

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Thursday, 27th September 2018 in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Jane McCall	In the Chair
	Sallie Bridgen	Non-Executive Director
	Trish Cavanagh	Chief Operating Officer
	Anne Dray	Non-Executive Director
	Karen James	Chief Executive
	Tracey McErlain-Burns	Interim Chief Nurse
	Peter Noble	Non-Executive Director
	Brendan Ryan	Medical Director
	Sam Simpson	Director of Finance
	Martyn Taylor	Non-Executive Director
In attendance	Amanda Bromley	Director of Human Resources
	Steve Parsons	Trust Secretary

6 members of the public were in attendance

331/18 Welcome and apologies

The Chair welcomed colleagues and the public to the meeting, and reminded observers that this was a meeting in public rather than a public meeting. She also noted that a number of Board members would be 'live-streamed' having their influenza vaccinations later in the day, as part of the launch of this year's vaccination campaign.

The chair commented on the sad news of the passing of Jean Bowes Porter and acknowledged Jean's contributions for her service to the Trust as a public governor.

Apologies for absence were received from Cathy Elliott and Pauline Jones.

332/18 Declarations of Interest

No Director declared an interest in the business to be considered at the meeting.

333/18 Patient Story

Tracey McErlain-Burns presented the patient story, noting that it had been intended that it would be presented directly by Julie Jakeman, the relevant District Nurse; but unfortunately was unable to attend the Board meeting.

The story covered the experience of Health Visitors in ensuring the voice of the child was heard, and particularly extremely young (less than one year) babies. Tracey McErlain-Burns delivered the story and explained how very young children; through their body language and behaviours can display signs of stress. In this instance the story of a very young child having supervised parental contact, and then returning to a foster carer was told. She had been impressed and inspired in hearing this story,

and had arranged for Ms Jakeman to work with other areas of the Trust to spread this learning into new areas where it would be relevant.

Jane McCall welcomed the story, and the intention to have staff present directly to the Board on their work with patients. She encouraged the Executive team to bring forward more stories directly from colleagues and patients, both positive and more challenging, so that the Board could better understand the impact of the services provided.

Sallie Bridgen enquired what was planned to be the next steps. Tracey McErlain-Burns noted that the Healthy Child programme provided support for children from birth to 19 years old, and District Nurses provided continuing support for very young children as part of the regular service.

The Board thanked Tracey McErlain-Burns for presenting the story.

334/18 Minutes of the meeting held on 26th July, 2018

The Board approved the minutes of the public session held on Thursday, 26th July 2018 as an accurate record of the proceedings.

335/18 Matters Arising from the minutes

The Board noted the circulated action log, and discussed the following-

327/18	The Committee Chairs had produced drafts for standard templates, which had been discussed with the Secretary and were subject to revision. Re-date to November 2018.
320/18	Tracey McErlain-Burns confirmed that the programme of visits was being updated. The Board requested that the updated programme was circulated to Directors as quickly as possible. Re-date to November 2018.
320/18	It was noted that Cathy Elliott had requested an update on progress towards having a 'map' of local services. Trish Cavanagh was in discussion on the scope of this work. Jane McCall commented that the Board also needed the map to cover the services provided by the Trust through the main hospital site and in the Community, and this would therefore need to be added. Re-date to November 2018 and adjust action to reflect additional scope.

336/18 Report from the Trust Chair

Jane McCall referred the Board to her written report, and drew attention to the following points-

- a. She reminded the Board that the development session in October 2018 would be discussing the skills and experience available to the Board; and she encouraged colleagues to complete the evaluation exercise on learning styles that had been circulated previously.
- b. She congratulated Cathy Elliott and Peter Noble on being accepted onto NHS Improvement's programme for Aspiring Trust Chairs.

No Directors raised any questions regarding the report, which the Board noted.

ACTIONS-

- i. Directors to complete the learning styles evaluation exercise, before the October seminar session.

337/18

Report from the Chief Executive

Karen James presented her report, and noted the following points-

- a. NHS England and NHS Improvement were in the process of developing a 10-year plan for the NHS, which was intended to build on the *Five-Year Forward View*. The key principle would again be integration, where this Trust and the local health economy had been leaders for some time.
- b. As noted in the report, Pauline Jones would be retiring at the end of the month an event to celebrate her service had been arranged, and she looked forward to welcoming colleagues to it.
- c. She noted the communications received regarding winter planning and the influenza vaccination expectations. The national ambition to ensure 100% vaccination for staff with direct patient contact would clearly be challenging, given that performance in 2017-18 had been about 67%; significant preparation and communication work had been put into place.
- d. As noted in the report, the Trust had been successful in accessing capital funding for A&E 'front-door' improvements that would support the transfer of the walk-in centre provision to this site. The Board was required to agree the statements set out in the report in order for the capital funding to be paid; and was invited to do so accordingly.

Jane McCall sought confirmation that the statements re capital could accurately be given; and Karen James confirmed that, as currently advised, they could. Tracey McErlain-Burns noted that they would also improve the patient experience of care. Jane McCall also referred to the current work being undertaken to attract GP's to the Tameside and Glossop locality; local partners were being the first in the country to offer a GP Fellow post, which was working across primary and secondary care, together with transformation proposals. Amanda Bromley confirmed that there was interest being seen in the post, and that funding developments might enable additional appointments to be made.

Peter Noble enquired about the benefits expected to be realised by the capital investment proposal. Karen James advised that, in line with national expectations, it would enable the Trust to adopt a 'single front door' which would support triage to appropriate services, including non-A&E services, through having them on-site. Peter Noble also enquired regarding any indications on the 10-year planning work, noting that it would be useful to understand the local impacts expected to flow through. Karen James advised that there were no particular insights at this stage, as the national bodies were very much working their own ideas through. Jane McCall noted that, when the Directors reviewed the principles and proposals for the planning round, this would need to include coverage of the risks that might arise from external factors and priorities.

Anne Dray enquired whether there was clarity as to the timetable leading into leaving the European Union. Karen James advised that, beyond the public announcements made by Ministers, the Trust had not received information; Trish Cavanagh noted that Trusts had been directed not to stockpile pharmaceuticals, with a corresponding direction to suppliers as to minimum stocks. Jane McCall noted that Cathy Elliott had enquired when the Board would be receiving a briefing on the impacts of leaving the EU; she suggested that this would fit within the strategic discussion on future plans and priorities that the Board would have before the

planning round started. Tracey McErlain-Burns noted that the review work on the Board Assurance Framework had also picked up the need to include a related strategic risk in this area.

Sallie Bridgen referred to the winter planning requirements regarding mental health support in A&E, and asked for confirmation that appropriate arrangements were in place. Trish Cavanagh confirmed that a team with Pennine Care was in place.

The Board then-

- a. Noted the report from the Chief Executive;
- b. Agreed the 100% commitment for influenza vaccination of staff with direct patient contact, and the reporting arrangements for colleagues declining vaccination;
- c. Agreed the statements in the report in respect of the A&E capital funding allocation.

ACTIONS-

- i. Seminar discussion on planning priorities and principles to include risks from external factors, including leaving the European Union.

338/18 Integrated Performance Report

Prior to presentation of the report, the Chair noted that the Board would need to allow time to have a full discussion on the position re the mortality indicators and the drop in performance.

Trish Cavanagh presented the report, noting that the Trust had achieved the 95% target for 4-hour A&E waits, the 18-week Referral to Treatment target, and a reduction in waiting times during the period. This gave a good platform as the Trust moved towards the more challenging winter period. The Trust had also delivered the cancer standard, as set out in the exception report, which was proving to be a challenge and area of focus across Greater Manchester as a whole.

Trish Cavanagh drew attention to the following additional points-

- a. The Trust's SSNAP rating re Stroke care had reduced from a B to a C. This appeared to be related to national data issues, and was being fully investigated;
- b. Compliance with the mandatory training requirements had almost reached the target of 95%;
- c. There was a continuing focus on theatre utilisation performance, to support winter preparation and to drive further improvements in efficiency and patient experience.

Jane McCall welcomed the report, noting that it showed good performance in a wide range of areas, which the Board should remain mindful of. She also emphasised the need for improvement trajectories to be accurately shown in the exception reports, so that the Board could judge the assurance available and hold to account. She asked the Executive team to review this area, with a focus on helping the Board to understand when performance in each area was expected to return to the target level.

Brendan Ryan referred to the exception report related to mortality indices, noting that the rise in Hospital Standardised Mortality Ratio (HSMR) had triggered the exception report. He reminded the Board that both HSMR and the Standardised

Hospital Mortality Index (SHMI) were formula-based calculations, which would reflect the up-tick in mortality for a twelve-month period. The underlying change was that there had been an increase in the number of deaths seen over the 2017-18 winter period; this was true nationally and across GM, but the increase was greater in the Tameside and Glossop area: for our area, the rates had dropped back from March but not to the previous level. It was of interest that the Office for National Statistics projections indicated that the mortality rate for Tameside was expected to have increased in excess of other areas.

As the Board were aware, the Trust reviewed each death for learning; a number of additional reviews of the cases in January to March 2018 had been undertaken, to ensure that there was assurance. The outcome of those reviews was that no further trends had been identified, and the processes followed continued to be robust and reliable: indicating that the quality of care had not dropped in these cases. Mr Ryan and Dr Nuttall had also met with a representative of Dr Foster (the provider of the HSMR ratio), who had not provided a definitive explanation of why the formula had produced the rise in ratio. The Care Quality Commission and NHS Improvement had been kept fully informed of developments, including a discussion at the meetings held earlier in the week. Mr Ryan also noted that there was some learning regarding making the coding process better, although this was not believed to have contributed to the outcome on HSMR.

Jane McCall commented that the Board would need to see and review the sources of assurance and evidence being relied on, so that it could form a judgement on the level of assurance that was available; she considered that this was an important duty for the Board as a whole to discharge. She also welcomed that the regulators had been kept fully informed of the matter.

Anne Dray enquired whether Dr Foster had indicated if other Trusts were seeing a similar effect. Brendan Ryan advised that information about other Trusts had not been provided; however, his main confidence was because the Trust had good people covering the data. He anticipated that Dr Foster would be reviewing how the formula was responding, although that was unlikely to be a public discussion. Anne Dray commented that there was considerable assurance available from the significant review work that had been undertaken: Brendan Ryan reminded the Board of the process undertaken, and also of the external verification when the systems were put into place. Karen James noted that the Trust was recognised nationally for good practice, with Mr Ryan supporting other Trusts to improve their systems.

Martyn Taylor noted that the Quality and Governance Committee would be reviewing this area in detail; whilst it would need to understand the data, his view was that the key focus was on assurance regarding the standard of care provided. He also noted that the Committee would be looking at the background to the review process, as context and to ensure that the Board had assurance that it remained appropriate.

Sallie Bridgen enquired whether consideration had been given to arranging an external review of the mortality process. Brendan Ryan confirmed that it had been considered, but overall it was concluded that the evidence to date had not pointed towards a need to do so. He noted that there was external engagement at various points in the process, including the Clinical Commissioning Group and (in some cases) HM Coroner, which gave some continuing confidence in the process: and there had also been very positive external feedback to Karen James regarding them. Sallie Bridgen also enquired whether the review had also covered the Learning from Deaths process in the period; Brendan Ryan advised that whilst he was open to a discussion, he did not at present think that this would make a difference to the outcomes being seen from the analysis of the mortality reviews.

Tracey McErlain-Burns noted that the Trust had a relatively high rate of Inquiries and Inquests from HM Coroner, and these had not raised any 'red flags' of concern regarding the care provided by the Trust.

Summarising the mortality discussion, the Chair commented that the Board was assured, and also that external contacts were not raising 'red flags'. It was important that the Trust took these matters seriously; and she looked forward to the Quality and Governance Committee, and then the Board as a whole, being able to review the evidence and form a view regarding assurance.

The Board then agreed-

- a. To receive the Integrated Performance Report;
- b. To note the exception reports, and the actions proposed;
- c. To request the Executive team to review reporting of exceptions, in order to ensure that the Board received appropriate trajectories for moving back to the achievement of the set target;
- d. To consider the evidence regarding the review of mortality in January to March 2018, and the report of the Quality and Governance Committee on their detailed review, at the November 2018 meeting of the Board

ACTIONS-

- i. Executive team to review reporting of improvement trajectories in exception reports, for November 2018's Board papers;
- ii. Quality and Governance Committee to report to November 2018's Board meeting on the review of mortality in January to March 2018;
- iii. Mr Ryan to provide the November 2018 Board with evidence and external assurances re mortality in January to March 2018, for consideration of the available assurance.

339/18 Safe Staffing Report

Tracey McErlain-Burns presented the report, noting that no recommendations for action were being made to the Board. She drew attention to the following key points-

- a. Care Hours per Patient Day (CHpPD) was now at 7.5, placing the Trust at the top end of the first quartile;
- b. There had been some areas of relatively low occupation during the period, which affected the numbers. She noted that the figures were now able to take into account the use of trainee Nursing Associates;
- c. The position in August had been impacted by issues around excess annual leave; this was now being addressed pro-actively with nursing leads. It currently appeared that a section of this leave had come into place after rota's had been approved;
- d. The report included the outcomes of the six-monthly Safe Nursing Care analysis. No significant issues had arisen in the Surgery Division, and a meeting was to be held shortly with the Medicine Division to agree actions.
- e. The local process related to re-validation under the Nursing and Midwifery Council had been amended to ensure that all relevant colleagues were cleared by an appropriate senior member of staff.

Jane McCall commented that, whilst she recognised the effort being put in, she was deeply frustrated by the lack of pace being seen in improvement. She sought assurance that all available steps were being taken, or could something more dramatic be done; Tracey McErlain-Burns confirmed that the key issue was a lack of nurses to be appointed to roles. Further consideration was being given to the

possibility of overseas recruitment, but this was not a short-term fix. Karen James commented that a significant amount of work had been done, and this had been recognised as positive by NHS Improvement and other regulators. Nursing staffing was recognised as a national problem, which was not amenable to swift solutions. Whilst the Trust was looking at a range of creative solutions, it was clear that this would be a continuing challenge.

Sallie Bridgen noted that the Finance Committee had discussed the financial impacts of the current nursing position on agency and bank spend, and had asked that the Workforce Committee review the position in more detail. She also noted that the Board would need to understand what radical solutions were possible, as obtaining overseas nurses was not a long-term solution to the issues.

Anne Dray referred to the information provided regarding paediatric services, and commented that the message was not obvious. Tracey McErlain-Burns advised that the report reflected a new model, which had impacted on the presented figures; whilst the modelling had tried to follow the Royal College of Nursing guidance, the relevant tools had not been available. The Trust had now signed for the Shelford Group tool, and there was confidence that this would improve the modelling and consequent decision-taking. Anne Dray asked if there was a financial pressure, and Tracey McErlain-Burns noted that the Division had agreed to meet that.

The Board then noted the Safe Staffing Report.

340/18 Report from the Workforce Committee

Peter Noble presented the circulated report, and drew attention to the following items-

- a. The Committee had reviewed a potential dashboard, with a key focus agreed on Key Performance Indicators in order to provide assurance to the Board;
- b. There had been an informative discussion on the Staff 'Friends and Family' test outcomes;
- c. He welcomed the inter-working between Committees, such as the reference from the Finance Committee mentioned earlier;
- d. The Committee drew the Board's attention to the result from the Workforce Race Equality Survey regarding the ethnic diversity of the Board. This came with a caveat that the result was a crude comparison (white to non-white), but was the main national measure.

Sallie Bridgen suggested that the last point was affected by a lack of succession planning for the Board positions, and noted that other organisations used options such as Associate NED appointments to offer experience. The Board noted that it would be necessary to be clear that there was no right for an Associate NED to be appointed to the Board; but this was an option to be considered further.

The Board then noted the report from the Workforce Committee.

ACTIONS-

- i. Chairman to review options to increase Board diversity, including possible Associate NED positions.

341/18 Guardian of Safe Working Hours report

Amanda Bromley presented the report, noting that most of the exemption reports related to GP trainings; these were being actively addressed. There were no

educational exemptions reported in the period. Brendan Ryan noted that most of the exception reports were from Foundation Year 1 colleagues who would be just getting used to how the various systems operated.

The Board noted the Guardian of Safe Working Hours report.

342/18 Significant Risks Report

Karen James introduced the report, noting that there were no new significant risks to be drawn to the Board's attention. Similarly no scoring changes on the Board Assurance Framework were recommended, but there had been some re-wording of the risks to clarify meaning. The Board was invited to note that the target score for the Cyber-Security risk had been moved up, to reflect the increased level of irreducible risk being seen. Sallie Bridgen noted that review work on the financial risks was being undertaken.

The Board then-

- a. Noted the report;
- b. Agreed the re-wording of risks as reported;
- c. Agreed the change in target score for the Cyber-Security risk.

343/18 Report from the Audit Committee

Anne Dray presented the circulated report, and noted the following-

- a. The Committee had discussed the follow-up process for agreed recommendations from internal audit reports, noting that the process was working well and provided assurance to the Committee;
- b. There had been an Internal Audit Review which reported Limited Assurance regarding charging for overseas patients. Having heard from the responsible managers, the Committee had assurance that the necessary actions were being implemented as a matter of priority;
- c. Changes to the control limits in the Standing Financial Instructions had been considered, and were recommended to the Board for approval. Jane McCall commented that it would be useful for the future if proposals showed not only what it was proposed to adopt in the future, but also what the current provision was, so that the Board was clear as to what would change.

The Board then-

- a. Noted the report from the Audit Committee
- b. Approved the changes to the Standing Financial Instructions that were appended to the report.

344/18 Report of the Quality and Governance Committee

Martyn Taylor presented the reports from the August and September meetings of the Committee, drawing attention to the following-

- a. The Committee had discussed the mortality changes, which the Board had earlier considered; the Committee would be continuing to keep this under review;
- b. There had been an update on security management processes, which had provided strong assurance;
- c. The Committee had noted that 3 Never Events had occurred; although there was currently no suggestion of any trend or pattern, the Committee would be

reviewing the investigations in October 2018.

- d. The Committee recommended that the 6-month update on the electronic 'CAS'-card implementation was presented to the Board, given it would have wider implications.

Anne Dray enquired about the review of the pressure ulcer reducing mattresses; Martyn Taylor confirmed that the Committee was expecting to consider the review in October 2018. Tracey McErlain-Burns advised that establishing financial values was proving to be a challenge; however, there was confidence that the incidence of pressure ulcers had reduced. It was noted that the Committee would report to the November Board on the subject.

The Board then-

- a. Noted the report from the Quality and Governance Committee;
- b. Agreed the six-month update on the electronic 'CAS'-card implementation would be presented to the Board in January 2019.

The Board then adjourned from 10.55am to 11am.

345/18 Finance Report, M5 (August 2018)

Sam Simpson presented the circulated report, drawing attention to the following key points-

- a. Performance for the month had been £1.4 million deficit, which was in line with the agreed plan. Similarly, the cumulative deficit for the year to date of £10.6 million was in line with the plan;
- b. Efficiency savings for the year to the end of August had been slightly ahead of the plan;
- c. The Trust was within the agency spend 'cap', and at present was expected to remain within it during the remainder of the year;
- d. The Board was reminded that the Provider Sustainability Fund was payable in respect of two metrics; 70% on meeting the Control Total trajectory and 30% on meeting the Accident and Emergency trajectory. 100% had been paid in respect of Q1; for Q2, whilst the financial strand was expected to be payable, A&E performance was a challenge to reach the trajectory which required the Trust to have improved on the very good performance last year. Whilst this would not affect compliance with the Control Total, it would impact on cash-flow;
- e. The forecast for efficiency schemes to the end of the year was currently a short-fall of £1.5 million; however, this had improved from the £1.9 million forecast in the previous month. The improvement reflected the work being undertaken to focus on this area, together with the improvements in governance that had been implemented. There had also been a positive response from NHS Improvement, who were welcoming the dual focus on both delivering the budget and the efficiencies;
- f. Attention was drawn to the position on capital spending, as set out in the report.

Jane McCall noted that the Board would need, at the November 2018 meeting, to review whether the Trust would achieve the Control Total at the end of the year; and what engagement should be undertaken with NHS Improvement, in light of the perceived risk to achievement. Sam Simpson confirmed that the regulator was fully aware of the Trust's current and projected financial situation, which had been discussed at the meeting earlier in the week.

Peter Noble was concerned that, whilst Greater Manchester programmes would have a significant impact on the financial position, the Board- and particularly Non-Executive Directors- did not have a clear line of sight to understand and evaluate them. Sam Simpson commented that most of the impact on this Trust would fall under GM's Theme 3 work on the future of District General Hospital services, and outlined the current steps being taken within that Theme. Karen James noted that any efficiency savings that might emerge from Theme 3 were not being factored into the position of the Trust as present.

The Board then-

- a. Noted the financial position to the end of August 2018, together with the risks to the achievement of the Control Total and agreed plan;
- b. Endorsed the actions being taken to ensure that the agreed plan and Control Total were achieved;
- c. Agreed that the November meeting of the Board would consider engagement with NHS Improvement regarding the risks to achievement of the Control Total.

ACTIONS-

- i. Secretary to list risks to achievement of Control Total, and engagement with NHS Improvement on the subject, for the November 2018 meeting of the Board.

346/18 Report from the Finance Committee

Sallie Bridgen presented the report from the August and September meetings of the Committee, noting that the September report had been laid on the table; and noted the following points-

- a. The Committee had been briefed on the Use of Resources inspection, which the Board would be considering in the private session;
- b. As requested by the Board, the Committee had considered whether a Financial Recovery Board should be formed. Given the developments in governance, the Committee's recommendation was that this step was not needed at this stage.

Martyn Taylor commented that whilst the position was a challenging one, there was assurance from the steps being taken to address them. However, the Board needed to bear in mind that there was considerably less room for manoeuvre than in 2017-18. Sallie Bridgen confirmed that the Committee was aware of these restrictions.

The Board then-

- a. Noted the report from the Finance Committee;
- b. Agreed that a Financial Recovery Board need not be formed at this stage.

347/18 Forward plan of Board business

Jane McCall introduced this item, noting that she had requested that the Board received a clear document that showed where future business was expected to be considered by Board, Council and Board Committees. She noted that she would be asking that an item on 'horizon-scanning' was added to the list for either the November or the January Board, dependent on progress. She would also be asking that Board approval of KPI's, linked to Board approval of the Corporate Objectives, was listed for February 2019 (Seminar session) and March 2019 (formal approval).

She took the opportunity to enquire when the Board would receive an update on the 2018-19 objectives; the Secretary noted that the Board had agreed an update at the six-month point would be provided in the Chief Executive's report, expected in November 2018.

Tracey McErlain-Burns queried whether the Quality Report should be brought in draft to the March meeting of the Board for provisional approval, before circulation to the statutory consultees. The Secretary noted that this was not a statutory requirement, and that the 'wash-up' meeting earlier in the month had felt it was not something necessarily required. It was agreed that the Executive team should discuss options further. Jane McCall noted that Cathy Elliott had requested time was found for a development session on system leadership; and this might link into the strategic priorities discussion in November or January.

Anne Dray commented that it would also be useful to address issues of GM commissioning within the horizon-scanning session, given that they were assuming increasing importance. She also asked that a discussion on risk appetite, and a discussion on the impacts and links to the Trust's work of mental health provision, were added.

The Board then-

- a. Noted the updated forward plan of business;
- b. Agreed to the following changes-
 - i. Horizon-scanning to be added as a Board discussion in November 2018 or January 2019 (dependent on publication of national guidance)
 - ii. Approval of Key Performance Indicators to be added for a seminar discussion in February 2019, followed by Board approval in March 2019;
 - iii. System leadership to be added as part of the Annual Planning- principles and capacity session in January 2019;
 - iv. Risk appetite to be added as a seminar session no later than February 2019;
 - v. Links and impacts of mental health provision to be added as a seminar session no later than March 2019;
- c. Requested the Executive team to further consider appropriate Board consideration of the Quality Report.

ACTIONS-

- i. Secretary to update the forward plan and circulate to Directors, by 12th October 2018;
- ii. Executive team to further consider when the Board should review the Quality Report, with regard to the suggestion of approval in principle in March.

348/18 Dates for meetings in 2019

The Board received the paper, and approved the meetings schedule for 2019.

349/18 Motion for private session

The Chairman moved, and it was *Resolved*, That members of the public be excluded from the remainder of the meeting, owing to the confidential nature of the business to be transacted; related to individual members of staff and the commercial affairs of the Trust.

Members of the public and the press accordingly withdrew from the meeting.