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BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 5 April 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(Pages 3 - 16)*

To approve the minutes of the previous meeting of the Committee held on 9th February 2016 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Barnsley Hospital NHS Foundation Trust (BHNFT) Care Quality Commission (CQC) Inspection Report *(Pages 17 - 48)*

To consider a report of the Director of Human Resources, Performance & Communications (Item 4a attached) regarding the CQC's inspection report on BHNFT (Item 4b attached).

5 Scrutiny Task & Finish Group (TFG) Reports from 2015-16 *(Pages 49 - 74)*

To consider a cover report of the Director of HR, Performance & Communications (Item 5a attached) in relation to the Scrutiny TFG Cabinet Reports as a result of the investigations undertaken during 2015-16 regarding Fly-Tipping (Item 5b and 5c attached), Work Readiness (Adults) (Item 5d attached) and Barnsley Council's Customer Services Strategy 2015-18 (Item 5e attached).

Enquiries to Anna Morley, Scrutiny Officer

Phone 01226 775794 or email annamorley@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis (Chair), P. Birkinshaw, D. Birkinshaw, Brook, G. Carr, Cave, Clarke, Clements, Franklin, Frost, Hand-Davis, Gollick, Hayward, Johnson, Makinson, Mitchell, Morgan, Pourali, Sheard, Sixsmith MBE, Spence, Tattersall, Unsworth, Wilson and Worton together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

- Diana Terris, Chief Executive
- Andrew Frosdick, Director of Legal and Governance
- Rob Winter, Head of Internal Audit and Risk Management
- Press

Paper Copies Circulated for Information

- Julia Bell, Director of Human Resources, Performance and Communications
- Michael Potter, Service Director, Organisation and Workforce Improvement
- Ian Turner, Service Director, Council Governance
- Anna Morley, Scrutiny Officer – 5 copies
- Majority Members Room
- Opposition Members Rooms, Town Hall – 2 copies

Witnesses

Item 4 (2:00pm)

- Heather McNaire, Director of Nursing and Quality, BHNFT
- Richard Jenkins, Medical Director, BHNFT
- Karen Kelly, Director of Operations, BHNFT
- Steve Wragg, Chair of BHNFT
- Carrianne Stones, Healthwatch Barnsley Manager
- Brigid Reid, Chief Nurse, Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety Barnsley CCG
- Penny Greenwood, Head of Public Health, BMBC
- Clare Foster, Public Health Registrar, BMBC/Barnsley CCG
- Rachel Dickinson, Executive Director – People, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 9 February 2016
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis (Chair), P. Birkinshaw, G. Carr, Franklin, Frost, Gollick, Hand-Davis, Hayward, Johnson, Makinson, Mitchell, Morgan, Pourali, Sixsmith MBE, Spence, Tattersall, Unsworth, Wilson and Worton together with co-opted members Ms P. Gould and Ms J. Whitaker.

22 Apologies for Absence - Parent Governor Representative

Apologies for absence were received from Ms Kate Morritt in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

23 Declarations of Pecuniary and Non-Pecuniary Interest

There were declarations of interest from Councillors Ennis, Makinson and Pourali as Berneslai Homes Board Members; Councillors G. Carr, Sixsmith, Tattersall, Unsworth and Worton as Members of the Corporate Parenting Panel and Virtual School Governance Group and Co-opted Member, Ms Joan Whitaker as a Member of Barnsley Federation of Tenants and Residents.

24 Minutes of the Previous Meeting

The minutes of the meeting held on 1st December 2015 were approved as a true and accurate record.

25 Devolution Proposal

The Chair welcomed the witnesses to the meeting which included:

- Cllr Sir Stephen Houghton CBE, Leader of BMBC and Chair of Sheffield City Region Combined Authority
- Diana Terris, Chief Executive, BMBC

Cllr Sir Stephen Houghton CBE gave a presentation to the Committee about the Sheffield City Region (SCR) Devolution Proposal, advising that the devolution journey has been evolving for a number of years. Since 2012, the city region has been delivering government investment, generating significant benefits. This led to the first devolution deal in 2014. If the current deal is approved this will lead to a Mayoral Combined Authority.

The SCR comprises of nine local authorities including Barnsley; everyday 42,000 residents cross the SCR boundaries to access employment which reflects the economic activity within the city region. The objectives of the SCR include addressing the deficit of 70,000 jobs compared with other areas of the country, increasing the number of businesses by 6,000, as well as generating approximately 30,000 highly skilled occupations.

The current deal is an entirely economic one, which means it would have no authority over the police or health services. The public consultation ended on the 15th January 2016. The consensus of opinion is people are supportive of devolution, but not the introduction of an elected mayor; however, these are mutually inclusive of each other due to Central Government requirements.

An important part of the deal is the 'single pot' which is £30m a year over a 30 year period (£900m), with a 60:40 capital / revenue split. This enables a single line in the Spending Review, as well as allowing for greater responsibility and control over decisions and spending within the city region.

There will be improvements to the transport infrastructure ensuring it is more integrated, as well as being more attractive to users with features such as smart 'oyster style' ticketing. Both the HS2 and HS3 rail networks will operate within the SCR. The devolution process would allow for control over the Adult Skills Budget, resulting in an increase in the skills base within the SCR, as well as enabling co-working with stakeholders, such as the Department for Work and Pensions (DWP).

The devolution process would allow for an enhanced accountability of national programmes to the SCR, as well as a greater role with UK Trade and Investment (UKTI). Future changes in legislation would also allow the SCR Scrutiny Committee to scrutinise Government departments.

The deal covers the SCR as well as new powers to an elected Mayor for the 4 South Yorkshire members of the Combined Authority (CA); there would be further powers to the wider SCR through the SCR Combined Authority. The process allows for any of the remaining 5 non South Yorkshire members to become a constituent member of the CA.

Cllr Sir Stephen Houghton CBE concluded the presentation by giving his recommendation to 'sign up to the deal' enabling the authority to benefit from the potential investment that will be available. Current indications suggest the Council's future income will be generated from Council Tax and Business Rates, as the Revenue Support Grant will no longer exist in 2020.

Members proceeded to ask the following questions:

i) What are the main challenges and opportunities with the devolution proposal?

The committee were advised the main challenge will be ensuring the right person is elected as Mayor considering the financial changes ahead, as well as being a high profile position. The proposal delivers a huge opportunity for the borough providing long term investment, as well as additional powers allowing for greater control and flexibility over financial spending.

ii) What interest has there been from businesses regarding Junction 36; after devolution will there be opportunities to offer better incentives?

The group were advised we've got incentives for businesses; the challenge going forward is knowing how much incentive to give as it is difficult encouraging new businesses to locate to Barnsley due to strong competition from other parts of the country, who may already have an existing infrastructure and available workforce. The Council has worked closely with the ASOS distribution centre to help with their recruitment, which has resulted in the creation of 2500 new jobs in the area.

iii) Will business rates be distributed via the SCR?

Members were advised there is still further work to be done on this. We need to ensure the balance is right geographically and whether the money will go on services or the economy.

iv) How important will the decision be for the location of the Sheffield station on the HS2 rail link?

The committee were advised successful negotiations with the SCR have been on-going for 4-5 months to evaluate the two alternative locations in Sheffield. Whether the station is located centrally at the old Victoria Station or on the perimeter at Meadowhall; both of these locations would benefit the SCR. A station located centrally would see increases in higher level jobs such as the financial sector within Sheffield City Centre whereas a station at Meadowhall would see a wider span of employment across the area however this would be in logistics/the manufacturing sector. The decision lies with Central Government and will be made in October 2016. If it is decided to locate the station at the old Victoria Station it would cost an additional £1bn. The government has said that there is no extra money available; whatever decision is made however needs to be supported.

This has been a challenging issue for the SCR, however we are working well together and this has been commented upon by external individuals who have worked with other regions in the country.

v) Under a Mayoral Combined Authority would there need to be changes to how the road network is managed within the SCR?

The group were advised each authority within the SCR will need to ensure the road network within their own area is maintained as they currently do. However, alongside the Mayor, they will need to identify key network routes which contribute to economic growth which will be maintained by the SCR such as the A62.

vi) How will the SCR ensure the funding is invested appropriately across the region?

The SCR needs to make sure money is invested in 'game changing' projects with consideration for both central and rural economies. Each project will therefore need to be assessed on its economic potential, such as investment in Doncaster Airport.

vii) Does the Devolution Deal depend on match funding?

Members were advised there will be no requirement for match funding, however you would expect that when applying for monies, the SCR will ask companies what they will be contributing towards projects. Those who can demonstrate their contribution rather than just taking from the funds are more likely to be successful.

viii) Do Barnsley priorities integrate with the plans of the SCR?

The committee were advised that the needs of Barnsley fit into every element of the deal and it will be able to benefit, such as the need for more jobs and better skills.

ix) If the proposal goes through, how will the deal help with the sustainability of Berneslai Homes (BH)?

The group were advised this deal won't help with the BH business plan, However, out of the deal we can make sure BH don't duplicate what the private sector can do.

x) What evidence is there that devolution has worked e.g. in Manchester and are we learning from the experiences of others?

Members were advised Devolution within the UK includes the Scottish and Welsh Assemblies. The Manchester City Region Devolution Deal is slightly ahead of the SCR, but only just. The evidence for Devolution working is based on findings in Europe, where Economic Performance has been better due to decisions being made based on better knowledge and understanding of local areas.

xi) Can we guarantee Barnsley will receive a fair share of the deal and have we got projects ready to take advantage?

The committee were advised the deal is not about authorities getting their 'fair share', but about maximising economic investment. There would be a stringent five year programme to ensure both economic and financial objectives were achieved, but this does not necessarily mean each area will get the same financial share on the same timeframes. The committee were assured that Barnsley is undertaking proactive involvement with the SCR at both a political and officer level and this will continue.

xii) Following a referendum, if the decision is to leave the EU would this affect the devolution proposal?

The group were advised part of the proposal incorporates control of European funding, which would mean an exit from the EU would have implications for this. However, should we leave the EU, it is even more important that we are part of the deal; otherwise we would be completely left out of funding/economic development mechanisms.

xiii) How effective are relationships between key stakeholders?

Members were advised over the last four to five years there have been successful relationships with stakeholders; if we weren't making this work then we wouldn't be getting the deal. There will always be negotiations to be had as there are 9 Council Leaders in the group who want the best for their area.

xiv) Would the Council's Cabinet function remain the same?

It was conformed that there would be no changes to the Council's constitution as this is not part of this devolution deal.

xv) Have we got the maximum out of this deal; will the £900m that is available over the 30 year period be sufficient for the 9 authorities and is it linked to inflation? Also have we learned lessons from existing projects we've had problems with such as the superfast broadband?

The group were advised this deal has secured the most funding compared with others and is a good starting point. Over 30 years this is a lot of money however it's not about just dividing the money equally between the authorities, it's about maximising investments of which we will ensure Barnsley gets its share. For example Doncaster Airport could be given £100 million for development however this would maximise economic development for Barnsley by creating a variety of jobs as well as development of the surrounding road networks.

Despite the earlier issues with the Broadband project this is now going well as we have learnt lessons from this and the private sector are now taking the risks.

xvi) What impact has the Department for Work and Skills moving from Sheffield to London had; is the needs assessment of jobs for our area accurate; and how will the deal impact our transport infrastructure?

The group were advised the area has not been helped by the government department move; however this evidences how much our economy relies on the public sector which is not good. If this had occurred in Leeds, it would have much less of an impact; therefore we need to ensure we have good private sector jobs in our economy so that it is not impacted by public sector cuts.

Regarding transport, the deal starts in April 2016; however the money and investment powers come 1 year later. It's good that we will have influence over transport; however this does not mean that we will suddenly be able to double bus services.

xvii) Could a change of Government result in the devolution proposal being reversed?

The committee were advised this could be possible; however, once the devolution process had begun it would be both difficult and costly to reverse.

xviii) How will the Mayor for the Combined Authority be selected?

The group were advised the Mayoral appointment would inherently be a political one, although there is always the possibility of either a public figure or celebrity being elected.

xix) Will the proposal help to reduce the 70,000 jobs deficit against other parts of the country, as well as increasing the number of apprenticeships?

Members were advised each project has job creation priorities against it, such as our Goldthorpe and junction 36 and 37 work contributes towards the figures. Nationally, Barnsley ranks as the highest in the country for private sector employment growth; also, during 2013/14, Barnsley had the highest success rate in the country (77 per cent) for the number of apprentices having successfully completed their training. Businesses have a choice where they choose to locate therefore we need to make sure we maximise our opportunities to get them.

xx) Cllr Sir Stephen Houghton CBE, the Leader of the Council was asked if he would be interested in the role of Mayor for the Combined Authority?

Members were advised by the Leader, whilst he is Chair of the SCR, he has not decided whether he will apply for the Mayoral role. Also, there are potentially 8 other Council Leaders within the SCR who could be interested in applying for the position. However, in the first instance the proposal needs to be finalised and agreed.

xxi) How will you ensure public engagement and involvement in the design, delivery and review of projects/services; also, what is the timescale for the appointment of the Mayor?

The committee were advised where there are statutory services in place such as transport there are already processes in place for public engagement. The SCR also has an Overview and Scrutiny Committee therefore we will look to work with these existing processes. For the Mayor, there could be the opportunity for a public question time, similar to the monthly audience with the London Mayor. The first Mayoral elections for the Combined Authority will be held in May 2017. It is important to note that the SCR will take a co-ordinating role and will not be the service deliverer.

xxii) Are there any prospective female candidates for the Mayoral position?

Members were advised a lady had been suggested; although, it has since been confirmed she will not be standing. Also, until there is an official job description it is difficult for any potential candidates to make an informed decision.

xxiii) Activities and jobs in the Financial Sector tend to be based in cities; will the deal help us to get these jobs into Barnsley?

The group were advised it is important that parts of the city region don't grow at the expense of others; it is about us all supporting each other. The bulk of financial roles are in Leeds, therefore we won't just be able to move this but we need to think about what kind of jobs we can get in Barnsley such as advanced manufacturing and logistics as we don't currently have the workforce supply for the financial sector.

The Chair thanked the witnesses for their attendance and presentation and extended the acknowledgement from Doncaster Council to Cllr Sir Stephen Houghton CBE regarding appreciation of him giving this presentation there and the detail incorporated.

26 Berneslai Homes Annual Report 2014-15

Due to Councillor Ennis' declaration of interest, the committee selected a Chair from the floor. It was proposed and agreed for Councillor Sixsmith to Chair; therefore he introduced the item and welcomed the following witnesses:

- Helen Jaggar, Chief Executive, BH
- Alison Rusdale, Director of Corporate Services, BH
- Stephen Davis, Director of Assets, Regeneration and Construction, BH
- John Townend, Chair of Barnsley Federation of TARAs
- Joan Whittaker, Secretary of the Barnsley Federation of TARAs
- Richard Burnham, Head of Housing and Energy, BMBC
- Councillor Roy Miller, Cabinet Spokesperson for Place, BMBC

Helen Jaggar introduced the Berneslai Homes (BH) Annual Report 2014-15, and highlighted the risks and challenges being faced as outlined in the committee reports. Further to the Councillor Call for Action (CCfA) on District Heating, discussed at the OSC on 6th October 2015, BH reported back on the 4 elements requested by the committee including:

1. All the reductions in the District Heating charges have now been implemented, the last being on the 01.11.15.
2. All of the insulation works recommended in the report were carried out prior to Christmas 2015.
3. BH responded to Councillor Unsworth's enquiry regarding Legionella.
4. BH is continuing to support its tenants with advice on how to use their heating systems efficiently.

Members proceeded to ask the following questions:

i) As detailed in the report, the BH rent collection rate is high at 98.58%, However, following the introduction of Universal Credit (UC) over 50% of tenants are in arrears, therefore when UC is fully embedded how do you expect this to impact on rent collection and what plans are in place for this?

The committee were advised currently UC is only being awarded to single claimants of working age; at this time it is taking between seven to eight weeks to process their claims and to receive their first payment. For this interim period tenants do not have the financial resources to support their day to day living expenses or for paying their rent. BH is providing support to these tenants through their Tenant Support teams, who will ensure when their tenants receive their backdated payment of UC their rent arrears are cleared.

Following the full roll out of UC to all claimants this will mean BH will have to collect £30m of rent that previously would have been paid to them through Housing Benefit. This could result in the collection rates reducing to 96%, although in some areas of the country the figure has been as low as 70%. There will be constant pressure on BH to chase arrears, therefore we are preparing for this as best we can including encouraging behaviour change from tenants and assisting them to manage their budget. It would be better however if under UC the housing benefit element was paid directly to Berneslai Homes.

ii) Has there been any publicity to advise BH tenants of the benefits of recycling and also the issues surrounding fly tipping in the borough, including promoting the Council's Bulky Item Collection service of 4 items for £10?

Members were advised this was not one of BH core functions; however, the Housing Management Teams inspect the various estates, and periodically 'walkabouts' are undertaken which have shown the estates to be well maintained. We live on mixed estates however where the issue is from BH tenants, this is addressed. Last year 2500 visits were carried out regarding low level anti-social behaviour (ASB).

iii) Regarding the future sale of high value properties; are the value of these determined by either an average of local or national house prices?

The group were advised initially BH identified only 10 high value properties that might be affected, however consultation over the government formula would mean many more properties in Barnsley might be classed as high-value with properties above £80k. The Council will have to pay a levy and if the only way to do this is by selling these properties when they become void then it will impact on supply. The national policy is to reduce Council housing as demonstrated by imposing the Right to Buy Scheme on Housing Associations and compensating them in full by forcing Council's to sell their homes to pay for this.

iv) As detailed in the cover report, from April 2017 tenants with an annual income of £30k will be charged the market rent; how many tenants will be affected and how will you identify them?

'Pay to Stay' relates to people on the tenancy agreement who have a £30K income. We don't currently ask for this information, in the future we can ask but not force it, therefore the government will need to provide guidelines regarding this for example if people refuse to declare their income they will be automatically charged anyway. The government may decide the costs are tapered depending on the household income e.g. the charges will increase the more household income is over the £30K threshold. There is an incorrect assumption that if people can afford the market rent then they can afford to buy a property, which is not the case. Two people on the living wage on a tenancy agreement will be over the £30K limit.

v) Further to the previous CCfA discussion on District Heating, has all the remedial work now been completed?

The group were advised all the work identified in sections 3 and 6 of the District Heating report has now been completed; however the more extensive works will require capital investment and will need to be undertaken over the long term. This work will be done on a worst-case basis for which there is a funded programme to 2019.

vi) How confident are you in the arrangements and management of tenancies where BH sub-let to other agencies for people with complex needs; who is responsible for managing these?

Members were advised BH is confident in the arrangements and management of these tenancies. If the property is sub-let to an agency then it is their responsibility to manage any issues, however if they are not doing this then it is upto BH to resolve

this. For all tenancies there is an introductory period therefore we have the opportunity to resolve issues and we try to support people to maintain their tenancies. BH looks after 18,800 properties; this arrangement only relates to a small number of properties.

vii) Why has Universal Credit (UC) been introduced if the existing system is working?

The committee were advised this was due to a change in legislation as part of the Government's Policy on Welfare Reform. BH has to administer Government Policy, therefore are doing the best they can.

viii) How can the Council support Berneslai Homes to be more sustainable in relation to the management of its housing stock?

Members were advised BH has a 30 year business plan in place for the management of the 18,800 properties it looks after. Following the increase in the number of successful Right to Buy applications, this has resulted in the need to consider the acquisition of other properties and continued financial investment is required to support this.

ix) Of the 7037 applicants who are on the waiting list for a BH property, can a breakdown be provided of the type of properties that are needed; also if it will be the persons first home, and whether there is anything the Council can do to help?

The group were advised there has been a significant reduction in the number of people who are waiting as previously there had been 9000 on the waiting list. Of those currently waiting, there are only 100 applicants who are in absolute housing need. BH confirmed they will be able to provide a breakdown of the types of properties that are needed by those currently on their waiting list to the committee.

x) What procedures are in place to prevent the duplication of work between BH and Area Councils such as the removal of litter and fly tipping?

Members were advised BH did not consider there was any duplication of duties due to them undertaking their own enforcement procedures, such as ensuring people maintain their gardens, as well as their own referral of cases to Neighbourhood Pride. Also, each of the housing management teams undertake youth engagement to educate them e.g. regarding litter, to prevent issues occurring in the first place.

Existing budgets fund the cost of activities such as grass cutting and the removal of graffiti; however this does not extend to litter picking unless the request is made through the steering committee. BH advised litter picking only occurs as part of the regular grass cutting cycles, there are no separate litter picks. BH confirmed they would check their processes to make sure there was no duplication in relation to Neighbourhood Pride Services.

xi) The intention of the Government is to reduce the influence of local authorities on the social rented sector; does the BH Business Plan take account of this?

The committee were advised the BH business plan has been remodelled since the rent reduction in July and with consideration for the increase in Right to Buys; therefore BH will have to make substantial savings to deal with these financial challenges.

xii) Can we have information regarding how many 4 bedroom properties we have and how many people are on the housing waiting list for them?

BH confirmed that they would provide this information.

xiii) Does the sale price of a house bought under the Right to Buy scheme reflect the condition of the property?

Members were advised that every property is individually valued and if there have been any improvements made to the property, the sale price would reflect this.

xiv) The annual report confirms 361 eviction warrants were applied for but only 40 tenants were evicted; why is this the case?

The committee were advised BH only evicts tenants as a last resort. The majority of evictions are in relation to rent arrears, we take cases to court but evictions are not granted lightly. We should pride ourselves on a low number of evictions as this means we are managing tenancies effectively.

xv) If BH tenants are not being socially responsible in relation to the disposal of their household rubbish and damaged bins, what action can be taken?

Members were advised if there is evidence to support this, letters are sent and we speak to tenants to ask them to address the situation; although ultimately it depends on the engagement and cooperation of the tenant.

xvi) Is the Government legislating for any additional funding for social housing?

The group were advised currently there is no additional funding available; despite the cost of an average new build property being £120k. BH is looking to source alternative funding to continue future development programmes.

xvii) Due to the Government changes including forced sales of council houses, we will be looking for Housing Associations to build more homes. Their rent prices however are still more expensive; therefore will this result in more people being homeless?

The committee were advised the change in the Government's policy will reduce the number of affordable properties and it appears affordable housing is a government blind spot. Not all private landlords are bad however they are not as well regulated as ALMOs (Arms Length Management Organisations). Therefore we increasingly need to ensure the private rented sector is well managed and maximise outcomes from the Housing Planning Bill.

xviii) Can you draw on funding from partners such as the CCG (Clinical Commissioning Group), and Health and Wellbeing Board to protect the most vulnerable?

The group were advised the Chief Executive of BH chairs the wellbeing provider forum and advised the dialogue between the health and housing sector is taking place. For example BH is involved in work looking at a social prescribing scheme.

xix) John Townend, Chair of Barnsley Federation of TARAs raised concerns to the committee regarding the government removing secure tenancies and asked if in their role as Members they could encourage the government not to remove these?

Cllr Roy Miller advised that a motion had been taken at Full Council to take concerns regarding changes in the Housing Sector to MPs in Parliament, including the local MP John Healey who is the Shadow Minister for Housing and Planning.

The Chair thanked the witnesses and all attendees for their contribution.

27 Draft Corporate Parenting Panel Annual Report 2014-15

Cllr Ennis resumed the role of Chair for the meeting and welcomed the following witnesses:

- Mel John-Ross, Service Director, Children's Social Care and Safeguarding, BMBC
- Liz Gibson, Head of Virtual School for Looked after Children, BMBC
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Cllr Ralph Sixsmith, Dearne South Ward
- Natalie Chappell, Barnsley Foster Carer

An introduction was given by Mel John-Ross, who explained following the agreement at the OSC meeting on the 10th February 2015 the Corporate Parenting Panel (CPP) Annual Report would be discussed at the OSC on an annual basis. This is to enable participation from Members who are not directly involved with the CPP. The key elements of the report were also outlined.

Members proceeded to ask the following questions:

i) What plans are in place to improve the educational attainment of our children in care?

The committee were advised, Liz Gibson has recently been appointed as the Head of Virtual School for Looked after Children to help in improving their educational achievements. We now have a dedicated post which means we can move the service forward, but we are still under-resourced. An Education Improvement Steering Group has specifically been set up to challenge the quality of the Personal Education Plans (PEPs). Also, in her new role, Liz Gibson is analysing existing data and looking at ways to move things forward and ensure the best possible outcomes as soon as a child enters care.

ii) To what extent is the voice of our children in care reflected in both the design and improvement of services?

Members were advised that children need to be at the forefront of any changes, as they are the ones who are directly affected. The Children's Council enables their

involvement but we need to also ensure children can input on a day to day basis, therefore the service want to come back to Members with a clear plan of how this will be done.

iii) As Foster Carers how do you view the provision for our children and ensuring they receive appropriate services and are you satisfied with the support you get as a carer?

The group were advised foster carers act as the biggest advocates to make sure children get what they want and also talk amongst each other to find out what options may be available. We also speak to schools on a regular basis and push schools for what we want for our children. We have a support worker and have had a very positive experience of caring in Barnsley and have found we can get what we need when we push for services.

iv) In comparing Barnsley to our statistical neighbours, we are aware a number of children are cared for by extended family networks; does this account for our low numbers in care?

The group were advised this is a very important issue and we have challenged assumptions regarding these figures. There were 244 children in care at the end of 2014/15 and as of today we have 279. We have been reviewing our Placement and Sufficiency Strategy and acknowledge we have a high number of Special Guardianship Orders and Residency Orders which prevents children from coming into care. The Orders are still a cost to us financially; however it is cheaper than having children in care.

v) The figure in relation to children missing from care is very high and has increased, is this as a result of a change to the definition and recording?

The committee were advised the figures in the Annual Report indicate there has been an increase in the number of cases; however, confirmed this is due to there being a change in how these incidents are recorded and also the definition.

Every incident is now recorded, rather than every child who goes missing; therefore, there could be several incidents, but these could all relate to the same child. The incidents are monitored on a monthly basis and a care plan is implemented for each case. Also, in the majority of instances when a child is missing their whereabouts are usually known, normally it is just they are not in the place where they should be at a given time; which can often happen with teenagers.

There are often more incidents of children ‘going missing’ from residential care, than those who are placed with foster carers; these could be children who are from outside the Barnsley area and particularly initially want to return home, however there is always a care plan in place to track this and do something about it.

vi) What is done to ensure that Barnsley children in care, who are placed out of the area, receive high quality services?

Members were advised wherever possible the preference is for children to be situated in care facilities within the borough, when this is not appropriate the care providers used will be Ofsted rated, either ‘Good’ or ‘Outstanding’. There will also be an Independent Reviewing Officer (IRO) and qualified Social Worker to provide additional support and challenge the support being given to the child.

vii) Of the number of children who have ‘gone missing’ from residential care, how many were residents of Barnsley and how many were from outside the borough?

The service confirmed this information can be provided to the members of the committee.

viii) Does the service feel the CPP provides sufficient challenge to services?

The committee were advised following the Ofsted inspection, the terms of reference for the CPP have been reviewed and as officers, we feel we are now getting more appropriate support and challenge from the CPP. The start time of CPP meetings has also been altered to 5.00pm to enable our young people in care to attend.

ix) The Annual Report indicates there has been a reduction in youth offending by Looked after Children and hopefully we will see the rate fall lower for children in care than other children?

The group were advised the reduction in youth offending is positive and our aim is to continue to make improvements in this area.

x) Substance and drug abuse rates have fallen amongst young people in the area, is this mirrored amongst children in care?

The committee were advised that this is a broad area. In relation to children in care we ensure health assessments are done and that health needs are met. This includes taking a holistic approach, picking up issues and ensuring they are addressed.

xi) How successful were the events to promote foster caring in the Borough and what other plans are in place to do this in the future?

Members were advised there have been recent high profile campaigns which included the fountains adjacent to the Town Hall being illuminated green. Currently 20 prospective new foster carers are being assessed, which is a priority for the service. We need to increase the number of in-house foster carers which is a challenge as we are in competition from private fostering agencies and other local authorities.

xii) What are the procedures for children from neighbouring authorities who are placed in care facilities within the Barnsley borough?

The group were advised under these circumstances the relevant authority must notify the Council when the child is placed in the accommodation and similarly when they leave. In Barnsley, due to our high number of private homes and private foster carers we’ve set up a meeting of private providers to gather intelligence from them. The meeting is chaired by Children’s Social Care plus this is attended by others including the Virtual Head, the Police and Health Service representatives.

xiii) How are Looked after Children with mental health problems supported in Barnsley?

Members were advised Child and Adolescent Mental Health Services (CAMHS) have long waiting lists for assessments; however the timescales involved have been challenged by partners including the Council’s Safeguarding Scrutiny Committee

(SSC). There have been improvements in the timescales, however this is an issue for all children and our Looked After Children need to be prioritised. The improvement plan for CAMHS is still in progress.

The Chair suggested that representatives from the Children in Care Council are invited as witnesses to attend when the CPP Annual Report is next brought to the committee; thanked the witnesses and all attendees for their contribution and declared the meeting closed.

Action Points

1) BH to provide a breakdown of the types of properties that are needed by those currently on their housing waiting list.
2) BH to check their processes in relation to Neighbourhood Pride services to check there is no duplication.
3) BH to provide information regarding how many 4 bedroom properties we have and how many people are on the housing waiting list for them.
4) Once complete, service to share with Members their plan for ensuring children in care can input into service improvement.
5) The service to provide a breakdown of the number of children who have 'gone missing' from care regarding how many were from Barnsley and how many were from outside the borough.
6) Representatives from the Children in Care Council to be invited to the OSC as witnesses when the CPP Annual Report is next considered by the committee.

Report of the Director of Human Resources,
Performance & Communications,
to the Overview and Scrutiny Committee (OSC)
on Tuesday 5th April 2016

Barnsley Hospital NHS Foundation Trust (BHNFT) Care Quality Commission (CQC) Inspection Feedback – Cover Report

1.0 Introduction and Background

1.1 The attached report 'Item 4b' outlines a summary of the findings from the Care Quality Commission (CQC) inspection of Barnsley Hospital NHS Foundation Trust (BHNFT). The hospital provides a range of critical services to a population of approximately 236,000. According to the index of multiple deprivation, compared with other local authority areas, Barnsley is in the 20% most deprived areas in the country with life expectancy, smoking related deaths and levels of obesity being worse than the national average.

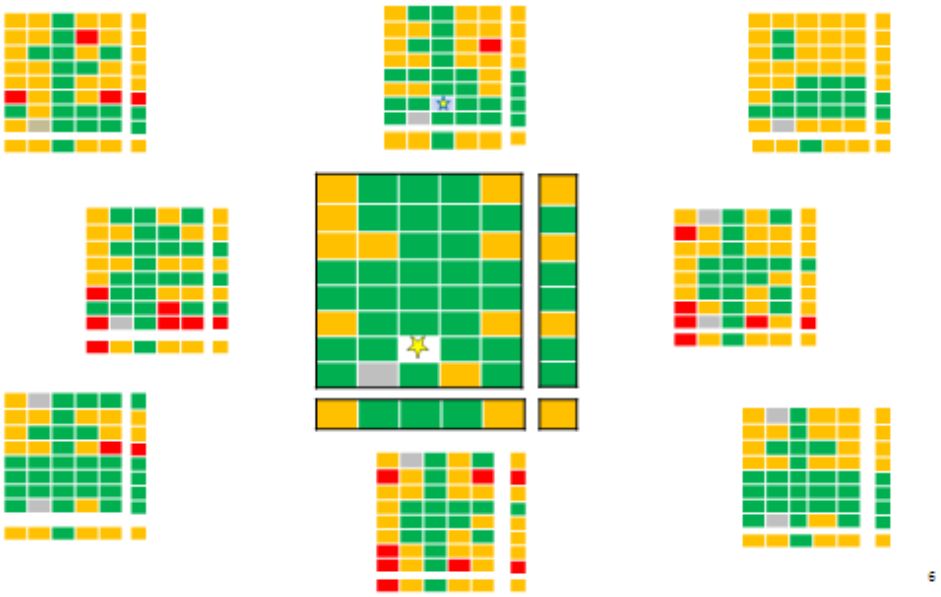
1.2 As part of the CQC's routine comprehensive inspection programme, an announced inspection took place from 14th-17th July 2015; this was followed by an unannounced inspection on 26th July 2015 which specifically considered the emergency department and medical wards at weekends.

1.3 To understand patients' experience of care, the CQC always ask the following 5 questions of every service and provider: Is it safe?; Is it effective?; Is it caring?; It is responsive to people's needs?; and is it well lead?. The inspection team included a variety of CQC representatives and specialists including a pharmacist, consultant surgeons, a medical consultant, a consultant paediatrician, a consultant intensivist, a student nurse, midwives, executive directors, a safeguarding lead, senior nurses as well as two experts by experience who used the type of services being inspected.

1.4 For BHNFT, being safe and well-led were rated as 'requires improvement' and being effective, caring and responsive were rated as 'good'. Overall, the trust was rated as 'requires improvement' and some areas of outstanding practice and innovation were noted. Due to particular clinical and governance concerns and two breaches of license at the time of the inspection, this limits the overall trust rating to 'requires improvement' despite there overall being more areas rated as 'good' than 'requires improvement'. Between the completion of the inspection and publication of the reports, corrective action has been taken to address the areas of concern and one of the license breaches was removed in September 2015.

1.5 The services inspected were the Emergency Department, Medical Care, Surgical Care & Theatres, Critical Care, Maternity & Gynaecology, Children & Young People's Care, End of Life Care, and Outpatients & Diagnostics. The full overview of the ratings is shown on page 26 of the attached report. The aspect of the 'caring' rating within the trust was consistently rated as 'good', with End of Life Care being highlighted as an area of outstanding practice.

1.6 The picture below shows the Barnsley Hospital overall ratings diagram (central) alongside other local trusts, demonstrating the overall positive findings of the inspection and no areas being rated as 'inadequate'.



1.7 At the time of inspection, leadership at the trust had been subject to significant change over the last 20 months. A number of actions had been put in place for improvements, for example strategies to improve staff engagement, however these were not yet reflected in the staff survey results.

1.8 Since the inspection the hospital has implemented a number of improvement actions in line with the CQC recommendations which are ongoing. Additional support is also required from key stakeholders to ensure services meet the healthcare needs of the local population.

2.0 Invited witnesses

2.1 At today's meeting, a number of representatives have been invited to answer questions from the OSC regarding the inspection of BHNFT, improvement plans in place and future plans:

- Heather McNaire, Director of Nursing and Quality, BHNFT
- Richard Jenkins, Medical Director, BHNFT
- Karen Kelly, Director of Operations, BHNFT
- Steve Wragg, Chair of BHNFT
- Carrianne Stones, Healthwatch Barnsley Manager
- Brigid Reid, Chief Nurse, Barnsley CCG
- Martine Tune, Deputy Chief Nurse/Head of Patient Safety Barnsley CCG
- Penny Greenwood, Head of Public Health, BMBC
- Clare Foster, Public Health Registrar, BMBC/Barnsley CCG
- Rachel Dickinson, Executive Director – People, BMBC
- Cllr Jim Andrews, Deputy Leader & Cabinet Spokesperson for Public Health
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

3.0 Possible areas for discussion

3.1 Members may wish to ask questions around the following areas:

- How effective are performance management arrangements? How will you ensure corrective actions are implemented and continue to ensure service improvement?
- How will you ensure good practice evident within the trust is shared amongst other departments?
- What is in place to ensure effective partnership working with key stakeholders to maximise patient outcomes?
- What is done to learn from best practice in other organisations and how is this implemented within departments?
- What plans are in place to improve patient involvement in services and how will you ensure this influences service design and delivery?
- How effective is the leadership and management within the organisation? To what extent are staff confident in this and engaged in improvement work?
- What are the key future challenges for Barnsley Hospital NHS Foundation Trust?
- How confident are you that the right decisions are being made to ensure services are safe, effective, caring, responsive and well-lead?
- What impact does the work of other NHS service providers have on Barnsley Hospital and what plans are in place to manage this?
- How can Members support the work of Barnsley Hospital to improve outcomes for our local residents?

4.0 Background Papers and Links

- Copy 4b (attached) – CQC Summary Inspection Report of BHNFT
- Overview of CQC Inspections for Barnsley Hospital NHS Foundation Trust (BHNFT): http://www.cqc.org.uk/location/RFFAA
- Full CQC Inspection Report of BHNFT (13th January 2016): http://www.cqc.org.uk/sites/default/files/new_reports/AAAD7728.pdf

5.0 Glossary

BHNFT – Barnsley Hospital NHS Foundation Trust
CQC – Care Quality Commission

6.0 Officer Contact

Anna Morley, Scrutiny Officer (Tel: 01226 775794)
Email: annamorley@barnsley.gov.uk Date: 18th March 2016

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Barnsley Hospital NHS Foundation Trust

Quality Report

Gawber Road
Barnsley, S75 2EP
Tel: 01226 730000
Website: www.barnsleyhospital.nhs.uk

Date of inspection visit: 14 to 17 and 26 July 2015
Date of publication: This is auto-populated when the report is published

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Barnsley NHS Foundation Trust provides a range of acute hospital health services at Barnsley Hospital. The trust serves the Barnsley area which has an estimated population of 236,000. In total the trust had 359 beds. Barnsley is in the 20% most deprived areas in the country.

We inspected Barnsley NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of hospital between 14 -17 and July 2015. In addition, an unannounced inspection was carried out on 26 July 2015. The purpose of the unannounced inspection was to look at the emergency department and medical wards at the weekend.

Overall, we rated this trust as requires improvement and we noted some outstanding practice and innovation.

However, improvements were needed to ensure that services were safe and well-led.

Our key findings were as follows:

• Staffing levels were planned and monitored. There were some shortages; most notably there was a shortage of children's nurses at the trust.

• There had been no cases of hospital acquired MRSA since 2008. The rate of hospital acquired C.difficile was within the trust's trajectory.

• The adjusted mortality rates had reduced significantly in the trust over the past year. Analysis across a range of indicators showed there was no evidence of risk regarding mortality.

• The trust performed mostly above the 95% standard for percentage of patients waiting to be seen within four hours since May 2014, with the exception of December 2014 and May 2015.

• Assessments of patient's nutritional needs were recorded. Across the trust, we found patients were supported to eat and drink.

• Following transfer to a new IT appointment system, the trust had discovered a backlog of outpatients who potentially needed a follow-up appointment. Work was underway to clinically validate the list and ensure all relevant patients were offered a review appointment by 31 January 2016.

• Leadership at the trust had been subject to significant change over the last 20 months. Staff spoke positively about the trust leadership.

We saw several areas of outstanding practice including:

• The uro-gynaecology nurse specialist had introduced "percutaneous tibial nerve stimulation for overactive bladders" following a successful business case to the trust. This improved symptoms for patients and made cost savings for the trust. Audit data from 2014 demonstrated improved outcomes for women.

• The dermatology service described a tele-dermatology project they were providing in conjunction with the local Clinical Commissioning Group whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within three days. The service had also recently been approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.

• We saw that staff in the breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that could be hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.

• A midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book' which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update which gave staff the opportunity to feedback in real-time and this was posted on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and helped improve the outcomes for patient care.

• Pharmacy robots had been introduced at the trust in July 2014. This has reduced errors and increased staff capacity.

Summary of findings

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

• ensure all patients attending the emergency department, have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.

• ensure that children attending the hospital are cared for by nursing staff who have the qualifications, competence, skill and experience to do so safely.

• ensure oxygen is prescribed in line with national guidance.

• ensure that medicines reconciliation is completed in 24hrs and meets local and NICE guidance.

• ensure compliance with the five steps for safer surgery.

• ensure suitable patients are offered laparoscopic colorectal surgery in accordance with NICE guidance.

• address the backlog of outpatient follow-ups.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Barnsley Hospital NHS Foundation Trust

Barnsley NHS Foundation Trust provides services at Barnsley Hospital, a district general hospital. The trust was authorised as a foundation trust by Monitor in 2005.

The hospital provided a full range of hospital services, including an emergency department, critical care, and general medicine, including elderly care, general surgery, paediatrics and maternity care. It had 359 beds including 13 critical care beds.

The trust served the Barnsley area, which had an estimated population of 236,000. The population had a similar age group breakdown to the England average. There was a much lower proportion of black, Asian and minority ethnic (BAME) residents in Barnsley with 4% BAME residents compared to an England average of 14.6%.

Barnsley Local Authority lay in the bottom quintile in the index of multiple deprivation when compared to other local authorities. This signified that the area was in the 20% most deprived areas in the country. The health profile showed a number of indicators, such as life expectancy, smoking related deaths and levels of obesity were worse than the national average.

In March 2014, the trust identified and reported financial mismanagement. Monitor declared the trust in breach of its licence conditions in April 2014 and undertook enforcement action in relation to finances, concerns regarding long emergency department waiting times and governance. Monitor removed the breach of licence relating to emergency department waiting times in January 2015. Breaches in relation to governance and finances remained in place.

We inspected Barnsley NHS Foundation Trust as part of our comprehensive inspection programme. We carried out an announced inspection of hospital between 14 -17 July 2015. In addition, we carried out an unannounced inspection on 26 July 2015. We inspected urgent & emergency services, medical care (including older people's care), surgery, critical care, maternity and gynaecology, services for children and young people, end of life care and outpatients and diagnostic imaging.

Our inspection team

Our inspection team was led by:

Chair: Jan Ditheridge, Chief Executive, Shropshire Community Health NHS Trust.

Inspection Manager: Cathy Winn, Care Quality Commission

The team included CQC inspectors, including a pharmacist inspector, and a variety of specialists including consultant surgeons, medical consultant, a consultant paediatrician, consultant intensivist, a student nurse, two midwives, two executive directors, a safeguarding lead, senior nurses including a children's nurse. We were also supported by two experts by experience who had personal experience of using or caring for someone who used the type of services we were inspecting.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of findings

• Is it well led?

Before our inspection, we reviewed a wide range of information about Barnsley Hospital and asked other organisations to share the information they held. We sought the views of the clinical commissioning group (CCG), NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch team. We held a listening event in Barnsley on 13 July 2015 where members of the public shared their views and experiences of the trust. Some people also shared their experiences of the trust with us by email and telephone.

The announced inspection of Barnsley Hospital took place between 14 and 17 July 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists and pharmacists. We also spoke with staff individually as requested. We talked with patients and staff from all the clinical areas including outpatient's services. We observed how people were being cared for, talked with carers and family members, and reviewed patients' records of personal care and treatment.

We carried out an unannounced inspection on 26 July 2015 at Barnsley Hospital. The purpose of our unannounced inspection was to look at the Emergency department and medical wards at the weekend.

We would like to thank all staff, patients, carers and other stakeholders for sharing their views and experiences of the quality of care and treatment delivered by the trust.

What people who use the trust's services say

Data from the friends and family test (Dec 2013 – Nov 2014) showed over 94% of patients would recommend the trust to their friends and family.

The 2014 adult inpatient survey looked at the experiences of over 59,000 people admitted to an NHS hospital in 2014. Between September 2014 and January 2015, 850 recent inpatients at each trust received a questionnaire; 293 patients responded about Barnsley Hospital NHS Foundation Trust. The results showed the trust was performing about the same as most other trusts that took part in the survey for the different aspects of care and treatment and patient's overall experience.

In the 2013/14 Cancer Patient Experience Survey, Barnsley NHS Foundation Trust was in the top 20% of trusts for 17 out of 34 indicators.

Facts and data about this trust

Data from March 2015 showed Barnsley Hospital had 359 beds including 33 maternity and 13 critical care beds. There were approximately 2556 whole time equivalent staff members. This included over 230 medical staff and 862 nursing staff.

The trust had total revenue of over £171 million in 2014/15. Its full costs were over £183 million and it had a planned deficit of over £11 million.

During 2014/15 there were 62,112 inpatient admissions, 268,149 outpatient attendances and the emergency department saw 79,055 patients.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe?	Requires improvement 

Summary

Recruitment of suitable nursing staff and medical staff was an ongoing challenge for the trust. The trust had a rolling programme of recruitment and was taking action to address shortfalls. At the time of inspection, there was shortage of children's nurses on the children's ward and in the emergency department.

The emergency department operated a triage system to assess patients arriving by ambulance or 'majors'. However, they did not have a system for triage or initial assessment of patients who did not arrive by ambulance.

The number of appropriate staff receiving safeguarding supervision was not clear.

The trust was not meeting NICE guidance about the percentage of patients who had their medicines reconciled upon admission to the hospital. Arrangements for storing and accounting for medicines in the theatres was not adequate; there were plans in place to address this. Across the trust, oxygen was not prescribed.

For further detail, please refer to the individual location report for Barnsley Hospital.

Duty of Candour

- The organisation had an updated Being Open and Duty of Candour Policy launched in January 2015. This provided information on the action staff should take. This was available to staff via the intranet.
- The Medical Director was the lead director responsible for duty of candour.
- There were varying levels of understanding regarding the duty of candour. Staff were aware of the principles of open and honest care but not the specific requirements associated with Duty of Candour.
- Senior staff across the trust had a clearer understanding of the Duty of Candour and recognised there was further work to embed the policy in practice.
- A general awareness training campaign for all staff was due to be completed in August 2015.

Summary of findings

- The trust published an NHS England Open and Honest Care: Driving Improvement report each month on their website. This gave details of the trust's performance about safe care and patient's experience.

Safeguarding

- The Director of Nursing & Quality was the executive lead for safeguarding. There was a lead professional for Safeguarding Adults and Named Nurse for safeguarding children.
- Governance arrangements from ward to board were in place. The trust had recently moved to have a joint adult and children's steering committee to oversee work and further strengthen this area.
- The Director of Nursing & Quality and Deputy Director of Nursing attended the local authority safeguarding children and adults boards.
- The named doctor for safeguarding had protected time for their role.
- A number of initiatives had been undertaken. For example, there was a child protection pack with detailed guidance for paediatrics and a proactive approach in ensuring pathways considered children when procuring new services.
- Staff recognised further work was needed to embed safeguarding peer reviews for paediatrics.
- Staff knew how to escalate concerns and how to contact the safeguarding team and spoke positively of their support.
- Safeguarding policies and procedures were available on the intranet and staff were aware of these.
- Staff were less aware of some of the supporting documents available to them on the intranet, for example, the child sexual exploitation (CSE) pathway.
- CQC undertook a safeguarding and looked after children inspection in November 2014. The final report had recently been received which included recommendations for the emergency department. An action plan was being implemented and monitored. There was an Access policy in place and staff felt this had a positive effect on communication pathways between acute and community practitioners.
- At the end June 2015, 90% of non-patient contact staff and 81% of staff with patient contact had undertaken safeguarding training against a target of 90%. The safeguarding team had a clear plan for training compliance and had identified an improvement in the quality of assessments. This correlated with training uptake, and availability of advice.
- A total of 85% of staff had undertaken safeguarding children basic awareness training.

- At the end May 2015, between 86 and 88% of applicable staff had attended Level 3 safeguarding training.
- The number of appropriate staff receiving safeguarding supervision was not clear. Staff within the safeguarding team had varying evidence of training to enable them to have the necessary skills and competencies to undertake safeguarding supervision.
- The trust had recently introduced an electronic record system within the trust. The trust managers recognised there were challenges at system and practitioner level with the system in relation to safeguarding.

Incidents

- The trust had an electronic reporting system in place for staff to report incidents and near misses.
- The trust reported a higher number of incidents per 100 admissions compared to the England average and was the sixth highest reporter of incidents amongst similar trusts between 1 October 2014 to 31 March 2015.
- Staff were aware of how to report an incident, although we found some evidence of underreporting of incidents, such as out of hours bed moves.
- There had been one never event reported between 1 May 2014 and 30 April 2015. This occurred within outpatients and diagnostic imaging services and was categorised as wrong site surgery. The incident was investigated, lessons learnt and appropriate actions taken to prevent similar incidents occurring again. A further never event had occurred in another area just prior to our inspection which was being investigated.
- There had been 46 serious incidents for the same period with the most common incident (14) relating to grade 3 pressure ulcers
- There were 6,933 incidents reported on national reporting and learning system (NRLS) occurring between 1 June 2014 and 31 May 2015. Of these 92% resulted in no harm, 7% low harm, 1% moderate harm and 0.3% severe harm or death.
- Incidents were investigated although some were outside the expected timescales, for example in children's services.
- Managers recognised that learning from incidents across the trust could be improved. In April 2015, the trust introduced a weekly Patient Safety Bulletin from the Medical Director and Director of Nursing & Quality. This was designed to rapidly disseminate learning from incidents, complaints, claims, clinical audits or other safety concerns.

Medicines

- The trust was not meeting NICE guidance about the percentage of patients who had their medicines reconciled upon admission to the hospital (medicines reconciliation is the process of checking the patient continues to receive the medicines they were taking before admission, unless changed or stopped for clinical reasons). The audit conducted in March 2015 found that 48% of patients' medicines were reconciled within 24 hours of admission and 69% patients had their medicines reconciled during their hospital stay. The trust had an action plan to increase these percentages by improving the clinical pharmacy service to the wards, by July 2016.
- Arrangements for storing and accounting for medicines (apart from controlled drugs) in theatres were not sufficient. This meant there was a risk of mishandling and that medicines requiring refrigeration could be less effective or unsafe to use. The trust planned to install new storage facilities and informed us that the drug fridges were delivered during our inspection. We also found that the trust's procedure for monitoring temperatures of medicine refrigerators was not followed on some wards.
- Controlled drugs were stored and recorded safely on all the wards visited by our pharmacist inspector.
- Our pharmacist inspector looked at 25 prescription charts during the inspection. We only found one missed prescribed dose of medicine with no reason documented. However, on the neonatal unit we saw some medicines prescribed as single daily doses when this was not the appropriate way to administer them. We also saw some charts where legibility of the doctor's name was poor and the date that a medicine stopped was not recorded.
- Across the trust, we found that oxygen was not prescribed.
- The trust had acted quickly in response to two recent medicine safety incidents and changed processes in the supply of stock medicines to protect patients.
- The trust introduced pharmacy robots in July 2014. This has reduced errors and increased staff capacity.

Staffing

- The trust used the Safer Nursing Care Tool twice a year to determine staffing levels. The trust board discussed the Nursing & Midwifery staffing report at the February board meeting. The trust aimed to have a ratio of one nurse to seven patients during the day and twelve patients at night. The midwife to birth ratio was planned to be one to 28.

Summary of findings

- Recognised tools were not used to determine staffing requirements in some specialist areas such as the emergency department.
- A situation report that included staffing was undertaken daily with the Heads of Nursing escalating as required to the Director of Nursing.
- The Director of nursing submitted a monthly report to the quality and governance committee. The report submitted in June 2015 showed that across the trust average fill rates for registered nurses/midwives was 85.6% during the day and 98% at night. Wards having a deficit of more than 20% between planned and unplanned staffing levels were reported as an exception and action identified.
- The trust was achieving a birth to midwife ratio of 1:28, which was in accordance with national guidance.
- Information within the monthly integrated performance report triangulated staffing levels with staff absence, complaints, incidents and 'red flags.' 'Red flags' were also reported and considered by individual clinical business units.
- The trust had not published the monthly staffing report on the trust's website since September 2014. There is a national guidance to publish monthly staffing data on the trust's website.
- Recruitment of suitable nursing staff was an ongoing challenge for the trust. The trust had a rolling programme of recruitment and was taking action to address shortfalls. At the time of inspection, there were 38 wte nursing vacancies across the trust from an establishment of 855wte. These posts had been recruited to and most staff were due to join the trust in September 2015.
- Most areas had recruited sufficient staff, although there was a particular challenge in some areas including children's nurses. Six beds on the children's ward had been closed prior to our inspection due to staffing shortages and, at the time of our inspection, there was a shortage of children's nurses in the emergency department which meant there was not a nurse trained to care for children on each shift.
- The trust board received and reviewed a formal report on medical staffing at the March board meeting.
- We identified some concerns about the capacity of the medical staffing, out of hours, particularly in medicine to meet patient need. The management teams were aware of this and the Medical Director said that they had reviewed the shift patterns against the workload and made changes to the afternoon and evening medical staffing as part of plans to address the issue.

Summary of findings

Are services at this trust effective?

Good

Summary

The adjusted mortality rates had reduced significantly in the trust over the past year including at weekends. Patient outcomes were good across most clinical services. There had been improvements in stroke service audit (SSNAP) outcomes. Some patient outcomes in the neonatal service required improvement.

Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).

The trust was not providing laparoscopic colorectal surgery and it was unclear if surgeons offered this option to suitable patients.

There were variable standards on the 'do not attempt cardiopulmonary resuscitation' forms (DNACPR).

For further detail, please refer to the individual location report for Barnsley Hospital.

Evidence based care and treatment

- Staff had access to policies and procedures and other evidence-based guidance via the trust intranet.
- Laparoscopic surgery (including laparoscopically assisted surgery) is recommended as an alternative to open surgery for people with colorectal cancer in accordance with NICE guidance. The trust was not providing laparoscopic colorectal surgery and it was unclear if surgeons offered this option to suitable patients. We raised this with the trust at the time of inspection. The trust planned to review the service further.

Patient outcomes

- The adjusted mortality rates have reduced significantly in the trust over the past year. Analysis across a range of indicators showed there was no evidence of risk regarding mortality.
- The trust had improved their mortality ratios (SHMI 103.5, HSMR 102.2, and weekend HSMR 108 for the year to February 2015).
- Each patient who had died had a mortality review; the Medical Examiner System was in place and the Mortality Steering Group maintained oversight.
- The microbiology department had Clinical Pathology Accreditation (CPA) and was working towards United Kingdom Accreditation Service (UKAS) accreditation.
- Most surgical outcomes were the same or better than the national average with the exception of laparotomies. In the national emergency laparotomy audit from 2014, the trust's self-reported data indicated that the provision of facilities required to perform an emergency laparotomy was unavailable

for 15 out of the 28 measures reported on. It estimated that 101 to 150 patients required an emergency laparotomy annually. The trust had identified this as an area of concern and the Medical Director was to lead on this area of work.

- In the maternity service, outcomes for women regarding deliveries were better in comparison with the national average.
- The trust participated in the national neonatal audit programme 2013 (NNAP). Three out of the five outcomes were below national standards.
- The national care of the dying audit was carried out in 2013 and results were published in 2014. Results in the clinical performance indicators showed that Barnsley was better than the England average in all 10 indicators however there were four key performance indicators for the organisation that were not achieved. By December 2014, the trust implemented and completed an action plan to address the shortfalls. The Sentinel Stroke National Audit Programme (SSNAP) showed an improvement from an overall SSNAP level of "D" for July to September 2014 to a "C" for January to March 2015. Most areas were rated C. However, occupational therapy and standards by discharge were rated A (with A being the highest level).
- The trust had participated in 153 local and 21 national audits in 2014/15.

Multidisciplinary working

- Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).
- There was a hospital at night team which co-ordinated the medical handovers and managed requests for support from the doctors working overnight.
- In 2014, the trust introduced a frailty team that consisted of specialist nurses and doctors. They assessed and planned care for patients with dementia, Parkinson's disease and delusional states and carried out mental capacity assessments.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff we spoke to could clearly explain when consent was required, documentation of consent and procedures to take should a patient not provide, or be unable to provide, consent.
- There were variable standards on the 'do not attempt cardiopulmonary resuscitation' forms (DNACPR). We reviewed 25 DNACPR records on a variety of wards. Out of these, there were nine which had gaps, such as capacity assessments not completed and no evidence of discussion in the records with the patient or family.

- The frailty team that consisted of specialist nurses and doctors carried out mental capacity assessments. The team told us that therapists regularly referred patients they identified with cognitive impairment.
- We found that staff recognised when a Deprivation of Liberty Safeguard may be required for patients. We saw examples of where these were applied. Staff understood the safeguards in place.

Are services at this trust caring?

Good

Summary

Patients reported positively in surveys about the care they received. We saw staff provided caring and compassionate care, ensuring that patients, children and their families were involved in the planning and delivery of their care.

We found outstanding practice for patients receiving end of life care. We heard of several examples where staff went beyond their roles to provide compassionate care. This included the whole multidisciplinary team including porters and mortuary staff.

For further detail, please refer to the individual location report for Barnsley Hospital.

Compassionate care

- In the 2013/14 Cancer Patient Experience Survey, the trust was in the top 20% of trusts for 17 out of 34 indicators.
- Patient-led assessments of the care environment (PLACE) for 2014 showed the trust scored better than the England average for privacy dignity and well-being.
- Friends and family test results for December 2013 to November 2014 showed the percentage of patients who would recommend the trust was consistently above the England average.
- In the 2014 CQC inpatient survey, Barnsley Hospital NHS Foundation Trust scored about the same as other trusts across the range of questions.
- We observed staff treating patients in a kind and compassionate way that promoted patients' dignity and respect.
- For patients at the end of life, we heard of several examples where staff went beyond their roles to provide compassionate care. For example, a ward sister had stayed after her shift ended to take a patient outside, as they wanted to feel the sunshine and wind on their face for a final time.

- Porters told us when they took deceased patients to the mortuary, they looked after them as they would if it was “our own mums or dads”. The porters spoke with ward staff and sometimes families about individual ways to transport deceased patients to the mortuary.

Understanding and involvement of patients and those close to them

- In the 2014 CQC inpatient survey, the trust scored about the same as other trusts for patients being involved as much as they wanted to be in decisions about their care and treatment.
- In clinical key performance indicators within the national care of the dying audit in hospitals (NCDAH) of 2013- 2014, Barnsley achieved higher than the national average in all 10 indicators. This included discussions with the patient and their relatives / friends regarding their recognition that the patient is dying, communication regarding the patient’s plan of care for the dying phase and assessment of spiritual needs.
- We observed positive examples of staff ensuring understanding and involvement of patients. For example, on the intensive care unit, we saw a patient who was very anxious and distressed, who was regularly kept informed of progress. Later on in the day, the patient seemed settled and understood what had happened.
- In ‘my care plan’ for patients at the end of life, there was space for family to write comments or messages to staff. Relatives reported they found this helped when they were too emotional to speak with staff.

Emotional support

- In the 2014 CQC inpatient survey, the trust scored about the same as other trusts for patients receiving enough emotional support from hospital staff.
- Staff provided emotional support. For example, in the intensive care unit, the service promoted the use of patient’s diaries. This practice assisted patients with reflecting retrospectively on their experience of critical illness and helped those coping with critical care unit post-traumatic stress disorder.
- The trust had a specialist midwives in bereavement who provided support, compassion and care for women and their families in time of bereavement.
- The hospital provided individual memorial services for relatives of patients who had died at the hospital. Staff planned to hold a multi-faith memorial service later in the year for all those who had died.

Summary of findings

Are services at this trust responsive?

Good

Summary

The trust performed above the 95% standard for percentage of patients seen within four hours since May 2014, with the exception of December 2014 and May 2015. Overall referral to treatment times for non-admitted and incomplete pathways had met the national standards.

There was a full time learning disability liaison nurse and a dementia specialist nurse to support staff to meet patient's individual needs.

Following transfer to a new electronic patient record system, the trust discovered a backlog of outpatients who potentially needed a follow-up appointment. Work was underway to clinically validate the lists and offer a review appointment by 31 January 2016.

Some specialities had not consistently achieved the cancer pathway RTT target. The trust was not meeting their key performance indicators (KPI's) for the 10 week antenatal bookings.

Staff raised concerns about the number and management of outliers. Trust data showed there was an average of 30 medical outliers a day.

The management and learning from complaints across the organisation was identified by the trust as an area for improvement.

For further detail, please refer to the individual location report for Barnsley Hospital.

Service planning and delivery to meet the needs of local people

- The lead commissioner of the services at Barnsley hospital was Barnsley Clinical Commissioning Group.
- The executive team were knowledgeable about the local population, local service provision and worked with partners to deliver services to meet patient's needs. For example, ambulatory care pathways had recently been introduced within the AMU.
- The directors shared that approximately 30% of attendances within the emergency department were suitable for primary care.
- There were referral pathways to other healthcare organisations, for example cardiology. The trust had identified where there were gaps in service provision, for example urology service, and was working with partners to deliver services that met the needs of local people.

Meeting people's individual needs

- There was a full time Learning Disability Liaison Nurse at Barnsley Hospital. They were a registered general nurse and registered nurse for learning disabilities. The learning disability liaison nurse was aware of any patients admitted who had a learning disability via the electronic flagging system.
- A retrospective documentation audit of patients with a diagnosed learning disability who accessed in-patient services was undertaken in April 2014. Consequently, the trust implemented several actions. These included revision of the 'All About Me' hospital passport to include a section on reasonable adjustments required when attending hospital, introduction in August 2014 of a reasonable adjustment care plan and funding sought to provide equipment to improve the experience of people with learning disabilities in the acute setting.
- Learning disability champions had been identified and training was due to begin in July 2015.
- Local CQUINs for the care of patients with learning disabilities were in place. We saw evidence of the monitoring of information to meet these.
- An electronic flagging system for people with learning disabilities was in place. The learning disability liaison nurse received an automatic retrospective weekly and monthly data set for all patients who have a diagnosed learning disability and had attended the emergency department, been an in-patient or had attended or did not attend the out-patients department. The information was used to identify any concerns and liaise with the community learning disability team and social care.
- Translation services were available for people whose first language was not English. However, there were no systems in place for providing professional sign language support for patients who were profoundly deaf who could not communicate in spoken English.

Dementia

- There was a dementia specialist nurse and a dementia strategy 2015 -2018 was being implemented. This was aligned to the trust's vision and values and provided a clear vision for dementia care at the trust.
- On admission, staff screened patients over the age of 75 for dementia.
- The trust had implemented the butterfly scheme. At the time of our inspection, 270 staff had received training in person centred dementia care in acute hospitals and 800 trained in the butterfly scheme.
- The trust had identified dementia champions who received a higher level of training.

- An electronic flagging system to identify people living with dementia was in development.

Access and flow

- After moving to the new electronic patient record system in October 2014, the trust identified in June 2015 that 23,557 patients were being held on a review list and who may not have been provided with follow up appointments. Immediate validation of the list reduced this to 7,980 patients overdue an appointment to the end of August 2015. Due to the change in processing the trust was carrying a backlog of about 2,000 outpatient outcomes per month; these were all reconciled by the end of each month. A further 9,613 patients appeared to have an open patient pathway, however these patients were discovered to have multiple pathways opened in error and the duplicates were removed from the system early into the validation process. Work was underway to ensure all relevant patients were offered a review appointment by 30th November with all patients seen by 31 January 2016; however, this was rated as a red risk by the trust, which indicated the potential patient safety risk associated with missed appointments. There were no current plans to put in place additional clinics, extended clinic hours or weekend working to address this backlog of appointments.
- On average 1% of clinics were cancelled by the trust. The did not attend rate was much higher than the England average.
- Referral to treatment times for non-admitted and incomplete pathways had met the national standards.
- The referral to treatment time (RTT) target is 18 weeks from referral from general practitioner to treatment within secondary care. During the reporting period April 2013 to November 2014, the trust performed better than the standard and the England average. Overall, the trust had been significantly outperforming the standard and the England average prior to May 2014, when a decreasing trend was noted; however, this decreasing trend mirrored the England average.
- The percentage of patients (with all cancers) waiting less than 31 days and 62 days from urgent GP referral to first definitive treatment was better than the England averages. Between Quarter (Q)1 2013/2014 and Q2 2014/2015 the percentage of people waiting less than 31days ranged between 99% and 100%. The percentage of people waiting less than 62 ranged between 88% and 94%, during the same time period. However, some specialities had not consistently achieved the cancer pathway RTT target of 85%. At March 2015, the 62 day cancer treatment wait for lower and upper gastrointestinal tract had

been achieved in eight out of the 23 pervious months and 13 out of 22 months respectively. The 62 day GP referral to treatment wait for urology patients had been achieved in 16 out of 23 months.

- The average bed occupancy for the trust was 92.5%. This was above the national average and above the 85% occupancy level where regular bed shortages and an increased number of healthcare associated infections can occur (National Audit Office).
- A number of staff raised concerns about the number and management of outliers. The list of medical outliers was reviewed daily by service managers and patients were allocated to a consultant and their medical team every morning. The allocation of patients was based on geographical location, continuity of care and consultant workload. Staff of all grades told us that consultant review of medical outliers varied and junior medical staff managed some medical outliers. A senior medical review was required to confirm a patient was medically fit for discharge. Trust data showed there was an average of 30 medical outliers a day.
- 95% of delayed transfers of care in the trust were due to 'completion of assessment' or 'waiting further NHS Non- Acute Care.' This is much higher than the England average. At the time of our inspection, there were 26 medically fit patients in hospital.
- The trust performed above the 95% standard for the percentage of patients waiting four hours since May 2014, with the exception of December 2014 and May 2015.
- The trust had improved their performance of the percentage of emergency admissions waiting four to 12 hours to be admitted. Their performance was now lower (better) than the national average.
- Patients who arrived by emergency ambulance must be handed over to ED clinical staff within 15 minutes. The College of Emergency Medicine (2011) also state that an initial clinical assessment should occur within 15 minutes of arrival or registration. In June 2015, the percentage of patients handed over within 15 minutes was 65.7%. The number of patients who waited over 15 minutes was 20.8%; there was no record for 13.5%. No patients waited over 120 minutes. Waits over 120 minutes were counted as a serious incident.
- The trust was not always meeting their key performance indicators (KPI's) for antenatal bookings, to be seen before 10 and 12 weeks of pregnancy. The trust target was 90%, and the information showed, between April 2014 and February 2015 the bookings for women seen before 10 weeks ranged between

53.3% and 81.2%. Women booking before 12 weeks ranged between 72.4% and 96.9%. This could have meant some of these women may not have received foetal anomaly screening. Trust managers had identified that there were data extraction issues following implementation of the new maternity information system. A manual audit showed the target was met for the 12 week bookings, but not the 10 week antenatal bookings. An action plan was written as to how the trust would address the issues and the plan included review and completion dates.

Learning from complaints and concerns

- The Director of Nursing & Quality was the executive lead for the management of complaints.
- Trust managers recognised that timeliness of responses to complaints required improvement. For 2014/15, 35% of complaints were responded to within the initial timeframe agreed with the complainant.
- An improvement plan for the management of complaints was in the process of implementation.
- There was a recently updated complaints policy.
- Weekly complaint escalation reports were produced to support scrutiny of response timeframes. Information about performance for individual CBUs was noted in their monthly CBU reports and reported to the Patient Experience Group. There was targeted work with the CBUs to improve their response rates.
- A review of complaints was a standing agenda item on CBUs Governance Meetings. Monthly statistical and quarterly performance reports were completed which noted trends and themes. CBUs used these reports to ensure that they were identifying learning and disseminating this. Some CBUs reviewed all complaints and PALS cases received and discussed actions. Learning was implemented because of the complaint. Further work was being undertaken to develop a complaints action log to support closer monitoring of implemented actions and lessons learned.
- There were number of examples provided across the trust of changes in practice because of complaints.
- Shared learning across the organisation was identified as an area for improvement.

Are services at this trust well-led?
Summary

Requires improvement

Summary of findings

Leadership at the trust had been subject to significant change over the last 20 months. Governance arrangements at the trust had been subject to significant change and scrutiny over the previous 18 months. The trust had undertaken significant work to strengthen risk management arrangements, however this would take time to embed and reach full effectiveness. Key risks had not been identified such as the lack of triage for patients attending the emergency department, who did not arrive by ambulance and the lack of laparoscopic colorectal surgery.The leadership at CBU level varied with emergency and urgent care, surgery and services for children and young people requiring improvement.

A number of strategies to improve engagement with staff had been introduced, but these were not yet reflected in the staff survey results. It was acknowledged by the leadership team that public engagement could be improved and that the recent priorities had been internally focused. There was no patient involvement strategy in place.

Staff throughout the organisation were proud to work in the trust. A trust-wide vision was in place, which staff understood. A five-year strategic plan had been developed and published. A strategy in each clinical business unit supported the trust strategy and CBUs understood the strategic plans.

Staff spoke positively about the trust leadership. An independent review also found there was widespread support for the new executive team who were viewed as being highly capable and had led a number of changes.

Vision and strategy

- A trust-wide vison and aims and strategic objectives were in place. These had been agreed as part of the business planning process, which included workshops with board members and staff engagement sessions.
- A five-year strategic plan had been developed and published. Strategic themes included to extend and sustain core services, build emerging opportunities and create viable future options.
- A strategy in each clinical business unit supported the trust strategy.
- An independent review of governance arrangements in June 2015, found there was limited visibility of these strategies across the CBU or use in performance review meetings. It identified further work was needed to more explicitly align and link these to the trustwide strategy. This work was in progress. We found the CBUs understood the strategic plans and links to the trust strategy.

Summary of findings

Governance, risk management and quality measurement

- Governance arrangements at the trust had been subject to significant change and scrutiny following the identification in March 2014 of financial mismanagement at the trust. Monitor declared the trust in breach of its licence conditions in April 2014 and undertook enforcement action in relation to finances, concerns regarding long A&E waiting times and governance. Monitor removed the breach of licence relating to A&E waiting times in January 2015. Breaches in relation to governance and finances remained in place.
- There was a governance structure, implemented in September 2014, which informed the board of directors.
- An independent review of governance arrangements at Barnsley Hospital NHS Foundation Trust was undertaken in September 2014 and a follow-up review was reported in June 2015. This concluded the governance arrangements supporting the Board and committees had been strengthened. However, there remained a number of areas where the trust needed to continue to strengthen and improve governance arrangements.
- The trust had undertaken significant work to strengthen risk management arrangements. A Risk Management Group met monthly; this was recently reintroduced.
- The corporate risk register had been reintroduced to routine committee reporting in April 2015. The risk management function had recently moved under the portfolio of the Medical Director who had reintroduced a corporate risk management forum and the corporate risk register. Directors recognised this would take time to embed and reach full effectiveness. Key risks had not been identified such as the lack of triage for patients attending the emergency department, who did not arrive by ambulance and the lack of laparoscopic colorectal surgery.
- There was system of producing a chair's log from committees or meetings used effectively to escalate information or concerns from ward to board.
- The trust had implemented a Board Assurance Framework (BAF) based on a best practice model. The trust board discussed the BAF at the trust board meetings. The BAF was consistent with the risks identified on the corporate risk register.
- A quality strategy for 2014 to 2017 was in place.
- The board regularly received a 'Learning from Experience Report' presenting analysis of patient feedback, outlining themes and trends.

- The trust had a dedicated group of volunteers who supported the trust. There were appropriate policies, procedures and guidance in place regarding the recruitment, induction and suitable tasks to be undertaken by the volunteer workforce.
- A cost improvement programme was in place. Cost improvement plans were reviewed for impact on quality. Senior managers stated they had not had to reject plans due to quality impact.
- The trust was under significant financial challenge. A financial recovery plan was in place.

Leadership of the trust

- Leadership at the trust had been subject to significant change over the last 20 months. There had been a new Chief Executive. The Medical Director was appointed six months prior to our visit; a Chief Operating Officer had been appointed and the Finance Director post was advertised. Two new NEDs commenced in their roles in April 2015.
- There had been significant challenges at the trust and consequently changes within the organisation. This had required effective leadership. Directors were aware of the challenges and acknowledged there was further work to do.
- Staff spoke positively about the trust leadership. The independent review also found there was widespread support for the new executive team who were viewed as being highly capable and had led a number of changes.
- The organisational structure had been changed and implemented in 2014. The trust operated through six clinical business units. A Clinical Director, Head of Nursing and General Manager led each unit. The leadership at CBU level varied with emergency and urgent care, surgery and services for children and young people requiring improvement.Within surgery, there was no clinical lead in post.
- Directors held monthly performance management meetings with each CBU.
- Engagement with the Council of Governors had improved. The governors themselves shared this view.
- There was a board development programme in place.

Culture within the trust

- Staff throughout the organisation were proud to work in the trust.
- Staff recognised that the culture at the trust was in the process of changing and improving.
- Staff felt there was now an open and honest culture.

Summary of findings

- NHS Staff Survey 2014, results showed three positive and nine negative results out of 31 indicators. The remaining 19 indicators were within expectations.
- There was an increasingly strong culture of training and development. There were positive comments from staff and examples of staff supported by the trust to develop their skills. However, the results of the latest staff survey had indicated this was an area for improvement.
- Staff sickness absence rate has varied across time, but since January 2014, the rate has been similar to the England average.
- The trust performed similar to the England average for 11 out of 12 indicators in the GMC National Training Scheme Survey.
- The trust performed similar to the England average for the majority of indicators in the NHS staff survey with three indicators being positive and nine negative finding (out of 31 indicators).

Fit and Proper Persons

- The trust had implemented an assurance template that demonstrated the requirements of the fit and proper persons test were met for newly appointed directors.
- An annual declaration for existing directors was in place.
- We asked to see the human resource files for the directors and director equivalents of the organisation, and randomly selected five to review including existing staff and recently appointed staff. All had the appropriate checks in place including professional registration checks, DBS checks and assessment of leadership skills.

Public engagement

- It was acknowledged by the leadership team that public engagement could be improved and that the recent priorities had been internally focused.
- There was no patient involvement strategy in place.
- The board heard a patient's story at the beginning of each board meeting.
- There was some evidence of public engagement, for example, the patient experience lead had attended a deaf engagement event in January 2015. This had identified areas the trust could improve, although these had not yet been implemented.

Staff engagement

- Most staff spoke positively about engagement with the new senior team and had felt informed through the structural changes that had taken place.

- Some areas, such as critical care, felt that the executive team were not visible.
- The Chief Executive had a number of strategies to engage with staff including monthly lunches with the CEO and undertaking clinical shifts.
- The trust had recently subscribed to the Listening into Action programme and a "Mission Possible" campaign, designed to support a mix of training and development, driving change through the workforce, listening to staff and empowering them to make the changes they felt would help deliver the Trust's ambitions.
- The trust received accreditation for the Investors in People bronze award in March 2015.
- NHS Staff Survey 2014 showed the overall staff engagement score was a negative finding and had reduced from the previous year. Staff survey action plans were in place and progress monitored.
- Many staff spoke negatively about the implementation of the electronic patient record system introduced in October 2014. Staff had felt unsupported. The leadership team recognised there were ongoing implementation concerns and lessons to be learned by engaging with staff. They had seconded staff as project leads to support this.

Innovation, improvement and sustainability

- The trust was implementing the Cavendish Care Certificate to all unregistered new starters with a plan to roll out to all unregistered staff in the future using the appraisal process. The Care Certificate is a nationally identified set of standards that health and social care workers adhere to in their daily working life.
- The trust had also secured funding from Health Education England to implement the Calderdale Framework, which is a competency-based framework. There was a project manager appointed to lead this work.
- The trust had secured funding from Health Education England to train a further eight advanced nurse practitioners to support both Hospital at Night and the Emergency Department. Staff were undertaking their training.
- A Midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book', which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update, which gave staff the opportunity to

feedback in real-time; she posted this on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and therefore helped improve the outcomes for patient care.

- The uro-gynaecology nurse specialist had introduced "Percutaneous tibial nerve stimulation for overactive bladder" following a successful business case to the trust which demonstrated it not only improved symptoms for patients but also cost saving for the trust. Audit data from 2014 demonstrated improved outcomes for women.
- The dermatology service had a tele-dermatology project whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within 3 days. The service was approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.
- We saw that staff in the breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.
- The trust had introduced pharmacy robots in July 2014. This had reduced errors and increased staff capacity.

Overview of ratings

Our ratings for Barnsley Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Our ratings for Barnsley Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Good	Requires improvement	N/A

Notes

Outstanding practice and areas for improvement

Outstanding practice

- We found several examples where staff went beyond their roles to provide compassionate care for patients receiving end of life care. This included the whole multidisciplinary team including porters and mortuary staff.
- A Midwife had won the prestigious 2015 Royal College of Midwifery's (RCM) Philips AVENT National Award for Innovation in Midwifery. They created a secure staff social networking site called 'Ward-book', which was used by midwifery staff at the hospital to communicate important messages across the department. Each week the Head of Midwifery wrote a departmental update which gave staff the opportunity to feedback in real-time; she posted this on the system. The Ward-book was used as a virtual notice board. It helped communication between managers and staff and therefore helped improve the outcomes for patient care.
- The uro-gynaecology nurse specialist had introduced "Percutaneous tibial nerve stimulation for overactive bladder" following a successful business case to the trust which demonstrated it not only improved symptoms for patients but also cost saving for the trust. Audit data from 2014 demonstrated improved outcomes for women.
- The Dermatology service described a tele-dermatology project they were providing in conjunction with the local Clinical Commissioning Group whereby some GP practices could send in pictures of patient problems and receive an electronic treatment plan within 3 days. The service had also recently been approved to provide private cosmetic procedures (such as Botox) and was seeking to use these as a revenue generator for the trust.
- We saw that staff in breast clinic had developed a simple tool for patients to remind them to take their medication. The staff had developed a card, covered in a picture of brightly coloured tablets that hung from a door handle at their home such as a kitchen cupboard. This had been shared at an internal nursing conference and staff in other areas of the trust were using for their patients.

Areas for improvement

Action the trust MUST take to improve

- ensure all patients attending the emergency department, have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance.
- ensure that children attending the hospital are cared for by nursing staff who have the qualifications, competence, skill and experience to do so safely.
- ensure oxygen is prescribed in line with national guidance.
- ensure that medicines reconciliation is completed in 24hrs and meets local and NICE guidance.
- ensure compliance with the five steps for safer surgery.
- ensure suitable patients are offered laparoscopic colorectal surgery in accordance with NICE guidance.
- must address the backlog of outpatient follow-ups.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitable qualified, competent, skilled and experienced persons must be deployed. There were insufficient numbers of nurses competent in the care of children deployed in the Emergency Department and the children's clinical areas.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care must be provided in a safe way. The registered person must assess the risks to health and safety of service users of receiving the care or treatment and ensure the proper use of medicines. Patients not entering the emergency department by ambulance did not have an initial assessment undertaken by a suitably qualified healthcare professional in accordance with national guidance. Medicines reconciliation was not completed within 24hrs to meet local and NICE guidance. Oxygen was not prescribed. Patients were not offered laparoscopic colorectal surgery in accordance with NICE guidance. The five safer steps to safer surgery were not embedded in practice. There was a backlog of outpatient's follow-up appointments and patients referred for treatment.

Report of the Director of Human Resources, Performance & Communications, to the Overview & Scrutiny Committee on 5th April 2016

Overview and Scrutiny's Task and Finish Group (TFG) Work Reports – Cover Report

1.0 Introduction and Summary

1.1 During the 2015/16 municipal year, 3 Overview and Scrutiny Task and Finish Groups (TFGs) have undertaken investigations into local provision with regards to a variety of services. To promote the work of the TFGs and increase Members' awareness of different service in the Borough, the reports have been brought to the Overview and Scrutiny Committee for information.

1.2 As shown in 'Item 5b & 5c' (attached), Councillors Carr (TFG Lead Member), Frost, Johnson, Makinson, Tattersall and Wilson together with Co-opted Members Joan Whitaker and Pauline Gould undertook an investigation into Fly-Tipping in the Borough.

1.3 'Item 5d' (attached) outlines the work of the TFG which looked at what the barriers are for adults to being 'work ready' and gain employment. This was carried out by Councillors Hand-Davis (TFG Lead Member), Birkinshaw, Clements, Gollick and Johnson together with Co-opted Member Mr John Winter.

1.4 'Item 5e' (attached) outlines the work of the TFG which looked at 'BMBC's Customer Services Strategy 2015-18'. This was undertaken by Councillors Sixsmith (TFG Lead Member), Cave, Ennis, Spence, Tattersall and Unsworth together with Co-opted Member Mr John Winter.

2.0 Officer Contact

Anna Morley, Scrutiny and Member Development Officer (01226 775794)
18th March 2016

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Item 5b

Cab.9.3.2016/7

BARNSLEY METROPOLITAN BOROUGH COUNCIL (BMBC)

This matter is not a Key Decision within the council's definition and has not been included in the relevant Forward Plan.

Report of the Director of Human Resources, Performance and Communications.

SCRUTINY TASK AND FINISH GROUP REPORT ON 'FLY-TIPPING'

1. Purpose of report

1.1 To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the 'Fly-Tipping' Task & Finish Group (TFG) regarding what is being done to resolve the high instances of fly-tipping in the Borough.

2. Recommendations

2.1 That Cabinet considers the conclusions and recommendations set out in the Draft Fly Tipping Action Plan (Appendix 1) as a result of the TFG's investigation into what is being done to resolve the high instances of fly-tipping in the Borough.

3. Introduction/Background

3.1 Elected Members from across the Borough raised concerns about the amount of fly-tipping incidents that had occurred in their ward, particularly recent increases. Therefore, the Overview and Scrutiny Committee (OSC) agreed to one of its TFGs undertaking a detailed investigation into this area to consider what the main issues were, what was being done to resolve them and what further action could be taken.

3.2 To understand the extent of the issue and identify some key lines of enquiry, the TFG sought feedback from Area Councils and met as a group to gather a list of key questions. This led to the TFG meeting with officers on an individual basis as well as undertaking workshops which involved officers and Members coming together to identify the key issues and pull together a draft action plan to address them.

3.3 The members of this TFG included:
Councillor Gill Carr (TFG Lead Member), Councillor Robert Frost, Councillor Wayne Johnson, Councillor Caroline Makinson, Councillor Sarah Tattersall, Councillor John Wilson together with Co-opted Members Joan Whitaker and Pauline Gould.

4. Findings

4.1 Nationally, there has been an increase in the incidents of fly-tipping. According to the Government Department for Environment, Food and Rural Affairs (DEFRA), the trend in incidents of fly-tipping had been downward, until 2013/14 when there was an increase to 852 thousand incidents. This number increased again in 2014/15 to 900 thousand incidents. Nearly a third of all incidents (31%) were equivalent to a 'small van load' of materials being tipped. In 2014/15, the estimated cost to Local Authorities to clear this waste was nearly £50 million; in the same period nearly 515 thousand enforcement actions at an estimated cost of £17.6 million were undertaken.

4.2 In Barnsley, there has been a 41.4% increase in fly-tipping incidents between 2013/14 and 2014/15. In 2013/14, 2162 fly-tipping incidents were recorded, in 2014/15 this rose to 3057. During 2014/15 the cost to BMBC to collect and dispose of the fly-tipped waste was over £250K. This doesn't include the cost of additional services Area Councils have commissioned to remove litter and fly-tipped waste. During 2013/14, 134 enforcement investigations took place in relation to fly-tipping which increased to 152 in 2014/15. These resulted in prosecutions and financial penalties being administered to the perpetrators.

4.3 Through undertaking several meetings and workshops alongside both strategic and operational officers from different services including Waste, Enforcement, Communities and Planning, the TFG gained an understanding of the key challenges and complexities of the issue of fly-tipping. The TFG acknowledged that any solutions would require joint action both across services and local stakeholders. Similarly, that due to the current economic climate and the Council being subject to Government cuts, any recommendations would need to be mindful of this.

4.4 During the officer/Member workshops, a PESTLE (Political, Economic, Social, Technological, Legal, and Environmental) analysis was undertaken to identify some of the possible causes for the recent increases in fly-tipping. Reasons included the post-recession economy and increased sale of white goods, and the throw-away culture in society where items are regularly replaced. This was followed by identifying key stakeholders in relation to fly-tipping at a local, regional and national level; including those affected by fly-tipping, those responsible for it and those who had influence and opportunity to reduce it. This approach was centred on looking to unpick the problem with a view to making recommendations that seek to reduce the supply of the problem, thus endeavouring to reduce the number of incidents at source.

5. Recommendations

5.1 As a result of the findings, the TFG pulled together a ' Draft Fly-tipping Action Plan' (Appendix 1) which combines recommendations under 4 themes requiring action at a local, regional and national level. The document is provided as a framework for actions which may be further developed.

The TFG would also like to take this opportunity to thank all those who provided information, attended events and assisted with the investigation.

6. Implications for local people / service users

6.1 The issue of fly-tipping is prevalent across the Borough; therefore improvements in this area of work would have implications across the area. Residents are included within the Draft Fly-Tipping Action Plan as their knowledge, awareness and actions will assist with the prevention of fly-tipping. By them being increasingly aware of the problem and associated costs should improve intelligence gathering and the prosecution of those committing this crime.

7. Financial implications

7.1 There are no specific financial implications, although in responding to the recommendations in the report, the financial implications of these would need to be fully assessed by the appropriate services responding which may be the Council or other agencies.

8. Employee implications

8.1 There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding which may be the Council or partnership agencies.

9. Communications implications

9.1 To combat the issue of fly-tipping it would be impractical and ineffective to rely solely on enforcement action, therefore a joined up, holistic approach is required. A key focus of the Draft Fly-tipping Action Plan is communication activity as a preventative measure to reduce the incidents by raising awareness of the issues and costs, and making fly-tipping socially unacceptable.

10. Consultations

10.1 Consultations have taken place with Councillors G. Carr (TFG Lead Member), Frost, Johnson, Makinson, Tattersall and Wilson, Co-opted Members Joan Whitaker and Pauline Gould and Council Officers Paul Castle, Dorne Kanareck, Paul Brannan and the Senior Management Team.

11. The Corporate Plan and the Council's Performance Management Framework

11.1 One of the Council's strategic priorities is to have 'Strong and Resilient Communities'. Within this, 'Outcome 11' focuses on 'protecting the Borough for future generations', describing how we must ensure the effective collection and disposal of waste to protect the environment for the future. This requires encouraging residents to ensure they recycle and correctly dispose of their waste, not only to protect the environment but to minimise associated costs and protect savings for other important services.

12. Risk management issues

12.1 The issue of fly tipping and the consequences to stakeholders, and the Borough as a whole are clearly significant. The management, development and delivery of the attached Action Plan will act as a robust mitigation to a number of risk areas.

12.2 Following approval of this report and further development of the Action Plan, the Scrutiny Officer and Council's Risk and Governance Manager will liaise with key officers within the Council to ensure relevant risks are logged in the appropriate business unit risk register. These will contribute to the assurances that members will require in terms of progressing the delivery of the TFG Action Plan.

13. Health, safety, and emergency resilience issues

13.1 Fly-tipping can cause serious pollution to the environment as well as risks to human health, wildlife and animals. National data shows that in 2014/15 nearly half of all fly-tipping incidents (48%) were on highways. This can cause serious risks to road users, therefore it is important that work is undertaken to combat this issue.

14. Promoting equality, diversity, and social inclusion

14.1 To ensure the correct disposal of waste, it is essential that all our communities understand how to correctly use local methods and facilities. Therefore when undertaking campaigns to highlight the issue of fly-tipping a variety of methods have been identified for use including social media, videos, printed text (including community languages and Easy Read) so that the information is accessible to all our communities and promote social inclusion.

15. Reduction of crime and disorder

15.1 Fly-tipping is a criminal activity and is considered as part of the local area's Joint Strategic Intelligence Assessment (JSIA). Large costs are associated with undertaking enforcement action; therefore it is impractical to rely solely on this to deal with the issue. It is important that residents are encouraged to be alert to the issue, reporting concerns and intelligence to appropriate agencies to assist with tacking the problem and reducing this crime.

16. Glossary

DEFRA - Department for Environment, Food and Rural Affairs
HWRC – Household Waste Recycling Centre
OSC - Overview and Scrutiny Committee
TFG – Task and Finish Group

17. List of appendices

- Appendix 1 – Draft Fly Tipping Action Plan

18. Background papers

- Defra Fly-tipping statistics for England 2014/15: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469566/Flycapture_201415_Statistical_release_FINAL.pdf

Officer Contact: Anna Morley Telephone No: 01226 775794 Date: 26th February 2016

Financial Implications /  Consultation 25/02/16 (*To be signed by senior Financial Services officer where no financial implications)*

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Appendix 1 – Draft Fly-Tipping Action Plan

Theme	Solution/Action	Stakeholder	Delivery Period (S/M/L)	Action Lead / Theme Lead	Comments

Communication	**Develop and run a behaviour change campaign to improve knowledge/raise awareness of fly-tipping and waste disposal in local communities.**
	Using social media/webpages/printed media e.g. Council Tax Bills, Stickers on bins, Staff Intranet articles, Straight Talk, Community Magazines, advertising boards in the markets. Could include videos/printed text and articles/advertisements on vehicles, ensuring information is in accessible formats (including community languages/Easy Read/Sign Language videos)to highlight:
	• How to correctly dispose of waste in Barnsley i.e. bins and HWRCs (Household Waste Recycling Centres) including 'myth buster'
	• Using reputable waste removal companies
	• the issue of fly-tipping and its cost to us – infographics showing shocking figures
	• everyone needs to be BMBC's eyes and ears re. fly-tipping and here's where to report it (e.g. residents, employees around the borough-Highways staff/Housing Officers)
	• risk/cost of prosecution
	  ○ your responsibilities as a resident (i.e. not leaving items at the end of the driveway)
	  ○ how many prosecutions there have been and for what amount – 'name and shame campaign'
	• the Council's bulky item collection service
	• Freecycle
		All local area
		• Residents (local and neighbouring)
		• Council / Partner agency employees
		• Schools
		• Equality Forums
		• Businesses - specifically Letting Agents Stores selling white goods / beds
		• Chamber of Commerce
		• Building material supplies
		• Tyre fitting companies
		• Landlords
			Short/ Medium term hold 'Fly-Tipping' week
			
			Long term – ongoing comms.
				• Communications team to facilitate resource development & press engagement such as Barnsley Chronicle
				• Communities-Area Council Officers to assist facilitation
				• Elected Members/Area Councils/MPs to promote in their communities and engage with local stakeholders
				• Barnsley College students to support creation of videos
				• One Barnsley partner organisations to disseminate
					• A 'Fly-Tipping' week could be held locally and co-ordinated across the region to raise awareness of the issue (i.e. with our neighbouring Councils) and make fly-tipping 'socially unacceptable'
					• If communicating re. HWRCs – need to do this to the local area across borders (not just Barnsley residents)
					• Preparations will need to be made by services to deal with increased customer contact during this period including swift removal / prosecution

Appendix 1 – Draft Fly-Tipping Action Plan

	Create and distribute the following: • Welcome to Barnsley packs for residents to post through neighbouring doors on private rented sector homes to include for use in areas of high tenant turnover • Letter to landlords outlining responsibilities of effective disposal of waste • Letter offering new premium bulky service • Webpage on waste services • Web address contact details for bin calendar				
	Specific Communication to Businesses re. their responsibilities to dispose of waste appropriately, making them aware of available options and fines that can/have been given	• Businesses - specifically Letting Agents, Stores selling white goods / beds/construction companies • Chamber of Commerce/ • Federation of small businesses	Short/ Medium term hold 'Fly-Tipping' week Long term – ongoing	• Communications team to facilitate design • Regulatory services/Waste/ Elected Members to facilitate/ assist distribution • Chamber of Commerce/Federation of small businesses to distribute	
	All Member Information Brief on FAQs answered through this investigation/myth buster e.g. re. HWRCs	• Elected Members	Short term	• Waste, Enforcement & Scrutiny	
Waste/Item Disposal	Work towards improving the offer at HWRCs for the small/medium business sector, such as a 'Pay As You Drop Site' at a HWRC	• Small/Medium Businesses • 'White Van Man'	Long term	• Waste services	Aware that current HWRCs are already running at full capacity
	Develop a swap shop available either at HWRCs or in a town centre unit e.g. Hull Council example	• Council – Waste Services • Residents • Businesses	Medium/ Long term	• Waste services to lead through HWRC procurement	
	Enable young people through IKIC to reuse fly-	• Schools	Medium/	• IKIC Officers/Council's	

Appendix 1 – Draft Fly-Tipping Action Plan

	tipped items for business purposes i.e. sell on old items as they are or create something new out of them	• Council – Waste Services	Long term	Education service to facilitate • Local schools to lead implementation	
	Waste Service to receive allocated budget for each new house that's built to allow for them to be incorporate on rounds/set up costs	• Council – Waste Services and Planning Dept. • Construction Companies	Medium/ Long term	• Elected Members to agree • Planning department to facilitate	
Enforcement	Include waste disposal considerations/ procedures/ licences as a 'must-have' for businesses i.e. if you are a business you must evidence you have appropriate disposal mechanisms in place for your business waste such as a contract for a commercial bin	• Sheffield City Region • Council - Regulatory / Enforcement Services	Medium term	• Planning/ Regulatory Services to facilitate • Sheffield City Region Devolution Deal to resource	Devolution Deal should make funds available to ensure new and existing businesses comply and facilitate random and planned checks to be carried out
	Undertake proactive monitoring/enforcement of businesses regarding whether they have appropriate arrangements for waste disposal (utilise this as part of Environmental Health/ Regulatory Services visits) and send out warning letters	• Council - Enforcement/ Regulatory Services	Short, medium and long term	• Planning/ Regulatory/Waste Services to facilitate	
	Use surveillance/warning signs in hot-spots and increasingly utilise Community Protection Notices (CPNs), Fixed Penalty Notices (FPNs) and warning letters	• Council - Enforcement/ Waste services • South Yorkshire Police	Short, medium and long term	• Enforcement/ Waste services • South Yorkshire Police	
	Gather, analyse and ensure intelligence regarding what is being fly-tipped and at what locations is accurate and shared by services to enable joint-action	• Council - Enforcement/ Waste services	Short term	• Enforcement/ Waste services	Give Neighbourhood teams cameras to photograph the waste; this can be shared with enforcement staff to analyse
Other	Waste/Neighbourhood and Enforcement Services come together at a strategic and management level to agree joint resources/plans and end to end processes	• Council - Enforcement/ Waste services	Short term	• Enforcement/ Waste services	

Appendix 1 – Draft Fly-Tipping Action Plan

	Send thank-you letters from the Leader/Chief Executive to volunteers who have helped clear waste – tie this in with the Love Where You Live campaign	• Volunteers • Voluntary Action Barnsley (VAB) • Council - Communities Directorate	Short, medium and long term	• Communities service to devise letter • Elected Members, VAB and volunteer co-ordinators to disseminate	
	Include 'effective waste disposal' as a criteria on the 'Private Landlord Accreditation Scheme'	• Council - Strategic Housing Service • Landlords	Short term	• Strategic Housing service	
	Planning service to provide information on waste disposal and fly-tipping to land and property owners	• Land and property owners • Council's Planning service	Short, medium and long term	• Planning Service	
	Lobby local Members of Parliament (MPs) regarding the issue of fly-tipping and the problems this causes; request increased penalties to be available and administered through the courts. Also liaise with and lobby the local court user group regarding the problem of fly-tipping and ensuring appropriate penalties/solutions are administered.	• Elected Members • MPs • Law Courts • Enforcement Team	Short term	• Elected Members • Enforcement Team	
	Investigate best practice and learn from Councils who've reduced fly-tipping in their area; understanding what schemes they have utilised and whether they would be suitable approaches within Barnsley	• Council - Waste Services	Short term	• Waste Services	

BARNSLEY METROPOLITAN BOROUGH COUNCIL (BMBC)

This matter is not a Key Decision within the council's definition and has not been included in the relevant Forward Plan.

Report of the Director of Human Resources, Performance and Communications.

SCRUTINY TASK AND FINISH GROUP REPORT ON 'WORK READINESS - ADULTS'

1. Purpose of the report

1.1 To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the 'Work Readiness' Task & Finish Group (TFG) regarding what the barriers are to being 'work-ready' and gain employment, and what is being done to help adults in Barnsley overcome these.

2. Recommendations

2.1 That Cabinet considers the conclusions and recommendations set out in section 6 as a result of the TFG's investigation into what the barriers are to being 'work-ready' and gain employment, and what is being done to help adults in Barnsley overcome these.

3. Background

3.1 During 2014/15 one of the OSC TFGs undertook an investigation into what provision is available to enable people in the Borough to be 'work-ready'. As they undertook the investigation, they found this to be a very wide-ranging topic, therefore narrowed their focus to consider the provision available for young people and considered the 'I Know I Can (IKIC)' programme within Barnsley schools. Following this investigation, it was agreed that this work should continue, to consider what provision is available to assist adults in the Borough to be 'work-ready' and gain employment.

3.2 It is noted that aside from academic attainment and the ability to carry out tasks in the workplace, employers need 'work-ready' employees who: have the right attitude; are reliable and will turn up on time; are able to communicate effectively and provide good customer care; and can work well as part of a team.

3.3 As outlined in the Corporate Plan, the three priorities for Barnsley are: a thriving and vibrant economy, strong and resilient communities; and citizens achieving their potential. Ensuring people in our communities are 'work ready' contributes to achieving all of these and should be prioritised in services being provided. The investigation therefore sought to better understand what the barriers are to being 'work-ready' and gain employment, and what is being done to help adults in Barnsley overcome these and obtain work.

3.4 The members of this TFG included:

Councillor Paul Hand-Davis (TFG Lead Member), Councillor Phil Birkinshaw, Councillor Malcolm Clements, Councillor Annette Gollick, Councillor Wayne Johnson together with Co-opted Member Mr John Winter.

4. What the Task & Finish Group (TFG) looked at

4.1 To better understand what the barriers are to being 'work-ready' and gain employment, and what is being done to help adults in Barnsley overcome these, the TFG undertook a variety of visits. This involved meeting with a number of local agencies to understand from their perspective what is currently in place and what more could be done.

4.2 Initially, the group met with officers from the Council's Economic Regeneration Service to understand the Barnsley context in terms of the work and skills agenda, including learning about some of the activities currently taking place to help people gain skills to obtain employment.

4.3 The group's investigation led them to meeting with and contacting a number of agencies listed below from the statutory, voluntary and private sectors to: understand the barriers individuals face to gaining employment; the support services available and the barriers they face in delivering services; as well as the local employer's perspective:

Organisation/Service	Service Provision / 'Work Readiness' Perspective
Dearne Electronic Community Village (DECV)	Voluntary agency in the Dearne providing free public access to ICT resources in a friendly, non-intimidating environment to meet individual needs as well as provide employability activities and skills training.
Dearne Employment & Training – (VAB)	Voluntary Action Barnsley provide free drop in sessions in the Dearne offering tailored support to help people find employment.
Jobcentre Plus (JCP) (part of the Government Department for Work and Pensions-DWP)	Provides assistance to those who are unemployed and claiming benefits to find work. This includes support from Employment Support Advisors as well as Disability Employment Advisors.
Barnsley College	Provide adult learning courses as well as specific programmes for the unemployed including employability skills.
BMBC's Adult & Community Learning Service	Provide information, advice and guidance for learning and work, including courses leading to skills and qualifications, including for those with learning disabilities. Courses support wellbeing as well as progress into or towards employment.
BMBC's Library Job Clubs	Offer job clubs to help job seekers find and apply for jobs, providing free internet access as well as support from Library Officers.
BMBC's Health Improvement Officer - Employment & Skills	BMBC Public Health Officer with a specific focus on employment and skills, currently undertaking a mapping exercise to consider support available in Barnsley and provide recommendations for improvements.
Recovery College (SWYPFT)	South West Yorkshire Partnership NHS Foundation Trust Recovery College offers educational courses and workshops to people accessing Trust mental health services including

	their families and carers. These courses help improve work skills, health and wellbeing and involvement in local initiatives.
McDonalds	Global company offering a variety of local employment, training schemes and development opportunities.
XPO Logistics Supply Chain	Global company and Barnsley's largest employer, offering a variety of local employment, training schemes and development opportunities.

5. What the Task & Finish Group found

5.1 Over the last 5 years employment in Barnsley has increased rapidly, however still has a higher unemployment rate than both the regional and national levels. Having met with a variety of organisations and service providers, the TFG found there were a number of barriers faced by those wanting to gain employment, some of which are listed below:

- Ill health (in particular mental ill health) - data shows that in Barnsley, for nearly half of all Employment Support Allowance (ESA) claimants, the main health conditions preventing them from working are mental and behavioural disorders.
- Lack of confidence and low self-esteem – this prevents people from undertaking skill development activities as well as accessing available support services. This can also prevent people being prepared to travel to destinations they are not familiar with.
- Bad experiences at school – this can make people reluctant to engage in learning.
- Drug and alcohol abuse.
- Lack of transport - public transport may not be available to particular locations, even where transport is available it may not be available at all times of day in line with shift patters e.g. for those who start work very early. It doesn't pay to travel long distances for low-paid jobs due to high travel costs.
- Criminal record.
- Debt - due to delays in benefit payments and rules around claims, this can result in it being financially detrimental for someone to undertake short-term employment. In households where parents are claiming benefits, it can be financially detrimental to have children living with them who undertake employment as it will affect their benefit claim. Lack of funds may mean people are unable to pay for essential qualifications such as gaining vehicle driving licences.
- Lack of basic literacy and numeracy skills and qualifications.
- Lack of IT skills – benefit claimants are required to have basic IT skills in order to complete forms and evidence their search for employment. Also, the majority of jobs require employees to have basic IT skills and even where they don't, often application processes require the use of online processes and IT skills.
- Lack of opportunities to undertake work placements and gain work experience and employability skills.

5.2 The TFG found there were a number of services and initiatives to help people overcome the barriers they were experiencing in gaining employment, many of which were visited as part of this investigation. This included: provision of training and development opportunities; funding to obtain particular qualifications where certain conditions were

met; officers providing information, advice and guidance; as well as mental health support services.

5.3 The group also found that the organisations providing support services faced challenges, some of which include:

- Lack of funding – this includes problems with accessing consistent, long-term funding as organisations providing services were consistently having to make applications to funds which were only available short term. This can result in valuable resources being wasted as time spent establishing services, building relationships and trust in communities can be lost. Services also found they are having to compete for the same limited funding sources.
- Lack of appreciation of individual progress – it was highlighted that funders often only see success as enabling an individual to progress from being out of work to gaining employment. However for many individuals, particularly those who have been out of work for several years, prior to this they need to be able to increase their confidence and change their mind-set from 'do not want to work' to 'would like to gain employment'. Services need to make sure they are able to capture this progress, but funders also need to appreciate that for many people, without investment in early intervention and personalised support to help people gain confidence and overcome personal barriers, they will never progress into employment.
- Lack of knowledge of all other available services in the Borough – as the TFG undertook its investigation it was able to make others aware of provision in the Borough; however there was no one-location where this information was currently available publically or amongst providers.

5.3 The TFG also met with local employers to understand the challenges they faced in recruitment and the opportunities they offer. Both McDonalds and XPO Logistics Supply Chain offer operational to management roles, with comprehensive training and development opportunities from apprenticeships to management training. As the companies are international there are also opportunities to work abroad. Both companies emphasised the importance of 'work-readiness' skills alongside basic literacy and numeracy; highlighting that they would be able to provide the training and support to develop and progress employees with these skills.

5.4 In summary, the TFG were reassured and impressed by the support services available to help people in Barnsley gain employment. There was evidence of good partnership working between agencies; committed employees who often went the extra mile to support individuals; and employers who are keen to invest in employees and recognised the importance of their role within local communities.

6. Recommendations

6.1 The TFG support the continuation of all the work which is currently taking place and good practice which is evidenced, including partnership working amongst services and employers. Due to this good work Barnsley's unemployment rate has reduced dramatically, however it is evident that those still requiring support into employment tend to face multiple and complex barriers and require personalised, one to one support. The TFG also make the following specific recommendations:

6.2 **Recommendation 1: BMBC and local employers offer work experience placements**

To help people gain skills and experience to secure long-term employment, they need to be given the opportunity to practice and develop relevant skills. Many job seekers may have been out of work for a number of years and have not had the opportunity to experience being in modern work places. These placements need to be supportive, thereby enabling individuals to improve their confidence and skills.

6.3 **Recommendation 2: A map of local employment support services is made available and shared with stakeholders**

During their investigation, the TFG were made aware of work currently being undertaken to map current employment support services including those related to health and education, and provide recommendations for improvements. The TFG were able to contribute to this exercise by providing their knowledge of services from this investigation and would recommend that when finalised, this document is shared with all the services listed as well as job seekers. This document will also need to be updated on an on-going basis.

6.4 **Recommendation 3: Need to ensure we secure long term funding and maximise opportunities from the proposed Sheffield City Region Devolution Deal**

To utilise resources effectively, it is important that existing, established services are supported to continue as they have built networks and trust amongst local communities. Support should be provided to local community groups to bid for contracts, including assisting them with application forms and ensuring they have appropriate policies in place to be eligible for contracts. Many individuals facing barriers to employment prefer to seek independent advice and support as they may be reluctant to approach statutory services as they fear this may have negative implications. It is also important that commissioners recognise and appreciate the number of steps that individuals need to progress through to gain employment. Therefore, without investment in early intervention and personalised support to help people gain confidence and overcome personal barriers, they will never progress into employment.

6.5 **Recommendation 4: Opportunities to support people trying to obtain employment should be listed as part of BMBC's Employer Supported Volunteering Scheme**

Council employees have a wealth of knowledge and skills which they could share with local job seekers, including IT skills, how to complete applications as well as employability skills required in the workplace.

6.6 **Recommendation 5: We recommend an all-member information brief (AMIB) is held so that ALL Members are aware of and can share the available opportunities with their communities**

This will help to raise awareness of the employment support opportunities available so that Members are better able to promote opportunities in their wards. All Members need to promote that there are jobs available in Barnsley and be aware of the locally used 'ABC' terminology that 'Any job' can then lead to a 'Better job' and then a 'Career'.

6.7 **Recommendation 6: The OSC facilitates consideration of BMBC's annual Adult Skills and Community Learning Service (ASCL) Self Assessment Review (SAR)**

To assist with the governance of the ASCL service, in-line with the review they undertake for their funding and Ofsted (Office for Standards in Education) requirements,

following a visit to the service, the TFG reviewed their 2014/15 SAR. The ongoing review of this service will enable Members to be aware of services being delivered. This will also include the important monitoring of the uptake of 'wellbeing' and 'hobby' courses, which facilitate engagement with people, improve their confidence and encourage them to undertake formal skill qualifications and improve employability skills.

6.8 **Recommendation 7: The OSC facilitates a TFG to investigate how Barnsley can increase the availability of higher level skills and jobs**

Having previously considered 'work-readiness' skill development and employment support opportunities for young people and adults in the Borough, the TFG recommends the OSC investigates what is being done to: assist residents to obtain higher level skills; make suitable employment opportunities available; as well as consider what barriers may be faced in obtaining these jobs. The TFG recognises that the quality of jobs and availability of a skilled workforce is important for the Borough's economic growth.

The TFG would like to take this opportunity to thank all those who provided information and assisted with the TFG's investigation.

7. Implications for local people / service users

7.1 A variety of opportunities are available to support local people to overcome the many barriers they may face to gain employment including skill development, health difficulties and financial challenges. The extent of these services varies across the Borough depending on identified need in the local area; however there are numerous support services accessible to all communities in Barnsley.

8. Financial implications

8.1 There are no specific financial implications, although in responding to the recommendations in the report, the financial implications of these would need to be fully assessed by the appropriate services responding which may be the Council or partnership agencies.

9. Employee implications

9.1 There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding which may be the Council or partnership agencies.

10. Communications implications

10.1 The good practice highlighted in the report should be shared and celebrated. It is important that the document to map local employment support services is developed and shared with all relevant stakeholders. By holding an AMIB, Members will be better aware of available programmes to share with their communities and will be able to avoid duplication by being able to identify what services exist.

11. Consultations

11.1 Consultations have taken place with Councillors Hand-Davis (TFG Lead Member), P. Birkinshaw, Clements, Gollick, Johnson, Co-opted Member John Winter, Dave Coggrave-McDonalds, Ken Perritt-XPO Logistics Supply Chain and Council Officers David Shepherd, Tom Smith and the Senior Management Team.

12. The Corporate Plan and the Council's Performance Management Framework

12.1 Ensuring people in our communities are 'work ready' contributes to achieving all of the three priorities for Barnsley as outlined in the Council's Corporate Plan which are: a thriving and vibrant economy, strong and resilient communities; and citizens achieving their potential. Prioritising this agenda will help to avoid the high costs of people being on welfare benefits as well as improve their health and wellbeing.

13. Tackling health inequalities

13.1 As recognised in the Marmot Review (2010) 'Fair Society, Healthy Lives', to reduce health inequalities, one of the six key national policy objectives is to 'create fair employment and good work for all'. This research acknowledges the contribution unemployment has to poor health and therefore its importance in reducing health inequalities. Therefore it is vital that the work outlined in this report continues and that activity is targeted at the Borough's lower socioeconomic groups to aid in tacking health inequalities.

14. Risk management issues

14.1 This issue relates to the following risks currently logged on the Council's Strategic Risk Register (SRR), as follows:

- 3034 - Lack of Educational Attainment (whilst the focus of this risk relates to attainment within schools and educational settings, elements of this risk are pitched at broader educational outcomes within the Borough); and,
- 3543 - Failure to ensure the adequate supply of land for housing and commercial property growth (whilst this risk focuses on the availability of land to enable development opportunities, elements of the mitigations for this risk touch on the opportunities present within the regional devolution deal, referenced in section 6.4 of this report).

14.2 Furthermore, risk owners within Business Unit 4 (Economic Regeneration) will be encouraged to remain cognisant of the recommendations detailed within this report.

14.3 The recommendations detailed in section 6 should be considered by the relevant risk owner in light of the SRR.

14.4 It is likely the recommended activities detailed in this report will contribute further to the effective mitigation of these risks, and it would be appropriate for any follow-up report regarding the 'work readiness' of adults in Barnsley to be cognisant of these risks.

15. Promoting equality & diversity and social inclusion

15.1 The TFG looked at the impact of this issue on all of Barnsley's communities. The TFG acknowledges that vulnerable groups in particular need to be fully supported in this agenda as well as those that are hard to reach. The TFG found that support services exist for people who face some of the greatest barriers to work such as people with mental health problems or learning difficulties including the Recovery College provided by SWYPFT and specific Disability Employment Advisors available at JCP. The TFG acknowledge however that many barriers are faced by diverse groups in accessing employment which creates inequality in the rates of worklessness amongst different groups.

16. Reduction of crime & disorder

16.1 Engaging people in this agenda will help to reduce crime and disorder by enabling them to have the skills and abilities to engage in education, training and employment.

17. Glossary

AMIB – All Member Information Brief
ASCL - Adult Skills and Community Learning Service
BMBC – Barnsley Metropolitan Borough Council
IKIC – I know I Can Programme
JCP – Jobcentre Plus
Ofsted – Office for Standards in Education
OSC – Overview and Scrutiny
SAR – Self Assessment Review
SWYPFT – South West Yorkshire Partnership NHS Foundation Trust
TFG – Task and Finish Group
VAB – Voluntary Action Barnsley

18. Background papers

- Overview and Scrutiny Committee Task and Finish Group Report on 'Work Readiness' – Young People (Cab.25.3.2015/7.3): http://barnsleymbc.moderngov.co.uk/Data/Cabinet/201503251000/Agenda/item%20f7.3.pdf
- Marmot Review (2010) – Fair Society, Healthy Lives: http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf

Officer Contact: Anna Morley Telephone No: 01226 775794 Date: 26th February 2016

Financial Implications / Consultation …  25/02/16

(To be signed by senior Financial Services officer where no financial implications)

BARNSLEY METROPOLITAN BOROUGH COUNCIL (BMBC)

This matter is not a Key Decision within the council's definition and has not been included in the relevant Forward Plan.

Report of the Director of Human Resources, Performance and Communications.

SCRUTINY TASK AND FINISH GROUP (TFG) REPORT ON 'BMBC'S CUSTOMER SERVICE STRATEGY 2015-18'

1. Purpose of report

1.1 To report to Cabinet the findings of the Overview & Scrutiny Committee (OSC) from the investigation undertaken on its behalf by the 'BMBC's Customer Service Strategy 2015-18' Task & Finish Group (TFG) to review the strategy and the work being carried out, as well as make recommendations for improvements.

2. Recommendations

2.1 That Cabinet considers the conclusions and recommendations set out in section 6 as a result of the TFG's review of BMBC's Customer Service Strategy 2015-18 and the work being undertaken.

3. Introduction/Background

3.1 This TFG was established to consider the Council's Customer Service Strategy 2015-18 and the Council's aspiration to become a customer focused organisation. The strategy lays out the vision and objectives for change in the way the Council engages with its customers. This includes enhancing our online offer to enable customers to access services 24 hours a day, 7 days a week; promoting self-reliance, but whilst continuing to support those who need our help.

3.2 To achieve the changes, the Council will actively promote and provide an improved range of online contact methods, supported by redesigned telephone services whilst still retaining face to face contact by appointment. The service will also continue to ask for customer feedback and use this to make improvements.

3.3 The members of the TFG who undertook this investigation included:
Councillor Ralph Sixsmith (TFG Lead Member), Councillor Alice Cave, Councillor Jeff Ennis, Councillor Harry Spence, Councillor Sarah Tattersall, Councillor Joe Unsworth together with Co-opted Member Mr John Winter.

4. What the Task & Finish Group (TFG) looked at

4.1 Initially, the TFG met to consider the strategy and establish some key lines of enquiry to investigate with relevant officers. This included discussing the potential implications of the strategy, how this may impact on our communities and what considerations need to be taken into account to ensure effective customer services are delivered to our communities.

4.2 The TFG undertook a number of 'check and challenge' sessions with officers regarding the strategy, the work being carried out and future plans. This involved asking questions of officers regarding their work, their involvement and partnership working with other agencies as well as consideration of how these plans would affect all members of the community – particularly how it would impact on people with communication needs.

4.3 In addition to these sessions, Members of the TFG were also involved in: the OSC investigation into the Council's quarterly performance regarding dealing with customer feedback including complaints and compliments; work being undertaken by the Member Development Working Group in relation to Member feedback and complaints; as well as an all member information brief (AMIB) on customer services, the Council's website and customer feedback.

5. What the Task & Finish Group found

5.1 Through undertaking the 'check and challenge' sessions, the TFG found evidence of good practice in the work being undertaken. In particular, a comprehensive Equality Impact Assessment (EIA) had been carried out which identified the key barriers that some people face in accessing Council services and identified mitigations to minimise the impact of this (i.e. having different access channels available). The EIA outlined the need for consultation with the Equality Forums (particularly the forums who work with people who have some form of communication need) in order to better understand the barriers and issues that people face in terms of accessing services. This included establishing the variety of access channels and listing the benefits and barriers which may be experienced by different customers in using these channels. As part of this, potential solutions and mitigations had been listed which the TFG were able to contribute to.

5.2 The group were made aware of two Digital Champion posts that had been recruited to, to work across internal departments, with external agencies and the public, to help people use online technologies. The TFG were also provided with the Communications Implementation Plan and considered this work in detail. This evidenced a number of activities which had been undertaken to promote available online services as well as plans for future work, which again the TFG were able to contribute to.

5.3 Through the different work undertaken as part of the TFG, it was evident the service had worked with key stakeholders to facilitate the effective implementation of this strategy. A number of new procedures had recently been put in place, such as a corporate complaints and compliments service which required further time to embed in order to make improvements. However, the group were assured that the aim is to encourage learning from customer feedback across all services leading to improvements in service delivery.

5.4 The TFG acknowledged that the implementation of the strategy would be on-going and that there would be some key challenges to its implementation including: the behaviour change required from officers, Elected Members and residents in terms of self-serving and using online facilities; ensuring that all officers are aware of their responsibility to deliver excellent customer services and not just the customer

service team; also that the Council has reducing capacity but growing demand for services.

6. Recommendations

6.1 During the investigations, the TFG members made a number of suggestions and recommendations regarding the work being undertaken which the services were able to consider as part of their work programme. This included the service learning from practice in other areas the TFG were aware of, such as the 'Digital Angels' project undertaken by Wakefield District Housing. In addition to these suggestions, the TFG recommend the following:

6.2 **Recommendation 1: To undertake a mapping exercise of IT provision across the Borough including computer and WiFi access as well as IT training support**

This will be helpful for other services across the council who will be able to both contribute to this work as well as use it for their agendas. Once this is completed, services need to ensure this is disseminated across the Council as well as to partnership agencies and our communities.

6.3 **Recommendation 2: Seek feedback from both internal and external customers regarding customer feedback processes**

To ensure the continued improvement of services, it is important that the Customer Feedback and Improvement Team seek feedback and learn from officers involved in handling enquires, customers making them and other local residents, to ensure that the views and opinions expressed are representative of the diverse community. This is to help ensure processes are as effective as possible for handling enquiries.

6.4 **Recommendation 3: Facilitate feedback from Members regarding frequently asked questions (FAQs) they receive**

Currently, FAQs to Members are not recorded. However, by capturing these, they could be used to populate the Council's website as well as be circulated to other Members and used as part of Member development processes to assist with handling customer queries.

6.5 **Recommendation 4: Need to make sure all types of customer access channels are maintained**

The TFG are conscious that there are varying costs for different contact routes to the Council, however the Council has a responsibility (outlined within the Equality Act 2010) to ensure it is accessible to all members of the community. It is therefore important that there are a variety of access channels available to facilitate this, for example the availability of a text service for Deaf customers. It is acknowledged that face to face provision is the most expensive access channel; however Members recommend that there is still some opportunity to support customers in this way – based on individual needs and circumstances. It is also important to keep an open dialogue with the Equality Forums to ensure that the access channels appropriately meet the access needs of all members of the local community.

6.6 **Recommendation 5: Service to increasingly use videos to explain how to use services**

To enable access to information for all our communities, in particular for those with communication needs (for example non-English or limited-English speakers, Deaf

People and those with Learning Difficulties), the TFG supports the creation of videos to enable this. The TFG recommends that college students, for example those undertaking media qualifications could be given the opportunity to participate in this work. This will provide opportunities for skill development in the Borough as well as incorporating the perspective of young people in the designs.

6.7 **Recommendation 6: An update on this work is provided to the OSC/TFG in 6 months**

As this work will be on-going and there have been recent changes made to processes which require time to embed, the TFG recommend that they receive an update on progress via the OSC.

7. Implications for local people / service users

7.1 The strategy and accompanying documents identify a variety of available access channels to the Council which have both benefits and barriers depending on individual customers. Plans and solutions to mitigate barriers have been identified (within the EIA) which will require effective planning, consultation and implementation to ensure they are fit for purpose. Due to reducing resources as well as changes in customer expectations to contact the Council 24 days hours a day, 7 days a week, it is important work is done to encourage and support customer self-service and online access where they can, with the opportunity for additional support in circumstances where this is needed.

8. Financial implications

8.1 There are no specific financial implications, although in responding to the recommendations in the report, the financial implications of these would need to be fully assessed by the appropriate services responding.

9. Employee implications

9.1 There are no specific employee implications, although in responding to the recommendations in the report, the employee implications of these would need to be fully assessed by the appropriate services responding.

10. Communications implications

10.1 A communication plan has been developed for the implementation of the strategy which the TFG have contributed to. It is important that effective communication with customers continues to be undertaken, in particular to promote online self-service facilities as well as provide other access channels as appropriate. In support of the recommendations, it is important that knowledge of the IT facilities available within the Borough are promoted across organisations and to residents.

11. Consultations

11.1 Consultations have taken place with Councillors Sixsmith (TFG Lead Member), Cave, Ennis, Spence, Tattersall, Unsworth, Co-opted Member John Winter and

Council Officers Ann O'Flynn, Hazel Shaw, Katie Rogers and the Senior Management Team.

12. The Corporate Plan and the Council's Performance Management Framework

12.1 One of the Council's strategic priorities is to have 'Strong and Resilient Communities'. Within this, 'Outcome 12' focuses on ensuring 'customers can contact us easily and use more services online'. Implementation of the Customer Service Strategy 2015-18, learning from customer feedback and designing different and innovative services will help to reduce the dependency on Council as it operates with reduced resources.

13. Risk management issues

13.1 This matter relates directly to risk 3514 ('Failure to be able to deliver the ambitions and outcomes associated with the Customer Services Organisation Programme [CSO]') which is current logged in the Council's Strategic Risk Register as an 'amber' risk.

13.2 The outcomes of the TFG's consideration of matters relating to the ambitions of the Council to 'channel shift' customers to engage with the Council in more modern and often more cost effective ways will be considered further when this risk is reviewed as part of the bi-annual review of the SRR.

13.3 The outcomes of that review will be reported to the Audit Committee and Cabinet in April and May 2016 respectively.

14. Health, safety, and emergency resilience issues

14.1 Making Council information available 24 hours a day, 7 days a week makes it easier to access and therefore supports us in responding to the public in an emergency, as well as assisting with early intervention to prevent escalation of incidents. It is therefore important that we improve the IT skills and access to online information across our communities.

15. Promoting equality, diversity, and social inclusion

15.1 The strategy and accompanying EIA recognise the range of channels by which the public can access Council services. Work has been undertaken with equality forums and other stakeholders to understand the benefits and barriers to certain channels and work required to minimise the impact of changes to access channels. The TFG highlighted that in order to ensure we are able to support all our customers we need to maintain a variety of access channels.

16. Glossary

AMIB – All Member Information Brief
BMBC – Barnsley Metropolitan Borough Council
EIA – Equality Impact Assessment

OSC – Overview and Scrutiny Committee
TFG – Task and Finish Group

17. Background papers

- BMBC's Customer Service Strategy (Cab.9.9.2015/12): http://barnsleymbc.moderngov.co.uk/documents/s3531/Customer%20Services%20Strategy%20Appendix%201.pdf
- BMBC's Customer Service Strategy Equality Impact Assessment (Cab.9.9.2015/12): http://barnsleymbc.moderngov.co.uk/documents/s3532/Customer%20Services%20Strategy%20Appendix%202.pdf

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Financial Implications / Consultation

25 February 2016

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(To be signed by senior Financial Services officer where no financial implications)