NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT Finance Committee October 2019
The Committee draws the following matters to the Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale
GM Five-year plan	The Committee considered the Trust's submission into the GM five-year plan (as an Integrated Care System)	The Committee had positive assurance that the proposed submission was reasonable and reflected appropriate prudence in forecasting.	Submit to GM	1st Nov 2019
		The Committee noted that final discussions were taking place with the CCG to align submissions.		
Adult Social Care- Full Business Case	The Committee considered the draft Full Business Case	The Committee had positive assurance regarding the process and assumptions	Private consideration by the Board	November 2019
Single Operating Framework	The Committee considered performance in M6 (September 2019) against the key national targets	The Committee noted the metrics that would be considered by the Quality and Governance Committee.		
		The Committee noted that, whilst performance against the 4-hour A&E wait metric had dipped, the Trust remained in the top 50% nationally; and also remained the top performer in GM.		
		The Committee had positive assurance that the Trust was meeting, and expected to continue to meet, key metrics related to waiting times for referral to treatment, cancer, and diagnostic testing.		

Issue	Committee Update	Assurance received	Action	Timescale
Financial performance, M6 (Sept 2019)	The Committee considered financial performance for the month, and the year to date	The Committee noted the various factors currently influencing financial performance, and the mitigating actions being taken.		
		The Committee had positive assurance that appropriate actions were being taken to identify efficiencies and deliver the agreed plan for the year.		

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

NHS
Tameside and Glossop
Integrated Care
NHS Foundation Trust

KEY ISSUES AND ASSURANCE REPORT Audit Committee November 2019
The Committee draws the following matters to the Board's attention-

Issue	Committee Update	Assurance received	Action	Timescale
Internal Audit reviews	The Committee received a Limited Assurance report on Medical Staffing (Leave)	There was assurance that the concerns in the report related to stated policies not having been updated for new processes, and in the actions proposed to resolve.	Committee to be updated on the progress of actions from the review	February 2020
	The Committee received a Substantial Assurance report on electronic rostering			
Conflict of Interest declarations	The Committee were updated on progress in the annual round of declarations	There was some positive progress noted, including the greater involvement of the Executive team in ensuring compliance	Process to be completed and reported to Audit Committee	February 2020
External Audit	The Committee were reminded that IFRS 16 would be implemented in 2020-2021, and that 2019-2020 would be the comparator year.		Seminar session to review all accounting policy changes to be arranged for all Non-Executive Directors	By March 2020
	The Committee received a final report on payroll reviews following the external audit work for 2018-2019	There was positive assurance that no breaches of control had occurred, and all payments had been appropriate.		
Induction processes	The Committee received a report-back from the Quality and Governance Committee regarding the changes in process	There was positive assurance that the revised process continued to ensure that all new starters received counter-fraud information on appointment.		

Issue	Committee Update	Assurance received	Action	Timescale
Annual Report process	The Committee received a regular update on the process towards the Annual Report 2020	There was positive assurance that appropriate steps were in place and being actively progressed, to ensure the documents were drafted to enable Board to influence and External Audit to review	Draft of Annual Report to be presented to Audit Committee	February 2020

Assurance gained includes the Committee receiving evidence that:

i. The extent of the issue has been quantified;
ii. The impact is included in all internal and external reporting
iii. There are processes in place to learn from the occurrence, and measures have been put into place to prevent them happening again

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	28th November, 2019	x	Public		Confidential	Agenda item
Title	Staff influenza Vaccination Campaign/NHS England and NHS Improvement self-assessment					18
Lead Director	Peter Weller, Director of Nursing & Integrated Governance & Director of Infection Prevention Control (DIPC)					
Author	Paula Flint Deputy Director of Nursing Peter Morgan Infection Prevention Lead Nurse					

Recommendations made/ Decisions requested

To update on the actions in place to undertake a programme of staff influenza vaccination across the integrated Trust in 2019-20

This paper relates to the following Strategic Objectives-

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

The paper relates to the following CQC domains-

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

This paper is related to these BAF risks-	AF 1.7 If infection prevention practices are not consistently maintained and effective then the Trust will fail to deliver harm free care, meet Healthcare Associated Infection (HCAI) trajectories and demonstrate good processes for infection prevention

Where issues are addressed in the paper-

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

Executive Summary

The report provides the Trust Board with assurance that a plan has been developed to meet the 80% influenza vaccine uptake in frontline staff, and the address actions requested by NHS England and Improvement.

Additionally, it summarises and confirms that the ICFT have in place:

- Committed leadership towards ensuring influenza vaccine uptake
- An Influenza communications plan consistent with NHSE/I expectations
- Improvement in access to vaccination for all staff and demonstrable improvement compared against the same time period for 2018/19.

Background

Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT) must achieve an 80% uptake of flu vaccinations by frontline clinical staff to receive the full CQUIN and protect staff and patients during the period 2019-20.

On 17 September 2019 NHS England and Improvement wrote to the ICFT highlighting that the frontline staff influenza uptake rate in 2018-19 had placed the ICFT in the bottom quartile for vaccination uptake (61.7% 2018-19). To support an improved uptake this flu season, this letter highlighted a requirement for the ICFT to 'buddy' with a higher uptake Trust during 2019-20, to provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

NHS England and NHS Improvement also requested that the ICFT complete a best practice management checklist (see current postion below) for healthcare worker vaccination, outlining the steps necessary to support an effective campaign.

The ICFT had already developed a comprehensive flu action plan led by the Director of Nursing and Integrated Governance/ DIPC, prior to the letter of requirements. Overseen by a Trust wide influenza group a detailed plan ws in place to provide assurance that the elements of the checklist were being met with systematic actions to improve uptake. The ICFT had already benchmarked with higher performing Trusts from 2018-19 and had self buddied prior to the requirement to do so.

Current Position

An ICFT influenza group have been meeting monthly since May 2019 and an action plan has been developed and is monitored via the membership of this group. This is reported to and overseen by the Trust Infection Prevention Committee.

The following information is a self-assessment against the 'Healthcare worker flu vaccination best practice management checklist' provided by NHS England and NHS Improvement, which the Director of Infection Prevention (DIPC) is required to present to Board for assurance and publish in full.

A	Committed leadership	Trust self- assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	An influenza plan developed for 2019-20 has been submitted to Executive Management Team and discussed at the Infection Prevention Committee. Consent for receiving and declining vaccine is in place which includes a reasons for decline, i.e. needle phobia, egg allergy. This allows discussion and an opportunity to offer alternative information to encourage uptake. The ICFT have recorded their commitment to delivering the ambition of 100% of front line health care workers being vaccinated.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	Vaccine was ordered for staff under and over 65 years in February 2019, however a number of Trusts including the ICFT were informed late September 2019 that some supplies of vaccine was to be delayed. The ICFT mitigated this risk by obtaining further vaccine from a second supplier which has reduced the risk of running out and has meant vaccine sessions have continued to take place.
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	The lessons learned from 2018/19 staff vaccination programme were developed into the 2019-20 flu plan which has been discussed at the Service Quality and Operational Governance Group (SQOGG), Quality and Governance Committee and Board previously.
A4	Agree on a board champion for flu campaign	Nominated Person is Director of Nursing and Integrated Governance/DIPC
A5	All Board members receive flu vaccination and publicise this	Identified in the Flu plan and communications plan. All Board members have received vaccine and this has been publicised internally and externally including social media.
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Completed, minutes of meetings indicate full representation from all services.
A7	Flu team to meet regularly from September 2019	Completed and in progress. Daily flu calls being led by the Director of Nursing and Integrated Governance/DIPC. Senior leads also meeting weekly to oversee progress, implement any further actions needed to meet the target, and strengthen the campaign
B	**Communications plan**	Trust self- assessment
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Reflected in flu plan and communications plan. Information advertised on ICFT Flu page and included in wider communications and social media.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Peer vaccinators advertise local drop in sessions in own departments. ICFT flu page on intranet site advertises drop in sessions at occupational health. Communications plan highlights that all social media available will be utilised. Information circulated via the Chief Executive weekly newsletter. Vaccinators will attend appropriate events across the ICFT during the flu season to support better access.

B3	Board and senior managers having their vaccinations to be publicised	As A5 above
B4	Flu vaccination programme and access to vaccination on induction programmes	Programme in place detailed time table developed. The plan in the first weeks was to vaccinate staff in high risk areas first, i.e. Neonatal care, Intensive care unit, Emergency Department, District nursing and Integrated Urgent care Team, then open vaccination to all staff. Plan to vaccinate on induction in place.
B5	Programme to be publicised on screensavers, posters and social media	ICFT flu page updated with vaccine sessions, Screen Savers will be updated throughout the campaign, and these will include pictures of key staff supporting vaccination with key messages. Detailed in communications plan.
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Senior leads flu group leading this. Uptake figures shared with managers and vaccinators. Managers are asked to provide a weekly flu return to support accurate uptake figures in staff groups. Staff receiving vaccine via alternative route, i.e. GP, pharmacy to be recorded.
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	All wards and departments with front line staff have a peer vaccinator. None-ward or service based vaccinators to support vaccination across the ICFT throughout the campaign targeting teams and staff groups requiring improvement. Over 70 new additional peer vaccinators trained this year.
C2	Schedule for easy access drop in clinics agreed	A schedule to improve access to influenza vaccine across the ICFT has been developed and advertised on the flu page. Updated throughout the campaign
C3	Schedule for 24 hour mobile vaccinations to be agreed	None ward based vaccinators to support mobile sessions. Site managers, senior nurses and corporate team are to support night time sessions. Night practitioners trained to ensure 24 hour vaccination is available.
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	Incentives include, £50 voucher, free coffee at Costa (limited number), food hamper, free onsite parking for a short period.
D2	Success to be celebrated weekly	Information shared with senior managers and in Chief Executive weekly newsletter. Outlined in communications plan

Current Performance

When the 2018/19 campaign finished in February 2019 the Trust had only achieved 61.7% frontline uptake. We have already exceeded this uptake at the time of writing this report and performance at the time of writing this paper is 65.5% with an additional 3 months of the campaign still to run.

Conclusion

The Board is asked to receive this paper in recognition that the flu team will monitor progress throughout the campaign, led by Director of Nursing and Integrated Governance/DIPC, taking steps to improve uptake where required.

Tameside and Glossop Integrated Care NHS Foundation Trust

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	28th November 2019	x	Public		Confidential	Agenda item
Title	Guardian of Safe Working Hours Quarterly Report					19
Lead Director	Amanda Bromley, HR Director					
Author	James Frampton, Senior HR Business Partner, Medical Staffing					

Recommendations made/ Decisions requested

Members of the Trust Board are requested to note the requirement under the 2016 Terms and Conditions of Service to have in place an exception reporting process. The Board is also asked to note the exceptions raised for the quarter 2 - July – September 2019.

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
	4	Drive service improvement, innovation and transformation
	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
	Caring		Responsive
X	Well-Led	X	Use of Resources

This paper is related to these BAF risks-	n/a
	n/a
	n/a

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	Page 1
Sustainability (including environmental impacts)	n/a

Executive Summary

This is the Quarterly Guardian of Safe Working Hours (GSWH) report for the period July – September 2019.

In 2016 a new contract for junior doctors was introduced which, changed the way junior doctors' hours are monitored. The new system involves doctors submitting "Exception Reports" when working hours are exceeded or educational opportunities are missed. These events are then discussed with Educational or Clinical supervisors and either time off or payment is agreed. The GSWH collates the exception reports and highlights any concerns with regards to working hours. The Director for Medical Education receives all the Education Exception Reports.

1.0 Introduction

As part of the contractual requirements for Junior Doctors in Training, the Guardian of Safe Working Hours (GSWH) is required to produce a quarterly report outlining Exception Reports submitted by Junior Doctors. This paper aims to fulfil this requirement and provide some detail upon exception reports received.

It is important to highlight that the gaps within the medical workforce is an underlying theme within the exception reporting. Moreover, it is recognised that whilst cooperation from educational supervisors and clinical supervisors has improved, further work is required in order to achieve the targets in teaching and training as well as service provision in a safe environment.

2.0 Doctors in Training at Tameside

The Trust currently has 120 doctors in training, of which 116 are employed on the 2016 terms and conditions of service (TCS). Whilst the majority of trainees made the transition to the 2016 TCS in August 2017, a minority of trainees remain employed on the 2002 TCS and this will be the case until February 2020 when all Junior Doctors in training will be employed upon the 2016 terms and conditions of service.

The Guardian of Safe Working has 1 Programmed Activity dedicated to undertaking this role and educational supervisors have between 0.25 and 0.5 Programmed activities per trainee in order to undertake work associated with the requirements of the new contract. The role of Guardian of Safeworking is currently vacant, however the Trust has appointed Dr Taimur Mirza to this role.

3.0 Exception reports (with regard to working hours)

As previously reported a requirement introduced within the new contract of employment is the raising of Exception reports by Junior Doctors.

Exception reporting focuses on 3 main areas:

- Safe Working Hours
- Training and Development
- Immediate Patient Concerns/Safety Concerns

All Trainees have access to the DRS 4 Exception reporting system that can be access 24 hours a day, via their own hand held mobile device or via a computer station.

When an exception report is raised it cascades to the Departmental Educational and Clinical Supervisors and can be seen by the Guardian of Safe Working Hours and Director of Medical Education.

To support the investigation and resolution of exception reports, Divisional Management Teams are provided with weekly summaries of exception reports submitted along with a monthly summary of exception reports that is also provided to the Trust Medical Staffing Expenditure Review Group.

Table 1 below shows the exception reports received by department for Quarter 3 July to September. Table 2 shows a comparison with data from previous Guardian of Safe Working Hours

Reports. These exception reports have been reviewed by the Guardian of Safe Working Hours to identify whether a breach has occurred which incurs a financial penalty.

Table 1 – Exception reports by department (for Quarter 31st July – 30th September)

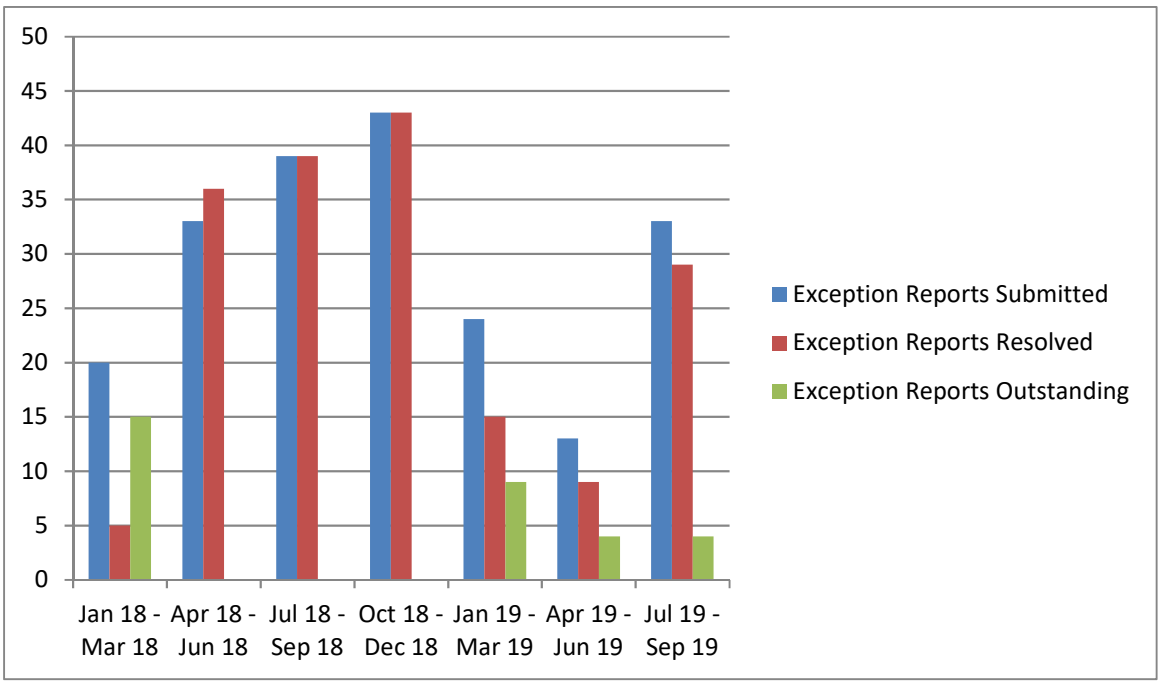
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Accident and Emergency	0	5	3	2
Obstetrics and Gynaecology	0	3	2	1
Trauma and Orthopaedics	0	3	2	1
General Medicine	0	11	11	0
General Surgery	0	11	11	0
Total	**0**	**33**	**29**	**4**

The Table below gives a cross section of themes of Exception Reports submitted within this reporting period

Table 2 Exception Reports by Theme

Unable to Attend Teaching	**1**
Difference in Work Pattern	**1**
Late Finish	**21**
Unable to take break	**7**
Late finish and unable to take break	**4**

Table 3 – Comparison with Previous Exception Reporting Data



Overall exceptions submitted have increased from the previous quarter. This change can be partially attributed to the new intake of junior doctors and the focus of several sessions in the August junior doctor induction, including delivery of a training session by the BMA and Medical Staffing aimed at introducing FY1 level doctors to exception reporting and encouraging junior doctors to submit exception reports may have also had a positive effect.

Only one exception report was submitted for educational reasons. This is a low figure and shows that trainees are still focused upon submitting exceptions for breaches of working hours, rather than for other reason.

Despite the work undertaken, all exceptions in this period were submitted by a group of 16 trainees, showing that a large portion of the Trust's workforce are not engaging with the Exception Reporting System.

Exception reporting of additional hours led to the approval of 2.5 hours of time off in lieu to be taken by junior doctors. The total agreement for payment was 7 hours with no requirement to impose a penalty. Approval to pay was made to the doctors as follows:

Table 4 Payments made to Doctors by department

Department	**Number of payments levied (hours)**
General Medicine FY1	12.5
ED FY2	6.75
Trauma and Orthopaedics FY1	6.5
O & G FY1	2.5
General Surgery FY1	4
Total	**32.25 hours**

With the majority of Exceptions being raised for reasons of working hours, it is to be expected that the resolutions offered to the doctors will consist of either time off in lieu or payment for additional hours worked.

The main actions from exception reporting in this period can be summarised as:

1. There is engagement from educational and clinical supervisors and is supported by the Medical Staffing Department contacting individual supervisors to request that they resolve exception reports. There are however some outliers where exception reports are not resolved locally. Increased involvement of Divisional Management Teams, facilitated by the weekly and month reports upon Exceptions will help facilitate this.

2. There is still an ongoing need to re-emphasize with junior doctors the need to engage fully with the exception reporting process and be fully aware of the mechanisms by which Exception Reports can be raised. To address these issues over the last six months, the exception reporting guidance was rewritten for junior doctors as part of the August induction, with particular emphasis being placed upon changes and improvements that

have been made to rotas as a direct result of exception reports being submitted. The BMA also provided a training session to the new FY1 doctors upon the importance of exception reporting with support for this event being provided from the Medical Staffing team. Despite these efforts, engagement with exception reporting is largely driven by a small number of trainees and trends as to where exceptions are raised within the trust follow their rotations.

4.0 Junior Doctor in Training (JDIT) Forum

The 2016 Terms and Conditions require the Trust to hold a JDIT Forum, to specifically discuss the exception reports and outcomes. The last one took place in July 2019. One of the first tasks for the incoming Guardian of Safe Working Hours will be to reinstate this forum and run it on a bi-monthly basis.

5.0 Junior Doctor Vacancies by Rota

The trust currently has a number of vacancies on higher grade rotas. With vacant rota slots often being occupied by short-term agency locums there can be additional pressure upon junior doctors and this has resulted in exception reports being submitted within Medicine The trust has a plan in place to recruit to substantive vacancies and all posts have either been advertised or we have candidates undergoing pre-employment checks as part of the recruitment process. These efforts to fill positions substantively have been coupled with a large increase in recruitment to the ICFT bank with the number of doctors registered with the trust for bank work increasing from 38 to 94 in the last twelve months. This period has also seen a decrease in turnover rates dropping from 12.92% to 10.64% in the twelve months prior to March 2018.

The table below highlights the current vacancies per rota/GP Practice.

Specialty	**Grade**	**Number of vacant slots on rota**
General Surgery	Higher	0
General Surgery	Lower	2
General Surgery	Foundation	0
General Medicine	Higher	2
General Medicine	Lower	5
General Medicine	FY1	0
T&O	Higher	0
T&O	Lower	2
T&O	Foundation	0
O&G	Higher	0
O&G	Lower	0
Paediatrics	Higher	0
Paediatrics	Lower	0
Paediatrics	Foundation	0
GP Thornely	FY2	0
GP Albion	FY2	0
GP Awburn	FY2	0
GP Denton	FY2	0
GP Lambgate	FY2	0
GP Manor House	FY2	0
GP Millbrook	FY2	0

GP Clarendon	FY2	0
Psychiatry	FY2	0
A&E	Higher	1
A&E	Lower	2
Anaesthetics	Lower	0
ENT	Lower	0

8.0 Summary

The overall numbers of exceptions being submitted remains low and it is notable that exceptions are not being submitted in substantial numbers for education reasons. As with previous reports, the challenge is to understand the issues being raised, identify the trends and seek to resolve the rota issues promptly.

9.0 Conclusion

The Board is asked to note the contents of this paper.

Tameside and Glossop Integrated Care NHS Foundation Trust

Meeting date	28th November, 2019	x	Public		Confidential	Agenda item
Title	Use of the Trust Seal					20
Lead Director						
Author	Steve Parsons, Trust Secretary					

Recommendations made/ Decisions requested

The Board is invited to note the use of the Trust Seal in the period July to October 2019.

This paper relates to the following Strategic Objectives-

	1	Deliver safe and caring services
	2	Improve our patients' and carer's experience of our services
	3	Support the health and wellbeing needs of our community and staff
	4	Drive service improvement, innovation and transformation
	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		Effective
	Caring		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	Exec Summary
Sustainability (including environmental impacts)	N/A

Executive Summary

As a statutory corporation, there are some legal documents that the Trust must execute by the use of its Common Seal, witnessed by two Directors or Senior Managers. The application of the Trust Seal is reported to the Board three times a year.

During the period, the Trust Seal has been applied as follows-

- Documentation allowing North-West Electricity to install underground cabling
- Approval of the assignment of the café and retail units in Hartshead Shopping Mall (Heartshead South)

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Finance Committee of the Board of Directors, held on Tuesday 24th September 2019 at 9am in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Sallie Bridgen	SB	In the Chair
	Anne Dray	AD	
	Sam Simpson	SS	
In attendance	Peter Nuttall	PN	Director of Informatics and Performance
	Jackie McShane	JMcS	Director of Operations
	Steve Parsons	SIP	Trust Secretary
	David Warhurst	DW	Deputy Director of Finance
	Isla Watson		Lancashire Care FT (observing)

100/2019 Welcome and apologies

The Chair welcomed colleagues to the meeting, particular Isla Wilson who was Chair of the Finance Committee of Lancashire Care FT, and would be observing the meeting.

Apologies for absence were received from Trish Cavanagh and Karen James.

101/2019 Declarations of Interest

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

102/2019 Minutes of the meeting held on 27th August 2019

The minutes of the Committee's proceedings on 27th August 2019 were approved subject to corrections set out in the appendix to these minutes.

103/2019 Matters Arising from the minutes

The Committee noted the following updates from the Action Log-

59/2019	Completed
67/2019	This was on the agenda- completed.
72/2019	It was noted that work was continuing to reflect the links to risks in the Finance report, with a view to completing for the October 2019 report.
75/2019	Completed.

104/2019 *Single Operating Framework* Update

PN presented the update, noting the following-

a. The Committee were reminded that a number of targets on the Framework were overseen by other Board Committees.

b. Performance against the 4-hour target for A&E had been 93.1%, placing the Trust as best in GM and in the top quartile nationally. The Committee also noted that there had been a temporary dip during the current month, which had now moved back up.
c. The Trust had met the national standards for diagnostic tests, referral to treatment and cancer treatment times.

AD enquired whether any cause had been identified in respect of the drop in performance. PN advised that there had been a significant increase in bed occupancy, which had a knock-on effect; there was also some evidence, although not yet validated, that the acuity of presenting patients had also increased.

SB commented that it was pleasing to see the improvement in staff sickness and turnover. PN noted that as part of the review of sickness processes the targets had been revised and were more realistic, although there was also an improvement in the absolute position.

The Committee then noted the update on performance against Single Operating Framework targets.

105/2019 Financial report, M5 (August 2019)

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

a. The Trust was slightly ahead of the plan for the month, and the year to date.
b. There was a shortfall in the efficiency programme of £236,000 for the year to date; this was an improvement from the previous month, and work was continuing to close the gap.
c. There had been a slight increase in agency use, but it remained below plan and the NHS Improvement 'cap'.
d. The Committee's attention was drawn to the detailed information included in the report regarding Divisional performance and plans.
e. There was some uncertainty as to the impact of the newly-announced pay award for medical staff, in terms of the central funds available to support them. Continuing discussions were being held on this.
f. The report included the feedback from the Finance Improvement Board, which was being implemented to both support and hold to account the Divisional management. An initial 'deep dive' to support a department had been held, supported by the Financial Improvement Team, and had been very successful and had positive feedback from those who participated.
g. Following the change in Government, the pressure to reduce capital spend had been removed, and there were positive signals for the funding through GM for digital information, although some matters were still pending clarification.
h. The Board would be asked to give formal approval at the September Board meeting for the draw-down of the loans required for the year, as anticipated in the agreed plan.

DW ran through the mitigations to ensure that the Trust would meet the agreed plan, as outlined in the report; he noted that the figures were both including and excluding the medical pay award, reflecting the uncertainty regarding impacts. AD asked for more information on how the pay award was being funded; DW noted that there was a piece of work being undertaken within GM, which he was leading, to understand the impact of the award. What appeared clear at the present was that most providers in GM would be negatively affected on present figures, and discussions were taking

place. SB thanked DW for taking the lead on this item, and taking it forward.

DW noted that the position regarding efficiencies and Divisional performance was better than the equivalent point in 2018-2019; there would be a continuing focus on these areas to deliver the plan.

The Committee noted the financial performance report for the period to the end of M5 (August 2019).

106/2019 Deep Dive review- Performance and Information

PN gave the Committee a presentation on the work being undertaken in the department to drive efficiencies, both to improve processes and deliver savings.

AD queried whether the Trust's policies provided for re-deployment of staff who would be affected by moves from paper to digital; JMcS confirmed this, and also that these were areas that often had relatively high turnover. AD asked how much reduction in the use of paper was achievable; PN advised that there was a KPI, which had started at 13% and now risen to 18%. There was a significant scope to progress further. The pace of progress was dependent on the capacity to develop the programmes, together with hardware; he noted that the current pace was appropriate, as the clear aim was to develop with the staff colleagues who would need to use them.

SB queried how much of the efficiency shortfall identified in the presentation was within the control of the Trust. DW advised that the capital funding items were not in the control of the Trust, as being funded through GM. The red-rated schemes were all considered to be under the control of the Trust, and work was being taken to bring them back on track.

The Committee thanked PN for the presentation.

107/2019 Greater Manchester 5-year plan

SS presented this item, which was part of the GM (as ICS) process towards making submissions in November, as set out in the *NHS 10-year plan*.

DW noted the following key points-

a. There were some changes between the previous submission to GM and this submission which were run through. As required, the submissions continued not to assume any Provider Sustainability Fund/ Financial Recovery Fund, leading to a deficit position.
b. GM were looking to have agreed assumptions to support the submission. As these were developing, and given the tight timescales, at this stage the financial projections had not been triangulated to the workforce and activity projections. The activity assumptions used were those agreed by GM, rather than those agreed locally; this will be reviewed ahead of the submission in November 2019.
c. The evaluation processes would look to ensure that the submissions were consistent, and in particular consistent between the commissioning side and the provider side in each ICS. This Trust was engaging closely with the Strategic Commissioner to ensure that the various submissions were appropriately aligned, including in respect of transformation funding.
d. The efficiency requirement for almost all providers would be greater than that implied in the national documents, owing to the way that tariff worked in

practice.

e. There was an expectation that the Control Total regime would be ended in 2020-2021, and that ICS's would be expected to be the first line of contact for regulators. It was understood that there were discussions between GM and NHS England/ Improvement as to how that would work in practice.
f. The final requirements for the ICS submissions, and indeed for the individual organisation's Financial Recovery Plans, had not been released by NHS England/ Improvement.

AD asked for confirmation that the key assumptions in these submissions had been agreed across GM. DW advised that there was not yet agreement on the assumptions, and some providers had specific and unique circumstances to take into account. This Trust had very clearly stated the assumptions that had been made, so that GM had clarity.

The Committee noted the progress being made in preparing the GM 5-year plan.

108/2019 Post-investment Review- Finance Improvement Team

DW gave the Committee a presentation on the investment, and the following points were noted-

a. The team now had administrative support, which was assisting in being effective supporting departments to develop.
b. There had been clear progress against the agreed KPI's, and the KPI's would be reviewed to ensure that they remained challenging.
c. There was significant demand for support from the team, with a focus on demand and capacity.
d. JMcS noted that there was also demand for support on reducing sickness absence, which would significantly help to address the issues being seen in respect of vacancies and the impact on rotas. This was being picked up with the Divisions, both for support and holding to account.
e. The Committee noted the other work being undertaken by the team, which included developing the skills of colleagues so that they could undertake the work with less support in the future.

AD welcomed the structure that had been put in place, rather than creating a 'free-standing' Project Management Office, as she felt the current structure worked better. SS agreed with that view, as it led to significantly better engagement with those trying to deliver the efficiencies and supporting those colleagues in taking ownership of the delivery of schemes.

The Committee noted the post-investment review, and asked that there was a further update on the FIT team's work in May 2020.

ACTION-

a. Secretary to schedule FIT update for May 2020.

109/2019 Future Workplan

The Committee noted the forward workplan, and noted that the Contracts and Performance report would be moved to November 2019 and quarterly thereafter.

ACTION-

a. Secretary to update the workplan.

110/2019 Matters to the reported to the Board of Directors

The Committee noted that the following matters would be drawn to the attention of the Board-

a. Update on *Single Operational Framework*
b. The Deep Dive into Performance and Informatics
c. The GM work on an ICS 5-year plan
d. The Post-Investment review on the Finance Investment Team.

SIP would prepare the report in the usual way.

111/2019 Items for note only

The Committee noted the following items-

a. Outcomes from the Capital, Revenue and Investment Group, August 2019
b. Integrated Finance Report, August 2019.

Appendix

Amendments to the minutes of August 2019

a. Minute 92/2019, sub-para a., amend to read-
"Overall, income from healthcare services was slightly better than planned. Nominal income from services provided to Tameside and Glossop CCG was slightly below plan, but mitigated by the block contract arrangements."

b. Minute 92/2019, sub-para b., amend to read-
"The Committee were reminded that Tameside and Glossop CCG made some specific payments to that Trust that would need to be taken into account when assessing the overall position."

c. 92/2019, first un-numbered paragraph, first sentence to read "SB advised that the Chair had given comments that she was very pleased to see the successes achieved by the team; SB agreed with those comments."

d. Minute 95/2019, re-state entire minute to read-

JMcS outlined the key items from the report-

a. The outcome of the assessment had been a finding of 'Requires Improvement'. This had been inevitable, as no better result was possible for the Trust whilst loans from the Department of Health remained outstanding. The assessment had noted that the Board acknowledged the need to return to a financially secure position in the long-term.
b. A significant amount of work had been undertaken, which had been useful and had led to some outstanding practice also being noted in the assessment. There had also been acknowledgement of the progress that the Trust had made in a number of other areas.
c. Colleagues had put a significant amount of work into preparation and obtaining the most positive result available, which the Committee was invited to recognise.
d. The approach adopted to prepare for the assessment had worked well, with each area being reviewed in detail by EMT and clear leads at operational, clinical and EMT levels being identified. This would be repeated for the next assessment.
e. It was not currently clear if future Use of Resources Assessments would be aligned with the CQC inspection process, or whether they would become free-standing on an annual basis. Clarification was being sought on this point.

SS welcomed that the work had a wider focus for the future. She also noted that, if the arrangements for the assessment remained that having a financial deficit/ loan support led to an automatic 'Requires Improvement' rating, there would be a serious question about the incentive for a significant proportion of Trusts to engage fully with the process.

AD enquired whether the areas for improvement identified through the process would be picked up in future Committee meetings; SS confirmed that this would be the intention. AD also enquired whether there would be a report to the Committee later in the year on the combined effect of this assessment and other work; SS advised that this would be dependent on advice from NHS Improvement on the appropriate process to adopt. AD queried how the outcomes from the assessment would be

presented to the public, noting the need to be clear that the ‘Requires Improvement’ rating was a result of factors beyond the control of the Trust. The Committee noted that the Trust’s communication could give that clarification, but the results would be published ‘as is’ by CQC and other central bodies.

The Committee then-

a. noted the update report on the Use of Resources assessment in 2019, and the external factors restricting the rating;
b. Thanked colleagues for their efforts to provide the best result possible for the Trust in the Use of Resources assessment;
c. Welcomed the areas of outstanding practice identified.

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Workforce Committee of the Board of Directors, held on Thursday, 12th September 2019 at 3pm in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Peter Noble	PN	In the Chair
	Trish Cavanagh	TC	
	Anne Dray	AD	For Sallie Bridgen
	Brendan Ryan	BR	
	Peter Weller	PW	
In attendance	Amanda Bromley	AB	Director of Human Resources
	Lindsey Harmer	LH	Assistant Director of HR
	Kirsty Marshall	KM	Assistant Director of Health, University of Salford
	Steve Parsons	SIP	Trust Secretary
	Tiara Shaffi	TS	Assistant Director of HR (Inclusion and Engagement)
	Kerry Williams	KW	District Nurse Team Leader

53/2019 Welcome and apologies

The Chair welcomed colleagues to the meeting, and particularly the colleagues who would be presenting on their research regarding the transformational change undertaken by the Trust. He also welcomed TS who would be presenting the EDI strategy document.

Apologies for absence were received from Sallie Bridgen, Dr Alison Lea and Mark White. It was noted that Brendan Ryan would be joining the meeting a little late.

54/2019 Declarations of Interests

No conflicting interests were declared in the business expected to be considered in the meeting.

55/2019 Minutes of the previous meeting

The minutes of the meeting held on 17th July, 2019 were approved as an accurate record.

56/2019 Matters Arising from the minutes

PN referred to minute 44/2019, related to actions from the 2018 staff survey, and enquired as to progress. AB noted that this would be covered under the strategy update.

The Committee noted the following updates from the Action Log-

33/2019	Action completed.

47/2019	Action completed
33/2019	Action completed
45/2019	Both actions completed
49/2019	LH advised that a paper was to be considered by the Educational Governance group later in the week, prior to coming to the Committee for consideration. Re-date to November 2019
50/2019	Both actions completed.

[BR joined the meeting.]

57/2019 Presentation- Research on transformational change

KM & KW presented to the Committee the research they had undertaken with co-located neighbourhood teams to evaluate the impact of the transformation. They noted the following key points-

a. The study had aimed to understand the experience of working within an integrated organisation, and the relationship with the wider organisation.
b. The process undertaken was outlined, and the three themes-
   i. Convergence and separation in integration
   ii. Dichotomy of hopefulness in reimagining the integrated space
   iii. Continuity and change in making integrated teams
c. There were a number of implications identified for creating integrated teams, across shared core values, agency and lived vision.

PN welcomed the presentation, which had been very useful for the Committee to inform the continuing journey. He enquired if any of the information had been a surprise to Executive Director colleagues; BR commented that there had not been any surprises, but the narrative was of moving away from the previous arrangements over a significant length of time and changing the culture. He also noted the message of achievement in the local teams that came through.

The Committee thanked the team for the presentation, and looked forward to seeing the final outcomes of the research.

[KM & KW left the meeting.]

58/2019 Workforce Dashboard

AB presented the circulated dashboard, and noted the following key points-

a. The Trust has not seen the traditional spike in sickness absence numbers usually experienced during July although the numbers remained slightly above the target. There had been a downward trend in the three months to the end of July 2019.
b. There was a continuing improvement in the time being taken to fill vacancies, with the Trust currently being seen in Quartile 2 within Model Hospital. AB also noted that the Trust measurements were now being adjusted to align with the metrics set out in the Model Hospital, which would be the standard going forward.
c. The quarterly results for the Staff 'Friends and Family Test' were noted, and the Committee noted that there were a large number of surveys and so the

response rate was expected to have limitations. It was noted that there was a national review of this survey, which was being monitored for possible changes and impacts.

d. Completion of appraisals was currently below target, but this was consistent with past trends as the Trust moved towards the end of the appraisal 'window'. Areas with low performance were being actively followed up, to ensure they brought performance up to standard.

PN welcomed the development of exception reporting in the report, which supported the Committee in focusing on the key issues. He welcomed the progress on sickness absence, particularly long-term absences, and enquired when the policy changes would show an impact on short-term absence. AB noted that the new policy had put into place new triggers, there was now no differentiation in terms of the policy for handling short-term and long term absence. Effort had focused on long term absence over the last few months, and would now move to short-term absence as well.

PN, whilst recognising the increasing challenge in minimising the overall time taken for recruitment, sought assurance that all the points of challenge were understood. AB advised that the key issues were in obtaining the required approvals to advertise a post, and to some extent progressing between the close of applications to shortlisting. These were all areas of focus. Finally, PN enquired if there was any concern about the response rate to the quarterly survey; AB noted that this was not a significant focus, as it was supportive to the main surveys undertaken and did not provide detailed and nuanced feedback.

The Committee then-

a. Noted the workforce dashboard for the period;
b. Commended the good work undertaken in developing the dashboard.

59/2019 Workforce Strategy

AB presented the circulated paper, drawing attention to the following points-

a. This was an update report, following the discussion at the previous meeting and then at the Board on the Interim People Plan published nationally. It was noted that, given national political developments, the final People Plan could be delayed.
b. The key points from the report were the work being undertaken to engage with staff to further understand the outcomes of the NHS Staff Survey; Good to Outstanding workshops have been established late September to early December.

AD was concerned that the full range of opinions, including those from colleagues who did not usually participate in these exercises, were taken up. AB noted that there were to be a range of mechanisms to engage with staff, partly with the aim to ensure that those colleagues who were less pro-active in these areas were included in the process.

In response to a query, the Committee noted that this work fed into workforce planning in a broad sense, as well as taking account of other opportunities that arose. It was anticipated that there would be substantive progress on the strategy during the remainder of 2019-2020. TC noted that there was a need to relate the proposals to the skills required by colleagues to deliver their roles, and this would enhance the work of the Trust as a whole. AD enquired where the volunteer service

would be in relation to the development of the strategy; PW advised that work was being undertaken to develop a volunteers' strategy, which would be aligned with the items set out in the Workforce strategy.

The Committee then noted the intention to present a final draft of the workforce strategy to the Committee by the end of 2019-2020.

PN referred to the six themes that the Committee had set on its formation, and enquired whether these should be re-visited; it was agreed that this could be considered further outside of the meeting.

60/2019 GMC annual survey of Junior Doctors

BR introduced the paper, noting the following matters-

a. At a high level, the outcomes of the survey were not as positive as the Trust would have liked to see; both as a result of other providers moving forward, and the Trust falling back slightly. There was an acknowledged need to perform better, and a task and finish group had been formed to address the concerns.
b. As context, BR reminded the Committee that the survey essentially represented a window of time where the junior doctors were able to advise the GMC of their concerns every year. A key point to bear in mind was that, owing to the rotations, those raising the concerns might not see that they had been resolved owing to having moved to another organisation.
c. In this particular round, there had been particular issues raised- through the internal routes as well as through the survey- this was largely around rotas and annual leave requests in the Division of Medicine. These issues had been resolved in real time, but the timing was such that the juniors may have rotated out of the Division before they were informed of the outcome and prior to the survey timescale.
d. There was not a trend in the results as such, and the Committee would wish to note that concerns were regularly flagged through the forums in place and addressed as a result.

AD was concerned that, whilst there was an almost full set of responses from the junior doctors, only a proportion of the education trainers had done so; she also enquired whether feedback when issues were resolved was given to colleagues who had rotated to another Trust. BR noted that there could be challenges giving feedback to colleagues who had left; feedback was regularly given to the internal forums, but if rotation intervened the issue may not have been seen by those receiving the feedback. BR also noted that most concerns in the survey were about issues at Specialism level, and it was positive that there had been no concerns raised regarding educational provision. The Trust was looking for Divisions to lead in responding to concerns raised about their specialisms.

PN asked for more detail on the position re the response rate from education trainers. BR noted that this was an example of the issues that arose in terms of the significant amount of feedback requested from staff for different purposes. The Committee also noted that there could be different generational expectations about participating in this sort of feedback. PN also enquired as to the key items identified to make a difference for the 2020 survey; BR noted that, in addition to resolving the staffing issues, the Trust would be seeking better communication and both leadership and ownership at Divisional level.

PN suggested that it would be good for the Committee to see and review the themes from the future workshops in this area. PW queried what further assurance the Committee would be seeking from that process, beyond that already provided in the papers; PN felt the Committee would need assurance that the follow-up actions were being taken, and PW noted that available assurance was included in the paper for this meeting.

The Committee then-

a. Noted the outcomes of the GMC Junior Doctors survey 2019, and the actions being taken as a result;
b. Highlighted the importance of carefully reviewing and reflecting on such surveys, in order to identify common themes, prior to the development of specific action plans for the individual survey.
c. Agreed to cross-reference the findings of this survey with other related patient and staff surveys, and consider common findings related to specific issues or particular areas of the Trust. The Committee noted that some issues might require wider consideration by the Trust Board.
d. Requested that a short update was provided to the Committee in January 2020

ACTION-

a. BR to provide progress update on actions from 2019 GMC Junior Doctor's survey in January 2020, to include cross-referencing to other patient and staff surveys.

61/2019 Equality, Diversity and Inclusion Strategy
Workforce Race Equality Scheme submission 2019
Workforce Disability Equality Scheme submission 2019

TS presented the circulated papers, drawing attention to the following points-

a. The WRES and WDES submissions had been made during August 2019, in line with the national timescale. This was the first submission for WDES, so no comparative data was available.
b. The high level outcomes of the WRES and the WDES had been discussed at the last meeting; these have informed the actions contained with the EDI Strategy.
c. The draft strategy presented covered three strands
    i. Staff Experience
    ii. Diversity in leadership and at Board level
    iii. Diversity in the wider workforce
d. As the Committee had previously discussed, there were some related issues for the Trust in terms of staff experience, particularly reflected in the staff survey results around bullying and harassment. The Committee should also bear in mind that these would then impact on the experience of patients who were cared for by affected staff.
e. The Trust's diversity in leadership grades (Agenda for Change Band 8A to the top of scale, and Very Senior Manager scales) was disappointing when compared to the position in the workforce overall, which looked considerably more diverse and positive. AB reminded the Committee that the doctors in training were allocated by the Deanery, rather than being selected by the Trust.

f. The Committee were reminded that Council had set out a desire to see the diversity in Non-Executive Director appointments improve, and in the current round of appointments were taking steps to encourage a more diverse field of candidates.
g. There were some particular areas where the wider workforce showed a lack of diversity; and TS reminded the Committee that more diverse workforces had been shown to be more productive and efficient.
h. There was an intention to create a network of Equality Champions across the Trust, as 'critical friends' to the organisation. The Trust was also looking at developing leadership that took diversity into account in all decisions, as the equality impact assessment process was not providing the responses desired.
i. The Committee noted the high-level actions set out in the strategy.

AD queried whether, in terms of leadership, there should also be steps to improve the diversity of Council. It was noted that the election/ appointment of Governors was not in the control of the Trust, and so were inappropriate for targets to be set, but there was an opportunity to influence such change. It was also noted that steps would be taken to encourage a more diverse field of candidates to seek election, but it was for the electors to determine who was returned.

TC enquired how the strategy would address the issues facing EU nationals, who were likely to have status changes for diversity purposes. The Committee noted that this was a work in progress, given the current uncertainties, but the aim was to ensure that they felt welcomed and part of the Trust.

PN suggested that the main step for the following 12 months would be to implement appropriate and effective policies, as he saw staff education in basics as a key message from the staff survey results. AB commented that the strategy was the first step in 'setting out the stall' on this issue; she suggested that relatively small direct changes were required, but there was a need for cultural change as well. BR noted the need to identify and reflect on the various cultural assumptions that were made, and how they were interpreted or misinterpreted.

AD noted the target areas in the strategy were expressed generally, but the specifics appeared to be focused around BAME. TS noted that the comparators were known for these, enabling targets to be set; AB noted that there was long-term data through the WRES, and data was becoming available through the WDES.

Subject to the matters discussed, the Committee then agreed to recommend the Equality, Diversity and Inclusion Strategy to the Board for approval

ACTION-

a. SIP to schedule EDI Strategy for Board consideration in September 2019.

62/2019 Future Workplan

The Committee noted the future workplan, and agreed that an update on actions from the GMC Junior Doctor's Survey should be added for January 2020.

PN noted that the Audit Committee had adopted a new approach to ensuring appropriate controls were in place for risks managed by the other Board Committees, and suggested that the Committee could usefully review how it managed risk to ensure it received appropriate assurance. It was agreed that this

would be reviewed outside of the meeting, with a view to further proceedings in January 2020.

63/2019 Items for Note

The Committee noted the minutes from the Educational Governance Group and the Staff Partnership Forum.

PN welcomed the work that was being doing by the Educational Governance Group.

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Quality and Governance Committee of the Board of Directors, held on Thursday 3rd October 2019 at 9.30 am in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Martyn Taylor	MT	In the Chair
	Sallie Bridgen	SB	
	Karen James	KJ	(For Trish Cavanagh)
	Peter Noble	PN	
	Brendan Ryan	BR	
	Peter Weller	PW	
In attendance	Amanda Bromley	AB	Director of Human Resources
	Alexia Charnley	AC	Head of PALS and Complaints
	Rob Conyners	RC	Head of Patient Experience
	Amanda Dooley	AD	Head of Assurance and Governance
	Paul Featherstone	PF	Director of Estates and Facilities
	Tom Jinks	TJ	Associate Director of Integrated Governance
	Steve Parsons	SIP	Trust Secretary
	Sam Simpson	SS	Director of Finance

134/2019 Welcome and apologies

The Chair welcomed colleagues to the meeting.

Apologies for absence were received from Trish Cavanagh.

135/2019 Declarations of Interest

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

136/2019 Patient Story

TJ introduced the patient story, which related to the experience of a patient who had undergone a caesarean section at the Trust. The following key points were noted-

a. The patient had suffered harm during the operation, which was of a type that might be described as a 'recognised complication'. This had not been immediately identified, leading to the patient undergoing pain.
b. The PALS/ Complaints team had met with the individual, which was the default approach at this Trust. This had been a useful meeting enabling the team to understand the impact on the individuals, and the matters that were important to them.

c. A number of issues and consequences had been identified during the subsequent investigation, including some of importance to the individual and their partner in terms of experience.
d. Key issues had related to clinical care, ensuring compassion, and communication with both the patient and their partner. The process had produced good learning, and the patient had felt heard in the process.
e. Learning had been produced and shared at the managerial level within the department, and also with individual clinicians who had been involved, leading to a number of procedural changes.

KJ welcomed the learning that had been identified in this case, and particularly that the Matron for the area had positively wanted to meet with the individual to resolve matters. This was important to enable matters to be addressed on the spot, rather than being taken forward as formal PALS/ complaints matters when they did not need to be. She looked forward to that approach being rolled out more widely. PW noted that this was part of revising processes to give permission for staff to deal with these matters; and it was in the interest of the patient to do so where possible. BR noted that the results software that was currently in development would assist in ensuring that test results were addressed, rather than needing to be chased.

PN welcomed the improvements in processes and systems, but enquired whether there was also a cultural change needed; He also welcomed the moves to deal with problems immediately. AC advised that cultural issues had not featured prominently in this case.

MT also welcomed the move towards dealing with issues immediately, but sought assurance that there was the capacity and support to deliver this. He also sought confirmation that the enquiry in this case had been guided by the patient: TJ confirmed that this was the case and the information provided by the patient had changed some of the investigation work.

MT also sought assurance, given the rapid review sketched out, that the Trust's obligations under Duty of Candour had been complied with. PW noted that there was partly a question of how some matters were articulated; the rapid review process was being systematically reviewed to address potential problems before they arose in the department, and had not affected Duty of Candour.

BR noted that it was important that, whilst there might be 'recognised complications' in a procedure, the Trust considered that all cases should still be addressed fully and recognise the loss to the patient in terms of harm and experience. SB commented that involving the patient in the process would always strengthen the investigation and outcomes.

The Committee then noted the Patient Story.

[AC left the meeting.]

137/2019 Notes from the walkabout, 5th September 2019

The Committee noted the notes, and the actions taken as a result.

SB noted that the notes from the walkabout undertaken by herself and BR appeared to be missing; TJ undertook to circulate them. PN noted that the issues discussed on his walkabout related to Digital did not appear to be included within the notes, and undertook to provide some wording.

The Committee agreed that a short report to Board on the walkabouts should be prepared by the Secretary.

ACTIONS-

a. PN to provide wording re Digital discussions on his walkabout, for inclusion in the notes;
b. SIP to prepare short report to Board on the walkabouts.

138/2019 Action Log

The Committee noted the following updates-

189/2019	Completed
121/2019 (x2)	Completed
122/2019	BR confirmed that steps were being taken to remind colleagues of the ‘’bare below the elbow’ requirements. Completed
124/2019	Completed
130/2019	Completed
119/2019	Work-plan format- completed
26/2019	Completed
148/2019	Completed
105/2019	Completed
122/2019	EPRR appendix for Infection Prevention and Control annual report-completed.
124/2019	Superseded and discharged
128/2019	Completed
67/2019	SQOGG had considered a detailed paper on seasonal variation, which was referenced in its report to the Committee. Completed.
67/2019	Target time for completion of investigations. After consideration, the Committee noted targets for investigations were agreed individually in accordance with national guidance. Discharged.
100/2019	Completed
125/2019 (x2)	Completed
128/2019	Completed
100/2019	Completed

139/2019 Future Workplan

The Committee noted the work plan and the revised and finalised format. It also approved the proposed requirements for all cover sheets as-

- All reports to contain an appreciative / positive statement included in the front sheet
- 10 minute presentations to be no longer than 5 slides
- All items to have a completed Committee Front Sheet
- All reports to be circulated no later than 1 week before the Committee. (Where a presentation is not required to be circulated in advance of the meeting, a Committee Front Sheet should be completed for the item and distributed with the Committee papers.)

140/2019 Quality Dashboard

The Committee received the dashboard for August 2019. MT commented that the format was good, but there would be changes over time to reflect changing areas that the Committee needed to focus on.

PW reported that some of the key issues on the dashboard were either on the agenda for this meeting, or showed for future reporting in the work plan. Given national changes he was considering the appropriate metrics to be shown on the dashboard, and proposals for change would be brought forward to the Committee in the near future. PN was concerned that some items on the dashboard were flagging concerns, but the executive summary did not set out the actions being taken as a result to address them. PW noted that the format of the report was in line with those considered by other Committees of the Board; KJ asked that there was a flag when key actions being taken were being reported elsewhere.

The Committee then noted the Quality Dashboard for August 2019.

141/2019 Minutes of the Service Quality and Organisational Governance Group (SQOGG)

The Committee received the minutes of SQOGG's meeting in August 2019.

PN queried the value for the Committee of focusing on these minutes. MT advised that they came to the Committee to provide assurance, given SQOGG's key role under the Committee. PW noted that the minutes showed the Committee the range and depth of SQOGG's work, and also that, in accordance with regulatory requirements, this Committee would be expected to be aware of the matters reviewed by SQOGG.

After further discussion, the Committee-

a. Noted the minutes from SQOGG's meeting in August 2019;
b. Agreed that the minutes for future meetings should be at the end of the agenda, with a summary report towards the start of the agenda.

142/2019 GMC survey of doctors in training

BR introduced the report, noting that it had already been considered by a number of groups including the Workforce Committee. The key message was that the Trust had not been where it would have wished to be; the Trust was attempting to improve in both anticipating and addressing issues affecting doctors in training. The issues raised had not been a surprise, as the issues had been heard through various forums at the time; they had been in the process of being resolved, but that process had not been concluded whilst the survey was open. An action plan had been put into place as a result; and the wider changes in structure and leadership

were now also gaining traction.

KJ queried what the Committee needed to address, within its terms of reference, from this survey. MT advised that he had asked for it to be on the agenda, so that any issues affecting the quality of care could be addressed; and linked to the Safe Staffing report not covering medical staff. PW noted that the safe staffing report, in line with the national direction of travel, was developing to include all groups of clinical staff. MT advised that he was looking for assurances around the Safer Staffing in respect of medical staffing as well as nursing staffing. Whilst it was acknowledged that this may be difficult to demonstrate, KJ agreed that this should be reviewed.

PN felt that the paper did not reflect the discussions at the Workforce Committee, which was disappointing as they had identified ways forward on some of the matters covered, which would have been useful for this Committee. AB noted that the timing of the papers between the two meetings hadn't allowed for the paper to be updated; it was also important to remember that this survey only covered a proportion of one group of staff, and not to extrapolate the results inappropriately.

BR noted that there were no direct impacts on quality as a result of the matters covered in the report; where there were potential impacts, these were dealt with by the Trust as incidents. PN noted that it was important that the response was proportional to the risk, and had assurance that this was reflected in the report.

The Committee then noted the results of the annual GMC survey of doctors in training.

ACTION-

a. BR to report possible safer staffing metric to December 2019 meeting of the Committee.

143/2019 Trust Induction Programme

MT noted that the Audit Committee had requested the Quality and Governance Committee to seek assurance on this issue, and invited SS to outline the key concerns. SS advised that the key concern was complying with the requirements put in place by the national Counter-Fraud Authority, following their recent inspection visit and report, with regard to ensuring that all staff had received counter-fraud training at induction. Given the move to a 'market-stall' format for that part of the induction process, the Audit Committee had sought further assurance.

PW noted that these matters related to certain of the statements required to be included in the Annual Governance Statement each year. The changes to the induction process would be reviewed, including through the Educational Governance Group. AB outlined the context and rationale for the changes, including the agreement at GM level to move to transferable training records which enabled the induction process to be reduced. There had been very positive feedback from the first event, both from attendees and those presenting.

After consideration, the Committee considered that it had assurance that the changed format for the Trust induction was appropriate; and asked MT to feed that back to the Audit Committee.

ACTIONS-

a. MT to feed positive assurance re changes to induction format back to the Audit Committee.

144/2019 Theatres Review

TJ presented the paper, which updated the Committee on the steps being taken to progress the review of Theatres.

PW reminded the Committee of the previous discussions on peer support, and was pleased to be able to report that support was now being arranged with an organisation with a similar history of improvement in this area. As part of that arrangement, the Trust would be supporting that organisation with some work in their own Theatres department. The Divisional team were supportive of this work, and timings were being agreed.

MT noted that he was keen to see the review completed as quickly as possible, but accepted that very positive progress was being seen. He asked that progress was placed on the action log for December 2019, to ensure that the Committee remained focused on this matter.

The Committee then noted the update report.

ACTION-

a. Further update on progress towards completing Theatres review in December 2019.

145/2019 CQC Insight report update

TJ presented the update report, confirming that the various matters covered had been worked through with the Divisions in order to gain assurance regarding delivery.

PW noted that certain parts of the data presented in the CQC report was significantly out of date or otherwise appeared not to be contemporaneous, and were regularly and robustly challenged with the CQC to ensure decisions were made on the correct and timely data. He also noted that CQC were reviewing how they would be presenting information going forward, with a potential that this would become system-based and managed through groupings at an Integrated Care System level.

The Committee noted the update on the CQC Insight information.

146/2019 Patient Experience update

PW introduced the presentation and report, which updated the Committee on patient experience measures during the first quarter of the year across a range of areas. He noted that the report covered issues related to culture, workforce and equality which were being addressed.

RC noted that the Trust was developing a patient experience strategy, with the aim of bringing to the Committee for consideration in 2020. This would be subject to an engagement process as part of its development, in order to ensure that it reflected the priorities of patients and the public who used the services; and would be an

opportunity to set the bar high. Engagement events were being scheduled through the following few months, and other information to support the process was being gathered and analysed. In particular, the strategy would be seeking to reflect the impacts of population health developments on experience.

Looking at the remainder of the report, RC noted that there would be national changes to the 'Friends and Family test' questions implemented in April 2020, which the Trust was preparing for in close consultation with the Divisions. A programme to implement these changes was being put in place.

PN welcomed the multi-faceted approach to patient experience being shown in the programme; he commented that there was a question of identifying what was being said by the analysis, and the actions to be taken as a result. PN outlined that he would welcome a more complete analysis being provided to the Committee in future. RC noted that this was a report in development, and over time it was intended that it would include more analysis of the data available.

SB welcomed the report, and commented that a greater alignment and visibility with the other work being undertaken around (i)equality, diversity and inclusion; (ii) cultural change (iii) links to service accreditation processes; and (iv) Governor engagement with patient and public experience, would be of assistance. KJ commented that this was a good report that set out the stall for future developments. BR noted the need to focus on positive feedback and maintaining good results, as well as the areas that showed more challenge; he also commented that the process provided great support for staff generally.

The Committee then-

a. Noted the report;
b. Noted that future updates were scheduled to be reported quarterly, as per the workplan.

[RC left the meeting.]

147/2019 'Deep Dive'- Safety, Suitability and Availability of medical equipment

AD presented the circulated paper, which demonstrated positive assurance was available in response of the safety, suitability and availability of medical equipment within the Trust. There had been some very assertive work undertaken, which was driving improvement in both asset management and investment management. There was also a quality assurance system in place, and the Medical Devices Safety group had been re-established to ensure appropriate clinical engagement.

PF commented that when he had joined the Trust the first focus in this area had been to understand the position that the Trust had at that stage; since then there had been a peer review with actions put in place as a result, but there had also been strong positive assurance regarding the systems and processes in place. Governance arrangements in this area had also been strengthened. TJ noted that the CQC tended to focus particularly on issues related to medical equipment, and the recent inspection had been positive in this area.

BR noted that there was a need for clarity about who the various items of equipment were relevant for, in order to ensure that they were used appropriately and effectively; this was something that the Trust was improving on. PW noted that there was also a wider discussion across GM about medical equipment, including

the equipment used by patients in non-clinical locations such as their own homes.

PN enquired regarding the target date for reducing the Likelihood score, so that the overall score met target. AD advised that November was the target date in the paper, and should be achievable given the strong assurances available. KJ noted that this would be picked up by the Risk Management Committee.

The Committee then noted the deep dive, and welcomed the positive assurance that was available in this area.

148/2019 CQC Action Plan

TJ updated the Committee on progress against the action plan, noting that good progress was being made and there were positive assurances available from the Directorates. PN sought confirmation that the Trust was confident all actions would be completed in full in the stated timescales. TJ confirmed that there were no concerns at present regarding completion.

The Committee then noted the update report.

149/2019 CLIC report

TJ presented the report, noting that it had been considered in detail at SQOGG, and updated as further information became available during the month. PW noted that it was an amalgamation of four previous reports, which the Committee had agreed should be considered in depth at SQOGG and the Committee receive a less-detailed presentation.

PW noted in particular the very positive progress in handing and responding to complaints from the base-line five years previously; there had been a clear cultural change towards positively welcoming and listening to patients, which had been praised by the CQC in their recent inspection process. Although the figure for complaints was relatively high, he suggested that this showed a tension with using it as an indicator of the Trust's willingness to engage, in that it would not reject complaints which were not entirely within the statutory definition. KJ commented that the comparators were, as a result, not comparing like with like and this was being addressed with those setting the national reporting standards.

PN enquired whether there could be an assessment of the severity of the complaint within the report, as a method to distinguish complaints. PW advised that there was not an accepted scale or method of evaluating severity of complaints experience in this context, so doing so was not currently possible. The previous reports had provided some bandwidth for comparison. PN commented that it would also be useful if future reports could provide a fuller explanation of the issues resolved, and the variances in number, when reporting on complaints.

PW invited the Committee to consider whether the report would be better taken as SQOGG in the future, with assurance through the usual reporting process. In that regard, he noted that SQOGG would shortly be having an away-day to re-focus on its core work, and Committee members would be invited to attend in order to gain assurance about the process.

MT noted a concern that clinical audit programme did not appear to be proceeding as originally planned: whilst he recognised the challenges in delivering the programme, he would be looking for assurance that the plan would be delivered in

full. BR noted that steps were being taken to strengthen the Trust's leadership in the area of clinical audit, to ensure that it was managed appropriately.

The Committee then noted the CLIC report.

149/2019 Handover Assurance re Discharge Summaries

BR introduced the paper, which sought to provide assurance to the Committee regarding the procedures for providing discharge summaries as requested by the Board; and ran through the key points outlined within it.

There were a number of pieces of work being undertaken to improve performance in this area, and the move to electronic discharge summaries in some areas had been successful. Subject to successful testing, it was anticipated that an electronic solution could be put in place for all areas over the coming few months, which should dramatically reduce the number of discharge summaries not issued within the target time. In the interim, the decision had been taken to separate the TTO summary from the discharge summary, so that the GP always knew of changes in medication; BR acknowledged that this could cause some extra work for GP's if the discharge summary was delayed, but felt it important that changes to medication were notified as quickly as possible. This was, however, very much a temporary solution.

BR also noted that there was a 'tail' of a small number of summaries that were issued well beyond deadline. These were usually for a particular or exceptional reason, and all such cases were monitored to ensure that summaries were issued as quickly as possible in each case. He commented that teamwork and co-ordination were needed in complex cases, and that the process operated by individual GP's could also affect how useful the summaries were in each case. He looked forward to the position being improved in the medium term as shared patient records became more of the norm, enabling discharge summaries to be phased out as unnecessary.

PN understood the report as setting out a significant number of patients whose discharge summaries were not issued within the target time; and that there were both systems and cultural issues that contributed to these challenges. He enquired what steps were planned or in progress to address the cultural issues identified. BR accepted that challenge, and noted that the cultural issues did not address all of the non-system issues; all aspects were being addressed. Whilst the IT solution would significantly improve the position, cultural work in relevant areas would also be a focus into the future.

The Committee then noted the positive assurance available, which would be reported back to the Board.

ACTION-

a. MT to report back to the Board that the Committee had identified positive assurance in this area.

150/2019 Quality Strategy

PW updated the Committee on progress towards putting in place a quality strategy, and outlined the steps taken to date. It was likely that an external review was requested prior to Committee consideration, with a view to ensuring that it was a

place-based strategy. A full written update was expected to be available for the November meeting of the Committee.

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Audit Committee held on Tuesday, 10th September 2019 at 9am in the Board Room, Silver Springs House, Tameside General Hospital.

Present	Anne Dray	AD	In the Chair
	Peter Noble	PN	
In attendance	Debra Chamberlain	DC	KPMG
	Paul Magorrian	PM	Financial Services Manager
	Elanor Devlin	ED	Assistant HR Director (Workforce & Recruitment) (until completion of item 81)
	Lyndsey Hulme	LH	Assistant Director of Finance – Financial Services (from Item 84/2019)
	Neil McQueen	NMcQ	MIAA (Local Counter-Fraud Specialist)
	Ruth Parker	RP	MIAA
	Steve Parsons	SIP	Trust Secretary
	Sam Simpson	SS	Director of Finance
	Peter Weller	PW	Director of Nursing and Integrated Governance

75/2019 Private discussions

At the start of the meeting, the Committee held private discussions with the internal and external auditors.

PM, ED, SIP, SS and PW joined the meeting.

76/2019 Welcome and apologies

The Chair welcomed ED and PM to the meeting, and a round of introductions was made.

Apologies for absence were received from Karen James and Martyn Taylor. It was noted that LH would be joining the meeting later.

77/2019 Declarations of Interest

No conflicting interests were declared in the matters expected to be considered in the meeting.

78/2019 Minutes of the meeting held on 16th July, 2019

The Chair noted that there were some typographical corrections, which she would provide to the Secretary after.

Subject to those corrections, the minutes were approved as an accurate record.

79/2019 Matters Arising from the minutes

The following updates on the action log were noted-

84/2019	SIP advised that further action had been taken to ensure that all relevant colleagues completed the declaration, and there had been progress seen. Executive colleagues had been involved as appropriate. A further report was expected to come to the November 2019 meeting. Three actions discharged; action for November 2019 report to be added.
64/2019	SIP reported on progress in preparing the Annual Report, noting that an initial meeting had been held earlier in the week to plan the way forward. There was now a draft timetable leading to substantial drafts in January 2019, and a final draft to be available to the Committee and the external Auditors for the Committee's April 2020 meeting. Action completed.
52/2019	SS confirmed that this would be due in November 2019.

In relation to the Annual Report, AD sought confirmation that all parts of the document were being progressed. SIP confirmed that the Annual Governance Statement was included in the process; and SS noted that the other parts were also talking to the timetable, including appropriate support to the Quality Report process. She also noted that there would be guidance on style provided, to ensure that the drafts read as a single document.

80/2019 Overseas patient payment controls

PM presented the circulated paper, noting the following points-

a. The Trust had adopted a new debt control policy, which was supporting an improvement in collections. The Finance Department was also further developing its links with the overseas visitors' team.
b. There was a monthly return to HM Home Office of those who owed monies for treatment, and these would flag when people tried to enter or leave the UK.
c. There was a significant increase in EEA-resident patients being seen, mainly related to the walk-in centre; PC noted that these obtained a 25% admin rebate for the Trust.
d. There were appropriate arrangements for non-payment, in line with the national expectations; these involved the CCG paying about 75% if the Trust could show appropriate steps had been taken.

SS reminded the Committee of the previous presentations on the subject, and noted that the presentation showed the positive progress than had been achieved through the improvements put into place.

PW enquired whether guidance indicated that claims should not be pursued if the individual was deceased. PM advised that this was part of the national guidance, given the potential difficulties of claiming from estates in other countries. AD enquired how overseas patients were contacted; PM noted that most had a UK address given as a contact point, although they might not be resident there when chasing was undertaken.

AD also enquired about the potential effects of leaving the European Union without arrangements being agreed. PM advised that the Trust was still awaiting national guidance for that scenario, and would then expect to follow that; however, there were already a number of reciprocal agreements in place. He also noted that the LCFS would be involved in appropriate cases, where there was a suspicion of fraudulent access.

The Committee noted the update report.

81/2019 Update on actions from the ISA260 report

SS introduced the paper, noting that this arose from the matters identified by the external auditors in their ISA260 report on the Annual Report and Accounts. Whilst they had not identified any areas of concern, there had been some areas of data anomalies that had been flagged.

ED reported that the HR department had been undertaking some national work to improve the recording and reporting in the Electronic Staff Record (ESR) system, as the matters identified had indicated some potential improvements on the national scale. The department had also noted the opportunity to improve their processes and how they are reported; these were being looked at in more detail, and there was an intention to move these forward. A final report on implementing the recommendations in the ISA260 would come to the Committee in November 2019.

PN enquired whether there were any startling matters that had arisen. ED noted that there had been a review of how certain information was recorded on ESR, reflecting how some end-of-employment payments worked their way through and were shown. This was largely fine-tuning, but was currently requiring quite a lot of work to resolve the queries. SS noted that there were discussions underway to ensure that there was appropriate and effective liaison between KPMG and the HR department, to support the audit process. AD suggested that the changes in analytics were recommended nationally; ED undertook to take this forward.

The Committee then-

a. Noted the progress report;
b. Noted that a final report would come to the November 2019 meeting.

ACTION-

a. ED to bring final report to the November 2019 meeting.

[ED left the meeting.]

82/2019 Internal Audit progress report

RP presented the circulated report, starting with the two reviews reported to the meeting.

Complaints Handling

RP noted that the report had a Moderate Assurance, reflecting the new 5-point scale. She noted the following key points-

a. Overall, the review was positive about how the Trust was managing and responding to complaints received. In particular, complaints were being triaged appropriately and in line with the policy.
b. There was a recommendation to review the formal policy, to ensure that it properly related to the Freedom to Speak Up work.
c. There was one high-risk recommendation related to ensuring that data recorded on the system reflected that recorded in the papers; however, it was also noted that the papers showed the complaints were all being addressed appropriately and in the agreed timescales.

PW, as the responsible Director, welcomed the review's findings, and noted that there had been significant progress in this area over the previous 4 or 5 years. In respect of the high-risk recommendation, he noted that there was a training programme being put into place to address the data entry issues. PW also noted that there had been issues regarding the continuity of the team, given sickness absences, which were being addressed.

AD welcomed that the actions identified were being quickly addressed and resolved. PN raised three points for consideration-

a. He sought confirmation that there was a quick initial response; PW confirmed that there was an acknowledgement letter within 72 hours, which the team worked hard to achieve.
b. He asked whether the team were comfortable with the timescales set out for action. PW confirmed this and noted that work was in progress to resolve the system issues.
c. He enquired whether the Trust regularly published information on the lessons learned and changes made as a result of complaints. PW advised that feedback was given to front-line staff who were involved; and that there was a digest produced within the Quality Report.

Follow-up on previously-agreed actions

RP referred the Committee to the follow-up on previously agreed actions, noting that there were no issues of concern to draw to the Committee's attention.

PN asked for further assurance regarding the delay in implementing the recommendations from the Medical Locum review. RP advised that the issues had been pro-actively raised with Internal Audit and reflected some national developments that had to be taken into account. SS emphasised that the expectation was that actions would be completed by the agreed date; however, sometimes external factors meant that some flexibility was needed and dates could be reviewed and extended where appropriate.

Other items

RP drew the Committee's attention to the progress against the agreed plan for the year, noting that there was a satisfying level of progress to report. There were no changes in the Audit Plan to be reported; however, Committee approval was sought for the allocation of contingency days to support an assessment of readiness for CQC inspection in areas not inspected earlier in the year. In response to a query from AD, RP confirmed that these were within the agreed total allocation of days.

The Committee then agreed-

a. To note the progress report from the Internal Audit service;
b. To note the Moderate Assurance rating for the review of complaints handling in the Trust, the agreed action plans and the timescales for completion of the actions;
c. Noted the progress on followed-up actions;
d. Agreed the proposed allocation of contingency days within the Internal Audit plan for undertaking CQC readiness reviews, as outlined.

83/2019 External Audit update

DC presented the update, noting that this covered various national matters given the current point in the audit cycle. There were no matters of concern to draw to the attention of the Committee.

AD enquired whether the changes to the Oversight Framework would lead to changes in the key metrics that were reported to the Board. PW confirmed that this would be the case, and that the changes were already being picked up.

The Committee then noted the External Audit update.

84/2019 Counter-Fraud Update

NMcQ introduced the circulated report, and noted the following points-

a. The Trust's submission to the national Procurement Fraud prevention initiative had been completed and submitted within the required timescales; and the queries raised following submission had been addressed. The national Counter-Fraud Authority had now issued good practice guidelines, and it was expected that the exercise would be repeated in 2020 to assure that those guidelines were being followed by providers. The CFA had also notified a programme of site visits, which had not included this Trust.
b. Work had begun on the National Fraud Initiative, with working whilst off sick the next area of data matching expected to be undertaken.
c. Following on from the recommendations of the CFA review, relevant policies were now being checked by the LCFS prior to agreement to ensure that they included relevant counter-fraud provisions.
d. The revised Trust induction process was now in effect, based on a 'market stall' approach. This impacted on the delivery of the LCFS element of the process, and the requirements identified in the CFA review.
e. The Committee's attention was drawn to the progress against the action plan following the CFA review, as set out in the report. It was confirmed that a range of counter-fraud communications were being prepared for issue in the following few weeks.
f. The Committee noted the investigations in progress, and that one case was expected to proceed to criminal prosecution shortly.

[LH joined the meeting.]

SS referred to the change in arrangements for induction, noting that it could make it more difficult to evidence to the CFA that expectations for counter-fraud training at induction were being met. NMcQ noted that the new format had been run for the first time earlier in the month and was in a process of development. There was a core session based on a 'sit and listen' approach, which did cover risk management issues. The Committee considered that the Quality and Governance Committee

should be asked to seek assurance on the effectiveness of the new process to meet regulatory requirements.

PN enquired whether there were any other concerns related to mandatory training requirements. PW noted that there was a national requirement to achieve 95% compliance with the annual Information Governance requirements, where there was some focus to ensure that compliance was maintained.

The Committee then-

a. Noted the report of the LCFS;
b. Noted progress against the CFA action plan, as detailed in the report;
c. Requested that the Quality and Governance Committee review and assess the level of assurance available regarding the effectiveness of the new system of Trust induction for staff.

ACTIONS-

a. SIP to formally request, for the Committee, that Quality and Governance Committee review and assess assurance regarding new Trust induction arrangements.

85/2019 Losses and Special Payments

LH introduced the paper covering July and August 2019, and ran through the details. She noted that the Pharmacy department was showing better performance, and also that there were improved procedures between the Finance Department and PALS in respect of patient losses.

AD enquired whether the reduction of lost stock reflected in the efficiency programme; and LH confirmed this was the case. AD welcomed the work in place to address patient losses in innovative ways.

The Committee then noted the losses and special payments for July and August 2019.

86/2019 Tender Waivers

SS presented the circulated list of tender waivers and ran through the main points. She noted for the record that some of these related to CCG expenditure, but as the Trust managed these processes for the CCG, where the Trust provided services on its behalf, they remained subject to the Trust's requirements as well as requiring CCG clearance. No causes for concern had been identified.

RP suggested that the report included the date that approval was requested and granted, to provide positive assurance that orders were not placed whilst the waivers were under consideration/ before the waivers were applied for.

PN queried the grant of a waiver in respect of Skyline, given the value of the contract (£92,000) and that no quotations or tenders were reported. SS noted that this was in respect of a supplier that was already on-site and been through a previous procurement process and had been reviewed and approved by both the Capital, Revenue and Investment Group and the EMT. PN commented that the process and reasons were not clear from the papers provided; AD agreed, commenting that the Committee should see if approvals through relevant groups

had been granted as part of the process. The Committee noted that the reporting might be more detailed than in other organisations, given the robustness of the Trust's control process.

The Committee then agreed-

a. To note the tender waivers for July and August 2019;
b. Requested that the Director of Finance consider further changes to the reporting based on the discussions at the Committee.

ACTION-

a. SS to consider whether to further change the reporting template for tender waivers based on the Committee's discussions.

87/2019 Assurance arrangements for the Board Assurance Framework

AD opened the item by noting that the Trust Chair had indicated an expectation that there would be a discussion on these matters at the Director's seminar session in October 2019. PW commented that, in his understanding, this was a matter of the expected responsibilities of the Committee as set out in the *Audit Committee Handbook:* and he was unclear as to the aim of that discussion if it went forward, given those expectations.

PW then referred to the paper that had been circulated, which confirmed the current assurance arrangements in place. He noted that two developments were proposed in the paper-

a. Providing quarterly updates on the BAF as a whole to the Audit Committee;
b. Ensuring that the BAF risks where the Audit Committee had lead responsibility were reviewed in detail.

It would be important to emphasise that the role of the Audit Committee was to evaluate the controls that were in place; it would remain the role of the other Committees to evaluate the actions that were being taken, and proposed to be taken, for effectiveness in managing and mitigating the risks.

PN enquired whether the other Board Committees should be reporting to the Audit Committee in respect of their work related to the Board Assurance Framework. The Committee noted that there were various options that could be chosen in this regard, with the aim of the Audit Committee obtaining positive assurance that the appropriate controls were in place.

After further discussion, the Committee agreed-

a. To recommend to the Board that the Terms of Reference for all Committees were amended to introduce reporting to the Audit Committee by other Board Committees on the controls in place to oversee BAF risks;
b. To review the controls in place for all BAF risks on a quarterly basis;
c. To review in detail all the risks on the BAF annually, in connection with the Annual Report process;
d. That the Chairs of the other Board Committees should attend this Committee, on a rota basis, to provide assurance on the controls in place over BAF risks within their Committee.

ACTIONS-

a. SIP to propose to the Board appropriate amendments to Committee terms of reference, in September 2019.
b. SIP to schedule quarterly reviews of the BAF on the Committee workplan;
c. SIP to schedule annual review of all BAF risks on the Committee workplan for April each year;
d. SIP to schedule attendance by Committee Chairs to provide assurance on controls in place re oversight of BAF risks, and add to workplan;

88/2019 Conflict of Interest- six-monthly breaches report

SIP presented the circulated paper, which came forward for consideration in line with the Trust's policy. There were no identified breaches to advise the Committee of.

AD enquired whether the Trust's position was consistent with the experience of other organisations. RP advised that in her experience there were very few breaches that were reported.

The Committee noted the six-monthly breaches report.

89/2019 Terms of Reference

The Committee considered the circulated paper on possible changes to the Terms of Reference for the Committee, as part of the review requested by the Board for this period.

The Committee agreed that the following changes should be included in the version considered by the Board-

a. The deletion of the reference to Local Security Management Service. The Committee asked for assurance that LSMS was being addressed elsewhere.
b. The inclusion of provision reflecting the earlier decision that Committee Chairs would regularly report to the Audit Committee on the BAF controls being operated by their Committee.

The Committee agreed that the final draft should be circulated in advance to Committee members, before submission to the Board.

Subject to the agreed changes, the Committee agreed to recommend the revised Terms of Reference to the Board for approval.

ACTIONS-

a. SS to provide assurance that LSMS is considered in an appropriate group, for November 2019.
b. SIP to update the draft to reflect the further changes agreed.
c. SIP to circulate the updated draft prior to Board papers being circulated.

90/2019 Policy creation and review

PW outlined the key points from the paper, as follows-

a. The Committee could have positive assurance that there was an appropriate process in place to ensure policy documents were regularly reviewed.
b. There was work underway to ensure that the process was robust and followed fully, learning from the work undertaken in connection with the CQC inspection; particularly ensuring communication of both requirements and changes.
c. There was also work in hand related to the effective management of policies through the website, which had some technical quirks leading to unnecessary reviews being required.

PN sought assurance that all policies were subject to a regular review in a fixed and clear schedule. PW confirmed that this was the case; all policies were required on uploading to have a review date specified. His greater concern was that the system would send reminders to an individual's e-mail, which over time might not be the person retaining the lead status for the policy. PN enquired as to the time-frame within which policies were reviewed; the Committee noted that the Standing Orders provided for a three-year default, although different lengths could be set if appropriate.

The Committee then noted the systems in place for policy development and maintenance.

91/2019 Future Workplan

The Committee noted the future workplan, and the following changes to be included-

a. Changes arising from the discussion on BAF controls earlier in the meeting;
b. Final report on implementation of ISA260 recommendations to be added for November 2019;
c. Draft and final accounts should be in April and May 2020 respectively.

92/2019 Matters to be reported to the Board

The Committee noted the following would be included-

- Positive assurance re payments from overseas visitors
- Progress on delivery of ISA260 actions
- Progress on the Internal Audit plan
- Progress on the agreed action plan following the CFA review
- The changes to control monitoring for the Board Assurance Framework
- Positive assurance regarding the timetable for production of the Annual Report and Accounts
- The report confirming no identified breaches of the Conflict of Interest policy in the six-month period.

SIP would prepare the detailed report, in the usual way.