

## **Tameside and Glossop Integrated Care NHS Foundation Trust**

Minutes of a meeting of the Board of Directors held on Thursday, 25<sup>th</sup> January 2018 at 9.30am in the Board Room, Silver Springs House, Tameside General Hospital.

<b>Present:</b>	Jane McCall	In the Chair
	Sallie Bridgen	Non-Executive Director
	Trish Cavanagh	Chief Operating Officer
	Anne Dray	Non-Executive Director
	Anne Higgins	Non-Executive Director
	Karen James	Chief Executive
	Tracey McErlain-Burns	Interim Chief Nurse
	Brendan Ryan	Medical Director
	Martyn Taylor	Non-Executive Director
	Claire Yarwood	Chief Finance Officer
<b>In attendance:</b>	Amanda Bromley	Director of Human Resources
	Steve Parsons	Trust Secretary

6 members of the public

### **217/17 Welcome and apologies**

The Chair welcomed colleagues to the meeting, noting that it was her first meeting as Chair. She also welcomed those observing the meeting, reminding them that the meeting was in public but observers were not enabled to make contribution to the discussions.

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

### **218/17 Declarations of Interest**

The Chair noted that she had an interest in respect of an item of private business, and would declare that at the start of the private session.

### **219/17 Patient Story**

Tracey McErlain-Burns presented the patient story; she opened by noting that in December there had been 74 compliments received for each complaint, and that all care opinion feedback, particularly about the A&E service, had been positive during a time of very great pressure.

The Board received the patient story, which covered an experience of bowel cancer care provided at the Trust.

Following the video, Mrs McErlain-Burns noted the learning that had come through this story, including that colleagues needed to have a greater awareness of the process; this was a story with a good outcome, but she intended to work with the team in order to ensure that the Board looked at a balanced range of outcomes. Anne Dray commented that today's story emphasised that as an integrated care provider, the Trust should be making sure it 'made every contact

count' in order to prevent ill-health.

The Board noted the patient story.

## **220/17 Minutes of the public session on 30<sup>th</sup> November 2017**

The Board approved the minutes of the public session held on 30<sup>th</sup> November 2017 as an accurate record of the proceedings.

## **221/17 Matters Arising**

### Action Log

The Board noted the following changes-

- i. The Secretary noted that the three items to be added to the seminar sessions list (162/17c and 2 x 163/17) had been re-marked as incomplete, as the seminar session list was being re-considered. The Chair took the opportunity to note that Council will be considering a change to Standing Orders to enable the Board to meet every two months: and that she intended to include Governors in the seminar discussions where possible, in order to ensure that they had visibility on the work of the organisation.
- ii. Tracey McErlain-Burns noted that action 188/17 (varying the times of Quality and Governance Committee walkabouts) had been overtaken and could now be discharged.

The Board noted the updates to the Action Log, as set out in the paper and updated at the meeting.

## **222/17 Chair's Report**

The Chair presented the circulated report, drawing attention to the following points-

- She thanked Anne Dray for her support in taking office, which had made the handover process a lot easier;
- She also recorded the Board's thanks to Anne Higgins for her dedicated service to the Board, on the occasion of her last meeting as a Director;
- She drew the Board's attention to the proposals for changes to Committee memberships, which changed the Non-Executive Directors in membership. There were no questions on the proposals;
- She noted that she had an internal focus during this month, as she started in the role of Chair; she looked forward to being more externally-focused, including spending time in the Trust's community work and particularly in the Glossop area, over the next few months.

The Board then-

- a. Noted the Chair's report;
- b. Agreed the following appointments to Board Committees-

**Audit Committee-** Anne Dray (Chair), Martyn Taylor

**Finance and Performance Committee-** Sallie Bridgen (Chair), Anne Dray, Cathy Elliott

**Quality and Governance Committee-** Martyn Taylor (Chair), Sallie Bridgen, Cathy Elliott

**(As Trustee) Charitable Funds Committee-** Cathy Elliott (Chair)

## **223/17 Chief Executive's Report**

Karen James presented the circulated report, and drew attention to the following items-

- a. Following the death of Cllr Kieran Quinn, the former leader of Tameside Council, she paid tribute to his contribution to the Trust and the local health economy over an extended period. The Council were currently going through the process to select a new Leader, with whom the Trust looked forward to working closely.
- b. The Board's attention was drawn to the Q3 update on progress against the corporate objectives.
- c. The proposed changes to a number of national arrangements, including the new proposals for investigation into maternity-related deaths, were noted.
- d. The four UK Governments were consulting on possible changes to professional regulation in the health sector, and firm proposals were expected in due course.
- e. The Board's attention was also drawn to the new national draft workforce strategy, and the specific strategy for the cancer workforce, that had been published by Health Education England.
- f. Ms James noted the very successful publicity regarding the move by the Trust to go 'sugar-free' in the Trust's catering, which was supportive of both the national direction of travel and ensuring that patients were healthier (returning to Mrs Dray's point made after the Patient Story). The Trust was now being contacted by other healthcare providers around the world to understand how they could make similar moves.
- g. It was very pleasing to report that the Dermatology department was now to receive a full-time SPR training post from September 2018; this confirmed that the department was fully part of the regional training programme. The Trust would be hosting a meeting of the North of England Dermatology Society in June 2018. Mr Ryan reminded the Board that, given the Trust's challenges with GMC training requirements, this was a very positive piece of news.
- h. Ms James updated the Board following her attendance at a Neighbourhood Development session; she was impressed with the way the multi-disciplinary teams were discussing different ways of delivering services and working collectively, including with the third sector.

Jane McCall took the opportunity to refer to the success of the Neighbourhoods Development session, which had explored the potential of the Neighbourhoods and shown a number of opportunities to take further steps forward.

The Board then noted the report from the Chief Executive.

## **224/17 Integrated Performance Report**

Trish Cavanagh presented the report, which provided an overview of the Trust's performance in December 2017. The Trust had continued to deliver both the Referral to Treatment standard and the Cancer Waiting Times standard, with very pleasing placings in the national performance tables; there were also some areas of disappointment, particularly around the 'Did-Not-Attend' (DNA) rates in the Outpatient department, which had been discussed at the Finance and Performance Committee.

Karen James enquired whether the template for letters to those who did not attend had been changed as a result of the move to e-referral; Mrs Cavanagh advised that some changes had been made, but in some specialities there was a more consistent pattern of behaviour being seen. Tracey McErlain-Burns commented that the patient and service user experience team would be assisting operational colleagues in ensuring the communications were reviewed with service user input, to ensure that they were effectively delivering the messages needed.

Jane McCall commented that the report showed that there was much to be proud about, but equally that there were some areas where there was a need for improvement, for example on productivity performance. Martyn Taylor commented that the performance of colleagues in the Emergency Department in a period of extended pressure had been really impressive; and Sallie

Bridgen noted the very positive feedback during that time of exceptional pressure, showing the real commitment of colleagues to patient care.

Returning to DNA's, Ms Bridgen emphasised the need for a whole-system approach that included GP's recognising the value of appointments and encouraging patients to keep them; and enquired how the Trust was putting this message to GP's. Brendan Ryan referred to the introduction during the coming month of the electronic 'CAS-card', which had been designed internally with the staff, piloted on a significant group of patients, and which the staff were actively seeking to get to use. This should have a positive impact by making the discharge summary from the Emergency Department automated, so GP's had a better idea of which appointments might be necessary. Karen James noted that it was also intended to roll this out, in a planned fashion, across the Trust as a whole: and Claire Yarwood reminded the Board that it also fed into a number of efficiency schemes that the Trust was pursuing. Trish Cavanagh noted that, following the Board request, there would be a presentation on the changes at the next Quality and Governance Committee.

Anne Dray referred to the reported figures on staff attendance/absence, noting that the target level was even throughout the year; she suggested that a more realistic approach might reflect the greater absences during the winter period. Amanda Bromley agreed, noting that this could be reviewed when the 2018-2019 targets were set. Mrs Dray also suggested that it would be useful for the Board if the graphs indicated long and short-term absences separately, and the Board agreed this should be included from the next month's report.

Sallie Bridgen enquired about the business case regarding medicines reconciliation, which was referenced in the report; Trish Cavanagh noted that a case had been presented for consideration, but had not yet been approved and was likely to require some amendments.

Jane McCall enquired where the Board received metrics and reports related to Community Services; Karen James outlined the position, noting that the systems in place when the Trust took on the services had led to serious questions about the reliability of data. Following a period reviewing those matters, the Trust was developing appropriate metrics, for which there was not a national template. Currently, it was expected to have them in place within 3-6 months. Mr Ryan noted that some areas of Community work were included within the overall reported statistics, such as those on incidents and infection control: Trish Cavanagh also noted that there was a detailed Neighbourhood dashboard which enabled focus on a number of important outcomes. The Board asked that the proposed Community metrics were considered and approved by the Board, following detailed consideration by the Finance and Performance Committee, before being implemented.

Anne Dray referred back to the change to Neighbourhoods, and sought assurance about how the more qualitative changes were captured; and also that change was actually being observed. Trish Cavanagh reported that this need had been noted and the need to be able to demonstrate the benefits in a robust way recognised; she also drew attention to our engagement with academic colleagues to review the Trust's potential narratives related to the quality, rather than the quantity.

The Board then-

- a. Received the performance report, and noted the Trust's performance for December 2017;
- b. Welcomed the engagement of the patient experience team in the work related to DNA's;
- c. Congratulated colleagues on the high levels of performance and patient satisfaction during a particularly pressured period;
- d. Agreed that the staff attendance/absence targets for 2018-2019 should be phased to reflect known periods of variation (such as winter);

- e. Agreed that the staff attendance/absence graph should distinguish between short and long-term absences from the report to the February 2018 Board;
- f. That metrics for Community Services would be subject to Board approval, having first been subject to detailed review by the Finance and Performance Committee.

## **225/17 Safe Staffing**

Tracey McErlain-Burns presented the paper, which informed the Board about the position in December 2017. The fill rates, both against the agreed establishment and the Care Hours per Patient Day (CHpPD) metric, were noted; and Mrs McErlain-Burns confirmed that the Trust currently was in the first (most challenged) quartile. For future reporting, she was looking to project how the changes being put into place would improve CHpPD, in order to give the Board assurance that these changes were being effective. It was pleasing that retention had significantly improved during the course of the year, and the 'blip' in November had now reversed: the work with Community nurses was also noted, with five partnership projects identified to lead change on a pilot basis.

Anne Dray referred to the non-ward-based nurses and their participation in clinical shifts; currently this was running at 5% participation, and she would look to have that increased. Mrs McErlain-Burns confirmed that it was not a requirement to undertake clinical work to obtain revalidation by the Nursing & Midwifery Council. She would be meeting with the Trust's nursing and midwifery leaders later in the week, and would be making clear the expectation that all leaders who were contracted on 30 hours a week or more should be undertaking regular clinical shifts on a continuing basis. Claire Yarwood noted that this formed part of the agreed efficiency schemes, and had not yet shown the required savings.

Mrs Dray also referred to the contact time for Community nurses, and enquired whether there was a 'neighbourhood approach' to this. Mrs McErlain-Burns advised that this had not yet been considered, Amanda Bromley noted that it might be easier to try this with smaller groups first. Sallie Bridgen suggested that there needed to be a discussion regarding how self-care could contribute to improvement; Mrs McErlain-Burns advised that management were looking at how much can be undertaken by non-registered professionals, and some potential for significant change was being identified.

Sallie Bridgen referred to the dining companions programme, and enquired whether this was suitable for non-clinical colleagues; Mrs McErlain-Burns confirmed that most of the participants were non-clinical colleagues who wanted to support patients.

The Board then-

- a. Received the Safe Staffing report for December 2017, and noted there were no recommendations for Board action;
- b. Supported setting expectations that all nursing and midwifery leaders contracted for 30 hours a week or more should undertake regular clinical shifts on a continuing basis.

## **226/17 Learning from Deaths report**

Brendan Ryan presented the report to update the Board on the Trust's learning in the third quarter. This was the second report to the Board, and the Board noted that it was still developing towards the information being reported as 'business as usual'. Mr Ryan noted that, at this stage, there had been no avoidable deaths identified in the year; all reviews had been completed to the end of October 2017, and the slight backlog since then was being positively addressed. The Standardised Hospital Mortality Index (SHMI) was at 108, which was well within the 'as expected' window. He noted the differences in the two ways the Hospital Standardised Mortality Rate (HSMR) were reported, and that there was progress on addressing some potentially-

related issues regarding the coding of treatments from the clinical notes.

Anne Dray commented that she was assured that the issues were being identified and areas of learning were being addressed.

On behalf of Cathy Elliott as the Lead Non-Executive Director for Mortality, the Chair read in her absence the comments that the Quality Report would need to explain the difference in the Trusts approach; which is to review all deaths in order to avoid inappropriate comparisons; the continuing positive development of learning from deaths involving those with learning disabilities; and overall, the strong leadership and good levels of positive assurance available.

Mr Ryan reminded the Board that the Trust continued to review all deaths, in order to ensure that no information was missed; this did mean that some of our figures would not be comparable with other providers, who were undertaking reviews on a sample basis or within specific categories.

Sallie Bridgen enquired how the Trust reviewed under performance for specific diagnosis groups; Mr Ryan advised that there were a range of processes in place, and although these were relatively small numbers they were all reviewed carefully. Some variation was inevitable, given that the base-line was arrived at through statistical modelling rather than actual numbers.

Jane McCall noted that the Trust's SHMI remained within the bottom 25% nationally, and enquired what actions were being undertaken to address this. There was a challenge to understand the methodologies that led to the figure, in order to understand what changes would have a positive effect. Mrs McCall commented that it was important that the Board continued to triangulate against all relevant data sources in forming its view about the level of assurance available.

The Board then noted the Learning from Deaths report.

## **227/17 Significant Risks and Board Assurance Framework**

Karen James presented the report, noting that it updated the Board following the quarterly meeting of the Risk Management Committee. She advised that the management of risk was evolving at Divisional level, and she continued to have focus on that area to ensure it progressed to a point where the Board could have greater assurance; she had set out that operational risks should show improvement in a six-month window in usual circumstances. The Board's attention was drawn to the changes, as set out in the covering paper, and Ms James confirmed that the Executive leads would be reviewing and monitoring risks in the appropriate forums.

Jane McCall referred to the risk on financial stability, noting that it could need to be reviewed following the forthcoming discussions with NHS Improvement. Anne Dray was pleased to see that a number of risks that had an improved rating; she noted that risk CR3618 (effect on patient experience from failure to meet the 4-hour standard for A&E) remained at 16, which was disappointing.

Sallie Bridgen suggested that the Board would benefit from a development session regarding the Trust's processes for recognising and managing risk; the Board agreed that this would be of use.

The Board then-

- a. Noted the report on significant risks and the Board Assurance Framework;
- b. Endorsed the reported changes to the risks, and noted the management actions

- proposed;
- c. Requested the Secretary to schedule a development session regarding the Trust's processes for risk recognition and management.

## **228/17 Report from the Quality and Governance Committee**

Anne Higgins presented the circulated report, and drew the Board's attention to the following matters-

- i. Following the Board's request, the Committee had reviewed medicines reconciliations. A report was presented which explained current performance and benchmarked it against other Trusts. The Board were assured that our performance compares favourably to other Trusts and all avenues for improvement are being pursued. The only way to improve performance would be to increase the number of Pharmacists (for which a business case has been submitted). It was also clarified that the performance data does not include weekend admissions;
- ii. There had been positive assurance regarding the Trust's rating on Sentinel Stroke National Audit Programme (SSNAP) which was anticipated to improve;
- iii. The Committee had raised some potential concerns regarding cultural issues that seemed to arise from colleagues not following procedures; this would be followed up;
- iv. The Committee had welcomed the positive performance information from the Emergency Department.

Anne Dray took the opportunity to welcome having the new format of reporting, and also the assurance that the Committee had provided regarding the matters that the Board had referred for consideration.

The Board then noted the report from the Quality and Governance Committee's meeting in January 2018.

## **229/17 Finance Report, December 2017 (Month 9)**

Claire Yarwood presented the report, noting that at the end of Month 9 the Trust's in-year deficit stood at £19.3 million, £0.5 million behind the agreed plan. She drew attention to the change in the stated planned deficit, consequent on the advice of NHS Improvement that the £600,000 in additional winter pressure monies was expected to reflect costs already incurred, and so the monies were expected to move directly to the 'bottom line'. Mrs Yarwood also drew attention to the table on page 4 of the report, which set out the performance against the recovery plan; it was pleasing to note this was substantially on target, although there remained challenges to meet to the end of the year. For the year to date, the efficiency programmes had achieved savings of £6.8 million, with £9.9 million as the full-year forecast; Mrs Yarwood noted that this was probably the biggest risk to the financial position for the remainder of the year.

Jane McCall noted that there was a significant gap in clinical income, and sought more detail. Mrs Yarwood advised that the main driver of this was a reduction in income from CCG's outside of Tameside and Glossop, across a range of specialities. Although the issue had been raised with them, it seemed unlikely that this would be recovered. The relatively small numbers involved made it difficult for the Trust to respond quickly to these changes, but this was a strand within the demand management efficiency programme, and would be picked up for the 2018-2019 contracting round. Mrs Yarwood advised that the Trust is working with Tameside CCG to ensure that all relevant activity is undertaken locally where possible.

The Board received the finance report and noted the financial position at the end of December 2017.

## **230/17 Workforce Report**

Amanda Bromley presented the report, which was intended to give the Board a more focused view of the workforce position, and ran through the main points for the Board's consideration.

Karen James asked for more detail on the performance against the apprenticeship targets; Ms Bromley noted that the target was a new requirement for the organisation following the introduction of the national apprenticeship levy and the public sector apprenticeship target. Most of the successes had been within the unregistered/corporate workforce. One of the challenges was to ensure that the recruiting managers understood why apprenticeships should be considered and the benefits that they could bring, together with the demands to meet national standards. It was anticipated that the introduction of Nurse Apprenticeships in September 2018 would increase the possibilities, Tracey McErlain-Burns noted that there were now a range of training routes for potential nurses and the Trust needed to have the agility to respond to the various sets of requirements. Ms James agreed, but felt that the new Nurse Apprenticeships would be a helpful addition to the routes into the profession.

Claire Yarwood drew the Board's attention to the financial impacts of the apprenticeship levy and the consequent need to appoint apprentices to recoup the outlay. Whilst the Trust was doing fairly well in drawing down levy-based funding, there remained a cost pressure around the availability of relevant posts.

Moving to other matters in the report, Anne Dray enquired whether the Trust should have a wider discussion regarding Equality and Diversity affecting both patients and recruitment; the Board agreed this should be arranged. On the recruitment of medical staffing, Mrs Dray noted the significant number of withdrawals and asked if delays in the process contributed. Amanda Bromley confirmed that this was something that the Trust was aware of, but adverts always included an interview date and delays were kept to the unavoidable minimum.

Sallie Bridgen noted that the Board would want to record congratulations to colleagues involved in the pre-employment scheme for the significant outcomes that they had achieved. She felt overall this was a good report, but needed to have more of a focus on the strategic; particularly regarding items such as developing a strategy for HR, strategic approaches to staff retention, and the findings and response to the staff survey. Anne Higgins welcomed the positive impact of the interns programme, but sought assurance around the capacity to continue this; Ms Bromley advised that this was dependent on external funding decisions and had no real cost implications for the Trust.

The Chair welcomed the report, which had given the Board a clear focus on workforce issues; she noted that discussions were continuing as to whether the Board should be invited to constitute a Workforce Committee.

The Board then-

- a. Noted the Workforce Report for the second quarter;
- b. Requested the Secretary to arrange a development session on the Trust's approach and plans regarding Equality and Diversity.

## **231/17 Reports from the Finance and Performance Committee**

Martyn Taylor presented the two circulated reports, covering the Committee's meetings in December 2017 and January 2018. He drew attention to the following points-

- i. There had been positive movement in the agency cost position;
- ii. The Committee had subjected the financial position to challenge and had assurance that it remained on track to meet the agreed plan by the end of the year;
- iii. The Committee had discussed the proposals for future financial plans, which the Board would consider later in the day during the private session.

The Board noted the two reports from the Finance and Performance Committee.

### **232/17 Report from the Audit Committee**

Having been the Acting Chair, Martyn Taylor presented the written report and noted the following-

- i. The Committee had received three reports from the Internal Audit service that provided good assurance;
- ii. One report, into Theatre Loan Equipment, had only provided Limited Assurance; the Committee had challenged management's response and were assured that the appropriate actions and timescales were in place;
- iii. The Committee had received the regular update report on previously-agreed actions, and had assurance that appropriate progress was being made;
- iv. The Committee had particularly noted the recent conviction of a member of staff for fraudulently working whilst claiming sick pay from the Trust; which had led to a suspended sentence of imprisonment. The Committee felt this showed the important message to staff that this type of fraud was neither victim-free or regarded as not serious, and looked forward to management communicating it to Trust colleagues.

Mrs Dray welcomed the standardised reporting format for Committees, which was of great assistance in focusing on important issues and available assurance. The Chair asked that any further comments on the format were fed back to the Secretary.

The Board noted the report from the Audit Committee's meeting in December 2017.

### **233/17 Guardian of Safe Working Hours Report, Q3 (October to December 2017)**

Amanda Bromley presented the report, updating the Board on performance in the quarter in line with the new contractual requirements for Junior Doctors in Training. She noted that the implementation of the exception reporting continued to pose challenges, as the system being used (DRS4) was not particularly intuitive. Further training was to be arranged to support educational supervisors in operating the system, and for this to be included in the local induction for the Junior Doctors for each rotation. Overall, there were no major issues or emergent themes to be drawn to the Board's attention.

No questions arose from the report, which the Board noted.

### **234/17 Application of the Trust Seal**

The Secretary presented the report, which advised the Board of the formal application of the Trust's Common Seal to legal documents during the third quarter of the year.

No questions arose on the report, which the Board accepted.

### **235/17 Minutes of Board Committees**

The Board noted the following minutes of Board Committees, which were included within the public papers-

- a. Finance and Performance Committee, 23<sup>rd</sup> November 2017;
- b. Finance and Performance Committee, 21<sup>st</sup> December 2017;
- c. Audit Committee, 24<sup>th</sup> October 2017.

### **236/17 Other Business**

The Chair noted the list of dates for future meetings as set out in the agenda for the meeting, and that some of these might change in future dependent on Council agreeing the proposed change in the Board's Standing Orders. She re-iterated her intention, where appropriate, to involve Governors in developmental sessions to ensure that they were aware of the internal and external challenges the Trust is facing.

The Chair also reminded colleagues of the informal session on 8<sup>th</sup> February to discuss the best ways of using the Charitable Funds available, with a view to the Charitable Funds Committee developing and recommending a strategic approach to the Trustee.

Finally, the Chair and Anne Dray took the opportunity to pay tribute to Anne Higgin's contribution to the Board's work over the previous six years, and to make a small presentation. Mrs Higgins thanked the Board and colleagues for their support over the period, and wished the Trust well for the future.

### **237/17 Motion for Private Session**

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

At 11.42am, the Board agreed to adjourn and resume in private session at 12.30pm.

Board action list, January 2018

<b>Minute</b>	<b>Description</b>	<b>Lead</b>	<b>Timescale</b>
224/17	Staff attendance/absence targets to be phased to reflect known periods of greater challenge	AB	April 2018
224/17	Staff attendance/absence graphs to distinguish between short-term and long-term absences [quarterly OD report]	AB	February 2018
224/17	Proposed metrics for Community services to be considered for Board approval before implementation, having had prior consideration by the Finance and Performance Committee	TC	June 2018
227/17	Schedule Board development session on the Trust's risk identification and management processes	SIP	February 2018
230/17	Schedule Board development session on the Trust's approach and plans for Equality and Diversity	SIP	February 2018