

BOARD MEETING

25 February 2016

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	9
Presented For:	Assurance

EXECUTIVE SUMMARY:

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in January 2016.

RELATED RISK(S):

None.

FINANCIAL IMPLICATION:

There are no financial implications arising from the content of this paper.

Revenue Capital

RECOMMENDATIONS:

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.

LEGAL IMPLICATIONS:

None.

PREVIOUS MEETINGS/COMMITTEES:

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

Audit Committee*	<input checked="" type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee*	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Group	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance Reports from Committee Chairs

Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in January 2016. The following items are highlighted for information. The Committee Chair may wish to provide further context to the issues in the report.

Quality and Safety Committee – 5 February 2016 (Sue Butler)

Safeguarding

Allocation of children to Health Visitors by geography rather than GP: The committee was assured protocols have been drawn up in discussion with both North Yorkshire and West Yorkshire Public Health teams so that no child will be transferred across boundaries without a risk assessment and suitable communication taking place.

Terms of Reference for the Safeguarding Forum: updated ToRs were approved.

Clinical audit

Deep dive presentation: the committee was assured that there is a high level of engagement in clinical audit. Monitoring and implementation of action plans is progressing but is the key challenge. The Clinical Audit team will be more actively integrated into the new locality governance structures.

Action plans: The Committee agreed to undertake a deep dive into action plans with a view to producing a more streamlined and less demanding approach for service teams.

Patient Experience

Carer Assessments: the committee noted continuing progress against this indicator, including clarification of the roles and responsibilities of the Local Authority and BDCFT.

Friends and Family Test: reflected positively on Trust services. The committee agreed that this indicator does not provide the depth of understanding that they or service teams require. The committee will receive an additional Patient Experience dashboard in the near future.

Workforce

Professional Registration: The committee was assured continuation of professional registration is being effectively monitored and managed. Over 99% of clinicians consistently have in date registration. Those who fall out of date are withdrawn from work dependent on registration. The impact of a high turnover was identified:

- In the dental team: a small team where a small change in workforce leads to large changes in percentage turnover.
- In the community nursing team: the impact of an older workforce reaching retirement and difficulty in recruitment is impacting upon teams and some GP relationships. Together with sickness due to stress this has led to an amber QIA indicator in the Productivity/Agile Change Programme. The committee was assured that the locality is managing these issues on a team by team basis.
- In clinical psychology: there is difficulty in recruitment which is covered by temporary staff.

New locality quality and safety reporting arrangements

The committee received a detailed report setting out the associated changes in governance groups and reporting lines. The committee was assured that all areas of service and quality are included within this framework.

Incidents of Violence and Aggression

The committee recognised that the emphasis on community based care led to an increasing level of complexity on in patient wards with an associated continuing risk of violence and aggression incidents.

Positive and Proactive Care: The committee received, and were assured by, a presentation from the clinical lead on this innovative, proactive and thorough approach to managing violence and aggression on wards with an emphasis on empowering service users to identify and manage their distress more positively. This is part of a national workstream that is also reported to MPs.

Equality and Diversity Objectives: the objectives approved by the committee are attached.

Board Walkabout: a proposed programme for the coming year is noted below for Board comment and approval.

Board Walkabout Programme for 2016/17

Month	Department	Previous Visits	Rationale
April	CAMHS - Hillbrook	2011/12	Safety measuring & Monitoring Pilot
	Heather Ward	2010/11 and 2013/14	Safety measuring & Monitoring Pilot
May	LD clinical liaison/health facilitation		Not previously visited
	Free Slot		
June	Ashbrook	2013/14	Recent fires
	Clinical Audit Team		Not previously visited

Month	Department	Previous Visits	Rationale
July	Podiatry Horton Park		Not previously visited; quality issues arisen in 15/16
	CMHT Older Persons – AireWharfe	2014/15	Not previously visited
August	DN Hillside Bridge	2014/15	Not previously visited
	Free Slot		
September	Assertive Outreach – City	2015/16	Not previously visited
	Primary care Mental Health Team – North	2014/15	Not previously visited
October	Drug and Alcohol		Not previously visited
	EIPT – City	2013/14	Not previously visited
November	Hospice at home		Not previously visited
	Free Slot		
December	DN Ilkley Moor Team		Not previously visited
	LMH out-patient clinic		Not previously visited
January	Memory service Op		Not previously visited
	MHA Team		Not previously visited
February	HR/OD		Not previously visited
	Free Slot		
March	CMHT Adult - Craven	2015/16	Not previously visited
	Hotel services		Not previously visited

A visit to the Sanctuary will also take place with a particular focus on partnership working; this is not a formal element of the walkabout programme (as this is not a BDCFT service) however a visit was recommended by the QSC.

Audit Committee – 8 February 2016 (David Banks)

Annual accounts plan

The committee received assurances from both finance department and the external auditors that a realistic plan is in place to deliver the annual accounts and quality accounts to the tight timetable set by Monitor.

Internal audit

The Committee received five "significant assurance" reports from Internal Audit, covering:

- Workforce strategy
- Order and receipt of goods and services and payments
- Information governance toolkit self-assessment
- Financial ledger
- Health records management (follow-up)

One "limited assurance" report was also received on:

- Declarations of interest (follow-up)

The committee was informed that this is an issue in many trusts and that BDCFT is not an outlier. The committee noted the progress made towards completeness of reporting (62% of target achieved, up from 39% previously). The committee concluded that the risks from non-compliance are mainly reputational. Action being taken to improve response levels was noted and the committee requested follow-up reports at future meetings.

External audit

The committee received and approved the external audit plan for the annual accounts and quality accounts from KPMG.

Recommendations:

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs