

<b>Trust Board Meeting</b>	<b>Date:</b>	<b>31 October 2018</b>
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Agenda item	Title	Presenter	Report author
BD/18/161	A&R Chairs Report October 2018	Malcolm Shepherd, Non-Executive Director and Interim A&R Committee Chair	Malcolm Shepherd, Non-Executive Director and Interim A&R Committee Chair

**This report is provided for:**

Decision	Assurance	Note
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**Executive summary of key issues**

The Committee considered Bristol LDU Risk Register and additions to the Corporate Risk Register as an outcome of the recent CQC inspection. Clear actions to mitigate these risks will need to be in place.

Additional risks arising from Information Governance issues, chiefly GDPR and Data Security and Protection Toolkit non-compliance, were discussed. An action plan with resource requirements identified is to be produced and referred to the Executive Committee for decision.

3 final Internal Audit Reports were received each offering a reasonable assurance opinion with a number of actions agreed.

A Local Counter Fraud update was also received with very few fraud allegations being identified and none of major financial or reputational significance. An Annual Report measuring performance against NHS Counter Fraud Authority (NHSCFA) standards for Providers was also received giving a Green assessment overall.

**Previously considered**

Audit and Risk Committee October 5<sup>th</sup> 2018.

**Recommendation**

The Board is asked to take assurance from the report.

**Linked Corporate or Board Assurance Framework Risks**

BAF risks: 01, 04, 05, 06 and 10.

**Which Strategic Objective does this paper progress or challenge?**

We will support our service users and carers:	X
We will engage our staff:	X
We will be sustainable:	X

## 1. Committee business undertaken and level of assurance received.

**1.1** The Committee was disappointed that the volume of papers had increased again. The authors of papers were asked to identify supporting papers and those submitted for information only and separate them as appendices in future. The Committee considered the following key areas of business:

### 1.1.1 Item AR/18/35 Bristol Risk Register

The key risks for the LDU discussed by Stephen Parker were:

- The inability to recruit suitable medical staff to deliver the outcome of the community contracts within the financial envelope. Agency locums being used to fill gaps. The committee received reasonable assurance re short term recruitment actions to correct this position.
- The increased levels of referrals and the subsequent time taken for assessment and treatment could affect quality and levels of service. The number of student referrals had been increased and an additional £100k had been awarded to address this position. However it remained a 'system problem' and would need to be addressed through our contract negotiation strategy. Assurance for the Board would have to come through Finance and Planning.

Both of these risks appear on the Corporate Risk Register and reviewed monthly by the Executive Team (ET).

### 1.1.2 Item AR/18/036 Corporate Risk Register

It was reported that there were a number of 'new' risks which are to be added to the Corporate Risk register (CRR) arising, at least in part, from the recent CQC inspection. These included safeguarding, ligatures, prone restraint and the use of unregistered staff. An update on current thinking and planning to address each of these risks was discussed. The Committee was concerned that these risks had not been included on the CRR previously and requested that clear actions be identified, the CRR updated, and represented to the November Audit and Risk Committee (ARC).

The Committee noted the deliberations of the Executive Committee (EC) on the current CRR and the intention to complete the update to be submitted to the November ARC.

### 1.1.3 Item AR/18/037 Information Governance.

The report covering General Data Protection Regulation (GDPR), Data Security and Protection (DSP) Toolkit, and Cyber Security was discussed. The openness of the paper was greatly welcomed but indicated several significant risks:-

- Progress was being made with GDPR but it seemed unlikely that we could achieve full compliance by 31 March 2019.
- It was stated that compliance with the Data Security Protection Toolkit would also not be achieved. Compliance is mandatory for all NHS contracts. Non-compliance would put us in breach of existing contracts and we would also be unable to tender for new work where compliance is a gateway requirement.
- We were not achieving necessary Cyber Security work in the recommended timescales.

The paper offered little assurance on these issues. Simon updated the meeting on actions being taken to correct this situation.

The Committee requested a detailed action plan be produced with a calculation of the resources required to 'get back on track' with these challenges. This should be referred to EC for a decision on this proposal. The detailed action plan should be brought to the November ARC. If resources are committed, the implications for achievement of Control

Totals should be discussed with EC and Finance and Planning Committee (F&P). EC should consider if this should be added to CRR as a new risk after identifying mitigations.

The minutes of the meetings of the Information Group were noted. Revised terms of reference should be brought back to ARC when an action plan had been drafted. For future ARC meetings a listing of outstanding issues together with actions to be taken would be more appropriate rather than lengthy detailed minutes.

#### 1.1.4 Item AR/18/040 Internal Audit Progress Report

Three Internal Audit Reports were issued since the last Committee

<u>Audit Title</u>	<u>Opinion Issued</u>
Due diligence	Reasonable Assurance
Contract service and set-up	Reasonable Assurance
Cost improvement programme	Reasonable Assurance

In total 10 actions have been agreed in order to ensure that the control framework is effective in managing the identified areas.

#### 1.1.5 Item AR/18/042 Listening into Action Impact Report

Director of Human Resources presented a range of measures and outcomes which provide proxy measures for the impact of LiA (Listening into action) in the organisation. The Committee was content that these measures adequately reflected the impact of the activities. There was discussion around the difficulty in measuring projects with a focus on cultural change. Some queried if LiA was 'value for money' and suggested we should be moving towards a more formal model of change for all of our projects at some time in the future.

The Committee recommended that this should be the subject of a future Board Seminar and the existing measures for LiA should continue to evolve.

## 2. Key decisions

2.1 The following decisions were taken:-

**None**

## 3 Risks to achievement of strategic and annual objectives

3.1 The Committee identified the following risks to the achievement of annual objectives:

- Non-compliance with GDPR regulations and DSP Toolkit, if a full action plan is not delivered in 2018/19 may restrict the Trusts ability to bid for contracts.

## 4. Future business

4.1 In November the Committee will consider the following business in addition to our agreed schedule.

- Revised and updated actions on CRR
- An update on Information Governance non-compliance issues to be received for assurance.
- Well Led external assessment

## 5. Horizontal reporting

5.1 The Committee has referred the following issues for consideration:

- Executive Committee to update CRR for additional risks

- Executive Committee to consider the implication of non-compliance with Information Governance issues and assess an action plan to correct these issues, including resource implications.
- Finance & Planning to be aware of control total implications of any resource allocations to correct the above.
- Trust Board to consider LiA success criteria

## 5. Recommendation

To receive the report for assurance.

<b>Trust Board meeting</b>	<b>Date:</b>	<b>31 October 2018</b>
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Agenda item	Title	Presenter	Report author
BD/18/61	<b>Headlight – Charitable Funds Committee Chairs Report October 2018</b>	<b>Ernie Messer Chair, Headlight</b>	<b>Ernie Messer Chair, Headlight</b>

**This report is provided for:**

Decision	Assurance	Note
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**Executive summary of key issues**

The Committee agreed that it was essential for the Board as Corporate Trustee to agree and sign off the following:-

1. The Charitable Funds Strategy and Policy
2. The cost of the Fundraiser which has since been broadened out into a paper separately submitted to this Board entitled “Charity Resourcing” Item **BD/18/163**

Both should be considered in the light of the following: -

- a) We are entering the next stage of growth for the charity. It has moved from an initial accounting fund enjoying only passive income to its present state following the appointment of a 1st full time employee who has provided direction, initial structure and significant increase in income. Rebranding and successful campaigns mean it is gaining traction in being recognised by staff, service users, carers and to a lesser degree the public. The next stage of growth for Board discussion is moving to the next stage, potentially with a bolstered team. (See also appendix 1)

Key themes to consider in any transition given the current strategic environment are:

- b) Risk - we need to ensure and gain greater confidence in our compliance and effective governance from a Charity Commission perspective. The new Charity code of practice has upped the game here.
- c) Managing central and distributed funds - generally we are policing a difficult tension and reality, where improvements have been made but more is needed to avoid unnecessary cost, complexity and risk
- d) Providing a more professional shop window for service user and public engagement / perception.
- e) Building a strong platform for the more substantial opportunities that may ensue with Riverside and Estates transformation etc. downstream
- f) It also has a key role to play in our cultural development and success.

The Committee also seeks reinvigorated engagement of the Board in the Governance of the Charity and increased involvement in acting as ambassadors and sponsors of projects and fundraising.

Other key committee business of note is summarised overleaf.

<b>Previously considered</b>
<b>None</b>
<b>Recommendation</b>
<b>The Board is asked to take assurance / note non-assurance from this report as detailed within</b>
<b>Linked Corporate or Board Assurance Framework Risks</b>
<b>None</b>
<b>Which Strategic Objective does this paper progress or challenge?</b>
We will support our service users and carers: X
We will engage our staff: X
We will be sustainable: X

**1. Committee business undertaken, and level of assurance received.**

**1.1** The Committee considered the following key areas of business:

**1.1.1 Item CF/18/026 Review of current balances**

A full review of all the current balances was undertaken. This is a complex and detailed portfolio which prompted a raft of questions, highlighting issues / risks and points of detail as separately detailed in the Minutes to this meeting.

The report was noted, and the Committee agreed £1k of matched funding for the ECH Sensory room project for the McGhee family.

No bids over £5000 had been received.

**The Committee were assured that the balances are properly accounted for, but local funds remain “at a distance” which adds to the challenges of centralised oversight. This means there is only partial assurance at this stage.** However, these are typically smaller sums and the relative risks are low. Further improvement work continues.

**1.1.2 Item CF/18/027 Income generation report**

Tia Shortall and the broader finance team support have managed a significant and diverse workload very well but it is clear that they are stretched and will not meet the projected income figures for this financial year (18/19) nor the remaining years of our original 5-year plan. Year to date income was £37,240 vs. a forecast of £53,150. The forecast for the full year 2018-19 was to deliver an income of £64,240 in line with 2017-18 but below the original target of £84,250. The reasons for this include:

- lower than anticipated Dragon Boat registrations – the forecast had assumed sponsorship would still be incoming through July and into August which was not the case;
- the “Challenge” events for June/ July (London 2 Paris, Cotswold Way) were removed from the plan to focus communications on the Dragon Boat Race and resources were too stretched to do everything;
- the 2018-19 forecast assumed £1k per month unsolicited donations which has not been realised
- local funds were also not generating income as anticipated. See Minutes to this meeting for finer detail.

Additionally, there will be a £9k clawback of income this year in respect of a grant provided by St Johns Foundation in respect of BANES Talking Therapies. Sadly, demand did not materialise and the restricted nature of the grant means that it cannot be redistributed.

**Overall the Committee were not assured that our income aspirations for this year and the remainder of the plan will be achieved.**

The risks in respect of this and the failure to grow as anticipated are detailed in the separate Board paper **BD/18/163** with a recommended way forward to address this.

**1.2** The following further actions were taken:

**CF/18/28. Project updates were noted.**

**CF/18/29. The Charitable funds Policy and Strategy were agreed** and important points by way of discussion are taken forward in the separate paper to Board BD/18/163  
**Board are asked to ratify this as Corporate Trustee**

**CF /18/30. Approval of the costs of fundraiser was deferred to Board** as Corporate Trustee.  
**See BD/18/163**

## 2. Risks to achievement of strategic and annual objectives

3.1 The Committee identified the following risks to the achievement of our plans:

- a) Income projections proving too ambitious within existing resource levels.
- b) We need to ensure and gain greater confidence in our compliance and effective governance from a Charity Commission perspective

## 3. Future business

3.1 The next Committee meeting is on the 1<sup>st</sup> February 2019 - the Committee will consider an Agenda in the light of Board responses to issues and recommendations detailed in this report and other related papers herewith

## 4. Horizontal reporting

4.1 The Committee has referred the following issue for consideration at F&P: -

During the review of current balances, discussion centred around the active management of local funds and that frequently staff controlling this did not feel empowered or able to act on their own initiative. RC suggested a simple rules based approach might be adopted but this also had broader implications for budget management in general. This was confirmed by STr.

**It was agreed to take this forward to F&P**

## 5. Recommendation

5.1 To receive this report for assurance and note partial assurances as detailed.

<b>Trust Board meeting</b>	<b>Date:</b>	<b>31 October 2018</b>
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Agenda item	Title	Presenter	Report author
BD/18/161	Quality and Standards Committee Chairs Report 31 Oct 2018	Mark Outhwaite, Interim Chair Q&S and Non-Executive Director	Mark Outhwaite, Interim Chair Q&S and Non-Executive Director

**This report is provided for:**

Decision	Assurance	Note
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**Executive summary of key issues**

This report highlights the key assurance issues we are bringing to the Board’s attention in relation to the Q&S meeting held on 18<sup>th</sup> October 2018. The minutes represent the full record of the meeting.

The Board is asked to use the report to focus discussion on the Quality and Standards Report.

We would draw the Board’s attention to the following key assurance areas:

An urgent review into the allocation of caseloads to, and supervision of, unregistered Band 4 Care Coordinators arising from a review of learning from RCAs. The Board can be assured that there is a clear plan for the review that has been agreed by the Executive Committee. The outcomes and recommendations of this review will be coming to a future Q&S. **Until this is complete the Board cannot be fully assured that the service provided by Band 4 Care Coordinators is consistently safe for users or staff.**

A review of the consistency and quality of the use of the Manchester Scale across the Trust for ligature assessment following the feedback from the recent CQC visits. This is subject to a rapid review of the use and application of the tool across the Trust. **Until this is complete and the outcome of the resulting action plans audited then the Board cannot yet take assurance that we have ligature risks minimised consistently across the Trust.**

Prone restraint – following issues identified by the CQC Silver Birch Ward is now the pathfinder for The Restrictive Practice Reduction Board. **The Board can be assured that we now have a process in place to reduce the level of restrictive practice but will not be able to take assurance on implementation until the outcomes are audited.**

CQIN – the committee believes that there are now significant risks to achievement of CQIN requirements and has asked that the paper be horizontally referred to Finance and Planning Committee to ensure that these risks are taken into account in financial planning. The current reporting approach confuses Process and Outcome RAG scoring. **The Board cannot take assurance that the original CQIN trajectories and targets will be met by year-end.**

The Committee Chair draws the Boards attention to the emerging thematic issues

relating to the issues identified by the Committee. These include:

- A risk that we take assurance from processes being in place without regular validation/audit of the outcome of those processes.
- The variability of the spread and adoption of initiatives and policies within the Trust which highlights the need for the Trust to review its existing approach to design, testing, spread and adoption and to design and adopt a change model that more effectively recognises the operational context of the Trust and its challenges.

### Previously considered

Quality and Standards Committee on 18/10/2018

### Recommendation

The Board is asked to take assurance from the report.

### Linked Corporate or Board Assurance Framework Risks

### Which Strategic Objective does this paper progress or challenge?

We will support our service users and carers:	X
We will engage our staff:	X
We will be sustainable:	X

## 1. Committee business undertaken and level of assurance received.

1.1 The Committee considered the following key areas of business:

### 1.1.1 QS/18/069 Quality and Safety Report

The Committee welcomed the progress with the continuing development of the Quality and Safety Report. The Committee Chair will continue to provide feedback on the development of the report outside the Committee.

Key items of note:

An urgent review into the allocation of caseloads to, and supervision of, unregistered Band 4 Care Coordinators arising from a review of learning from RCAs. The Board can be assured that there is a clear plan for the review that has been agreed by the Executive Committee. The outcomes and recommendations of this review will be coming to a future Q&S. **Until this is complete the Board cannot be fully assured that the support provided by Band 4 Care coordinators is consistently safe for users or staff.**

A review of the consistency and quality of the use of the Manchester Scale across the Trust for ligature assessment following the feedback from the recent CQC visits. This is subject to a rapid review of the use and application of the tool across the Trust. **Until this is complete and the outcome of the resulting action plans audited then the Board cannot yet take assurance that we have ligature risks minimised.**

Prone restraint – following issues identified by the CQC Silver Birch Ward is now the pathfinder for The Restrictive Practice Reduction Board. **The Board can be assured that we now have a process in place to reduce the level of restrictive practice but will not be able to take assurance on implementation until the outcomes are audited.**

The Committee welcomed the work undertaken by the team at Fromeside funded by the Bright Ideas Project to develop an 'Understanding Psychosis' workbook to help people with cognitive and communication difficulties (eg learning disabilities, autism, poor literacy, English as a second language) understand and manage their mental health difficulties.

### 1.1.2 Q/18/070 Quality Account and CQIN Update

The Committee noted the delays to planned deliverables for the 4 key priorities for the year (Suicide Prevention, Physical Health, Medicines Optimisation, Health and Wellbeing) due to consultation and restructuring within the N&Q Directorate.

**CQIN – the committee believes that there are now significant risks to achievement of CQIN requirements and has asked that the paper be horizontally referred to Finance and Planning Committee to ensure that these risks are taken into account in financial planning.**

The current reporting approach confuses Process and Outcome RAG scoring. It is possible to have a process in place and rated green but without any validated consequent outcomes. The Committee has asked for a clear distinction to be made in all future reports between process and outcome measures of progress

**The Board cannot take assurance that the original CQIN trajectories and targets will be met by year-end.**

### 1.1.3 QS/18/072 Learning From Deaths Q1

The Committee received the learning from deaths report for Q1. This report meets national requirements but as such does not contain reports into deaths undertaken as part of alternative reporting policies such as Learning Disabilities.

The Committee asked that consideration be given to a unified report and that a test version come to a future Q&S. This unified version should include clear explanations of the review decision process in the shape of a process flow chart so committee members could better understand the process and requirements.

The Committee also asked that consideration be given to reviewing the sampling frame used for the process. Just selecting all deaths that took place on a specific day of the week might be subject to inherent biases.

We also noted that we were using a Structured Judgement Review methodology with a core group being trained and then being responsible for further cascade training. The Committee asked that the outcomes of the cascade training be regularly validated to ensure consistency and quality.

It was also recommended that the Trust make connections with other Trusts to become part of a network to share best practice in undertaking this process.

**We believe that the Board can take partial assurance that the process in place for reviewing deaths is robust subject to review of the approach to sampling and ensuring regular validation of the competencies of those undertaking Structured Judgement Reviews.**

### 1.1.4 QS/18/74 Integrated Performance Report

The Committee noted that operational performance continued to be robust despite the significant demand pressures being experienced by LDUs coupled with the volume of project work connected to the Transformation Project and STP projects.

The Committee draws the following items in the report to the Board's attention:

- DTOC improvements in the month
- The nomination of the Daisy Unit for a national good practice award
- The clarified position and commitment of NHS England to the development plan for Riverside and the CAMHS Tier 4 beds
- The support for the MBU unit expansion and relocation subject to consultation
- Concerns about the ACU pilot in Bristol not delivering on the intended outcomes whilst the Swindon pilot appears to be making better progress. We note the extension of the evaluation period for Bristol but believe that in conjunction with F&P and the Exec Committee a clear decision on whether to proceed with Bristol ACU in its current form will need to be made in January.
- PCLS challenges with GP engagement and feedback which appear to be a feature of the design and roll-out methodology of the model (insufficient co-design and engagement with GPs – 'more haste, less speed')

**The Board can take assurance that there remains a sound grip on operational performance with good visibility through the reporting mechanisms.**

**The Board should note that there is a risk in the coming months to operational performance grip and control and our ability to engage successfully in the many internal and external change projects if we cannot effectively prioritise our resources and simplify and streamline internal processes.**

### 1.1.5 QS/18/75 MARAC Update

The Committee received a verbal update on the immediate withdrawal by the Police of funding for the Multi Agency Risk Assessment Conference (MARAC) Coordinator and its implications for the Multi- Agency Safeguarding Hub (MASH).

We noted the need for the Trust to urgently establish a process that ensured that it was able to meet its MARAC requirements now that the Multi Agency Coordinator role was no longer available and asked that the risk register be updated accordingly.

#### 1.1.6 QS/18/78 – Flu Vaccination of Health Workers

The Committee received the Trust plan in response to the national guidance on Flu Vaccinations. This plan includes the completion of the best practice checklist.

The Committee noted the requirement from NHS England and NHS Improvement that Trusts sign up to an ambition of vaccinating '100%' of all front-line healthcare workers. There was some concern with the realism of this although we noted that it was an 'ambition'. However we also noted that using the term '100%' had target and performance management culture connotations that might send conflicting messages to staff when we were trying to get voluntary uptake. A simple terminology change to 'All' front-line staff might be useful.

The Committee asked that the plans be modified to take account of protecting those users at highest risk. We should seek to achieve higher levels of flu vaccine uptake amongst staff groups working with users most at risk from Flu and its consequences.

**The Committee recommends that the Board accepts an ambition to vaccinate 'all' frontline staff.**

Subject to modifications to the plan to improve targeting and vaccination uptake of the staff working with the users most vulnerable to the Flu virus we recommend the plan to the Board.

**The Board can take partial assurance from the Trust Flu Vaccination plan.**

## 2. Key decisions

2.1 The following decisions were taken:

To recommend that the Board accepts the ambition to vaccinate all front-line staff against Flu

## 3. Risks to achievement of strategic and annual objectives

3.1 BAF Risk:

*If we do not learn from, and embed change as a result of, incidents, internal governance processes, issues raised by CQC, NHSI and other regulatory bodies then we will not continuously improve clinical care.*

There is evidence from the papers presented to the Committee, in particular in relation to the RCA review, the lack of testing of the application of the Manchester Scale Audit and the Band 4 Care Coordinator risks that the Trust does not consistently have in place the mechanisms to systematically and systemically 'close the loop' on learning. This could be in terms of regular validation and review of the adoption and outcomes of current processes and policies or the properly planned evaluation of the process and outcome elements of change programmes. There are elements of good practice within the Trust but no consistency.

The Trust should seek the opportunity to review and its overall 'model of change' and then to embed it systematically throughout the organisation.

All policies should describe process and outcome validation measures and these should be part of all policy reporting, review and updates.

## 10. Future business

4.1 The Committee will consider the following business:

- The Quality and Governance Improvement Plan
- A new Learning From Deaths report format for testing with the Committee

## **11. Horizontal reporting**

**5.1** The Committee has referred the following issues for consideration:

CQIN – the committee believes that there are now significant risks to achievement of CQIN requirements and has asked that the paper be horizontally referred to Finance and Planning Committee to ensure that these risks are taken into account in financial planning.

## **13. Recommendation**

To receive the report for assurance.