

Board of Directors Public Meeting

**TO BE HELD ON 26 OCTOBER 2016 at 4.15 pm to 6.00 pm
MEETING ROOM 7 - DELTA HOUSE**

A G E N D A

No:	Item	Purpose	Lead	Enclosure /verbal
4	Report of the Chief Executive	To Receive	T Taylor	Enc. 4 3 - 8
	5.4 Report of Chair of Quality and Safety Committee	To review	A Fry	Enc. 5.4 9 - 14

DATE AND TIME OF NEXT MEETING:

The next meeting will be held on Wednesday, 30 November 2016 at 3.45 pm in Meeting Room 7 - Delta House

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Board of Directors

Reference:	Agenda Item no:	Enclosure no: 4
Date of Meeting:	2016	
Document Title:	Chief Executive Report	

Current Significant Issues

Transforming Care Together (TCT) to identify preferred strategic direction covered in the Strategic Outline Case paper, and additional information provided regarding any other strategic options [Ref: Private Board agenda item 3.2]

Black Country Sustainability and Transformation Plan (STP)

The STP submission was due on 21st October and was approved by the STP Sponsor group on 20th October. The Board received the detail from the Mental Health and Learning Disability workstream at meeting on 28th September, and will receive a copy of the submission for information at the November meeting, due to the timing of papers. The STP plan submission will be used for public engagement commencing November 2016.

CQC inspection initial feedback positive, with a small number of areas to address. The full inspection report should be available by February 2017.

NHS Improvement

The CEO and Chair met with our relationship manager at NHSI this month and discussed our potential issues with meeting our control total in 16:17 in light of the CIP gap and also the Transforming Care Together Partnership. Targeted support was requested from NHSI in respect of CIP planning and development and this will be available to us through the Single Oversight Framework processes.

The Finance Director had a more detailed meeting with NHSI colleagues in respect of financial planning going forward.

Environmental Scan

The Trust is operating in a complex environment with challenges and opportunities across the Health and Social Care System a diagrammatic representation is on page 4 on the environmental scan.

Overview of Matters Requiring Approval

Quarter 2 2016/17 Financial Submission to NHSI for Board Approval-Item 8.1
Local Health Resilience Partnerships (Emergency Preparedness)-Item 8.2

Summary of Trust Performance

Revisions to performance reporting balanced scorecard

New integrated report developed for this month with a revised balanced scorecard –Item 7.1 replacing previous format but retaining relevant information for the Board

Overall performance section

Quality, Safety and Patient Experience maintaining good performance.

Challenges persist with management of delayed transfer of care for our patients at 10.3% and Higher than desirable readmission rates, 23%

All other nationally monitored waiting time indicators are performing well with significant improvement on early intervention with a NICE approved care package this month from 44% to 62% to achieve compliance.

Workforce

Sickness, Vacancy and reduction in use of Agency staff all remain as breaches but with movement in the right direction this month.

Despite significant improvement the Agency cap target based on current forecast is not achievable.

Mandatory training basic level achieved with more work to do in specialist areas of training.

Finance section

The Trust is reporting a £970k deficit against a planned deficit of £994k.

Variances to plan relate to :

- Income –£49.4 million, a £1.2million adverse position.
- Expenditure – £48.1 million, a £1.3 million favourable position.
- Non-Operating Expenditure-£2.2 million year to date, £0.1 million adverse position.

CIP progress

- Year to date performance at September 2016 is £2,788,074 (103.7% to plan)
- Forecast full year gap of £1.1m against the £6.3m target with no current mitigation from CIPs.
- There are still opportunities to improve the overall financial position from work such as the revaluation of the estate, freezing non-pay expenditure and reallocating corporate resources to key priorities rather than recruiting, however, there are no further detailed plans at this stage.
- Additional targets are being allocated to areas that have not delivered their original targets.

Organisation Structure and Personnel

Staff Survey

With just 6 weeks to go before the survey closes on 2nd December, the national mean response rate for all Trusts using QH is now 23%. The response rate for Black Country Partnership NHS Foundation Trust, as of 21st October is 27%. There will be 3 more reminders before the survey closes.

HR Updates

Appointment of an Associate director of human Resources has been completed this will ensure the Human resource function has robust leadership moving forward.

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Update on Strategy Implementation

MERIT Vanguard

An update is included on the Board agenda [Ref: Board agenda item 9.1]
Key issues to note are that the Steering Group rejected a proposed Bed Management Policy, which planned to pool all beds. This was proposed in a way that would have resulted in all of the risk lying with the Black Country Partners due to the current bed usage.

Wolverhampton Transition Board

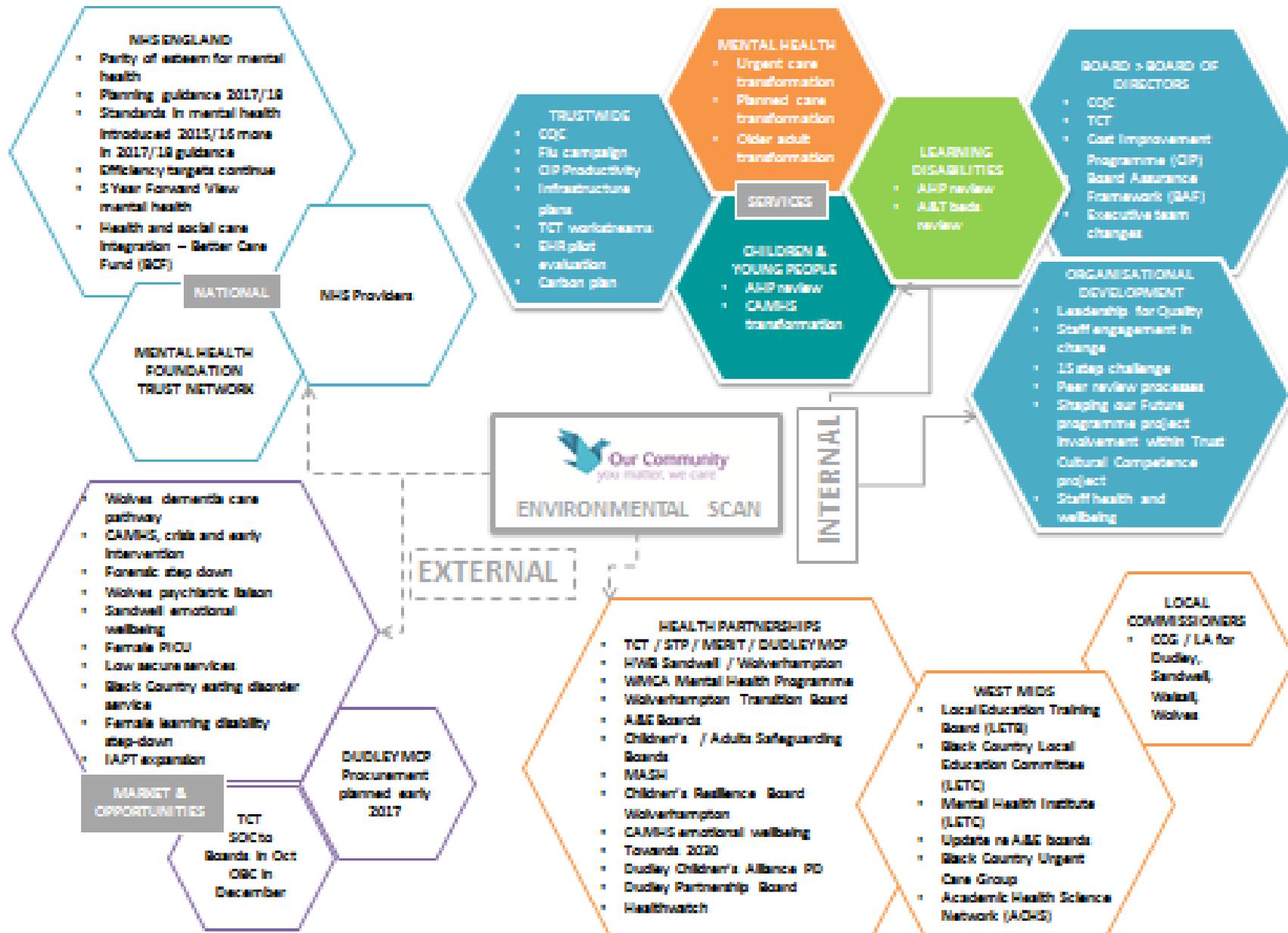
Leaders from the NHS, Local Authorities and Healthwatch in Wolverhampton met for a second time on 13th October to explore how best to work together to develop a vision and plans for health and care services. The vision is currently being developed to focus on experience, and aiming to improve healthy life expectancy. An engagement plan will be developed which supports co-production with users and carers, and will need to be considered alongside the many other engagement programmes attached to TCT, STPs and other organisational existing engagement.

Risk and Compliance

Revised Board Assurance Framework-Item 5.1.

Matters for Noting

Work to create more productive working relationships with Sandwell Social Workers following a period of dislocation has moved forward this month.



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Black Country Partnership 
NHS Foundation Trust

Meeting of: Board of Directors

Date: 26 October 2016

Subject: Report from Chair of Quality and Safety Committee

Presented by: Andrew Fry, Non-Executive Director

Author: Andrew Fry, Non-Executive Director

Purpose: Information

Relationship to strategic objectives:

Strategic objectives:	
We will nurture a culture which provides: safe, effective, caring, responsive and well led services.	x
We will involve and listen to patients, carers and family's experience to continually improve services we provide.	x
We will be a leading provider of specialist mental health, learning disability and children's services, proactively seeking opportunities to develop our services, building partnerships with others, to strengthen and expand the services we provide.	x
Attract and retain well-trained, diverse, flexible, empowered and valued workforce.	x
Resources will be used effectively, innovatively and in a sustainable manner.	x

Relationship to High Level Risks:

N/A

Recommendation(s):

To note the summary of proceedings and receive for information.

Equality & Diversity implications:

N/A

Regulatory and Compliance matters:

x	Monitor:	All aspects of governance assurance.
	Care Quality Commission:	N/A
	Other:	
	None:	

Previous consideration

x	Board			Business & Performance	
	Audit			M H Legislation Scrutiny	
	Quality & Safety			Charitable Funds	
x	Other			None	

Executive Summary

At its meeting on 13th October 2016, the Committee:

Received for information the Annual Report on Research and Innovation

The Committee noted the significant progress made by the team and its contribution to research across the region. Dr Quassem outlined the challenges in gaining wider participation in research and members expressed their support for expanding this work including a number of specific actions to be taken outside the meeting.

Received for information a report on ESR self-serve implementation

Details were given of the implementation with assurance specifically around pay related areas. These would not be rolled out until April 2017 to avoid the risk of errors before all managers have been trained. There is an issue of capacity to achieve the roll out but plans are in hand to overcome this.

Received for information a report on the Workforce Turnaround Plan

Assurance was given that the plan had made significant progress and was proceeding to target with the exception of the recruitment and retention process which had been switched from green to amber. However, the issues should be resolved within the month for report to the next meeting. The committee were assured that all relevant recruitment checks are being fully applied.

Received for information the September Serious Incident Report

A detailed report was presented and discussed giving assurance that incidents are being suitably recorded and investigated in conjunction with the relevant external partners. It was felt that incident reports should be received regularly by the board and Ms Newton will look at this with the company secretary. The question of safeguarding referrals was further discussed in detail and its importance noted by the committee.

Received for information a report on the QIA process

The committee was given assurance that the Star Chamber process was in place and functioning both effectively and in a timely manner, despite the pressures of the CIP situation. However, there remains more work to be done on post implementation monitoring of impacts on services.

Received for information the governance assurance unit report for Q1

It was reported that there was a high level of activity in Q1 but that this traced to an exceptional spike in June, which has not continued. There are some concerns around incident grading and double reporting.

There was further discussion around compliments which by their nature are harder to capture and report and around how reports could be improved to give NEDs greater assurance.

Received for information the report of the Quality and Safety Steering Group

It was reported that:

A clinical director for older adults has been appointed to give the service a stronger voice in the trust.

There remains a need to focus on safeguarding in both LD and children's services particularly in view of the inadequacies in the Dudley borough. Our staff are being

supported to resist pressure to chair safeguarding reviews, something which is outside their remit. Assurance was given that the director of nursing is taking a strong personal lead on this issue with the partner agencies.

In the MH division there has been a recent CQC visit following a whistle blowing complaint. The CQC did not find any concerns and neither did our own table top review, suggesting a spurious complaint. There are ongoing differences and discussions between the local authority and the CQC which will be monitored.

Received for information the Annual Infection Prevention and Control Reports

Assurance was given of our compliance with statutory requirements and it was confirmed that significant investment had been made in building our infrastructure capacity for infection control.

It was confirmed that much work had gone into trying to increase take up of staff influenza vaccinations, however the target and CQUIN of 75% take up was likely to be unrealistic (38.1% PY)

Received for information report on the Annual PLACE Results

Assurance was given that the results had been collated and benchmarked nationally, with the trust receiving above average scores in most areas.

Received for information the Review of Mitigation Plans for the High Level Risk Register

Initial concerns were raised over review dates and the accuracy of the information provided due to default settings on the document. This will be reviewed and reported back to the next meeting. However, the material elements provided were felt to be usable.

Specific items:

- Staff survey – concerns were raised from KLOE visits that staff remained unconvinced of the value of filling in the survey as nothing was done to address the issues raised. It was suggested that this might be a subject for inclusion in the chief executives' blog.
- Contracting – agreed that the lead would be changed to Ms Writtle and an update provided at the next meeting
- Loss of senior team members – agreed that responsibility for this risk should pass to the board

Received for information a report on the workforce and race equality standard

The report outlined the WRES national mandatory standard for the NHS which became part of the NHS contract in April 2015. There are reporting requirements from July 2016 on standards and indicators relating to racial equality.

Progress will be monitored through the inclusion board and Ms Newton will discuss with the company secretary how to ensure that the main board remains sighted on this area.

Received for information a report on the KLOE walkabouts

Assurance was given that issues identified are being addressed, with members raising specific issues around the Sunflower centre and MH Act training at Gerry Simon. All training at Gerry Simon is in hand and due for completion by the end of January 2017.

AOB

Suggested amendments to the BAF were tabled by Ms Fletcher and approved by the committee:

- The older adults quality and safety group has been added as a sub group to the QSSG
- Amendments have been made to the process for the quality impact assessment of CIPs and Large Scale Transformation Programmes.

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