

**Minutes of the Finance and Performance Committee
26 July 2021 at 1pm
(Zoom).**

Present: Mrs Sue White, Non-executive Director (Chair of Committee)
Mrs Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive
Mr Cleveland Henry, Non-executive Director
Mr Darren Skinner, Interim Director of Human Resources (agenda items 6 - 13)
Mr Andy Weir, Deputy Chief Operating Officer
Mr Martin Wright, Non-executive Director

In attendance: Ms Rose Cooper, Corporate Governance Officer (Committee Secretariat)
Mrs Cath Hill, Associate Director for Corporate Governance
Mr Harry Jackson, Costing Accountant (agenda item 10)
Mrs Emma Polhill, Clinical Contracts Manager
Mr Ian Andrews, Non-clinical Staff Governor (observer)
Mr Bryan Ronoh, Carer Governor (observer)
Ms Julia Zebelys, CQC Inspector (observer)

		Action
21/064	Welcome and Introduction Mrs White welcomed everyone to the meeting.	
21/065	Apologies for absence (agenda item 1) Apologies from members had been received from Mrs Joanna Forster Adams, Chief Operating Officer. Apologies from attendees had been received from Mr David Brewin, Assistant Director of Finance and Mr Bill Fawcett, Chief Information Officer.	
21/066	Members and attendees declaration of any conflict of interest in respect of any agenda items (agenda item 2) No declarations of interest were made.	
21/067	Minutes of the meeting held on 19 May 2021 (agenda item 3) The minutes of the meeting held on the 19 May 2021 were accepted as a true record.	
21/068	Approval for the minutes of the meeting held on 19 May 2021 to be uploaded to the Trust's external website (agenda item 3.1) The Committee agreed that the minutes of the meeting held on the 19 May 2021 were suitable to be uploaded to the Trust's external website.	
21/069	Matters arising (agenda item 4)	

There were no additional matters arising.

21/070 Update on Physical Health Checks Performance (agenda item 4.1)

Mr Weir outlined the plans to improve performance in this area (which as of today was on 39.8%). These included changing the reporting system on Care Director, additional training for staff to help them to navigate the system, and regular monitoring at an individual team level. Performance was also being monitored on a monthly basis by the Operational Delivery Group (ODG). It was agreed that a further update on physical health checks performance would come back in three months' time to the October meeting so that the Committee could get assurance on the progress being made.

JFA

The Committee **received** the verbal update.

21/071 Electronic Prescription and Management Administration (EPMA) Integration Stability Report (agenda item 4.2)

The Committee received an update on the actions taken to improve the interface between Care Director and the Trust's Electronic Prescribing System. The Committee focused its discussion on the System Outages and Back-up section of the paper which explained that the EPMA system had been stabilised on the Microsoft Azure platform and issues relating to the back-up printers had been resolved.

Mrs White asked that future Information Technology papers were approached from a patient safety perspective rather than a technical solution perspective in order to best provide the Committee with assurance. Mrs Hanwell would flag this with paper authors if needed.

DH

The Committee was **assured** by the update provided.

21/072 Cumulative action log (agenda item 5)

The Committee noted that the Digital Strategy update and the 'deep dive' on the Leeds Autism Diagnostic Service had been deferred to the September Committee meeting.

The Committee **received** the action log and **noted** the updates provided.

21/073 Combined Quality, Performance and Workforce Report (agenda item 6)

Mr Weir highlighted some key areas for attention in the report; performance in the crisis services and Acute Liaison Psychiatry Service (ALPS) had

been affected by staffing pressures caused by Covid-19 but this was expected to be a temporary dip. The Committee was pleased to hear that there had been a sustained increase in the number of people being referred for home treatment from the acute inpatient services which reflected progress with facilitating early discharge using home treatment.

Mr Weir explained that several changes were being made to CQPR reporting which included extending the metric for Section 136 activity beyond 24 hours and revising the perinatal reporting information so that it was not limited to only those women seen face to face within the two week target.

Mr Weir explained that work was underway to improve data collection for ethnicity and sexual orientation which was needed to develop the baseline data for the health inequalities work. As part of this, Dr Eli Joubert (Health Inequalities Clinical Director) was leading on a project to gather demographic data from service users. Mr Weir explained that they were likely to see an improvement with ethnicity and sexual orientation reporting within three months and this would be presented to the Committee via the CQPR.

The Committee understood that there was currently no change to the Trust's stance regarding healthcare workers who had been notified to isolate after coming into contact with a positive Covid-19 case and would not be implementing the revised guidance which was based upon risk assessments. The Committee heard that there was a robust process in place for monitoring staff sickness.

The Committee also heard that administrative staff sickness was causing a delay with referrals being entered into the system in the Gender Identity Service but they were working to address the backlog and expected to be on a steady trajectory of increasing referrals month by month,

The Committee discussed the logistical issues presented by ALPS no longer being based in the Emergency Department at St James' Hospital (particularly with regard to the one hour target to respond to referrals) but understood that their current location at the Becklin Centre was the more suitable option from an operational and health and safety perspective. Mrs Hanwell explained that members of her team were involved in the conversations about the site redevelopment at St James (with the intention of ALPS becoming more integrated into the LTHT infrastructure) but there were currently no timelines for this work that she could share.

The Committee **reviewed** and **noted** the content of this report and **identified** areas for further analysis as part of the Trust's governance arrangements.

21/074

Patient Capacity and Flow Position (agenda item 7)

The Committee reviewed an update on the patient capacity and flow position across care services including the revised trajectory for eliminating out of area bed usage. Mr Weir explained that bed occupancy rates

remained high.

The Committee was assured that detailed action plans were in place to reduce inappropriate acute out of area placements, including the opening of a new Crisis House (called Oasis) as an alternative to admission with six overnight places plus some additional day capacity at the end of this month.

The Committee noted that eliminating out of area placements for service users needing psychiatric intensive care was the subject of a West Yorkshire and Harrogate Integrated Care System (ICS) programme, with mental health providers working together to deliver solutions; but understood that this may take more time.

The Committee heard that the Acute Care Excellence Programme had been paused during the height of the pandemic but had recommenced (with a focus on pre-admission) and was starting to make a difference. The Board subcommittees would review an update on this programme at their joint meeting scheduled for November 2021, together with a review of the implications of budget changes which needed to be made as a result of the reset and recovery programmes.

Some of the Committee members expressed concern that the target to eliminate acute OAPs by March 2022 might be too ambitious but understood the rationale behind this decision.

The Committee also heard that the Quality Committee received regular assurance around monitoring the quality of out of area placements via a quality measurement framework.

The Committee **considered** the current position and the actions being taken, including the revised trajectory.

21/075

Chief Financial Officer Report (agenda item 8)

The Committee reviewed the Trust's positive financial position at month three, but noted that there may be NHS England / Improvement requirements to identify cost improvements in the second half of the year when the 3% pay award would be implemented. The Committee heard that the Trust's efficiency programme had largely been put on hold during Covid-19, but may need to be reinvigorated at speed and understood that this was likely to present a challenge. The Committee would review the situation in September once central guidance was firmed up, and would scrutinise plans to secure efficiency savings as required.

It was agreed that the Committee would receive an update on progress towards the 7 day payment 'aspiration' for suppliers at the September meeting.

DH

It was agreed that the Committee would receive an update on aspects of the Red Kite View build which were exempt from VAT at the September meeting.

DH

It was agreed that in September the Committee would receive an update on the rules around the 3% pay award and the associated efficiency requirements. It was agreed that the detailed rebasing work would come to the October meeting.

DH

DH

The Committee **noted** the income and expenditure position at month three, which was a favourable variance from plan of £1.07m; **noted** better payment practice code (BPPC) performance remained strong during quarter 1; **noted** the work continuing to determine financial plans for H2 2021/22; and **noted** that the Trust remained in an overall good financial position.

21/076

2019/20 National Cost Collection (agenda item 10)

The Committee received a briefing on the 2019/20 National Cost Collection (NCC) and the subsequent costing assurance review undertaken by Ernst & Young (EY) which provided a finding of substantial assurance. The costing assurance review identified areas of good practice and areas of improvement which would be addressed by the development of a detailed action plan.

The Committee understood the amount of work that would be required to implement the changes identified by the EY audit and agreed to review progress with the audit outcomes action plan, which would include clinical engagement work, at the Committee meeting in March 2022; in preparation for the following submission which would be in September 2022.

HJ

The Committee discussed utilising the findings relating to specialist and community services spend as part of the costing exercise and it was agreed that this would be reviewed in the context of the work around rebasing and efficiency requirements which was scheduled for the October meeting.

DH

The Committee noted that the Trust was waiting on national patient level costing data for inpatients from NHS Improvement so that our data could be compared to the national average. A meeting had been arranged with NHSI about this and an update would come to the Committee next time.

DH

The Committee **noted** the outputs from the first national patient level costing collection; **noted** the finding of substantial assurance from the Ernst & Young costing assurance review; and **noted** the ongoing work to develop an action plan and implement the review recommendations.

21/077

Contract Development Analysis (agenda item 9)

The Committee **noted** that the revised timetable for all next wave provider collaboratives to start was now the 1 October 2021.

21/078

Data Security and Protection Toolkit (agenda item 11)

The Committee reviewed the Data Security and Protection Toolkit return and noted that activity was up to standard (Internal Audit had given significant assurance on this point) with the exception of the implementation of an ICT Penetration Test. The Committee noted that plans were in place to conduct the test in the near future and there was then an opportunity to resubmit the return and gain a “standards met” rating.

The Committee noted that the Penetration Test had been rescheduled for October 2021 and Mrs Hanwell agreed to discuss with Mr Fawcett whether this could be brought forward as it was an important piece of work.

DH

The Committee **considered** the assurance provided ahead of it being presented to the Board of Directors.

21/079

Quarterly Chair’s Report from the Information Governance Group (agenda item 12)

The Committee received the report and Ms Cooper was asked to check when the cyber security dashboard was due to come back to the Committee.

RC

The Committee **received** and **noted** the assurance of the Information Governance Group and **welcomed** the use of the chair’s report template which clearly set out any matters of escalation to the Committee.

21/080

Board Assurance Framework (agenda item 13)

The Committee received the latest version of the Board Assurance Framework (BAF). It was agreed that Mrs Hill would update Strategic Risk 5 now that Mr David Sanderson was in post and had replaced Mr Myles Callaway as a lead for risks relating to estates.

CHi

The Committee asked about the Trust’s current position with agency spend and Mrs Hanwell explained that the “cap and ceiling” that we had previously been monitored against was still suspended due to Covid-19 but that this was likely to be reintroduced at some point in the near future. Mr Skinner also provided some assurance around the low numbers of agency spend generally in the Trust, apart from locums where spend was significant, and outlined some initiatives they were looking at to address this. It was agreed that Mrs Hanwell would provide an update on the Trust’s agency spend at the September meeting. Following this, the Committee would consider whether agency spend needed to be highlighted further in the BAF.

DH

The Committee **reviewed** the risks detailed in the Assurance Framework and agreed some minor updates.

21/081 **Any item that needs to be escalated to the Board of Directors or referred to another Board subcommittee** (agenda item 14)

The Committee **agreed** the items to be included in the Chair's Report to the public Board of Directors' Meeting on the 29 July 2021.

21/082 **Any issues for discussion at joint meetings with other Board subcommittees** (agenda item 14.1)

The Committee **agreed** three items to be added to the agenda of the Joint Finance, Quality and Workforce Committee meeting on the 9 November 2021. These were: an update on the Acute Care Excellence programme, cost improvement plans, and quality impact assessments relating to budget changes as a result of the reset and recovery programmes. Ms Cooper would add these to the forward plan.

RC

21/083 **Any other business** (agenda item 15)

The Committee **discussed** its future meeting arrangements and noted the suggestion that all Board subcommittee meetings were to be held virtually until the end of the calendar year. This item was also on the Board agenda and it was **agreed** that it should be discussed further at that meeting where all Board subcommittee chairs were present.

The Committee **queried** the suggestion from the Quality Committee for an internal audit to be conducted on non-executive director oversight of estates issues from a patient safety perspective. The Committee felt that this would not be an appropriate use of Internal Audit's time and it was **agreed** this would be discussed further with Quality Committee members at the Board meeting later that week.

SW