

TRUST BOARD MEETING

26 September 2019

Paper Title:	Committee and Council of Governor Approved Minutes
Lead Director:	Cathy Elliott, Chair
Paper Author:	Paul Hogg, Director of Corporate Affairs
Agenda Item:	17
Presented For:	Assurance
Paper Category:	Governance & Compliance

Executive Summary:

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:

- Audit and Charitable Funds held on 2 September 2019
- Finance Business and Investment Committee held on 22 July 2019
- Quality & Safety Committee held on 20 June and 2 August 2019

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

Recommendations:

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

- Audit and Charitable Funds held on 2 September 2019
- Finance Business and Investment Committee held on 22 July 2019
- Quality and Safety Committee held on 20 June and 2 August 2019

Meetings where this item has previously been discussed (please mark with an X):							
Audit Committee	X	Quality & Safety Committee	X	Remuneration Committee		Finance, Business & Investment Committee	X
Senior Leadership Team		Directors		Chair of Committee Meetings		Mental Health Legislation Committee	
Council of Governors (in part)							

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
To provide seamless access to the best care.	X
To provide excellent quality services.	X
To provide our staff with the best places to work.	X
To support people to live to their fullest potential, to be as healthy as possible.	X

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	
Responsive: Services are organised to meet the needs of people who use our services	
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
NHSI Single Oversight Framework	

Equality Impact Assessment:
Not applicable.

Name of meeting: Charitable Funds Committee

Date: 25 February 2019

Time: 11.30am

Venue: Room 7, level 1, Riverside, New Mill

MINUTES

Present:	David Banks Rob Vincent Paul Hogg Stacey Pearson Claire Risdon Patrick Scott	Non-Executive Director (Chair) Non-Executive Director Director of Corporate Affairs Head of Financial Accounting Deputy Director of Finance Chief Operating Officer
In Attendance:	Rachel Burton Andy Barber Becky Blakeley	Service user/Patient Representative SMILE Foundation (Item 240) Committee Support Officer

Item	
237	Welcome and Apologies for Absence Apologies were received from Liz Romaniak, Director of Finance, Contracting and Facilities & Deputy Chief Executive.
238	Minutes of the Meeting held on 3 September 2018. The minutes of the 3 September 2018 meeting were accepted as an accurate record.
239	Actions/Matters arising: Nothing to note.
240	SMILE Foundation review (recommendations from their consultation) Andy Barber, Chief Executive of the SMILE Foundation, presented the findings from the 3 month pilot that was undertaken on behalf of the Charity. As part of the presentation, Andy Barber highlighted: <ul style="list-style-type: none"> • The engagement that had been undertaken as part of the pilot (survey, direct contact with fund managers and Operational Services); • The positive energy of stakeholders to get involved in increasing the Charities profile; • A proposed vision for the Charity, aligned to the BDCFT vision;

- Rebranding the charity, including targeted resource to support the growth in donations/ grants/ fund raising and legacies;
- Targeted KPIs to increase the expenditure requests from the charity
- Options for the future structure of the charity (NHS Charity could become an independent organisation);
- Funding proposal to support charitable growth – 3 year investment of £68k per annum

Andy Barber welcomed questions from the Committee:

- Paul Hogg sought further clarification on the detail of the proposed model, including how existing Trust services can support the vision;
- Rob Vincent reported that whilst he could see the benefits of having specialists to focus on charitable funds, a formal business case would be required from SMILE before moving towards implementation. This would need to include how money would be spent, where it would come from, the risks etc;
- Andy Barber explained that in addition to using the SMILE Foundation, the Trust would still need to support with in-house resources to fully deploy the vision; SMILE could act as a mentor to those involved; and
- Patrick Scott enquired about grant funding. Andy Barber advised that grant funding would involve working in partnership with other organisations. SMILE had engaged with the voluntary sector when working with other Trusts before launching and new campaign.

The Chair thanked Andy Barber on behalf of the Committee.

The following was discussed by the Committee following Andy Barber's departure:

- Paul Hogg reiterated the need for further clarification of the model and whether an 'in-house' option would provide better value for money;
- Rob Vincent stated that there would need to be a clear business proposition to properly evaluate;
- Claire Risdon said Andy Barber would be presenting again at the Senior Leadership Group (SLG) that afternoon. CR added that SMILE were in a stronger position to explore the market for larger donations/ grants. The Committee would need to decide if using SMILE was an option and the decision would need to be made before the next Committee in September. There was a need for due diligence and a thorough business proposal to evaluate. The Chair stated the decision would be for SLG and the Board to decide, not the Committee. Rachel Burton believed that other providers as well as SMILE should be considered;
- The proposal was a £200,000 investment over 3 years. Some clarity was required over roles and responsibilities for SMILE and the support needed from Trust resources;
- Patrick Scott noted his concerns about fundraising in an already crowded market of other local charities. It was important to ensure the Trust was perceived as a partner and not a competitor; and

	<ul style="list-style-type: none"> • It was noted that the Trusts are not able to invest/subsidise a charity. NHS money cannot be donated to charity. <p>ACTIONS:</p> <ul style="list-style-type: none"> • Claire Risdon to explore the market to establish if there were other providers who could deliver a similar proposal to that of SMILE; • Investigate how the other Trusts who work with SMILE have funded the investment, given that NHS funds should not be used to subsidise charities; • Obtain a more thorough and clearer outlined proposal from SMILE; and • Update the committee following the SMILE presentation at SLG, including a timeline to be circulated by email ahead of the next Committee, subject to the decision made at SLG; and • Stacey Pearson to confirm if BDCFT are in the NHS charities association. <p>The Chair asked whether, subject to the discussion at SLG, the Committee would be happy to take the proposal forward to the next stage. The Committee agreed it would, following completion of the aforementioned actions.</p>
<p>241</p>	<p>Closedown of Accounts 2018/19</p> <p>Stacey Pearson reported that the submission deadline for the Charitable Funds Accounts for 2018/19 to the Charity Commission was 31 January 2020. The accounts would be prepared alongside the Trust accounts and would be completed in draft form by Wednesday 24 April 2019.</p> <p><i>The Committee noted the annual accounts closedown plans in place and agreed the accounts audit exercise for completion which involved continued liaison with the Auditors and KPMG.</i></p>
<p>242</p>	<p>Charitable Funds expenditure plans</p> <p>Stacey Pearson presented plans that were in the process of being drawn up as requests for funding from charitable funds. The following two schemes were highlighted:</p> <p><u>Sensory ‘Snoo’ room at the Assessment & Treatment Unit (ATU), Lynfield Mount</u> A proposal had been received from Rachel Archer to purchase equipment for the Sensory ‘Snoo’ room at the ATU. The cost of the proposal was £5,400. The proposal had been supported by fund manager Alison Bingham but would also require Director of Finance approval due to the amount requested.</p> <p><u>‘Susie Simon Patient Care Simulator’ doll</u> A proposal had been received from Edwina Lintin to purchase a stimulator doll, which would allow the Special Needs School Nurses to deliver their training to staff in health and school settings using the appropriate and professional equipment. The cost of the doll was £1,291.20. The proposal had been approved by fund manager Phil Hubbard and the Director of Finance, and the doll had been ordered.</p>

	<p>The above schemes were presented for information and did not require approval from the Committee as both were under £10,000.</p> <p><i>The Committee noted that applications for other expenditure plans had been received.</i></p>
243	<p>Approval of Fund Objectives and Managers Stacey Pearson reported that there had been no new funds created since September 2018. Changes to fund managers were reported as:</p> <p>Charitable Care Fund Previously managed by Steve Gascoyne and had moved to Phil Hubbard.</p> <p>Reenie Wilmer Fund Previously managed by Andrew Morris and had moved to John Wright (this is an interim change of fund manager).</p> <p><i>The Committee approved the fund manager changes.</i></p>
244	<p>Review of existing Charitable Funds Investment Policy Stacey Pearson highlighted that the current rates received in the Barclays Bank Account are regularly compared with rates that are available for medium/ long term investments. The rates at Barclays are comparable, if not sometime greater than longer term deposit rates.</p> <p>The pilot with SMILE has generated more awareness of the Charity, with an increase in the level of requests from the funds. Holding the funds in the Barclays Account supports the funds being readily accessible to support expenditure requests. It was suggested that this approach is continued, subject to the consideration of the next steps for the Charities Strategy.</p> <p><i>The Committee approved the short term investment approach, subject to the recommendation on investment from SMILE</i></p>
245	<p>Annual charge for managing the Charitable Accounts Stacey Pearson presented the paper which provided an update on the existing charges and the proposed 2018/19 charges of administering the Charitable Funds Account. Stacey Pearson reported that:</p> <ul style="list-style-type: none"> The annual costs have been updated to incorporate the agenda for change uplift into the charge. The revised annual charge has increased from £12,141 in 2017/18 to the proposed charge of £12,882 for 2018/19. <p><i>The Committee noted the review undertaken and approved the proposed updated charge for administering Charitable Funds.</i></p>
246	<p>Transactions and Balances for the period April 2018 - January 2019</p>

	<p>The paper presented summarised the transactions and balance by fund for the period April 2018 to January 2019. Stacey Pearson reported on one proposal which required Committee approval:</p> <p><u>Proposal to transfer the remaining balance of the Healthcare Psychology fund to Airedale NHS Foundation Trust Charitable Funds:</u> Simon Gelsthorpe had put forward a proposal for Psychological Therapies fund to transfer back to Airedale NHS Foundation Trust, as this service is now provided by AHFT. Claire Risdon explained that this is the standard approach when services are transferred between organisations.</p> <p><i>The Committee approved the balance transfer subject to the approval of Director responsible and agreed to delegate to Debra Gilderdale for approval.</i></p> <p>Action: Finance to seek final approval from Debra Gilderdale to transfer the remaining balance of the Healthcare Psychology fund to Airedale NHS Foundation Trust Charitable Funds.</p>
247	<p>Terms of Reference The revised Terms of Reference (ToR) highlighted the key amendment regarding membership to include Patrick Scott, Chief Operating Officer as a member and remove Debra Gilderdale.</p> <p>The Chair welcomed Patrick Scott to the Committee.</p> <p>The Committee noted the proposal that further amendments may be required to the Terms of Reference, following the suggestion from SMILE that the Charity Manager should be a member of the Committee. This item will be considered as part of the wider SMILE proposal.</p> <p><i>The Committee endorsed the amended Terms of Reference.</i></p>
248	<p>Date and Time of the next Meeting Monday, 2 September 2019 @ approximately 11.30am in room 6, Riverside, New Mill.</p>

CHARITABLE FUNDS COMMITTEE

Actions Table – 3 September 2018

Ref No	Action requested	Timescale	Progress
CF 03/9/18-1	<u>Transactions and Balances</u>	February 2019	Completed.

	<p>Stacey Pearson to request the Fund Managers of the four funds with balances over £20k to advise the Committee specifically in relation to planned expenditure.</p>	<p>Bradford District Care NHS Foundation Trust</p>	
CF 25/2/19-1	<p><u>SMILE Foundation review (recommendations from their consultation)</u></p> <ul style="list-style-type: none"> • Claire Risdon to explore the market to establish if there were other providers who could deliver a similar proposal to that of SMILE; • Investigate how the other Trusts who work with SMILE have funded the investment, given that NHS funds should not be used to subsidise charities; • Obtain a more thorough and clearer outlined proposal from SMILE; and • Update the committee following the SMILE presentation at SLG, including a timeline to be circulated by email ahead of the next Committee, subject to the decision made at SLG; and • Stacey Pearson to confirm if BDCFT are in the NHS charities association. 		
CF 25/2/19-2	<p><u>Transactions and Balances for the period April 2018 - January 2019:</u></p> <p>Finance to seek final approval from Debra Gilderdale to transfer the remaining balance of the Healthcare Psychology fund to Airedale NHS Foundation Trust Charitable Funds.</p>	<p>September 2019</p>	<p>Completed. Work is underway with AHFT to transfer the fund in September 2019.</p>

Name of meeting: Audit Committee

Date: Monday, 21 May 2019

Time: 9.00am

Venue: Room 7, level 1, Riverside, New Mill

MINUTES

Present:	David Banks Rob Vincent Zulfiqar Hussain	Non-Executive Director (Chair) Non-Executive Director Non-Executive Director
In Attendance:	Brent Kilmurray Liz Romaniak Paul Hogg Claire Risdon Alison Ormston Mike Hammerton Chris Boyne Daniel Haynes Justin Williams Fran Limbert Julie Hibbitt	Chief Executive Director of Finance, Contracting and Facilities Director of Corporate Affairs Deputy Director of Finance KPMG KPMG Internal Audit Internal Audit Local Counter Fraud Specialist Corporate Governance Manager and Deputy Trust Board Secretary Committee Support Officer

Item	
1197	WELCOME AND APOLOGIES The Chair welcomed everyone to the meeting. Apologies for absence were received from Helen Kemp-Taylor, Rashpal Khangura and Louise Hussain.
1198	DECLARATIONS OF INTEREST There were no declarations of interest.
1199	PRIVATE NEDs/KPMG MEETING 21 MAY 2019 The Chair reported that a meeting between the Non-Executive Directors and KPMG representatives had taken place and there was nothing to report to the Committee.
1200	MINUTES – 15 April 2019 The minutes of the April meeting were accepted as an accurate record.
1201	ACTIONS All actions were updated on the written action summary or were complete.
1202	MATTERS ARISING

	<p>PERFORMANCE MANAGEMENT FRAMEWORK</p> <p>The Committee agreed, due to timescale and wider implications relating to the CQC response, that the Performance Management Framework should be presented for approval in the private section at the June 2019 Board meeting and then to be recorded under the next Board of Directors Public meeting.</p> <p><i>The Committee agreed that the Performance Management Framework would be presented for approval at the Board’s Private meeting in June 2019.</i></p>
1203	<p>REVIEW OF LOSSES AND SPECIAL PAYMENTS</p> <p>The schedule presented the payments for the period April 2018 to March 2019, which were included within the Trust’s draft unaudited annual accounts for 2018/19 and summarised in Appendix A of the paper. Appendix B advised of a reconciliation between the register of losses and special payments in 2018/19 to the operating expenses within the draft annual accounts.</p> <p>The insurance claim for vandalism at Lynfield Mount Hospital was reflected in the schedule, since the last report to Committee in April 2019.</p> <p><i>The Committee accepted the details of the final schedule of losses and reconciliations and noted the special payments schedule for the period April 2018 to March 2019.</i></p>
1204	<p>WAIVER OF SO’s/SFIs</p> <p>There had been no waivers since the last meeting.</p>
1205	<p>PROPOSED WRITE OFF OF OUSTANDING DEBTS UPDATE</p> <p>There were no write offs of outstanding debts since the last meeting.</p>
1206	<p>UNAUDITED AND AUDITED ANNUAL ACCOUNTS 2018/19</p> <p>The unaudited 2018/19 Accounts had been considered at the Non-Executive Directors’ (NEDs) briefing session on 9 May 2019. A separate paper outlined modest changes to the unaudited accounts following the audit by the External Auditor, noted accounting standards changes and provided prior year comparator analysis of movements in key statements.</p> <p>The audited Annual Accounts would be presented to the Trust Board on 23 May 2019 for approval.</p> <p><i>The Committee noted the changes to the unaudited 2018/19 accounts and agreed to recommend the Annual Accounts for Board approval on 23 May 2019.</i></p>
1207	<p>ANNUAL REPORT 2018/19</p>

	<p>The Annual Report had been produced through collaborative work across the Trust and took into account comments received at the NEDs Accounts briefing session on 9 May 2019. The paper highlighted the changes subsequently made to the Report.</p> <p>The Council of Governors declarations of interest had been included and P Hogg would check for final responses.</p> <p><i>The Committee approved the Annual Report, subject to receipt of the final KPMG report (discussed separately) and would recommend approval by the Board on 23 May 2019.</i></p>
<p>1208</p>	<p>QUALITY REPORT 2018/19</p> <p>Nicola Mortimer introduced the draft Annual Quality Report. The mandated content was complete and further revisions would be made to insert external data and content from KPMG prior to submission within the timeline.</p> <p>The report had been shared widely for comment with Non-Executive Directors, Executive Directors, Quality and Safety Committee and Council of Governor members and reflected comments received to date. Healthwatch would not be providing a statement this year however N Mortimer would work with them during 2019/20 to ensure they were alert to requirements for the following year. A response had not been received from the Health Overview and Scrutiny Committee.</p> <p><i>The Committee accepted the draft report, subject to comments from KPMG and final insertions, and would recommend approval by the Board on 23 May 2019.</i></p>
<p>1209</p>	<p>ANNUAL GOVERNANCE STATEMENT (AGS) 2018/19</p> <p>P Hogg highlighted changes made to the AGS since the 9 May 2019 NEDs briefing:</p> <ul style="list-style-type: none"> • Workforce strategy and safer staffing – included risk around vacancies; • Registration with HR around sustainability; • Correction of the limited assurance reports referenced in the report (however this did not change the number as the Mortality limited assurance report had been referenced in 2017/18); • two substantive items added 1) CQC including cross reference to KPMG’s Value for Money opinion and 2) Network connectivity risks. <p>The AGS had been presented to the Senior Leadership Group (SLG) prior to consideration by the Committee.</p> <p><i>The Committee accepted the Annual Governance Statement which would be submitted to Board for approval on 23 May 2019 and to be signed by the CEO at the appropriate time.</i></p>
<p>1210</p>	<p>ISA 260 INCLUDING AUDIT OPINION AND VFM ASSESSMENT</p> <p>A Ormston confirmed that the report discharged the External Auditors responsibilities under International Standard on Auditing (ISA) 260.</p>

The ISA 260 included the Audit Opinion which was a 'clean' opinion, with the exception of the Value for Money (VfM) assessment.

The summary highlighted one unadjusted item. This related to in-year changes effected by the Royal Institute of Chartered Surveyors (RICS) which had been referred to at the 9 May NEDs briefing session. The Trust had liaised proactively with KPMG in advance of, and during, the audit. The asset lives would impact on depreciation, and whilst unadjusted and below the materiality threshold it was above trivial. The issue had presented significant challenges for Trusts nationally. RICS had effected the change around November 2018 and unusually, there had been no sector engagement. The Trust had initially queried whether there would be a national position for affected Trusts but subsequently sought advice from KPMG who were in liaison with other audit firms and ensuring consistency through their technical teams. National Audit Office advice had been received in the period between draft and final audited accounts and suggested Trusts did not need to account for the impacts during 2018/19 but to effect from 2019/20.

A Ormston advised that the difference lay between RICS (valuation) and national Accounting guidance, the national context was significant and reflected the importance of asset valuation for accounting statements. She confirmed it was a technical adjustment and would have been offset by an impairment. The net accounts value would not be affected, and the Committee was content with this conclusion.

The remainder of the report related to the audit plan and findings from the significant risk areas identified at planning stage.

Value for Money (VfM): An 'Except for' VfM opinion had been provided. This reflected the implications of the recent S29a CQC warning notice and specifically bullet point 8 regarding Trust systems and processes. L Romaniak and R Khangura had had detailed discussions in relation to the potential and final actual opinion. A key factor had been the timing of the S29a at the end of March. Since the accounts related to the period ending 31st March no significant progress to mitigate the concerns could be taken into account. B Kilmurray asked if KPMG would consider referring to the Trust's pro-action since the receipt of the S29a letter. A Ormston advised that a suitable paragraph noting the Trust's pro-action could be included in their final report.

KPMG were working to conclude pieces of outstanding audit work around income and payroll. A Ormston would email the Committee Chair if there was anything adverse to report. This was not anticipated.

A Ormston indicated that the finance team had been excellent, highly professional and co-operative. The Committee congratulated the finance team and KPMG for their professional approach.

	<p><i>The Committee accepted the ISA 260 and Quality Accounts, subject to KPMG concluding their testing and A Ormston effecting the agreed report amendment, for the Board's approval on 23 May 2019.</i></p>
1211	<p>LETTER OF REPRESENTATION</p> <p>The Committee noted that the letter of representation supported the Trust's financial statements for the period ending 31 March 2019 and confirmed that:</p> <ul style="list-style-type: none"> i. the statements gave a true and fair view; ii. the financial statements had been prepared in accordance with the Department of Health Group Accounting Manual (GAM); and iii. the Annual Report had been prepared in accordance with the NHS Improvement Annual Reporting Manual (ARM). <p>There were no further issues to highlight and the unadjusted item relating to implications from RICS guidance was reflected. Based on the letter of representation the Committee agreed to recommend the Annual Report and Accounts for Board approval.</p> <p><i>The Committee approved the Letter of Representation and recommended the Audited Accounts for Trust Board approval on 23 May 2019.</i></p>
1212	<p>QUALITY ACCOUNTS</p> <p>The External Auditor explained the 'limited' (by scope) opinion for the Quality Accounts and noted the conclusion on the specific indicators which had been reviewed. The Trust had achieved a clean limited assurance opinion.</p> <p><i>The Committee accepted the Quality Accounts letter of representation, for the Board's approval on 23 May 2019.</i></p>
1213	<p>ANNUAL REPORT AND HEAD OF AUDIT OPINION</p> <p>The Head of Audit Opinion included the annual report for 2018/19, a requirement as set out in the Public Sector Internal Audit Standards. The report summarised the key outcomes and conclusions from the internal audit work against the agreed plan and provided a significant assurance opinion, notwithstanding that three Internal Audit reports had provided limited assurance. All other Internal Audit reports had concluded a 'High' or 'Significant' assurance opinion.</p> <p>C Boyne reported that he was pleased to have been part of a recent workshop through which the Board Assurance Framework had been reviewed.</p> <p><i>The Committee accepted the Internal Head of Audit Opinion and the 2018/19 Annual Report and the Chair would report to Board as part of the annual accounts review.</i></p>
1214	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>The report outlined progress to complete audits since the last meeting. D Haynes reported that 85% of audits had been completed to date. Six audit reports had been</p>

finalised in the period since the last full Internal Audit Progress Report to the Audit Committee meeting in April 2019. There was one High Assurance report relating to Financial Systems and one Limited Assurance report regarding IMT Starters, Leavers and Change Process.

The Committee discussed issues pertaining to SystmOne generally. Dr Hussain suggested the need to cross reference intelligence about risks across a number of areas that were being discussed on the agenda with Risk Register entries. The Chair believed that feedback indicated that SystmOne did not provide intuitive entry to support effective recording. B Kilmurray indicated that investing more in training was important. L Romaniak advised that work by SystmOne developers alongside frontline staff to re-design templates the system ‘tree’ (index) had responded to this clear feedback from staff at the Rapid Improvement Week in April 2019. A post Implementation review of the recording and retrieval issues for SystmOne would be undertaken by the Finance, Business and Investment Committee in 6 months’ time.

Managing Environmental Risks: significant assurance.

The review found that a more consistent and stronger approach to recording environmental risks and updates to actions on the wards contemporaneously was necessary. L Romaniak indicated that ligature risk assessment policy and procedures had been re-designed at the early April Rapid Improvement Week. This had re-defined roles, added in quality assurance approval stages, confirmed a single Trust ligature lead and established oversight of assessment and actions (to mitigate risks) via the Ligature and Environmental Risk and Safety Group.

Data Security and Protection (DSP) and IT Security: significant assurance.

A training needs analysis was in place for data security and protection training and gap analysis testing would take place for 2019/20 in May 2019. Dr Hussain advised that Data security and Cyber security needed to be measured in the next report and queried how the Trust reviewed the effectiveness of Business Continuity Planning (BCP). BCP processes were subject to internal audit. L Romaniak indicated that when the Trust had experienced major issues through the ‘Wannacry’ attack and these had impacted the Trust’s business, Business Continuity Planning required the completion of incident and action logs by the relevant senior lead. In that example a ‘lessons learned’ review had been completed to reflect on learning from the incident and BCP response.

IMT Starters, Leavers and Change Process: limited assurance.

D Haynes reported that processes had been implemented to manage IMT resources and assets however, at the time of the audit these SharePoint arrangements had not been fully functional. Procedures during the period of unavailability had not fully met the requirements of the Trust to support timely and effective IMT Starters, Leavers and Change requests. A number of recommendations to support more effective and efficient IMT Starters, Leavers and Change processes (including the management of IT resources and assets) had been identified.

The Committee discussed the following points:

- the cause of the SharePoint issue and how it was resolved;

- the duration of the impact and whether there had been a manual or other workaround (there had not) and escalation;
- any implications for IMT security (linked to accounts closures / asset retrieval after staff have left);
- managers' accountabilities as a secondary level assurance; and
- overall assessment of the levels and types of risk relating to resource/asset management, quality/safety and cyber security.

C Risdon indicated that IMT intended to procure an electronic asset system and this had been included in the 2019/20 Capital Programme. She advised that whilst a 'loss' of student laptops had been reported through the Finance, Business and Investment Committee (FBIC) and Capital, Planning and Investment Group (CPIG), this had pre-dated the establishment of centralised IMT asset procurement. The student training team needed to account for the loss of £6k laptops which had been purchased before this, in 2015. Processes for asset management had been revised since 2015 meaning that this issue should not recur; all assets were recorded on the asset inventory reported to CPIG. Establishing better leaver processes would bolster this control.

The Committee acknowledged that having the right equipment available for new starters was vital as was asset information to support forward planning.

L Romaniak advised that it would be helpful for T Rycroft to attend the next Audit Committee meeting to provide an update and further assurances around progress to respond to the Limited Assurance report.

The Chair queried whether the risk was purely financial or whether there were any quality impacts. L Romaniak believed that the impacts on quality would be mitigated by the Trust's IMT asset management processes however having timely access to equipment and support was vital. B Kilmurray described an IM&T Starters and Leavers Process Rapid Process Improvement Workshop was planned for July 2019.

The Chair advised that the relevant Internal Audit reports were sent through to FBIC to consider.

Action: T Rycroft to attend 17 June 2019 FBIC and to attend the Committee's September 2019 meeting to report on progress to implement agreed actions from the limited assurance report.

Financial Systems: high assurance.

The Committee congratulated the finance team for their responsiveness.

Mental Health Care Plans and Mental Health Care Records: significant assurance.

The Committee expressed concern that there were some data migration and training issues highlighted in the report. **Action: The Chair requested that Daniel Haynes share information relating to SystemOne Care Plan issues with the Mental Health Legislation Committee and Quality and Safety Committee.**

	<p>The Chair sought clarification on the target date of 2023 and C Boyne advised that although Internal Audit had been critical of the Trust's project methodology it was deemed the right time to undertake a review in 2023. It would close down as part of lessons learned and next steps.</p> <p><u>Payroll</u>: significant assurance. There were some minor issues around documentation and the recommendations were moving forward in a timely manner.</p> <p>The Committee acknowledged the significant assurance opinions carried out by the Head of Internal Audit over the last 12 months.</p> <p><i>The Committee accepted the progress report.</i></p>
1215	<p>INTERNAL AUDIT FOLLOW-UP REPORT</p> <p>The follow up report provided an update of the actions that had been completed since the last Audit Committee. The recommendations were generally on track and as discussed at a previous meeting the Service Line Reporting recommendations had been closed.</p> <p><i>The Committee accepted the follow up report.</i></p>
1216	<p>ANNUAL LITIGATION REPORT 2018/19</p> <p>There had been a reduction in the number of claims received and an increase in claims closed more rapidly which had reduced associated costs. CNST Contributions costs had increased nationally and this had been discussed in the previous Committee Report.</p> <p>The Committee discussed the report including one case relating to a brain injury for which a successful family mediation meeting had taken place.</p> <p>The Committee discussed the basis of contributions to NHS Resolution, as outlined in section 2 of the report, and acknowledged the higher acute hospital premiums which were largely driven by maternity claims.</p> <p><i>The Committee noted the:</i></p> <ul style="list-style-type: none"> • <i>decrease in claims received and the improved closure rate;</i> • <i>change in format from an action following an action from the Quarter 1 and 2 Litigation report to the Committee;</i> • <i>lessons learned from claims were shared across services: and</i> • <i>CQC assurance status as outlined in the paper.</i>
1217	<p>ACTIONS FROM WELL-LED REVIEW FOR AUDIT COMMITTEE</p> <p>P Hogg presented the revised Audit Committee Terms of Reference for approval which completed the action from the last meeting. There were two changes, highlighted in red, relating to data quality and the scrutiny of effectiveness reviews of</p>

	<p>other Board Committees. If accepted by the Committee the changes would be notified to Board and Committee Chairs and the reviews would be built into the work programme.</p> <p>P Hogg would consider the link back to the Performance Management Framework for assurance back to Board.</p> <p><i>The Committee approved the revised terms of reference, which would be submitted to Board for ratification.</i></p>
<p>1218</p>	<p>ANNUAL INFORMATION AND DATA ASSURANCE</p> <p>T Rycroft reported that work was progressing and all systems bar one had been reviewed. T Rycroft would be contacting the Directors for final sign-off for their areas that all requirements had been met.</p> <p>Some progress had been made on SystemOne documentation and training, this was an extensive piece of work and was improving. A significant risk around reporting of data and data returns was included on the Risk Register and being managed and reported on through the Senior Leadership Group.</p> <p>Comments from Committee members were:</p> <p>L Romaniak referred to the appendices and advised that through recently completed audit reports Payroll had received ‘significant assurance’ and Financial Systems received a ‘High assurance’ from Internal Audit at this meeting. T Rycroft would amend the appendices.</p> <p>Dr Hussain sought clarification on the Toolkit compliance around system controls. T Rycroft reported that the Information Governance Group would be meeting on 24 May 2019 to discuss and he would confirm the timescales to the Committee in the next 2 to 3 weeks.</p> <p>Dr Hussain asked how the risk register was checked and T Rycroft advised that it was recorded in a different guise on the Corporate Risk Register. Dr Hussain stressed that the nature of the risk needed to be clearly described.</p> <p>The Chair sought clarification on the ESR data return and T Rycroft confirmed that Director approval was being confirmed. The Chair requested T Rycroft circulate the ESR data return to the Committee by email stating once approved for assurance to the Committee.</p> <p>Dr Hussain sought clarification on whether key risks and issues were being correctly captured and cross-referenced to the Business Continuity Plan (as already discussed on the agenda). T Rycroft advised that the issues were more generic regarding access to systems and correct data quality. Business Continuity Planning was part of the Trust’s procedures.</p>

	<p>The Committee acknowledged that SystemOne was a significant risk which was being reviewed elsewhere and requested an update to be provided at the Committee meeting in September 2019.</p> <p>Actions:</p> <ul style="list-style-type: none"> • T Rycroft to circulate the approved ESR data return assurance to the and confirm Directors' approvals highlighting any significant changes to assurance or risks to the Committee. • T Rycroft to provide an update regarding SystemOne to the Committee meeting on 2 September 2019. <p><i>The Committee gained some assurance regarding the risks.</i></p>
<p>1219</p>	<p>FREEDOM TO SPEAK UP GUARDIAN – ANNUAL UPDATE</p> <p>R Bentley presented the Freedom to Speak Up Guardian (FTSUG) Annual report. She highlighted challenges from discussion with the Quality and Safety Committee and B Kilmurray in looking at what the role of the FTSUG was before agreeing next steps.</p> <p>She felt it would be helpful to review the level of detail reported on investigations into concerns that would give confidence that processes had been followed and lessons learned. Mr Vincent suggested that the Committee did not need to receive detailed findings but required more appropriate signposts to themes and lessons learned. B Kilmurray had discussed looking at outcomes with the Trust Chair and Simon Lewis (as the Non-Executive Director lead for FTSUG) rather than the detail, themes and learning. Case closure criteria would be helpful which included having an outcome.</p> <p>Since taking on the FTSUG role, R Bentley had cleansed the data and processes. She acknowledged there was more to do on actions and impacts and the triangulation of information. B Kilmurray stressed it was important to capture the outcome and feedback from those raising concerns.</p> <p>The Chair advised that the Committee's role was to ensure that the process was robust including learning. The Quality and Safety Committee's responsibility was to look at the outcomes and wider implications.</p> <p><i>The Committee accepted the report.</i></p>
<p>1220</p>	<p>NHS STANDARDS ANNUAL SELF REVIEW TOOL</p> <p>Following presentation of the draft Self-Review Tool (SRT) at the last meeting and discussions between J Williams and the Director of Finance, Contracting and Facilities, the SRT had been submitted with a slight change on the Prevent and Deter Standard 3.1 to amber from green.</p> <p>The Chair, who had also reviewed the SRT, was content with the amendment.</p> <p><i>The Committee noted the revision and content of the Self-Review Tool.</i></p>

<p>1221</p>	<p>LOCAL COUNTER FRAUD (LCF) PROGRESS UPDATE REPORT J Williams reported on the following:</p> <ul style="list-style-type: none"> • Fraud awareness presentations continued within the Trust; • attendance continued at Safeguarding Managers Groups and regular management liaison continued in terms of fraud; • HR and LCFS had clarified the roles and responsibilities around disciplinary cases and allegations in order not to impede investigations; • the National Fraud Initiative 2018/19 regarding NFI matches had identified a small number of matches which had been passed to creditors and awaiting responses; • L Romaniak had volunteered the Trust to be involved in a pilot exercise by the NHS Counter Fraud Authority (CFA) who would come to talk to us about the benchmarking information required; • the CFA circular (Appendix A) provided highlights of the work undertaken and their intention to do some extra assessments to improve the effectiveness and outcomes from the LCF functions; and • an update on the allegation of potential fraud case was provided. West Yorkshire police were still awaiting a response from the suspect's line manager. Human Resources had been alerted and J Williams had offered any assistance via the Local Counter Fraud Specialist department in following up a response from the line manager. Action: L Swift to report back to the next Committee meeting. <p><i>The Committee noted the report.</i></p>
<p>1222</p>	<p>COMMITTEE WORK PLAN The Committee reviewed the work plan and agreed the following:</p> <p>Add</p> <ul style="list-style-type: none"> • Annual Information & Data Assurance – September 2019; • Internal Audit plan update – September 2019; and • IMT Starters, Leavers and Change Process progress on limited assurance report – September 2019. <p>The Committee agreed that the indications from the CQC report should be circulated to the Committee when available.</p>
<p>1223</p>	<p>DATE AND TIME OF NEXT MEETING Monday, 2 September 2019 at 9.00am, Room 7, level 1, (Riverside), New Mill.</p>

AUDIT COMMITTEE

Actions Table – 21 May 2019

Agenda Item	Actions requested	By	Timescale	Progress
1125	<u>Litigation Report 2018/19 (Q1 and 2):</u> Louise Hussain to review the figures quoted in the text and the way the charts analysed the figures on page 5 and provide an update outside of the meeting.	KN	Next Meeting	To be picked up under agenda item 17 on 21.5.19 Completed
1128	The Chair and Paul Hogg to consider the role of the Audit Committee in relation to partnership work and how to take this forward through the work plan.	DB/PH	May 2019	Carry forward to September meeting
1129	<u>Local Counter Fraud Progress Update Report:</u> Justin Williams to liaise with Claire Risdon on overseas charging and to add an update to the work programme for the May Committee meeting	JW/CR	September 2019	Update scheduled for May 2019 deferred to September 2019 due to Brexit delay
1158	<u>Committee Workplan:</u> The Chair to raise identifying a Transformation Project at Trust Board on 28 February.	DB	February 2019	DB to query at April 2019 Trust Board (deferred) DB would raise at May 2019. Trust Board. Agreed to defer due to CQC
AC/15/4/19-1	<u>Mental Health Legislation Committee monitoring of MCA training delivery capacity issues & proposed mitigations - A McElligott (Action 1119 refers):</u> P Hogg to follow-up with A McElligott regarding a business case on hours required to deliver MCA training to go to SLG and update the April Committee.	PH	Add to action summary for update at May's meeting	Investment in MCA training had been approved by SLG. Reported 77% compliance against an 80% target. Additional investment in place Completed
AC/15/4/19-7	<u>Internal Audit Head of Audit Opinion – verbal:</u> Chris Boyne to notify the Committee by email of any change to the anticipated 'significant assurance' status.	CB	Notify if any change before 21 May Meeting	There had been no changes to the status Completed
AC/15/4/19-12	<u>LCF Progress update Report:</u> Lee Swift to work with Paul Hogg to ensure regular communications from CEO and Chair to staff regarding the Fraud, Bribery and Corruption Policy and place statement on website.	LS/JW	On going	LR would pick up the action with PH/LS

	Lee Swift to provide an update on the current potential fraud allegation and investigation.	LS/JW	2 Sept 2019	On Agenda
AC/21/05/19-1	<u>Performance Management Framework:</u> L Romaniak to present the Performance Management Framework to the Private Board meeting in June 2019 for recording under the Public section at the next meeting. This would then come back to the Audit Committee for assurance.	LR	June 2019 TB	18.06.19 circulated by email to AC for approval prior to Trust Board meeting in July. Completed
AC/21/05/19-2	<u>Internal Audit Progress Report: BDCFT15/2019 IMT Starters, Leavers and Change process report:</u> C Risdon to share the IMT report with the FBIC and T Rycroft to attend the next FBIC meeting on 17 June 2019.	CR/TR	17 June 2019	Completed
AC/21/05/19-3	<u>Internal Audit Progress Report: BDCFT15/2019 IMT Starters, Leavers and Change process report:</u> T Rycroft to attend 17 June 2019 FBIC and to attend the Committee's September 2019 meeting to report on progress to implement agreed actions from the limited assurance report.	TR	2 Sept 2019	Completed Added to Work Plan
AC/21/05/19-4	<u>Internal Audit Progress Report: Mental Health Care Plans and Mental Health Care Records:</u> D Haynes to share information relating to SystemOne Care Plan issues with the Mental Health Legislation Committee and Quality and Safety Committee.	DH	TBC	TBC
AC/21/05/19-5	<u>Actions from Well-Led Review for Audit Committee:</u> Paul Hogg to present the revised Audit Committee Terms of Reference to the Board for ratification.	PH	30 May 2019	Completed
AC/21/05/19-6	<u>Annual Information and Data Assurance:</u> T Rycroft to circulate the approved ESR data return assurance to the and confirm Directors' approvals highlighting any significant changes to assurance or risks to the Committee.	TR	2 weeks	Agenda update 2 Sept 2019
	T Rycroft to provide an update report at September's meeting	TR	2 Sept 2019	Added to Work Plan
AC/21/05/19-7	<u>Committee Work Plan</u> <ul style="list-style-type: none"> Internal Audit Plan update in light of CQC findings 	CB/DH	2 Sept 2019	Added to Work Plan

Name of Meeting: Finance, Business & Investment Committee
Date: 17 June 2019
Time: 9.00am
Venue: Room 7, level 1, Riverside, New Mill

MINUTES (Public)

Present:

Rob Vincent	Non-Executive Director (Chair)
David Banks	Non-Executive Director
Simon Lewis	Non-Executive Director (by teleconference call)
Sarah Jones	Special Advisor to the Board
Brent Kilmurray	Chief Executive
Liz Romaniak	Director of Finance, Contracting and Estates
Sandra Knight	Director of HR and OD
Patrick Scott	Chief Operating Officer
Claire Risdon	Deputy Director of Finance

In Attendance:

David Gibson	Facilities Business & Governance Manager	Item 8
Karen Byard	Maintenance & Fire Safety Manager	Item 9
Tom Rhodes	Fire Officer	Item 9
Delphine Fitouri	Head of Informatics	Items 10 to 12
Kelly Barker	Service Manager	Item 13
Julie Hibbitt	Committee Support Officer	

Item	
753	Welcome and Apologies for Absence The Chair welcomed everyone to the meeting. Apologies were received from Louise Hussain.
754	Minutes of the Meeting held on 8 May 2019 The minutes of the meeting held on 8 May 2019 were accepted as an accurate record.
755	Actions <u>FBIC19/11/18-2 - Month 7 Performance Dashboard 2018/19:</u> the duplication of effort across Committees, including workforce would be discussed at the next Non-Executive Directors meeting in July 2019. Susan Ince was progressing with the revision of the Integrated Performance Report. Ongoing <u>FBIC/08/05/19-2 – Discussion regarding workforce risks/BAF elements for agendas (1):</u>

	<p>S Knight confirmed that the whole system working report had been incorporated into a paper previously presented to Board and she would circulate this to the Committee. Subsequently the paper was circulated by email to the Committee on 18 June 2019. Completed</p> <p><u><i>FBIC/08/05/19-2 - Discussion regarding workforce risks/BAF elements for agendas (2):</i></u> S Knight would map out the talent management and recruitment development for discussion by the Senior Leadership Group (SLG) to decide breakthrough priorities for refreshing the workforce strategy. S Knight would then circulate the paper to the Committee for feedback comments. Ongoing</p> <p>All other actions were updated accordingly on the summary.</p>
<p>756</p>	<p>Functional Model update</p> <p>P Scott reported that individuals had been identified for all of the Inpatient consultants and Staff Grade posts. D Sims and the Consultant group were focusing on community teams' staffing and caseloads. There had been three Quality Impact Assessments (QIAs). Issues considered that had led to implementation being deferred had included insufficient cover at Somerset House and Meridian. Sufficient additional staff had now been identified to ensure appropriate cover within the Community teams to allow a safe transition to the functional model starting on 26 June 2019. There would be a 2 weeks transitional handover period to ensure the safe transfer or caseloads between medics.</p> <p>A review of all community teams' and consultant caseloads was underway; the model required different ways of working to provide the capacity for Inpatient services. A QIA panel would look at community caseloads to ensure that individuals' patient care was not compromised.</p> <p>A workshop in July would focus on ANP leadership development to support and enhance their roles. An Improvement workshop in July would review admin processes which had been flagged at QIA. Oversight of the ongoing impact of changes to the functional model would continue to be provided through the Guiding group. D Sims was leading work with medical leads, Operational Management and ANP across community and inpatient services. The work on draft metrics had not yet been finalised but would likely include bed occupancy, caseloads, inpatient and community length of stay, community waiting times and staff and service user wellbeing.</p> <p>Comments from Committee members were:</p> <p>Mr Banks asked if the Quality Improvement (QI) launch was a help or hindrance. P Scott reported that the Rapid Improvement week and QI approaches had been received positively. New ways of working, particularly in community services, were seen as an enabler and invaluable in reviewing the huge caseloads. Community team had started cell working.</p> <p>The Chair sought clarification regarding the stability of the medical workforce given the number of locum medics and if there was a heightened risk. P Scott expected the Functional Medical Model to increase interest in Trust posts as this followed training.</p> <p>The Committee agreed that a formal review of the Functional Model should be reported to the Quality & Safety Committee and then to Board. Action: At the last Committee it had been</p>

	<p>proposed that a formal 6-month review of the Functional Model to be presented to the Quality & Safety Committee and then to Board.</p> <p>P Scott advised that a QIA panel would sign off the functional model virtually by end of next week.</p> <p><i>The Committee accepted the verbal update.</i></p>
<p>757</p>	<p>Work Smart report</p> <p>P Scott reported that there had been limited activity in the last 4 months and the Work Smart Group meeting would regroup to refresh/refocus next week.</p> <p>The Chair believed there was a need to link Work Smart planning to a more fundamental review of the Trust's Digital Strategy. Mr Banks acknowledged the difficulties around progressing Digital Strategy ambitions due to other more pressing IM&T issues and suggested considering additional external assistance to Gartner, to ensure that areas identified by them could be optimised. S Knight suggested that this should consider the necessary profile of investment in Digital. Mr Lewis believed that capacity and expertise was important to consider.</p> <p>The Chair requested a more focused report into the FBIC workplan at a future date (to be confirmed by P Scott).</p> <p>B Kilmurray advised that the Work Smart project was a key enabler for the Estates Strategy.</p> <p><i>The Committee accepted the verbal report.</i></p>
<p>758</p>	<p>Senior leadership Group – Transformation update</p> <p>Refer to minute number 759.</p>
<p>759</p>	<p>2019/20 Month 2 and Risks and Mitigations</p> <p>The financial indicators at Month 2 were on track. Anticipated some expenditure on IT, 0 – 19 Children and PC refresh. The forecast was not at risk.</p> <p>Slide 7: the financial position continued to see high levels of band 2 and specialising, in part reflecting additional e.g. twilight shifts initiated as part of the Rapid Improvement week CQC response. The Senior Leadership Group would meet today to review the additional secured funding and the safer staffing model. Work was progressing around bank staff.</p> <p>Out of area placements: £189k costs at month 2 represented a substantial risk. Newton International had been undertaking a bed occupancy review for South West Yorkshire Partnership Foundation Trust. Action: B Kilmurray and P Scott to report back to the Committee on work at a West Yorkshire level to eliminate OOA placements, associated pressures and learning from other Trusts.</p> <p>P Scott reiterated an earlier Board discussion where there had been a consensus around the need to ensure safe wards which might necessitate out of area placements, e.g. to preserve leave beds.</p>

B Kilmurray advised that there was potential interest in the IHTT post which might support community gatekeeping.

Slide 10: no financial risk on medical staffing was reported due to the more rapid implementation of the Functional Model, investment through cost pressures in 2019/20 for locum pressures and indications that for the first time the Junior Doctor rotation would have sufficient junior doctors to provide full cover.

Slide 11: The Committee discussed non-recurrent CIP mitigations and reported progress on Quality Improvement Assessments (QIAs): £400k (6%) were scheduled for Quarter 2, 15% of schemes required a desktop assessment in Quarter 2 and 10% remained outstanding.

£714k additional CIPs had been identified but this included £589k assumed national funding for Agenda for Change pay pressures on Public Health contracts – value unconfirmed but NHSI expected to exceed £500k.

The Chair noted that the QIA position was better than last year.

L Romaniak indicated that the Sustainability Board had now met and that the Committee would receive formal feedback from the Sustainability Board meetings. **Action: L Romaniak to circulate the Sustainability Board Terms of Reference to the Committee.**

The Chair sought clarification on the review by NHS Improvement/England of the local systems/'Place' financial plan and attention on the Trust. L Romaniak advised that NHSI had described the Trust as a low risk (in terms of in-year deliver) and there was increasingly more attention focus on the development of a robust 'place' plan to cover acute and CCG plan financial gaps. **Action: An update on the local systems/'place' based financial plan to be scheduled for a future meeting.**

Mr Lewis queried the increase in substantive staff costs illustrated on slide 8 and reduction in agency. This included the April Agenda for Change pay increase and non-consolidated 1% award as well as recruitment into funded posts through cost pressures for Care Closer to Home but needed further review before the next meeting.

Slide 15: The Committee discussed the need to re-visit work previously undertaken in relation to risks from an aging workforce and projected retirements. It would be important to link forecasts to apprenticeships and thinking about new roles and ways of delivering care. **Action: S Knight to present a report on the Trust's plans to forecast and mitigate age-related workforce risks.**

Slide 18: The Committee considered key drivers of the upward trend in labour turnover which included the conclusion of a number of sickness absence cases and planned reductions in 0 – 19 staffing following the award of the Bradford Children's tender.

Pensions would be funded directly nationally for 2019/20 but there was an unknown risk for 2020/21 as the methodology and route remained unclear. Plan guidance was expected imminently for the NHS Long Term Plan which might clarify.

	<p><i>The Committee noted the report.</i></p>
760	<p><i>5 year Capital expenditure plan</i> Following submission of the 5-year Capital plan in April 2019 and re-submission in May 2019, further development of the plan had progressed.</p> <p>Key changes included initial financial modelling using a Feasibility Study for the redevelopment of Lynfield Mount. This had been developed through the Draft Estates Strategy. ‘Placeholders’ for Digital (reference to previous item) and Community Hub developments to support the Estates Strategy had also been included but required further development.</p> <p>The Feasibility Study financials had implications for revenue through revised capital charges and demolition costs. The approval of a business case would be required by NHS Improvement who had suggested the Trust required ICS level support before any approval or cash borrowing would be supported.</p> <p>The development would be phased and require Trust cash as well as borrowing over the period to 2026.</p> <p>The Committee considered the risks relating to national Capital pressures, current concerns that Capital Control totals could be imposed, lack of national clarity regarding the future capital regime, STP approval processes and ability to access borrowing (unlikely without STP support).</p> <p>The chair queried the funding of revenue consequences for any ICS level shared capital developments. These, e.g. for CAMHS, would be shared across relevant ICS partners through a risk and gain share.</p> <p><i>The Committee noted the progress made to date on the development of the 5-year plan and noted the next steps to further refine the plan.</i></p>
761	<p>Ligature Assessment Annual Report P Scott presented the Annual report. As a consequence of the Care Quality Commission (CQC) inspection and Section 29A warning notice the Rapid Process Improvement Week had initiated a review of best practice, policy, procedure and ligature risk assessment documentation and processes. This had also extracted clinical risk assessment elements. The approach would ensure:</p> <ul style="list-style-type: none"> • All ward assessments completed using a standardised, more rigorous process with quality assurance approvals to ensure quality and consistency; • Maps being developed for wards to support more rapid identification of key ligature risks e.g. by new staff; • Through factors including the categorisation of wards as high, medium and low risk, that risks were appropriately scored. The Manchester Audit Tool approached had been adopted which graded ligature risks based on four risk factors. • Actions underway to introduce the automated BORIS system;

- focus by (re-shaping of the Anti ligature group to be) the Ligature and Environmental Risk and Safety (LERS) group on monitoring compliance, training, completion of assessments and actions/exceptions, with more analysis on reported incidents and necessary actions to respond to individual or themed risks;
- reformatted the Ligature and Suicide Risk Policy to remove the focus on clinical risk assessment which was now included in the Clinical Risk Assessment Policy. The new policy title was the Ligature Risk Assessment Policy which would retain strong links with the Clinical Risk Policy;
- Standard operating procedures in place;
- Developed training as part of Clinical Risk Assessment training with a train the trainer approach led by Ward Managers who would oversee their ward action plans; and
- understanding from the safety monthly walk arounds with quality and safety assessment teams.

Section 3 highlighted the indicative capital resource requirements around bedrooms and bathrooms in considering the options for anti-ligature fittings, nurse call and door alarms. These were subject to further work and discussion. A Clinical Summit with invited stakeholders would take place on 26 June. A key workshop would review door solutions as part of further sessions to consider the Estate Strategy for Inpatients in the context of wider options to ensure a therapeutic service offer. The Chair asked if this would determine specific investment or provide further context. Views would be sought on all aspects to inform the Board discussion.

Action: P Scott to bring a draft business case including views from the Clinical Summit discussion to the Committee and then to Board for approval.

Comments from Committee members were:

Mr Lewis believed that the extent of the Trust's duty was unclear. David Banks suggested that the Trust should ensure robust risk assessments and taking all reasonable steps operationally and from an estate perspective.

S Jones advised that private sector providers had taken a very different approach, for example one ligature free room and being careful of the choice issues. The Committee discussed the lack of standard requirements through guidance in relation to door alarms and other aspects.

P Scott indicated that the door alarms and call bells would become standard in new developments to support anti-ligature responses. B Kilmurray advised that the Trust had engaged with CQC on the Trust's proposed approach (to develop a business case).

The Committee reflected on the difference in process this year, since the previous CQC inspection. A very literal response, to track the completion of risk assessments had been taken last year. The paper and Rapid Improvement Week had ensured a completely different focus, collaboration across operational clinical and advisory teams to co-produce and complete and sign off the assessments and actions. Oversight by the LERS group would keep this 'live' on an ongoing basis complemented by Daily Lean Management processes on the wards.

	<p>P Scott believed that there was rigour around the processes; with new assurance, oversight by LERS and clearly identified leads for actions (estates and Ward manager).</p> <p>S Jones asked whether we were confident that dynamic clinical risks were understood including rapid tranquilisation. P Scott advised that daily lean management, report outs and PIPA developments would be central to this.</p> <p>The Committee agreed it was important to maintain the process of a whole system 'Clinical Summit' approach and would receive the Business Case of the Trust's Ligature risk response at the subsequent meeting.</p> <p><i>The Committee accepted the Ligature Annual Report for 2019/20.</i></p>
<p>762</p>	<p>Health, Safety and Security Annual Report 2018/19</p> <p>D Gibson presented the combined Health, Safety and Security Annual Report for 2018/19 and highlighted the follow key points:</p> <ul style="list-style-type: none"> • the Trust had been successful in achieving its fifth consecutive RoSPA gold award (now a medal) for Occupational Safety and Health; • the team had been shortlisted for a You're a Star Award; • delivered objectives relating to team training and development; • two out of four RIDDOR reportable incidents were due to staff assault; • Slips trips and falls had reduced; • the number of security incidents relating to vandalism and unlocked doors had increased. One was a severe incident due to vandalism to windows at Lynfield Mount Hospital; and • a one page summary of highlights from the Annual Report and key messages would be communicated via Connect. <p>Comments from Committee members were noted as follows:</p> <p>Mr Banks advised that the report reflected a consistent picture of issues reviewed by the Health and Safety Group. A significant issue was assaults on staff. Police involvement formed part of the Trust's Security response where patients had consent and this had been discussed at a recent LERS group.</p> <p>The Chair referred to page 18 which showed full IR-E incident details and suggested potentially long terms effects on staff, requiring post incident support. D Gibson indicated that this was not specifically tested by the Health, Safety and Security team but that HR report Employee Health and Wellbeing referrals into the Health and Safety Group. S Knight had requested a process flowchart to support team leaders and managers to navigate and ensure referrals were made to the Occupational Health and Wellbeing service/psychology.</p> <p>Mr Banks advised that although the majority of incidents were on inpatient wards it was important not to lose sight of community workers. A further update on the lone working policy would be presented to a Senior Leadership Team meeting in the future.</p>

~~Mr Lewis acknowledged the good and useful report and noted that whilst there had been over 1300 incidents just 13 near misses had been reported.~~ Mr Lewis acknowledged the good and useful report *however expressed a concern that whilst there had been over 1300 incidents just 13 near misses had been reported, this appeared to demonstrate a significant pattern of under-reporting*. D Gibson reported that the Trust had a good rate of reporting incidents, near miss reporting was being encouraged. Work in partnership with Risk Management was underway to understand any barriers in reporting.

Mr Lewis referred to the decrease in RIDDOR incidents to 4 for 2018/19 and asked how these were categorised for assurance. D Gibson advised that the Return to Work form now asks whether an absence relates to a work-related incident (this and the impact and duration determine RIDDOR reporting). The Committee agreed the need to reiterate to staff the importance of reporting and sharing of feedback.

B Kilmurray asked how information relating to slips, trips and falls was fed back into wards and the DAU. D Gibson indicated that feedback on actions taken was reported to the Health and Safety Group who looked at a wide range of actions. Examples were discussed including actions being taken by the Dementia Assessment Unit, Occupational Therapy and falls prevention service engagement.

The Committee approved the Annual Report.

763 Fire Safety Annual Report

K Byard and T Rhodes presented the Fire Safety Annual report and the Committee discussed and commented on the following points:

- Training compliance target 95%. Further work on Staff bank training was required and to target departments that had low compliance;
- Concern that there was under reporting of smoking related incidents. The Committee supported the reintroduction of a new tally process to provide a more accurate sense of incident numbers and types and an accurate picture of the wards. Mr Banks believed that a tally had previously been agreed through Debra Gilderdale. B Kilmurray stressed that it was vital to understand the pressures on the wards and the volume of incidents.
- Several vaping incidents on wards had led to fire alarm activation which was challenging;
- Recent fires had been small, the building environment structure had worked as expected, staff had responded pro-actively and no fundamental failings were reported. There had been no reported links between the Airedale Centre for Mental Health fires. One incident had been followed up with the Police Service. The welfare of patients and staff during and after incidents was followed up.

Mr Banks believed that coupled with the previous report regarding assaults on staff it was important to look at the safety for both patients and staff. B Kilmurray advised that training and awareness for staff was vital regarding community fire arson increases.

There was a fire referral partnership in place with the Fire Service with approximately 100 to 150 referrals per annum. T Rhodes suggested that 11,000 referrals were received into the Fire Service in Bradford per annum. Approximately 8 out of 10 deaths resulting from fire in the

	<p>Bradford area were potentially mental health related, but individuals were not always known to the Trust. The Fire Service also referred individuals into the Trust services.</p> <p>Mr Lewis referred to section 3.4 regarding joint working with West Yorkshire Fire and Rescue Service and requested adding in more details of the post discharge support in the next report.</p> <p>T Rhodes advised that one key example of focus had been in response to fire risks associated with emollient creams (paraffin-based creams). 100,000 leaflets had been issued outlining the risks around use of emollient creams and the risk to burns to skin. Collaboration through the acute providers, CCG and the Trust had ensured follow-up where emollients are prescribed (then flagged on SystemOne) and for example where wound care is followed up.</p> <p>P Scott advised that G Eloi, General Manager of mental health services had regular contact with senior West Yorkshire Fire Service colleagues. T Rhodes indicated that the Fire Service had representation on the Health and Well Being Board to support closer collaboration.</p> <p><i>The Committee approved the 2018/19 Report.</i></p>
<p>764</p>	<p>E cigarettes within inpatient mental health services update</p> <p>K Barker presented the update which followed a review last autumn of the Smoke Free Policy to permit the use of e-cigarettes within courtyards and most recently to support the better management of use of leave. A Rapid Improvement Week in April 2019 had considered the hypothesis that providing e-cigarettes might support a focus on recovery, reduce leave for smoking and improve the therapeutic relationships between staff and service users, with positive impacts on violence and aggression.</p> <p>The Committee discussed the impacts for the services around arranging, recording and supporting leave. It was important not to see this in isolation but to ensure meaningful therapeutic activities on the wards. It was envisaged that the Functional Medical Model, with one medic overseeing all patients' leave and working within the ward MDT might support a recovery focus.</p> <p>Comments from Committee members were noted as follows:</p> <p>Mr Banks asked how many NHS Trusts had the same policy as the Trust. K Barker advised that she was part on the Yorkshire and Humber group who was gathering wider information on policies to support next steps. Trusts were taking different approaches to smoking. It was possible that there would be a regional approach.</p> <p>The Committee discussed that e-cigarettes could be used in the courtyard areas. She reported that initial conversations were held at admission point around things that could be provided and supplemented by additional meaningful therapeutic and social activities. Mr Lewis asked how this was quantified and K Barker advised this could be through incidents of violence and aggressions.</p> <p>Mr Banks advised that there were some undesirable e-cigarettes which could have some associated fire risks from incorrect charging.</p>

	<p>S Jones sought clarification on not smoking in bedrooms and K Barker advised of the risk levels. P Scott indicated that a more sophisticated approach was needed with clinical discussion. The Chair suggested an evidence base from incidents, actions and leave permissions to be considered as part of the Trust’s overall response. Action: The Committee recommended a fuller review to be referred to the Quality and Safety Committee in due course.</p> <p>K Barker would be discussing with inpatient (functional model consultants) this week a focus on recovery and purposeful activities including smoking breaks and use of leave.</p> <p><i>The Committee accepted the report.</i></p>
765	<p>Cyber Security Strategy Progress Update</p> <p>D Fitouri highlighted the following from the progress update:</p> <ul style="list-style-type: none"> • three cyber incidents on the Trust’s infrastructure; two CareCERT alerts with no security breach or risk and one Phishing incident from an external party which had been dealt with rapidly. A communication had been sent to all staff warning of the attack and reminding staff to check emails before clicking links and not to give passwords to anyone, including IMT. Mr Lewis suggested adding a simple message around passwords and cyber security onto Payslips as a frequent reminder; • a survey feedback from services was being undertaken to shape communications and awareness raising around understanding cyber security; • weekly scanning checks of all devices that touch the network to check vulnerabilities; • an IT health assurance dashboard solution had been reviewed which provided a number of tools at a cost of £35k. A paper would be prepared for SLG; and • several weak passwords had been found, and hotspot areas would be shared with SLG. <p>S Knight sought clarification on when the Trust would secure Cyber essentials plus. D Fitouri advised that some upgrades to Windows 10 were still underway meaning that whilst NHS Digital would re-visit at the end of June the rating would not change due to the outstanding upgrades. NHS Digital would pay for the accreditation.</p> <p>The Chair acknowledged the very assuring progress report and thanked D Fitouri and her colleagues.</p> <p><i>The Committee noted the continuing actions being undertaken to protect the Trust from cyber threats.</i></p>
766	<p>Informatics Programme Report</p> <p>D Fitouri advised that the updates were presented to the Informatics Board on a monthly basis.</p> <p><u>Network</u>: this was progressing with external providers including site surveys and software upgrades. The activities for different sites and progress would be communicated on the Connect website. A data centre upgrade was required before the full network benefit would be seen. The Chair sought clarification on clear communications to staff regarding this and D Fitouri reported that responsive messaging was being communicated. The pilots at Craven and Wakefield sites were being looked at and would be a matter of weeks before being resolved.</p>

	<p><u>Outsourced mail</u>: a pilot phase was underway before rolling out and business case phase.</p> <p><u>Rapid Process Automation</u>: the NDL 0-19 collaboration to automate processes, redesign forms to web forms, consents and quantifying information onto SystemOne was being reviewed. NDL consultancy was supporting to meet the required timeline of August 2019.</p> <p><u>Telephony</u>: the project to transfer to a VOIP system for Lynfield Mount Hospital and New Mill receptions had been delayed due to supplier and hardware issues. There was a cost pressure from existing supplier support (not included in CIP) and had anticipated cost reduction.</p> <p><i>The Committee noted the report.</i></p>
<p>767</p>	<p>Internal Audit Reports:</p> <p><u>IMT Starters, Leavers and Change Process</u>: limited assurance. D Fitouri reported that at the time the audit took place SharePoint was not working for information flows between HR and IM&T. A manual process was put in place however Internal Audit could not therefore audit the SharePoint process. HR had now implemented a new TRAC system therefore some processes were no longer relevant.</p> <p>The IMT Footprints service desk management system was no longer considered suitable for collation and prioritisation of calls. A new specification was being developed which would support service user interactions. Procurement of a new system was expected by the end of June. The new system would include more modern features; a self-service tool catalogue and guidance. The target date was January 2020 for the new system to be in place.</p> <p><u>Financial Systems</u>: high assurance. The Committee noted the remarkable audit report.</p> <p><u>Payroll</u>: signification assurance. The audit had looked at starters, leavers and timesheets and had highlighted late receipt of documentation for leavers which had impacts on Payroll making payments to the individuals. The Consortium Payroll Board would be discussing this at their meeting this week.</p>
<p>768</p>	<p>Committee Work Plan:</p> <p>The Committee reviewed and noted the following amendments to the work plan:</p> <p>Add:</p> <ul style="list-style-type: none"> • Out of area issues • Sustainability Board update (every agenda) • PLACE level financial position • Digital Strategy (autumn time) • IT projects update – including Networks • Workforce strategy schedule for September to include workforce planning around the ageing workforce demographics. <p>Delete:</p> <ul style="list-style-type: none"> • Sickness absence deep dive

769	Date and Time of next meeting: The next meeting will be held on Monday, 22 July 2019 @ 9.00am, meeting room 7, level 1, New Mill.
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Actions Table – 17 June 2019

Ref No	Actions requested	Timescale	Progress
FBIC19/11/18-2	<u>Month 7 Performance Dashboard 2018/19:</u> The Chairman to discuss with P Hogg duplication of effort across Committees.	Immediate	To be discussed at NEDs meeting on 20.12.18 The Chair to discuss further with P Hogg. To be discussed at the next NEDs meeting July. Ongoing
FBIC/04/02/19-4	<u>Informatics workplan 2018/19 update:</u> B Kilmurray to address in a conversation with T Rycroft regarding the IM&T infrastructure stability as a priority for the Committee's attention.		Verbal update provided at May's meeting Completed
FBIC/08/05/19-1	<u>Month 12 Performance Dashboard 2019/20</u> <u>Slide 25 Workforce - Inpatients:</u> C Risdon committed to follow up the March data for vacancies on the bank and agency acute summary with N Wilson outside the meeting.	1 month	This related to an increase in the amount of vacancies and the data had been rectified. Completed
FBIC/08/05/19-2	<u>Discussion regarding workforce risks/BAF elements for agendas:</u> (1) S Knight to recirculate the paper on Whole System Working (previously present to the Committee in 2018).	1 month	Circulated to Committee on 18.6.19 Completed
	(2) S Knight to map out the workforce and OD workplan and an annual work plan to appropriate alignment of HR and OD with the (FBI and QS) Committees' agendas.	TBC	S Knight to map out the talent management and recruitment development for discussion by SLG. S Knight to then circulate the paper to the Committee for feedback comments. Ongoing
FBIC/08/05/19-3	<u>Apprenticeship Strategy 2019 – 2021 (Levy):</u> S Knight to arrange further discussion at the Senior Leadership Group and the Committee agreed general support for the Apprenticeship Strategy but deferred a decision on funding backfill pending the request to provide an assessed plan.	SLG 8 July 2019	
	S Knight to present and update to the Committee in 6 months' time (December 2019).	December 2019	

FBIC/17/06/19-1	<p>Functional Model update P Scott to arrange a formal 6-month review of the Functional Model to be presented to the Quality & Safety Committee and then to Board.</p>	1 month	
FBIC/17/06/19-2	<p>2019/20 Month 2 and Risks and Mitigations: B Kilmurray and P Scott to report back to the Committee on work at West Yorkshire level to eliminate OOA placements, associated pressures and learning from other Trusts.</p>	TBC	
	<p>L Romaniak to circulate the Sustainability Board Terms of Reference to the Committee.</p>		Completed 11.7.19
	<p>C Risdon to provide an update report on local systems/'place' based financial plan to be scheduled for a future meeting</p>	September 2019	
	<p>S Knight to present a report on the Trust's plans to forecast and mitigate age-related workforce risks.</p>	TBC	
FBIC/17/06/19-3	<p>Ligature Assessment Annual Report P Scott to bring a draft business case including views from the Clinical Summit discussion to the Committee and then to Board for approval.</p>	TBC	
FBIC/17/06/19-4	<p>E cigarettes within inpatient mental health services update K Barker to prepare a fuller review to be referred to the Quality and Safety Committee in due course.</p>	TBC	

Name of Meeting: Quality and Safety Committee
Date: 20 June 2019
Time: 2.00pm
Venue: Room 3, Level 1, New Mill

MINUTES

Present:	Carole Panteli	Non-executive Director (Vice Chair of the Committee)
	Zulfi Hussain	Non-executive Director
	Paul Hogg	Director of Corporate Affairs
	Debra Gilderdale	Director of Nursing and Professions
	David Sims	Acting Medical Director
In attendance:	Louise Hussain	Interim Head of Quality Governance
	Fran Limbert	Corporate Governance Manager (Committee Secretariat)
	Samantha Moorhouse	Infection Prevention Lead Nurse (for agenda item 9)
	Chris Wright	Emergency Planning and Resilience Officer (for agenda item 10)
	Dawn Lee	Interim Head of Safeguarding (for agenda item 11)
	Simon Long	Head of Nursing – Mental Health (for agenda item 12)

ITEM	DISCUSSION	ACTION
1453	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Vice Chair, Carole Panteli, welcomed everyone to the meeting. Apologies had been received from: Professor Gerry Armitage, Non-executive Director and Chair of the Committee; Sara Firth, Service User and Carer Representative; Phil Hubbard, Deputy Director of Nursing and Professions and Director of Infection Prevention and Control; and Patrick Scott, Chief Operating Officer.</p> <p>The Committee was quorate.</p> <p>It was noted that item 13, Biannual Research and Development Report would be deferred to the Committee meeting on the 2 August 2019.</p>	
1454	<p>Minutes of the Meeting held on the 2 May 2019 (agenda item 2a)</p> <p>The minutes of the Quality and Safety Committee meeting held on 2 May 2019 were agreed as a true and accurate record.</p>	

ITEM	DISCUSSION	ACTION
1455	<p>Minutes of the Joint Meeting of the Mental Health Legislation and the Quality and Safety Committee held on the 23 April 2019 (agenda item 2b)</p> <p>The minutes of the Joint Mental Health Legislation and the Quality and Safety Committee meeting held on 23 April 2019 were agreed as a true and accurate record.</p>	
1456	<p>Matters Arising and Action Table (agenda item 3)</p> <p>Louise Hussain presented the Action Table. The following updates were received:</p> <ul style="list-style-type: none"> • 1371 – Work to be done with the Programme Management Office to understand how the re-admittance data features as part of the electronic dashboard. • 1398 – Debra Gilderdale and Sandra Knight to meet to discuss this further. • 1403 – To be closed following the written update from Patrick Scott being presented to members. • 1404 – Further update to be presented September 2019. • 1406 – Ongoing with the Performance Management Framework being presented to the Board of Directors on 27 June 2019, and the Care Trust Governance Guide being presented to the Board of Directors on 25 July 2019. • 1416 – To be closed. • 1422 – To be added to the Quality and Safety Committee Dashboard in term for the August 2019 Committee meeting. • 1424 – Meeting to be scheduled for July 2019. • 1436 – First and third action to be closed. • 1438 – Meeting to be arranged with the Interim Service Lead. • 1444 – David Sims to meet with the Medical Lead from TPP. 	
1457	<p>Update on Ligature Risks (agenda item 12)</p> <p>Simon Long joined the meeting and presented the report on ligature risks. He outlined work that had taken place on this area within the Trust since the last Care Quality Commission (CQC) inspection in March 2019. This included development of a ligature risk assessment with supporting methodology, process, and training. He went onto outline the collective work that had taken place between clinical, estates and facilities colleagues to review the Trust's current position. This included undertaking a benchmarking exercise with other similar NHS Trusts to understand their approach to managing ligature risks. Following this, a recommendation was made to adopt the Manchester Audit Tool approach which graded ligature risk based on four factors: room design; service user profile; ligature height; and other compensating factors. Mr Long outlined that all 13 Wards had been re-assessed. He provided details of the process that follows assessment, which included the assessment form and a map of the Ward and the risk areas being displayed in designated areas within</p>	

ITEM	DISCUSSION	ACTION
	<p>the Wards. The Committee noted that a ligature risk assessment training pack had been created. Ward Managers had been trained on the new process with a training plan in place to cascade training to other members of staff. Mr Long outlined that compliance for the training would be monitored through Electronic Staff Records with work being done to understand how compliance would be monitored for Bank and Agency colleagues.</p> <p>As a result of the ligature risk process being developed, the Ligature and Suicide Risk Policy had been re-written. It included documenting roles and responsibilities in ligature risk assessment; supporting governance arrangements; and standardisation. The Committee noted that the Policy was developed collectively by clinical, estates, facilities colleagues with the Ligature and Environment Risk Safety Group involved as part of the consultation.</p> <p>The Committee noted that the ligature risk assessments and serious incidents that have taken place within inpatient wards had identified ligature anchor points. All ward managers and staff had been made aware of the risks which are being managed through risk assessment and care planning. A Clinical Summit will take place on Wednesday 26 June 2019. Trust colleagues and external partners would discuss the options to ligature risk mitigation. Following this, a business case would be presented to the Board of Directors for consideration.</p> <p>Finally, the Committee discussed risk management noting the importance of defining the right and best therapeutic environment for service user need. Mr Long informed the Committee of the governance arrangements to support ligature risk management discussions within the meeting structure. It was agreed that analysis of ligature incidents would be shared with the Committee by means of a comparison of data before and after the change of ligature risk process.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • supported the new standardised ligature assessment risk process; and • noted the progress against actions. <p>The Committee thanked Mr Long for the developments that had taken place in this area. Mr Long left the meeting.</p>	<p>Paula Reilly</p>
<p>1458</p>	<p>Annual Emergency, Preparedness, Resilience and Response Report (agenda item 10)</p> <p>Chris Wright joined the meeting and presented the annual report on Emergency, Preparedness, Resilience and Response (EPRR). Mr Wright highlighted the key points from the report which included: delivery of the Trust's EPRR and business continuity systems, including testing of the Trust systems;</p>	

ITEM	DISCUSSION	ACTION
	<p>compliance with NHS England’s self-assessment matrix for EPRR; supporting Leeds and York Partnership NHS Foundation Trust who used the Decant Ward for ten female patients after a fire had taken place on their ward; work that had taken place to change the Trust’s clinical waste providers; and contingency planning for when the United Kingdom leaves the European Union. Mr Wright outlined details of the EPRR Team, which currently had only one formally trained member. He went onto to say that that is recorded as a risk in the Corporate Risk Register. The Committee discussed succession planning as it was noted that Mr Wright is a very skilled and experienced EPRR specialist, as a single handed manager and there is difficulty recruiting nationally.</p> <p>The Committee went onto discuss the contents of the report. The importance of the Trust learning lessons, and benchmarking against other similar NHS organisations was noted as ongoing developments within this area. Mr Wright went onto outline the robust monitoring arrangements of EPRR and business continuity within the Trust.</p> <p>The Quality and Safety Committee were assured on progress made within the Trust’s EPRR service.</p> <p>The Committee thanked Mr Wright for the on-going resilience and effectiveness within the EPRR service. Mr Wright left the meeting.</p>	
1459	<p>Annual Infection Prevention Report (agenda item 9)</p> <p>Samantha Moorhouse joined the meeting and presented the annual report for Infection Prevention. She outlined work that had taken place within this area which included the Trust achieving 85.93% of front-line staff being vaccinated against influenza; 89.7% of staff being compliant with infection prevention training; and development of the infection prevention audits. The Committee discussed training compliance and how it was monitored, they noted the work the Infection Prevention Team do to make training accessible. Mrs Gilderdale outlined the supporting governance arrangements for this which included discussions at the Health and Safety Group meetings, and the data featuring as part of the weekly ‘report out’ performance discussion. It was agreed that clarification as to whether Bank and Agency performance data is discussed as part of the weekly ‘report out’ discussions would be sought.</p> <p>Next the Committee discussed the 166 contamination injuries, noting that 13 had been needle stick related. Mrs Gilderdale outlined the supporting governance arrangements of how contamination and its cause was monitored within the Trust.</p> <p>Finally, the Committee discussed the 15 MRSA screening cases, noting that seven cases of MRSA colonisation had taken place in the Dementia Assessment Unit (DAU) since April 2018. Mrs Moorhouse outlined the work</p>	DG

ITEM	DISCUSSION	ACTION
	<p>underway in response to this, the action plan that had been put in place, and the plans to undertake further spot audits to monitor progress made.</p> <p>The Quality and Safety Committee received the Annual Infection Prevention Report and noted its contents.</p> <p>The Committee thanked Mrs Moorhouse for the developments that had taken place in this area. Ms Moorhouse left the meeting.</p>	
1460	<p>Bi-annual Safeguarding Report (agenda item 11)</p> <p>Dawn Lee joined the meeting. She presented the bi-annual report on Safeguarding and highlighted the importance of strong partnership working to ensure a connected approach across the system. Mrs Lee highlighted the key points from the report which included: post Ofsted work and the Trust's aspirations to develop in-reach processes; ongoing work on the CQC Adult Mental Health Action Plan; and service developments within Adult Services. Mrs Lee went on to outline the plans to increase resilience within the Safeguarding Team which included recruitment to two new posts. The Committee went on to discuss the report, noting that the service had received positive feedback as part of the last CQC inspection. Working within a service with increasing demand and a sometimes challenging psychological pressure was noted. The Committee noted aspirations within the Service to provide support to clinical areas such as District Nursing and Learning Disabilities. The increasing demand that this would place on the existing Team who would also be required to sustain core service delivery (duty, supervision, and training) could pose a challenge,</p> <p>Mrs Gilderdale informed the Committee of plans to discuss the Learning Disability Service provision more widely as the Board Development Session on 26 September 2019.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • welcome the bi-annual report from the Safeguarding Service • noted the increasing demand on the Service, the challenge to the Team resource and capacity; and • supported the ongoing developments of the Safeguarding Team to work in partnership with other Trust services not currently covered by existing resources. <p>The Committee thanked Mrs Lee for the on-going resilience and effectiveness of the Safeguarding Team. Mrs Lee left the meeting.</p>	
1461	<p>Matters Escalated (agenda item 6)</p> <p>The Quality and Safety Committee noted:</p>	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • that a proposal for the creation of a Professional Council Clinical Board would be presented to the Committee in September 2019; • the DAU deep dive would be scheduled be presented to the Committee in September 2019; and • that a proposal for a deep dive on the Intensive Home Treatment Team pathway would be presented to the Committee in August 2019. 	<p>DS</p> <p>PS</p> <p>PS</p>
1462	<p>Feedback from Service User / Carer Representative (agenda item 4)</p> <p>Mrs Hussain presented the feedback which included: updates on accessibility of the Trust’s website; Trust-wide Involvement Group featuring as part of the Learning Hub; safety issues within Community Mental Health Teams that had been raised by carers; and feedback on the Your Voice Matters patient experience and involvement strategic review.</p> <p>In relation to the safety issues raised, the Committee noted the concern in relation to mental health awareness training. They suggested that further details on the issue would allow further understanding of the context of the issue raised and allow the Trust to progress the issue accordingly. In relation to business continuity for absenteeism of care coordinators, the Committee noted the Trust process for this. It was agreed that work would be done to remind colleagues of the Trust process via the Quality and Safety meetings and via the screensaver message system.</p> <p>The Committee discussed the importance of feedback and agreed that a standing agenda item would be added for the Quality and Safety Committee meeting on Progress Made on the Actions raised in the Feedback from Service Users and Carers.</p> <p>The Quality and Safety Committee welcomed the feedback that had been shared and noted that it would be shared accordingly with relevant colleagues as required.</p>	<p>LH</p> <p>LH</p>
1463	<p>Board Assurance Framework / Corporate Risk Register (agenda item 5)</p> <p>The Quality and Safety Committee noted:</p> <ul style="list-style-type: none"> • that there were not any new risks on the Corporate Risk Register; • that the Board Assurance Framework (BAF) remained static; and • that there were plans for the BAF to be reviewed by the Trust’s Executive Management Team. 	
1464	<p>0-19 Service Update (agenda item 14)</p> <p>The Committee received an update on the 0-19 Service and noted the risks and challenges associated with it. The challenges included issues around:</p>	

ITEM	DISCUSSION	ACTION
	<p>digitalisation; Health Support Workers within the new service model; and estates. The Committee noted the Service implementation date of the 1 August 2019 and the outstanding work and risks that needed to be mitigated. It was agreed that this programme of work would be monitored through the Senior Leadership Group meetings.</p> <p>Finally, the Committee discussed the Trust's Quality Impact Assessment process. Mrs Gilderdale provided context on work that had taken place on this for the 0-19 Service.</p> <p>The Quality and Safety Committee received the update on the 0-19 Service and noted that progression would be monitored through the Senior Leadership Group, with the first update being scheduled for the 1 July 2019.</p>	PS
1465	<p>Recruitment, Retention and Progression Update (agenda item 15)</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • noted the update that had been provided; and • requested that further updates provide context to the data provided and opportunities for analysis of the data. 	Fiona Sherburn
1466	<p>Learning from Deaths Update (agenda item 16)</p> <p>David Sims presented the report on Learning from Deaths. He outlined development work that had taken place in the Trust over the last two years, which included scheduled reviews of mortality data; creation of the Mortality Review Group; and the process for shared learning across the Trust and the wider NHS network.</p> <p>The Committee went onto discuss the importance of: learning; action planning; and triangulation of data across the Trust. They noted that thematic reviews were discussed at the Quality and Safety Group meetings, and feature as part of the Learning Hub. Mrs Hussain outlined plans to further develop the Trust's serious incident service provision which would be undertaken with support from Chris Hunt, Head of the Kaizen Programme Office, in September 2019.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • noted that significant assurance had been received from Internal Audit on this area in December 2018; • welcomed the Trust's approach to further strengthen existing governance arrangements for shared learning both within the Trusts internal and external networks. 	
1467	<p>Care Quality Commission Update (agenda item 17)</p>	

ITEM	DISCUSSION	ACTION
	<p>Mrs Hussain presented the Care Quality Commission Update, noting that progress made would be presented weekly to the Senior Leadership Group and quarterly to the Board of Directors. She went onto outline details of the 12 workstreams, it was agreed that work would be done to refine these further with each of them being led by an Executive Director.</p> <p>The Quality and Safety Committee welcomed the update on progress made in response to the CQC inspection and the subsequent receipt of the Section 29A Warning letter, and noted the supporting arrangements to monitor ongoing developments.</p>	
1468	<p>Quality Impact Assessment of the Functional Model (agenda item 18)</p> <p>Dr Sims provided an update on the function model and the quality impact assessment process that had supported it so far. He outlined details of the progress that had been made and work that was underway to support a successful implementation of the model. The Committee noted that engagement with clinicians had been positive with defined clinical leadership being a result of the work so far. Dr Sims went on to outline details of discussions that would take place with Isla Skinner, Patient Experience Lead, to define outcome measures to monitor service user experiences. It was agreed that a verbal update would be presented to the Committee meeting on 2 August 2019 on the implementation of the Functional Model.</p> <p>The Committee went onto discuss the Trust's quality impact assessment (QIA) process. It was agreed six monthly updates on this area of work would be added to the Committees Work Plan, to be presented in April and October.</p> <p>The Committee requested that details of the Trust's QIA process would be presented at the meeting on 2 August 2019 for information.</p> <p>The Quality and Safety Committee noted the update presented on the functional model and the QIA process that had supported it.</p>	<p>DS</p> <p>LH</p> <p>DG/DS</p>

ITEM	DISCUSSION	ACTION
1469	<p>Quality and Safety Committee Dashboard (agenda item 8)</p> <p>The Committee noted the contents of the Quality and Safety Committee Dashboard. Discussion took place on: the number of serious incidents; pressure ulcers; mandatory training; and the development of the performance management framework within the Trust. It was agreed that further narrative should be included on the topics presented that featured as part of the Section 29A Warning Letter from the CQC.</p> <p>Finally, the Committee discussed the importance of clinical audits. It was noted that Joanna Shinnors and Phil Hubbard are undertaking a clinical audit on the themes from the Section 29A Warning Letter from the CQC and that it would be presented to the Committee on the 2 August 2019.</p> <p>The Quality and Safety Committee noted the information presented within the Quality and Safety Committee Dashboard.</p>	<p>LH</p> <p>PHu</p>
1470	<p>Internal Audit Reports (agenda item 19)</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • noted the details presented within the Internal Audit Reports and that they are also presented to the Audit Committee; • suggested that work be done to understand how work underway on the CQC action plan would be linked to the Internal Audit Work Plan. 	LH
1471	<p>Items to Escalate (agenda item 20)</p> <p>The Quality and Safety Committee agreed to escalate discussion on the following topics to the Board of Directors:</p> <ul style="list-style-type: none"> • receipt of the EPRR Annual Report; • receipt of the Infection Prevention Annual Report; • resilience and additional work within the Safeguarding Team; and • risks and challenges associated with the 0-19 Service. 	
1472	<p>Evaluation of Meeting (agenda item 21)</p> <p>The Quality and Safety Committee suggested that the meeting scheduled to take place on the 2 August 2019 is extended by an additional 30 minutes.</p>	LH
1473	<p>Quality and Safety Committee Work Plan (agenda item 22)</p> <p>The Quality and Safety Committee noted the Work Plan.</p>	
1474	<p>Date and Time of the next Meeting (agenda item 23)</p>	

ITEM	DISCUSSION	ACTION
	2 August 2019, 9.00am, New Mill, Level 1, Room 7.	

Name of Meeting: Quality and Safety Committee
Date: 2 August 2019
Time: 9.30am
Venue: Room 7, Level 1, New Mill

MINUTES

Present:	Gerry Armitage	Non-executive Director (Chair of the Committee)
	Debra Gilderdale	Director of Nursing and Professions
	Paul Hogg	Director of Corporate Affairs
	Zulfi Hussain	Non-executive Director
	Carole Panteli	Non-executive Director
	David Sims	Acting Medical Director
In attendance:		
	Rebecca Bentley	Head of Nursing Adults and Children's Care Group, Physical Health and Freedom to Speak Up Guardian
	John Hiley	Head of Research and Knowledge Services (for agenda item 15)
	Alex Horsfall	Interim Service Manager Children's Services (for agenda item 10)
	Phil Hubbard	Deputy Director of Nursing and Professions / Director of Infection Prevention and Control
	Patrick Scott	Chief Operating Officer
	Fiona Sherburn	Deputy Director of Human Resources and Organisational Development (for agenda item 4)
	Joanna Shinnars	Clinical Audit Lead (for agenda item 14)
	Isla Skinner	Patient Experience Lead (for agenda item 5)
	Jaspreet Sohal	Chief Pharmacist (for agenda item 12)
	Clifton Springthorpe	Operational Support and Contract Lead (for agenda item 10)
	Diane Jackson	Personal Assistant (Secretariat)
Observing:	Sidney Brown	Governor

Item	Discussion	Action
1475	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>Gerry Armitage, Committee Chair, welcomed those present to the meeting. Apologies had been received from Allison Bingham, General Manager - Adults and Children's Community Services; Simon Long, Head of Nursing Mental Health Care Group, Sara Firth, Service User / Carer Representative and Louise Hussain, Interim Head of Quality Governance.</p>	
1476	<p>Minutes of the last Meeting (agenda item 2)</p> <p>The minutes of the meeting held on 20 June 2019 were approved as an accurate record</p>	

<p>1477</p>	<p>Matters Arising / Actions Table (agenda item 3)</p> <p>The Committee noted that the following actions were now completed and could be closed on the action log: 1398; 1399; 1422; 1423; 1438; 1446; 1457; 1459; 1462 (a) and (b); 1464; 1465; 1468 (a-c); 1469 (a) and (b); and 1470.</p> <p>On other actions:</p> <ul style="list-style-type: none"> • 1403 – Patrick Scott to create a Deep Dive Charter which will be shared with the Committee at the September meeting. • 1404 – Started to secure additional funding for safeguarding across Wakefield and Bradford, recruitment commenced for 2 WTE posts. • 1444 – The meeting with TPP has been postponed until mid – August. The Committee agreed to defer the update until September 2019. • 1461 – This action would be transferred to Debra Gilderdale. 	<p>D Sims</p>
<p>1478</p>	<p>Recruitment and Retention (agenda item 4)</p> <p>Mrs Sherburn joined the meeting and presented a report on recruitment and retention. The Committee noted the contents of the report and development work on the three following areas:</p> <ul style="list-style-type: none"> • interim arrangements, which were being monitored on a weekly basis; • talent management, with work underway to define a supporting strategy and governance arrangements; and • targeted recruitment with work underway to understand the current demand and how this might be filled innovatively. <p>Comments and questions from Committee members were noted as follows:</p> <ul style="list-style-type: none"> • The Committee discussed the contents of the report and the ongoing development work was welcomed, recognising the importance of management oversight. • A discussion took place on recruitment and adverts. It was noted that Professor G Armitage and Dr D Sims were reviewing consultant recruitment, whilst working in partnership with the Bradford Institute. • On other recruitment hotspots, Professor Armitage requested that future reports include quantitative data to support the narrative about progress • the Committee went onto discuss talent management and the development of a supporting strategy. Mrs Sherburn outlined the details of a tool available to the Trust in October 2019, which would support individuals career aspirations and personal development. Mrs Hubbard outlined internal development programmes for nurses, both existing and aspiring, with fourteen staff qualifying in 2020. • The Committee agreed that Mrs Sherburn should provide an update on recruiting to key leadership positions at each Quality and Safety Committee. 	<p>F Sherburn</p> <p>F Sherburn</p>

	<p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> a) welcomed the developments underway on recruitment and talent management; b) noted the importance of a talent management strategy and supporting governance arrangements; c) noted the connection between recruitment, retention, and talent management initiatives; and d) noted that risks relating to 0-19 and mental health demand and capacity were being managed through other risk registers. 	
<p>1479</p>	<p>Patient Experience – Bi-Annual Report (agenda item 5)</p> <p>Mrs Skinner, Patient Experience Lead presented the biannual report on patient experience. The following points were noted:</p> <ul style="list-style-type: none"> • how the Trust uses service user and carer feedback to inform quality improvement initiatives was being developed, with the creation of a participation and involvement strategy ‘Your Voice Matters’. The Committee noted the consultation that had taken place as part of the development of Your voice Matters, this had included community conversations, staff engagement, and working with the Council of Governors and Board of Directors; • the on-going work to support carers through the Triangle of Care was recognised; • work was underway to review the model used to support the friends and family test; and • work was underway to identify what targeted engagement should take place to look at areas that were under-represented across services provided by the Trust. <p>The Committee discussed the contents of the report and the importance of lived experience and participation opportunities. Mrs Skinner outlined service user engagement work underway in services with the occupational therapists. The Director of Nursing noted the importance of the Patient Experience Team being involved with the Service User and Carer stories that were presented to the public meeting of the Board of Directors. Mrs Skinner suggested that videos could be made of service user and carer stories and experiences that could be shared with their permission to help raise awareness. Further scoping work would be considered.</p> <p>Finally, the Committee went onto discuss the Yorkshire Patient Experience Toolkit, noting the challenges and benefits associated with it. The importance of embedding a tool that has been developed in partnership with</p>	<p>Skinner</p>

	<p>service users and carers, and staff was noted. The Committee welcomed the role of Patient Advice Volunteers, their training and on-going support.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • welcomed the bi-annual report on patient experience; • noted the importance of service user and carer feedback and the developments to increase involvement and participation; • recognised the importance of accessibility, support, and personalisation when encouraging patient experience feedback; and • agreed to pursue discussions on the Yorkshire Patient Experience Toolkit, recognising a tailored approach would be required. 	
<p>1480</p>	<p>Feedback from Service User / Carer Representative (agenda item 6)</p> <p>Mrs Hubbard presented the report on behalf of Ms Firth on the feedback from service user / carer representative. She outlined the following points:</p> <ul style="list-style-type: none"> • The screensaver supporting Care Coordinators to provide details of cover arrangements during absences was launched across the Trust; and • Mr Neil Churchill, Director of Patient Experience and Inequalities and Ms Emma Easton, Head of Voluntary Partnership at NHS England visited the Trust June 2019. They visited the Carers Hub at Horton Park and a networking lunch at the Four Seasons Café at Lynfield Mount. It had been an inspiring day, meeting service users, carer, volunteers and hearing their journeys. <p>The following activity had taken place:</p> <ul style="list-style-type: none"> • Bradford and Airedale Intensive Home Treatment inviting service users and carers to feedback on their experience of the service; • Human Resources Policy Review workshop took place involving service users and carers to review the Disciplinary Policy and Procedure, People Performance Management Policy and Procedure and Maternity Policy; • Dental service created an action plan for patient experience and involvement over the next 12 months; and • Homeless and new arrivals supported a service user to develop and deliver teaching sessions to approved mental health practitioners, occupational therapy students and social work students at Bradford University. <p>Feedback from actions – reference in action log 1462</p> <ul style="list-style-type: none"> • With regards to action 1462, Mrs Hubbard informed the Committee that discussions have taken place with the Patient Experience Team with regards to splitting the service user and carer role for this meeting and the 	

	<p>team are currently exploring possible carers who could attend the various Committee meetings. It was queried if this should be replicated at all Quality and Safety meetings, and although this would be the way forward, the carer pool was quite limited at present. Mr Scott, Chief Operating Officer proposed that a wider conversation takes place to consider the role of the service user and carer within the Care Group. It was agreed that Mr Hogg arranged to meet with Mrs Skinner and Ms Firth to discuss this further.</p>	<p>P Hogg</p>
<p>1481</p>	<p>Board Assurance Framework (BAF) / Corporate Risk Register (CRR) (agenda item 7)</p> <p>The BAF and CRR were discussed. The Committee noted the twelve actions that relate to the three strategic risks, and the importance of action target dates.</p> <p>The Committee discussed the contents of the report. In relation to risk 1964, the Mental Health Programme Board was integral to support the Trust providing seamless access to the best quality care. The impact of system working, and contractual budget arrangements was noted in relation to safeguarding and the Ofsted work.</p> <p>Next, the Committee discussed the supporting governance arrangements for the BAF and CRR. The role of the Board sub-committees seeking assurance on behalf of the Board was noted with both reports also presented to the Senior Leadership Team.</p> <p>Finally, the Committee noted that following development work, the Risk Team had transferred the risks onto the Safeguard System for ongoing monitoring and management.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • welcomed the developments that had taken place on the BAF and CRR report; and • noted the contents of the report and their supporting governance arrangements. 	
<p>1482</p>	<p>Matters Escalated from Reporting Groups (agenda item 8)</p> <p>Mr Scott outlined the ongoing developments and supporting governance arrangements for the report. It was agreed that an escalation report would be presented for both Care Groups at future committee meetings.</p> <p>Mrs Eloi, General Manager for Mental Health Care Group presented the verbal report to the Committee. The following points were noted: -</p>	<p>P Scott</p>

	<ul style="list-style-type: none"> • developments were underway to support implementation of the quality improvement initiatives. This included daily lean management and a performance dashboard outlining performance data against key metrics. Staff had welcomed the initiatives and were engaged with them. The Committee noted work to embed the dashboard, updating daily, to show data over the last 24-hours; • data on acuity within inpatient wards was presented, the Committee noted the high demand within this service; • information of finance and recruitment was presented. The Committee noted the ongoing management to provide oversight of both areas and the work connecting it to the daily lean management framework and subsequent discussions; • work underway to support the workstream action plans for the Trust's high-level Care Quality Commission action plan; and • details of a rapid process improvement week for the Child and Adolescent Mental Health service. Targets were monitored through the daily lean management framework. <p>The Committee went onto discuss recruitment within the Care Group. Dr Sims outlined the initiatives to recruit consultants within the Community Mental Health Teams. He outlined work underway in partnership with locum consultants to support the Trust's consultant recruitment plans. The importance of utilising the daily lean management framework and identifying key performance data metrics was recognised.</p> <p>Next, the Committee noted the work to develop the governance architecture to support the two Care Groups, taking into consideration the impact of skills mixing and the functional medical model. Mrs Eloi outlined planned work to support the delivery of understanding what the right service model would be to deliver the best therapeutic environment.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • welcomed the report from the Mental Health Care Group and the quality improvement developments; • agreed to inform the Board on discussion that had taken place on the planned work underway to understand the service model to deliver the best therapeutic environment; and • noted the high level of acuity on inpatient wards. <p>Mrs G Eloi left the meeting.</p> <p>Finally, Mrs P Hubbard presented a report from the Patient Safety Meeting. The Committee noted the contents of the report and that an action from the Compliance Group would be shared with the Committee.</p>	<p>P Hubbard</p>
<p>1483</p>	<p>Quality and Safety Dashboard (agenda item 9)</p>	

	<p>The Committee received the dashboard on agreed quality and safety metrics. A discussion took place on the content of the dashboard with members noting that amendments would be made to future iterations as required to ensure the themes and topics presented were providing the most relevant areas of performance.</p> <p>The following amendments were suggested by Committee members:</p> <ul style="list-style-type: none"> • daily lean management data to be presented in a statistical process control chart showing scales with a supporting narrative; • consideration to be given to ensure the reports sections align with the CQC domains; • narrative within the pressure ulcer section to outlined whether the ulcer was pre-existing; • inclusion of narrative to support the data on omissions in observations. Mrs Hubbard believed that this refers to observations where it could be 1:1 with a service user or 15 or 30 minutes - it was agreed that this needs to be stated against that data;. • inclusion of explanation narrative to support the data on health and safety risk assessments. <p>Additional comments and questions from Committee members were noted as follows:</p> <ul style="list-style-type: none"> • Mrs C Panteli highlighted that Safer Staffing was missing from the report and needed inclusion. Mrs Hubbard replied that she has met with Mr Long and Ms Wilson (Human Resources) and agreed the content to be produced for future reports. It was agreed to add Safer Staffing to the October QSC agenda for a more in-depth discussion including specialling. • Mr Hogg referred to the slides on Quality Goals and suggested that a more detailed narrative would provide clearer assurance in future reports. • The Committee discussed the importance of clinical supervision. The ongoing work to support recording of supervision was noted, with interim arrangements in place to support record keeping, but Committee members suggested a more trajectory-led approach to this slide would be required. It was confirmed that Team Managers were currently keeping this data at a local level. <p>The Quality and Safety Committee noted the content of the dashboard and the suggested changes to future editions.</p>	<p>All of these actions to be taken forward by L Hussain & performance team</p> <p>L Hussain</p>
<p>1484</p>	<p>Update on the Mobilisations of Bradford 0 – 19 Service (agenda item 10)</p> <p>Mrs Horsfall, Interim Service Manager Children’s Services and Mr Springthorpe, Operational Support and Contract Lead joined the meeting.</p>	

	<p>Mrs Horsfall outlined that the contract commenced 1 August 2019 with twenty schools identified to support a data sharing pilot. The importance of recognising variance is accessibility was recognised. The health visitor and school nursing service were transitioning to SystmOne on 20 August 2019, with a website being in the final stage of development. The teams had relocated with the exception of Keighley and Shipley who would move by September 2019 which was due to pre-planned building development. She said that delivery was on track for year one with plans underway to support year two project delivery. The service, 'Family Health Service' which had adopted the strapline 'Better Lives, Healthy Futures', had good staff engagement who were committed to the transition and planned developments.</p> <p>The Committee noted service transition and the impact that this might have. Mrs Horsfall outlined that staff had been engaged in consultation in various different forums, and the ongoing staff engagement plans within the multi-disciplinary team. She outlined the different roles within the service and the standards of care and expectations that was associated to the roles whilst working in partnership with other external agencies.</p> <p>The Committee went onto talk about the types of different cases. Mrs P Hubbard outlined how key performance indicators would be monitored through the service dashboard. It was agreed that supporting governance arrangements for the dashboard would be discussed at a future meeting.</p> <p>Finally, the Committee discussed safeguarding and Ofsted. It was noted that innovative partnership arrangements were being considered as part of the year two service provision.</p> <p>The Quality and Safety Committee noted the progress made and the risks identified within the presentation.</p>	<p>P Hubbard</p>
<p>1485</p>	<p>Deep Dive – Pressure Ulcers (agenda item 11)</p> <p>The Quality and Safety Committee noted that an in-depth review of pressure ulcers was deferred to the September meeting.</p>	
<p>1486</p>	<p>Bi-Annual Medicines Report (agenda item 12)</p> <p>Ms Sohal, Chief Pharmacist summarised the report to the Committee and the following highlights were noted:</p> <ul style="list-style-type: none"> • development work on the medicines management action plan; • submission of a business case, to develop an in-house pharmacy was approved by the Board December 2018. Development was underway and should be in place by December 2019; and 	

	<ul style="list-style-type: none"> work was underway to increase the number of Pharmacy Technicians due to capacity in the team at Airedale. <p>The Quality and Safety Committee noted the content of the report and the good-practice initiatives around medicines management and optimisation within the Trust, which underpinned the medicines management strategy.</p>	
<p>1487</p>	<p>CQC Update (agenda item 13)</p> <p>Mrs Hubbard provided an overview of the Section 29A work against the 13 workstreams, action plans and detailed governance arrangements. Task and finish groups have been established to monitor progress.</p> <p>The following highlights were noted: -</p> <ul style="list-style-type: none"> Action 1.1 Ligature Risk - no slippage with the target dates except for the Ligature Awareness training, due to be completed by the end of June 2019; and Action 5 Call Alarms – the date for roll out on the wards by the end of July 2019 had been delayed due to supplier chain issues. This had been highlighted to the CQC and now re-dated to 17 August 2019. <p>The Committee discussed the update and noted the work that had taken place on the development of a high-level action plan that was supported by locally-held action plans for the workstreams. Mrs Hubbard outlined ongoing engagement with the CQC and intentions to re-inspect against the themes high-lighted in the Section 29A warning letter. The importance of data quality within the action plans was noted along with the supporting governance arrangements to monitor progress against the actions within the expected due dates.</p> <p>It was agreed that an extraordinary meeting of the Mental Health Legislation and the Quality and Safety Committees would be scheduled to look at developments made against the identified improvement themes from the Section 29A warning letter.</p> <p>The Quality and Safety Committee received the CQC update report and agreed the next step to support delivery of this workstream.</p>	<p>L Hussain / S Binns</p>
<p>1488</p>	<p>S29a Clinical Audit Update (agenda item 14)</p> <p>Mrs Shanners, Clinical Audit Lead summarised the report to the Committee. The following points were highlighted:</p> <ul style="list-style-type: none"> Seven baseline clinical audits had been carried out on 10 April 2019 and repeated on 7 May 2019. The audit presented to the Committee was from the first audit and the second audit report was currently being written up; 	

	<ul style="list-style-type: none"> • Situation Background Assessment Review Decision (SBARD): the first audit of 105 patients admitted onto a ward requiring a SBARD completing had resulted in a 69% compliance rated. On re-audit, an increase in completion was noted; • Risk Assessments, on the first audit of 120 admissions, 78% had a risk assessment completed within 24 hours of admission. On re-audit it was 85%; • Section 17 leave had been reviewed through the Register of Movement (ROM) forms on each ward for completeness against the Standard Operating Procedure (SOP) for monitoring and managing leave. On re-audit there was improvement in completion; • audits were taking place monthly supported by the quality checks and discussed weekly at the CQC Report out meetings involving the ward staff and workstream leads; and • each ward now had a quality improvement plan in place. <p>The Quality and Safety Committee noted the progress made and that the Committee would receive a further update on the re-audits at a future meeting as part of the CQC action plan.</p>	
<p>1489</p>	<p>Bi-Annual Research and Development Report (agenda item 15)</p> <p>The Chair welcomed Mr Hiley, Head of Research and Knowledge Services to the meeting who presented the main headlines within the report, which included progress against the annual research and development objectives, CRN Performance Metrics, public and patient involvement, and capacity issues set against existing funding resources.</p> <p>Mr Hiley highlighted two risks to the Committee, the data sharing arrangements within SystmOne meant the team were not able to log studies against service users; and the concerns against funding shortfall relating to a Band 6 research post. Both were logged on the local risk register. He informed the Committee that he is meeting with Tim Rycroft, Associate Director of Informatics to discuss quality improvement methodology to support this first issue. Dr D Sims confirmed that it was an organisational-wide and would be discussed with TPP. It was agreed that Mrs Hubbard and Mr Scott will discuss how the specific post was to be funded.</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • continued to support the Trust R&D strategy and noted the progress made against the research and development objectives; and • noted the risks identified in the report. 	<p>P Hubbard / P Scott</p>

<p>1490</p>	<p>Update on the Introduction of the functional Medical Model (agenda item 16)</p> <p>Dr Sims presented an update on the functional Medical model and the Quality Impact Assessment (QIA). One element still to be agreed was the Patient Experience Report, which would be discussed with Isla Skinner. In terms of recruitment to the model, it was noted that there had been one appointment for a Community Mental Health Team (CMHT) consultant, with five consultants being appointed to the Staff Grade posts and one for Intensive Home Treatment Team (IHTT).</p> <p>The Quality and Safety Committee:</p> <ul style="list-style-type: none"> • noted the update presented on the functional model and the QIA process that had supported it; and • noted that an update will take place in six months on the quality measures. 	<p>D Sims</p>
<p>1491</p>	<p>Quality Impact Assessment (agenda item 17)</p> <p>Dr D Sims presented the Quality Impact Assessment (QIA) Process to the Committee. He said the process would be reviewed and an update would be presented quarterly to the Committee.</p> <p>The Quality and Safety Committee noted the contents of the report.</p>	<p>D Sims</p>
<p>1492</p>	<p>Mortality Review Group ToR to Ratify (agenda item 18)</p> <p>The Quality and Safety Committee agreed that there were no additional comments regarding the Terms of Reference and they were accepted by the Committee.</p>	
<p>1493</p>	<p>Items to Escalate (agenda item 19)</p> <p>The Quality and Safety Committee agreed to highlight the following topics to the Board of Directors:</p> <ul style="list-style-type: none"> • positive developments on the BAF and the CRR would be further improved by increasing the clarity of actions taken and dates of completed; • the new 0-19 service model and the associated risks around caseload levels, safeguarding and implementation of the digital offer; • additional joint MHLC / QSC Meeting about the S29A Action Plan work; • data sharing issues on SystemOne in research and development; • recruitment and retention issues would become a standing item on the Committee agenda given the challenges to recruit in areas such as mental health and IT; 	

	<ul style="list-style-type: none"> the presentation by the Mental Health Care Group highlighted a high level of acuity in the patient population, considerable change in ways of working, and the recruitment challenges as set out earlier in the meeting the inherent risks; Trust performance data should link Daily Lean Management outputs to Clinical Audit data to inform of progress in meeting CQC requirements; and The joint MHL and Q&S Committee meeting on 12 August would formally review the progress in meeting CQC requirements (Inc. the Warning Notice) 	
1494	Evaluation of Meeting (agenda item 20) The Chair thanked everyone for their support and input during the meeting. It was agreed that for the September QSC meeting, the format will change into a total of four hours duration with part one commencing at 10:00 to 12:00, then 30 minutes break and reconvene at 12:30 until 14:30 for part two.	
1495	Annual Workplan (agenda item 21) The Quality and Safety Committee agreed that the Chair and Phillipa Hubbard will review the workplan outside of the meeting.	G Armitage / P Hubbard
1496	Date and Time of the next Meeting: Friday 13 September 2019, 10.00am, room 7 at New Mill	