 Action Plan in preparation for final sign off</td>
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<td>- Development of Phase 2 Sustainable Improvement Plan focussed on embedded improvements into practice and further continuous improvement.</td>
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<td>Produce CQC Communications Plan to ensure information sharing with staff across the organisation, to include:</td>
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<td>- Dedicated intranet page (Jan Grindell)</td>
<td>Jan Grindell, Project Support Officer</td>
<td>Not started</td>
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<td>- Updates at regular intervals in RDsSH Daily Communications (Iona Johnson)</td>
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<td>- Time to Shine Display competition (Jan Grindell)</td>
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<td>Assess ‘CQC Focus Areas’ across organisation, for example Accessible Information Standard, triangulate with internal ‘hotspots’ and collate into one report providing a Position Statement on each</td>
<td>Iona Johnson, Business Development Manager</td>
<td>Not started</td>
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<td>Produce team map of organisation, assess areas requiring additional support and spend time in highlighted areas sharing the approach from Children, Young People and Families from previous inspection.</td>
<td>Barbara Symonds, Clinical Director</td>
<td>Not started</td>
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