NHS Rotherham CCG Governing Body - April 2016
CHIEF OFFICER'S REPORT

Lead Director:	**Chris Edwards**	Lead Officer:	n/a
Job Title:	**CCG Chief Officer**	Job Title:	n/a

Purpose

This report informs the Governing Body about national/local developments in the past month.

Sustainability and Transformation Plans (STPs) - Guidance/footprint

To deliver STPs, local health and care systems have come together to form 44 footprints, which collectively cover the whole of England. These geographic footprints are of a scale which should enable transformative change and the implementation of the Five Year Forward View vision of better health and wellbeing; improved quality of care, and stronger NHS finance and efficiency by 2020/21.

Many footprints now have confirmed leaders in place, who will be responsible for overseeing and coordinating the STP process locally. Sir Andrew Cash - Chief Executive Sheffield Teaching Hospitals NHS Foundation Trust is leading the South Yorkshire and Bassetlaw footprint.

Health and care services across the country have come together to agree their footprints and start the conversations needed to develop plans. Different areas will be at different starting points and NHS England will be providing support to local leaders in developing the plans and building lasting relationships.

Appendix a) is the guidance for STP footprints to help support local conversations and set out the requirements for the April submission.

The submission date has been extended to 5pm on Friday 15 April.

NHS National Staff Survey 2015

The National Staff Survey for NHS Rotherham CCG took place between September and December 2015.
The official sample size for NHS Rotherham CCG was 73. 73 completed questionnaires were returned from this sample. No members of staff returned their questionnaires without filling them in. No staff were excluded from the official sample as ineligible. The response rate to the National Staff Survey was therefore 100%.
Similar organisations surveyed had a mean overall response rate of 73%. The overall national response rate for all organisations in England was 41%.
Details of the report are attached.

Appendix b)

National Learning Disability Transforming Care Partnership (TCP) Programme:

Following the publication of the guidance 'Building the right support - a national programme to develop community services and close inpatient facilities' NHS England first developed a fast track pilot programme and more recently the Transforming Care Partnership Programme. The expectation of the TCP programme is that commissioners will build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support.

In order to deliver the required inpatient capacity planning assumption CCGs are required to work together with key stakeholders to form Learning Disability Transforming Care Partnerships. Rotherham is part of the South Yorkshire and North Lincolnshire LD TCP which is a partnership of Rotherham, Doncaster, North Lincolnshire and Sheffield communities. This partnership will be expected to develop and deliver a 3 year Transforming Care Partnership.

To oversee this 3 year programme of work the four CCGs and Local Authorities have established a Learning Disability Transforming Care Partnership Operational Board Chaired by Chris Stainforth (Chief Operating Officer, Doncaster CCG) who is the Senior Responsible Officer for the SY and North Lincolnshire LD TCP.

The attached Terms of Reference for the group outline the following:

- Roles and Responsibilities
- Governance Structure
- Role of the Board members
- Principles of collaboration

A local Governance structure to support this programme will need to be developed. The Rotherham Learning Disability Executive Commissioning Group has commenced these discussions to identify what local governance and engagement structure needs to be in place.

Appendix c)

RMBC Commissioners' 12 Month Programme Review

This is the Commissioners' 12 month review of progress since the Government Directions to Rotherham Council in February 2015.

Appendix d) & di)

Strategic Clinical Networks – Outcome of SCN Review and Planning for 2016/17

The purpose of the attached letter is to inform you about the outcome of the Strategic Clinical Networks (SCN) review and the subsequent changes to the SCN work programme priorities for 2016/17.

Appendix e)

Communications update

- The Right Care, First Time and Medicines Waste campaigns are currently being evaluated and information will be used to inform the next stage of the campaigns. Initial feedback on the medicines waste campaign suggests slight confusion in the main message, which has now been simplified following patient feedback.

- Animations of the Rotherham Right Care, First Time characters are being developed to explain to patients the services they should access for common illnesses. The animated videos will be available on health websites, social media and in TV in GP practices.

- The success of our social prescribing service has been showcased in the House of Commons. Sarah Whittle received excellent feedback on Wednesday 9th March after presenting Rotherham's social prescribing service to key national parliamentary and health dignitaries.

Developing Sustainability and Transformation Plans

Preparing for 15 April and beyond

March 15 2016

STPs are an opportunity to develop a local route map to an improved, more sustainable, health and care system

44 STP footprints have been agreed

- Each will be convened by a local leader, backed by national bodies
- Footprints are not statutory boundaries – they are vehicles for collaboration
- Planning will still need take place at different levels - subsidiarity is a key principle

A good STP focuses on the big questions and early action

- Get going on some early actions rather than waiting for the plan to be complete
- As 'umbrella' plans, STPs can be a way of making sense of competing priorities
- Think about populations, not institutions or organisational form
- Spend time on identifying the practical opportunities and solutions, not endlessly debating the scale of the challenge

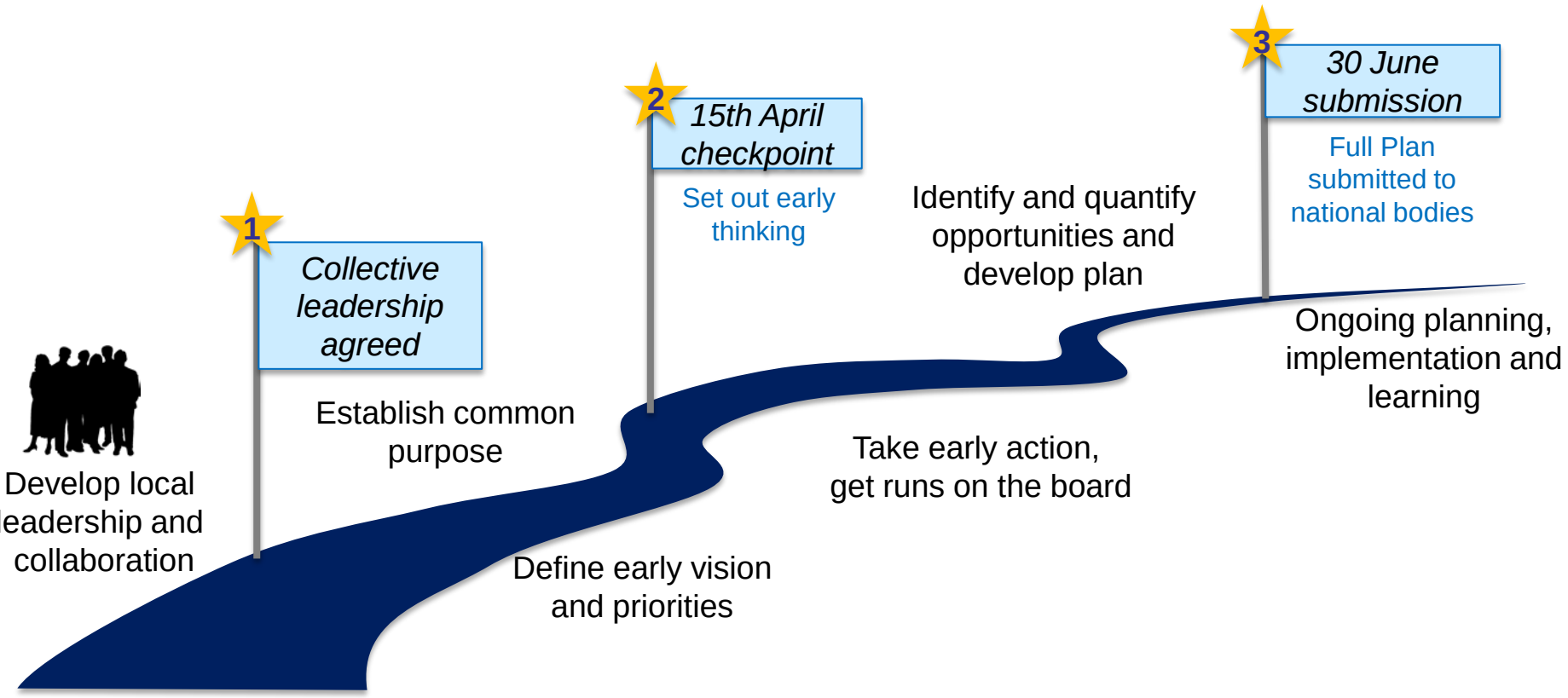
It won't be easy

- There will be technical challenges, e.g.
  - Cross-footprint flows and boundaries
  - Incentives that pull in different directions
- Non-technical challenges, e.g.
  - Building meaningful relationships
  - Freeing people to focus on the long-term
  - Moving quickly, whilst ensuring buy-in

This is an opportunity to build or strengthen relationships

- Across health, social care and local government – but also with patients, communities, staff and the voluntary sector
- STPs aren't all about writing the plan: building energy, relationships and collaborative leadership is even more important
- Trust and ownership is crucial for implementation

Overview of the process



Build the leadership | Develop the vision and take early action | Continued implementation

Engagement of staff and communities at every stage

The April 15th checkpoint: Summary

Each STP area is asked to make a submission by 15 April focusing on the following **two questions**:

a. What leadership, decision-making processes and supporting resources you have put in place to make progress?

b. What are the major areas of focus and big decisions you will need to make *as a system* to drive transformation?

A short template to fill in and submit to england.fiveyearview@nhs.net is provided in the annex.

Different areas will be starting from different places

- Many areas will have already undertaken considerable amounts of work. Where this is the case, you should of course build on this work – we are not asking areas to redo what they've already done, although there may be gaps to fill.
- National and regional teams will offer greater support to those areas which are just starting out.
  - Page 8 sets out in more detail what to expect by when.
  - Regional teams will contact each area to discuss what support would be helpful.

The April 15th checkpoint: agreeing areas of focus for your STP

A full STP will need to be underpinned by

- an understanding of your current major local challenges against the ‘3 gaps’ (health and wellbeing, care and quality, and finance and efficiency);
- how those challenges are expected to evolve over the next 5 years in a ‘do nothing scenario‘;
- emerging hypotheses for what is driving the gaps and therefore the action needed.

National priorities and local challenges

- The STP process is intended above all to be a process for partners across a footprint to work together to identify, agree and address significant challenges. **It is not a checklist exercise.**
- In order to support this effort, and drawing on commitments from the mandate to NHS England and the shared planning guidance, on the following pages we have set out 10 key areas where we know we need to make progress across the health and care system.
- Reflecting on these 10 areas, for the April submission we would expect footprints to be identifying key local priorities for transformation through the remainder of the STP process.

10 big questions – what are your priorities? (1/2)

Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

1. **How are you going to prevent ill health and moderate demand for healthcare?** Including:
   - A reduction in childhood obesity
   - Enrolling people at risk in the Diabetes Prevention Programme
   - Do more to tackle smoking, alcohol and physical inactivity
   - A reduction in avoidable admissions

2. **How are you engaging patients, communities and NHS staff?** Including:
   - A step-change in patient activation and self-care
   - Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care
   - Improve the health of NHS employees and reduce sickness rates

3. **How will you support, invest in and improve general practice?** Including:
   - Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff
   - Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package
   - Support primary care redesign, workload management, improved access, more shared working across practices

4. **How will you implement new care models that address local challenges?** Including:
   - Integrated 111/out-of-hours services available everywhere with a single point of contact
   - A simplified UEC system with fewer, less confusing points of entry
   - New whole population models of care
   - Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care
   - health and social care integration with a reduction in delayed transfers of care
   - A reduction in emergency admission and inpatient bed-day rates

5. **How will you achieve and maintain performance against core standards?** Including:
   - A&E and ambulance waits; referral-to-treatment times

10 big questions – what are your priorities? (2/2)

Given your local circumstances, where do you need to focus in order to allow you to deliver the priorities for the health and care system by 2020/21?

6. **How will you achieve our 2020 ambitions on key clinical priorities?** Including:
   - Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks
   - Implement two new mental heath waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity
   - Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries
   - Maintain a minimum of two-thirds diagnosis rate for people with dementia

7. **How will you improve quality and safety?** Including:
   - Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions
   - Achieving a significant reduction in avoidable deaths
   - Ensuring most providers are rated outstanding or good– and none are in special measures
   - Improved antimicrobial prescribing and resistance rates

8. **How will you deploy technology to accelerate change?** Including:
   - Full interoperability by 2020 and paper-free at the point of use
   - Every patient has access to digital health records that they can share with their families, carers and clinical teams
   - Offering all GP patients e-consultations and other digital services

9. **How will you develop the workforce you need to deliver?** Including:
   - Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values
   - Integrated multidisciplinary teams to underpin new care models
   - New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice

10. **How will you achieve and maintain financial balance?** Including:
    - A local financial sustainability plan
    - Credible plans for moderating activity growth by c.1% pa
    - Improved provider efficiency of at least 2% p.a. including through delivery of Carter Review recommendations

Support for STP areas

Over the next period, we will co-produce and share further support to help develop STPs. We would encourage you to start progressing the work now, and refine in the light of this support:

Support	Description	By when
Library of resources	• Consolidated resource pack with links to care and quality standards, priorities and policy commitments for 2020 /21 and health and wellbeing indicators to enable Footprints to agree local ambitions to close gaps	• March
Finance and efficiency support	• Financial model/template for footprints to capture the impact of their plans to close the gaps for submission in June	• April/May
STP footprint–specific data packs	• Bespoke data packs for each STP area providing a baseline against key indicators from the CCG Improvement & Assessment framework; key finance and operational performance indicators including CQC ratings, national health and wellbeing indicators and other relevant data	• April
Exemplar plan	• Potential early co- development of a full plan with a leading area to help inform what 'good' looks like	• April
"How to" guides for specific priorities & master-classes	• Concise guides on, e.g. how to implement the cancer taskforce, along with regional roadshows or master-classes	• April-May
Development days	• One-day events with footprint leadership teams across a region to network, share progress and challenges with peers and CEOs of ALBs	• 27 April: North • 3 May: London • 4 May: South • 5 May: Mid/East
Leadership support	• Provision of external support and challenge from independent figures for those STP areas that request it	• From April

Key contacts

- If you require any support, please contact your relevant ALB Regional Director.
- For general enquiries and submitting your template, please email england.fiveyearview@nhs.net, copying in your Regional Director.

Annex: Template for the 15 April checkpoint

Please use the following slides for your submission, and remove the earlier slides to keep the pack concise (max 10 slides).

Purpose of this template

This annex presents a simple template, with five sections, that collectively seek to capture:

- The leadership, decision-making and supporting resources you have put in place to progress your STP
- The major areas of focus and big decisions you will need to make as a system to drive transformation

We understand this is an early checkpoint – we don't expect finalised or comprehensive answers at this stage

- Your thinking in some areas will naturally be more advanced than others
- Early hypotheses or potential directions of travel that have not yet been fully signed up to are still helpful
- Please be concise, keeping to 10 slides in total
- The completed template needs to be sent to england.fiveyearview@nhs.net by 5pm on 15 April.

The filled out template will form the basis for discussions at regional development days late April/early May

- The development days will provide an opportunity for:
  - footprints to test out hypotheses and early thinking and exchange lessons learned; and
  - national bodies to understand how STP areas are working together, their early thinking on top priorities and emerging vision, and for local areas to communicate issues and barriers that require national support or action

Please fill in key information details below
Name of footprint and no: **Region:** **Nominated lead of the footprint including organisation/function:** **Contact details (email and phone):** **Organisations within footprints:**

Section 1: Leadership, governance & engagement

Please discuss progress you have made (and any challenges) in the following areas:

- **Collaborative leadership and decision-making.** Please describe what arrangements you have put in place and how they will facilitate rapid progress and meaningful system leadership rather than just individual institutions. Please also give details of how the nominated lead will be supported at a working level e.g. has a programme director been appointed.

- **An inclusive process.** Describe how you are and will be involving patients and the wider community in the development of your STP and—more importantly—in its execution.

- **Local government involvement.** What are the partnership arrangements between local government, NHS commissioners and NHS providers (and others)? How does this fit with existing arrangements such as Health and Wellbeing Boards? If your STP footprint covers organisations under a proposed health devolution footprint how do you propose to manage this if the areas are not coterminous?

- **Engaging clinicians and NHS staff.** Please discuss the role both hospital and community based clinicians and staff will play in shaping and delivering the future NHS in your area.

Section 2a: Improving the health of people in your area

Please see slide 6 for potential areas of focus for improving health and wellbeing

As you develop your full STP, what are your emerging hypotheses for improving the health of people in your footprint?

These may include:

- Your initial thinking about how to radically upgrade prevention over the next five years.
- The role patients and communities have in mobilising healthier behaviours – and how will you give them greater control.
- How your system will work with local government to deliver prevention and public health improvements.
- Your proposals for improving the health and wellbeing offer the NHS makes to staff in your area and how you will engage other employers, working with local government, on this agenda.

Section 2b: Improving care and quality of services

Please see slides 6 & 7 for potential areas of focus for improving care and quality

As you develop your full STP, what are your emerging hypotheses for improving care and quality across your footprint?

These may include:

- The need to invest and support transformation in general practice, with a focus on workforce.
- Ambitions for achieving and maintaining core standards and improving quality and safety.
- Actions you will take on key clinical priorities including cancer, mental health, maternity, learning disabilities and dementia.
- How will you use RightCare to eliminate variation and waste across the health and care economy at pace?
- Developing and implementing new care models at scale to achieve your local ambitions, for example: a simplified and integrated urgent and emergency care system; whole population health models; hospital groups, networks or franchises; health and social care integration
- The role of key enablers, especially workforce and technology, to make the above happen.

It's important that proposed solutions and priorities are linked back to your local challenges

- **This is an opportunity to address areas where footprint partners may previously struggled to make progress on difficult issues**

Section 2c: Improving productivity and closing the local financial gap

Please discuss your emerging thinking in the following areas.

Please set out your current assessment of your footprint's major efficiency and finance challenges, your understanding of the key drivers of those challenges, and the major areas of focus in your STP that will help to address them.

This may include:

- The extent to which your prevention and care model improvement plans will deliver reductions in anticipated levels of demand
- How care and quality and new care model plans will improve provider productivity, both through technical or operational efficiencies but also better resource allocation decisions
- The other big decisions you need to take as a system to return to aggregate balance and longer-term sustainability.

Please note that we do not expect detailed financial modelling at this stage, although you will need this for the final June submission. We will be providing more information soon about support available to develop this.

Instead, we suggest you focus on the big decisions or opportunities you need to take as a system to close the projected financial gap in your area.

Section 3: Your emerging priorities

Please discuss your emerging thinking on what the key priorities are to take forward in your STP, and why:

- **Describe your main areas of focus,** to address (a) the priorities set out for the NHS in the Five Year Forward View, the mandate and the shared planning guidance, and (b) your own particular local challenges as set out in section 2
- Any **big decisions** you will need to make *as a system* to drive transformation

Section 4: Support you would like

Please discuss your emerging thinking in the following areas:

- Areas where you would like **regional or national support** as you develop your plans.
- **National barriers** or actions you think need to be taken in support of your STP.
- Areas where you could share **good practice** or where you would like to access expertise or best practice from other footprints.
- Any other **key risks** that may affect your ability to develop and/or implement a good STP.

NHS National Staff Survey 2015

NHS Rotherham CCG

Management Report

Produced 12 February 2016
by Quality Health Ltd

Table of Contents

Introducing Your NHS National Staff Survey 2015 Report

Quality Health managed The National Staff Survey for NHS Rotherham CCG between September 2015 and December 2015.

1. Methodology and Sampling

The methodology follows exactly the detailed guidelines determined by the Survey Co-ordination Centre for the overall National Staff Survey programme.

In 2015, all organisations were given the opportunity to run the NHS Staff Survey online, with no lower threshold for eligibility imposed. The only criteria was to ensure that staff members selected to participate online had a valid up to date e-mail address, which was known to be accessed regularly. This meant that organisations were able to choose multiple modes of data collection i.e. a mixed approach utilising paper or online, as well as single modes.

For any staff members selected to participate online, an e-mail invitation was sent directly to their work e-mail address, inviting them to securely log into the online questionnaire portal and provide their responses. For staff members selected to receive a paper questionnaire, these were batch-delivered to organisations and distributed to staff through the internal post. In some organisations – where staff did not have an internal work address – a small number of questionnaires were sent to staff at home. Staff responded by using a pre-paid response envelope provided by Quality Health. Two reminders were sent: a first reminder e-mail/letter, and a further reminder e-mail/letter (which included an additional copy of the questionnaire).

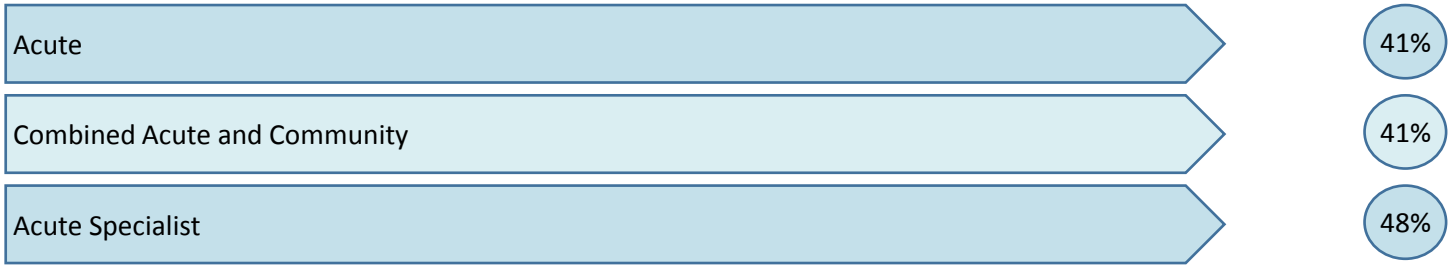
In very small organisations, all staff were surveyed. In larger organisations, a sample of staff was used for the survey. The sample size was determined by the total number of staff employed, on a nationally determined sliding scale. Where sampling was undertaken, the sample was generated at random on a nationally agreed protocol from all those employed on 1st September 2015. Some organisations chose to survey all their employees, even where the national guidelines did not require this. In previous Staff Surveys the Co-ordination Centre only accepted basic sample data to feed into benchmark reports but, building on the change made in 2013, extended samples and census data was accepted.

This “official” data is used by NHS England and other national bodies. Results from this data were sent to all organisations by Quality Health between 11th and 18th December 2015.

2. Response Rates

The official sample size for NHS Rotherham CCG was 73. 73 completed questionnaires were returned from this sample. No members of staff returned their questionnaires without filling them in. No staff were excluded from the official sample as ineligible. The response rate to the National Staff Survey was therefore 100% (73 usable responses from a final sample of 73).

Similar organisations surveyed by Quality Health had a mean overall response rate of 73%. The overall national response rate for all organisations in England was 41%; and the national response rates achieved by different types of organisation throughout England in 2015, for all contractors, was as follows:



2. Response Rates (continued)

Mental health / learning disability	45%
Combined mental health / learning disability and community	44%
Community	50%
Ambulance	35%
CCGs	82%
CSUs	59%
Social Enterprises	56%
Scientific & Technical	31%

As in previous years, Quality Health has seen significant variations in response rates between different organisations for whom we provide the survey. In our experience from running this survey the most significant factors affecting the response rate are:

- inadequate internal distribution systems within organisations and delayed distribution
- inadequate internal work addresses e.g. changes of staff location not reflected in the dataset
- inaccuracy of staff records.

Many of the organisations working with Quality Health are proactive in dealing with these problems – and the greater the level of commitment in dealing with them, the higher the response rate. Significant improvements of note during 2015 were:

- NHS Barnsley CCG: 82% (up by 22% from 2014)
- North Staffordshire Combined Healthcare NHS Trust: 60% (up by 20% from 2014)
- Somerset Partnership NHS Foundation Trust: 49% (up by 19% from 2014)

3. Report Content

This report presents the survey results in a number of different ways. It provides an analysis of issues where the organisation is achieving good results, as well as areas where management action is required. It sets out the key findings and scores for evaluative questions, benchmarks these against similar organisations, and against previous years. It sets out the full results in the same order as they appear in the questionnaire.

Quality Health has identified a number of conclusions arising from the survey and makes a number of recommendations for action. These are detailed in the Observations and Recommendations section of the report.

4. Publishing and Publicising Your Results

This is a confidential report from Quality Health to the organisation. The decision about whether or not to publish it – or to publicise its contents to staff or patients – is entirely up to each organisation. However, our strong advice, in the spirit of openness and transparency, is that the results should be publicised through all available channels.

Having run the National Staff Survey in a multitude of NHS organisations over many years, we have found that the most effective organisations report to staff on the outcomes of the survey; and tell staff what they are doing as a result. This significantly improves the credibility of the process, and helps to maximise response rates. Publicity could include:

- presentations to the Board on key strategic issues
- distribution of findings to Clinical Governance teams, and to Divisional and Departmental heads
- discussions on the results with staff representatives
- publication of results on the intranet
- display presentations in appropriate locations in the organisation.

Whatever decision is taken locally, there will be a national publication with the key results for each organisation, which will be published in February / March 2016. However, until the Co-ordination Centre publishes the national results on the NHS Staff Survey website, there is an embargo on the publication of any 2015 survey results which use the benchmarked analysis included in the feedback reports.

5. Report Structure

This report is presented in sections, each focussing on a particular element of the survey results. These sections are as follows:

- Scored Question and Staff Engagement Headlines

Here you'll find, on a single page, the3 best and worst scored questions, the overall indicator of staff engagement, the key findings used to derive this score, the quarterly Friends and Family Test (FFT) results alongside those from the NHS National Staff Survey questions, and your response rate and usable sample size.

5. Report Structure (continued)

- Observations and Recommendations

Contains the conclusions reached by our expert analysts, identifying potential issues, recognising good performance, and presenting possible remedial actions.

- Respondent Demographics

Breaks down the composition of your respondents, and your sector, by key demographics - gender, age, sexuality, religion, ethnicity and declared disability.

- Indicative Benchmarking of Evaluative Measures

Contains your scores for survey questions which measure an aspect of your performance as an employer. The results for 2014 and 2015 for your organisation and the 2015 results for your sector are presented and comparisons drawn between them. Positive findings, where a higher score is better than a lower one, are marked (+), negative findings, where a lower score is better than a higher one, are marked (-).

- Indicative Key Findings

Contains the results for each key finding in the survey and shows; the results for 2015 for your organisation and the 2015 results for your sector are presented and comparisons drawn between them. Positive findings, where a higher score is better than a lower one, are marked (+), negative findings, where a lower score is better than a higher one, are marked (-).

- HSE Stress Audit Results

The Health and Safety Executive has indicated that, for the purposes of analysing the levels of stress in hospitals, the output from the National Staff Survey can be used as a substitute for undertaking a separate survey. This section presents those results, and compares them to the results your sector.

- Workforce Race Equality Standard Metrics (WRESM)

An element of the WRESM can be derived from the NHS National NHS Staff Survey findings. Where the composition of the respondents allows (respondent groups of 11 or more), for each of the specified staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question.

- Full Survey Results (SRM)

Presented in the same sequence as the questionnaire this gives the full survey results for all your respondents, compared, where applicable) to the results for last year and your sector this year. These results are for the full sample surveyed by Quality Health, and cover all questions in your survey.

Scored Question and Staff Engagement Headlines

Key Findings and Questions are marked either (+) or (-).
(+) are positive measures, where a higher score is better than a lower one.
(-) are negative measures, where a lower score is better than a higher one.

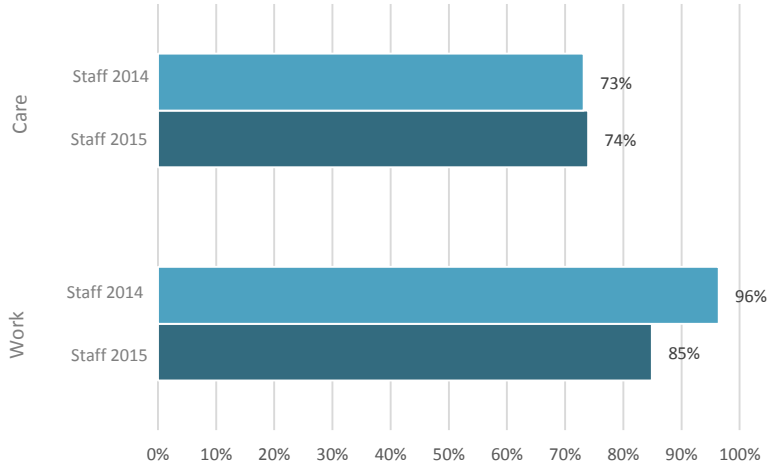
Best 3 Scored Questions (Unweighted)		You 2015
1	8a. Agreed that they know who the senior managers are where they work (+)	100%
2	11c. Staff / colleagues reported error that could hurt staff / patients / service users (+)	100%
3	14a. Staff have personally experienced physical violence from public in last 12 months (-)	0%

Worst 3 Scored Questions (Unweighted)		You 2015
1	9g. Staff feeling pressure from self to come to work when unwell (-)	92%
2	15d. Staff or a colleague reported HBA experienced at work (+)	17%
3	10c. Staff saying they have worked additional UNPAID hours (-)	43%

Staff Engagement	You 2015	Sector 2015
OVERALL STAFF ENGAGEMENT (+) (KF1, KF4, KF7)	**4.27**	**4.00**
Base Size (Respondents)	73	
Recommend - KF1: Staff recommendation of the organisation as a place to work or receive treatment (+) (Q21a, 21c, 21d)	4.27	4.00
Engage - KF4: Staff motivation at work (+) (Q2a, 2b, 2c)	4.15	3.98
Improve - KF7: able to contribute towards improvements at work (+) (Q4a, 4b, 4d)	4.39	4.04

Response Rate:	100%	Usable Sample Size:	73

National Staff FFT Results



Observations and Recommendations

Summary

The CCG's results are very positive and are placed above average in almost every question in the survey - and often this is significantly above average. Some of the scores year on year have declined however, the relatively small sample size should be taken into account when looking at percentage changes to questions. The CCG should celebrate the positive scores and continue to build on them.

Your Job

The CCG 's scores are above average on all of the questions in this section compared to the sector, often significantly so. For example: staff agreeing they are satisfied with the recognition they get for good work (88%, compared to 73% average); staff saying they are satisfied with the support they get from their immediate manager (90%, compared to 79% average); and staff saying they are satisfied with the extent to which the organisation values their work (78%, compared to 64% average). Some scores have seen a percentage drop since last year, and these should be looked at, however the relatively small sample size should be taken into account. The overall Staff Engagement score is well above average for the sector (4.27, compared to 4.00 average for the sector).

Recommendation: *Consider ways to further improve your staff engagement score. Look at each of the questions which make up this score and focus on those which need attention. Consider setting up a staff working group to identify possible solutions to improve levels of staff engagement.*

Recommendation: *Celebrate the positive scores which have been achieved and consider how this can be built upon further.*

Your Managers

Every score in the managers section of the survey is above average for the sector and for some scores this is significantly so. For example: staff agreeing that their immediate manager encourages team work (93%, compared to 81% average); staff agreeing that their immediate manager values their work (97%, compared to 82% average); and staff saying that communication between senior managers and staff is effective (86%, compared to 58% average). Some scores have seen a percentage drop since last year, and these should be looked at, however the relatively small sample size should be taken into account.

Recommendation: *Celebrate the positive scores which have been achieved and consider how this can be built upon further.*

Observations and Recommendations

Your Health and Well-being

The scores in this section of the survey are almost all above average for the sector. For example: staff agreeing that they would feel confident that any concerns raised would be addressed (88%, compared to 74% average). The scores on stress at work are positive. The score on staff saying that they reported harassment, bullying or abuse if they experienced it is low - 17%, compared to 36% average for the sector. Again, the relatively small sample size should be taken into account.

Recommendation: *Continue to prioritise the issue of reported physical deterioration and stress at work and analyse ways in which your organisation can meet legitimate problems. In particular, consider what can be done to improve communication, reduce conflicting pressures, and eliminate barriers to effective professional work.*

Recommendation: *Improve awareness of the need to report incidents of harassment, bullying and abuse and ensure that staff are aware of the process around this.*

Personal Development

The coverage of training scores are high and above average for the sector - mandatory training 100%; and other training 90%. The effectiveness of training scores are also good, however, staff saying that training helped them do their job more effectively is just above average (87%, compared to 86% average).

Recommendation: *Undertake further work on the quality of training and its relevance to staff.*

The coverage of appraisals scores is high (96%) but has fallen from 100% last year. All of the scores on effectiveness of appraisals are high and are above average.

Recommendation: *Continue to ensure that the appraisal system is embedded into the organisation and celebrate the positive scores in this area.*

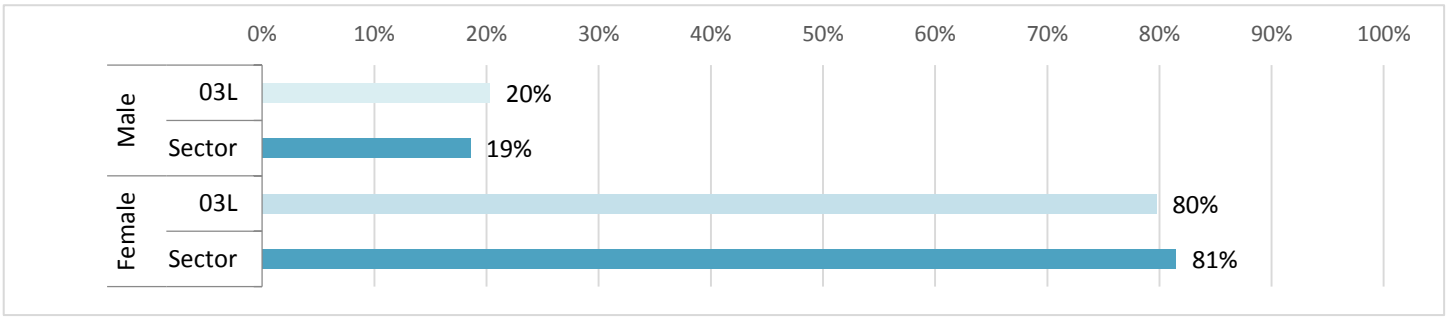
Your Organisation

The scores in this section are all above average. The percentage of staff saying that care of patients is the organisation's top priority is 93%, compared to 87% average. The 'friends and family' questions also score highly: staff saying they would recommend the organisation as a place to work (85%, compared to 77% average); and staff saying they would be happy with the standard of care if a friend or relative needed it (74%, compared to 64% average).

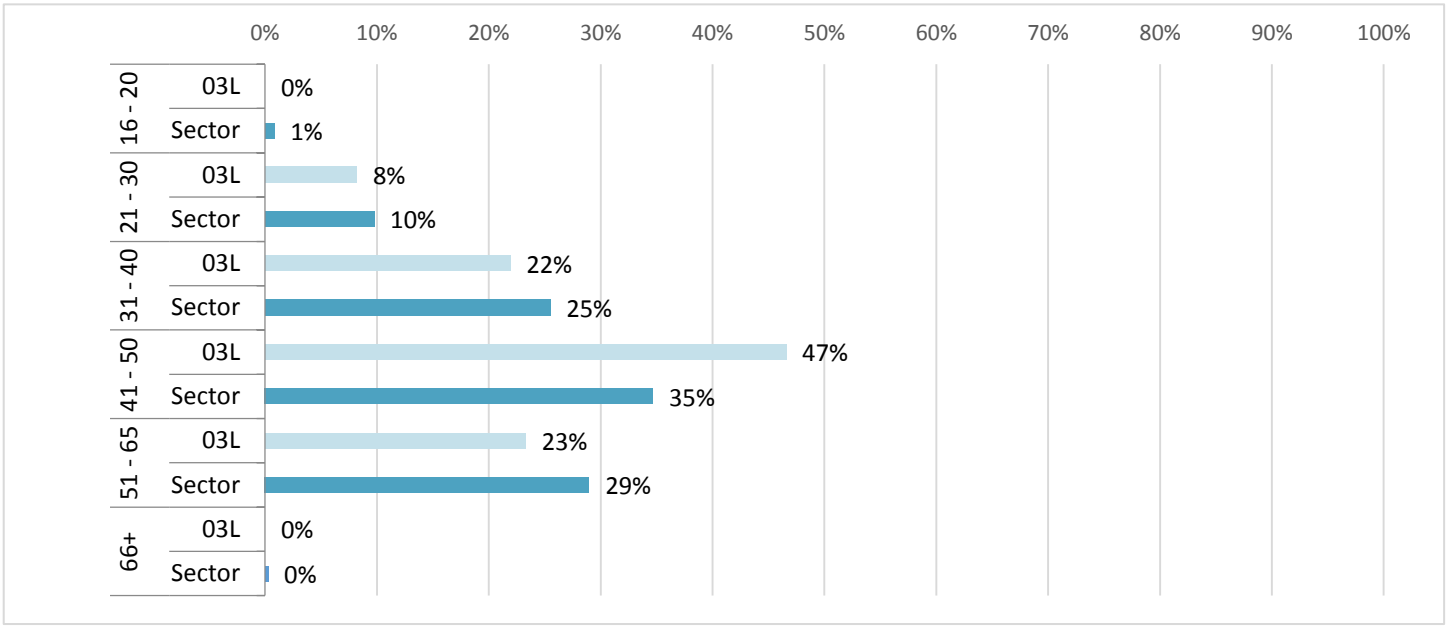
Recommendation: *Ensure that patient experience data is regularly shared with staff to highlight areas which are positive (and should be celebrated) as well as areas for improvement. Ensure that staff at all levels are involved in improvement work where appropriate and have responsibility for maintaining the momentum of positive change. Share positive results.*

Respondent Demographics

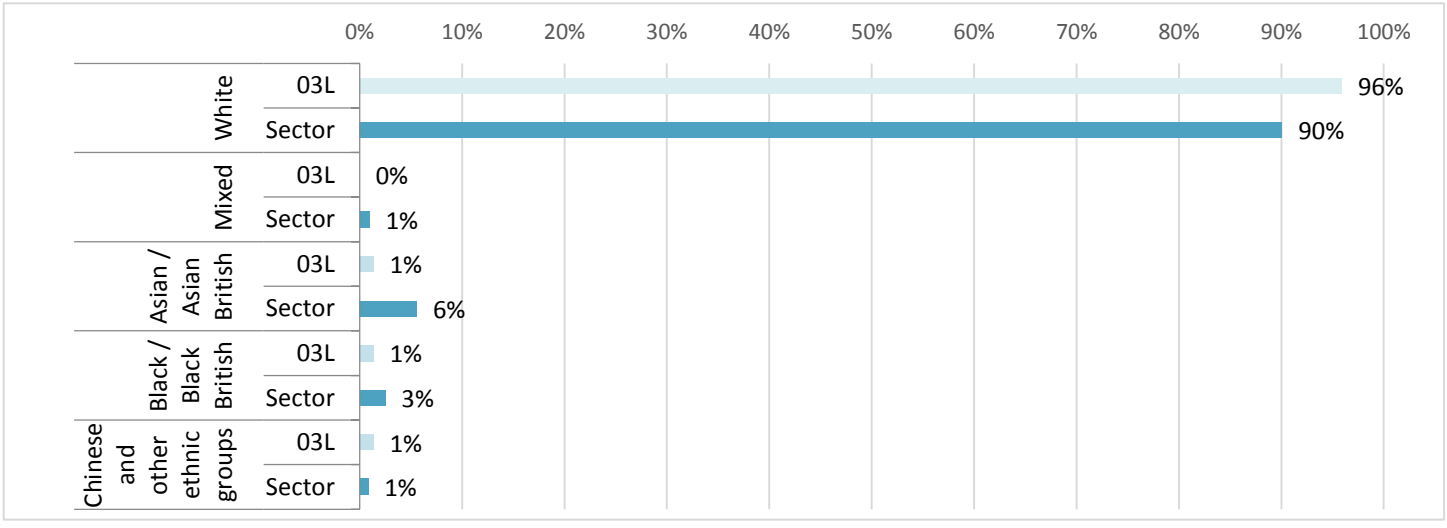
Gender:



Age:

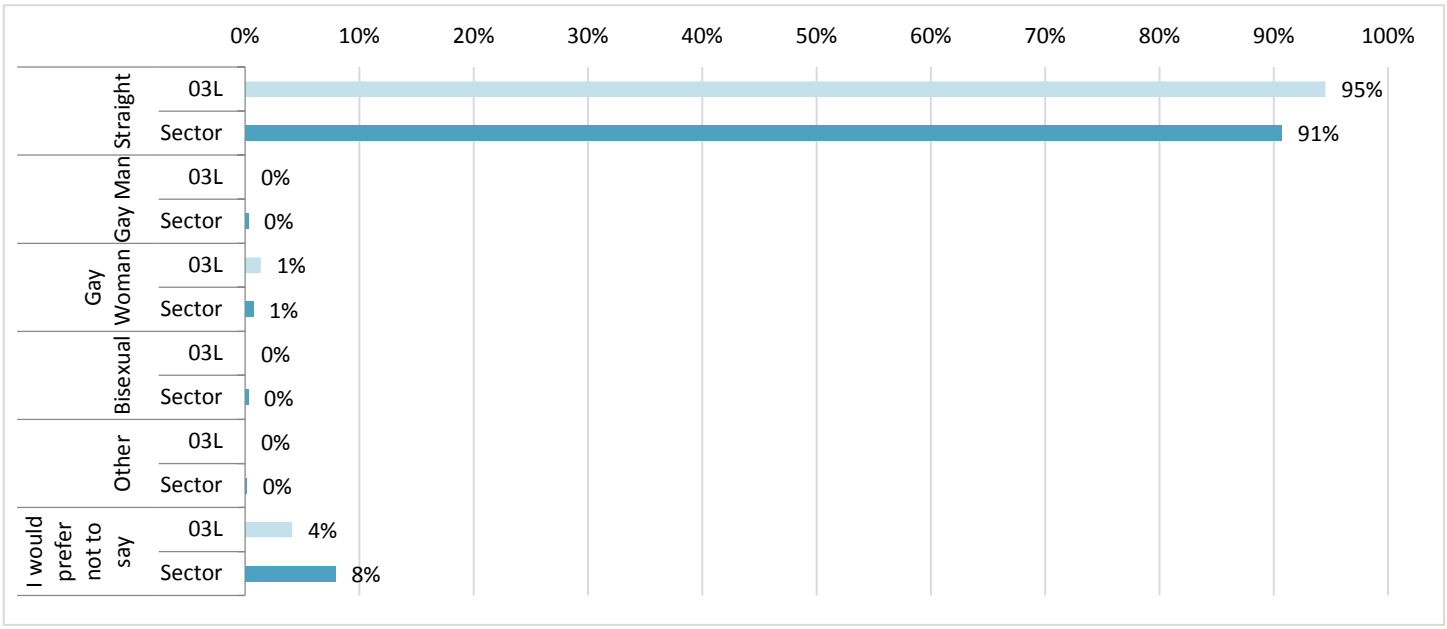


Ethnicity:

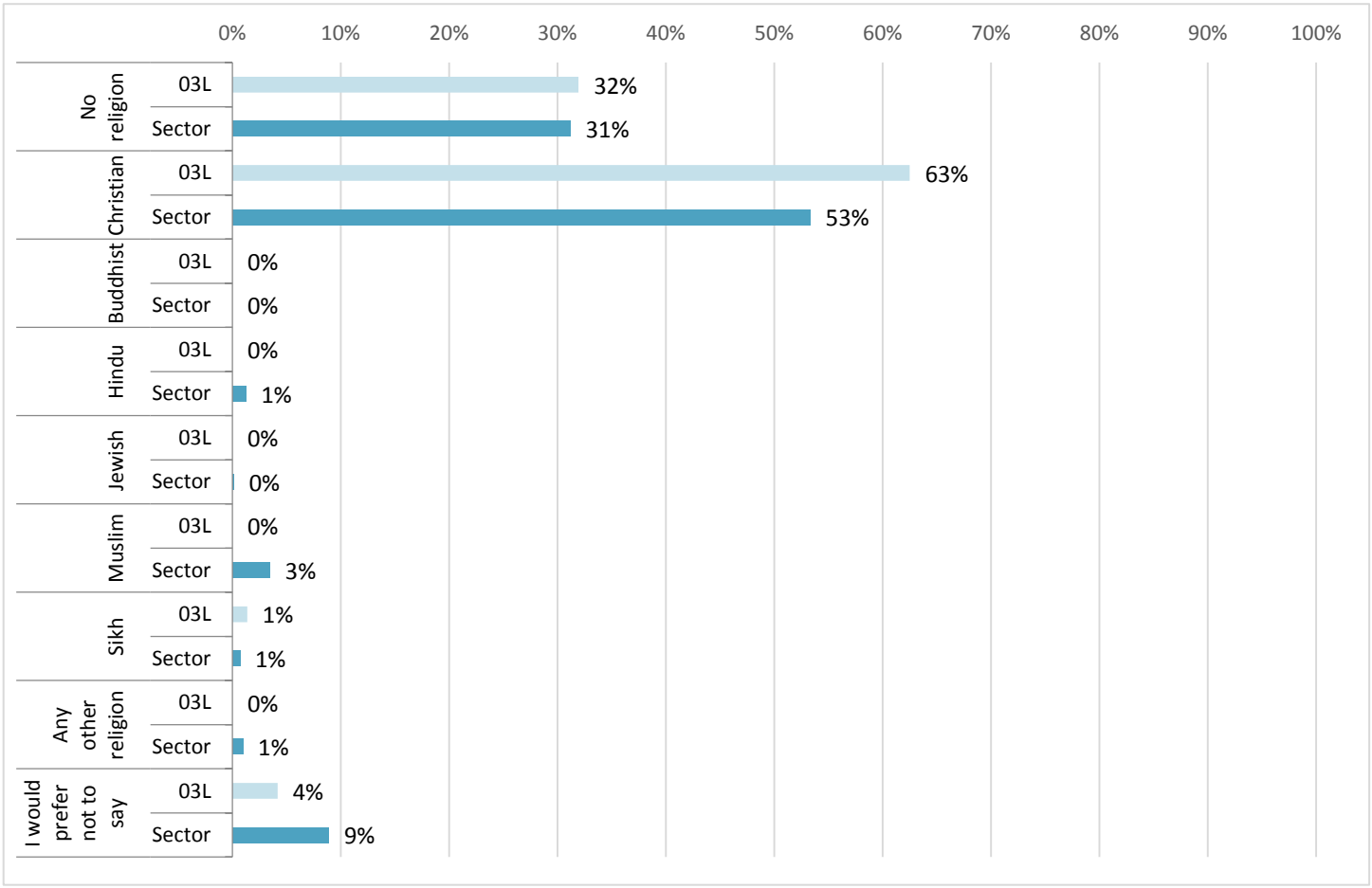


Respondent Demographics

Sexuality:

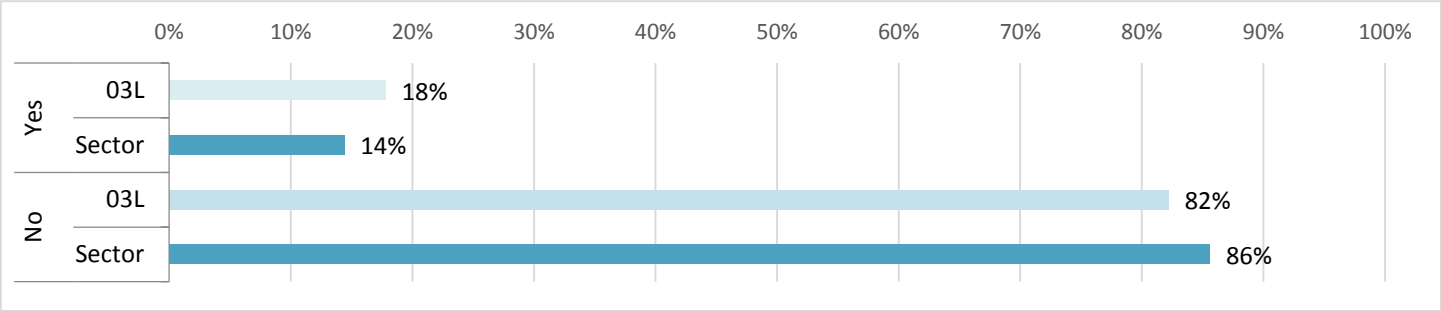


Religion:

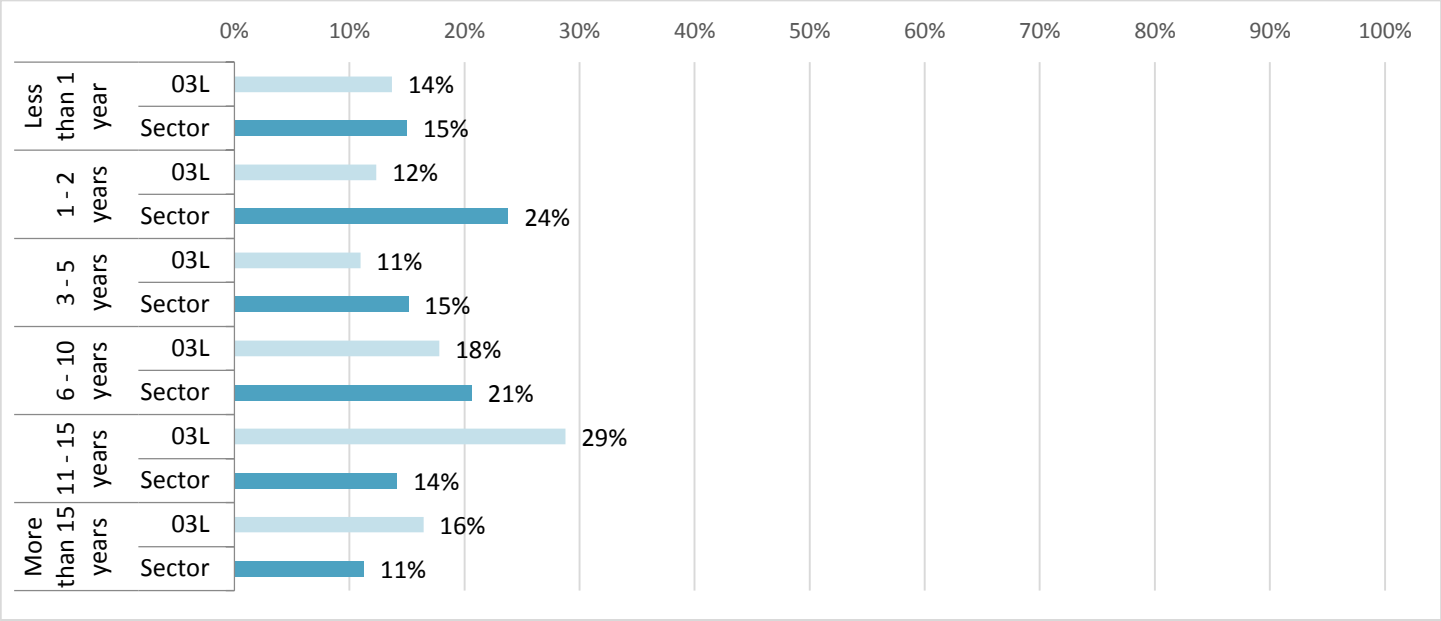


Respondent Demographics

Long-standing Illness, Health Problem or Disability:

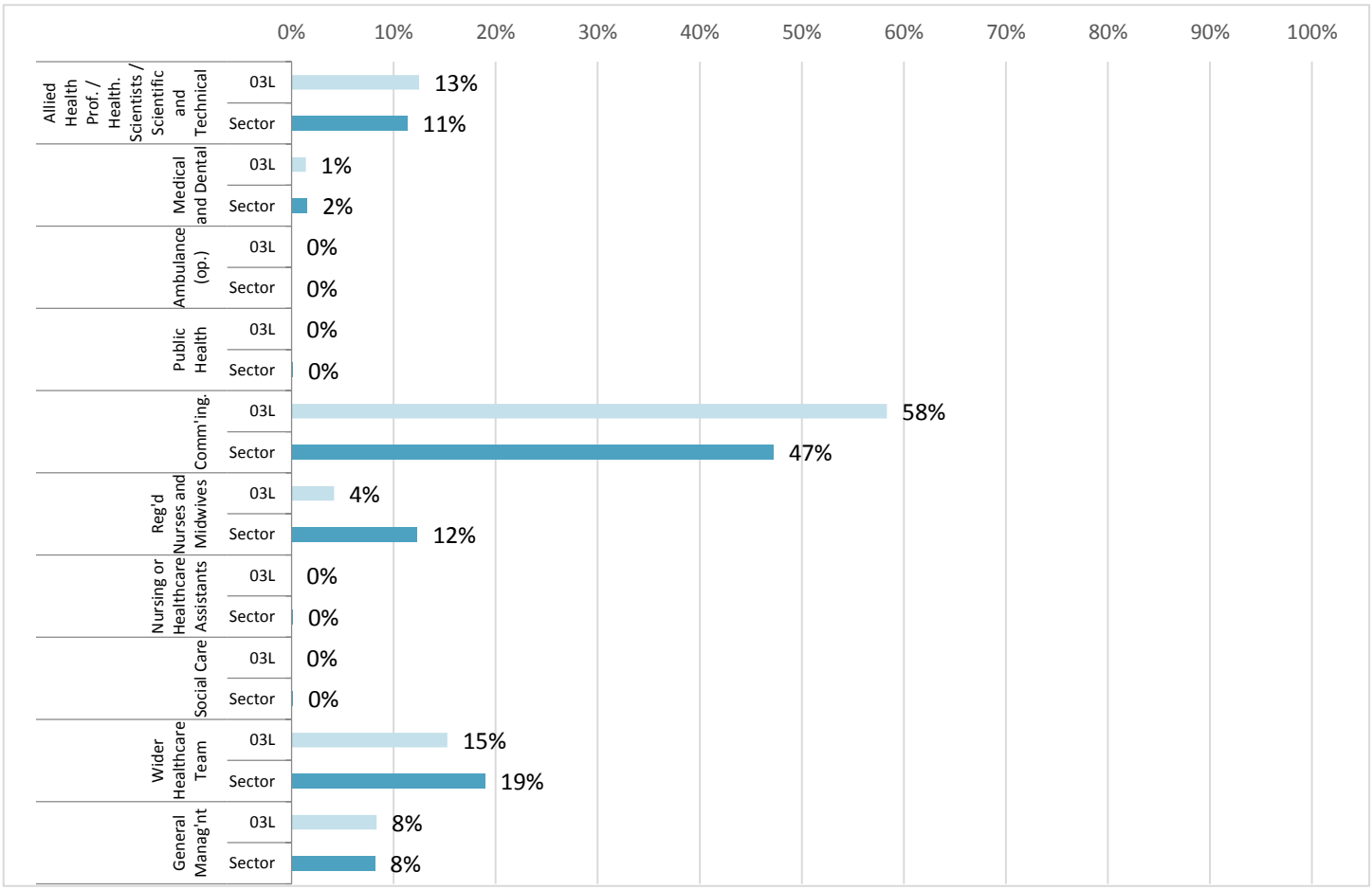


Length of Service:



Respondent Demographics

Occupational Groups:



Section 1: Unweighted Results

This section uses unweighted data to indicatively benchmark your organisation's results against those for your sector surveyed by Quality Health.

1.0 Unweighted Data

In the ordinary course of events we would adjust the data presented here so as to align your organisation's occupational group profile with that of your sector as a whole. However because of the nature of the this profile in your sector we have not done so here, and these results are unweighted.

1.1. Unweighted Evaluative Measures

These are presented as statements, and the score shows the percentage of staff indicating the statement reflects their experience of the organisation, whether that experience is a positive one such as "Look forward to going to work" or a negative one such as "Experienced work-related musculo-skeletal problems".

The scores for these questions are presented using bar charts, showing your score last year, where applicable, your score this year, and the average score for your sector.

Where a measure is negative then we have indicated this in four ways:
The measure is prefixed with "◆".
The measure is also tagged as "(-)".
The background to the measure is shaded grey.
The comparator arrow will reflect whether the organisation scored higher or lower than the sector, but the colour of the arrow will be green where your score is lower, and red where your score is higher.

Alongside the chart we have drawn a comparison between your year on year scores and your score compared to the sector average. If your score is higher by 5% or more then an upward arrow will appear, If your score is lower by 5% or more then a downward arrow will appear. the colour of the arrow will reflect positive or negative nature of the measure - green indicates your score is better , red that it is worse.

1.2. Unweighted Key Findings

These are mostly summary scores for groups of questions which, taken together, give more information about an area of interest to the organisation. Key findings are presented either as a percentage score, or as scale summary score (on a scale of 0-5 inclusive).

The Key Findings are aligned to the pledges to staff in the NHS Constitution, and are grouped here according to the pledge they are aligned to, with additional themes as noted. As well as the key finding description we have noted whether the key finding is positive (+) or negative (-) and the survey questions which are used to derive each key finding.

Please note that these key finding scores have been calculated using unweighted data, there are specific rules applied to their calculation which act to limit the respondent base - usually a respondent must have answered the majority of questions that compose a key finding, or have given a specific response to another question - to be included in the calculation. For this reason it is not generally possible to directly compare the key finding score to that of the questions that support it.

1.2. Unweighted Key Findings (continued)

◆ Positive and Negative Key Findings

In most cases a key finding reports a positive aspect of your staff's experience of working for your organisation. These are tagged with "(+)", for these key findings a higher score is better than a lower one. Your organisation's score is compared to that for your sector. The comparator arrow shows the relationship - an upward arrow means you have scored higher than the sector, a downward arrow means you have scored lower than the sector. The colour of the arrow will be green where your score is higher, and red where your score is lower.

Some key findings score a negative aspect of your staff's experience. To show that this is negative we have indicated this in four ways:
The key finding is prefixed with "◆".
The key finding is also tagged as "(-)".
The background to the key finding is shaded grey.
The comparator arrow will reflect whether the organisation scored higher or lower than the sector, but the colour of the arrow will be green where your score is lower, and red where your score is higher.

1.3 HSE Stress Audit

The Health and Safety Executive has indicated that, for the purposes of analysing the levels of stress in hospitals, the output from the National Staff Survey can be used as a substitute for undertaking a separate survey. This section presents those results, alongside the results your sector.

1.4 Workforce Race Equality Standard Metrics (WRESM)

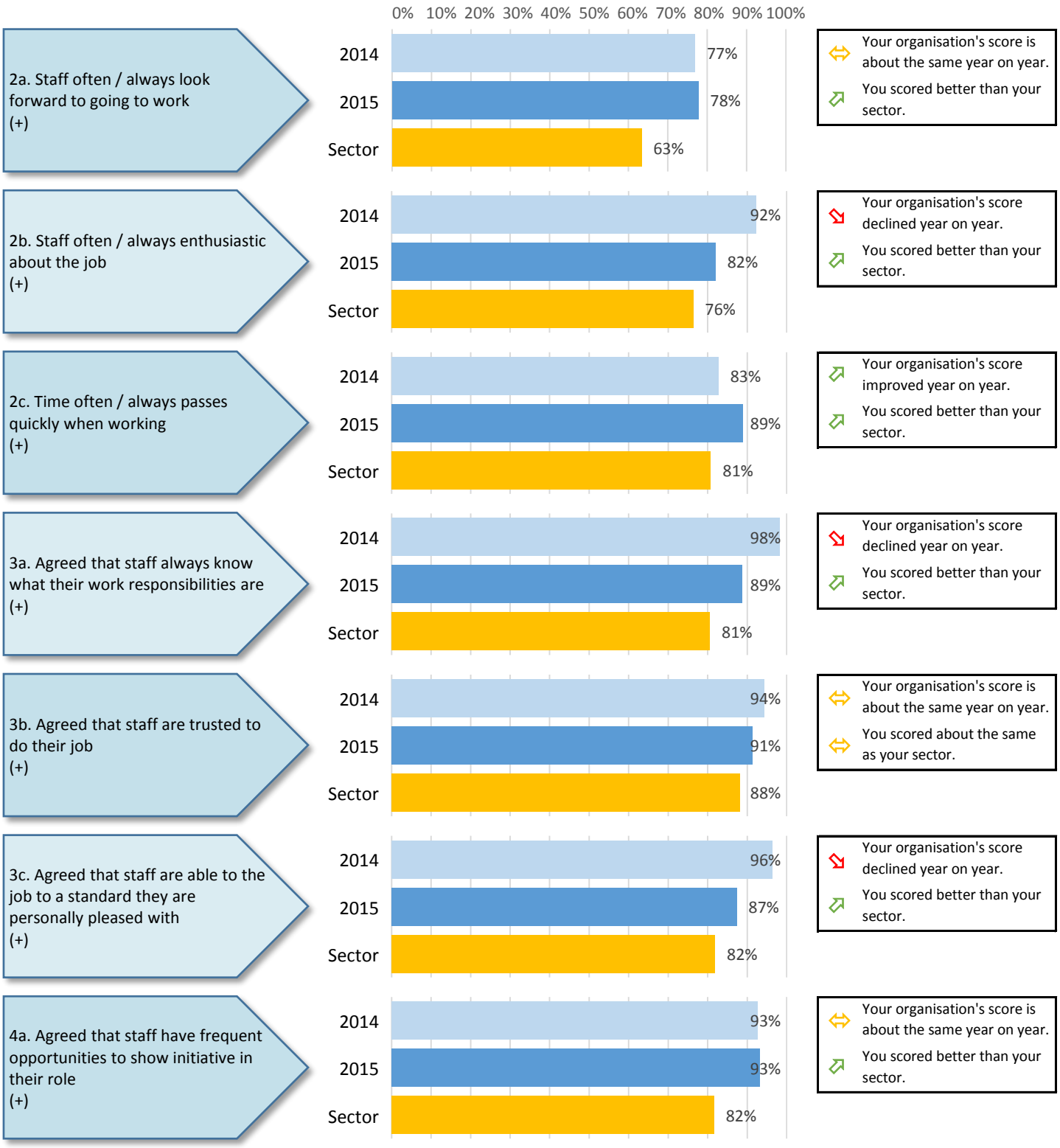
An element of the WRESM can be derived from the NHS National NHS Staff Survey findings. Where the composition of the respondents allows, for each of the specified staff survey indicators, the Standard compares the metrics for the responses for White and BME staff for each survey question.

In line with national reporting the key findings presented within the WRES metrics are calculated using **unweighted** data.

1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

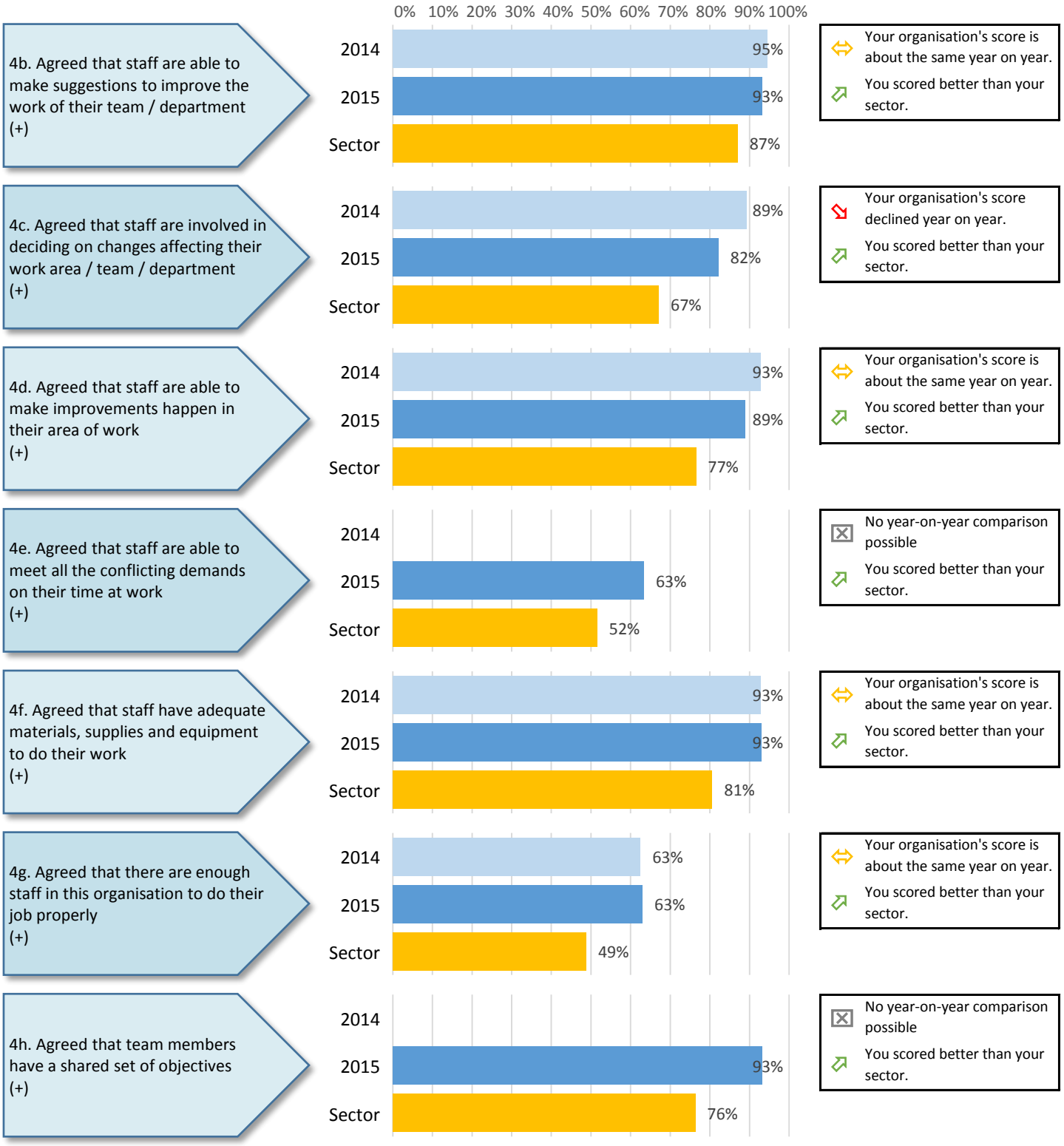
Your Job



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

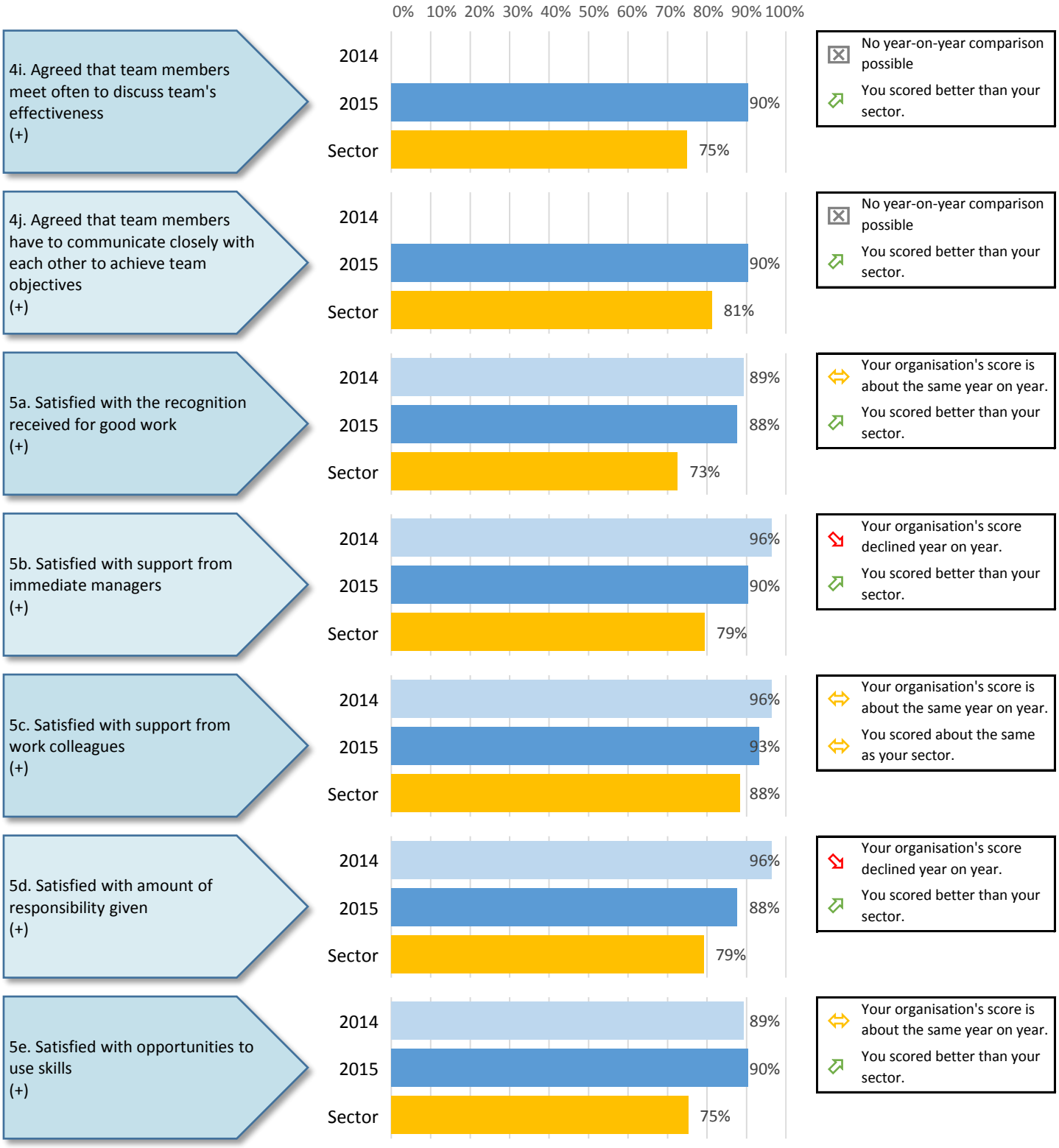
Your Job (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

Your Job (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
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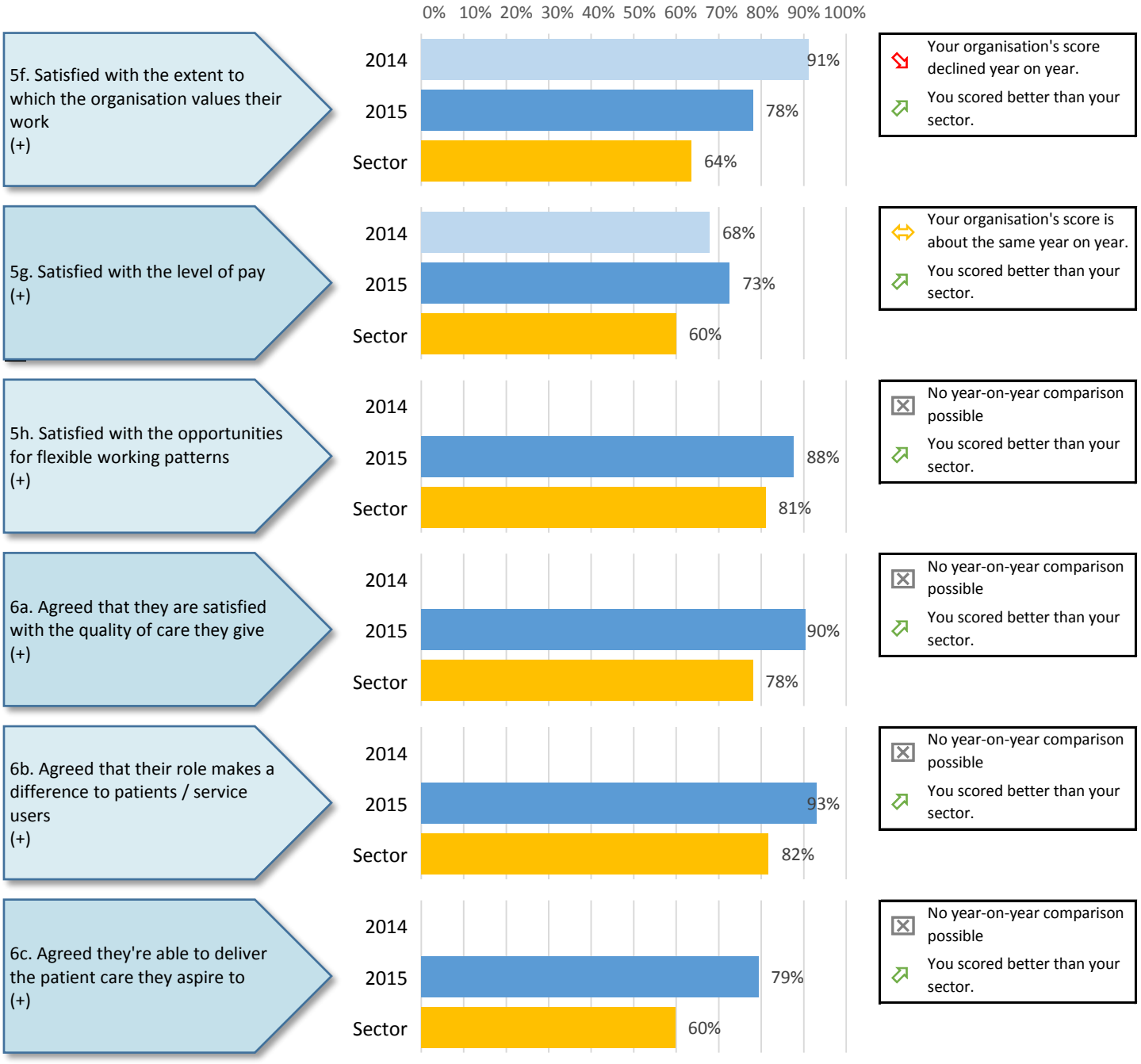
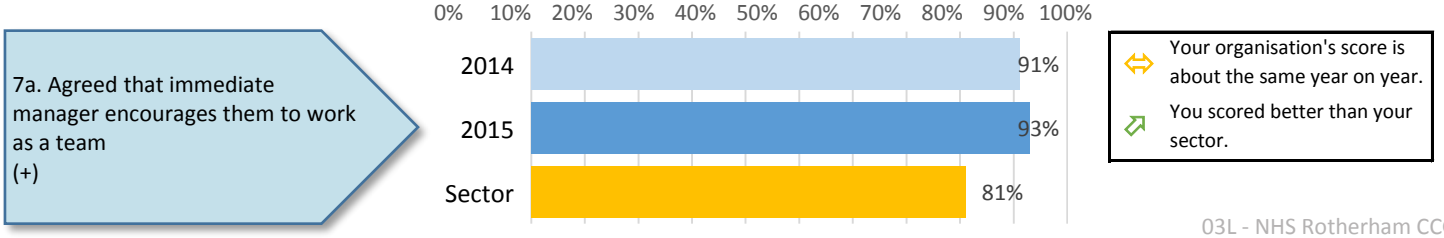
Your Job (continued)



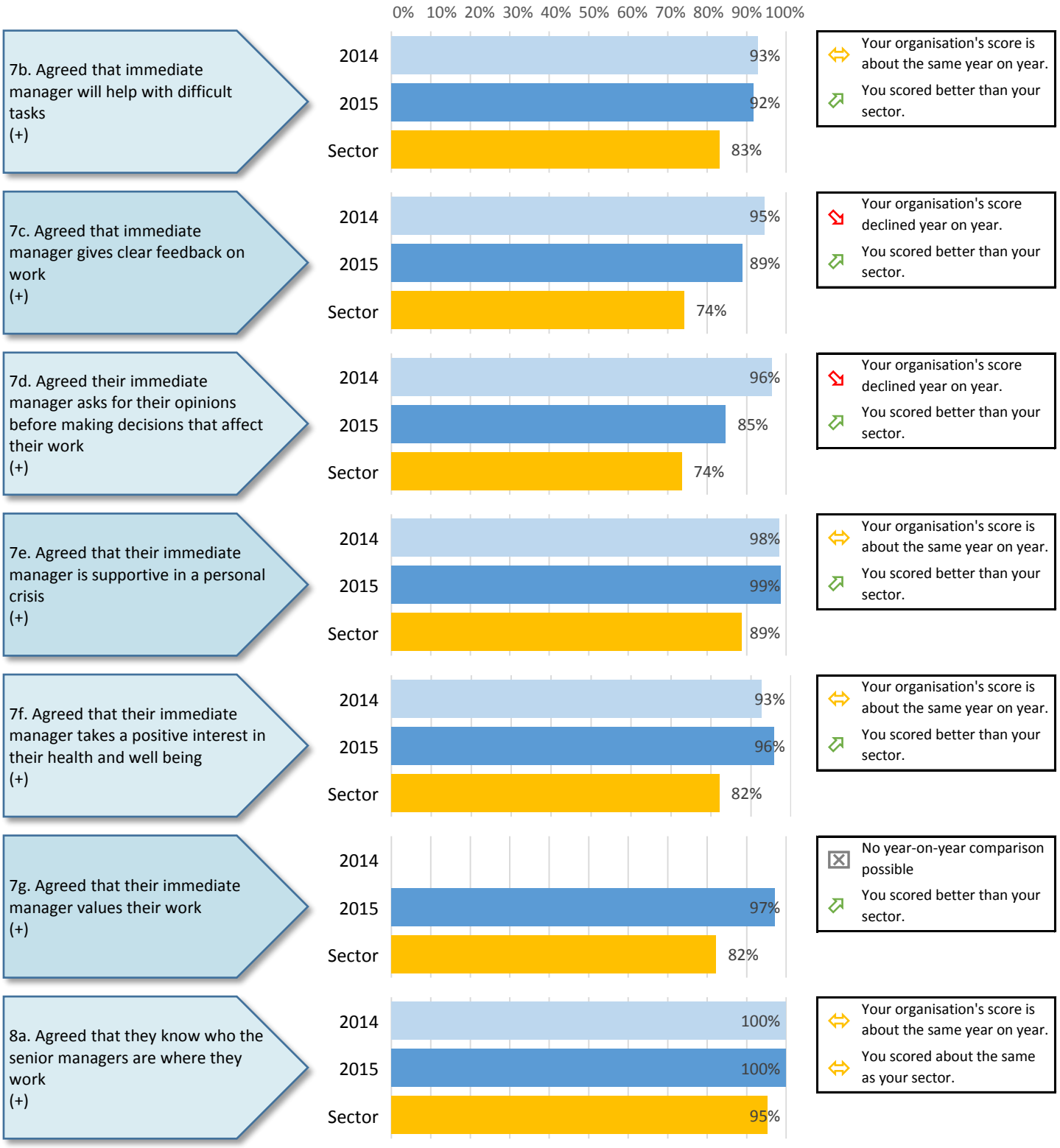
Your Managers



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

Your Managers (continued)

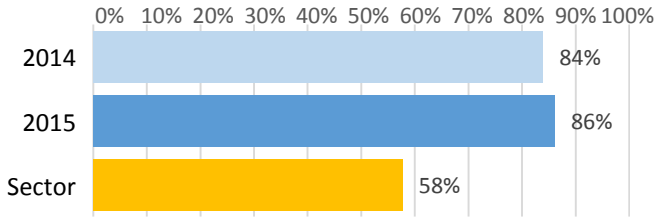


1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

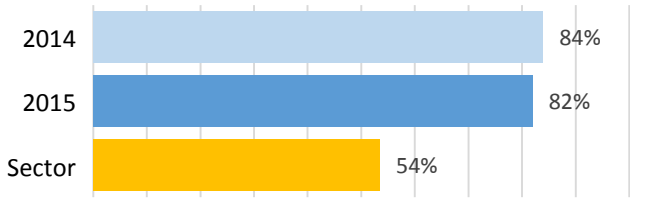
Your Managers (continued)

8b. Agreed that communication between senior management and staff is effective
(+)



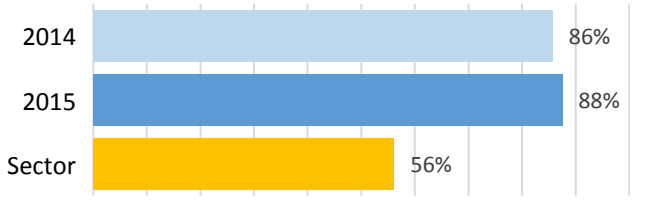
Your organisation's score is about the same year on year.
You scored better than your sector.

8c. Agreed that senior managers try to involve staff in important decisions
(+)



Your organisation's score is about the same year on year.
You scored better than your sector.

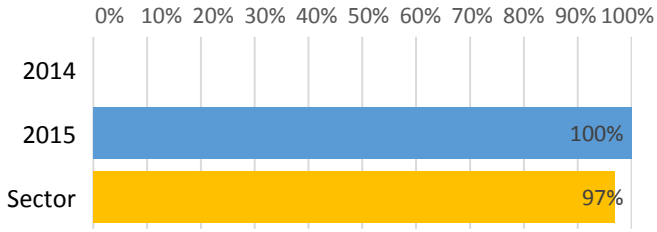
8d. Agreed that senior managers act on staff feedback
(+)



Your organisation's score is about the same year on year.
You scored better than your sector.

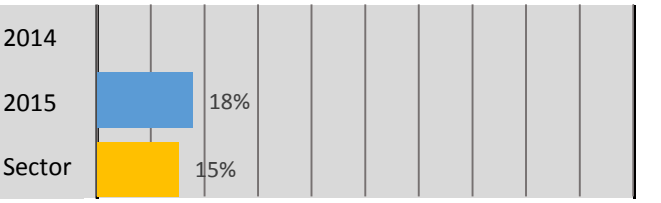
Your Health, Well-being and Safety at Work

9a. Organisation takes positive action on health and well-being
(+)



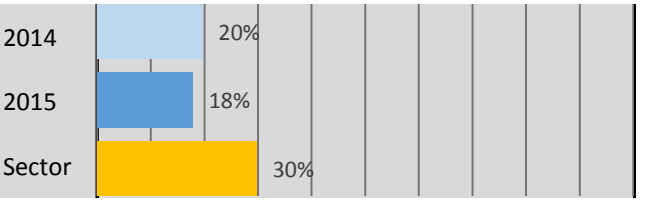
No year-on-year comparison possible
You scored about the same as your sector.

◆ 9b. Staff experiencing work-related musculo-skeletal problems
(-)



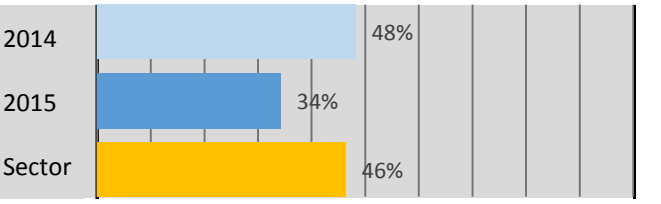
No year-on-year comparison possible
You scored about the same as your sector.

◆ 9c. Staff feeling unwell due to work-related stress
(-)



Your organisation's score is about the same year on year.
You scored better than your sector.

◆ 9d. Staff attending work when feeling unwell
(-)

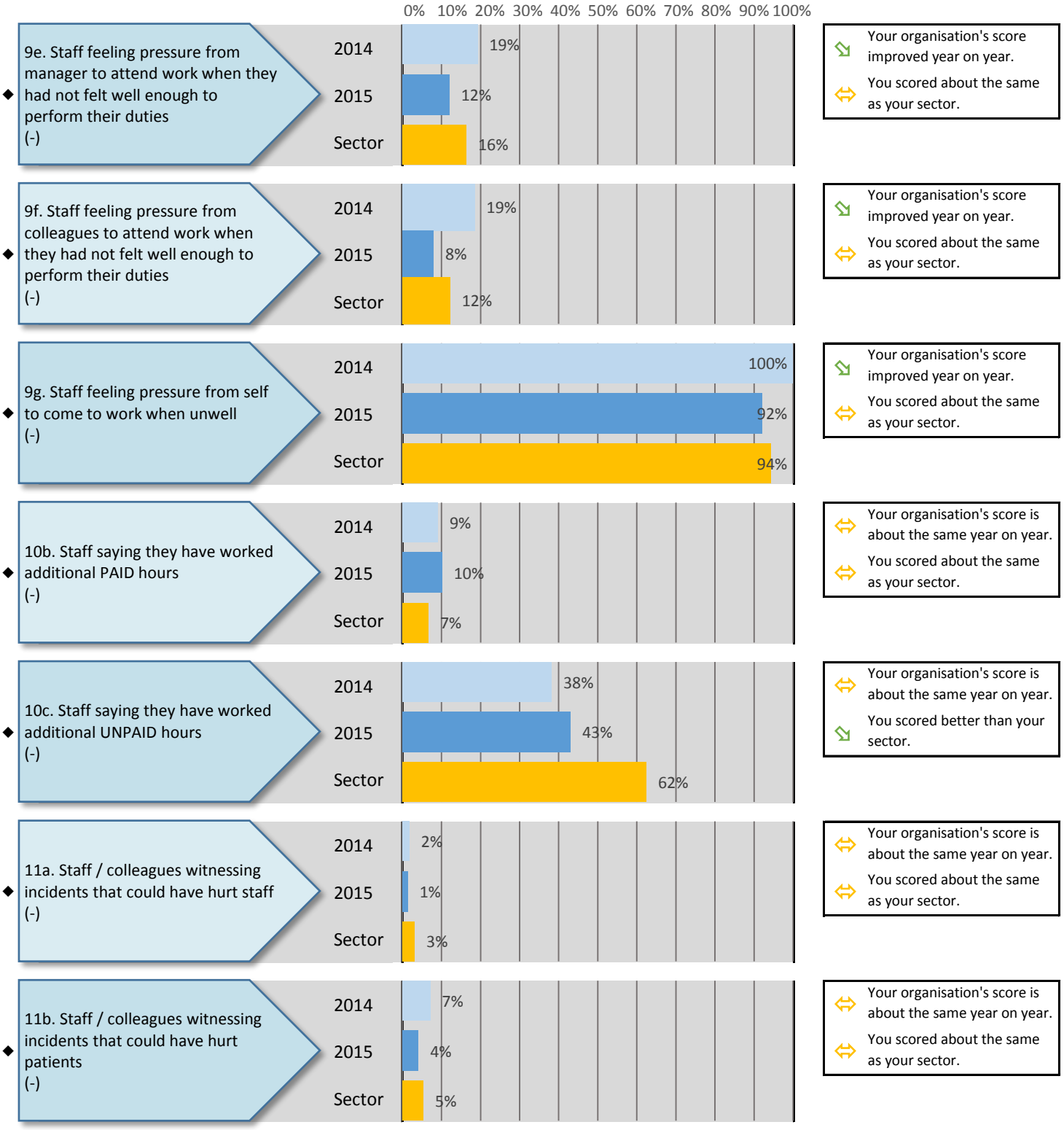


Your organisation's score improved year on year.
You scored better than your sector.

1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

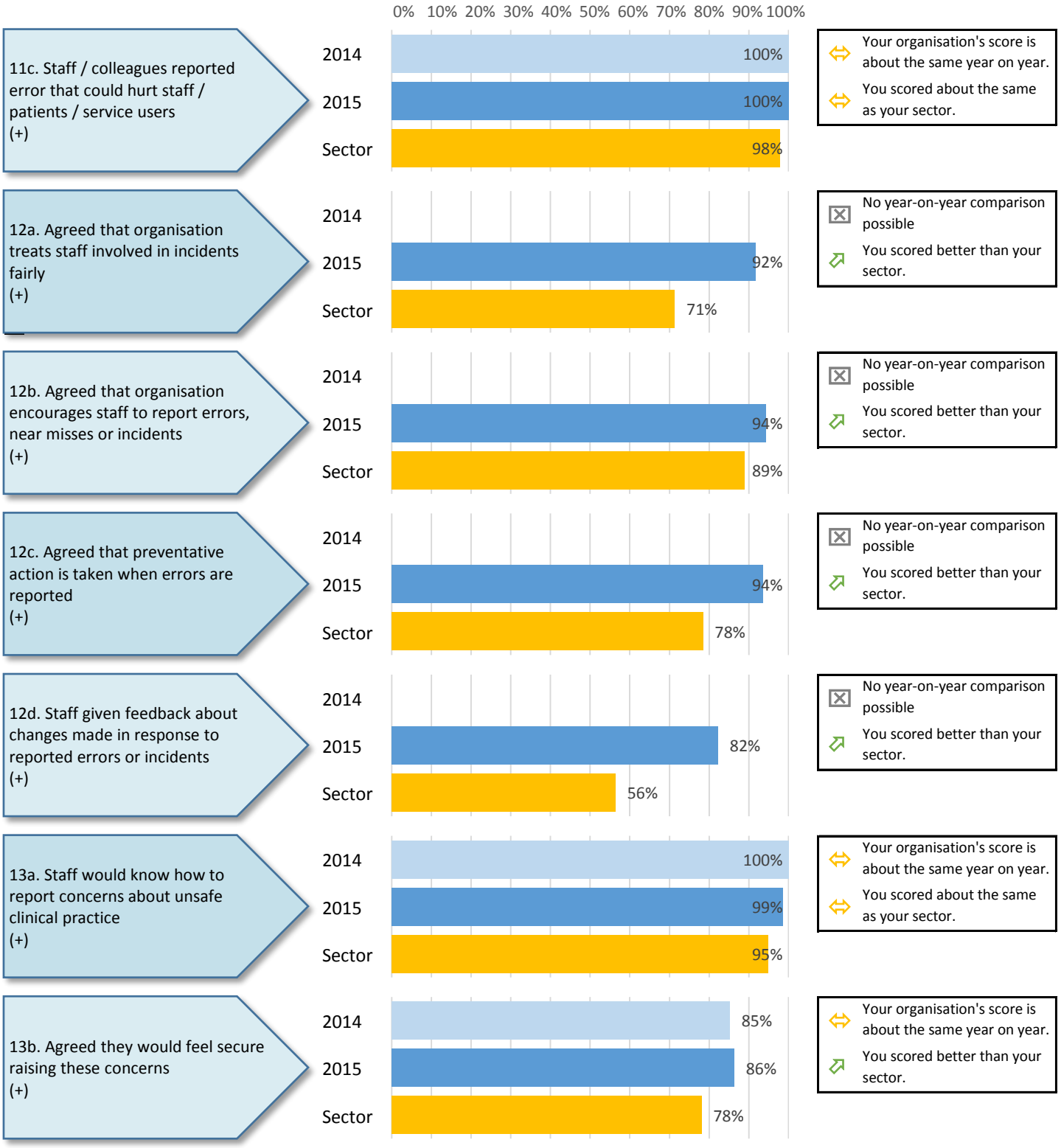
Your Health, Well-being and Safety at Work (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

Your Health, Well-being and Safety at Work (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
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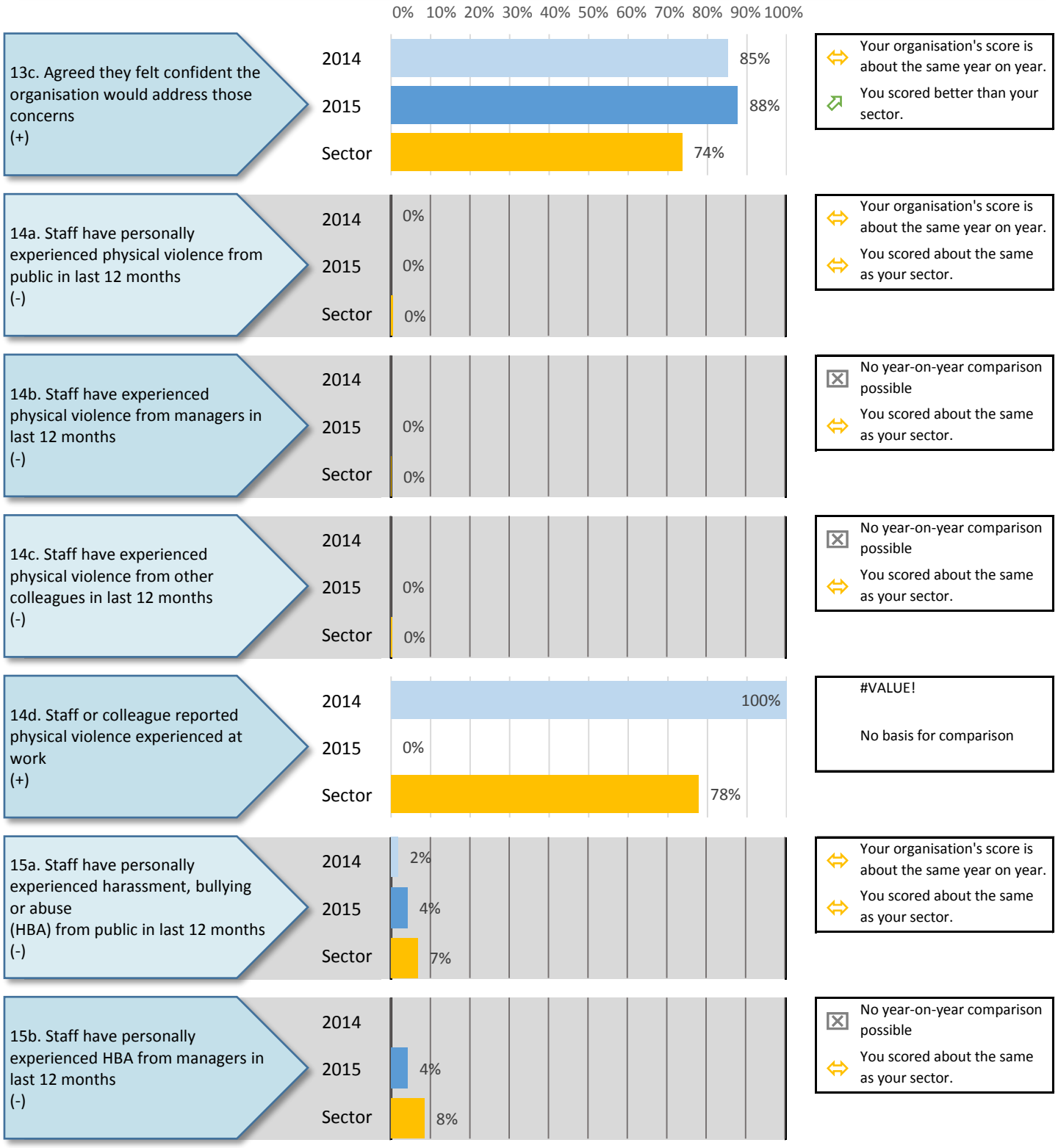
Your Health, Well-being and Safety at Work (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
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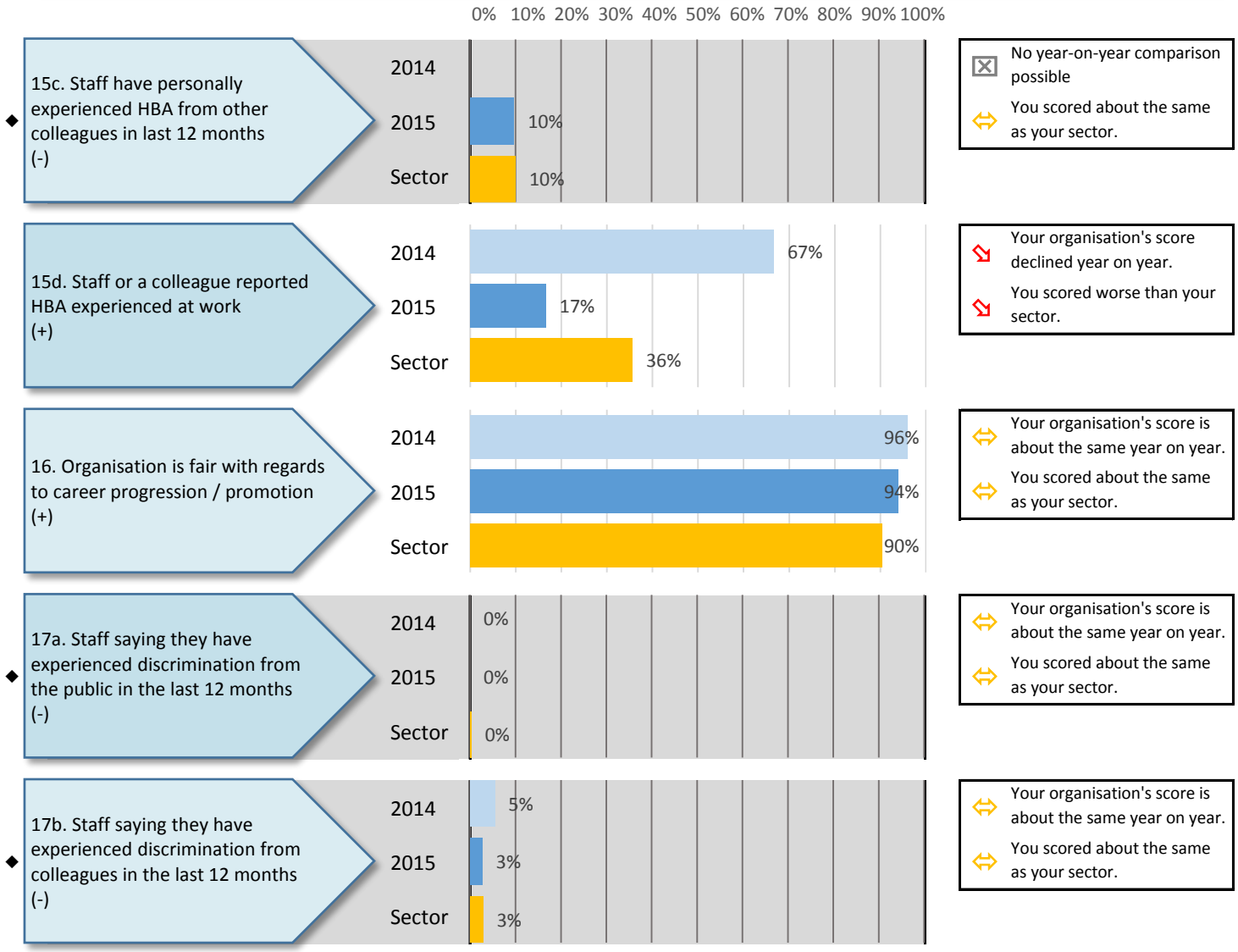
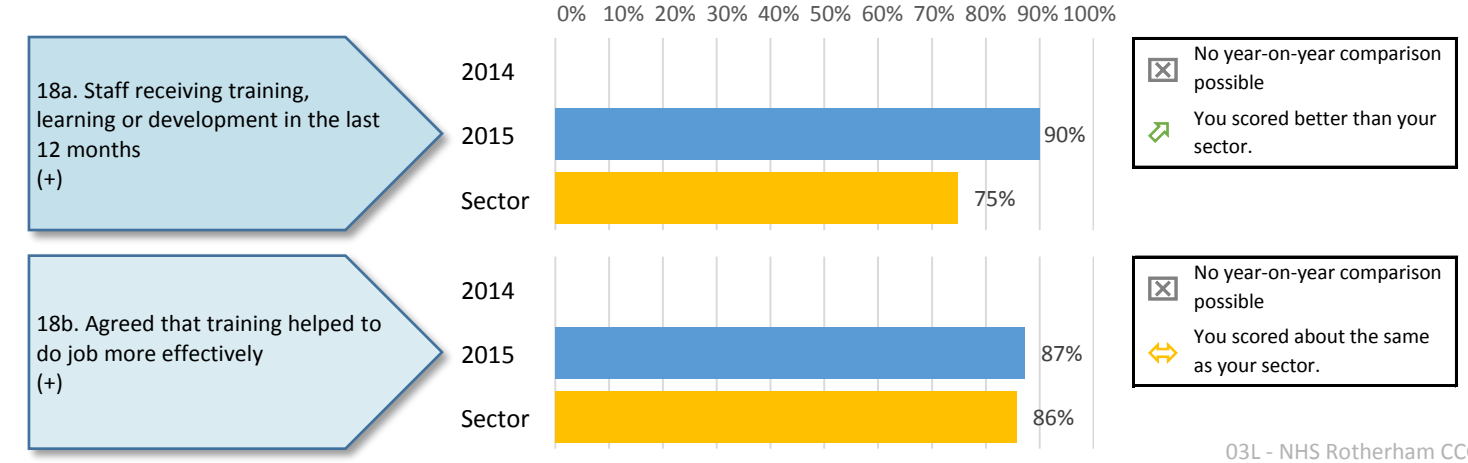
Your Health, Well-being and Safety at Work (continued)



Your Personal Development



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
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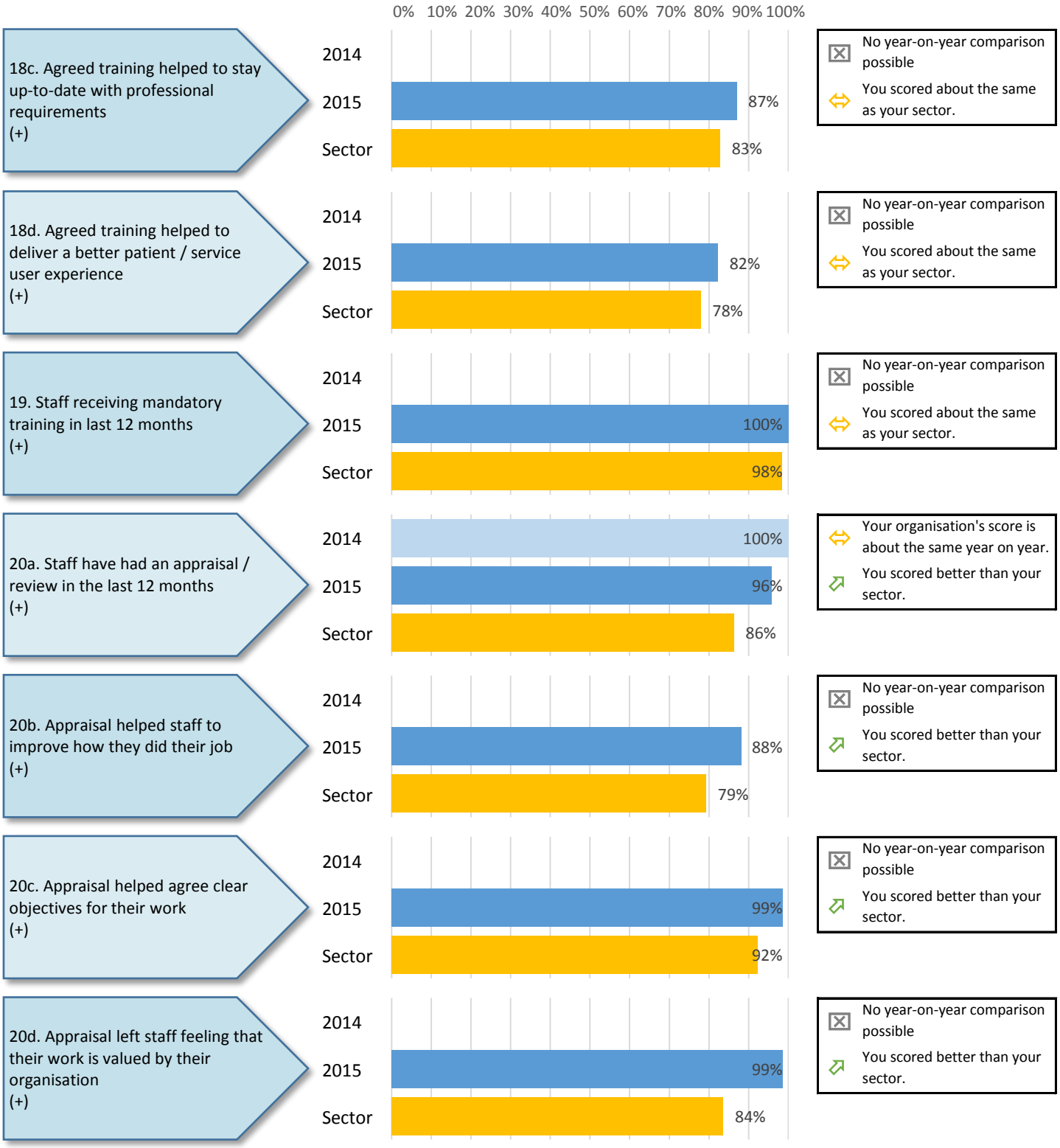
Your Personal Development (continued)



1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
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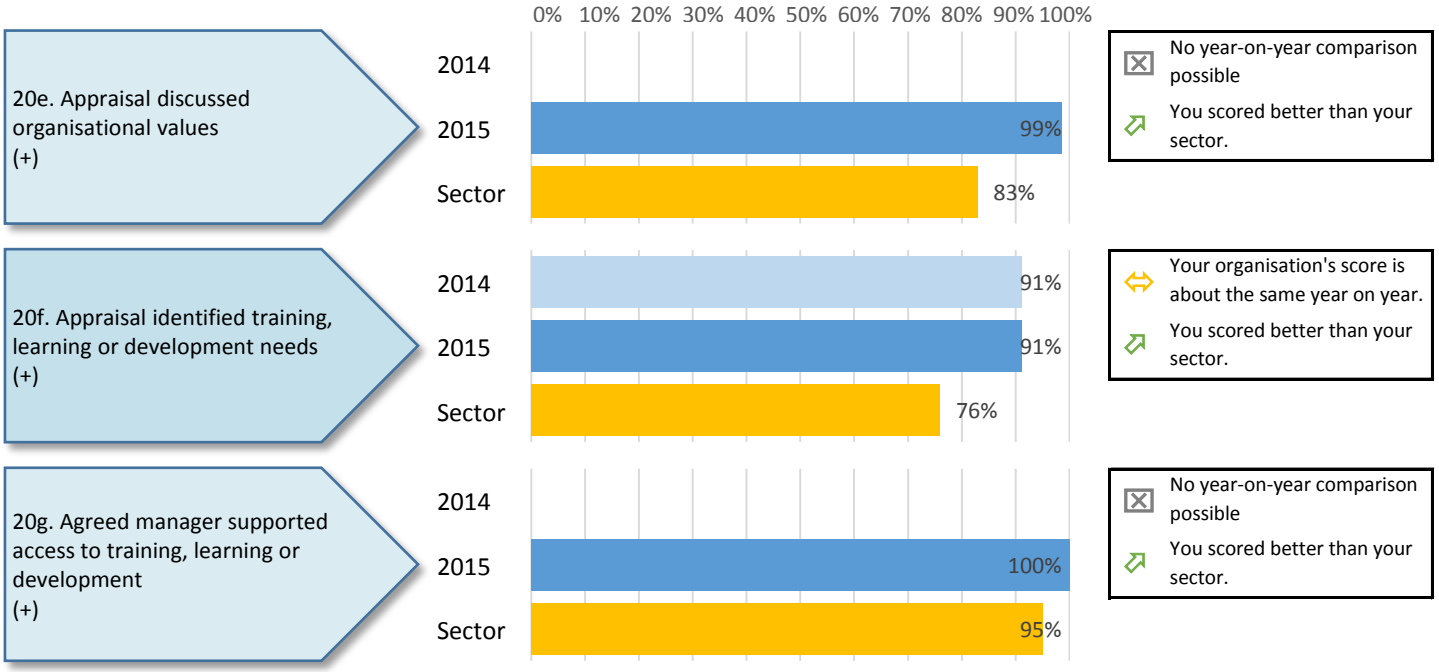
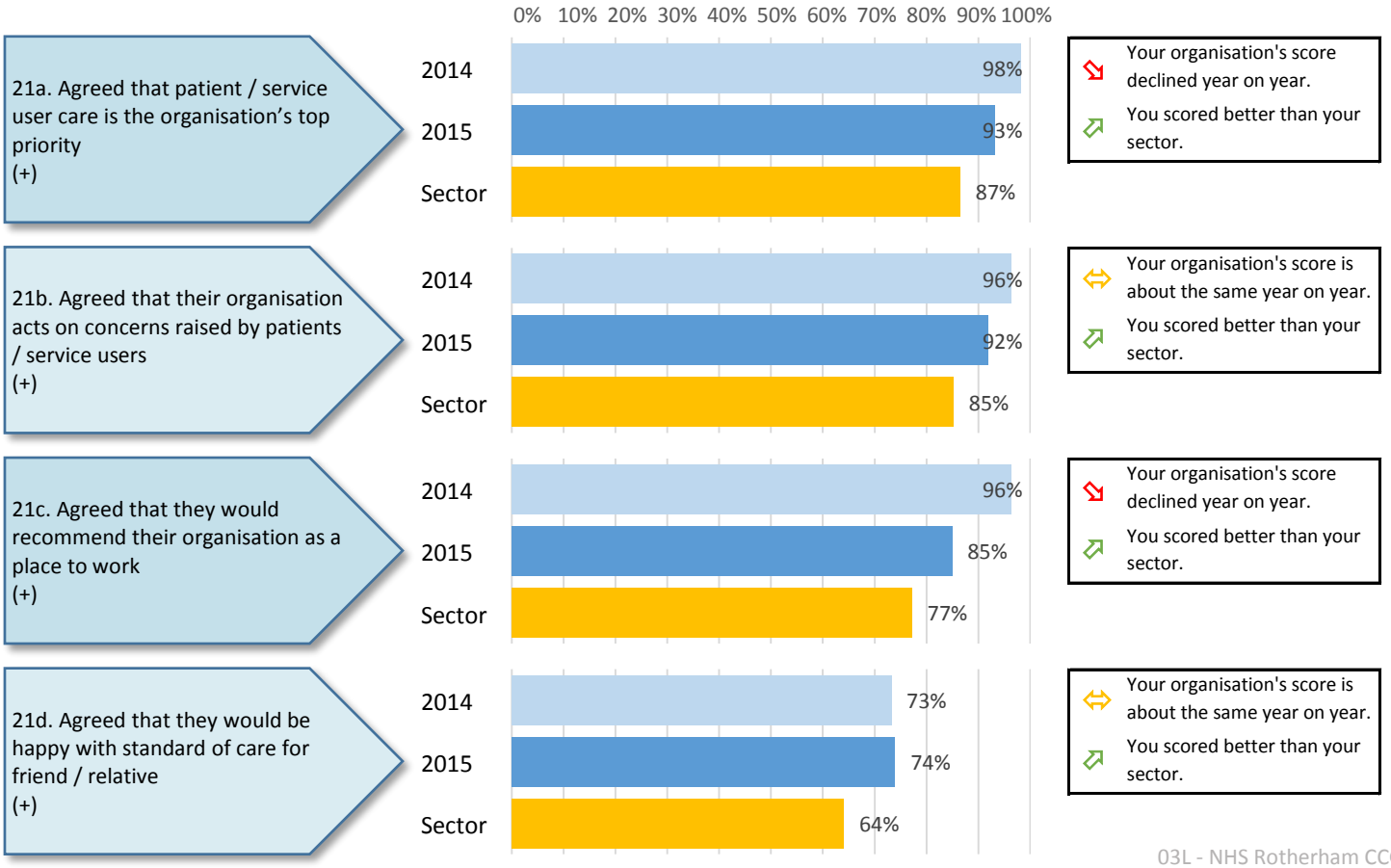
Your Personal Development (continued)



Your Organisation

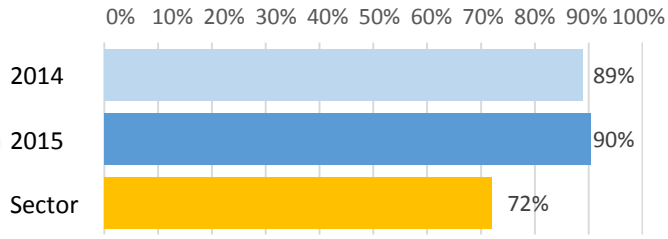


1.1: Unweighted Evaluative Measures

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

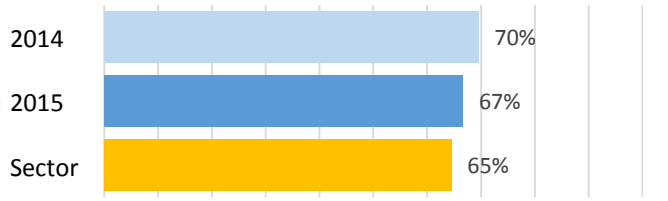
Your Organisation (continued)

22a. Agreed that patient / service user feedback is collected (+)



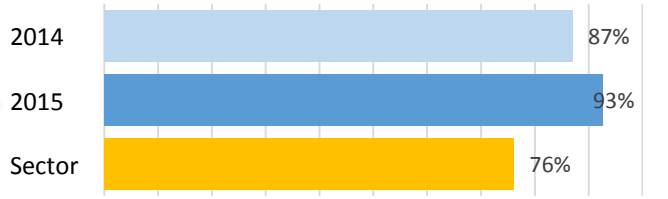
⇔ Your organisation's score is about the same year on year.
⇗ You scored better than your sector.

22b. Agreed that their department is regularly updated on patient / service user feedback (+)



⇔ Your organisation's score is about the same year on year.
⇔ You scored about the same as your sector.

22c. Agreed that patient / service user feedback is used to make informed decisions (+)



⇗ Your organisation's score improved year on year.
⇗ You scored better than your sector.

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
Overall Staff Engagement (+) (KF1, KF4, KF7)	4.27	4.00	⇗
Number of respondents	73		
Recommend - KF1: Staff recommendation of the organisation as a place to work or receive treatment (+) (Q21a, 21c, 21d)	4.27	4.00	⇗
Engage - KF4: Staff motivation at work (+) (Q2a, 2b, 2c)	4.15	3.98	⇔
Improve - KF7: able to contribute towards improvements at work (+) (Q4a, 4b, 4d)	4.39	4.04	⇗

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

STAFF PLEDGE 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
KF1. Staff recommendation of the organisation as a place to work or receive treatment (+) (Q21a, 21c, 21d)	4.27	4.00	⇗
KF2. Staff satisfaction with the quality of work and care they are able to deliver (+) (Q3c, 6a, 6c)	4.15	3.82	⇗
KF3. % of staff agreeing that their role makes a difference to patients / service users (+) (Q6b)	93%	82%	⇗
KF4. Staff motivation at work (+) (Q2a, 2b, 2c)	4.15	3.98	⇔
KF5. Recognition and value of staff by managers and the organisation (+) (Q5a, 5f, 7g)	4.33	3.89	⇗
KF8. Staff satisfaction with level of responsibility and involvement (+) (Q3a, 3b, 4c, 5d, 5e)	4.29	3.96	⇗
KF9. Effective team working (+) (Q4h, 4i, 4j)	4.42	3.93	⇗
KF14. Staff satisfaction with resourcing and support (+) (Q4e, 4f, 4g, 5c)	4.07	3.67	⇗

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.			
KF10. Support from immediate managers (+) (Q5b, 7a, 7b, 7c, 7d, 7e)	4.49	4.11	
KF11. % appraised in last 12 months (+) (Q20a)	96%	86%	
KF12. Quality of appraisals (+) (Q20b, 20c, 20d)	4.03	3.45	
KF13. Quality of non-mandatory training, learning or development (+) (Q18b, 18c, 18d)	4.24	4.05	

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Health and wellbeing

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
KF15. % satisfied with the opportunities for flexible working patterns (+) (Q5h)	88%	81%	⇗
◆ KF16. % working extra hours (-) (Q10b, 10c)	49%	66%	⇘
◆ KF17. % suffering work related stress in last 12 months (-) (Q9c)	18%	30%	⇘
◆ KF18. % feeling pressure in the last 3 months to attend work when feeling unwell (-) (Q9d, 9e, 9f, 9g)	92%	94%	⇔
KF19. Organisation and management interest in and action on health and wellbeing (+) (Q7f, 9a)	4.46	4.03	⇗

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Violence and harassment

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
KF22. % experiencing physical violence from patients, relatives or the public in last 12 months (-) (Q14a)	0%	0%	
KF23. % experiencing physical violence from staff in last 12 months (-) (Q14b, 14c)	0%	0%	
KF24. % Reporting most recent experience of violence (+) (Q14d)	-	100%	
KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (-) (Q15a)	4%	7%	
KF26. % experiencing harassment, bullying or abuse from staff in last 12 months (-) (Q15b, 15c)	14%	16%	
KF27. % reporting most recent experience of harassment, bullying or abuse (+) (Q15d)	10%	32%	

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.			
KF6. % reporting good communication between senior management and staff (+) (Q8a, 8b, 8c, 8d)	85%	55%	
KF7. % able to contribute towards improvements at work (+) (Q4a, 4b, 4d)	95%	83%	

1.2 Unweighted Key Findings

Positive (+) and Negative (-) findings; most findings are positive (+), where a higher score is better than a lower one.
For findings marked as negative (-) a lower score is better than a higher score.

	Your Organisation 2015	Your Sector 2015	Your Organisation Compared to Sector
ADDITIONAL THEME: Equality and diversity			
KF20. % experiencing discrimination at work in the last 12 months (-) (Q17a, 17b)	3%	3%	⇔
KF21. % believing that the organisation provides equal opportunities for career progression or promotion (+) (Q16)	94%	90%	⇔
ADDITIONAL THEME: Errors and incidents			
KF28. % witnessing potentially harmful errors, near misses or incidents in last month (-) (Q11a, 11b)	4%	7%	⇔
KF29. % reporting errors, near misses or incidents witnessed in the last month (+) (Q11c)	100%	90%	⇗
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents (+) (Q12a, 12b, 12c, 12d)	4.34	3.92	⇗
KF31. Staff confidence and security in reporting unsafe clinical practice (+) (Q13b, 13c)	4.29	3.95	⇗
ADDITIONAL THEME: Errors and incidents			
KF32. Effective use of patient / service user feedback (+) (Q21b, 22b, 22c)	4.30	3.99	⇗

1.3: HSE Stress Audit

The Health and Safety Executive has indicated that, for the purposes of analysing the levels of stress in hospitals, the output from the National Staff Survey can be used as a substitute for undertaking a separate survey.

	Organisation 2014	Organisation 2015	Year on Year Comparator	Your Sector 2015	Your Organisation Compared to Sector
◆ Overall Stress (-) Q9c	*20%*	18%	⇔	30%	↘
Relationships:					
◆ "In the last 12 months, how many times have you personally experienced harassment, bullying or abuse at work from any of the following: managers / team leaders, other colleagues?" (-) Q15b & Q15c	*11%*	14%	⇔	16%	⇔
Demands:					
"I am able to meet all the conflicting demands on my time at work" (+) Q4e		*63%*	☒	*52%*	↗
"I have adequate materials, supplies and equipment to do my work" (+) Q4f	*93%*	*93%*	⇔	*81%*	↗
"There are enough staff at this organisation for me to do my job properly" (+) Q4g	*63%*	*63%*	⇔	*49%*	↗

1.3: HSE Stress Audit

The Health and Safety Executive has indicated that, for the purposes of analysing the levels of stress in hospitals, the output from the National Staff Survey can be used as a substitute for undertaking a separate survey.

	Organisation 2014	Organisation 2015	Year on Year Comparator	Your Sector 2015	Your Organisation Compared to Sector
Support:					
"I am satisfied with the support that I get from my immediate manager" (+) Q5b	*96%*	*90%*		*79%*	
"I am satisfied with the support that I get from my work colleagues" (+) Q5c	*96%*	*93%*		*88%*	

1.4: Workforce Race Equality Standards

Derived from unweighted data, based on the respondent 's selected ethnicity.

Results suppressed due to the composition of respondents.

	Your Organisation 2015 (White)	Your Organisation 2015 (BME)
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (-)	-	-
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (-)	-	-
KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion (+)	-	-
17b. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager or c) other colleagues (-)	-	-

1.5: Survey Results (Compositional Tables)

This report sets out the results from the NHS National Staff Survey 2015, ordered in exactly the same way as in the survey questionnaire sent to participants.

Reading the columns of figures

The results are shown firstly in absolute numbers, then as percentage responses. The first two columns show your results from the 2014 survey. The next two columns show your results for the 2015 survey, the final two columns show the results for your comparator group - CCG. Please note that where there is no data for a current survey question then dashes are displayed in the first two columns.

The purpose of presenting the figures in this way is to give a direct, at-a-glance, comparison between NHS Rotherham CCG's results and the overall results from other organisations in the CCG comparator group.

Conventions

The percentages are calculated after excluding those respondents that did not answer that particular question. All percentages are rounded to the nearest whole number. When added together, the percentages for all answers to a particular question may not total 100% because of this rounding.

The number of respondents that did not answer a particular question is shown as the "Missing" figure at the bottom of the actual number of responses. In some cases, the "Missing" figure is quite high, because it includes respondents who did not answer that question, or group of questions, because it was not applicable to their circumstances.

On some questions there are also some figures which are italicised. These figures have been recalculated to exclude responses where the respondent has provided a non-specific response or where the question was not applicable to the respondent's circumstances. For example, questions such as Q6a (I am satisfied with the quality of care I give to patients / service users.) where the Not applicable to me response and those not answering ("Missing"), are excluded.

Changes made to the data

There are some questions reported which have been 'routed' (i.e. where respondents are directed to a subsequent question depending on their answer to the lead question). Sometimes there are conflicts in the answers that respondents give to these questions and the data is corrected to account for this. In this instance, respondents answering No to Q9d (In the last three months have you ever come to work despite not feeling well enough to perform your duties?) are directed to 'go to Question 10' - if a respondent answers 'No' to Q9d and also answers Q9e-g about types of pressure to come to work when unwell, then their responses to Q9e-g will be deleted.

YOUR JOB

1. Do you have face-to-face contact with patients / service users as part of your job?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, frequently	2	4%	2	3%	67	9%
Yes, occasionally	17	30%	30	42%	286	39%
No	37	66%	40	56%	375	52%
Missing	0		1		6	

For each of the statements below, how often do you feel this way about your job?

2a. I look forward to going to work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	1	2%	1	1%	8	1%
Rarely	2	4%	3	4%	39	5%
Sometimes	9	17%	12	17%	221	30%
Often	27	52%	40	56%	349	48%
Always	13	25%	16	22%	114	16%
Missing	4		1		3	

2b. I am enthusiastic about my job.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	0	0%	0	0%	3	0%
Rarely	1	2%	2	3%	22	3%
Sometimes	3	6%	11	15%	148	20%
Often	29	56%	28	39%	340	47%
Always	19	37%	31	43%	218	30%
Missing	4		1		3	

YOUR JOB (continued)

2c. Time passes quickly when I am working.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	0	0%	1	1%	6	1%
Rarely	2	4%	0	0%	17	2%
Sometimes	7	13%	7	10%	117	16%
Often	21	40%	33	46%	279	38%
Always	22	42%	31	43%	310	43%
Missing	4		1		5	

To what extent do you agree or disagree with the following statements about your job?

3a. I always know what my work responsibilities are.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	9	1%
Disagree	1	2%	3	4%	62	9%
Neither agree nor disagree	0	0%	5	7%	70	10%
Agree	29	54%	33	46%	402	55%
Strongly agree	24	44%	30	42%	182	25%
Missing	2		2		9	

3b. I am trusted to do my job.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	4	1%
Disagree	1	2%	3	4%	22	3%
Neither agree nor disagree	2	4%	3	4%	60	8%
Agree	17	32%	23	33%	307	43%
Strongly agree	33	62%	41	59%	329	46%
Missing	3		3		12	

YOUR JOB (continued)

3c. I am able to do my job to a standard I am personally pleased with.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	7	1%
Disagree	0	0%	1	1%	44	6%
Neither agree nor disagree	2	4%	8	11%	80	11%
Agree	30	56%	31	44%	386	53%
Strongly agree	22	41%	31	44%	206	28%
Missing	2		2		11	

To what extent do you agree or disagree with the following statements about your work?

4a. There are frequent opportunities for me to show initiative in my role.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	10	1%
Disagree	1	2%	2	3%	52	7%
Neither agree nor disagree	3	5%	3	4%	73	10%
Agree	24	44%	32	44%	374	51%
Strongly agree	27	49%	36	49%	224	31%
Missing	1		0		1	

4b. I am able to make suggestions to improve the work of my team / department.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	9	1%
Disagree	1	2%	1	1%	28	4%
Neither agree nor disagree	2	4%	4	5%	58	8%
Agree	24	44%	29	40%	375	51%
Strongly agree	28	51%	39	53%	261	36%
Missing	1		0		3	

4c. I am involved in deciding on changes introduced that affect my work area / team / department.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	1	1%	25	3%
Disagree	3	5%	3	4%	98	13%
Neither agree nor disagree	3	5%	9	12%	118	16%
Agree	25	45%	29	40%	298	41%
Strongly agree	25	45%	31	42%	194	26%
Missing	0		0		1	

4d. I am able to make improvements happen in my area of work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	14	2%
Disagree	2	4%	2	3%	47	6%
Neither agree nor disagree	2	4%	6	8%	110	15%
Agree	28	50%	31	43%	355	49%
Strongly agree	24	43%	33	46%	202	28%
Missing	0		1		6	

4e. I am able to meet all the conflicting demands on my time at work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	-	-	0	0%	21	3%
Disagree	-	-	9	13%	179	25%
Neither agree nor disagree	-	-	17	24%	152	21%
Agree	-	-	30	42%	304	42%
Strongly agree	-	-	15	21%	71	10%
Missing	-		2		7	

4f. I have adequate materials, supplies and equipment to do my work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	12	2%
Disagree	1	2%	2	3%	61	8%
Neither agree nor disagree	3	5%	3	4%	68	9%
Agree	29	52%	33	46%	424	58%
Strongly agree	23	41%	34	47%	162	22%
Missing	0		1		7	

4g. There are enough staff at this organisation for me to do my job properly.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	1	2%	3	4%	43	6%
Disagree	8	14%	11	15%	179	24%
Neither agree nor disagree	12	21%	13	18%	152	21%
Agree	29	52%	26	36%	273	37%
Strongly agree	6	11%	20	27%	84	11%
Missing	0		0		3	

4h. The team I work in has a set of shared objectives.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	-	-	0	0%	13	2%
Disagree	-	-	1	1%	67	9%
Neither agree nor disagree	-	-	4	5%	93	13%
Agree	-	-	35	48%	381	52%
Strongly agree	-	-	33	45%	177	24%
Missing	-		0		3	

YOUR JOB (continued)

4i. The team I work in often meets to discuss the team's effectiveness.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	-	-	1	1%	21	3%
Disagree	-	-	1	1%	76	10%
Neither agree nor disagree	-	-	5	7%	86	12%
Agree	-	-	31	42%	361	49%
Strongly agree	-	-	35	48%	186	25%
Missing	-		0		4	

4j. Team members have to communicate closely with each other to achieve the team's objectives.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	-	-	0	0%	11	2%
Disagree	-	-	0	0%	21	3%
Neither agree nor disagree	-	-	7	10%	105	14%
Agree	-	-	30	41%	378	52%
Strongly agree	-	-	36	49%	214	29%
Missing	-		0		5	

How satisfied are you with each of the following aspects of your job?

5a. The recognition I get for good work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	1	2%	2	3%	16	2%
Dissatisfied	0	0%	1	1%	67	9%
Neither satisfied nor dissatisfied	5	9%	6	8%	117	16%
Satisfied	27	48%	28	38%	363	50%
Very satisfied	23	41%	36	49%	167	23%
Missing	0		0		4	

5b. The support I get from my immediate manager.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	0	0%	0	0%	11	2%
Dissatisfied	0	0%	0	0%	57	8%
Neither satisfied nor dissatisfied	2	4%	7	10%	82	11%
Satisfied	24	44%	26	36%	266	36%
Very satisfied	29	53%	40	55%	314	43%
Missing	1		0		4	

5c. The support I get from my work colleagues.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	0	0%	0	0%	2	0%
Dissatisfied	0	0%	0	0%	24	3%
Neither satisfied nor dissatisfied	2	4%	5	7%	59	8%
Satisfied	24	44%	26	36%	375	52%
Very satisfied	29	53%	42	58%	268	37%
Missing	1		0		6	

5d. The amount of responsibility I am given.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	0	0%	0	0%	4	1%
Dissatisfied	0	0%	3	4%	55	8%
Neither satisfied nor dissatisfied	2	4%	6	8%	93	13%
Satisfied	32	57%	31	42%	378	52%
Very satisfied	22	39%	33	45%	199	27%
Missing	0		0		5	

YOUR JOB (continued)

5e. The opportunities I have to use my skills.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	0	0%	0	0%	23	3%
Dissatisfied	2	4%	3	4%	71	10%
Neither satisfied nor dissatisfied	4	7%	4	5%	87	12%
Satisfied	28	50%	33	45%	365	50%
Very satisfied	22	39%	33	45%	184	25%
Missing	0		0		4	

5f. The extent to which my organisation values my work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	1	2%	1	1%	23	3%
Dissatisfied	0	0%	2	3%	77	11%
Neither satisfied nor dissatisfied	4	7%	13	18%	166	23%
Satisfied	30	54%	30	41%	326	45%
Very satisfied	21	38%	27	37%	138	19%
Missing	0		0		4	

5g. My level of pay.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	1	2%	4	5%	34	5%
Dissatisfied	10	18%	6	8%	106	15%
Neither satisfied nor dissatisfied	7	13%	10	14%	152	21%
Satisfied	29	52%	33	45%	322	44%
Very satisfied	9	16%	20	27%	115	16%
Missing	0		0		5	

YOUR JOB (continued)

5h. The opportunities for flexible working patterns.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Very dissatisfied	-	-	1	1%	24	3%
Dissatisfied	-	-	3	4%	36	5%
Neither satisfied nor dissatisfied	-	-	5	7%	78	11%
Satisfied	-	-	33	45%	332	46%
Very satisfied	-	-	31	42%	257	35%
Missing	-		0		7	

Do the following statements apply to you and your job?

6a. I am satisfied with the quality of care I give to patients / service users.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	42	58%	421	58%
* *Strongly disagree*	-	-	*0*	*0%*	*5*	*2%*
* *Disagree*	-	-	*1*	*3%*	*15*	*5%*
* *Neither agree nor disagree*	-	-	*2*	*6%*	*48*	*16%*
* *Agree*	-	-	*18*	*58%*	*184*	*60%*
* *Strongly agree*	-	-	*10*	*32%*	*57*	*18%*
Missing	-		0		4	

6b. I feel that my role makes a difference to patients / service users.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	16	22%	169	23%
* *Strongly disagree*	-	-	*0*	*0%*	*5*	*1%*
* *Disagree*	-	-	*0*	*0%*	*18*	*3%*
* *Neither agree nor disagree*	-	-	*4*	*7%*	*79*	*14%*
* *Agree*	-	-	*34*	*60%*	*346*	*62%*
* *Strongly agree*	-	-	*19*	*33%*	*111*	*20%*
Missing	-		0		6	

6c. I am able to deliver the care I aspire to.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	44	60%	422	58%
* *Strongly disagree*	-	-	*1*	*3%*	*11*	*4%*
* *Disagree*	-	-	*0*	*0%*	*26*	*8%*
* *Neither agree nor disagree*	-	-	*5*	*17%*	*86*	*28%*
* *Agree*	-	-	*16*	*55%*	*133*	*43%*
* *Strongly agree*	-	-	*7*	*24%*	*50*	*16%*
Missing	-		0		6	

YOUR MANAGERS

To what extent do you agree or disagree with the following statements about your immediate manager? My immediate manager...

7a. ...encourages those who work for her / him to work as a team.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	9	1%
Disagree	1	2%	0	0%	40	5%
Neither agree nor disagree	4	7%	5	7%	89	12%
Agree	21	38%	24	33%	314	43%
Strongly agree	30	54%	43	60%	277	38%
Missing	0		1		5	

7b. ...can be counted on to help me with a difficult task at work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	8	1%
Disagree	1	2%	1	1%	42	6%
Neither agree nor disagree	3	5%	5	7%	73	10%
Agree	24	43%	23	32%	296	41%
Strongly agree	28	50%	43	60%	309	42%
Missing	0		1		6	

7c. ...gives me clear feedback on my work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	14	2%
Disagree	1	2%	1	1%	63	9%
Neither agree nor disagree	2	4%	7	10%	111	15%
Agree	23	42%	26	36%	289	40%
Strongly agree	29	53%	38	53%	251	34%
Missing	1		1		6	

YOUR MANAGERS (continued)

7d. ...asks for my opinion before making decisions that affect my work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	1	1%	23	3%
Disagree	0	0%	0	0%	69	9%
Neither agree nor disagree	2	4%	10	14%	100	14%
Agree	25	46%	28	39%	291	40%
Strongly agree	27	50%	33	46%	244	34%
Missing	2		1		7	

7e. ...is supportive in a personal crisis.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	1	2%	0	0%	7	1%
Disagree	0	0%	0	0%	14	2%
Neither agree nor disagree	0	0%	1	1%	61	8%
Agree	21	38%	16	22%	248	34%
Strongly agree	34	61%	55	76%	397	55%
Missing	0		1		7	

7f. ...takes a positive interest in my health and well-being.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	1	2%	0	0%	8	1%
Disagree	0	0%	0	0%	31	4%
Neither agree nor disagree	3	6%	3	4%	91	13%
Agree	24	44%	22	31%	272	37%
Strongly agree	26	48%	47	65%	326	45%
Missing	2		1		6	

7g. ...values my work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	-	-	0	0%	8	1%
Disagree	-	-	0	0%	30	4%
Neither agree nor disagree	-	-	2	3%	91	13%
Agree	-	-	23	32%	275	38%
Strongly agree	-	-	47	65%	323	44%
Missing	-		1		7	

To what extent do you agree or disagree with the following statements about senior managers where you work?

8a. I know who the senior managers are here.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	3	0%
Disagree	0	0%	0	0%	13	2%
Neither agree nor disagree	0	0%	0	0%	19	3%
Agree	15	27%	16	22%	295	40%
Strongly agree	41	73%	56	78%	399	55%
Missing	0		1		5	

8b. Communication between senior management and staff is effective.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	1	1%	35	5%
Disagree	1	2%	0	0%	99	14%
Neither agree nor disagree	8	14%	9	13%	174	24%
Agree	19	34%	23	32%	275	38%
Strongly agree	28	50%	39	54%	146	20%
Missing	0		1		5	

8c. Senior managers here try to involve staff in important decisions.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	35	5%
Disagree	3	5%	3	4%	110	15%
Neither agree nor disagree	6	11%	10	14%	193	27%
Agree	20	36%	21	29%	262	36%
Strongly agree	27	48%	38	53%	127	17%
Missing	0		1		7	

8d. Senior managers act on staff feedback.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	20	3%
Disagree	1	2%	0	0%	82	11%
Neither agree nor disagree	7	13%	9	13%	217	30%
Agree	20	36%	22	31%	286	39%
Strongly agree	28	50%	41	57%	123	17%
Missing	0		1		6	

Health & well-being

9a. Does your organisation take positive action on health and well-being?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	47	64%	332	46%
Yes, to some extent	-	-	26	36%	373	51%
No	-	-	0	0%	22	3%
Missing	-		0		7	

9b. In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	-	-	13	18%	111	15%
No	-	-	60	82%	618	85%
Missing	-		0		5	

9c. During the last 12 months have you felt unwell as a result of work related stress?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	11	20%	13	18%	217	30%
No	45	80%	60	82%	513	70%
Missing	0		0		4	

9d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	27	48%	25	34%	338	46%
No	29	52%	48	66%	391	54%
Missing	0		0		5	

9e. Have you felt pressure from your manager to come to work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	5	19%	3	12%	55	16%
No	21	81%	22	88%	281	84%
Missing	30		48		398	

9f. Have you felt pressure from colleagues to come to work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	5	19%	2	8%	41	12%
No	22	81%	23	92%	295	88%
Missing	29		48		398	

9g. Have you put yourself under pressure to come to work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	27	100%	23	92%	316	94%
No	0	0%	2	8%	19	6%
Missing	29		48		399	

10a. How many hours a week are you contracted to work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Up to 29 hours	10	18%	16	22%	114	16%
30 or more hours	45	82%	57	78%	608	84%
Missing	1		0		12	

10b. On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
0 hours	50	91%	62	90%	657	93%
Up to 5 hours	5	9%	6	9%	38	5%
6 - 10 hours	0	0%	1	1%	6	1%
11 or more hours	0	0%	0	0%	3	0%
Missing	1		4		30	

10c. On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
0 hours	34	62%	41	57%	270	38%
Up to 5 hours	12	22%	21	29%	292	41%
6 - 10 hours	8	15%	7	10%	107	15%
11 or more hours	1	2%	3	4%	50	7%
Missing	1		1		15	

In the last month have you seen any errors, near misses, or incidents that could have hurt...

11a. Staff	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	1	2%	1	1%	23	3%
No	55	98%	72	99%	704	97%
Missing	0		0		7	

11b. Patients / service users	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	4	7%	3	4%	39	5%
No	52	93%	70	96%	685	95%
Missing	0		0		10	

11c. The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes, I reported it*	*3*	*75%*	*3*	*100%*	*22*	*49%*
* *Yes, a colleague reported it*	*1*	*25%*	*0*	*0%*	*19*	*42%*
* *Yes, both myself and a colleague reported it*	*0*	*0%*	*0*	*0%*	*3*	*7%*
* *No*	*0*	*0%*	*0*	*0%*	*1*	*2%*
Don't know	0	0%	0	0%	4	8%
Missing	52		70		685	

To what extent do you agree or disagree with the following?

12a. My organisation treats staff who are involved in an error, near miss or incident fairly.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Don't know	-	-	13	18%	227	31%
* *Strongly disagree*	-	-	*0*	*0%*	*4*	*1%*
* *Disagree*	-	-	*0*	*0%*	*6*	*1%*
* *Neither agree nor disagree*	-	-	*5*	*8%*	*133*	*27%*
* *Agree*	-	-	*29*	*48%*	*264*	*53%*
* *Strongly agree*	-	-	*26*	*43%*	*92*	*18%*
Missing	-		0		8	

12b. My organisation encourages us to report errors, near misses or incidents.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Don't know	-	-	2	3%	46	6%
* *Strongly disagree*	-	-	*0*	*0%*	*3*	*0%*
* *Disagree*	-	-	*0*	*0%*	*9*	*1%*
* *Neither agree nor disagree*	-	-	*4*	*6%*	*64*	*9%*
* *Agree*	-	-	*33*	*46%*	*403*	*59%*
* *Strongly agree*	-	-	*34*	*48%*	*201*	*30%*
Missing	-		0		8	

12c. When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Don't know	-	-	11	15%	140	19%
* *Strongly disagree*	-	-	*0*	*0%*	*1*	*0%*
* *Disagree*	-	-	*0*	*0%*	*10*	*2%*
* *Neither agree nor disagree*	-	-	*4*	*6%*	*115*	*20%*
* *Agree*	-	-	*30*	*48%*	*319*	*55%*
* *Strongly agree*	-	-	*28*	*45%*	*140*	*24%*
Missing	-		0		9	

12d. We are given feedback about changes made in response to reported errors, near misses and incidents.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Don't know	-	-	11	15%	123	17%
* *Strongly disagree*	-	-	*0*	*0%*	*14*	*2%*
* *Disagree*	-	-	*3*	*5%*	*88*	*15%*
* *Neither agree nor disagree*	-	-	*8*	*13%*	*161*	*27%*
* *Agree*	-	-	*30*	*48%*	*243*	*40%*
* *Strongly agree*	-	-	*21*	*34%*	*97*	*16%*
Missing	-		0		8	

Raising concerns about unsafe clinical practice

13a. If you were concerned about unsafe clinical practice, would you know how to report it?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	*52*	*100%*	*66*	*99%*	*583*	*95%*
* *No*	*0*	*0%*	*1*	*1%*	*32*	*5%*
Don't know	2	4%	5	7%	103	14%
Missing	2		1		16	

13b. I would feel secure raising concerns about unsafe clinical practice.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	1	2%	1	1%	14	2%
Disagree	0	0%	0	0%	23	3%
Neither agree nor disagree	7	13%	9	12%	121	17%
Agree	26	48%	31	42%	369	51%
Strongly agree	20	37%	32	44%	193	27%
Missing	2		0		14	

13c. I am confident that my organisation would address my concern.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	0	0%	13	2%
Disagree	0	0%	0	0%	14	2%
Neither agree nor disagree	8	15%	9	12%	163	23%
Agree	25	46%	33	45%	350	49%
Strongly agree	21	39%	31	42%	180	25%
Missing	2		0		14	

In the last 12 months how many times have you personally experienced physical violence at work from...?

14a. Patients / service users, their relatives or other members of the public	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	56	100%	72	100%	725	100%
1-2	0	0%	0	0%	2	0%
3-5	0	0%	0	0%	1	0%
6-10	0	0%	0	0%	0	0%
More than 10	0	0%	0	0%	0	0%
Missing	0		1		6	

14b. Managers	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	-	-	72	100%	727	100%
1-2	-	-	0	0%	1	0%
3-5	-	-	0	0%	0	0%
6-10	-	-	0	0%	0	0%
More than 10	-	-	0	0%	0	0%
Missing	-		1		6	

14c. Other colleagues	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	-	-	72	100%	725	100%
1-2	-	-	0	0%	2	0%
3-5	-	-	0	0%	0	0%
6-10	-	-	0	0%	0	0%
More than 10	-	-	0	0%	0	0%
Missing	-		1		7	

14d. The last time you experienced physical violence at work, did you or a colleague report it?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes, I reported it*	*2*	*100%*	*0*	*0%*	*11*	*61%*
* *Yes, a colleague reported it*	*0*	*0%*	*0*	*0%*	*3*	*17%*
* *Yes, both myself and a colleague reported it*	*0*	*0%*	*0*	*0%*	*0*	*0%*
* *No*	*0*	*0%*	*0*	*0%*	*4*	*22%*
Don't know	0	0%	0	0%	3	0%
Not applicable	51	96%	69	100%	687	97%
Missing	3		4		26	

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?

15a. Patients / service users, their relatives or other members of the public	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	55	98%	69	96%	669	93%
1-2	1	2%	2	3%	30	4%
3-5	0	0%	1	1%	11	2%
6-10	0	0%	0	0%	1	0%
More than 10	0	0%	0	0%	7	1%
Missing	0		1		16	

15b. Managers	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	-	-	68	96%	657	92%
1-2	-	-	2	3%	39	5%
3-5	-	-	1	1%	13	2%
6-10	-	-	0	0%	7	1%
More than 10	-	-	0	0%	2	0%
Missing	-		2		16	

15c. Other colleagues	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Never	-	-	65	90%	645	90%
1-2	-	-	6	8%	52	7%
3-5	-	-	1	1%	17	2%
6-10	-	-	0	0%	0	0%
More than 10	-	-	0	0%	3	0%
Missing	-		1		17	

15d. The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes, I reported it*	*4*	*67%*	*2*	*17%*	*55*	*35%*
* *Yes, a colleague reported it*	*0*	*0%*	*0*	*0%*	*1*	*1%*
* *Yes, both myself and a colleague reported it*	*0*	*0%*	*0*	*0%*	*0*	*0%*
* *No*	*2*	*33%*	*10*	*83%*	*101*	*64%*
Don't know	0	0%	1	1%	2	0%
Not applicable	45	88%	56	81%	543	77%
Missing	5		4		32	

16. Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	*48*	*96%*	*61*	*94%*	*503*	*90%*
* *No*	*2*	*4%*	*4*	*6%*	*53*	*10%*
Don't know	5	9%	8	11%	170	23%
Missing	1		0		8	

In the last 12 months have you personally experienced discrimination at work from any of the following?

17a. Patients / service users, their relatives or other members of the public	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	0	0%	0	0%	2	0%
No	56	100%	73	100%	728	100%
Missing	0		0		4	

17b. Manager / team leader or other colleagues	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	3	5%	2	3%	21	3%
No	52	95%	71	97%	708	97%
Missing	1		0		5	

17c. On what grounds have you experienced discrimination?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Ethnic background	0	0%	0	0%	3	14%
Missing	3		2		19	
Gender	0	0%	0	0%	3	14%
Missing	3		2		19	
Religion	0	0%	0	0%	0	0%
Missing	3		2		22	
Sexual orientation	0	0%	0	0%	0	0%
Missing	3		2		22	
Disability	2	67%	1	50%	5	23%
Missing	1		1		17	
Age	0	0%	1	50%	5	23%
Missing	3		1		17	
Other (Please Specify)	1	33%	0	0%	8	36%
Missing	2		2		14	

YOUR PERSONAL DEVELOPMENT

18a. Have you had any training, learning or development in the last 12 months?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	-	-	*63*	*90%*	*533*	*75%*
* *No*	-	-	*7*	*10%*	*179*	*25%*
Can't remember	-	-	0	0%	8	1%
Missing	-		3		14	

To what extent do you agree or disagree with the following statements?

18b. My training, learning or development has helped me to do my job more effectively.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	0	0%	4	1%
* *Strongly disagree*	-	-	*0*	*0%*	*3*	*1%*
* *Disagree*	-	-	*0*	*0%*	*8*	*2%*
* *Neither agree nor disagree*	-	-	*8*	*13%*	*64*	*12%*
* *Agree*	-	-	*31*	*49%*	*307*	*58%*
* *Strongly agree*	-	-	*24*	*38%*	*144*	*27%*
Missing	-		10		204	

18c. My training, learning or development has helped me to stay up-to-date with professional requirements.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	17	27%	95	18%
* *Strongly disagree*	-	-	*1*	*2%*	*6*	*1%*
* *Disagree*	-	-	*1*	*2%*	*13*	*3%*
* *Neither agree nor disagree*	-	-	*4*	*9%*	*55*	*13%*
* *Agree*	-	-	*15*	*33%*	*232*	*54%*
* *Strongly agree*	-	-	*25*	*54%*	*123*	*29%*
Missing	-		10		210	

YOUR PERSONAL DEVELOPMENT (Continued)

18d. My training, learning or development has helped me to deliver a better patient / service user experience.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Not applicable to me	-	-	18	29%	133	25%
* *Strongly disagree*	-	-	*1*	*2%*	*3*	*1%*
* *Disagree*	-	-	*0*	*0%*	*12*	*3%*
* *Neither agree nor disagree*	-	-	*7*	*16%*	*72*	*18%*
* *Agree*	-	-	*19*	*42%*	*206*	*52%*
* *Strongly agree*	-	-	*18*	*40%*	*101*	*26%*
Missing	-		10		207	

19. Have you had any mandatory training in the last 12 months?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	-	-	*71*	*100%*	*706*	*98%*
* *No*	-	-	*0*	*0%*	*11*	*2%*
Can't remember	-	-	0	0%	3	0%
Missing	-		2		14	

20a. In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	*56*	*100%*	*68*	*96%*	*610*	*86%*
* *No*	*0*	*0%*	*3*	*4%*	*97*	*14%*
Can't remember	0	0%	0	0%	11	2%
Missing	0		2		16	

20b. Did it help you to improve how you do your job?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	26	38%	146	24%
Yes, to some extent	-	-	34	50%	336	55%
No	-	-	8	12%	126	21%
Missing	-		5		126	

YOUR PERSONAL DEVELOPMENT (Continued)

20c. Did it help you agree clear objectives for your work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	46	68%	291	48%
Yes, to some extent	-	-	21	31%	271	44%
No	-	-	1	1%	47	8%
Missing	-		5		125	

20d. Did it leave you feeling that your work is valued by your organisation?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	43	63%	244	40%
Yes, to some extent	-	-	24	35%	266	44%
No	-	-	1	1%	100	16%
Missing	-		5		124	

20e. Were the values of your organisation discussed as part of the appraisal process?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	49	73%	269	44%
Yes, to some extent	-	-	17	25%	236	39%
No	-	-	1	1%	104	17%
Missing	-		6		125	

20f. Were any training, learning or development needs identified?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	51	91%	62	91%	458	76%
No	5	9%	6	9%	145	24%
Missing	0		5		131	

20g. Did your manager support you to receive this training, learning or development?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes, definitely	-	-	48	77%	302	66%
Yes, to some extent	-	-	14	23%	133	29%
No	-	-	0	0%	23	5%
Missing	-		11		276	

YOUR ORGANISATION

To what extent do these statements reflect your view of your organisation as a whole?

21a. Care of patients / service users is my organisation's top priority.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	3	4%	12	2%
Disagree	0	0%	0	0%	23	3%
Neither agree nor disagree	1	2%	2	3%	63	9%
Agree	21	38%	30	41%	370	51%
Strongly agree	33	60%	38	52%	258	36%
Missing	1		0		8	

21b. My organisation acts on concerns raised by patients /service users.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	3	4%	13	2%
Disagree	0	0%	0	0%	9	1%
Neither agree nor disagree	2	4%	3	4%	85	12%
Agree	21	38%	31	42%	361	50%
Strongly agree	33	59%	36	49%	256	35%
Missing	0		0		10	

21c. I would recommend my organisation as a place to work.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	3	4%	21	3%
Disagree	1	2%	1	1%	32	4%
Neither agree nor disagree	1	2%	7	10%	112	15%
Agree	16	29%	18	25%	321	44%
Strongly agree	38	68%	44	60%	238	33%
Missing	0		0		10	

YOUR ORGANISATION (continued)

21d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Strongly disagree	0	0%	3	4%	11	2%
Disagree	0	0%	0	0%	9	1%
Neither agree nor disagree	15	27%	16	22%	233	33%
Agree	23	41%	23	32%	292	41%
Strongly agree	18	32%	31	42%	159	23%
Missing	0		0		30	

Patient / service user experience measures

22a. Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.)	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	*24*	*89%*	*28*	*90%*	*205*	*72%*
* *No*	*3*	*11%*	*3*	*10%*	*80*	*28%*
Don't know	1	2%	7	10%	94	13%
Not applicable to me	28	50%	35	48%	346	48%
Missing	0		0		9	

To what extent do you agree with the following statements about feedback from patients / service users?

22b. I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Strongly disagree*	*0*	*0%*	*0*	*0%*	*8*	*4%*
* *Disagree*	*1*	*4%*	*1*	*4%*	*20*	*11%*
* *Neither agree nor disagree*	*6*	*26%*	*8*	*30%*	*39*	*21%*
* *Agree*	*12*	*52%*	*8*	*30%*	*71*	*38%*
* *Strongly agree*	*4*	*17%*	*10*	*37%*	*51*	*27%*
Don't know	1	4%	1	4%	15	7%
Missing	32		45		530	

22c. Feedback from patients / service users is used to make informed decisions within my directorate / department.	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Strongly disagree*	*0*	*0%*	*0*	*0%*	*5*	*3%*
* *Disagree*	*0*	*0%*	*0*	*0%*	*6*	*3%*
* *Neither agree nor disagree*	*3*	*13%*	*2*	*7%*	*34*	*18%*
* *Agree*	*11*	*48%*	*10*	*37%*	*82*	*44%*
* *Strongly agree*	*9*	*39%*	*15*	*56%*	*61*	*32%*
Don't know	1	4%	1	4%	17	8%
Missing	32		45		529	

BACKGROUND INFORMATION

About you

23a. Gender:	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Male	13	24%	14	20%	130	19%
Female	41	76%	55	80%	571	81%
Missing	2		4		33	

23b. Age:	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
16 - 20	0	0%	0	0%	6	1%
21 - 30	4	7%	6	8%	70	10%
31 - 40	10	18%	16	22%	183	25%
41 - 50	30	54%	34	47%	249	35%
51 - 65	12	21%	17	23%	208	29%
66+	0	0%	0	0%	2	0%
Missing	0		0		16	

24. What is your ethnic background?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
White						
British	51	91%	69	95%	626	88%
Irish	0	0%	0	0%	6	1%
Any other White background	1	2%	1	1%	12	2%
Mixed						
White and Black Caribbean	0	0%	0	0%	1	0%
White and Black African	0	0%	0	0%	0	0%
White and Asian	0	0%	0	0%	1	0%
Any other mixed background	0	0%	0	0%	5	1%
Asian / Asian British						
Indian	1	2%	1	1%	22	3%
Pakistani	1	2%	0	0%	12	2%
Bangladeshi	0	0%	0	0%	3	0%
Any other Asian background	0	0%	0	0%	3	0%
Black / Black British						
Caribbean	1	2%	1	1%	12	2%
African	0	0%	0	0%	6	1%
Any other Black background	0	0%	0	0%	0	0%
Chinese and other ethnic background						
Chinese	1	2%	0	0%	1	0%
Any other ethnic background	0	0%	1	1%	5	1%
Missing	0		0		19	

25. Which of the following best describes how you think of yourself?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Heterosexual (straight)	53	95%	69	95%	654	91%
Gay Man	0	0%	0	0%	2	0%
Gay Woman (lesbian)	1	2%	1	1%	5	1%
Bisexual	0	0%	0	0%	2	0%
Other	0	0%	0	0%	1	0%
I would prefer not to say	2	4%	3	4%	57	8%
Missing	0		0		13	

26. What is your religion?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
No religion	14	25%	23	32%	224	31%
Christian	36	64%	45	63%	383	53%
Buddhist	2	4%	0	0%	0	0%
Hindu	0	0%	0	0%	9	1%
Jewish	0	0%	0	0%	1	0%
Muslim	1	2%	0	0%	25	3%
Sikh	1	2%	1	1%	5	1%
Any other religion	0	0%	0	0%	7	1%
I would prefer not to say	2	4%	3	4%	64	9%
Missing	0		1		16	

27. Disability

27a. Do you have a long-standing illness, health problem or disability?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	12	21%	13	18%	104	14%
No	44	79%	60	82%	618	86%
Missing	0		0		12	

27b. Has your employer made adequate adjustment(s) to enable you to carry out your work?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
* *Yes*	*6*	*100%*	*4*	*100%*	*52*	*93%*
* *No*	*0*	*0%*	*0*	*0%*	*4*	*7%*
No adjustment required	6	50%	9	69%	47	46%
Missing	44		60		631	

28. How many years have you worked for this organisation?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Less than 1 year	3	5%	10	14%	109	15%
1 - 2 years	7	13%	9	12%	173	24%
3 - 5 years	6	11%	8	11%	110	15%
6 - 10 years	20	36%	13	18%	150	21%
11 - 15 years	10	18%	21	29%	103	14%
More than 15 years	10	18%	12	16%	82	11%
Missing	0		0		7	

29. What is your occupational group?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Allied Health Professionals / Healthcare Scientists / Scientific and Technical						
Occupational Therapy	0	0%	0	0%	4	1%
Physiotherapy	0	0%	0	0%	1	0%
Radiography	0	0%	0	0%	0	0%
Pharmacy	8	14%	8	11%	73	10%
Clinical Psychology	0	0%	0	0%	0	0%
Psychotherapy	0	0%	0	0%	0	0%
Arts therapy	0	0%	0	0%	0	0%
Other qualified Allied Health Professionals	0	0%	1	1%	1	0%
Support to Allied Health Professionals	0	0%	0	0%	1	0%
Other qualified Scientific and Technical or Healthcare Scientists	0	0%	0	0%	1	0%
Support to healthcare scientists	0	0%	0	0%	1	0%
Medical and Dental						
Medical / Dental - Consultant	0	0%	1	1%	7	1%
Medical / Dental - In Training	0	0%	0	0%	0	0%
Medical / Dental - Other	0	0%	0	0%	4	1%
Ambulance (operational)						
Emergency Care Practitioner	0	0%	0	0%	0	0%
Paramedic	0	0%	0	0%	0	0%
Emergency Care Assistant	0	0%	0	0%	0	0%
Ambulance Technician	0	0%	0	0%	0	0%
Ambulance Control Staff	0	0%	0	0%	0	0%
Patient Transport Service	0	0%	0	0%	0	0%
Public Health						
Public Health / Health Improvement	0	0%	0	0%	1	0%
Commissioning						
Commissioning managers / Support staff	31	55%	42	58%	341	47%

29. What is your occupational group? (continued)	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Registered Nurses and Midwives						
Adult / General	2	4%	2	3%	63	9%
Mental health	0	0%	0	0%	7	1%
Learning disabilities	0	0%	0	0%	3	0%
Children	0	0%	0	0%	6	1%
Midwives	0	0%	0	0%	0	0%
Health Visitors	0	0%	1	1%	5	1%
District / Community	0	0%	0	0%	0	0%
Other Registered Nurses	1	2%	0	0%	5	1%
Nursing or Healthcare Assistants						
Nursing auxiliary / Nursing assistant / Healthcare assistant	0	0%	0	0%	1	0%
Social Care						
Approved social workers / Social workers / Residential social workers	0	0%	0	0%	0	0%
Social care managers	0	0%	0	0%	1	0%
Social care support staff	0	0%	0	0%	0	0%
Wider Healthcare Team						
Admin & Clerical	6	11%	6	8%	75	10%
Central Functions / Corporate Services	6	11%	5	7%	62	9%
Maintenance / Ancillary	0	0%	0	0%	0	0%
General Management						
General Management	2	4%	4	6%	41	6%
Other occupational group	0	0%	2	3%	18	2%
Missing	0		1		12	

30a. Do you work in a team?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
Yes	-	-	69	95%	709	98%
No	-	-	4	5%	16	2%
Missing	-		0		9	

30b. How many core members are there in your team?	2014		2015		Comparator	
	Respondents	%	Respondents	%	Respondents	%
2-5	-	-	21	30%	205	29%
6-9	-	-	29	42%	220	31%
10-15	-	-	16	23%	176	25%
More than 15	-	-	3	4%	105	15%
Missing	-		4		28	

Doncaster Sheffield Rotherham & North Lincs. Transforming Care Partnership Operational Board

TERMS OF REFERENCE (DRAFT Vs 1)

Background

1.1 In 2011, the Department of Health (DH) established a review into Winterbourne View Hospital in response to a BBC Panorama programme on 31 May 2011 which showed serious abuse of patients by staff at the hospital. The review focused on the care of people with learning disabilities and/or autistic spectrum conditions who may also have a mental health condition and/or behaviour which challenges. The aim of the review was to make sure that there was a rigorous and objective enquiry to:

- establish what happened at Winterbourne View Hospital;
- spot wider issues about the care of these very vulnerable people;
- learn lessons for the future; and
- commit the Government to action.

1.2 The DH published the final report of its review, Transforming care: A national response to Winterbourne View Hospital in December 2012. The programme is delivering actions in *Transforming Care* and the accompanying Concordat: Programme of Action. The programme is also concerned with the care and support of children, young people and adults.

1.3 The programme's objectives are to deliver the actions and commitments in *Transforming Care* and the *Concordat* to the timescales set out in those documents. It will spot and link to ongoing work programmes in NHS England, the Local Government Association (LGA), the Care Quality Commission (CQC) and other partner organisations.

1.4 In particular, the programme aims to transform the way services are commissioned and delivered to stop people being referred to hospital inappropriately, provide the right model of care, and drive up the quality of care and support for people with behaviour which challenges. Many people across England remain in hospital when they do not need to be there, and they stay there for too long, far from their homes and families. The programme is therefore focused on making sure that there is a sustained reduction on the reliance of inpatient care for people with learning disabilities and/or autistic spectrum conditions who may also have a mental health condition and/or behaviour which challenges.

1.5 The Transforming Care Partnership will be expected to develop a transformation plan encompassing the following outcomes:

- Improved Quality of care
- Improved quality of life
- Reduced reliance on inpatient care

Three national principles will underpin the local plan and delivery activity:

- This is about a shift in power as much as a change in service reconfiguration: people with LD and/or autism and their families should be supported to co-produce transformation plans
- Plans should be consistent with national standards
- Plans should be underpinned by strong stakeholder engagement

2. Roles and responsibilities

2.1 The TCP footprint programme oversees progress across all the agreed workstreams. The Operational Board looks at how those programme outcomes are being delivered through the structure of projects and programmes. It provides assurance to the Transformation Board on the delivery of the programme by:

- Owning the day-to-day delivery of the Programme plan
- Ensuring that all Programme workstreams deliver in line with their remit
- Facilitating the integration of the workstreams to deliver the overall Programme objectives
- Reviewing progress of the programme and constituent workstreams, and resolving issues with escalation to the Transformation Board where appropriate
- Monitoring and mitigating programme and workstream risks, and escalating appropriate risks to the Transformation Board where appropriate
- Ensuring that the programme and constituent workstreams are adequately resourced
- Review proposals for changes in scope for their impact on the programme and make recommendations to the Transformation Board on their implementation
- Determine how to incorporate the impact of strategic decisions made by the Transformation Board within the programme workstreams.

2.2 The Transforming Care Partnership, includes Doncaster, Sheffield, Rotherham, N.Lincs and NHS England Specialized Commissioners and may include provider organisations and other stakeholder organisations which represent people with learning disabilities and/or autistic spectrum conditions who may also have a mental health condition and/or behaviour which challenges, their families and carers. The TCP will need to be assured that through the worksteams, representation from all stakeholders is appropriate and robust to inform the development of the programme.

3. Governance

3.1 The Operational Board will be chaired by the named Senior Responsible Officer for the TCP Footprint and the Programme Manager will report into the Transformation Board on the progress of the programme. Workstream owners and leads will also attend the Operational Board to report in on the progress of their workstreams.

4. Role of Board Members

4.1 Board members review programme progress and make operational decisions to make sure that:

- The programme delivers in line with the jointly agreed programme plan.
- Any issues or risks are quickly addressed and mitigated
- The programme workstreams are effectively integrated
- Resource requirements are identified and addressed

4.2 Board members will need to:

- Review progress of the programme
- Report in on the progress of their area of responsibility
- Help find solutions to issues and effective mitigations to risks
- Think about and address the time and resources needed for the programme objectives
- Consider how best to integrate with programme workstreams to deliver the overall programme objectives

4.3 Board members should be able to:

- understand the overall programme and delivery plan and monitor progress against these
- understand and act on anything that affects the delivery of the programme including agreeing timetables and milestones between Board meetings, and
- build relationships with stakeholders within and outside the programme.

5. Principles of Collaboration

The TCP will agree to adopt the following principles when working on the Collaborative Areas ("**Principles**"):

- Collaborate and co-operate. Do it once rather than repeating or duplicating actions and increasing cost across the CCGs.

- Be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in these Terms of Reference.

- Be open. Communicate openly about major concerns, issues or opportunities relating to the Collaborative Areas

- Learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- Adopt a positive outlook. Behave in a positive, proactive manner

- Adhere to statutory requirements and best practice. Comply with applicable laws and standards including EU procurement rules, data protection and freedom of information legislation.

- Act in a timely manner. Recognise the time-critical nature of the Collaborative Areas and respond accordingly to requests for support

- Manage stakeholders effectively

- Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities as set out in these Terms of Reference.

- Act in good faith to support achievement of the Key Objectives and compliance with these Principles

6. Frequency of Meetings

To be agreed

7. Membership – Appendix 1

Appendix 1

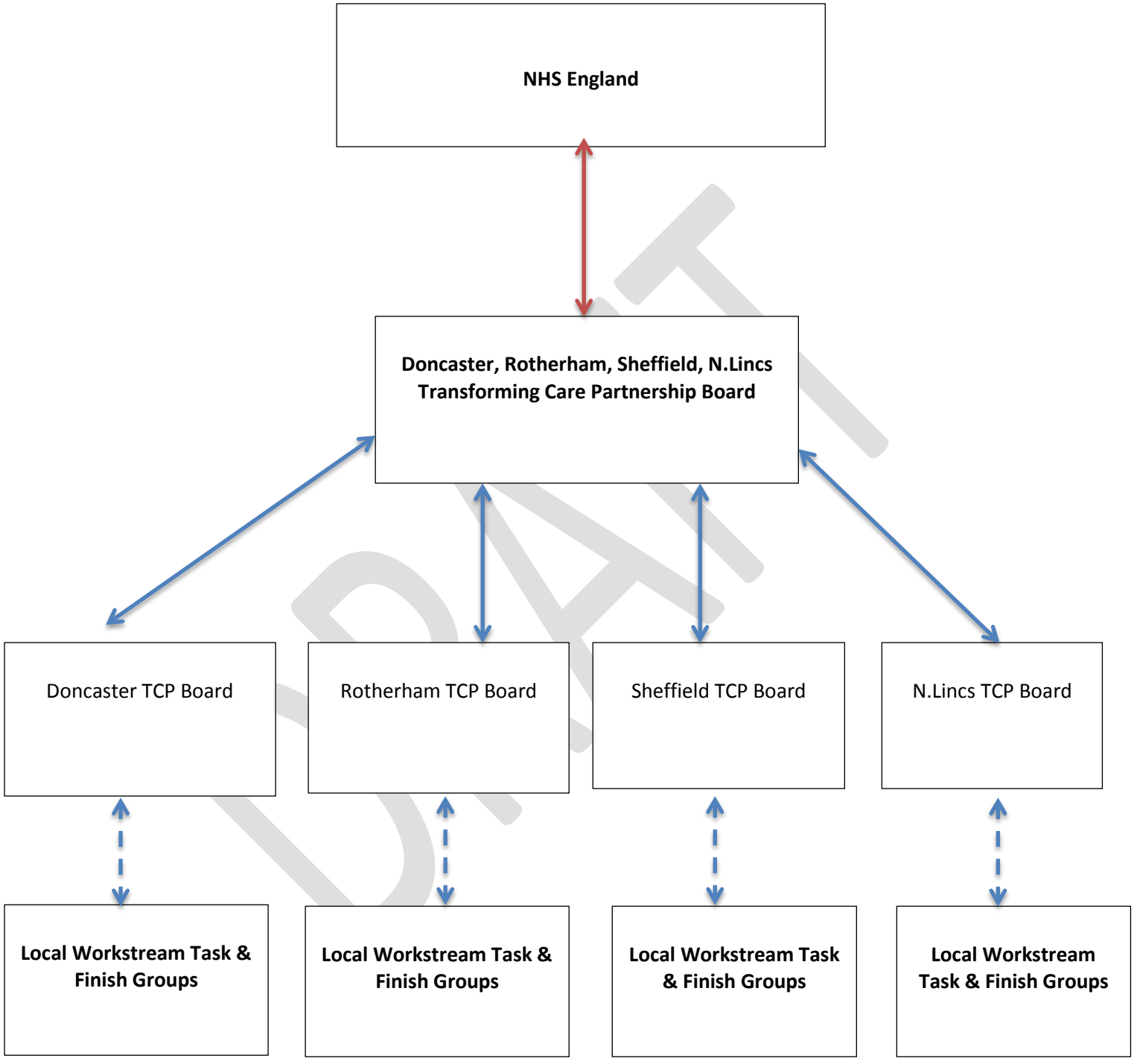
Transforming Care Partnership – Doncaster, Sheffield, Rotherham & N.Lincs Cluster

Area	Chief Officers	CCG Lead	Local Authority Lead	NHS England Lead
Doncaster	Senior Responsible Officer – Chris Stainforth, Doncaster CCG - Chris.Stainforth@doncasterccg.nhs.uk	Andrea Butcher Head of Strategy & Delivery Programme Lead for Mental Health & Learning Disability Doncaster CCG Sovereign House Heavens Walk Doncaster DN4 5HZ Tel: 01302 566510 Mob: 07701080798 andrea.butcher@doncasterccg.nhs.uk	Pat Higgs Pat.Higgs@doncaster.gov.uk Peter Collier Commissioning Manager Commissioning & Contracts Team Directorate of Adults Health & Wellbeing Civic Office Waterdale Doncaster DN1 3BU Tel 01302 737262 Peter.collier@doncaster.gov.uk	**Louise Davies** louise.davies10@nhs.net

Sheffield	Maddy Ruff maddy.ruff@nhs.net	Heather Burns Head of Commissioning Mental Health Commissioning Portfolio NHS Sheffield Clinical Commissioning Group 722 Prince of Wales Road S9 4EU www.sheffieldccg.nhs.uk heather.burns@nhs.net HB 0114 3051188 Elliott Chris (NHS SHEFFIELD CCG) chris.elliott9@nhs.net Kevin Clifford is NHS Sheffield Executive Director for Transforming Care (Heather is lead)	Phil Holmes Phil.holmes@sheffield.gov.uk Director of Adult Services Communities Portfolio Sheffield City Council 0114 273 6751 07814 183355	**Louise Davies** louise.davies10@nhs.net
Area		**CCG Lead**	**Local Authority Lead**	**NHS England Lead**
Rotherham	Chris Edwards christopher.edwards@rotherhamccg.nhs.uk	Kate Tufnell NHS Rotherham CCG Oak House Moorhead Way Bramley Rotherham S66 1YY 01709 302613 Katherine.tufnell@rotherhamccg.nhs.uk	Jon Thomlinson Interim Assistant Director of Adult Commissioning Riverside House Floor 2 Wing C Main Street Rotherham S60 1AE Jon.Tomlinson@rotherham.gov.uk	**Louise Davies** louise.davies10@nhs.net
N. Lincs	Liane Langdon llangdon@nhs.net	Keith Baulcombe Senior Delivery Manager Working on behalf of NHS Hull and NHS North Lincolnshire CCG's 01482 672004 07921 609122	Becky McIntyre Assistant Director Prevention and Commissioning People Directorate Civic Centre Scunthorpe	**Louise Davies** louise.davies10@nhs.net

		keith.baulcombe@nhs.net Jill Burton – NHS Hull CCG jill.burton1@nhs.net	DN16 1AB Tel 01724 296421/ 07717587456 Becky.McIntyre@northlincs.gov.uk	

Governance Structure



Programme Oversight and Report to NHS England

Programme Workstream Development

Project Co-ordination

RMBC Commissioners' 12 Month Progress Review

Dear Colleagues,

Under the terms of the Government Directions, Commissioners are obliged to report to Secretaries of State for Education and Communities and Local Government after 12 months.

A report was submitted at the end of February together with a covering letter from me and supporting documents. The Secretary of State for Communities and Local Government has now formally cleared the Commissioners' 12 Month Progress Review and it is available to view on our website here.

This report reflects a year of progress. The Council has a stronger more responsive Children's Service that is addressing the serious failings identified by Ofsted. The senior management structure is taking shape with a new Chief Executive, assistant Chief Executive and most of the Leadership Team now in place.

Elected Members are adhering to and promoting a higher standard of conduct and values. One third of Commissioners' decision-making responsibilities have been returned to the Council, which not only means renewed responsibility for the Cabinet, but also a more prominent role for Scrutiny Councillors as 'call-in' arrangements are returned.

Whilst it is clear we still have to go some way to restoring the public's confidence in the Council, our trajectory is upwards and we will seek to build on this in the coming months.

Last month the Cabinet met in public for the first time since intervention and were able to take decisions relating to areas of work now back within the hands of the Council.

Commissioners are minded to recommend a timetable for the transfer of further powers to Councillors by summer. However, there is still much to do if we are to achieve this. Further progress is both necessary and expected, but a good start has been made.

Sir Derek Myers
Lead Commissioner

Commissioners' Office - Rotherham Metropolitan Borough Council
4th Floor, Riverside House, Main Street,
Rotherham, S60 1AE
Tel: (01709) 255100
www.rotherham.gov.uk/commissioners

Rotherham Metropolitan Borough Council

Commissioners' 12 Month Progress Review

to the Department for Communities and Local Government

February 2015 – February 2016

RECOVERY AND RESTORATION

EVIDENCE FILE AS AT FEBRUARY 2016

Contents of the evidence file

1 Introduction to the evidence file

This is the Commissioners' 12 month review of progress since the Government Directions to Rotherham Council in February 2015.

From the start, the appointed Commissioners have wanted to be transparent and open about their work, its costs and the plans we have adopted. We report in public every quarter; we publish notes of our internal monthly meetings; we send out a monthly bulletin to external stakeholders; and we offer a monthly video diary and weekly news bulletin to staff.

This 12 month report will be a public document too, but inevitably much of the change we have designed and are implementing is about improved practice, process and systems and – as such – is littered with jargon. We have therefore produced a short summary of progress on page 5 to demonstrate what has changed at Rotherham Council in the last year.

We apologise to any general readers but are willing to explain further if this assists. We are also mindful that others may want to judge in future how the intervention fared. Therefore we have reported in detail, not in outline.

We have structured our detailed report around the twelve 'aims' in the 'Mission Statement' that the Commissioner Team adopted in week one. We acknowledge that this is a limiting reporting structure but it serves to hold us to our central purpose – to deliver the Government's requirements that drove the unparalleled intervention in the first place.

Within the last progress report we anticipated three distinct phases for our work:

Phase 1

- Access, plan and begin change
- Recruit new staff; support new Councillors or those new to responsibility.

Phase 2

- Hand back more leadership responsibility and accountability to Councillors
- Ensure the new senior management team work well with Councillors.

Phase 3

- Propose revised Directions to allow Commissioners to supervise and oversee a Councillor run improvement programme.

The Council continues to make progress having recently moved into phase 2 and the twelve month report outlines progress made within the last year to get the Council to this stage.

2 Where we were

The report of Professor Alexis Jay and the Department for Communities and Local Government's Corporate Governance Inspection (CGI) concluded that Rotherham's Children's Services failed due to corporate failings across the organisation as well as its wider partnership relations.

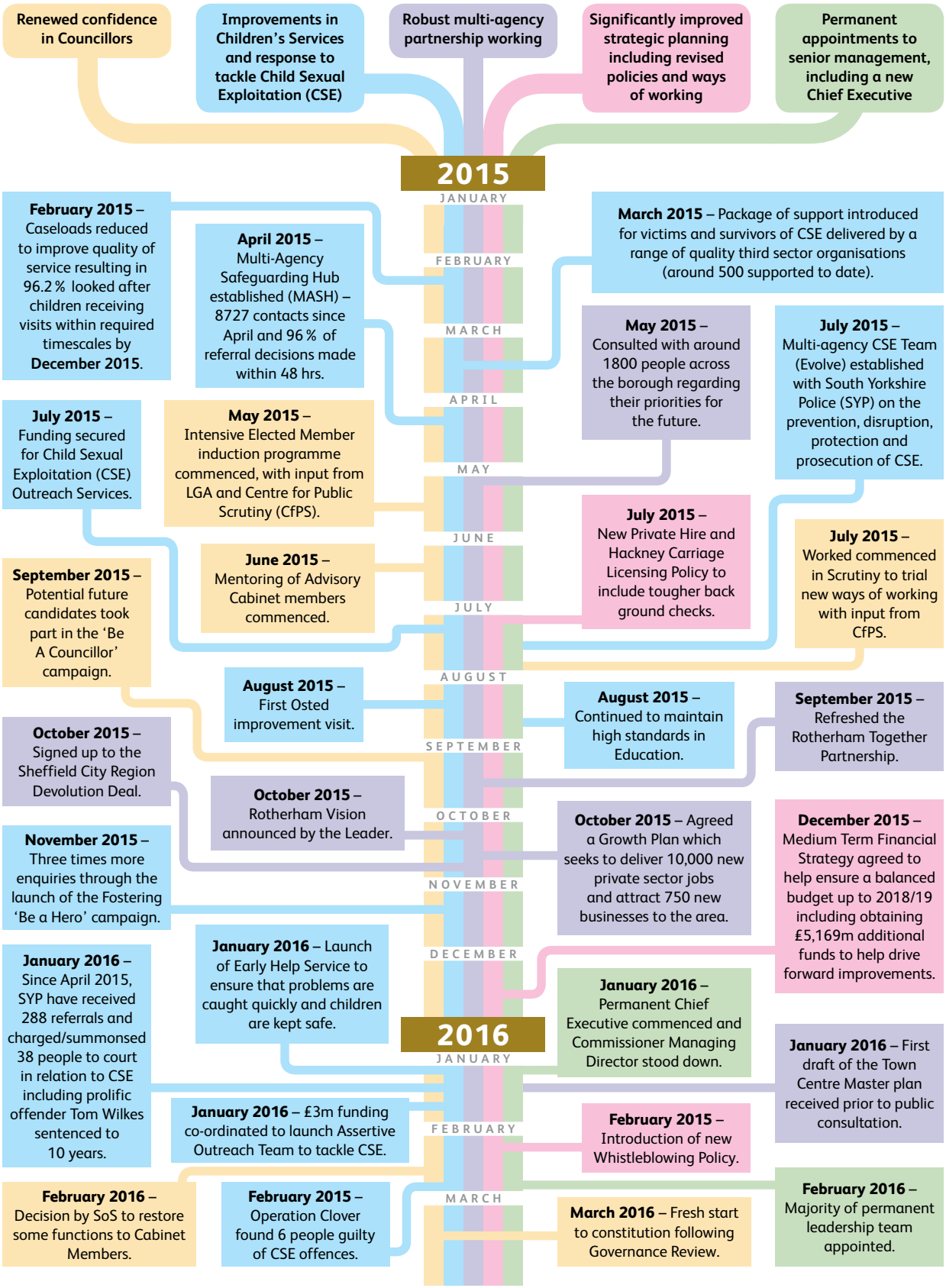
In response to the Council's failings and following the Secretaries of State Directions of 26th February 2015, the Government appointed five Commissioners to take on all executive responsibilities at the Council and responsibilities of licensing to drive the improvements necessary to return decision-making to democratic structures. The Commissioner for Children's Social Care Services has been in place since October 2014 having been appointed initially by the Secretary of State for Education following the failings identified by Ofsted.

In March 2015 the Commissioners launched the 'Statement of Rotherham Commissioners' mission 'To help the Council secure a safe environment for children and ensure good, sustainable services and regulation such that healthy democratic leadership and accountability can be restored' and this report is structured around each of the mission outcomes.

The Council was faced with a 3 year budget gap of £41.083m after the inclusion of additional funding for children's social care services on a recurrent basis – £8.4m in 2016/17, £7.4m in 2017/18 and £6.4m in 2018/19. The Council's budget position was understated prior to the Commissioners' arrival due to overspending on children's placements and the overrunning of the Adult Social Care budget.

3 Where we are now

Significant progress has been made since Commissioners' began working in Rotherham. This report will detail these but it should not be underestimated how much has been achieved in the last 12 months. The chart below highlights some of those key improvements.



Since the intervention the Council has measured its progress through the delivery of three key documents:

1. Children and Young People's Services Improvement Board Action Plan

The first Children and Young People's Services Improvement Board Action Plan focussed on delivering actions and outcomes in response to the Ofsted recommendations and to address the 'emergency repair' required. A refreshed second improvement plan was agreed in September 2015 with a focus on longer term improvements and reshaped around the child's journey. The new plan aims to support the Council's commitment in becoming 'a Child Centred Borough' with high quality services. Outstanding actions from the old plan have been transferred to the refreshed plan and implementation has commenced.

2. Rotherham Improvement Plan (A Fresh Start)

The corporate improvement plan ('A Fresh Start') includes 132 separate projects to improve services across the Council to ensure it can deliver its best value duties. At this stage of implementation of Phase 1 ("Transition"), 45% of the actions are completed and all but 4% are on track.

3. Child Sexual Exploitation – The Way Forward for Rotherham 2015-18

This strategy has informed and driven the Child Sexual Exploitation (CSE) response for the Rotherham partnership via the Rotherham Safeguarding Children's Board (RSCB) and the objectives and key actions are reflected in the operational CSE delivery plan. This strategy is discussed in the CSE sub-group and the main board. The commitment articulated in the strategy is visible in the drive by the multi-agency partnership to support a number of large and complex past and current CSE enquiries. This maturing partnership between the Council, South Yorkshire Police and other agencies has resulted in several successful prosecutions; most recently the trial and conviction of three men and two women totalling 45 sexual offences committed against 15 young victims. A sixth defendant had already pleaded guilty to offences before the trial.

Ofsted has recently commented favourably on the child-centred approach taken by some of these enquiries, notably in terms of responding to juvenile perpetrators in an educational setting. The current multi agency response to CSE enquiries is employing the approach outlined in this strategy: PREVENT, PROTECT, PURSUE and PROVIDE support and this has successfully supported a number of child and adult survivors in obtaining justice and protection.

The governance structures outlined in this strategy have been implemented and, as the Commissioners have become increasingly reassured that real change is underway, the Commissioner led Child Sexual Exploitation (CSE) Board has been disbanded. This is an important milestone in moving to a business as usual approach to effective service delivery.

The Council's Medium Term Financial Strategy

A Medium Term Financial Strategy (MTFS) has been developed and is currently being refined following the Autumn Statement and the subsequent provisional and final Local Government Financial Settlement announcements in December and February 2016.

Work on the estimated financial challenge for the budget for 2016/17 to 2018/19 is ongoing, with a significant number of proposals (many arising from the 'All Service Review' process) being progressed through the newly formed Member-led Budget Working Group. These proposals are subsequently receiving cross-party Member consideration and are being reviewed by the Council's Overview and Scrutiny Management Board. The Directorate budget savings proposals have also been published for public comment/consultation. With the final Local Government Settlement for 2016/17 now published, the Council is confident that it can now set a balanced budget for 2016/17 and has identified savings proposals which help to significantly address the financial challenge for 2017/18 and 2018/19. The proposed budget for 2016/17 includes an additional investment of £12million in Children's Services. Further work is required to agree a balanced and sustainable MTFS for 2017/18 and 2018/19 and this work is scheduled for completion in summer 2016.

In February 2016 the Council made positive steps towards powers and accountabilities being restored and the Secretary of State for Communities and Local Government issued revised Directions, following a request from Commissioners to return responsibility for a number of functions to Councillors:

- Education and schools; education for 14–19 years in all settings; school admissions and appeal system; youth services
- Public Health
- Leisure services; events in parks and green spaces
- Customer and cultural services, libraries, arts, customer services and welfare programmes
- Housing
- Planning and transportation policy; highways maintenance
- The Council's area assembly system and neighbourhood working; responsibilities under the Equalities Act
- Building regulation, drainage, car parking, business regulation and enforcement (not including licensing), emergency planning
- Financial services, including revenues and benefits (not including audit); ICT; legal and democratic services; corporate communications; corporate policy; procurement
- Budget control in these areas, and budget planning
- Policy arising from Sheffield City Region

The Commissioners' proposals included functions which were operating well, with no significant value for money deficits; were well-led by officers and had clear definitions of service quality/ plans for further improvements in place; had been quality assured by an independent party; and had individual councillors in a position to exercise executive authority over these functions.

The Commissioner Managing Director, Stella Manzie, stood down from her post on Friday 29th January 2016 and – following a handover period – Sharon Kemp officially took over the Chief Executive responsibilities on 1st February 2016.

4 Timeline of key headlines/progress

	2015					2016	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Helping Children's Services to improve including tackling Child Sexual Exploitation (CSE)	Barnardo's receive £3.1m to support tackling CSE in Rotherham and rebuild the lives of victims.	Refreshed Children and Young People's Services Improvement Board Action Plan and reporting templates.	Closure of Woodview Children's Home following inadequate Ofsted announcement.	Strategic Director of Children and Young People's Services appointed on a permanent basis.	Consultation on the future and potential closure of St Edmunds Children's Home, following inadequate inspection.	Launch of Early Help Service to improve support for children and families and ultimately reduce demand for social care. Requests for support from schools treble in first week.	Recruitment begins for Deputy Strategic Director Children and Young People's Services.
	£1.2m secured for an innovation programme to support victims and those at risk of CSE across South Yorkshire, including support of specialist foster carers to provide safe placements for young people.	Local Safeguarding Children's Board Chair stepped down.	Review commissioned into residential care and care leavers accommodation.	Early Help co production events commenced to shape a strategy for Rotherham.	Appointed to key roles of Head of: Locality Social Work Services; Quality Assurance; and Principal Social Worker. These posts are critical to stable improvement.	UK's largest dedicated Assertive Outreach Team (Barnardo's) formally launched to prevent CSE.	Cohort of young people identified as at risk of CSE in Rotherham and resources identified to analyse the information held by partners.
	First Ofsted Improvement visit reports good front door arrangements (MASH); Good management oversight, performance management and good practice observed in managing complex CSE cases with Police partners. Quality of practice and consistency main areas for development.	Interim appointments made for lead quality assurance and principal social worker roles.	Second Ofsted visit confirms continuing strong front door arrangements and effective CSE practice. Areas for development include quality of assessment and case management.	Launch of the Fostering 'Be a Hero' campaign.	CSE mapping exercise of all young people in Rotherham identified as being of risk of CSE. This is in addition to mapping linked to bespoke investigations.	Since the MASH Team was established, it has received 8727 contacts of which 41 % became a referral and 81 % became an assessment.	First meeting of new Children and Young People's Partnership convened. Task and finish groups established to: embed early help impact; develop workforce across the system; produce Children and Young People's Plan.
	Service Improvement Panel established to ensure services are available to support victims and survivors of CSE.	Joint commissioning strategies drafted for children including those with very complex needs and governance arrangements established.	Review of governance conducted by peer professional from Haringey LBC.	Thematic review of EVOLVE CSE cases concluded.	Operation Scorpio escalated to multi-agency senior command team chaired by Director of Children's Services. This is in addition to a number of live CSE investigations, reflecting new proactive approach between RMBC and SY Police.	Director of Safeguarding Children and Families left the authority, the post being replaced with a Deputy Director post for Children's services.	Governance. Arrangements for Youth Offending strengthened.
	Operation Clover multi-agency victim management process implemented.	Needs analysis underway which inform longer term support for victims and survivors of CSE. Supported by research from Salford University and Public Health data.	New Quality Assurance Framework rolled out.	Increasing management grip evidenced by high % PDRs completed (93 %).	Rotherham Safeguarding Children's Board CSE thematic review of CSE within locality teams agreed and scoping initiated.	Submitted files to Crown Prosecution Service regarding Operations Taffeta and Thole - 47 suspects (27 of whom are under 18 years). Operations have led to engagement with 160 young people of whom 28 were identified as victims of CSE.	Review of accommodation for children in care and care leavers completed for executive stakeholder consideration. Recommendations signal move towards smaller, smarter homes that our children deserve.
	Victims and survivors go public on council 'changing for the better' on anniversary of Professor Alexis Jay Report.	Secondment of senior early help expert from Sheffield to expedite progress towards a new integrated offer.	Work commences on strengthening supervision for frontline workers.	Excellent progress made on NEETs not known (potentially extremely vulnerable children) reducing from 26.5 % - 8.5 %.	Routine clinical supervision of multi-agency CSE team (EVOLVE) initiated by Rape Crisis.	Multi-agency senior command team agreed to multi agency Operation Scorpio enquiry following themes of PREPARE, PREVENT, PROTECT and PURSUE.	Liberty House Breaks Service rated 'Good' by Ofsted.
		Focused work on Looked After Children reveals good progress such as timeliness of visits and % of plans in place. Concerns remain over the high numbers of those placed in residential care and the quality of work in securing better outcomes.	Commissioners agree to review pay for social care staff to ensure the Council can compete with other councils regionally.	All together stronger recruiting campaign launched to secure permanent Heads of Service.	100 % of children in need of protection have an up-to-date plan.		Arnold Children's Centre achieves GOLD award for excellence.
			Work underway to develop a robust Medium Term Financial Strategy predicated on principles of early help and sufficiency of appropriate, local community based placements for children in care.	Workforce Strategy drafted 'Enabling Excellence in Practice' setting out a compelling offer for social care professionals in Rotherham.	96.9 % of looked after children have an up-to-date plan.		Powers for education including youth services returned to council control.
				New Experienced Local Safeguarding Children's Board (LSCB) chair appointed following national recruitment campaign.			Programme for March Ofsted improvement visit agreed focusing on leadership, management and governance; quality of work in duty and assessment; CSE; and quality of care planning.
				Work commences on development of transformation change programme to build on early success and expedite progress against key priorities.			Sector led Improvement Peer review agreed for June.

	2015					2016	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Helping the Council improve	Commissioner team meet with Youth Cabinet. Appointment of the interim Assistant Director of Legal and Democratic Services. Continued to maintain high standards in Education – Early Years and Key Stage 4 outcomes have exceeded the national average for a number of years.	Senior management structure agreed by Full Council and recruitment to posts commenced. Housing health check conducted by LGA. Rotherham Show which is the largest free show in the North of England includes stalls for 'Be a Councillor and' 'Views from Rotherham'.	Interviews commenced for senior management posts, including Chief Executive. Highways and transport; waste management; planning health checks conducted by LGA. Personal Development Review audit identified 96 % completion figure – staff supportive of process, however some areas for improvement required around setting SMART objectives and continuous monitoring. Voluntary severance opportunity opened for staff to assist the Council's financial challenge.	Rotherham beat competitors to claim the title of Best Town Centre in the Great British High Street Awards 2015 winning a share of £80,000. Request to Secretary of State at DCLG seeking approval for some functions to be returned to the Council. Leisure, culture and sport health check conducted by LGA. Barnsley, Doncaster and Rotherham waste plant site officially opened by the Lord Lieutenant. Vision and strategy paper developed for Adult Social Care. Vision focussed around ensuring that adults with disabilities, older people and their carers are supported to be independent and resilient so that they can live good quality lives and enjoy good health and wellbeing. Adult Safeguarding Strategy presented to Safeguarding Adults Board. 146 voluntary severance requests agreed in principal to assist the Council's financial challenge.	Second poll of Rotherham residents satisfaction undertaken by Local Government Association (LGA). Funding bid for £5,169m approved by DCLG to help the Council address unique funding pressures and move forward. Medium Term Financial Strategy, Performance Management Framework and first draft of Corporate Plan agreed by Full Council. Regional Director Ofsted raised no objections with regards to the restoration of functions in Education.	New appointments to enhance relationships with the voluntary and community sector, tackle equality issues and provide support to Advisory Cabinet. Closing date for consultation regarding the restoration of functions and letter sent to Secretary of State regarding feedback received. Secretary of State, DCLG announced plans to return responsibility for the running of a limited number of functions to Advisory Cabinet. Induction programme commenced for newly appointed Chief Executive, who replaced Commissioner Managing Director at end January. Options presented to Member-led Budget Working Group which would potentially enable the Council to set a sustainable balanced budget for 2016/17 and which significantly addresses the financial challenge for 2017/18 and 2018/19). Proposed Capital Strategy prepared to be considered at Full Council on 2nd March 2016. Directorate budget proposals issued for public comment and consultation.	Adult Social Care 'Meet the buyer' event for care and support providers to find out more about the Councils vision and future opportunities. Permanent appointments made to Strategic Leadership Team (excluding Strategic Director Adult Care and Housing which has been re advertised). Staff briefing sessions commenced delivered by the Chief Executive and Leader. Report to Health and Wellbeing Board regarding Adult Safeguarding Strategy and improvement plan following independent peer review conducted in May/June 2015. Secretary of State for Communities and Local Government agreed to return of some functions to Cabinet. Introduction of new Whistleblowing Policy.

	2015					2016	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Helping the Council improve (continued)						Since the Taxi Licensing Policy was introduced 67 drivers offered a case hearing and around 70 % licenses revoked. 963 license holders also attended safeguarding children and vulnerable adults training and 171 suspended until complete. Awarded best large outdoor market 2016 in the annual Great British Markets Awards. Agreement to develop an Adult Social Care Development Programme to deliver better outcomes for citizens.	

	2015					2016	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Supporting Councillors and wider partnerships	Cabinet Members; Scrutiny Chairs; Chairs of Licensing and Planning and Leaders of Opposition Group allocated LGA Peer Mentors. Personal development interviews undertaken with each lead elected member and development support identified. Intensive Elected Member induction programme delivered with input from LGA peers and Centre for Public Scrutiny. Work commenced on the 2015/16 Scrutiny programme to trial and test new ways of working. This programme focused on the following areas: a. Child Sexual Exploitation b. 2016/17 Budget challenge c. Waste and litter d. Health and social care integration.	Lead Commissioner concluded meetings with newly Elected Members. 69 potential candidates took part in five 'Be A Councillor' sessions (3 open to all and 2 party specific). Commissioners met with MPs regarding progress in Rotherham. New Rotherham Together Partnership governance model agreed at Full Council. First meeting of Rotherham Together Partnership. New Health and Wellbeing Strategy approved to jointly improve health and wellbeing in Rotherham and direct the boards activity over the next three years. 'Minded to' decision by Commissioner to sell former opencast colliery site to Gulliver's Family Theme Parks. Members of the Licensing Board undertook two days of training on Licensing. South Yorkshire Police hit out at Rotherham protests and the Leader and Commissioner Ney issued a statement welcoming the announcement by the Chief Constable and Police and Crime Commissioner to review the legal powers deployed to tackle demonstrations.	Overview and Scrutiny Management Board (OSMB) considered low risk saving proposals. Devolution deal signed by Chancellor George Osborne - proposed agreement to devolve certain powers from central government to the Sheffield City Region (SCR). Rotherham Economic Growth Plan approved by Full Council. To deliver 10,000 jobs over 10 years and 750 new businesses over 5 years. First meeting of the new Business Growth Board. 'Views of Rotherham' consultation report published – based on 27 roadshows and online. 1800 people consulted. Rotherham vision announced at the Commissioners' public meeting with Councillors. Reviewed the governance arrangements of the Safer Rotherham Partnership which has led to a more streamlined structure. New independent chair appointed to the Safeguarding Adults Board. 'Enough is Enough' online petition launched regarding the number of marches and demonstrations taking place in the town.	Overview and Scrutiny Management Board (OSMB) considered further savings proposals to meet the overall budget challenge.	Advisory Cabinet expanded from 5 to 8 members and portfolios amended. UK's first tram train unveiled which will run on networks in Sheffield and Rotherham from, testing to commence Summer 2016.	Commissioners' public meeting with Councillors - update on progress and proposals to return some functions. Budget saving proposals sent to partners for comment and consultation. First Advisory Cabinet and Commissioners' Decision Making meeting. Business sector event held. First draft of the Town Centre Master plan received. Business Plan and financial support approved by the Department for Business, Innovation and Skills (BIS) for those affected by Tata redundancies.	Final Rotherham Together Partnership Plan and timescales for longer term Community Strategy agreed by the Rotherham Together Partnership. Partners interviewed to gauge their views 12 months on since the Commissioners' arrival. Final recommendations from Governance Review received.

The timeline for February – July 2015 is available in the 6 month progress review evidence file submitted in August 2015.

	2015					2016	
	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Other contributing factors and dealings by others	Former Rotherham Mayor cleared of charges for an offence against a 13-year-old girl in 1987. 81 year old man on his way to morning prayers at his mosque attacked and later died in racist attack. One year anniversary since independent inquiry into CSE in Rotherham by professor Alexis Jay. Rotherham Abuse Charity (Apna Haq) Faces closure after losing contract with the Council.	Right wing protest (Britain First) (United Against Fascism) in the Town Centre. 16 year old teenager left with head injuries following assault in town centre.	Police initiate intelligence gathering operation re possible CSE involving ROMA community (OP Scorpio). Taxi driver sustains head injuries in serious assault.	Announcement by Lowell Goddard regarding first independent investigations into child sexual abuse. Rotherham in national media regarding large increases in hate crime. Rotherham man sentenced to 10 years as part of live CSE investigation (Operation Thole). Alleged racially aggravated assault of a 20 year old man and 16 year old boy outside Asda supermarket.	Provisional local government finance settlement 2016 to 2017. High-profile Operation Clover trial commences at Sheffield Crown Court. 21 victims, 49 prosecution witnesses in total and 8 defendants.	288 referrals have been received and 38 people charged/ summonsed to court in relation to Child Sexual Exploitation offences (CSE).	Operation Thunder first court appearance. Six defendants, 27 charges, 2 victims. 1 defendant pleaded guilty and will be sentenced in due course. 2 men appeared before the court charged with the racist attack and murder of the 81 year old gentleman who died in August. Operation Clover found 6 people guilty of Child Sexual Exploitation offences. Awaiting sentencing.

5 Progress against the Mission Outcomes

5.1 Commissioner Newsam

MISSION OUTCOME 1: Children will grow up in a safe environment. We will ensure a creative strategy is delivered that includes prevention, detection, and high quality care alongside a robust enforcement approach.

Overview

The historic and systemic failures within Rotherham to tackle child sexual exploitation over many years is well documented in the Jay and Casey reports and in September 2015, Ofsted identified that the Council's approach to protecting children and young people from child sexual exploitation continued to be inadequate. The Council and its partners have made significant progress since that time and improvements have particularly accelerated in the last 12 months. Both the Council and South Yorkshire Police have benefited from the temporary introduction of additional external expertise alongside the appointment of new managers and staff. Improvements have been steered by a refreshed multi-agency strategy and the Local Safeguarding Children Board (LSCB) child sexual exploitation sub-group is effectively chaired by an ex-police officer experienced in the field. High level engagement continues to be reflected through the Children's Improvement Board and my regular meetings with the Assistant Chief Constable of South Yorkshire Police.

Evolve, the multi–agency specialist CSE team continues to mature and has been strengthened with the introduction of permanent managers to drive the team. The high level processes put in place to manage risk and direct multi-agency investigations are now demonstrating impact. The Multi-agency Risk Management Panel considers intelligence, hotspots and directs disruption activity alongside having an overview of all major operations. Wider council services including licencing, regulation, housing and leisure services are now making an active contribution to these arrangements. The service in Rotherham has been transformed by what is an effective multi-agency victim led approach and this has been demonstrated by the impact the Evolve team has achieved since its inception.

The team has achieved major successes with two large operations involving the engagement of over 160 young people, the subsequent identification of nearly 30 victims and the identification of a significant number of suspects. The team have pioneered some exemplary work on developing support plans for juvenile perpetrators and schools in the community. To date, there has been one successful conviction with the defendant receiving a lengthy custodial sentence. The first trial of a multi-agency investigation into non-recent child sexual exploitation has now concluded resulting in the conviction of three men and two women, found guilty of a total of 45 sexual offences committed against 15 young victims. A sixth defendent

had already pleaded guilty before the trial. The victim management strategy employed by the team has been an outstanding success with none of the survivors withdrawing from the process. This has involved the collaboration of six separate agencies that have provided intensive support to these survivors, many with complex and challenging needs. Further multi-agency investigations are progressing well and will continue throughout 2016 and into 2017.

Next Steps

In January 2016 a further multi-agency enquiry into suspected child sexual exploitation within a minority group commenced and this may become a significant challenge later in the year. Preliminary enquiries have so far identified a number of children from a minority group believed to be at risk of sexual exploitation and drugs misuse. This operation is still at the earliest stages but could have major resourcing implications as it gains momentum and it is important that the Council and South Yorkshire Police continue to demonstrate the excellent practice that has led to the successful outcomes to date.

Operation Stovewood, directed by the National Crime Agency (NCA), is now taking shape and they have now referred to the Council a number of potential suspects or victims for further information gathering. This is already beginning to present a strain on the existing resources within the Multi-agency Safeguarding Hub. The NCA has submitted a funding request to the Home Office based on their forecast of 300 potential suspects and 600 possible victims. This request includes £3 million towards the cost of the social care element of the investigation team.

Risks and Issues

Despite the successful outcomes achieved over the last 12 months, effective multi-agency arrangements are not yet firmly embedded and tensions between the police and children's social care at an operational level can still too easily emerge. Effective relationships at a senior level have managed to negotiate these issues, but it will require continued attention throughout 2016 to ensure the gains of the last 12 months continue to be stabilised.

Progress has been highly dependent on a number of key individuals brought in to provide temporary support to both South Yorkshire Police and the Council. It will be critical to ensure that, as these people move on, the progress they have made is continued and sustained.

Operation Stovewood will present significant resource challenges to the Council and its partners and this will be on top of the continued demands presented by the current operations in progress. There is very little room for manoeuvre within the existing 2016/17 indicative budget and the financial demands these new challenges present will need to be kept under close review.

MISSION OUTCOME 2: Good, reliable Children's care services, well-managed within agreed resources.

Overview

The September 2014 Ofsted inspection of services for children in need of help and protection, children looked after and care leavers, judged Children's Services as inadequate in every domain other than adoption which was judged as requiring improvement. The front door arrangements for receiving and filtering work were seriously inadequate. Referrals were not being responded to appropriately or in a timely fashion and child protection arrangements were not compliant with statutory guidance. There was a lack of engagement from partners in the assessment of risk to vulnerable children. The Police had not been supporting social workers in child protection investigations and strategy discussions had not included health, schools or other agencies routinely. There was a serious lack of middle management capacity to provide effective oversight, insufficient social workers, unmanageable workloads and a significant failure to comply with statutory minimum standards.

In the last 12 months, the Council has made great strides in strengthening its leadership capacity within Children's Services. It now has in place an experienced permanent Strategic Director of high national standing, a new expanded team of permanent Assistant Directors and has almost completed the appointment to its middle management structure. In February, the Council is recruiting to the post of Deputy Director of Children's Social Care and this will provide additional senior capacity. There is an improved approach to governance within the Directorate but this still needs to be firmly embedded. Alongside this, a new and experienced independent chair of the Local Safeguarding Children's Board (LSCB) commenced role in the autumn and she is providing clarity and direction to the Board. She has led on a creative bid to the Department for Education's Innovation Fund to strengthen the governance and performance management of the LSCB which is currently being evaluated.

The service now has sound performance and management information arrangements in place and this is effectively interrogated by senior managers, with team managers held accountable for the performance of their teams through fortnightly meetings with the interim Deputy Director. The Council is commissioning a new Integrated Children's Service (ICS) system and this is projected to go live in early summer. Quality assurance arrangements are being strengthened and there are signs that this is achieving better traction, although it is clear that this will need consolidating throughout the year. There are no longer widespread failures in the service, all cases are allocated, and there are no untoward delays in children and families being assessed and receiving services. There is good compliance with statutory arrangements to visit children and complete plans. However, the Council needs to strengthen the quality of its first line management: it remains too reliant on temporary managers and social workers and this seriously impacts on the sustainability of these improvements and the overall quality and effectiveness of practice.

After a slow start, the Council is now making progress on its early help strategy. The early help pathway and reconfigured services were rolled out in January 2016 and step down arrangements were put in place in February. It is too early to see the impact of these new arrangements but the enthusiasm of partners is encouraging. The Council and it partners have strengthened the front door arrangements with a secure

Multi-Agency Safeguarding Hub (MASH). Oftsed confirmed the arrangements appeared sound during their last improvement visit and since that time the Council has commissioned an independent assessment which has also commended the calibre of the operational lead and decision making processes. Single assessments are completed in a timely fashion. (This year to date 89% have been completed within 45 days and less than ten exceed the 45 day limit at any one time). Increasingly the duty teams are concentrating on ensuring the time taken on an assessment is proportionate to complexity and the required inputs.
The service has recently completed a major restructure to separate out its long-term child protection arrangements from its service for looked after children. This is providing the opportunity for better focus and the Heads of Service are now attending to the long-term legacy of drift and the ineffectiveness of plans particularly for children in need.

It is anticipated that this new structure will also have significant benefits in improving attention to the needs of Looked after Children. The specialist social work teams have manageable caseloads which will allow them to have a real positive impact on children's lives. The Council has moved swiftly to tackle the weaknesses within its residential sector following two disappointing residential care home inspections in the autumn of 2015. It has commissioned a review of its residential sector and has since closed two residential care homes. Encouragingly Ofsted inspected the Council's short breaks residential facility in February of this year and rated it as good.

Good progress has been made to complete a sufficiency strategy and a new fostering campaign has generated an encouraging level of applicants. Plans are in place to enhance the fees for foster carers and special guardians subject to available funding and this will help accelerate the Council's plans to reduce its reliance on high cost placements. However, there remain significant weaknesses in the Looked after Children service. While the sufficiency strategy has been produced, commissioning and procurement arrangements for Looked after Children are poorly developed and will need to be strengthened if the inappropriate use of high cost residential and agency fostering placements is to be reduced. Alongside this, accommodation and services for young people leaving care needs to be considerably improved.

Next Steps

The new permanent team within children's social care will now need to consolidate progress and ensure it is reflected in higher quality practice and more effective outcomes for children. They will need to maintain the trajectory of improvement across the service while delivering this within the financial envelope set out by the Council. Pivotal to their success will be establishing a permanent cadre of first line managers and social workers which will be a significant human resources challenge alongside the development of a commissioning infrastructure which can bring down costs within the service.

Risks and Issues

Progress in the service will be dependent on the Council continuing to prioritise improvement in Children's Services. Given the challenges across the Council it has struggled over the past 12 months to provide the high quality human resources, financial and infrastructure support which deliver rapid progress in failing councils. The Council is now in a better place overall, and with the appointment of a new Chief Executive and senior leadership team there is an opportunity to begin to address these weaknesses.

The service will continue to struggle to achieve financial balance in 2016/17. While the Council has endeavoured to protect children's services and has increased the budget by £12 million for the forthcoming year, it remains about £4.8 million below the expenditure forecast for 2015/16. As the majority of this cost pressure is attributable to placements of looked after children and a reliance on agency staff, this will not be subject to quick and painless remedy. Plans are in place to provide additional financial expertise to the Children's Departmental Leadership team to support an understanding of the cost drivers and potential savings within the service and work has now commenced on a five year financial strategy to put the service on a sustainable financial platform.

In the coming year, Members of the Council will understandably be focused on getting to grips with those services which have been restored to their direct executive control. However, this cannot be at the cost of a focus on the importance of restoring public confidence in the quality of services to vulnerable children and families. The Secretary of State for Education has asked for a review of the conditions by which children's social care could be returned to the Council by September and this will set the context for the continued improvements that are required in the next six months.

MISSION OUTCOME 3: Survivors of child sexual abuse or exploitation will have access to a good range of multi-agency support services.

The Jay Report identified potentially 1,400 survivors of child sexual exploitation. The Council responded in 2014 by investing in additional immediate support services but this was in the absence of a detailed understanding of the needs of survivors, the role different partners could play and an understanding of the role services in the community could play.

Over the past 12 months the Council has made good progress in strengthening its approach to victims and survivors. A detailed needs analysis has now been completed and this was supported in late summer 2015 by a piece of research undertaken by Salford University to capture the voice of survivors, their families and those in the voluntary and community sector supporting them. The Council has now issued a tender, totalling £200,000 a year for three years to provide support to survivors. The three areas of service included are:

- Practical, emotional support and advocacy for young people (up to the age of 25) who have experienced child sexual exploitation. This includes support to immediate family members;
- Practical, emotional support and advocacy for adults who have experienced child sexual exploitation. This includes support to immediate family members;
- Evidence based therapeutic interventions for young people and adults who have experienced child sexual exploitation.

At the end of January 2016, the new assertive outreach service for children and young people at risk of CSE was launched. Known as ReachOut, it is funded by contributions from the Department for Communities and Local Government, the Department for Education, the Council, Barnardo's and the KPMG Trust. The team of 15 staff will be engaging with children, young people and families as well as community groups, schools, colleges and health services and will also raise awareness of how to spot the signs of sexual exploitation. The team has already been successfully engaged in supporting recent CSE operations.

Next Steps

The newly commissioned services for survivors will be coming on stream from April 2016. Following meetings with the Department of Health and NHS England, the Council and its partners are now working on broadening this approach into a comprehensive service model based on the impact and treatment of trauma in communities. The intention is to supplement and support community well-being services with existing mental health and drug misuse services which already provide therapeutic services to many of the same population.

Risks and Issues

The anticipated take up of the services by survivors is based on the existing usage. Volumes may well increase with the introduction of new accessible services and as partners identify more needs through investigations and subsequent prosecutions. Accordingly, the contracts have been designed flexibly to ensure that resources can be focused where services are most needed.

5.2 Commissioner Ney

MISSION OUTCOME 4: The Borough has licensing arrangements that are fit for purpose.

The Jay and Casey reports identified failings in the functioning of licensing services and in particular taxi licensing, as well as concerns at the links between child sexual exploitation and the taxi trade. As part of the intervention all decision making on licensing matters has been taken by Commissioner Ney.

Since February, the following has been achieved:

Private Hire and Taxi Licensing Policy

The Council had produced and consulted on a draft policy in the autumn of 2014. However this was considered to be inadequate to secure the safety of the public and a revised policy was produced, further legal advice sought, and a consultation process undertaken including extensive engagement with the taxi trade. The new policy was agreed by the Commissioner on 6th July together with an implementation scheme which set requirements for compliance with the policy. The new policy includes higher standards of the 'fit and proper person' test of drivers including: how convictions, softer intelligence and complaints are considered; revised requirements for training, including Business and Technology Education Council (BTEC) and compulsory safeguarding training; and more stringent requirements regarding safety, age of vehicles and use of taxi cameras.

Implementation of the new Policy

An audit of all drivers against the new standard identified that 6% of drivers may be in breach. All of these (67) were offered the opportunity of a case hearing which has resulted in around 70% of these licenses being revoked. The audit is expected to be complete by March 2016.

By January this year, 963 drivers had attended training sessions on safeguarding children and vulnerable adults; the remaining 171 drivers are suspended until they complete the training. If they fail to do so within the required timescale, the license suspension will take full effect.

The Council's specification for use of taxi cameras and a privacy impact assessment has been reviewed by the Camera Surveillance Commissioner and the Information Commissioner's Office (ICO) and discussions are ongoing. Suppliers who can meet the specification have been identified and an open day held for the trade.

Arrangements to move all drivers to the Disclosure and Barring Service (DBS) on line service have been put in place as well as arrangements for referring drivers to the Barring List.

Licensing Decisions

By the end of February the Commissioner will have held individual hearings and taken decisions on around 135 taxi licensing cases plus a further 3 reviews of public house licences and grants of house to house collections permits.

Members of the Council's Licensing Board have sat with the Commissioner for all decisions and, to ensure consistency of approach and high standards, have also taken part in two training days, held a review meeting on the implementation of the new policy, and a discussion on decisions to date.

The Commissioner introduced revised arrangements for the way in which hearings are conducted, content of reports, recording of hearings and the statement of decisions.

In addition, the approach to managing appeals to the Magistrates' Court has been reviewed and improved. Appeals to the Magistrates' Court have increased, particularly in relation to the application of the higher standards of fitness to existing drivers.

The Licensing Service

In parallel, the Council's licensing function has been reviewed and a revised structure is being implemented which brings together policy administration and enforcement within one structure. Also, arrangements for the two existing IT systems to interface are being pursued.

Importantly, arrangements for the exchange of information between the service and South Yorkshire Police (SYP) and the participation by the Business Regulation Manager in the Child Sexual Exploitation (CSE) intelligence exchange meetings has ensured that licensing are playing their full part in tackling CSE and other safeguarding issues.

Reflection on the position reached

Since the commencement of intervention a new licensing policy has been successfully agreed and implemented. The process has allowed frank engagement with the trade, the Council's staff and members about the failings of the past. The Chair of the Licensing Board has been involved with the Commissioner in all meetings with the taxi trade and attended every case hearing. All members have been diligent in taking on the considerable extra workload of case hearings sitting alongside the Commissioner (in 2014 the Board heard only 59 cases). Likewise there has been a considerable additional workload on council officers who have worked with the Commissioner and members to put the new requirements in place. There remains outstanding work to consistently raise the standards and performance of the service and it is considered that the proposals for changes to the structure referred to above will help to facilitate that.

During the summer of 2015 there was some resistance from the trade to the changes being proposed, largely concerning the impact of the cost of the new measures. More recently some of the trade associations have appointed a solicitor to pursue representations on their behalf. However, overall, the trade and individual drivers have continued to cooperate with the changes and some of the anxieties have been abated by the measured approach to adoption and implementation which has been put in place.

Next Steps

Over the next six months the following action will be pursued:

- Completion of implementation of the new policy requirements;
- Review of the policy after one year in July 2016;
- Implementation of the new organisational structure within the Licensing Service; together with measures to improve performance;
- Management of appeals against revocations/refusals to grant;
- Continuing preparation of members for return of decision-making.

Return of Licensing Functions to the Council

The Commissioners' 'decision-making' powers in relation to licensing have always been exercised in conjunction with the Advisory Chair and members of the Advisory Licensing Board. The following have been undertaken to prepare members for the roll back of powers:

- Two days of training on licensing matters and conduct of hearings
- Revised procedures for reports, conduct of hearings and statement of outcomes
- Advisory members sitting along-side the Commissioner in case hearings
- Meetings of the Advisory Board to consider progress in implementing the new policy and to review 'decision-making' of decisions and establishment of consistency

In parallel the structure and working arrangements within the Licensing and Enforcement Service have been reviewed and changes are being implemented. Once fully in place with some new appointments, this will improve the performance of the service and its ability to support good 'decision-making'.

Taking all this into account and the audit of all license holders which will be completed by March 2016, Commissioners now agree that the Council is in a position to have its Licensing functions returned. Commissioner Ney will continue to attend a sample of Licensing Committees for a further period and provide Advice in accordance with the Directions issued in February 2016.

MISSION OUTCOME 5: Effective working with the Police to disrupt criminality, enforce robustly and take action against wrongdoers

The Casey report indicated failures in the functioning of the Safer Rotherham Partnership (SRP) and in holding the Police to account. In addition the Council had failed to use all of its powers to tackle Child Sexual Exploitation (CSE) and had disparate arrangements for the coordination of different aspects of community safety. Since February 2016, the following has been achieved:

Safer Rotherham Partnership (SRP)

The Council has reviewed the governance arrangements of the SRP and revised proposals to provide a more streamlined structure were put in place in October 2015.

Community Safety Strategy

The SRP has commenced a process of review and analysis of the Joint Strategic Intelligence Assessment with a view to the adoption of a new three-year Community Safety Strategy in April 2016. This review will provide a route to give greater priority to joint work with the Police and other agencies particularly in relation to enforcement, disruption and community reassurance.

The Council has established a new senior post to provide the corporate lead on community safety and police liaison. This will strengthen the ability for the Council to hold the Police to account as well as bringing together currently disparate community safety activity under this post holder. The new post holder will take up employment in March 2016.

The new Child Sexual Exploitation (CSE) architecture put in place by the Council has included representation from other service areas to improve information flow and ensure that all parts of the Council are contributing to tackling CSE. This will be further facilitated by the new lead senior manager role.

The Council has continued to work with the police to mitigate the impact of frequent far-right demonstrations in the town centre. Community tensions have increased as a result of these marches and 4 racist attacks which took place in autumn 2015, one of which resulted in the tragic death of an elderly man. The Council has kept the Home Secretary briefed on these incidents and their impact and has contributed to a Home Office review of legal powers in response to such public disorder incidents.

Reflections on position reached

The Council now has some of the basic requirements in place to improve its work on community safety, tackling criminality and its ability to hold the Police to account. The new officer capacity and senior leadership role will enable swifter progress to be made to tackle individual issues and the cultural change which is required within the Council.

The Safer Rotherham Partnership is now operating within its new structure and needs to focus on developing an effective performance management framework which is focused on outcomes.

The Council is aware of the need for it to lead further activity with the Police to deal with community tensions and increased incidents of hate crime working in partnership with community and faith leaders, local businesses and the wider voluntary sector.

Next Steps

Over the next six months the following action will be pursued:

- Producing and consulting on the new Community Strategy 2016-2019 and putting the delivery plan in place to deliver on the agreed priorities;
- Embedding a performance management framework for the SRP;
- Establishing the new Assistant Director role within the Council and across the partnership, developing corporate working and the required culture within the Council in relation to the Council's community safety duties, tackling criminality and relationship with the Police;
- Providing practical leadership in dealing with further disruption from far right demonstrations and tackling community tensions;
- Ensuring the Council uses all of its powers to disrupt criminality, anti-social behaviour and Child Sexual Exploitation (CSE) and uses joint enforcement activity to tackle hot spot areas.

5.3 Commissioner Manzie

MISSION OUTCOME 6: A well-performing Council. Reviewing and strengthening other services; ensuring a deliverable forward strategy; a productive working culture

MISSION OUTCOME 7: A successful Improvement Plan. Others care about Rotherham's progress. We want to ensure credible, honest progress is recognised.

Inevitably the proposals made in November by the Lead Commissioner to the Secretary of State for partial return of powers to the Advisory Cabinet have led to considerable work and effort by Legal Services, led by interim Catherine Parkinson, to look at the governance and constitutional implications and ensure they were ready to implement once endorsed by the Secretary of State following consultation. Senior officers have also been adapting to the increase in number of the Advisory Cabinet members with the Leader, Cllr Chris Read helpfully increasing the Cabinet from five to eight members. Supporting this process has meant some adjustment by senior officers with a need to brief the new members of the Cabinet. Rotherham's Advisory Cabinet (now 'Cabinet') is one of the most gender-balanced and diverse in the country.

A major step forward for the Council was the agreement to a Vision for the Council generated by the Leader from the huge consultation exercise led by him and the Lead Commissioner. This Vision has now been encapsulated in the draft Corporate Plan, which, along with a new Performance Management Framework was agreed at Council on 9th December. The new Chief Executive will now be working on the challenging task of embedding these processes in the organisation. There are already good signs of the Vision being properly reflected in the Council's reports and policies moving forward, as is appropriate.

The Council is reaching a very significant milestone in its improvement journey, having successfully achieved appointment of seven out of eight originally planned senior management posts over a period of five months: Chief Executive; Assistant Chief Executive; Assistant Director Community Safety and Street Scene; Strategic Director Finance and Customer Services; Assistant Director Independent Living and Support; Assistant Director Strategic Commissioning; Assistant Director of Legal Services; plus one more post of Strategic Director Regeneration and Environment not in the original plan but resulting from a move of an existing post-holder.

This was a major exercise for the organisation, done in collaboration with Hays recruitment, involving co-ordination of complex panels of Commissioners and Elected Members and a rigorous three stage assessment process. Feedback from all candidates including the unsuccessful ones was that it was a very strong process which they found very testing but very professional.

There is only one post to which the Council was not able to recruit to first time, that of Strategic Director Adult Care and Housing. This process is now being relaunched with a higher salary and a more targeted approach. The Council has been fortunate in being able to retain the services of Professor Graeme Betts to whom it has given the wider responsibility of Housing as well as Adult Care as an interim solution while the substantive candidate is recruited.

There has also been successful recruitment to posts identified as a requirement in the "Fresh Start" Improvement Plan: the Corporate Equalities and Voluntary Sector Co-ordination posts.

The new Chief Executive, Sharon Kemp, took up her post on 1st February 2016 following a handover period with Commissioner Managing Director Stella Manzie, who has now stood down from her post.

In addition to the implementation of the Commissioner Managing Director's June "Laying the Foundations" proposal, in November the Commissioner Managing Director proposed a restructuring of the Environment and Development Services Directorate including a renaming of it as the Regeneration and Environment Directorate in order to give a greater emphasis to the economy and an increase in the growth of prosperity for people of all income levels. This is being done on a cost neutral basis but involves rearranging some functions in such a way as to enable an Assistant Director with a focus on culture, sport and tourism as part of the drive both for regeneration and increased opportunities for families to spend their leisure time together. The Commissioner Managing Director, as part of the Improvement Plan has also undertaken work on neighbourhood activity which she is handing over to the new Chief Executive to take forward.

The other defining feature of the last few months has been the management of the budget process and the process of voluntary severance to support that process. Achieving a legal budget has been achieved with the assistance of additional support from the Department of Communities and Local Government and by some excellent technical work by the Council's Finance function. However, the Council will have continuing challenges as they implement the savings made to achieve the 2016/17 budget and seek to achieve a more sustainable budget for 2017/18. 146 members of the workforce are leaving through voluntary severance to support the budget process. A more corporate budget process has been operated than in any year in recent memory, with full involvement of Scrutiny through the Overview and Scrutiny Management Board.

There has been continuing cultural development of a properly working corporate council, manifested in a range of issues e.g. proper consistent corporate briefing of staff about the budget implications and using the M3 top managers' meeting to brief and engage senior managers across the organisation on various subjects including the election in 2016, the proposals to modernise adult social care, corporate governance issues and the proposals for a performance management framework, to name but a few.

The other key feature is that member officer relations have continued to develop positively. There is much more work to be done and these aspects of the Improvement Plan have been deliberately left till last because of the need to have the Senior Management Team on board to build those relationships.

One of the most encouraging features of the last year is that in addition to focusing on the important parts of the Improvement Plan the authority has also done many things which you would normally expect of a metropolitan authority not in intervention.

These have included:

- The Sheffield City Region devolution deal
- Launch of the Barnsley Doncaster Rotherham waste plant
- Responding to flooding on the ground floor of Riverside House and adapting the building to new customer requirements
- Standing up for the steel business and its workers
- Maintaining high standards of secondary education
- Supporting major staff changes to improve services or make savings
- Winning awards for the revamped High Street and for business advice
- Being well forward on key planning policies
- The Sheffield-Rotherham Tram Train pilot starting
- A successful Rotherham Show and a well-reviewed and popular Cinderella at the civic theatre.

In addition to the corporate governance issues which need improving there are of course other key services which need to be improved, such as primary education and the ICT service but there are detailed programmes and plans in place to support these.

Most importantly, it has been fed back to the Commissioner Managing Director that despite the budget challenges and the threats to jobs, there is a better spirit of optimism in many parts of the organisation. This needs to be maintained by continuing good communication and visible senior management. There is some feeling of progress because of the appointment of a stable management team and a feeling that if the right Cabinet strategic leadership relationships can be built, there will be a good foundation for further progress to be made.

MISSION OUTCOME 9: Integrated Health and Social Care. Ensuring good care and a high quality health service within available budgets.

Work has continued to build good partnerships and better integrated working. The Health and Well-being Board has excellent attendance by the most senior players in the health and social care world and is well led by Cllr David Roche (Cabinet Member RMBC) and Dr Julie Kitlowski (CCG Chair). The Board is moving towards a strong focus on health inequalities between neighbourhoods and this is likely to be picked up by the Council and other partners in different fora, linked to the "Fresh Start" references to neighbourhoods and communities. Good processes of implementation of the Health and Well-being Strategy are being put in place led by the Director of Public Health and there will be regular monitoring of progress.

Meanwhile Cllr David Roche, Advisory Cabinet Member for Adult Social Care and Health, and interim Strategic Director Graeme Betts, have been leading the work to modernise Adult Social Care within the Council, part of which involves complex work with the health organisations in Rotherham. Some of this is conducted under the Better Care Fund umbrella and some of it under a wider strategic agenda. This has involved close briefing of Elected Members via the Scrutiny process as well as political dialogue. Trade unions have also acknowledged the regular briefings of staff which Graeme Betts and other colleagues have led. The appointment of permanent Assistant Directors for Strategic Commissioning and Independent Living and Support will considerably assist in this process.

Key areas of focus for modernisation and an increase in independence and choice for vulnerable adults are: enablement; activities during the daytime for elderly people; residential opportunities for learning disabled people; the style of respite care; and Shared Lives (support within a family environment). There is recognition across the organisation that there will need to be corporate support and sophisticated work with the voluntary and community sector in order to provide a wide range of care options and opportunities for high quality activities and social contact in communities, sometimes described as the short-hand of "community assets". This subject has really engaged the senior top three tiers of management of the Council and will be a big part of the work of other parts of the Council such as Libraries.

It must be acknowledged that the programme of change is extensive and will sometimes be controversial with users, carers and families until there is a greater understanding of what the proposed changes are designed to achieve. However, other authorities have been through these processes and Rotherham will do the same. That process will need to be supported corporately as well as well led within the Directorate. It is essential that they do because of the need to get the best use possible out of the finances available, in order to reach more people, but to drive out savings which meet the financial targets being imposed.

Finally, the Director of Public Health and other colleagues in Children and Young People's services (CYPS) have been working on a commissioning strategy for children's health services. She has been working specifically with colleagues in the Foundation Trust to try and ensure better school nursing services in Rotherham as part of the Council's focus on children and this work continues.

5.4 Commissioner Kenny

MISSION OUTCOME 8: Productive working with others. Ensuring the Council has purposeful relationships with other Councils; the voluntary sector and other agencies and bodies that can contribute to the Borough's ambitions.

The Council was judged to have weak partnerships. Its arrangements were too complex and confusing and not focused on achieving outcomes.

The Community Strategy was deemed to be weak. The partnership had poor leadership and a lack of Vision.

Since February 2015 the following has been achieved:

Clear Vision

28 visioning roadshows and several consultation meetings with citizens and businesses throughout the borough have allowed the Council to agree and publish a Vision from which a Corporate Plan for the Council and Community Strategy can be developed.

New inclusive Partnership called Rotherham Together Partnership

The Rotherham Partnership, now relaunched as the Rotherham Together Partnership, has undergone a thorough review of its purpose, structure and governance, with new (wider) membership and terms of reference agreed within the Council and by partners. The first meeting of the new partnership took place in September 2015 and regular meetings are being held to ensure collaborative working to meet shared partner objectives.

Rotherham Community Strategy

The Rotherham Together Partnership Plan for 2016/17 will be launched in March 2016 along with consultation on the new vision and longer term Community Strategy. The Community Strategy will be launched in March 2017 and will look at how partners can work collaboratively, targeting and pooling their resources to deliver maximum benefit for local people.

Local Government Association (LGA) Resident Satisfaction Survey

The LGA Resident Satisfaction Survey is conducted on a six monthly basis. An initial base review was conducted in June 2015 and the most recent survey conducted in December 2015. There is some early evidence that feelings and perceptions of trust and confidence in the Council and how it conducts its business has improved (see Appendix I).

One year on interviews with Rotherham Together Partnership Board

Partners who sit on the Rotherham Together Partnership Board were interviewed between January and February 2016. The feedback received has revealed positive feedback about the Council, including remarks

about the Council being more open and transparent, with no evidence of bullying or poor behaviour and positive comments regarding the Leader who partners said is visible and contributed positively to the visioning roadshows (see Appendix J).

Sheffield City Region and Local Enterprise Partnership meetings

The Council is represented at the Sheffield City Region Combined Authority and Local Enterprise Partnership meetings, with the Leader and Chief Executive (and previously the Commissioner Managing Director) attending regular meetings and participating fully in these sub-regional structures to ensure effective working and influence growth opportunities for Rotherham. The Council has also had significant involvement in the formation and implementation of the Devolution Deal.

Working with the Voluntary and Community Sector

The Council has improved its direct working with the Voluntary and Community Sector across Rotherham and consulted with the sector on two occasions.

The partnership contributed to 'The state of the voluntary and community sector in Rotherham 2015' report published in January 2016 to understand the size of the sector and economic benefits it provides. The Council is also undertaking a review of its funding arrangements to ensure they are fair, effective and provide good value for money.

A designated liaison officer post for the Voluntary and Community Sector commenced in January 2016.

Reflection on the position reached

There has been a successful refresh of the partnership and rebuilding of partnership relationships, however there is significant work needed to develop a longer term Vision and Community Strategy for 2017.

Perceptions of the Council from partners and the public have improved which is positive and must be maintained.

Working with the staff and Advisory Cabinet Members in the first year of the intervention has been a positive experience with some real desire and willingness to work hard and move the Council forward.

Next Steps

Over the next six months the following action will be pursued:

- Continue to develop the Rotherham Together Partnership
- Launch of the Rotherham Together Partnership Plan for 2016/17 in March 2016 along with consultation on the new Vision and longer term Community Strategy
- Launch of a longer term Community Strategy March 2017
- Continue to influence the Sheffield City Region and secure devolved funding to pursue Rotherham's growth priorities
- Continue to improve perceptions of the Council, building people's confidence and trust
- Continue to work with partners and the Voluntary and Community Sector to deliver shared priorities.

MISSION OUTCOME 10: A growing local economy. Ensuring the Borough's own efforts and work with others increases the number of good jobs and housing opportunities.

Since February 2015 the following has been achieved:

Local Plan

Following adoption of the Local Plan Core Strategy, the Council is now on target to submit the Sites and Policies Development Plan Document to central government, with a public inquiry expected to be held in the summer. The planned adoption of this document next year will allow for the allocation of new land for housing and employment uses and will accelerate progress towards achieving the Local Plan targets of building over 14,000 new homes and allocating over 235 hectares of employment land by 2028.

Business Growth Board

A Business Growth Board has been established, supported by three sub-groups which advise the Partnership on Business Development, Skills and Employment and the Town Centre. Each sub-group has a clear set of milestones and outcomes.

26 businesses have volunteered to get involved in the Rotherham Growth agenda and are contributing time and effort to achieve the outcomes contained within the Economic Growth Plan. The businesses are meeting regularly supported by the Council's Rotherham Investment and Development Office (RIDO) officers and are currently setting targets and milestones.

Rotherham Economic Growth Plan 2015-25

The Rotherham Economic Growth Plan aims to achieve 10,000 net new jobs over the next 10 years and 750 net new businesses over the next five years and is complemented by the new Town Centre Masterplan.

Following approval in October 2015, the Growth Plan is now in the implementation phase, overseen by the Business Growth Board. Progress indicates:

- The number of employee jobs located in Rotherham has increased for the third year in a row;
- There have been four years of continuing growth in the number of businesses with over 600 net additional businesses over the last year alone;
- The number of business starts continues to accelerate with almost 1,000 new starts in the last year compared to just over 600 four years ago;
- The number of residents in employment is continuing to grow with the employment rate rising by over four percentage points in the last two years, going above 70% for the first time since the 2008 recession. At the same time unemployment has fallen to under 7%.

Work has been taking place to deliver a number of major projects within the Growth Plan. These include the Advanced Manufacturing Innovation District, an innovation district based around the Advanced Manufacturing Park, and a higher level skills centre with Rotherham College, which is the subject of a bid for

Sheffield City Region skills capital funding . The centre would house up to 1000 students and be focused on meeting the skills needs of Rotherham businesses. Discussions have also been taking place with developers, land owners and partners.

The Council has successfully negotiated the allocation of a site and investment for Gulliver's Valley which will create 250 full-time equivalent (FTE) jobs and 120 FTE jobs in the construction phase.

The Council was involved in the securing of the first Tram-Train trial in the UK in Rotherham/Sheffield. The Tram-Trains, which will allow passengers to make a single journey between tram stops and conventional rail stations between Rotherham and Sheffield from early 2017, will undergo testing before being introduced on the Supertram network in Summer 2016, providing extra services at busy times.

Refreshed Town Centre Masterplan

The Council has commissioned a refresh of the Town Centre Masterplan to support the delivery of the Growth Plan. Consultation with partners and businesses has been undertaken and a first draft of the Masterplan has been received and is currently being finalised. This plan will support the sustainable economic regeneration of the town centre and will go out to widespread consultation in mid-April. Early indications highlight the need for an improved culture and leisure offer in the town centre to attract a more family orientated audience.

Review of the Council's regeneration function and funding for major projects

There has been a review of the Council's regeneration function including funding to ensure the deliverability of the major projects within the Growth Plan.

Funding to support economic regeneration has been included in the Medium Term Financial Strategy of the Council.

Sheffield City Region (SCR) skills agenda

There has been a strong focus on ensuring the Council is playing its full part in the SCR skills agenda and the Leader of the Council has taken up a leadership position on the Combined Authority's Skills Executive Board.

Emergency support and additional funding for TATA Steel

The Council backed a support package for the steel industry to support employees (450) and the supply chain (1400) at TATA following their announcements of 450 redundancies in Rotherham. Financial support up to £1.5 million was approved by the Department for Business, Innovation and Skills (BIS).

Awards

The Townscape Heritage Initiative (THI) led to a total investment of £4.7m from the Heritage Lottery Fund, RMBC and property owners to restore and refurbish properties in the town centre and provide funding to those locating in the buildings.

Since the investment the town has been successful in securing two national awards. In November 2015, it beat tough competition to become High Street of the Year in the Great British High Street Awards. Recently, it won the best large outdoor market 2016 in the annual Great British Markets Awards (The National Association of British Market Authorities).

Housing services

A Health check of Housing Services was conducted from 22nd-23rd September. The health check report stated that overall services were 'good' with a few areas for improvement identified.

The Council commissioned the Department of Town and Regional Planning at the University of Sheffield to produce a new Strategic Housing Market Assessment for Rotherham and the final report was published in June 2015. The report assists in our understanding of the wider housing market and provides an accurate assessment of future housing need; both market and affordable. The analysis forms part of the Local Plan evidence base and supports the new Housing Strategy objectives (approved Feb 16).

Reflection of the position reached

The Economic Growth Plan is still in the early stages and it is important now to secure the necessary investment, the right developers and plans to bring key projects to fruition.

Working with the staff and Advisory Cabinet Members in the first year of the intervention has been a positive experience with some real desire and willingness to work hard and move the Council forward.

Next Steps

- Continue to develop the Business Growth Board;
- Deliver the projects within the Growth Plan and the Town Centre Masterplan

5.5 Commissioner Myers

MISSION OUTCOME 11: A healthy local democracy, well-prepared to take back responsibilities and accountabilities, probably in stages.

This work strand sought to impact directly on the assumption that politics in Rotherham had been unhealthy: too closed; vulnerable to over-assertive behaviours; too sharply adversarial; dismissive of data; with too sharp a divide between an inner circle and other Councillors and between leading Councillors and staff.

Also, we wanted the next generation of Councillors to be demonstrably competent, confident and fully on top of any role responsibilities. The component parts of the work have been:

- Mentors arranged by the Local Government Association (LGA) for the Advisory Cabinet Members; Chair of Planning; Chair of Scrutiny; and Leader of opposition (see progress report at Appendix H).
- A transparent development plan for processes inside the Labour Group (see Appendix E).
- Individual interviews with all leading Councillors and all new 2015 Councillors by the Lead Commissioner.
- A workshop with four representative members of the public and some Councillors to take through and agree a new supplementary Code of Conduct additional to the National Code (see Appendix F).
- A set of discussions with Advisory Cabinet Members and scrutiny representatives to devise a new Code of working between Councillors and senior staff.
- Encouragement for Councillors to attend LGA training opportunities.
- A revamp and re-launch of the Standards Committee.
- A revamp of the Audit Committee, with an independent non-councillor voting member for the first time, and a more ambitious proactive work programme.
- Constant modelling of more formal behaviour between Councillors and Commissioners and senior staff – "polite not matey; respectful not dismissive; formal in official meetings".
- Active feedback from Commissioners, commenting on desirable behaviours and seeking to impact on less desirable habits.
- Installing Members' facilities in the same headquarters building as staff (where previously Councillors had mostly stayed in a separate building).
- Roadshows to ensure the Leader meets staff (covering over 400 staff so far).
- A revised, better publicised, whistleblowing procedure.
- The Council set up a review of governance systems, independently chaired by Professor Anthony Crook of Sheffield University (a summary of the improvement outcomes is at Appendix D.)
- The Council set up a review of governance systems, independently chaired by Professor Anthony Crook of Sheffield University (a summary of the improvement outcomes is at Appendix D and these are to be considered at a future meeting of the Council.)

Success?

Much of this is about culture change. Most Councillors report a more professional atmosphere. Backbench Councillors report a greater sense of knowing what is going on. Some opposition Councillors claim there is too much secrecy and aspire to a more collaborative cross-party approach. By observation, party politics is alive and well but more moderate; less rude; with more listening. The Leader of the Council is a strong model for reasonable, deliberative, more open politics.

There have been no misconduct issues to investigate, save for one anonymous complaint which was judged to be unjustified.

My conclusion is that politics in Rotherham is now healthy enough. Competence and confidence for office holders will continue to grow. I aspire that cross-party dialogue and agreement will continue to grow.

Plans for the next six months

The planned activities are either complete, or planned to ongoing. Mentoring continues.

The changes agreed as part of the Governance Review are to be implemented from the May 2016 Council AGM.

As necessary new activity will start. A likely example will be a focused piece of work assisting the "ten Councillors who can make most difference" to Children's Services to maximise their contribution.

Risks

- The Council's reputation could be affected by significant Councillors' misconduct. Our mitigation will be to try to sustain a culture of high expectations.
- External commentators might continue to believe or choose to believe nothing has changed. Mitigation of this is difficult but good communications and behaviour in signal issues will help.
- The previous culture may re-emerge. Commissioners are always vigilant about 'signal behaviours' and we are ready to robustly challenge.

MISSION OUTCOME 12: The full range of powers and accountabilities restored. Two Government departments will need to be convinced.

Since the inception of the intervention Commissioners have encouraged and required Councillors to 'act the part', as though they are executive Councillors: attending all relevant meetings; developing opinions, getting (and sometimes critiquing) briefings from officers; presenting issues to their colleagues; representing the Authority at other non-decision making meetings.

This has undoubtedly shown Commissioners' respect for Councillors' democratic mandate but also actively helped Councillors prepare to "do the full job" at an appropriate stage.

The quarter three report at the end of November recommended the restoration of a set of executive functions to Councillors and this has now been agreed.

Each quarter Commissioners will report on whether they wish to recommend further functions to be restored. This report recommends the restoration of the powers of the Licensing Committee from end May 2016.

Subject to the outcome of the local elections it is likely that Commissioners will want to recommend the restoration of further functions to the Councillors in 2016.

Commissioners would continue with the right to supervise, monitor and challenge through to the final date of the intervention.

The next review dates are:

- End May 2016
- End August 2016
- End November 2016

Risks

- Risks on this outcome are the same risks as can be identified in the other parts of the intervention.
- Maintaining the motivation, confidence and skills of the Commissioner Team will be important.

Supplementary evidence
to support this report
is available
in the separate
Appendices document.

Yorkshire and the Humber Strategic Clinical Networks

Our Ref: DB/GV/IG/sb
Your Ref:

NHS England – North (Yorkshire and the Humber)
Oak House
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11th March 2016

Dear Colleagues

Strategic Clinical Networks – Outcome of SCN Review and Planning for 2016/17

The purpose of this letter is to inform you about the outcome of the Strategic Clinical Networks (SCN) review and the subsequent changes to the SCN work programme priorities for 2016/17.

The funding for SCNs has been reduced by about one third for 2016/17. A significant proportion of the funding will now come from NHS England's central priority programmes. SCNs must therefore focus on this smaller number of NHS national priorities and make best use of the reduced central funding provided to SCNs from April 2016. These priorities will be:

- Mental health (including child and adolescent mental health, and perinatal mental health);
- Dementia;
- Maternity services;
- Diabetes;
- Cancer (which will include supporting the development of cancer alliances in 16/17);
- Urgent and emergency care (with a focus on cardiovascular disease transformation);
- Other local priorities where resources can be identified locally

The following programmes will no longer be supported by the SCN:

- Cardiac (except the externally commissioned cardiac pathways review which will support urgent and emergency care cardiovascular disease transformation work);
- Stroke;
- Renal;
- Neurology;
- Children's services

We will work with colleagues to ensure that the programmes going forward into 2016/17 are integrated into the sustainability and transformation plans (STPs) that are currently being developed across health and social care communities.

Work to implement these changes is already underway, and staff are committed to ensuring a successful programme for 2016/17. In the next few weeks we will continue to manage the transition to new areas of work. We will also complete work on the legacy for programmes that we are no longer able to support. We expect this to be finished as soon as possible so that staff can focus all their efforts on the programmes going forward through 2016/17.

I know that there will be disappointment about areas of work that we are no longer able to support. I would like to take this opportunity to recognise the achievements we have made together in these areas and thank all those involved for their hard work. Over the coming weeks we will ensure legacy is maximised and support partners in their decisions regarding future work in these areas. I would like to thank clinical leads who have worked with us and for their help in legacy and transition. Clinical leads have shown great commitment and been generous with their time and I am very grateful.

The arrangements for clinical leadership in 2016/17 are not finalised. Most clinical leads were given notice that their funded role working for the SCN would cease at the end of March 2016. We are currently running a nationally determined voluntary redundancy process for employed staff and when this is complete we will know our financial position. We intend to begin the process to recruit funded clinical leads in our ongoing areas of work shortly. This will be done incrementally as the resources we have available become clear. I would like to again thank clinical leads who work with us on areas that are to continue. I would like to ask for their patience and support as we make new arrangements. There will almost certainly be less resource available for funded clinical work with the networks in 2016/17 and ensuring we use clinical time efficiently and effectively will be a priority.

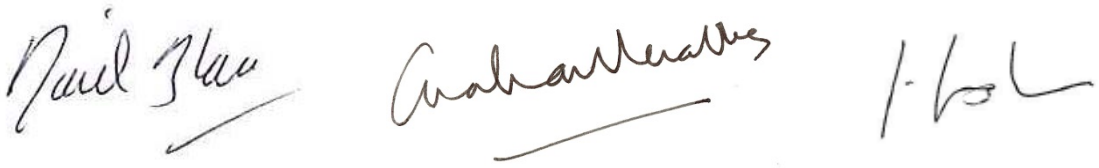
Changes are also proposed to the governance arrangements for the SCNs. A national clinical network steering group will be established to ensure effective and coordinated joint working between national, regional and local teams, in support of the delivery of national priorities. Links with the national priority programmes will also be strengthened. We will inform you of any consultation process that may take place.

No significant changes are proposed for the Senate which continues to have a busy and productive programme of reviews.

We look forward to continuing work with you and will keep you involved and informed.

If you have any queries please do not hesitate to contact us through Lisa Alderson on 0113 8249736 or via email lisa.alderson@nhs.net.

Yours sincerely



Dr David Black
Medical Director (joint)
North Region (Yorkshire and the Humber) and
Deputy National Clinical Director
Specialised Commissioning
NHS England

Professor Graham Venables DM FRCP
Strategic Clinical Networks
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