

Tameside and Glossop Integrated Care NHS Foundation Trust

A meeting of the Board of Directors will be held on
Thursday, 30th January 2020 at 9.30am
in the Board Room, Silver Springs House, Tameside General Hospital.

Steve Parsons, FCIS
Secretary

The Board has agreed, experimentally, that only starred items will be discussed.
If you wish to star an additional item, you must notify the Chair and the Secretary by **noon** on
Tuesday 28th January 2020. Unstarred items will be noted or approved without discussion.

AGENDA

		Lead		
* 1	Apologies for absence	JMc	9.30am	Verbal
* 2	Declarations of Interest	All		Verbal
3	Patient Story	PW		Presentation
4	Minutes of public meetings	SIP		
a.	28 th November, 2019			Enclosed
* 5	Matters Arising from the minutes			
a.	Action Log	SIP		Enclosed
6	Chair's report	JMc		Enclosed
7	Chief Executive's Report	KJ		Enclosed
Strategy				
* 8	Transformation Update	TC	9.50am	Presentation
* 9	EPRR annual assessment	TC		Enclosed
* 10	Sustainable Development Management Plan (SDMP)	P Featherstone		Enclosed
Performance and Workforce				
* 11	Integrated Performance Report	Execs	10.30am	Enclosed
* 12	Safer Workforce	PW		Enclosed
* 13	Report from the Workforce Committee, January 2020	PN		To follow

	Lead		
* 14 Significant Risk Report (including BAF review update)	KJ	10.50am	Enclosed
* 15 Reports from the Quality and Governance Committee	MT		
a. December 2019 (walk-about)			Enclosed
b. January 2020			Enclosed

Finance

* 16 Finance Report, month 9 (December 2019)	SS	11.15am	Enclosed
* 17 Reports from the Finance Committee	SB		
a. December 2019			Enclosed
b. January 2020			To follow

Governance

* 18 <i>Freedom to Speak Up</i> Guardian update	P Gordon	11.30am	Enclosed
19 Learning from Death update (August to November 2019)	BR		Enclosed

Items for Note

20. Minutes of Board Committees-			
a. Finance Committee-			
• 26 th November, 2019			Enclosed
• 19 th December, 2019			To Follow
b. Workforce Committee			
• 20 th November, 2019			Enclosed
c. Quality and Governance Committee			
• 1 st November, 2019			Enclosed
• 6 th December, 2019			Enclosed

- 21 Motion for private session (s31.1 of the Trust Constitution)
The Chairman to move, That members of the public be excluded from the remainder of the meeting, owing to the confidential nature of the business to be transacted; which is related to individuals and the commercial affairs of the Trust.

Future public meetings of the Board are scheduled for-

- Thursday 26th March at 9.30am
- Thursday 21st May at 9.30am
- Thursday 30th July at 9.30am
- Thursday 24th September at 9.30am
- Thursday 26th November at 9.30am

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Thursday, 28th November 2019 at 9.30am in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Jane McCall	In the Chair
	Sallie Bridgen	
	Anne Dray	
	Karen James	
	Peter Noble	
	Brendan Ryan	
	Sam Simpson	
	Martyn Taylor	
	Peter Weller	
In attendance	Paul Featherstone	Director of Estates and Facilities For item 114/2019
	Jackie McShane	Director of Operations Representing Trish Cavanagh
	Steve Parsons	Trust Secretary

4 members of the public were in attendance

105/2019 Welcome and apologies

The Chair welcomed colleagues to the meeting, and also Governors attending to observe. She noted that the Board was meeting during a pre-election sensitivity ('purdah') period, and reminded colleagues of the need to moderate comments appropriately.

Apologies for absence were received from Trish Cavanagh, and the Chair welcomed Jackie McShane who would be supporting the meeting in her place.

106/2019 Declarations of Interest

No potential conflicts of interest were declared in the business expected to be considered at the meeting.

107/2019 Unstarred items

The following unstarred items were noted or approved, as appropriate-

- a. Guardian of Safe Working Hours Quarterly Report
- b. Significant Risk Report
- c. Use of the Trust Seal
- d. Minutes of Board Committees-
 - i. Finance Committee, 24th September and 29th October 2019

- ii. Workforce Committee, 12th September 2019
- iii. Quality and Governance Committee, 3rd October 2019
- iv. Audit Committee, 10th September 2019

107/2019 Patient Story

Peter Weller introduced the video story, which related to the experience of being supported by the autistic service. This was a small service, which was currently being externally reviewed, to understand better the fit with other services and the integration work being undertaken.

Following the video, the Board discussed the following points-

- a. The key part of the patient story that emphasised listening to service users was warmly welcomed by the Board. The Board noted that wider work on adults with hidden disabilities was being undertaken as business as usual.
- b. It was confirmed that the outcomes of the external review of this service would be reported into Board-level governance in due course.
- c. It was very positive that individuals could self-refer into the service. Anne Dray noted her personal experience, and commented that it would support individuals if colleagues could positively look for those who needed help.

The Board then noted the patient story.

108/2019 Minutes of the meeting held on 26th September, 2019

The minutes of the Board's meeting held on 26th September 2019 were approved as an accurate record, subject to the following correction-

- a. 94/2019, page 4, 2nd paragraph, line 9, the sentence should read-
"Sallie Bridgen welcomed these intentions, and the strategy, whilst reminding the Board that the intention of a diverse and fair recruitment process was to get the best candidate for the job. If our processes were not reaching diverse candidates, the Trust was missing that opportunity"

109/2019 Matters Arising from the minutes

The following updates were noted-

- a. Karen James would review outside of the meeting how GM oversight could be taken forward, given the removal from the terms of reference of Board Committees. It was noted that some continued engagement for Board-level governance was desirable.
- b. The Sustainable Development Management Plan (SDMP) was expected to come to the Board for consideration in January 2020
- c. The draft proposals on how the Board could use digital in its regular work should be circulated to all Directors for consideration and possible informal debate, prior to presentation in March 2020. Peter Noble was requested to lead on this area, with the Trust Secretary.

ACTIONS-

- a. Karen James to review how Board-level oversight of GM work could be taken forward.

- b. Secretary to share initial proposals on Board use of digital for day-to-day work with Peter Noble, by January 2020.
- c. Initial proposals for Board use of digital to be circulated to all Directors for comment by mid-February 2020.

110/2019 Report of the Trust Chair

Jane McCall presented the report, and the Board noted the following key matters-

- a. The recent meetings of the Chair's network had particularly focused on the impacts for service provision of pension taxation; and also on the financial trajectories for the delivery of the *NHS 10-year Plan*.
- b. Professor McCarthy, the new Regional Director for NHS England/ NHS Improvement, was now having a significant impact. The engagement from NHS E/I felt much more robust from the point of view of Trust Chairs collectively.
- c. The accreditation of Tameside MBC as a co-operative Council was noted. In response to a query, Jane McCall confirmed that no significant changes were likely as the Council was largely working in a co-operative way before the accreditation.

The Board then-

- a. Noted the report of the Chair;
- b. Subject to their appointment as Directors by the Council of Governors, made the following appointments to Board Committees as recommended in the report-
 - i. Andrew Light- Audit Committee (Chair), Finance Committee and Workforce Committee
 - ii. David Curtis- Charitable Funds Committee (Chair), Finance Committee and Quality & Governance Committee.

111/2019 Chief Executive's Report

Karen James presented the report, and the following key points were discussed-

- a. Changes would be seen at a Greater Manchester level, as John Rouse would be leaving in early 2020 to take up a new role with Stoke-on-Trent City Council. The Board recorded their thanks to Mr Rouse for his work with the Trust. It was noted that discussions were underway at GM level as to whether it would be appropriate to re-cast this leadership role, given the wider changes in the NHS environment.
- b. The Board's attention was drawn to the clinical waste issue, which NHS England had asked that all Boards were made aware of. There was confidence that the Trust was compliant with the requirements, but the Internal Audit service had been requested to undertake a review in order to provide further assurance.
- c. The Trust had recently received a national award recognising its significant work and success in improving staff retention. The Board recorded their congratulations to all those involved on the national recognition, which was well-deserved.

The Board then noted the report from the Chief Executive.

112/2019 Corporate Objectives- Six-monthly update report

Karen James presented the update, noting that there had been pleasing progress to date. There were one or two unknown factors at this stage, and some matters beyond the control of the Trust, but the trajectory remained one for achievement by the end of the year.

The Board considered the following points-

- a. The Board agreed that progress was pleasing, with those behind expectations suffering from factors beyond the control of the Trust.
- b. The Board particularly welcomed the honesty of the assessment presented.
- c. The process for setting objectives in 2020-2021 was outlined, and the Board noted that they would reflect the longer-term trajectory for the Trust. The Board requested that there was a private session discussion on the developing objectives in January 2020.
- d. The Board noted that the Board's Committees should be seeing more detail that would enable assurance that the objectives were being met as the year progressed.

The Board then-

- a. Noted progress at the six-month point against the agreed corporate objectives;
- b. Requested that the full-year report was supported by evidence of achievement for each metric, to provide the Board with assurance;
- c. Requested that there was a private discussion on the developing objectives for 2020-2021 at the January 2020 meeting of the Board.

ACTIONS-

- a. Secretary to schedule private session discussion on developing 2020-2021 corporate objectives, at the January 2020 Board meeting.
- b. Final report on 2019-2020 corporate objectives (due May 2020) to include evidence of achievement for each metric.

113/2019 Safer Workforce

Peter Weller presented the circulated report, and drew attention to the following points-

- a. There were some positive figures within the report. Detailed ward-level analysis was being undertaken; whilst there were- some red flags, no area was below 2 nurses
- b. Whilst the Trust remained in the third quartile, it had recorded its lowest turnover for nursing staff. There were challenges with AHP retention, and a working group had been formed to review these. Medical & dental recruitment was a new slide and was drawn to the Board's attention.
- c. The Heat-maps for the first half of the year were being reviewed in aggregate, including against the ratios. These would feed back into the system, and come to Quality and Governance Committee to provide Board assurance.

The Board considered the following matters from the report-

- a. It was noted that the position for the Stamford Unit was currently based on acute standards; this was pending the identification of more appropriate standards for the intermediate tier care provided in that unit.
- b. It was intended that the review of the heat-maps from the first half of the year would report to the Director of Nursing and Integrated Governance by the end of 2019, and work through operational groups in January 2020. The Board indicated it would welcome information on the initial observations being reported to Quality and Governance Committee in January 2020.
- c. Attention was drawn to the position in respect of Ward 41; Peter Weller noted that he had personally been involved with reviewing that ward and its related wards, and significant support was being invested in those areas. It was also important to note that those wards cared for a significant number of patients suffering from dementia and similar conditions.

The Board then noted the Safer Workforce report.

ACTION-

- a. Peter Weller to report initial observations from review of heatmaps for first half of the year to Quality and Governance Committee in January 2020.

[Paul Featherstone joined the meeting.]

114/2019 Estates Strategy

Jane McCall introduced this item by thanking Paul Featherstone for the energy and focus he had brought to Estates work for the Trust since his appointment. She commented that significant Trust strategies would benefit from early engagement by the Board as a whole, in order to agree relevant principles, prior to the Executive team undertaking detailed work.

Paul Featherstone introduced the draft strategy that was presented for the Board's approval, noting the following key points-

- a. The strategy sought to establish a robust strategic decision-making process, which would apply both to premises owned by the Trust, and those third-party-owned premises from which the Trust operated.
- b. There were eight strategic objectives set out in the document, of which the first three (Safe and Secure, Flexible, Value for Money) were regarded as fixed.
- c. The strategy would be a 'live' document, which was intended for constant use to help inform estates management and planning decisions.
- d. If approved by the Board, the next stage would be to review all of the buildings that the Trust operated from, identify which did and which did not meet the strategic objectives, and then consider how to deliver improvements within the strategy.

The Board discussed the following key points from the strategy-

- a. The Board welcomed the very useful contributions to capital planning, which the strategy would provide for both smaller and larger schemes. It also noted the significant amount of work that would follow from approval of the strategy.
- b. If approved, the next steps would involve undertaking a 'RAG-rating' assessment of properties against the strategic objectives, both at the General Hospital site and in the community. The aim was to generate the

data to set in place an informed work programme, recognising the capital funding limitations; it might be necessary to work with partners to access additional funding streams. Attention was drawn to the interest from locality partners in undertaking joint working in this area.

- c. The Board noted that the Chair had raised, and had answered prior to the meeting, queries related to maintenance; addressing community building and effective management of the client relationship for them; the capacity and capability to deliver the strategy; and working with local partners for the most effective use of estates.
- d. A query was raised about the impact of sustainability in the strategy, and it was agreed that Objective 7 (Sustainable) should also be a fixed objective. It was noted that the Sustainable Development Management Plan, due for consideration in January 2020, would provide greater clarity for this aspect of the strategy.

The Board then-

- a. Agreed that the strategy should be amended as follows-
 - i. Objective 7 (Sustainability) would be made a fixed objective;
 - ii. the backlog maintenance requirements of the Trust would be referred to under Objective 1 (safe and secure);
 - iii. The Board would receive an annual update on progress in delivering the strategy.
- b. Subject to those changes, approved the Estates Strategy;
- c. Authorised the Chief Executive to sign off the amended and final draft, on behalf of the Board;
- d. Requested that the Board received an annual update on the progress of implementation of the high-level action plan.

ACTIONS-

- a. Paul Featherstone to update the Estates Strategy to reflect the changes agreed by the Board
- b. Karen James to sign off the final version of the Estates Strategy
- c. Secretary to schedule annual Board update on progress in implementing the Estates Strategy.

[Paul Featherstone left the meeting.]

115/2019 Integrated Performance Report

Jackie McShane introduced the report, and noted the following key matters-

- a. The Trust continued to meet the national expectations for 18-week Referral-to-treatment waits, 6-week diagnostic test waits, and 62-day cancer waiting times. These were not without challenges, and significant work was and continued to be undertaken to achieve these consistently.
- b. The four-hour A&E target remained a significant challenge, both in Greater Manchester and nationally. Although not meeting the trajectory, the Trust had remained the best in GM for the period, and in the upper quartile nationally at 24th of 118 relevant Trusts. There were particular pressures on paediatric activity and acuity/ bed occupancy; significant focused work was continuing in these areas. It was noted that some changes to A&E medical rotas were being implemented, on a no cost basis at this stage.

- c. A specific issue had been identified as driving the cancelled operations, which was disappointing but different to that reported to the last meeting. Steps were being taken to eliminate administration errors, and (subject to winter pressure) the performance was expected to improve. It was noted that no cancellations had been caused by endoscopy equipment since the previous meeting.
- d. All actions outlined for mortality reporting were in progress, and there was Executive oversight of the process. It was noted that one MRSA case was reported, caused by external factors; no lapses in case provided by the Trust had been identified.
- e. Work was in place to address the response rate for the 'Friends and Family' test, which was largely being driven by a disappointing response rate in the Emergency Department. The position on discharge summaries was also noted.

The Board considered the following matters that arose from the report-

- a. The initial challenges on the introduction of the Urgent Care Unit had largely been overcome, and the Trust was seeing a largely steady state at present, with a view to introduce further enhancements over the coming few weeks. It was noted that, despite the pressures, the teams were maintaining a high quality of care for patients.
- b. The Board noted that there was not a full exception report regarding performance on nutrition risk assessment. The Board confirmed that all items in the report should be given a full exception report, rather than a reference in the introductory page of the report.
- c. The Board also agreed that the nutrition risk assessment should be retired from this report, as it was being addressed by the Quality and Governance Committee; other indicators on the dashboard would be reviewed by the Board for 2020-2021 year, in light of the agreed objectives.
- d. The Chair referred to the seminar workshop on mortality in October 2019, which had provided positive assurance to Directors that all appropriate steps to manage the issue were being taken. She also noted that the Council of Governors would receive a briefing, giving more detail of the work being done, at or before their March 2020 meeting.

The Board then-

- a. noted the Integrated Performance Report for the period to the end of October 2019;
- b. Agreed that every metric outside target would be supported by a full exception report (no further updates on the main cover-sheet);
- c. Agreed that the nutrition risk assessment could be retired from the report;
- d. Agreed that the Board would review the metrics to be included in the report in 2020-2021, based on the agreed objectives for the year.

ACTIONS-

- a. Relevant Executive leads to ensure every metric outside target has a full exception report provided on each occurrence;
- b. Peter Nuttall to retire the nutrition risk assessment metric from the dashboard;
- c. Secretary to schedule Board review of metrics to be included in the dashboard for April 2020 seminar session;

- d. Secretary to arrange briefing session for Governors on mortality metrics and processes, to be held before the end of March 2020.

116/2019 Report from the Workforce Committee

Peter Noble presented the Committee's report, and the Board discussed the following points-

- a. The Workforce Dashboard had shown encouraging progress, and the Committee was working on including metrics related to Equality, Diversity and Inclusion.
- b. There had been a very positive discussion on the work and actions as a result of the various staff surveys, and the Committee had also welcomed the proposals for a focus on ensuring workplace civility.
- c. The Board considered the available feedback on staff engagement sessions, and the intention to provide a detailed feedback paper to the January 2020 meeting of the Board. Whilst it was noted some feedback from the staff engagement meetings and progress on the actions undertaken, would be useful, it was accepted that the timings might not facilitate this. The Board requested that the paper included information about the Trust's shared work with and learning from other organisations.
- d. Following the example of the Board and the Quality & Governance Committee, the Workforce Committee was looking to introduce 'staff stories' to set the tone for its meetings.

ACTIONS-

- a. Detailed feedback paper on staff survey actions in January 2020 to include information about the Trust's shared work with and learning from other organisations.

117/2019 Reports from the Quality and Governance Committee

Martyn Taylor presented the reports for September, October and November, drawing attention to the following points-

- a. The Committee had reviewed the position on in-patient discharge summaries in detail, and had assurance that improvements could be expected to be seen in performance as new systems were introduced.
- b. Complementing the work of the Workforce Committee, the results of the GMC Junior Doctor survey had been reviewed for any indicators that affected patient care. No such matters had been identified; but the Committee had asked that relevant metrics were put into place in the dashboard to support continued monitoring of the issues raised.
- c. There had been a very positive six-monthly update on meeting the new standards in Maternity, and the transformation processes that were in place.

Martyn Taylor took the opportunity to update the Board on the latest Organ Donation figures, which showed excellent progress. Brendan Ryan reminded the Board that, although 2 'missed opportunities' were recorded by the central figures, the definition adopted by NHS Blood and Transplant was technical and there was no effective opportunity for organ donation lost.

The Board noted the reports from the Quality and Governance Committee.

118/2019 Finance Report, Month 7 (October 2019)

Sam Simpson presented the circulated report and drew attention to the following for consideration-

- a. There had been a small under-performance in the month, with the Trust being £130,000 behind plan for the year to date. The Trust was seeing increasing cost pressures, which it had demonstrated were driven by increasing activity and acuity. There was also an impact of local activity moving to the Trust, which was positive but had a cost impact.
- b. There had been significant work to deliver the challenging efficiency targets set in the plan, including from clinical colleagues, with very good engagement from teams on the ground. The Board were reminded that the plan had set a much higher target than the implied efficiency target nationally.
- c. Performance was significantly better than plan for agency usage. There was good progress in making substantive appointments, which was keeping agency usage down.
- d. On capital, digital funding had now been confirmed, and the Trust aimed to spend those funds in the financial year. More generally, the Trust continued to carefully review plans to ensure that all available capital was appropriately utilised in the year.

The Board considered the following matters from the finance report-

- a. It was confirmed that appropriate systems were in place to ensure that the capital spend was tightly managed to use to the best effect, and that it was spent appropriately.
- b. The Board welcomed the very positive position on both agency and substantive recruitment.
- c. It was noted that there were discussions with the CCG regarding potential extra funding for the increased acuity and activity, given that the Trust was on a block contract so did not automatically see an increase in funding. It was suggested that the Trust should have a strong position in those discussions given the detailed data available to support the position.
- d. There had been detailed discussions at the Finance Committee regarding the various factors affecting the financial position. It was suggested that these factors should be included in a seminar discussion, to set the context for the Board agreeing the contract provision and planning submission for 2020-2021.

The Board then noted the financial position at the end of October 2019.

119/2019 Reports from the Finance Committee

Sallie Bridgen presented the reports from the October and November 2019 meetings, and the following points were discussed-

- a. The Committee had discussed the various factors affecting the financial position in detail. There was real confidence in the information available and shared, assurance that there was grip and control.
- b. The Committee had found it inspiring to see, through the 'deep dive' process, the work being undertaken to deliver efficiencies and service improvements. The pace in developing plans from scratch in the day was particularly notable.

- c. The Trust's submission to the Greater Manchester five-year system plan had been reviewed and approved. It was noted that the proposals had also been reviewed collectively by the Directors at the October seminar session.
- d. The Full Business Case for the proposed Adult Social Care transfer had been reviewed, and would be considered later by the Board in private session.

The Board noted the reports of the Finance Committee.

120/2019 Report from the Audit Committee

Anne Dray drew the Board's attention to the following matters from the report-

- a. The Committee had considered two Internal Audit review reports, one of which had given Limited Assurance. The Committee had assurance that appropriate responses to improve the controls were in place and were being taken forward at an appropriate pace.
- b. There had been significant progress in ensuring appropriate colleagues had made their declarations under the Conflict of Interest policy; and the Committee had welcomed the active involvement from Executive Directors in addressing this.

The report from the Audit Committee was noted by the Board.

121/2019 Influenza Programme- Update report

The Board noted the following from the report-

- a. The Trust was currently achieving 70% coverage of front-line staff, which could be compared to the 50% achieved by the Trust that NHS Improvement had asked the Trust to 'buddy' with.
- b. There was an identifiable improvement in resilience, and a reduction in sickness being seen.
- c. The Board thanked Peter Weller for his leadership of this area of work, and the teams that were supporting the work.

The Board then approved the submission of the information in the paper to NHS England, in line with the national requirements.

122/2019 Anne Dray- valedictory

The Chair drew to the Board's attention that this would be the final formal meeting of the Board attended by Anne Dray, who would be retiring on 31st December 2019 having served for 6 years. She had served in a number of roles, including a period as Acting Chair; and on behalf of the Board, the Chair recorded thanks for her wise counsel and support.

Anne Dray thanked the Chair for those kind comments, and colleagues on the Board for the support that she had received during her time as a Director. She wished the Trust further success in the future.

123/2019 Motion for Private Session

The Chair 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; which is related to individuals and the commercial affairs of the Trust.

Title	Assigned To	Due Date	Description
Share initial proposals for Board use of digital day-to-day with Peter Noble	Steve Parsons	31.1.20	Overtakes action on digital use in Board/ Committees agreed May 201 Jan 20- Proposals to be considered by EMT in next few weeks.
Final report on 2019-2020 corporate objectives to include evidence of achievement for each metric.	Karen James	21.5.20	

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	30 th January, 2019	x	Public	Confidential	Agenda item
Title	Chair's Report				6
Lead Director	Jane McCall, Trust Chair				
Author	Steve Parsons, Trust Secretary				

Recommendations made/ Decisions requested

The Board is invited to-

- a. Note the update from the Trust Chair.

This paper relates to the following Strategic Objectives-

X	1	Deliver safe and caring services
X	2	Improve our patients' and carer's experience of our services
X	3	Support the health and wellbeing needs of our community and staff
X	4	Drive service improvement, innovation and transformation
X	5	Develop our workforce to meet future service and user needs
X	6	Use our resources wisely

The paper relates to the following CQC domains-

X	Safe	X	Effective
X	Caring	X	Responsive
x	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	N/A
Regulatory and legal compliance	Section 3
Sustainability (including environmental impacts)	N/A

Executive Summary

This report advises the Board of the key activities undertaken by the Trust Chair in the period since the last meeting of the Board, together with some key external developments.

The Board's attention is particularly drawn to-

- a. The awards received in the New Year's Honours list;
- b. The relevant parts of the legislative programme announced by Her Majesty's Government following the General Election.

1. National awards

- 1.1. It gives me great delight to be able to formally advise the Board of the award, in the New Year's Honours list, of Officer of the Most Excellent Order of the British Empire (OBE) to our Chief Executive, Karen James. This award not only reflects her work in improving the care that we provide as a Trust, as reflected in our recent 'Good' rating from the CQC; but also her nation leading work in integrating our NHS services with those provided by others in order to improve the experience for all of our local population.
- 1.2. I'm also delighted to be able to report that Nicolette Peel, a Midwife with the Trust who founded the Mummy's Star charity to support the families of children with cancer, has also been awarded Membership of the Order (MBE) in the New Year's Honours, reflecting her outstanding work supporting women with cancer in pregnancy and beyond.
- 1.3. I'm sure that the Board will join me in congratulating both Nicolette and Karen on their well-deserved national recognition.

2. Board membership

- 2.1. I can formally confirm that, at its meeting in December 2019, the Council of Governors formally approved the appointment of Andrew Light and David Curtis as Non-Executive Directors for three-year terms starting on 6th January 2020. The Board had previously agreed their Committee appointments (subject to Council appointing them), and those have now taken effect.
- 2.2. Both David and Andrew are being given a comprehensive induction programme, including internal and external stakeholders; and I will be actively supporting them as they settle into their roles at the Trust.

3. General Election result and Government programme

- 3.1. Colleagues will be aware that the General Election held in December 2019 has produced a substantial majority in the House of Commons for a Government led by Mr Boris Johnson as Prime Minister. Subsequent to the election, [Her Majesty's speech on the opening of the session](#) indicated legislation of relevance to the NHS and the Trust-
 - 3.1.1. Legislation to set out in law the planned increases in funding for the NHS, as indicated in the previous response to the *NHS Long-Term Plan*;
 - 3.1.2. The re-introduction of the legislation to provide a statutory basis for the work of the Health Service Safety Investigation Body (a change of name from the Healthcare Safety Investigation Branch), including the legislative basis for introducing Medical Examiners;
 - 3.1.3. An indication that, later in the Session, legislation to accelerate the implementation of the *NHS Long-Term Plan* intentions will be introduced;
 - 3.1.4. Proposals for updating the law related to trialling innovative medical devices and medicines;
 - 3.1.5. Later in the Parliament, legislation to reform the Mental Health Act is expected;
 - 3.1.6. Legislation had also been indicated to [prohibit NHS car-parking charges for defined groups](#), including families of long-stay patients and staff working at night. The Government has indicated that this will be in effect from 1st April, 2020.
- 3.2. The Secretary of State gave a [speech in December 2019 that set out a broad overview of his priorities for the new Parliament](#), both legislative and operational, which colleagues may find it useful to refer to.
- 3.3. Directors will see that this is a continuation of the previous moves towards integration of health and social care services, where this Trust has been a leader for

several years. It is a welcome endorsement of the direction that we have chosen, and gives a positive vision for our future work.

- 3.4. We are also continuing to be involved in work across Tameside focusing on the wider reform of public sector priorities in the Borough, through the Public Sector Reform group's senior leadership meetings.

4. Council of Governors

- 4.1. There has been continuing engagement with the Council of Governors, including-
 - 4.1.1. The debate at the December meeting of the Council, holding the Board to account and supporting Governors in their own engagement with the public;
 - 4.1.2. Progressing the suggestions from Governors about how better to engage with their communities, led by Sallie Bridgen and the Governor's working group;
 - 4.1.3. The circulation of the first e-newsletter to Trust members, with a full newsletter being prepared for circulation in March 2020.
- 4.2. I've also continued the regular sequence of meetings with the Lead Governor, to ensure good communication. Colleagues will be aware that John Phillips retires from Council in the summer, and the election of his replacement as Lead Governor has been scheduled for Council's March meeting, to allow a period of handover. Governors have had the forthcoming election drawn to their attention, and we will be working to support colleague who have an interest in the position to understand what it entails so they can make an informed decision on whether to offer themselves for election.
- 4.3. The next set of elections for Governors will be held across the Spring of 2020, with the following seats subject to election-
 - 4.3.1. Ashton-under-Lyne
 - 4.3.2. Glossop
 - 4.3.3. Stalybridge
 - 4.3.4. Rest of England and Wales
 - 4.3.5. Hyde
 - 4.3.6. Droylsden
 - 4.3.7. Corporate Services
 - 4.3.8. Medicine and Urgent Care

We are continuing to seek to increase the number of candidates coming forward, so that the Trust benefits from having all the seats on Council filled and thereby having access to a full range of views. All public members in the relevant areas will receive a post-card inviting them to consider standing; and appropriate publicity across the Trust is being arranged for the two seats representing staff.

5. Trust Open Day

- 5.1. Colleagues will be aware of the Trust open day in September, which has been run for the past several years under the leadership of Governors. With the pending retirement from Council of John Phillips, who has led the group, a small group has reviewed the arrangement of the Open Day and how best to take it forward.
- 5.2. Following this review, it has been decided not to hold an open day in 2020. This reflects the considerable demands on the time of both colleagues and Governors.

6. External Activities

- 6.1. Since the last Board meeting, my external and internal engagements have included-
 - 6.1.1. System and regional engagement, including at the North-West Chair's and CEO's meeting arranged by NHS Improvement/ England;

- 6.1.2. Meeting with the Leader of Tameside MBC (Cllr Warrington) and the Chief Executive of the Council/ Accountable Officer of the CCG (Steven Pleasant);
 - 6.1.3. Attending a national Patient Experience summit;
 - 6.1.4. Visiting the neighbourhoods, including meeting with the three neighbourhood managers to discuss their experiences;
 - 6.1.5. Along with other Directors, undertaking the 'mince pie run' to deliver festive cheer to our colleagues across the Trust;
 - 6.1.6. Recording my [Christmas message to Trust staff](#).
- 6.2. With colleagues from the Quality and Governance Committee, I participated in the 'walk-about' in December 2019, visiting the Children's Unit. The Board has the feedback from those visits later on the agenda; I would like to thank colleagues for their welcome to the unit, and also the positive way that they approached the visit.

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	30 th January, 2020	x	Public		Confidential	Agenda item
Title	Chief Executive's Report					7
Lead Director	Karen James, Chief Executive					
Author	Steve Parsons, Trust Secretary					

Recommendations made/ Decisions requested

The Board is invited to-

- a. Note the matters reported by the Chief Executive.

This paper relates to the following Strategic Objectives-

X	1	Deliver safe and caring services
X	2	Improve our patients' and carer's experience of our services
X	3	Support the health and wellbeing needs of our community and staff
X	4	Drive service improvement, innovation and transformation
X	5	Develop our workforce to meet future service and user needs
X	6	Use our resources wisely

The paper relates to the following CQC domains-

X	Safe	X	Effective
X	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	N/A
Financial impacts if agreed/ not agreed	2, 3, 4
Regulatory and legal compliance	1, 2, 3, 4, 6
Sustainability (including environmental impacts)	N/A

Executive Summary

This report draws to the attention of the Board, developments since the previous meeting which are not otherwise covered in the agenda.

The attention of the Board is particularly drawn to-

- a. The current operational pressures being experienced by the Trust;
- b. The planning guidance and the draft Standard Contract issued by NHS Improvement/ NHS England;
- c. The very positive progress on the influenza vaccination campaign.

1. Current Operational pressures

- 1.1. It will not be a surprise to Board colleagues that I have to report great pressures being seen on Trust services, particularly in the Emergency Department. Whilst we will review these in more detail in the Integrated Performance Report, it's appropriate to make some reference to the background here.
- 1.2. Firstly, I would like to recognise the immense dedication being shown by colleagues in the face of really challenging circumstances. Colleagues are going above and beyond to ensure that patients are kept safe and cared for appropriately. I'm sure I speak for the Board in saying that we thank them deeply for their work and continued commitment to our community.
- 1.3. It is clear that, whilst the inevitable seasonal pressures are having an impact, the increase in demand for services and the acuity of the patients we are caring for have moved beyond that variation. As discussed at the recent Quality and Governance Committee, whilst we are seeing an increase in bed occupancy levels, these increases relate to the illness of the patient rather than any delays in discharge. We are continuing to work effectively and well with partners to help patients move back to home, or to intermediate care, as soon as appropriate for them. We have also seen an increase in the number of A&E/ urgent care attendances, which may be perceived as related to primary care access issues.
- 1.4. Our priority is always the safe care of the patient, giving the best experience possible in the circumstances. We are also working with our partners across the GM system to manage, where possible, these exceptional pressures. It is clear that, both regionally and nationally, this is a period of intense pressure.

2. Planning documents, 2020-2021

- 2.1. The Board will be aware that, in accordance with the usual planning cycle, we are required to prepare and submit a plan for 2020-2021 to NHS Improvement by the end of March 2020. The draft submission is required by the third week in February; and the Board will be invited to formally agree the final submission at its meeting in March 2020. Detailed work and discussions are being taken through the Finance Committee.
- 2.2. The national planning guidance, which builds on the *NHS Long-Term Plan*, had not been published when this report was prepared. As quickly as possible following publication, we will provide an update to Directors on the key points and how they might impact on the Trust.
- 2.3. Related to this, NHS England have published the consultation version of the Standard Contract for 2020-2021. Key issues to draw to the Board's attention are-
 - 2.3.1. All providers (and other NHS and social care bodies locally) will be required to enter into formal binding local arrangements to deliver collaborative system working.
 - 2.3.2. All providers to introduce Medical Examiners to ensure accurate certification of deaths. There remain some uncertainties in this area, including funding and expected primary legislation in the Health Service Safety Investigation Body Bill.
 - 2.3.3. Ensuring all premises and grounds which are directly or indirectly used to provide services are smoke-free.
 - 2.3.4. Each provider to take all reasonable endeavours to ensure all staff (defined to include agency, locum or casual staff) are vaccinated as part of the annual influenza programme.

2.3.5. Providers will be required to develop local People Offers in line with the national NHS People Plan (not yet published).

2.3.6. Further requirements will be introduced related to environmental matters, including a requirement to state specific targets and achievements in the Annual Report.

2.4. The Executive team has looked at the proposals in detail, and will be responding to the consultation. On the specific related to environmental matters, the Sustainable Development Management Plan being considered later today has been reviewed to ensure that it meets the new requirements so far as possible.

3. Influenza campaign

3.1. Colleagues will be aware of the annual campaign to vaccinate our colleagues against seasonal influenza, which protects both patients and other staff colleagues. This is a national initiative, and a focus as can be seen from the proposed changes to the Standard Contract noted above.

3.2. I'm very pleased to be able to report that over 80% of staff colleagues have now been vaccinated this year, which is an excellent performance and represents one of the best in England. We are continuing to work with those remaining colleagues to administer the vaccination, in order to continue protecting patients and our staff colleagues.

3.3. As in previous years, we will be holding a learning exercise to see what went well and where we might improve, in preparation for the 2020-2021 vaccination round. This will include the proposed new requirements in the Standard Contract, and how they can be implemented in practice.

4. Car Parking

4.1. Directors will be aware that HM Government has announced, as a policy matter, that from 1st April 2020 all English hospital trusts will provide free car parking to groups that may frequently visit hospital, or be disproportionately impacted by charges. Groups identified by the Government include-

4.1.1. 'Blue Badge' holders

4.1.2. Frequent outpatients who have regular appointments to manage long-term conditions

4.1.3. Parents of sick children who stay in hospital overnight

4.1.4. Trust staff working night shifts

4.2. The Government has also indicated that there will be an expectation of the quick adoption of technological solutions to support this change, including Automatic Number-Plate recognition and ticket/ token access.

4.3. The Estates team are currently working through the implications of this change, with a view to ensuring that it works effectively from the announced start date. We are also looking at the possible financial implications, noting that no confirmed funding in respect of this change has yet been announced.

5. Greater Manchester leadership

5.1. Colleagues may be aware that, at the end of January, John Rouse will leave his current role as Chief Officer for the GM Health and Care Partnership, to take up the role of Chief Officer for the City of Stoke-on-Trent.

5.2. The Partnership have announced that interim leadership for the Partnership will be provided by Sarah Price, the Executive Lead for population health and

commissioning. The Partnership is continuing to discuss substantive arrangements for the future, taking into account the changing national picture and the appropriate application of the GM devolution settlement.

6. Use of the Trust Seal

- 6.1. The regular report on the use of the Trust seal is scheduled for consideration at this meeting. For the period (September to December 2019) the seal was not used, so we are not providing a separate report.

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	30 th January 2020	x	Public		Confidential	Agenda item
Title	Update on the Impacts of the New Models of Care					8
Lead Director	Trish Cavanagh					
Author	Stephanie Sloan					

Recommendations made/ Decisions requested

For information and discussion.

This paper relates to the following Strategic Objectives-

X	1	Deliver safe and caring services
X	2	Improve our patients' and carer's experience of our services
X	3	Support the health and wellbeing needs of our community and staff
X	4	Drive service improvement, innovation and transformation
X	5	Develop our workforce to meet future service and user needs
X	6	Use our resources wisely

The paper relates to the following CQC domains-

	Safe	X	Effective
	Caring	X	Responsive
X	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	

Where issues are addressed in the paper-

	Section of paper where covered
Equality and Diversity impacts	
Financial impacts if agreed/ not agreed	
Regulatory and legal compliance	
Sustainability (including environmental impacts)	

Executive Summary

This presentation provides the Trust Board with an update on the financial, activity and health outcome impacts of the new models of care implemented as part of the Trust's and locality partners transformation programme.

TAMESIDE AND GLOSSOP NEW MODELS OF CARE



Impact to date
2018/19 & Q2 2019/20

Benefits Delivered for 2018/19

- 19% reduction in DTOCS
- 2.1% increase in ED Attends in Tameside compared to 4.1% Nationally
- Average NEL length of stay reduced by **0.5 days** (*allowing the Trust to manage growth without increasing beds*)
- Increased % of T&G residents being admitted at the Trust instead of other hospitals *for non elective admissions. (91% in 2018/19 compared to 89% in 2017/18)*

ACTIVITY	BENEFIT IN 2018/19
Reduction in Emergency Department Attendances	2,598 attendances
Emergency Admission reductions	circa 900 admissions
Bed days saved	9,124 bed days saved
Number of acute Beds saved	21 beds
GP care home visits saved	2,114 visits
Care Home Hours saved (not spent at ED)	6,552 hours
Outpatient Appointments saved	327 saved
INDICATIVE SAVINGS FROM TRANSFORMATION SCHEMES	£3,162,232



Benefits Delivered 2019/20 Q1 & Q2

ACTIVITY	BENEFIT IN 2019/20
Reduction in Emergency Department Attendances	1,781 attendances
Bed days saved	5,197 bed days saved
GP care home visits saved	1,200 visits
Care Home Hours saved (not spent at ED)	5,808 hours



Population Impact

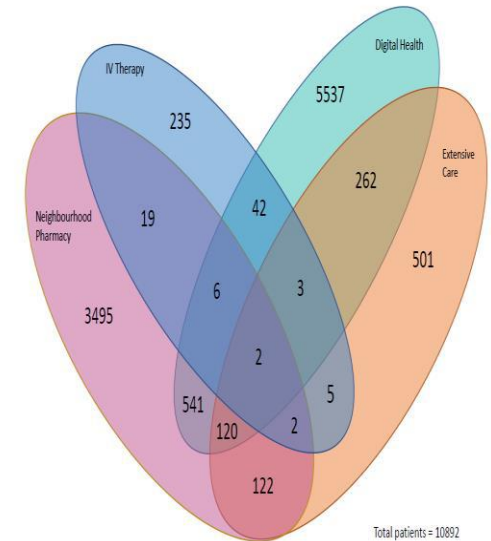
At least 4% of the T&G GP registered population have been supported by at least one of the following schemes – Extensive Care Service, Digital Health, Neighbourhood Pharmacy, IV Therapy since 2017.

The average age of patients supported by these schemes varies between the schemes (60 for IV Therapy to 83 for Digital Health), but overall it is 71 years old.

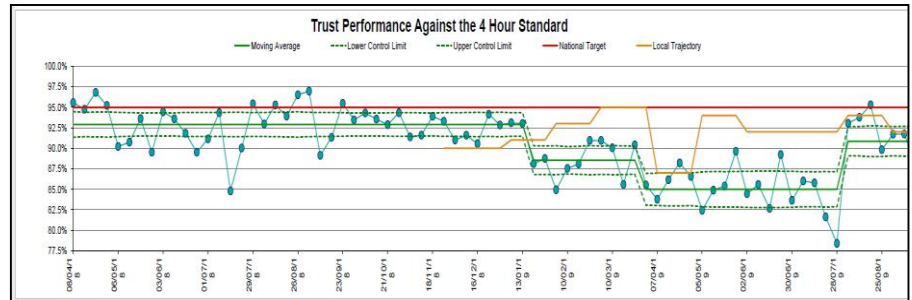
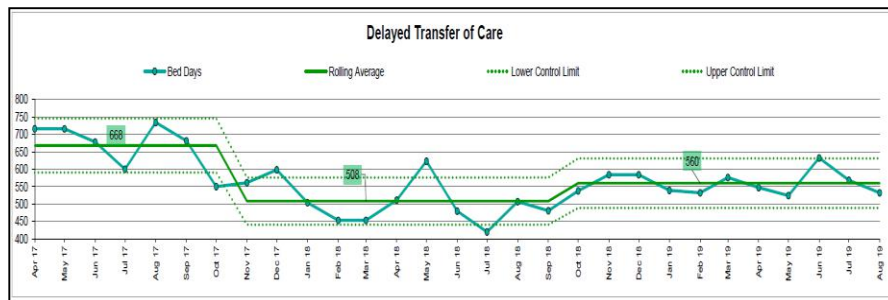
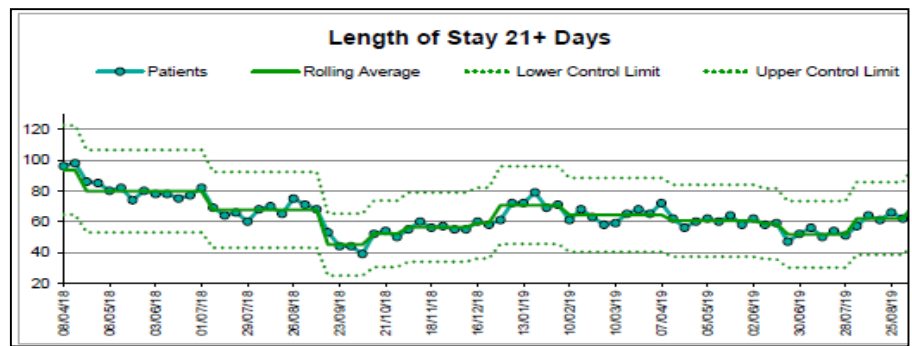
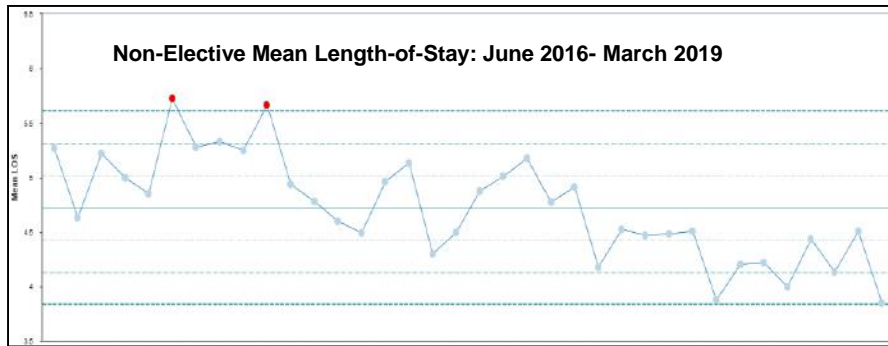
Of the GP registered population aged:

- 65+ **18%** have been supported by at least one of the above 4 schemes.
- 75+ **32%** have been supported by at least one of the above 4 schemes.
- 85+ **65%** have been supported by at least one of the above 4 schemes.

Patient Activity – Selected Care Together Transformation Schemes

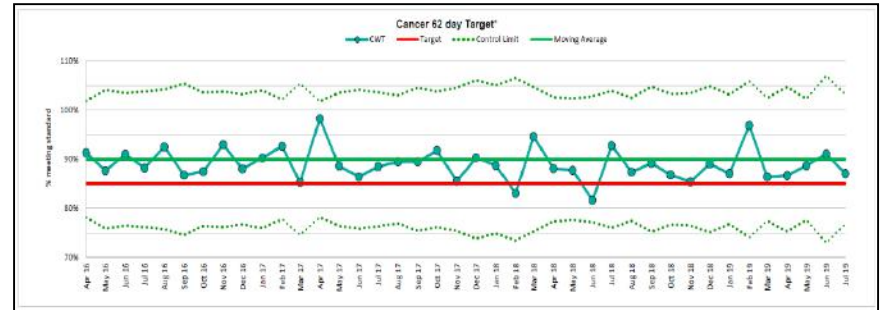
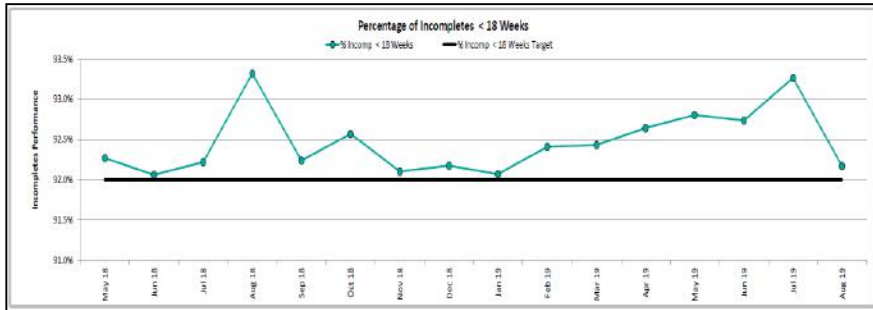
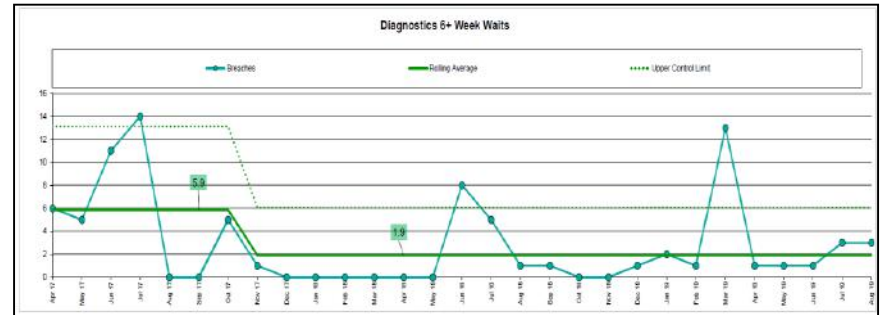
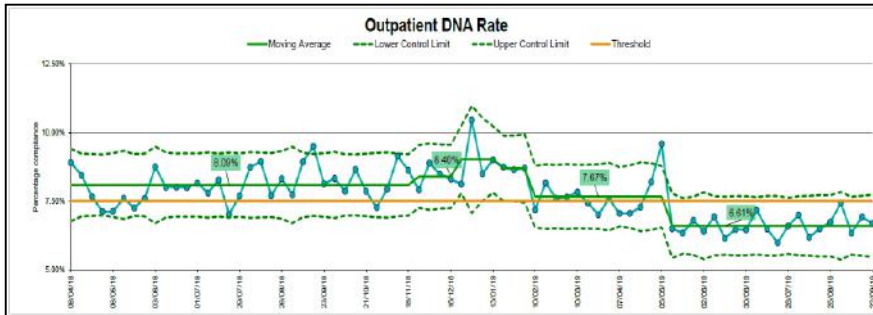


Improvements in Performance



- The Trust has reduced the number of beds occupied by patients with a length of stay over 21 days by **34%**. This is the largest reduction in Greater Manchester and the Trust are now the only Trust in Greater Manchester achieving the ambition target set by NHSI. This reduction places the Trust within the **top 20 best performing in England**
- Over the period April 17 to August 19, the Trust reduced the number of delayed days due to **DTOC by 26%**. The Trust currently have the second lowest number of beds occupied by DTOC in GM. **The Trust accounts for just 5.6% of Greater Manchester's beds occupied by DTOC.**

Improvements in Performance



- Cancer 62 day performance consistently above target since June 2018 despite the increase in 2ww referrals, significantly in Breast with an increase of 12.7% since the closure of the Stockport service.
- In 18/19 the Trust reported a DNA rate of 8%, on par with the national average. **Currently 6.78% YTD** which is lower than the locally agreed threshold of 7.5% (Programmes of work including improvements in our text reminder service and full paper switch off allowing for greater patient choice)
- The Trust continues to achieve above 92% for Incomplete Pathways below 18 weeks. In September '19 the Trust was ranked **45th out of 194** Trusts Nationally and **2nd in Greater Manchester**

Integrated Transformation Programme

New Models of Care

<p>Home First Project Lead: Rachel Brown/Jo McLeod Clinical Lead: Dr S Ahmed / Dr N Riyaz</p>	<p>Digital Health in Care Homes Project Lead: Peter Grace Clinical Lead: Dr N Riyaz</p>	<p>IV Therapies Project Lead: Dawn Fletcher Clinical Lead: Dr S Ahmed</p>
<p>Single Point of Contact – Central Booking Project Lead: Zoe Maher / Andrew Manners</p>	<p>First Contact Practitioner Project Lead: Linda Hartley Clinical Lead: Dr A Lea / Dr S Ahmed</p>	<p>Extensive Care Service Project Lead: John Schooling Clinical Lead: Extensivists</p>
<p>District Nursing – New Models of Care Project Lead: Sara Derbyshire</p>	<p>Pharmacy in Care Homes Project Lead: Jonathan Peacock</p>	<p>Children & Young People – Transition Project Lead: Cathy Burgess Clinical Lead: TBC</p>
<p>Children & Young People's Community Services Project Lead: Judy Coombes Clinical Lead: TBC</p>	<p>Connecting Care for Children Project Lead: Julia Worthington Clinical Lead: Dr D Levy</p>	

Health Inequalities

<p>Respiratory Project Lead: Catherine Winchcombe Clinical Lead: Dr P Bhatia / Dr A Ramachandra</p>	<p>Heart Disease Project Lead: Cathryn Winchcombe Clinical Lead: Dr A Abraheem / Dr J Harvey / Dr A Ramachandra</p>	<p>Diabetes Project Lead: Ema O'Neill-Jones Clinical Lead: Dr E Jude / Dr A Ramachandra</p>
<p>Stroke Services Project Lead: Linda Hartley / Ema O'Neill-Jones Clinical Lead: Dr Hameed</p>	<p>End of Life & Palliative Care Project Lead: Trish Cavanagh Clinical Lead: Dr M O'Mara</p>	<p>Frailty & Falls Project Lead: Fiona Clarke Clinical Lead: Dr S Ahmed / Dr N Riyaz / Dr Guy Wilkinson</p>
<p>GM Cancer Plan Project Lead: Jan Smart Clinical Lead: Dr S Penney / Dr C Crabtree</p>	<p>Targeted Lung Health Checks Programme Project Lead: Jackie McShane Clinical Lead: Carol Diver</p>	<p>Telehealth Plus Programme Project & Clinical Lead: Peter Grace</p>

Person & Community Centred Approaches

Project Lead: Chris Easton
Clinical Lead: Dr J Harvey

Integrated Neighbourhood Core Offer & Priorities

Transformation Leads: Integrated Neighbourhood Managers
Clinical Lead: Integrated Neighbourhood Clinical Directors

Person & Community Centred Approach

Self Management

Working alongside organisations, teams and pathways to embed systematic approaches to self management for people with LTC.

More Than Medicine

Approaches that connect the system to approaches supporting people with the wider determinants.

Engagement and Enabling

Building momentum around a public narrative of person and community centred approaches

Comparing GP consultations 12 months prior and 12 months post referral for cohort 140 people who actively engaged in social prescribing and those that didn't.

People who actively engaged in social prescribing showed a reduction in GP attendance of **38%** over the same period. Compared to a 7% reduction for people who did not take up the offer of a social prescribing referral.

Our social prescribing scheme attracts around 2,000 referrals per year.

Potential 5 year saving based on 1,000 people supported on Social Prescribing (*assuming 75% benefit in subsequent years*):

1000 Engaged Referrals Per Annum	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Saving	£200,000	£200,000	£200,000	£200,000	£200,000
Aggregate Benefit per annum	£200,000	£350,000	£462,500	£546,875	£610,156

T&G Person and Community Centred Model aligned to the Primary Care Network DES specification

Digital Health

DIGITAL HEALTH & CARE HOMES – April 17- Nov 19

13,000 calls received
2,313 managed through advice and guidance only

Total indicative savings £1.86m

- **£1.57m** Trust savings
- **£284k** local health economy

Cost of service £1.12m

Activity avoided;

- 4,204 ED attendances (30% reduction from care homes)
- Circa. 2,100 admissions
- 4,364 GP home visits
- 16,868 care home hours saved

Flow benefits;

- 6,847 bed days saved
- Average of 9.5 beds saved per month

Contributed to ED performance

Digital Health & NWS & Acute Patient Assessment Service (APAS) (June 18 – Nov 19)

- ✓ 658 ambulances avoided
- ✓ 458 ED attendances avoided
- ✓ 7% reduction in ambulance attends to ED
- ✓ £225k indicative cost savings

- National and International interest in the programme
- **Vehicle for supporting digital care across the system.**
- Supported Patient Flow and Urgent Care performance

Integrated Urgent Care Team (IUCT) / HOME FIRST

Vehicle for delivering two key NHS Long Term Plan Commitments:

- Provide crisis response within 2 hours of referral.
- Provide re-ablement to people in their own home within 2 days.

Both standards currently being achieved by IUCT

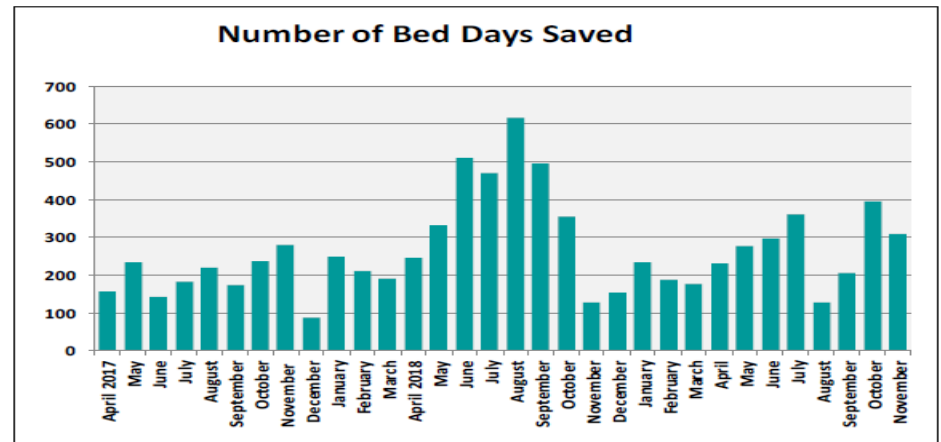
IUCT is a multi-disciplinary, multi-agency service which aims to;

- Provide crisis response within 2 hours of referral.
- Provide re-ablement to people in their own home within 2 days.
- Reduce demand on acute services.
- Reduce length of stay for people by supporting faster discharge using the Home First model.
- Support the reduction of delayed transfers of care by providing the initial wrap-around care for people in their own homes.

BENEFIT HIGHLIGHTS:

Since April 17 – Nov 19;

- Total indicative savings **£1.25m.**
- **8,466** bed days saved
- Saves average of **9** acute beds per month
- Contributed to ED performance



Extensive Care Service

Objectives:

- Focus on self-management, wellbeing and preventing illness; help people live as independently as possible
- Improve condition management
- Seamless support during periods of crisis and the transition from hospital based care
- Multi-disciplinary case management approach
- Reduce the need for crisis interventions and unnecessary hospital attendances (planned and unplanned)

BENEFIT HIGHLIGHTS:

The total indicative savings £275k

- £175k in ED attendances
- £88k in outpatient appointments
- £12k in bed days

1,337 ED attendances avoided
570 Outpatient appointments saved

Aligned to the Primary Care Network DES specification of ANTICIPATORY CARE and can support system to meet the requirements by the specified timelines

9% improvement in 12 Month Mortality for Extensive Care Service Patients (compared to the matched cohort).

In the 12 months after being discharged from the Extensive Care Service patients used **30% fewer Acute bed days** than in the 12 months prior to referral (*not included in benefits highlights – only live cohorts included*).

Community IV Therapy

Objectives:

DELIVERING SPECIALIST IV THERAPY IN PEOPLES HOMES

- To avoid admissions into hospital
- Reduce length of hospital stay
- Improve patient experience

SERVICE

Team of specialist nurses providing a 7 day community service delivering a range of IV therapies to patients in their own home as required.

Including;

- Community Intravenous Antibiotics
- Specialist Vascular Access Nurses
- Community Intravenous Bisphosphonates

Pathways in development

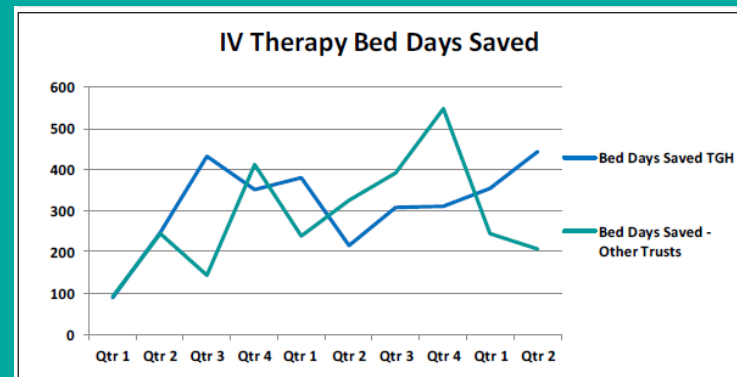
- Intravenous Fluid Management for Hyperemesis
- Community Intravenous Diuretics

IV therapy team attend board rounds on acute wards to support discharge & attend neighbourhood MDT's to support admission avoidance

BENEFIT HIGHLIGHTS:

Since August 17 – Nov 19;

- The total indicative savings **£465k** (Trust & Health Economy)
- 5,984 beds days saved (*3,138 ICFT / 2,846 Other Trusts*)
- 3.4 beds at ICFT
- 3.1 beds for other Trusts



Integrated Neighbourhood Pharmacy Team



BENEFIT HIGHLIGHTS – to Aug 19:

- **182** ED attends avoided (£23k notional savings)
- **412** Admissions avoided (254k notional savings)
- **£9.2k** Medication savings

Safety Benefits

Condition	Admissions Avoided					
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Chest Pain/Heart Attack/Angina Attack	9	12	10	3	14	6
Due to Diabetes	1	2	2	2	6	2
Exacerbation of Asthma	2	3	4	1	4	1
Exacerbation of COPD	26	14	12	7	6	5
Falls	8	2	10	5	6	9
GORD/GI ulcers/GI bleed	12	9	14	2	9	5
Medicines Related Admission	13	13	12	7	37	41
Other	7	3	2	4	2	2
Stroke	3	1	3	1	2	1
Osteoporosis with/without Fracture	0	3	1	0	4	5
Total Admissions Avoided	81	62	70	32	90	77

- SLA's in place with PCN's for provision of neighbourhood pharmacy service to meet PCN contract requirements 2019/20
- **Aligned to the Primary Care Network DES specification of Structured Medication Reviews (SMR) 2020/21**
- Supports system workforce sustainability

Flexible Community Beds

Since Opening of Stamford Unit for Community Beds:

The average straight line distance from home to community bed for patients admitted:

- between April 2017 and June 2018 was 3.5 miles.
- between July 2018 and November 2019 was 2.7 miles.

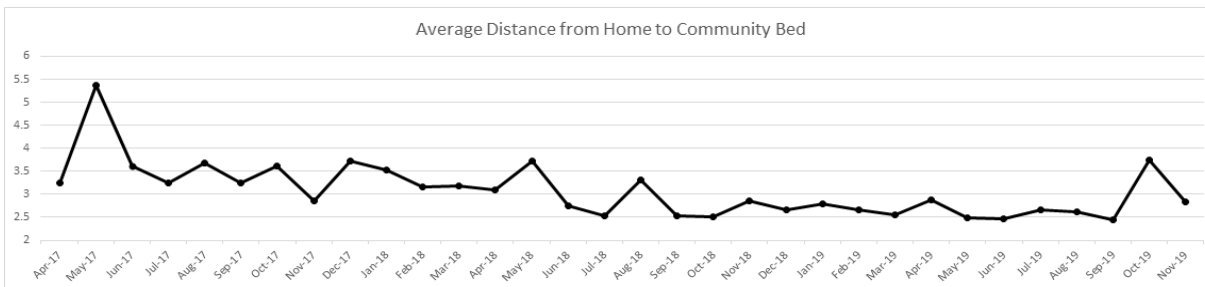
Patients admitted to a community bed within 5 miles of home

- Between April 2017 and June 2018 77%
- Between July 2018 and November 2019 94%.



BENEFIT HIGHLIGHTS:

- Reduction of 12 community beds
- Recurrent financial savings of £979k
- Readmissions directly back to a Hospital Bed reduced from 25% in Q3 17/18 (Shire Hill) to 11.2% April – Nov 2019/20 (Stamford Unit)



Integrated Neighbourhood Teams

Objectives:

Neighbourhood teams will work together to deliver a range of functions based on the needs of its local population. By co-locating, the aim is to provide community based multi-professional teams promoting close working and communication between colleagues and across organisations

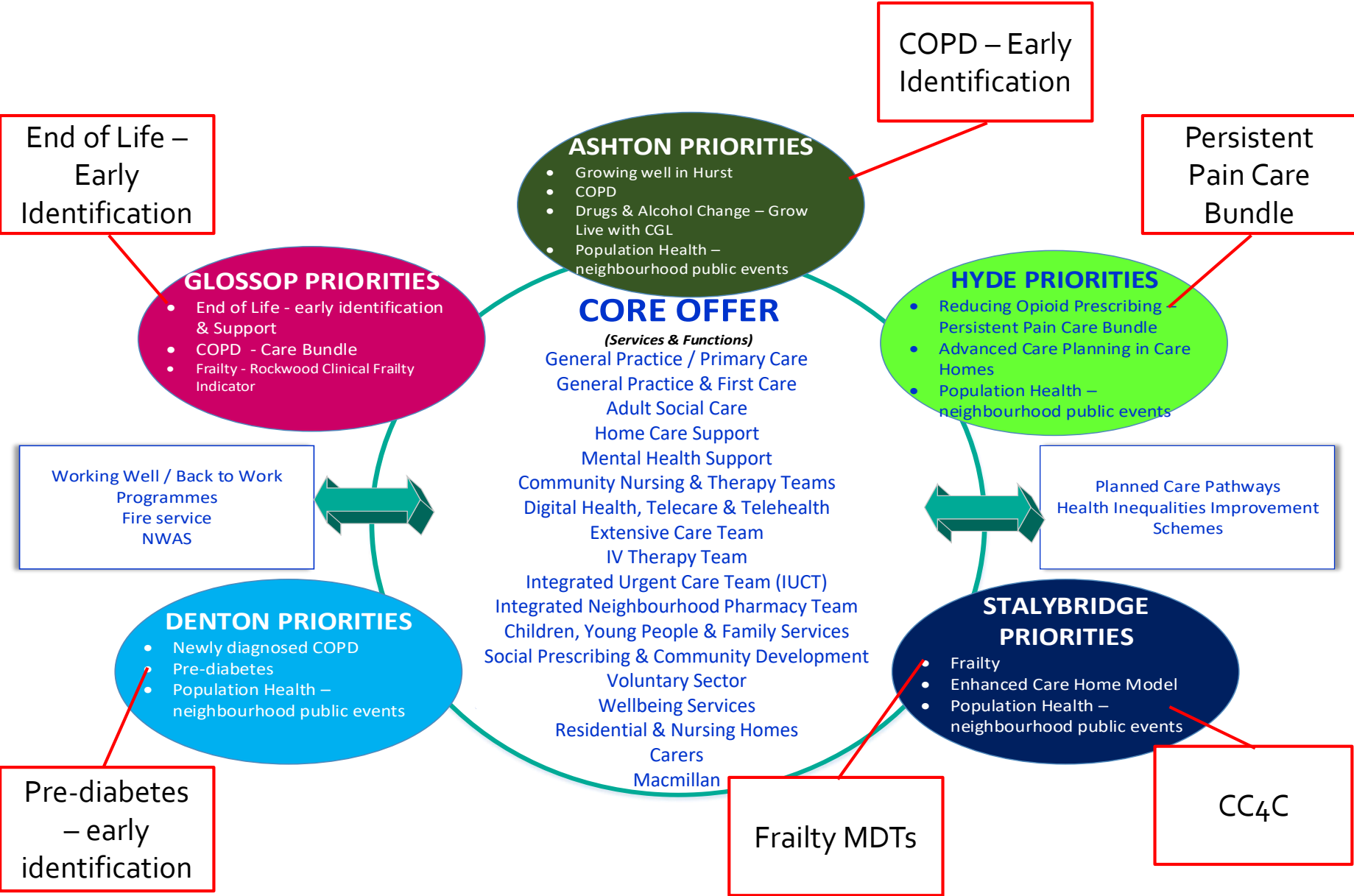
Ongoing Developments:

- ✓ Working on Integration/Collaboration across Children and Young Peoples services
- ✓ Neighbourhood Pilot schemes spread to all neighbourhoods
- ✓ Provides the vital links across the Neighbourhood Services:
 - ✓ PCN's / wider primary care
 - ✓ Community Services
 - ✓ Intermediate Tier
 - ✓ Social Care
 - ✓ Mental Health
 - ✓ Voluntary and Community Services
 - ✓ POPULATION
- ✓ Supports delivery of PCN DES specifications with system focus (to ensure system workforce sustainability)

Benefits Realised

- ✓ 4 of the 5 neighbourhood teams (District Nursing and Adult Social Care) are co-located in each neighbourhood
- ✓ Multi-disciplinary working across teams and organisations
- ✓ Improved face-to-face communication between professionals
- ✓ Communication between professionals from different services, with better relationships
- ✓ Knowledge transfer between different professional groups
- ✓ Greater and quicker access to other professionals between multi-disciplinary team meetings
- ✓ Opportunities for joint visits to patients

Successful Pilot Schemes



Paediatric Place based Care - reinvesting in neighbourhoods

Objectives:

- All A&G GP referrals reviewed by 4 paediatric consultants daily.
- Consultant advice within 2 working days.
- 20% reduction in clinic appointments.
- Child seen in correct clinic by correct consultant.
- Earlier investigations and treatment prior to any clinic appointment.
- Reduction in clinic waiting times.
- Safety-netting as consultant reviews all referrals.
- Clinics more efficient, redirecting consultant sessions to support and attend primary care.
- Better communication between primary and secondary care with consultant and CCNT teams linked to each GP practice (Standards 3 & 6, Together for Children, RCPCH).
- Regular consultant education and clinic sessions in GP practices, including pathway development of most common conditions.
- Deliver community place based care for paediatrics, one of the key ambitions of the NHS Long Term Plan.

Benefits realised:

- Appointment numbers reduced by 30% (exceeding 20% target) creating an reduction in waiting times.
- Consultant led A&G ensures patients are directed to appropriate clinics and vital additional information of investigation results and effects of treatment initiation is available, lowering RTT times.
- Efficiencies have been generated through A&G (circa 3.5 outpatient clinics at an annual cost saving of £35,000) which have been reinvested to support the new models of care.
- Consultant PAs have been redirected to children's community clinical sessions and paediatric ED in-reach .
- Consultant paediatricians & Community Children's Nursing Team are linked to each GP practice

Health Inequalities – System-wide Programmes

Health Inequalities

Respiratory Project Lead: Cathrine Winchcombe Clinical Lead: Dr P Bhatia / Dr A Ramachandra	Heart Disease Project Lead: Cathryn Winchcombe Clinical Lead: Dr A Abraham / Dr J Harvey / Dr A Ramachandra	Diabetes Project Lead: Ema O'Neil-Jones Clinical lead: Dr E Jude / Dr A Ramachandra
Stroke Services Project lead: Linda Hartley / Ema O'Neil-Jones Clinical lead: Dr Hameed	End of Life & Palliative Care Project Lead: Trish Cavanagh Clinical Lead: Dr M O'Mara	Frailty & Falls Project Lead: Fiona Clarke Clinical Lead: Dr S Ahmed / Dr N Riyaz / Dr Guy Wilkinson
GM Cancer Plan Project Lead: Jan Smart Clinical lead: Dr S Penney / Dr C Crabtree	Targeted Lung Health Checks Programme Project Lead: Jackie McShane Clinical Lead: Carol Diver	Telehealth Plus Programme Project & Clinical Lead: Peter Grace



Benefits :

- ✓ Wide stakeholder engagement
- ✓ Co-developed programmes
- ✓ System integration
- ✓ Supported by GM
- ✓ National Leadership input
- ✓ Improved patient experience.
- ✓ Early identification and intervention
- ✓ Improved advance care planning
- ✓ Better alignment of services
- ✓ Right care is delivered by the right clinician at the right time.
- ✓ Co-location of teams
- ✓ MDT working
- ✓ Supports PCN's and delivery of contract commitments (EHCH joint working / anticipatory care)



Integration

- 24 HSJ Value award nominations submitted by ICFT
- 50% of nominations being system bids
- Integrated service pilots:
 - Home care blended roles (supported by DN's)
 - Care Homes delivering insulin (supported by DN's)
- Private sector partners working with system on innovation:
 - Safe Steps
 - Slim pod
 - Home care providers
- Academic institutes working with T&G system on integrated care research and innovation
- Health Innovation Manchester working with T&G system on developing digital care.

