

TRUST BOARD MEETING

25 May 2017

Paper Title:	Committee and Council of Governor Approved Minutes
Section:	Public - Information
Lead Director:	Mike Smith, Chair
Paper Author:	Paul Hogg, Trust Secretary
Agenda Item:	20

KEY ISSUES AND REQUIREMENTS OF THIS REPORT:

Currently, Trust Board receives a monthly report providing an update on key issues arising from those Committee and Council of Governor meetings which have taken place since the Board last met. However, a copy of the approved Committee and Council of Governor minutes are not formally presented as part of the Trust Board papers.

The purpose of this paper is to include the most recently approved Committee and Council of Governor meeting minutes which are:

- Council of Governor Meeting held on 9 February 2017
- Quality and Safety Committee Meeting held on 17 March 2017
- Finance, Business and Investment Committee held on 29 March 2017

The Board will continue to receive a Committee and Council of Governor report highlighting issues raised in between Board meetings.

RISK ISSUES IDENTIFIED FOR DISCUSSION:

None

LINKS TO STRATEGIC OBJECTIVES

Patient Experience	Quality	Value for Money	Relationships
N/A	N/A	N/A	N/A

FINANCIAL IMPLICATIONS:

None

LEGAL IMPLICATIONS:

None

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee	<input type="checkbox"/>	Quality and Safety Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business and Investment Committee	<input type="checkbox"/>
Executive Management Team	<input type="checkbox"/>	Directors' Meeting	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

RECOMMENDATIONS:

That the Board notes the content of the minutes of the following Committee and Council of Governor Meetings:

- Council of Governor Meeting held on 9 February 2017
- Quality and Safety Committee Meeting held on 17 March 2017
- Finance, Business and Investment Committee held on 29 March 2017

BRADFORD DISTRICT CARE TRUST

**Minutes of a Public Meeting of the Council of Governors held at
 Bradford District Care Trust, New Mill, Saltaire, Shipley, BD18 3LD
 at 6.35 pm on Thursday, 9 February 2017**

Present:	Michael Smith	Chair
	Colin Perry	Public Governor, Bradford West
	David Spencer	Public Governor, Bradford West
	Mahfooz Khan	Public Governor, Bradford West
	Kevin Russell	Public Governor, Bradford East
	George Deane	Public Governor, Bradford South
	Hazel Chatwin	Public Governor, Craven
	Nicholas Smith	Public Governor, Keighley
	Nicky Green	Public Governor, Keighley
	Ann West	Public Governor, Shipley
	Sarah Jones	Public Governor, Shipley
	Debbie Cromack	Clinical Staff Governor
	Jenny Moran-Whitehead	Non-Clinical Staff Governor
	Steve Oversby	Appointed Governor, Barnardo's (from agenda Item 4)
	Tanya Graham	Appointed Governor, Craven District Council
	Shirley Congdon	Appointed Governor, University of Bradford
	Jenny Moran-Whitehead	Non-Clinical Staff Governor (until agenda item 7)
	Debbie Cromack	Clinical Staff Governor
	Liz Howes	Clinical Staff Governor (until agenda item 9)
In attendance:	Paul Hogg	Trust Secretary
	Stella Jackson	Deputy Trust Secretary
	Nicola Lees	Chief Executive
	Liz Romaniak	Director of Finance, Contracting and Estates
	Sandra Knight	Director of Human Resources and OD
	Zulfi Hussain	Non-Executive Director
	Nadira Mirza	Non-Executive Director
	Margaret Waugh	Deputy Director, Quality, Governance and Informatics

one member of the Trust

1. WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting including Mrs Green, the newly elected Public Governor for Keighley.

Apologies had been received from Cllr Gibbons, Mr Waterhouse, Ms Eggett, Mrs McIntosh and Cllr Mohammed. Mrs Martin-Richards, Miss Lomas, Ms Sarwar, and Dr Nawaz were also absent from the meeting and apologies had not been forwarded.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2016

The minutes of the meeting held on 10 November 2016 were agreed as a true and accurate record, subject to the following:

- Item 10: Feedback from Governors – the final bullet point being amended to read: ‘One Governor had been informed by a service user that nicotine replacement therapy was not immediately available on admission to the ward. Ms Lees confirmed this was provided within one hour of admission to a mental health ward’.
- Item 10: Feedback from Governors – an additional bullet point being added to read ‘A Governor raised concerns about pressures on a Lynfield Mount ward. It was agreed that the Governor would provide details about these to the Chief Executive via email’.

Governors referred to the ‘holding to account’ training which had taken place prior to the meeting and outlined the importance of the minutes capturing assurances sought.

4. MATTERS ARISING FROM THE MEETING HELD ON 10 NOVEMBER 2016

- Item 6: Chair’s Report – Public Governor, Mr Smith, reported he had attended the Telegraph and Argus Community Star awards as he had been shortlisted in the volunteer category for his work in promoting mental health awareness across Bradford. The Chair also congratulated Mrs Chatwin, Public Governor, who had been shortlisted in the Craven Herald Community Champions Awards and won two awards as Volunteer of the Year and Citizen of the Year in Craven;
- Item 7: Protected Characteristics of People Using Mental Health Services – Following the November Council of Governors meeting, Public Governor, Mrs Jones had sought assurance, on behalf of all Governors, from Ms Mirza regarding the collection of data in relation to protected characteristics. Ms Mirza reported the Trust was currently considering how it might capture the data more effectively but that local rates of detention, under the Mental Health Act, were proportionate to local BME demography; and
- Item 10: Feedback from Governors – The Chair reported that whilst a social occasion had not been organised, he was proposing to hold a Council of Governor/Trust Board away half day.

5. CHAIR'S REPORT

The Chair reported:

- Since the Council of Governors had last met, the Board had been paying particular attention to financial performance, staffing and demand and capacity issues;
- The Board considered it unlikely that the Trust would be able to meet its control total and had informed NHS Improvement (NHSI). It was anticipated that the Trust would still be able to deliver a surplus but not to the extent of the control total. The Board had also agreed to change the Trust's Use of Resources Risk Rating at quarter three and would, therefore, be subject to increased scrutiny by NHSI. A Governor queried the reasons for non-delivery of the control total and was informed there had been a significant increase in vandalism across in-patient sites and some fire damage resulting in repairs costing £200,000 and the Trust had not realised the savings anticipated by the Meridian project which was designed to reduce spend on bank and agency staff. The Trust was in discussion with Meridian about recompense for non-delivery of the contractual benefits. Another Governor asked whether the Trust would be able to access Sustainability and Transformation funding should it not achieve its control total. In response, the Director of Finance, Contracting and Estates reported the Trust would not access this year's STF monies unless the full control total was achieved. A Governor queried whether any other trusts had downgraded their forecasts. In response, Mrs Romaniak reported the Trust had not been in deficit when the control total was set and was, therefore, required to deliver a larger surplus. A significant number of other trusts had been in deficit when their control totals were set and they were required to deliver a smaller deficit;
- There had been a number of developments in relation to Sustainability and Transformation Plans and progress continued to be made with the mental health workstream;
- There had been significant pressure on Accident and Emergency teams both nationally and locally and the Trust was supporting the local Acute trusts to reduce demand through community service provision;
- Commissioners were looking to contract in a different way for diabetes services;
- The Trust had been discussing with the local authority the implications of cuts in the Public Health grant and consideration was being given to how services might be redesigned in order to safely deliver existing services;
- Mrs Woffendin had resigned as a Non-Clinical Staff Governor due to competing work pressures. Mrs Woffendin said she had learnt a lot from the role and was sad to be leaving. Following legal advice received and in line with the constitution, the Trust was able to approach those candidates that had applied for the previous Non-Clinical Staff Governor vacancy as the elections had taken place within the last six months. Mr Nigel Green had, therefore, accepted and been appointed as at 9 February 2017. His term of office would expire at the end of April 2018;
- The Lead Governor, Mr Spencer, would be moving out of the area on completion of his house sale. Governors were invited to forward their expressions of interest in the role to the Deputy Trust Secretary. Should more than one Governor express an interest, then a vote would take place at the May Council of Governors meeting.

Governors thanked Mr Spencer for his commitment to the Trust in the role as Lead Governor; and

- The new website was due to be launched on 17 February 2017. Governors would be sent a password for the site where they would be able to access a number of Governor-related documents, as well as the Trust Board private minutes and agenda. A Governor queried whether the passwords would need to be changed on a regular basis. **Action: Deputy Trust Secretary to investigate.**

During ensuring discussion, Governors highlighted the following key points:

- Mr Smith, Public Governor, had taken part in a series of meetings with BDCFR staff and partners, which focussed on the improving local mental health acute provision; and
- Mr Russell, Public Governor, reported the Bradford and Airedale Neurological Development Service (BANDS) was currently closed to new referrals. In response to this comment, Ms Lees reported that when the service was first launched, the Trust was commissioned to assess 50 people per year. Demand was much higher than this and, during the first year, the Trust had assessed 350 people. Consequently, the Trust had asked Commissioners to review the funding arrangements and they were currently doing so. Ms Lees also reported that the Bradford Clinical Commissioning Groups (CCGs) were doing a piece of work (on behalf of the Mental Health strand of the West Yorkshire and Harrogate STPs) on Autism and ADHD assessments. It was anticipated this would be finalised at the end of March.

The Council of Governors noted the Chair's report.

6. INTEGRATED PERFORMANCE REPORT

The Chair informed Governors that a task and finish group of Governors had been established to review the format of the Council of Governors Integrated Performance Report (IPR) and the revised format had been used to populate the most recent version. The Chair invited Governor feedback in relation to the new format. Mr Perry, Public Governor, who had been a member of the task and finish group, believed the new format would assist Governors to fulfil their 'holding to account' duty as it outlined those areas that NEDs had been scrutinising and seeking assurance on. It was suggested that should any Governors have evidence which contradicted the information within the report, then this should be raised with NEDs as soon as possible.

Ms Mirza then highlighted the following key points from the report:

- The NEDs had sought assurance about the financial position and further savings continued to be pursued. Two Change programmes were impacting on the position. These related to non-realisation of all Agile working savings; and telephony costs. Governors queried where the agile savings were due to be made. In response, Mrs Romaniak reported savings were anticipated in staff productivity, travel expenditure and in introducing a desk ratio of 7 desks for 10 members of staff. A Governor queried whether the perceived savings were attainable. In response, Mrs Romaniak informed Governors the Change Programme plans had been developed 2-3 years ago. Changes in the environment and funding had subsequently

occurred which were not anticipated. Consequently, the Finance, Business and Investment Committee was scrutinising the assumptions on which the original plans had been based.

A Governor sought assurance that agile working was not impacting on staff morale and sickness levels. Ms Mirza reported Board members asked staff about the effectiveness of agile working when undertaking visits to service areas. This revealed some areas were embracing this way of working better than others and that effective training, supervision and support were needed in order to implement the initiative effectively. The Director of Human Resources and Organisational Development reported some staff members had highlighted the work/life balance benefit of agile working. A Governor asked how assured the NEDs were that agile working would continue to be sustainable, especially in relation to inducting new members of staff into teams. In response, Ms Mirza reported monitoring of agile working had highlighted some issues such as this which had been addressed. The Trust had held an Agile Working event where staff were able to share best practice with one another.

A Governor asked how assured the Trust was that agile working was not having a negative impact on patients. In response, the Chief Executive reported feedback from patients had been mixed. Some liked it as they were able to book appointments and update care plans with the clinician present. Others believed it put a barrier between the clinician and service user. A community mental health survey was due to be undertaken and it was anticipated this would provide additional evidence of patient and service user perceptions of agile working;

- Levels of staff turnover, sickness absence and the use of bank and agency staff was being scrutinised by NEDs;
- The Mental Health Legislation Committee was currently investigating reasons for an increase in mental health service user suicides (which was a national as well as local problem); and
- Board members had highlighted and discussed the issue of demand and capacity across services.

The following additional points were made about the Integrated Performance Report:

- A Governor requested that acronyms were always given in full;
- A Governor highlighted the importance of the report providing information about how the issues identified in a previous report had been addressed and the resultant impact of the action taken. In response, the Chief Executive reported issues were addressed through Committee meetings and acknowledged the need for updates to be provided in the IPR. **Action: Deputy Director of Planning and Performance/Deputy Trust Secretary to incorporate into future reports.** The Trust Secretary added Committee reports were considered at Public Board meetings and invited Governors to access these reports via the website. A Governor also highlighted the importance of the Governors being informed of areas of significant concern and the top five concerns being addressed by the Trust;
- A Governor asked how a deep dive into the Care Programme approach was likely to give the NEDs assurance about the programme. In response, Ms Mirza reported a deep dive would review: current practice, staff experiences, consistency of approach and the effectiveness of the approach for service users

The Council of Governors noted the report.

7. TRUST BOARD/COUNCIL OF GOVERNORS: CAPITALISING ON OUR POTENTIAL

The Chair informed Governors a recent Board Development discussion had focussed on ways in which to maximise the relationships between the Board and the Council of Governors. He repeated the presentation to Governors. This highlighted:

- Ways in which relationships had been developed so far;
- Board reflections and insights about the role of Governors;
- The potential to involve Governors in discussion about 'knotty problems' facing the Trust;
- Ways in which Governors might help the Trust to navigate the environment; and
- Key events taking place during the year ahead, including a proposed Board/Governor away half day.

The Chair invited Governors to forward their suggestions to him about:

- How to achieve the appropriate focus on 'assurance and holding to account' and helping to meet local challenges; and
- What they believed the key knotty problem (or opportunity) to be and why.

Action: Governors to contact the Chair directly

The Chair also proposed to hold monthly informal meetings with interested Governors to discuss key issues facing the Trust and to arrange a half day development session between the Board and the Council of Governors. Governors were receptive to both these ideas.

Action: Chair to ensure meetings are organised.

The Council of Governors noted the presentation.

8. FEEDBACK FROM GOVERNORS

The following key points were highlighted:

- Mr Russell reported he had been promoting the work of the Trust at the Shipley Youth café events and one person had signed up as a new member. Mr Russell and the Deputy Trust Secretary had also attended a health student event at Bradford University where they had recruited approximately 40 new members;
- Mr Smith reported that he and the Deputy Trust Secretary had attended a health event at Craven College to promote membership of the Trust. Mr Smith had also promoted the work of the Trust to the Patient Participation Group at his local surgery;
- Ms West informed Governors she had invited patients to complete a survey at the Podiatry and Dental clinics at Shipley Health Centre. Ms West considered this an

effective way in which to obtain views from local people about the Trust's services. Two of the people she spoke to also became members of the Trust;

- Mr Spencer reported he had also promoted the work of the Trust to his local Patient Participation Group. The Group had been interested to learn more about the Carer's Hub and he would be providing details of the group to the Patient Experience Lead;
- Mrs Chatwin reported she had spoken about the work of the Trust at a local school and had also been promoting the Trust to a local group of refugees;
- Mr Perry reported that he and Mrs Martin-Richards had visited the Ashbrook Ward, 136 Suite and Visitor Centre at Lynfield Mount Hospital. Mr Perry found the environment to be calm and pleasant and believed the staff were coping well with the pressures they faced. He had attended a safety huddle meeting which was attended by a range of staff members, including members of the Housekeeping staff. The Ward Manager had outlined the support he provided to staff and had been very positive about the culture of the team and the positive impact that the Director of Nursing and Operations had on the team. A Governor asked whether the Board was assured that staff working within the Psychiatric Intensive Care Unit (PICU) received appropriate support. In response, the Chief Executive reported that debriefings took place after every incident and staff received supervision. Additional support was also available to staff should they need this. Members of the Board also sought assurance about the support available to staff when undertaking service visits;
- Mrs Congdon reported Nursing and Midwifery students had rated their experience of local health services (in terms of support and practice in Bradford) as number one in the country;
- A Governor noted there was a lack of people pursuing Occupational Therapy careers. In response, Mrs Congdon reported funding for students had changed from bursary funding to student loan funding. As a result, there had been a 23% drop in the number of university applications for nursing roles;
- Mr Perry reported he had observed a Quality and Safety Committee meeting and had been impressed at the way in which the Chair sought assurance. There had been an interesting discussion about an increase in suicides and about the inaccuracy of the messages that had been conveyed through a Panorama programme. Mr Perry believed Governors could assist the Trust by counteracting some of the myths relating to suicide; and
- Mr Deane had recently been working within a local school. He had established that members of staff at the school had not been aware of the work of the Trust, especially in relation to the Carer's Hub. Mr Deane had shared information with the staff about the Hub and this had been shared with carers at the school. He had also provided details about the Hub to the Black Health Forum for cascade to members of that network.

The Council of Governors noted the feedback received from individual Governors.

9. NON-EXECUTIVE DIRECTOR REAPPOINTMENT CONFIRMATION

Governors considered a paper which confirmed that the written resolution to re-elect Non-Executive Director, Mr Banks, for a second three year term, commencing on 1 December 2016, had been passed. A total of 19 Governors had responded to the written resolution and all had voted in favour of the re-appointment.

The Council of Governors noted the approval of the written resolution in line with the constitution.

10. REVISED QUALITY REPORT TASK AND FINISH GROUP QUALITY INDICATOR AND TERMS OF REFERENCE

Public Governor, Mr Perry, introduced a paper which required the Council of Governors to:

- Select an indicator associated with the 2016/17 quality goals for review by external audit; and
- Consider and approve the Quality Report Task and Finish Group Terms of Reference.

The paper contained three proposed indicators for Governors to select from. These had been shortlisted by the Task and Finish Group which had used the principles set out in the paper to guide their decision-making. The review by external audit would consider how reliable the data was behind the indicator.

The indicators related to three quality goals: safe, effective and personal.

The Chief Executive noted that all indicators were mental health focussed. She highlighted the need for the organisation to be mindful of its community service provision when considering indicators in future. In response, Public Governor, Sarah Jones reported consideration had been given to possible community services indicators but that these did not warrant auditing due to the box-ticking way in which the data was captured.

The following votes were cast by show of hands:

- Safe – four people voted in favour
- Effective – seven people voted in favour
- Personal – three people voted in favour

The Council of Governors:

- **Agreed the Effective indicator should be audited (focussing on the achievement of safer staffing levels in Adult and Community Mental Health Services; and**
- **Approved the Terms of Reference which were appended to the paper at Appendix 2.**

11. NOMINATIONS COMMITTEE TERMS OF REFERENCE

Governors considered a paper which sought approval of the revised terms of reference and contained information about the Committee membership. The Chair then invited Governors to express an interest (to the Deputy Trust Secretary) should they wish to join the Committee once Public Governor, David Spencer, stepped down. **Action: Governors**

The Council of Governors:

- **Approved the proposed changes to the Nomination's Committee Terms of Reference; and**
- **Noted the revised Committee membership.**

12. COUNCIL OF GOVERNORS' BUSINESS CYCLE

The business cycle contained proposed agenda items for the May 2017 meeting. The Chair invited Governors to contact the Deputy Trust Secretary should they wish to incorporate additional agenda items into the work programme.

The Council of Governors noted those items scheduled for discussion at the May 2017 meeting.

13. APPROVED MINUTES OF COUNCIL OF GOVERNOR COMMITTEE AND WORKING GROUP MEETINGS

The paper contained the approved minutes from the following meetings:

- Membership Development Working Group: 11 October 2016;
- Nomination's Committee: 27 July 2016;
- Nomination's Committee: 21 November 2016; and
- Nomination's Committee: 28 November 2016

The Council of Governors noted the approved minutes.

14. ANY OTHER BUSINESS

There were no other items of business.

17. DATE AND TIME OF NEXT MEETING

The next meeting would be held at 5.30 pm on Thursday, 11 May 2017 at Trust Headquarters, New Mill, Victoria Road, Saltaire.

The meeting concluded at 8.35 pm.

BRADFORD DISTRICT CARE TRUST

Minutes of the Meeting of the Quality and Safety Committee held at

Trust Headquarters, New Mill, Victoria Road, Saltaire, Shipley,

at 9.30am on Friday 16 March 2017

Present	Sue Butler	Non-executive Director	
	Margaret Waugh	Deputy Director Quality, Governance, InI Informatics	Item 7,11
	Dr Andy McElligott	Medical Director	
	Debra Gilderdale	Director of Nursing	Item 9
	Paul Hogg	Trust Secretary	
	Sidney Brown	Service User Representative	
	Mike Smith	Trust Chair (on behalf of Nadira Mirza)	
In Attendance	Paula Reilly	Risk Manager	Item 4
	Fiona Sherburn	DD of HR&OD	Item 6
	Grainne Eloi	Interim Head of MH & ACS	Item 8
	Phil Hubbard	Head of Children's Services	Item 10
	Jenny Moran	Staff Governor - Observer	
	Ritta Harrison	Committee Support Officer	

1128	<p>Welcome and Apologies for Absence</p> <p>The Committee Chair welcomed everybody to the meeting. Apologies were received from Nadira Mirza and Zulfi Hussain. Mike Smith, Trust Chair attended for quoracy purposes.</p>
1129	<p>Minutes of the Meeting held on February 2017</p> <p>The minutes were accepted as a true and correct record.</p>
1130	<p>Matters Arising</p> <p>There were no matters arising.</p> <p>Actions:</p> <ul style="list-style-type: none"> • With regard to Action 1117, Patient Experience Report. D Gilderdale reported that a 12 month fixed term Band 6 post had been advertised for the Patient Experience Team. • With regard to action 1103 Medicines Management – Pharmacy. The Medical Director advised that two Band 7 pharmacists with mental health expertise had been recruited. However, one pharmacist had now left the Trust. It was agreed that Pharmacists without mental health knowledge would be considered leading up to the permanent pharmacist commencing in the Summer of 2017. Action closed • With regard to Action 1115, Q&S Dashboard – outstanding policies. M Waugh advised that all outstanding policies were to be progressed at the Extraordinary Professional

	<p>Council meeting on Monday 20 March and then presented for ratification at EMT on 28 March. Action closed</p> <ul style="list-style-type: none"> • Q&S Dashboard – M Waugh advised, that following a meeting with Clinical Audit on the interpretation of ratings, it was agreed that the name of the clinician completing the narrative would be included in the dashboard for reference. Action closed • With regard to Action 1115, Q&S Dashboard - Valporate . D Gilderdale reported that she had discussed the process around initiation with the Clinical team and the Medical Director. Clear directives would be sent out in the coming week. The Chair indicated that as this was part of the National audit a KPI be kept on to keep track and a discussion with M Waugh take place outside the meeting. ACTION: The Chair and M Waugh to meet regarding the KPI around initiation processes. • With regard to Action 1117, Patient Experience Report Carers Hub. It was agreed to defer this action to the next meeting.
1131	<p>Quarterly Board Walkabout Programme Update</p> <p>P Reilly presented the paper and highlighted the following key points:</p> <ul style="list-style-type: none"> • All visits for 2016/17 had now been completed. • A summary of actions and progress was included. • Staff Governors would begin to accompany the Executive and Non-Executive on visits during the next financial year. <p>Comments from Committee members were as follows:</p> <ul style="list-style-type: none"> • The Medical Director asked if the number of actions from Walkabouts were increasing. The Chair added that it appeared that every small action was being added which did not provide under assurance. • The Chair queried “where clarification was sought” did these need to appear on action lists. • M Smith added that actions which were easy to close down should be completed prior to the letter and those undertaking Walkabouts needed to make sure actions were closed or a system in place to follow them up. The Chair added that judgements needed to be made as to whether the action was a Q&S risk. • The Risk office spent a lot of time chasing actions and experienced difficulty in closing down actions. M Smith added that the responsibility should lay with the author of the letter. M Waugh reported that currently Deputy Directors did not receive the letters. P Hogg responded that Deputy Directors would be receiving TB walkabout letters which should expedite completion of actions. • S Brown queried why some services had never had a visit. P Reilly responded that the Trust Board walkabouts commenced in 2010 and there were a limited amount of visits per year and the Trust had a significant number of services to visit. • P Hogg referred to page 3 of the report “discussion with front line staff”. He advised that this would be an opportunity for Board members to use Walkabouts to also discuss staff engagement and the Trust’s progress to become rated as “outstanding”. M Smith added it was imperative to visit services with potential risks but also visit those which were doing well. S Brown added that from a morale and valued point of view visits were important to people. • The Chair referred to the recommendation of the frequency of reporting to Committee to six monthly. However, as there was a shifting in perspective the

	<p>Chair advised that she would like to retain this as quarterly as the walkabouts provided useful triangulation of quality issues.</p> <ul style="list-style-type: none"> • S Brown asked if visits to Wakefield had been arranged. The Medical Director responded that he was due to visit and there would be an EMT on the road. In addition Services and Executives would spend working in the area. The Chair queried whether Q&S should go on the road. It was agreed that the Chair and M Waugh would discuss this. ACTION: The Chair and M Waugh to discuss the possibility of Q&S going on the road. <p>The Committee:</p> <ul style="list-style-type: none"> • Proposed that 2 visits to Wakefield be arranged for May; • Confirmed that the reporting frequency to Committee remain quarterly; and • Confirmed that the paper provided assurance on the CQC themes of safe, effective and well led
1132	<p>Quarterly Mortality Review Process Update</p> <p>The Medical Director presented the paper and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Northern Alliance of MH Trusts was well established as was the BDCFT Mortality Review Group. • The Medical Director and Committee Chair would be attending the “Learning from Deaths in the NHS, new responsibilities for Board members” conference on Tuesday 21 March in London. The National Guidance on Learning from Deaths produced by the National Quality Board would be discussed at the conference. The guidance suggested that the frequency of reporting be quarterly via the Board IPR dashboard. <p>Comments from Committee Members were as follows:</p> <ul style="list-style-type: none"> • M Smith asked for further details on the National Spine. The Medical Director responded that this was a central repository which held most demographic records; searches could be made to ascertain any deaths which teams were unaware of and therefore not reported as incidents. The Trust looked at records over the last 6 months to obtain useful learning and it was found that the number of deaths reported was roughly equal to the number of incidents recorded. The Medical Director added that it was impossible to look at all deaths unless it was a very small Trust. The Chair suggested that the Trust could randomly look at a small number of cases not highlighted by our system. • S Brown referred to page 2, Risk Issues Identified for Discussion that all deaths could not be given the same level of scrutiny. The Medical Director responded that due to capacity it was difficult to look into every death which occurred. • D Gilderdale referred to page 6 - breakdown services where deaths had taken place and asked how often this was happening for people using a number of services. The Medical Director responded that details would only emerge once a service user was deceased. He added that the intention of the LeDer Programme learning would be for Acute Trusts, each ward would have a matron to focus on learning disabilities. However, focus should be on all mental health. <p>The Committee were:</p> <ul style="list-style-type: none"> • Assured that progress was being made in relation to mortality review

	<p>processes and associated early learning and good working across the region.</p> <ul style="list-style-type: none"> • Confirmed and assured that the Trust was well placed to meet national reporting requirements; and • Provided assurance in relation to the CQC key Lines of Enquiry of safe and responsive.
1133	<p>Bi-annual Equality Delivery System</p> <p>Fiona Sherburn presented the paper which gave an update and achievements over last six months and for the year ahead. The following key points were highlighted:</p> <ul style="list-style-type: none"> • Moving Forward programme had ended with 50% of the cohort securing jobs in a higher band. Taking the programme forward into West Yorkshire had been received. • Development of a plan for Gypsy and Traveller Health. • Final version of Workforce Race Equality Standard (WRES) had been published in September 2016; and • The Trust had seen a deterioration of experience of BME staff in staff survey results. <p>Comments from Committee members were as follows:</p> <ul style="list-style-type: none"> • M Smith queried if there was all-inclusive correlation of staff in the staff survey. F Sherburn responded that this was the case and added that the NHS was the largest employer in most communities but also the most passive. Recruitment would become more difficult in respect of Brexit and it was imperative to recruit locally. P Hogg added that 2017/18 staff networks needed to be reviewed. • P Hogg referred to the rag rating for 1in 4 event in Appendix 1 should be green, not red given the successful 1in4 art exhibition. • S Brown referred to page 6, Gypsy and Traveller Health Strategy and asked if any requests were received for translation. F Sherburn responded that any such requests were dealt with by Admin Hub and this did fit with accessible standards . • The Medical Director referred to the WRES action plan and asked if the actions would be completed in the agreed timescales and whether there was a deadline for the Trust's performance against the indicators. F Sherburn responded that achievement was expected, however, this needed to be approached in a more creative way. • The Chair remarked that the report contained a lot of information about action plans and training but it would be useful to focus on a smaller number of actions that demonstrated the cultural shift that was required. It would be useful to show an evidence column in the action plans. ACTION: F Sherburn to insert an evidence column in the action plans. <p>The Committee:</p> <ul style="list-style-type: none"> • Were assured that appropriate progress was being made in challenging circumstances; • Confirmed that a further report on progress towards the Equality Objectives 2016-2020 be received in September 2017; • Received assurance to the CQC themes of safe, caring, responsive, effective, well-led; and • Noted that the proposed actions for 2017/18 were still in development.
1134	<p>2017/18 Quality Goals and Indicators</p> <p>M Waugh presented the paper and highlighted the following key points:</p> <ul style="list-style-type: none"> • BDCFT Quality Goals remained unchanged for 2017/18. • The addition of a "Frequency of Reporting" column had been included; and • The baseline was to be carried forward for next year. <p>Comments from Committee Members were:</p> <ul style="list-style-type: none"> • M Smith asked if we were performing against existing targets. M Waugh responded that information would be produced showing the current position an outturn would be

	<p>available this year and baseline target produced for next year;</p> <ul style="list-style-type: none"> • M Smith went on to say the report was very comprehensive and useful to see added assurance. M Waugh added that the Q4 position would be available in a few weeks and would be circulated. ACTION: M Waugh to circulate Q4 position including the final version paper for the May meeting. • The Medical Director referred to the lack of SMART wording in some instance and lack of clarity for QG number 2 Suicide Reduction Strategy; and suggested this needed revision. • P Hogg added that there were a couple of targets which needed populating. • Discussed a review of Quality Goals in 2017/18. <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the quality indicators for 2017/18 subject to the final draft at the year end and welcomed the timescales for next year. • Agreed that the paper provided assurance in relation to the CQC themes of effective and well led.
1135	<p>Suicide Report</p> <p>G Eloi presented the draft paper “A local confidential inquiry into deaths from suicide of service users under the care of Bradford District Care NHS Foundation Trust 1st January 2014 – 29 July 2016” produced at the request of the Trust’s Suicide Reduction Steering Group and highlighted the following key points:</p> <ul style="list-style-type: none"> • First Response Service: interventions had increased with the implementation of Haven and Sanctuary. In addition, families were now notified within 48 hours of a death and there was much improved Inter-agency working; • Commissioners attended the Bradford District suicide group and the Vanguard suicide reduction group; • The draft report was presented to S Long on 17 February but had not yet been ratified by the steering group and the Acute and Community MH Q&S group; and • Robust suicide training included recognising characteristics from phone calls to triage immediately. Work with Mywellbeingcollege, gyms, mosques etc was encouraging people to discuss their mental health issues more openly. <p>Comments from Committee Members were as follows:</p> <ul style="list-style-type: none"> • The Medical Director reported that depression was a primary diagnosis for suicide and many families expressed concern. Of the 40 reported suicides two or three could be revisited to see what actions had been taken. • The West Yorkshire suicide group part of the Vanguard, Bradford Public Health and our own steering group which all produced action plans. • M Smith highlighted from the report, depression, follow up times and family concerns and queried how we assess risk and engage with families. In response G Eloi said that the SI reports she believed the SI investigating system was robust. • P Hogg referred to the number of suicides in Keighley and Skipton postcodes in relation to other areas and believed this warranted further investigation given the smaller population. • D Gilderdale and G Eloi attended a MH Forward Thinking Conference recently. Early intervention strategies, building community resilience and improved access to treatment in suicide preventions as a future national trend was discussed.

	<p>The Committee:</p> <ul style="list-style-type: none"> • Agreed that the information in the report provided assurance that progress was being made towards an improved suicide prevention strategy; • Was supportive of the way forward in preventative strategies; and • Was assured that the paper provided assurance in relation to the CQC standards 1,2,4,10,11
1136	<p>Update on Meridian workstreams</p> <p>D Gilderdale updated the Committee on the following:</p> <ul style="list-style-type: none"> • Meridian had looked at staff rostering and how best to utilise these. Management controls were now in place with every permanent member on the system. • Currently exploring budgets and how to reduce overspend. A report would be presented at the next Q&S Committee meeting. ACTION: D Gilderdale
1137	<p>Update on Safety Thermometer</p> <p>P Hubbard presented the paper and asked the Committee to consider:</p> <ul style="list-style-type: none"> • Whether the benefits derived from the programme were appropriate as data collection was time consuming and did not provide a whole picture of service needs. • The position that other Trusts were evidently not reporting and had other systems /mechanisms in place. • The potential impact for National and regional database/dashboard if the Trust stopped submitting data. This was discussed nationally at the DN Forum and agreed that reporting would cease around pressure ulcers. <p>Comments from Committee Members were as follows:</p> <ul style="list-style-type: none"> • M Smith queried if we were to ask for a report on indicators how accessible would this be. In response P Hubbard reported that this was readily readily available from System One. • The Chair highlighted the amount administration and paper usage despite the Trust being Agile. P Hubbard responded that the Safety Thermometer was not part of System One records. • M Smith queried whether there were other data collection processes in need of review. <p>The Committee:</p> <ul style="list-style-type: none"> • Approved to terminate the ST community submission; • Agreed the ST for MH and medication remain terminated; and • Agreed that the paper provided assurance in relation to the CQC themes of safe and effective.
1138	<p>Annual approval of Terms of Reference</p>

	<p>M Waugh presented the paper and highlighted the following key points:</p> <ul style="list-style-type: none"> • Amendments to the TOR which included the following: dates and staff job titles had been updated; Specific areas of responsibility – any risks within the Corporate Risk Register that have been allocated to the Committee; the development and implementation of action plans in response to Grade 2 serious incidents. This did not have to be a separate line and therefore could be removed. • Q&S minutes to be submitted to Board only and not Audit Committee. <p>Comments from Committee Members were as follows:</p> <ul style="list-style-type: none"> • S Brown referred to page 2, “the Q&S Committee played a key role in the oversight and scrutiny of quality, which underpinned all the Trust Strategic drivers” and gave thanks for this emphasis as this was very important from a service user perspective. • The Chair referred to the BAF assurance provided column and queried why it showed as “no”. In response M Waugh reported that it was discussions in the Committee that provided assurance. M Smith understood that TOR had the potential to provide assurance and the column should indicate yes. ACTION: M Waugh to change assurance provided to “yes” in the BAF • The Medical Director referred to the Trust Board structure on page 7 the locality and service governance be updated. ACTION: M Waugh to amend the Trust Board structure and circulate the revised TOR to the Committee. <p>The Committee:</p> <ul style="list-style-type: none"> • Agreed to approve the Terms of Reference subject to amendments; and • Agreed that the paper provided assurance in relation to the CQC themes of effective and well led.
1139	<p>Feedback from Service User representative</p> <p>S Brown congratulated P Hubbard and all involved on the “Celebrating Success Day” event held on Monday 27 February 2017.</p> <p>He also referred to a very productive visit to Lynfield Mount to see the team SPA at the invitation of Jenny Moran, Support Services Manager, however, although the service was outstanding he was concerned that there was the potential of “burn out” given the high volume of calls received.</p> <p>The first anniversary of the Carers Hub was to take place on Tuesday 28 March and S Brown congratulated the Hub on its quality of work.</p> <p>Mr Brown extended his congratulations on the re-appointment of Rob Vincent as a Non-Executive Director.</p>
1140	<p>Matters to highlight to Board or Audit Committee</p> <p>It was agreed that the following issues would be highlighted to the Board:</p> <ul style="list-style-type: none"> • Pharmacy: assurance around staffing pressures • Mortality review progress • A verbal update to Board from the “Learning From Deaths in the NHS” Conference

	<ul style="list-style-type: none"> Local Confidential Inquiry into Suicides of Service Users Under the Care of Bradford District Care NHS Foundation Trust Trust Board walkabouts
1141	<p>Evaluation of Meeting</p> <p>The following issues were raised:</p> <ul style="list-style-type: none"> The Q&S Committee to keep to discussions focused on assurance; Papers were clear and concise; Internal Audit had circulated a questionnaire on Q&S Effectiveness ACTION: M Waugh to check with Rabia Patel, Audit Yorkshire about this and when the results would be available.
1142	<p>Committee Work Plan</p> <ul style="list-style-type: none"> Report on Meridian to be included for the next meeting M Waugh to include baseline information on Quality indicators The Chair and M Waugh to look at scheduling the SI deep dive incidents from which no learning had been identified. M Waugh to move the annual risk report to May and refresh the workplan.
	<p>Date and time of next meeting</p> <p>Friday 5 May at 9.30am in Room 7, Riverside, New Mill.</p>

Name of meeting: Finance, Business & Investment Committee

Date: 29 March 2017

Time: 9.00am

Venue: Room 6, level 1, Riverside, New Mill

MINUTES

Present: Rob Vincent Non-Executive Director (Chair)
David Banks Non-Executive Director
Michael Smith Trust Chair
Nicola Lees Chief Executive
Liz Romaniak Director of Finance, Contracting & Facilities
Sandra Knight Director of HR & OD
Claire Risdon Deputy Director of Finance

In Attendance: Andrew Morris Deputy Director of Estates & Facilities Items 6 - 7
Farhan Rafiq Head of Business & Service Item 8
Development
Joanne Gott Head of PMO, Business Support & Items 9 - 10
Improvement
Margaret Waugh Deputy Director of Quality, Items 11 - 12
Governance and Informatics
Andy McElligott Medical Director Items 11 - 13
Julie Hibbitt Committee Support Officer

Item	
456	Welcome and Apologies for Absence The Chair welcomed everyone to the meeting and apologies were received from Paul Hogg, Trust Secretary.
457	Minutes of the Meeting held on 25 January 2017 The minutes of the meeting held on 25 January 2017 were accepted as an accurate record.
458	Actions <i>FBIC/26/10/16-3 <u>Health and Safety / Corporate Manslaughter implications:</u></i> Mr Smith confirmed that the Health and Safety checklist questionnaire had been re-circulated and all responses received were being collated. The Health and Safety report would be presented to the Board in April 2017 and it was proposed that the conclusions from the checklist questionnaire responses should be fed into the paper.
459	Matters Arising

Minute no 453 - Workforce Planning 'deep dive' follow up report:

Following the last meeting Sandra Knight had circulated the requested additional 5 year forward projection regarding for numbers of nurse vacancies to Committee members. The Trust had not been chosen as a pilot site for the nurse associate band 4 roles and the number of EU applications had dropped. The ongoing recruitment issues around medical and nursing, strategies and skills mix were being reviewed to continuously however ongoing risks remained elevated.

The Committee supported the work being undertaken and agreed for a report, fundamentally around nursing and medics, to be presented at the Committee's November meeting as part of the Workforce Planning deep dive.

460

Month 11 Financial Performance Dashboard 2016/17

The Committee reviewed the recovery plan update and noted that asset lives work with the external property consultancy and other actions still offered scope to achieve the control total and consequential access to Sustainability & Transformation Funding (STF). Property Services issues remained outstanding despite detailed analysis, discussion and offer letters to target resolution. Efforts to reach a final position had intensified including an offer with cash settlement.

Claire Risdon highlighted the cash position in Month 11 which showed a £2.8m variation from the plan. Detailed cash management procedures had been implemented during March as part of year end planning.

2016/17 Recovery Plan:

Claire Risdon updated the Committee on key movements and confirmed areas of outstanding action / work:

Two compensating movements were highlighted:

- Interest being received on HMRC Fleming appeal (favourable)
- VAT on managed service contracts (adverse)

Two main areas were still being actively progressed:

- Cushman Wakefield: Asset Lives Discussions were scheduled later that day to receive draft implications for asset values and lives. The approach was an established one and should ensure clear and auditable accounting treatment. Discussions with KPMG were ongoing to ensure active engagement and a clean audit for related entries; and
- NHS Property Services (NHSPS) A formal offer letter had been sent by the Trust and a meeting scheduled on 30 March 2017 to aim to reach full and final settlement for 3 financial periods under dispute. All areas of dispute had been set out with a Trust offer provided for each. Part of the dispute related to quality assurance issues (compliance issues) raised by Andrew Morris; for which management credits were expected. Liz Romaniak advised that although there was a difference between the offer and NHSPS' expectation; the Trust's forecast provided for a realistic contract settlement (and possible upside). The Committee was advised that part of the outstanding liability

related to market rents (around £200k; for which national funding would be routed via the CCGs in March).

The national position against control totals and available Sustainability & Transformation Funding (STF) will be reviewed by NHSI once providers have submitted Key Data Returns (confirming actual outturn positions) to NHSI on 19 April. NHSI will review individual and national performance against agreed control totals, with additional funding being made available to incentivise improved performance and for those who do achieve. NHSI will confirm actual STF awards to Trusts on 24 April to allow Trust draft accounts submissions on 26 April.

The Committee noted the month 11 position, forecast and recovery actions.

2 Year Operational Plan

The Committee was advised that the 2 year operational plan (discussed at the extraordinary Board) would be re-submitted to NHSI the following day. Whilst a final narrative plan was being finalised for publication, NHSI did not require this. Publications would be after NHSI had reviewed the 30th March submission.

The Committee noted the significance of three areas likely to positively impact delivery of the £826k control total for 2017/18 agreed by the Board on 22nd March:

- Recurrent reduced capital charges linked to the asset lives review
- Recurrent contribution via the recent Wakefield Children's Services contract
- Actions being developed to reduce corporate overheads, where benchmarked costs per £100k turnover exceed lower quartile costs.

The Committee considered corporate overheads in some detail and endorsed actions proposed on the slides and scheduled for review at the Board Development Session the following day. The Chair would highlight to the Board the Committee's view that rapid action was needed to release savings in (2017/18 or) 2018/19 due to likely enabling costs. The Committee would consider progress at its June meeting.

461

2017/18 SLA update

Claire Risdon presented the status of contracts and SLAs for 2017/18.

The Trust was working closely with Local Authority colleagues to finalise contract documentation for 2017/18. Terms and condition were largely agreed but impacted by internal Quality Impact Assessments (and agreement by the Local Authority) of proposed cost reductions for Health Visiting and School Nursing and associated revision of contract KPIs and service specifications. The Local Authority was taking a challenging approach to overheads and value for money which would link to the corporate overhead efficiency work plan.

The Chair sought clarification on the Community Dental Services contract procurement and extension. Commissioners had not engaged fully with providers via detailed service and cost reviews. There were for example different liabilities for costs (dental providers responsible in some areas, acute providers or commissioners in others). Craven activity had been omitted from the relevant Lot in

	<p>error. NHS England had asked providers to extend all contracts regionally and invited preliminary discussions that suggested more detailed opportunity for dialogue. Claire Risdon explained that the Trust would be able to raise concerns with commissioners. The Committee agreed that the Trust should prioritise a review of the wider Community and interlinked Unscheduled Dental service in 2017/18.</p> <p>Claire Risdon confirmed that Salary Sacrifice contracts related to agreements entered into before the end of the current tax year (which could continue to expiry).</p> <p><i>The Committee accepted the robust arrangements and noted progress to achieve a challenging national contract timeline.</i></p>
462	<p>Fire Safety and Arson Policy</p> <p>Andrew Morris presented the updated Policy which gave full guidance for staff and was readily available on the Trust’s Intranet site.</p> <p>The Committee noted strong assurance in relation to current legislation and discussed a recent simulation exercise that had tested knowledge and application of procedures. Andrew Morris advised that relationships with the Fire Service were proactive and that the Trust had not received any prohibition or improvement notices.</p> <p><i>The Committee approved and ratified the Fire Safety and Arson Policy and noted the assurances received.</i></p>
463	<p>Health and Safety Policy</p> <p>Andrew Morris presented the updated Policy which had been approved at the Health and Safety Group including consultation with staff side and ratified by the Executive Management Team.</p> <p>Mr Banks stressed that it was important that the policy and guidance was included and cascaded down to the right level for risk assessments and the Committee noted that there were a range of templates encapsulated in the guidance.</p> <p><i>The Committee approved and ratified the Health and Safety Policy.</i></p>
464	<p>Market Development Report</p> <p>Farhan Rafiq, Head of Business & Service Development outlined business development activity, potential opportunities and commissioner-led reviews that may result in procurement activity. Developments since the last Committee were:</p> <ul style="list-style-type: none"> • Community Dental Service: the procurement process had been paused by NHSE at the beginning of March with a request for 18 month extension of the current contract until end September 2018. A new procurement would now take place. Discussion between commissioners and providers would take place in May/June however it was important to continue to scope the procurement and joint dialogue with partners in preparation of the new tendering exercise.

	<ul style="list-style-type: none"> • Calderdale Metropolitan Borough Council 0-5 Early Years' Service: the Trust was unsuccessful despite scoring better in 3 out of 10 questions and being financially more competitive. With hindsight this allowed clear focus on the Wakefield tender mobilisation. Mr Smith advised that the Board would discuss how we re-visit learning from this bid and our capabilities. • Wakefield Council Flu Vaccination: the outcome of a bid was due by 11 April. • Wakefield Council Oral Health Promotion: there was an opportunity to bid to for a consultant to sit within the Children's service. • The Health Foundation: Two bids had been submitted involving the risk team and front line In-patient services. <p>The Board Task and Finish group had identified the need for further work around Community. It was acknowledged that the Trust was mainly commended for innovation in mental health services. A collaborative approach, including Voluntary and Community Service partners would be helpful going forward.</p> <p><i>The Committee accepted the assurances provided.</i></p>
465	<p>Directors' Business and Transformation Governance update</p> <p>Joanne Gott, Head of PMO, Business Support & Improvement outlined progress to mitigate under performance, with an improvement in-month but recurrent shortfall.</p> <p>Work continued to develop PIDs for all 2017/18 schemes (some still at scoping stage) to ensure they were achievable. A more detailed position together with plans for next year's PIDs would be provided at the next Committee meeting.</p> <p><i>The Committee noted:</i></p> <ul style="list-style-type: none"> • <i>Progress to mitigate delivery risks and deploy High Risk reserve;</i> • <i>the schemes for 2017/18 (noting the next agenda items); and</i> • <i>assurances in connection with the risks set out in the BAF (1.2).</i>
466	<p>Agile 'deep dive' report</p> <p>Joanne Gott outlined general successes, the breadth of positive impacts and the further anticipated efficiencies reflected in the 2017/18 – 2018/19 plans. Changes in costs (lower than planned to date), savings (higher than planned to date), cost pressures and demographic investment by the CCG were explored in some detail.</p> <p>Joanne Gott had attended a regional meeting and believed that the Trust was further ahead than some organisations. The next step was to publish the Trust's case studies and to move to WorkSmart and digital working. Sandra Knight advised that resources to deliver the next stage of the project were being mainstreamed. A challenge for us was to develop the agile project as patients and staffing change.</p> <p>Mr Smith commented the value of peer support to develop and embed good practice across the organisation. Sandra Knight proposed an exercise to map and scope the benefits. This would establish the starting point together with capacity to continue to drive forward specific areas. The WorkSmart Steering group chaired by Sandra Knight and Debra Gilderdale (deputy chair) together with representatives</p>

	<p>from HR, Finance and Estates would meet in April and progress the exercise.</p> <p>The Committee requested a report describing how WorkSmart would develop into a new change programme.</p> <p>Action: Joanne Gott to provide a report to the Committee in June 2017.</p> <p>The Committee discussed ‘agile’ productivity of front line staff and requested data analysis of productivity gains against staffing level expectations and linking to complexity.</p> <p>Action: Joanne Gott to provide the required productivity analysis to the Committee in June 2017.</p> <p><i>The Committee accepted the report which clarified benefits and learning.</i></p>
467	<p>Informatics: Team and Financial Assurance</p> <p>Margaret Waugh, Deputy Director of Quality, Governance and Informatics outlined recent Informatics Service developments. These provided assurance on progress on key work streams and new leadership, governance, and management. The Committee discussed a number of key deliverables in 2016/17:</p> <ul style="list-style-type: none"> • <u>Asset management and contract management</u>: a ‘limited assurance’ internal audit had been received last summer and substantial work had been undertaken in preparation for a second audit in Q2 2017/18. Recent contract management and capacity internal audits had been completed and graded as significant assurance. An Informatics internal audit paper is tabled at Informatics Board twice a year; • <u>Ad-hoc requirements from the IT department</u>: there was pro-active joint working with Finance and Project Management Office colleagues to review forward plans relating to agile working; • <u>Telephony</u>: costs benchmarked higher than average. Work was needed to understand this and Margaret Waugh would request information from external provider partners; and • <u>Service desk pressures</u>: replacement of mobile equipment. Phone / laptop equipment had been delivered on time to Wakefield children’s services staff. <p>The Chair queried engagement with other trusts on IM&T. Andy McElligott advised that some discussion had taken place regarding the possibilities of shared provision of particular elements of IM&T and proposed discussing this, potential consolidation and/or outsourcing at the March Board meeting.</p> <p>Action: Claire Risdon and Margaret Waugh to incorporate implications for IM&T e.g. shared services, within Corporate service costs review (June 2017).</p> <p><i>The Committee accepted the report.</i></p>
468	<p>Telephony (cost pressures and Task & Finish Group feedback)</p>

Margaret Waugh outlined challenges and actions against the legacy elements of the Telephony programme.

Margaret Waugh had established and chaired a Telephony group to review risks and progress mitigations. This reported to Informatics Board for oversight and scrutiny.

The Committee received information on historic processes within IM&T where SIM cards had not been tracked to identifiable assets. Revised processes had been established including routine exception reporting and follow up of high data users. Liz Romaniak advised that the specific issues relating to SIM cards was that different batches had different expiry dates and were not related to procurement but uncontrolled issue.

It was intended to reduce the number of fax machines and to introduce fax to server solutions which would support e-referral systems.

Mr Banks commended that the progress outlined in the report and the proposal to make progress in-house but to also consider outsourcing the Telephony contract.

The Committee acknowledged the impacts of changes in CIO over a period of time and agreed to review progress and financial impacts regularly through the year.

Action: Margaret Waugh to develop the future telephony cost schematic with Finance to embed in the Finance dashboard at the first opportunity and then at every meeting.

469

Medical Permanent and Locum Workforce ‘deep dive’ report

Andy McElligott, Medical Director, presented medical staffing issues, in particular difficulties in finding suitable candidates for vacancies and the challenge of reducing locum costs (although some progress had been made recently) in a sustained way. The Trust had recruited a number of locums within price caps but this could not be guaranteed going forward and IR35 changes presented a real challenge.

The Committee noted that the male:female ratio of medical staff had changed dramatically over the last 10 years. The Trust had 7 SAS grade compared to 60 at SWYPFT. There was no further progression for SAS grades.

High locum expenditure and low numbers of consultant applications were exacerbated by low numbers of doctors choosing psychiatry as a career.

The Committee discussed possible recruitment impacts from the Trust’s Continuing Care Medical Model and ongoing actions to attempt to bolster Junior Doctor staffing. The Deputy Medical Director was working to agree placements for Nepalese psychiatrists who would need to take English language and GMC competency tests.

There had been no applicants for the next West Yorkshire junior doctor psychiatry rotation. The Trust retention rate for permanent consultant psychiatrists was positive, indicating that individuals are committed to a career in psychiatry.

A medical staffing group had been established to review recruitment and promote the Trust as a good place to work. The Trust received good feedback from junior doctors, was supporting one locum through CESR and encouraged existing consultants who did retire to return to work. Interest had been expressed in a Medical Training Initiative (MTI) Royal College sponsorship scheme for explicitly non-EU countries and to match doctors to Trusts.

The Committee reaffirmed the desirability of purposeful contact between the Board and consultant body as they were critical to leadership and delivery.

Action: Andy McElligott to review clinical engagement, the consultant role and clinical buddying and provide a report to Board.

Liz Romaniak queried a reference to low local Clinical Excellence Awards (CEAs) and asked whether this could be benchmarked with other trusts. Andy McElligott advised that local awards were held for perpetuity and were pensionable. The level 9 local award was equivalent to a national bronze award but this had to be renewed. There was an absolute desire to see a redesign of the CEA process.

The NHS Improvement agency team had offered support to Trusts recently to reduce agency reliance and costs and design attractive staff bank 'offers' and Liz Romaniak had invited them to provide support to the Trust.

The Committee accepted the report.

470

Central Support (Corporate) service costs 'deep dive' report

Claire Risdon presented outputs from corporate benchmarking via NHS Improvement templates and a submission to the NHS Benchmarking Club. The Estates data was excluded from the NHS Improvement data but included in the NHS Benchmarking Club data.

Trust's expenditure per £100m turnover was higher than the lower quartile cost benchmarks. This was unsurprising given the Trust's size but meant a more radical approach was needed. As a first step, Deputy Directors were being asked to re-validate input data (an error on receipt and distribution was known to skew procurement) in April so that efficiency plans could be scoped in Quarter 1. The Committee considered the proposed actions and timescale. Additionally benchmarking data for the three West Yorkshire Mental Health Trusts was being collated to support comparison and identification of new opportunities.

Organisation structures were being gathered to support thinking. There were links to operational structures and servicing Operational Services. The Committee discussed the potential to reduce the volume of information and ensure that it was high quality, useful and accessible and supported good quality discussion, actions and decision making. Nicola Lees had requested a rapid review of Operational structures to allow links with Corporate structures to be considered.

Mr Banks sought clarification on whether an external (but short and focused) review might be beneficial and recommended that the Executive consider this.

	<p>Action: Board discussion to take account of wider views and proposals to be presented to EMT and progress to FBIC in June 2017.</p> <p>Estates costs benchmarked favourably. The Trust was exploring the feasibility of modifying the riverside stairwell at New Mill. If passed by planning this would mean two recognised escape routes in the event of a fire and allow increased occupancy per level. Discussions were progressing with the CCG regarding shared occupancy at New Mill, although the CCG was exploring a number of other options. The Trust could consider retrenching from other properties in this eventuality.</p> <p><i>The Committee supported proposed actions and requested feedback in June.</i></p>
471	<p>Scope of future Deep Dives</p> <p>The Committee agreed the following deep dive reports to be added to the work plan both for November 2017:</p> <ul style="list-style-type: none"> • STP approach to shared services; and • Community Dental procurement and options to re-design and reduce costs. <p>Staff survey monitoring was critical and the Board would discuss the staff survey report at their meeting on 30 March 2017. The Executive Team were holding Annual Plan discussions with staff and seeking two-way dialogue on issues and concerns.</p>
472	<p>Committee Work Plan</p> <p>The Committee reviewed and agreed to add to the work plan as follows:</p> <ul style="list-style-type: none"> • Workforce plan and mitigation plan - November 2017; • Market Development Annual stocktake - November 2017; • Intellectual Property Policy - April 2017; and • Staff Survey progress report - November 2017. <p>Mr Banks queried whether the Estates Strategy was being refreshed and was advised that a full refresh was scheduled for early 2017/18. Mr Banks would provide issues to Andrew Morris during quarter 1.</p> <p>Action: Mr Banks to scope questions for the Estates Strategy report in Quarter 1.</p>
473	<p>Date and Time of the next Meeting</p> <p>Wednesday, 26 April 2017, 9.00am, Meeting Room 6, Level 1, Riverside, New Mill</p>

Finance, Business and Investment Committee Meeting

Actions Table – 29 March 2017

Ref No	Actions requested	Timescale	Progress
FBIC/15/12/16-2	<u>Directors' Business and Transformation Governance update - Agile Project:</u> Joanne Gott to circulate a paper by email in February outlining the long term implications	February 2017	Completed 29.3.17
FBIC/25/01/17-3	<u>Directors' Business and Transformation Governance update:</u> <u>IM&T – Telephony</u> Joanne Gott to provide a full deep dive report regarding Telephony to be submitted to the Committee's March 2017 meeting.	29 March 2017	Completed 29.3.17
	The IM&T Telephony Internal Audit report to be presented to the Committee (in addition to Audit Committee).	To be confirmed	
FBIC/29/03/17-1	<u>Minute no 453 – Workforce Planning 'deep dive' follow up report:</u> Sandra Knight to provide a report, fundamentally around nursing and medics to the Committee's November 2017 meeting as part of the Workforce Planning deep dive.	20 November 2017	
FBIC/29/03/17-2	<u>Agile 'deep dive' report:</u> Joanne Gott to provide a report describing how WorkSmart would develop into a new change programme to the Committee in June 2017.	19 June 2017	
	Joanne Gott to provide the required productivity analysis.	19 June 2017	
FBIC/29/03/17-3	<u>Informatics: Team and Financial Assurance:</u> Claire Risdon and Margaret Waugh to incorporate implications for IM&T e.g. shared services, within Corporate service costs review (June 2017)	19 June 2017	
FBIC/29/03/17-4	<u>Telephony (cost pressures and Task & Finish Group feedback):</u> Margaret Waugh to develop the future telephony cost schematic with Finance to embed in the Finance dashboard at the first opportunity and then at every meeting.	ASAP	
FBIC/29/03/17-5	<u>Medical Permanent and Locum Workforce 'deep dive' report:</u> Andy McElligott to review clinical	Board meeting	

	engagement, the consultant role and clinical buddying and provide a report to Board	(tbc)	
FBIC/29/03/17-6	<u>Central Support (Corporate) service costs 'deep dive' report:</u> Board discussion to take account of wider views and proposals to be presented to EMT and progress to FBIC in June 2017.	Board meeting (tbc) EMT (tbc) FBIC 19 June 2017	
FBIC/29/03/17-7	<u>Committee Work Plan:</u> Mr Banks to scope questions for the Estates Strategy report in Quarter 1.	Quarter 1	