

Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Thursday, 26th July 2018 at 9.30am in the Board Room, Silver Springs House, Tameside General Hospital.

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

6 members of the public attended the meeting.

309/18 Welcome and apologies

The Chair welcomed colleagues to the meeting, and particularly Sam Simpson who was attending her first meeting as a Director. She also welcomed Vikki Howarth, who was attending in Brendan Ryan's absence.

The Chair also welcomed Governors attending the meeting, and James Baker (Assistant HR Director) who was observing as part of his personal development.

Apologies for absence were received from Brendan Ryan and Pauline Jones.

310/18 Declarations of Interest

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

311/18 Internship Video

Amanda Bromley introduced the video, which showed the Trust's work in providing internship placements for young people with special educational needs and disabilities. This was something that the Trust had been undertaking for several years, in partnership with Tameside MBC and Pure Innovations, with between 8 and 15 individuals in each cohort. Some of those in the programme had gone on to obtain employment or a volunteering role with the Trust; and for each cohort there was a short film celebrating their achievements, such as the one the Board would, see from this year.

The Board then reviewed the film and achievements. It welcomed the programme, and thanked the Trust's staff for their active participation.

312/18 Minutes of public sessions of the Board

The minutes of the 23rd May public session of the Board were agreed, subject to the following amendments-

- i. 258/17, fifth paragraph, third sentence should read "The Neighbourhoods were also leading in this area, and the Board noted the recent event held by the Glossop neighbourhood to allow people to talk openly about death and dying."
- ii. 288/17, first paragraph, first sentence, "agreed" should be "achieved"
- iii. 296/17, title should read "Guardian of Safe Working Hours - periodic report"

The minutes of the public session of the Board on 28th June 2018 were agreed as an accurate record.

313/18 Matters Arising from the minutes

The Chair took the opportunity to note that she had asked the Chief Executive and the Secretary to look closely at the current functioning of the action log, as there were items past due date with no updates, and the log did not enable the Board to focus on the key issues in ensuring its decisions were being effectively implemented. She noted that the Board would expect to see updated progress against actions being reported, to give assurance that appropriate steps were being taken prior to deadlines.

The Board noted the following updates on the Action Log as circulated-

247/17	Martyn Taylor advised that the BAF entry with regard to nursing homes had been considered by the Quality and Governance Committee, who were satisfied that it indicated appropriate actions. Completed
245/17	Completed
270/17	Martyn Taylor reported that he had discussed bullying and harassment issues with the <i>Freedom to Speak Up</i> Guardian. He had confirmed procedures and that such matters were largely outside of his remit. Completed.
304/17	Tracey McErlain-Burns confirmed that the returns to NHS Resolution re Maternity self-certification had been submitted. There was one query that had been raised, which was being addressed. Completed
	Sam Simpson confirmed that the financial plan had been reviewed as a result of submission of compliance with all of the self-certification requirements.

314/18 Terms of Reference for Board Committees

The Secretary introduced this item, reminding the Board of the previous consideration. The further revised drafts had been reviewed by Board Committees; he noted that the Finance and Performance Committee had raised two items of general application, which would require Board consideration.

Sallie Bridgen reported that the Finance and Performance Committee suggested to the

Board that-

- i. The reference to Deputies not counting for quorum where the original member had a conflict of interest was deleted;
- ii. There was confusion about the meaning of 'transformational' change in the purposes section, and it would be better to delete that reference.

After consideration, the Board agreed with those suggestions.

Anne Dray noted that the final Terms of Reference for the Workforce Committee appeared to have been omitted from the pack. It was agreed that these should be circulated to Directors for any comments, and then (if appropriate) approved by the Chair and Chief Executive.

The Board then-

- a. Approved the revised Terms of Reference for the Audit, Charitable Funds, Finance, Nomination & Remuneration and Quality & Governance Committees, subject to-
 - i. Deletion of the reference to appointed deputies not counting for quorum if their appointer had declared a relevant interest;
 - ii. Deletion of 'transformational' in the reference to 'transformational change' in the purposes section;
- b. Agreed that, following circulation to Directors, the Chair and Chief Executive would approve the Terms of Reference for the Workforce Committee on behalf of the Board.

315/18 Report of the Trust Chair

Jane McCall presented her report, noting the following matters-

- i. There had been continuing work with Governors, including an induction session for newly-elected colleagues. A further session, for those unable to attend, had been arranged for August 2018.
- ii. She had attended the informal and formal meetings of Council, and the feedback was as in the report.
- iii. At its formal meeting, Council had specifically asked the Board to consider, and report back on, the adequacy of current arrangements for engagement with the Trust's membership; the particular focus had been elections, but Council's concerns had ranged more widely.
- iv. She had continued with a programme of engagement with stakeholders, both internal and external.

No questions were raised on the report, and the Board noted it.

316/18 Report of the Chief Executive

Karen James referred the Board to her circulated report, and drew attention to the following points-

- i. Following formal national agreement, the pay award for staff on the *Agenda for Change* arrangements was now being implemented in July, and arrears being paid in August 2018. There were some HR issues that arose, which were being addressed. The Board would also wish to be aware of the continuing uncertainty as to whether the central funding would fully cover the additional costs of the

- award and related changes.
- ii. Intermediate Care provision had been moved from Shire Hill to the Stamford Unit, and the service was now operating successfully from its new location.
 - iii. The MacMillan Unit had achieved the highest available score in the recent evaluation of its facilities, which was very pleasing. A plaque was expected to be presented to the Unit shortly.
 - iv. New national requirements in respect of long-staying patients (known as 'stranded' and 'super-stranded' patients) had been introduced, together with a specific target for reducing the number for each provider organisation; this was around 25% for each provider. This would be a particular challenge for this Trust, as over 90% of our beds were for medical patients.
 - v. Greater Manchester had given the first priority place to this Trust's bid for A&E development funds. Whilst funding was subject to national consideration, this was a very positive sign.

The Chair recorded the Board's congratulations to Karen James on her success in the contested election to the NHS Providers Community Board.

Cathy Elliot requested further detail on the risks regarding funding of the *Agenda for Change* pay award. Karen James advised that the key risk was the identification by the centre of the funding required; it was nationally proposed that the funding need would be identified through the Electronic Staff Records (ESR) system but it was not currently clear how accurate that would turn out to be. Sam Simpson noted that all organisations with staff on *Agenda for Change* would be monitoring and feeding back to the centre on these matters.

Anne Dray asked about the timing for capital funding for development of the Emergency Department. Karen James advised that the capital investment for a walk-in centre on the Tameside Hospital site would need to be completed and operational by the end of March 2019: other capital investments, for which funding was being requested through Greater Manchester, would be operational within 12 to 18 months after the funding was approved.

Sallie Bridgen referred to the focus within Greater Manchester in reducing obesity, particularly childhood obesity; she noted that there were a range of activities being very positively supported, including the 'daily mile', and she enquired how well embedded this was in the Tameside & Glossop area. Trish Cavanagh commented that she understood that there was good take-up in the area, but she would check with Tameside MBC and circulate a note to the Directors for information.

The Board then noted the report from the Chief Executive.

ACTIONS-

- a. Trish Cavanagh to check the daily mile is embedded in Tameside & Glossop, and circulate a note to Directors, by end August 2018.

317/18 Integrated Performance Report

Trish Cavanagh presented the report, and took the opportunity to draw the Board's attention to some points from May before moving to the current reporting month-

- The 4-hour target for A&E had achieved the 95% target in May 2018. This had been a significant achievement, particularly against a context of this being a real struggle both regionally and nationally. The Board welcomed the performance in

- May and thanked colleagues for their exceptional efforts.
- One MRSA case had been identified, which was covered in the exception reports section of the circulated report. The Board would wish to note that the Root Cause Analysis had been completed for this incident.

Turning to the performance in June 2018, Trish Cavanagh noted the following-

- The Trust's Standardised Hospital Mortality Index (SHMI) performance had been confirmed as within the control limits throughout the 2017 calendar year;
- There had been an improvement in Stroke care performance; however, the Board was reminded that this measure tended to be quite volatile;
- As the Board knew, there were now national requirements regarding 'stranded' and 'super-stranded' patients, which had been included within the report. This moved on from the work on Delayed Transfers of Care (DToC) over the previous winter, which had significantly reduced bed days lost. Trish Cavanagh ran through the steps the Trust was taking to meet these challenges, and confirmed that the initial focus was on those patients who were 'super-stranded' (over 21 days).

Peter Noble enquired about the expected progress on 'stranded' and super-stranded' patients by the next Board meeting in September 2018. Trish Cavanagh felt it was not possible to give a firm view at present, as the Executive team was still working through the changes and how various factors would inter-relate in this target. Jane McCall noted that this would be an important area for the Board to continue to focus on, and to understand the plan to achieve the target that had been set nationally for the Trust.

Moving on to the exception reports in the paper, the Board noted the following-

- Performance against cancer targets had been good, and the Trust was expected to achieve the overall target for the first quarter. There was some uncertainty regarding the performance levels in July, but that was not expected to lead to difficulties with the quarterly target for Q2. Karen James noted that Greater Manchester had high-level concerns regarding cancer performance across the region, given high national expectations; so the Trust's record of achievement was positive.
- With the electronic 'CAS-card' having been fully introduced during the course of the month, discharge summary achievement had moved to about 98% from the middle of July. Whilst this would not be reflected in the figures for all of July, the Board should see this delivery in the figures for August 2018: and there was confidence that this would be maintained into the future. There was continuing work to improve performance on in-patients, and steps were being planned to extend automated discharge summaries to the out-patient environment. Jane McCall noted that the Board needed to understand the plan and possible implications of the impact of the out-patient changes; this would be added to the Seminar schedule for an early date.
- For June 2018, performance against the 4-hour target had been 93%, ahead of the trajectory requirement. The target for ambulance hand-overs was reported as having been missed, but it had been noted that the dip coincided with the absence of the ambulance liaison officer; and steps were being taken to build more resilience into the system.
- The number of cancelled operations in the month had exceeded the target, owing to challenges with ensuring supplies of sterile equipment that were being addressed; together with an unusually high number of HDU patients requiring beds for this period of the year. The Board noted that no patient had a second cancellation and that all patients were accommodated in line with the 28-day

guarantee.

Tracey McErlain-Burns referred to the exception report regarding infection control. She confirmed that overall, *C. Difficile* and MRSA incidents remained within the control limits for the Trust. However, there had been 3 MRSA incidents and 2 *C. Difficile* incidents in the period, which were being fully reviewed in line with the Trust policy for learning.

Amanda Bromley referred the Board to the position regarding appraisals. This was the first time in the three years the appraisal window system had been used that a drop in June had been seen, but performance was still higher than in the previous year. An action plan to ensure that performance improvement had been put in place and was being implemented.

Peter Noble expressed concern that one in five of the Trust's staff had not benefited from being set objectives for the year; he felt that the Board needed to assess the range of possible impact that this could have on delivery of services and the agreed corporate objectives. Mr Noble also asked if, despite the small numbers, there could be a systemic issue regarding tumour sites. Trish Cavanagh advised that, for several years, all GM providers had been required to collaboratively deliver cancer standards, with the clinical pathways involving four providers in some instances. These pathways were being reviewed over the following 12 months at the Greater Manchester level.

Martyn Taylor took the opportunity to welcome the improvement in mandatory training to 92.7%, which was a very positive sign. Cathy Elliott enquired as to the reasons for the drop in meeting the complaints timetable; Tracey McErlain-Burns advised that the main drivers were a temporary loss of capacity in the team, and a need for some of the responses to be further considered and revised before approval by the Chief Executive. Both of these issues were being addressed, and at present performance for July was meeting expectations.

Sallie Bridgen referred to the Stop the Pressure campaign, and enquired whether this required a greater focus to achieve its potential. Tracey McErlain-Burns commented that the methodology that was being used had been shown to be effective; whilst there had been some issues with the internal expectations and understanding, these were being addressed.

Summing up the discussion, the Chair commented that overall the information showed that the Trust was performing well against both regional and national comparators, and against challenging targets. Some of the information had flagged issues to be addressed around the reliability of the systems in place, and the Board would need to be assured that no system was reliant on an individual who might be away. Overall, the Board would record its thanks to the colleagues across the Trust who had worked hard to achieve these very positive results.

The Board then noted the Integrated Performance Report for June 2018.

ACTIONS-

- a. IPR report in September 2018 to include plan to meet 'stranded' and 'super-stranded' national target.
- b. Schedule seminar session re possible impacts of changing delivery of services in out-patients.

Tracey McErlain-Burns presented the circulated report, and drew attention to the following points-

- i. The benchmarks in the report had been updated to reflect the latest Model Hospital data;
- ii. The Care Hours per Patient Day (CHpPD) figures reflected the April 2018 update to the Model Hospital, and the Trust was in the bottom performance quartile for both graphs provided (staffing and sickness). The Trust was deliberately not setting a target for CHpPD, but current performance on this measure was just below the national median.
- iii. There was a need for caution in interpreting the June CHpPD figure, as some specific factors were influencing the reported figure. Adjusting for those would lead to a ratio nearer 7.3 or 7.4.
- iv. Work was being undertaken to address the sickness absence position shown in the paper. There were a number of underlying issues, and these were being addressed through a range of actions including full implementation of the relevant policies and the development of the health and well-being strategy. This two-pronged approach was expected to improve the CHpPD ratio in the future.
- v. In terms of ensuring a sufficient workforce into the future, the Trust was now looking to support Care Support Workers who were looking to develop; and through the successful 'Keep In Touch' days with pre-registration nursing students. The Trust was also strengthening its arrangements to support colleagues who were required to undertake revalidation as nurses or midwives with the Nursing and Midwifery Council.

Jane McCall welcomed the steps being taken, which were important, but emphasised the need for the Board to see a greater pace of improvement. She acknowledged a need to understand the factors influencing the position, but felt that the focus for Board and the Executive team needed to be on improving the outcomes that the Trust saw in terms of meeting national expectations. Martyn Taylor suggested that the Workforce Committee could take the lead in focusing on ensuring delivery of the staffing required for meeting those expectations.

Jane McCall welcomed that the challenges in staffing shown in the report were not producing any negative impacts on patient outcomes or satisfaction, but felt that this was due to the exceptional commitment of staff rather than being evidence that the current ratios were acceptable. Peter Noble enquired whether the new Model Hospital information on CHpPD had given the greatest impact; Tracey McErlain-Burns commented that whilst that work was being pursued, it was not currently possible to provide an answer.

The Board then noted the Safe Staffing report for June 2018.

319/18 Report from the Workforce Committee

Peter Noble presented the circulated report, and noted the following-

- The Committee had agreed to take a risk-based approach to its work, working to 6 agreed themes;
- The current priority was to ensure that the Trust was focused on the right measures to improve performance in the workforce area;
- There had been a good discussions on effectively managing sickness absence, and on talent management/ succession planning;
- A workplan for the Committee was being developed to support assurance. Mr Noble noted that the several Committee Chairs would be discussing a range of

Committee documents with a view to standardisation across the piece.

No questions were raised on the report, and the Board agreed to note the Committee's proceedings.

320/18 Transformation Schemes

Trish Cavanagh introduced the circulated paper and gave a presentation, noting the following key points-

- The key drivers were seeking to improve the health of the general population, recognising the wider determinants of health. The other key driver was that continuing to provide care in the same way was not possible within available resources.
- The Greater Manchester strategy was heavily focussed on improving the health of the population; the Metro Mayor (Mr Burnham) had challenged the health and social care system to stop applying twentieth-century solutions to twenty-first century problems
- The Tameside and Glossop locality showed several key indicators of public health that were well below national averages, including premature deaths from heart disease and from cancer; notably lower life expectancy; and problems with obesity, alcohol and smoking.
- The Trust had recently set out a long-term approach under the banner of 'From Patient Care to Population Health'. This had challenging long-term targets, but they had to be achieved in order to enable health and social care to become sustainable in the long-term
- The Trust had integrated service provision across five defined Neighbourhoods, which was of great assistance to patients in forming a 'one stop shop' approach. A detailed governance system was in place to support and oversee this work, on which internal audit had reported significant assurance. The Board noted the plans to finalise the co-location of the Neighbourhood teams in single Neighbourhood locations
- The Transformation schemes were driving new ways of working, both in the structure being adopted- with the patient at the centre - and working collaboratively with a range of stakeholders. This was also driving new approaches to staffing requirements and challenges, to reflect these new arrangements.
- Community metrics were under development nationally, and Karen James was involved in this work. The move from community to integrated meant that the work was evolving; it was important not to become consumed with metrics so as not to focus on delivery of care. Locally, community dashboards were being developed to monitor the delivery of the services.
- The various transformation projects would be independently evaluated locally and by Greater Manchester, using funds already allocated from the GM Transformation Fund.

Karen James noted that Greater Manchester were looking to learn from the range of transformation projects being undertaken in the Tameside and Glossop area, following their disappointment in the development of locality projects more generally across the region.

Jane McCall thanked Trish Cavanagh for the presentation and the paper, which gave the Board assurance that the transformation programme was well-governed. She felt that the Board needed greater visibility on the metrics that would enable judgement on

whether the outcomes of the programmes had been achieved, and would need to be kept informed about the impact of developments under the programme. Sallie Bridgen also welcomed the very helpful paper and presentation; she felt that these emphasised the cultural change that was needed away from acute hospital treatment towards community care and self-care. She suggested that this should be a key focus for the Board, the Workforce Committee, and indeed for the Council of Governors: and that the next stage would be to change the culture of the Trust's workforce to reflect the new ways to improve population health. She also suggested that the Board should consider holding meetings in Neighbourhoods, to connect with local communities; and that more of the visits by Directors to services should be at community-based centres.

Peter Noble commented that there was a need to have clarity for the Trust's role in transformation, recognising what the Trust could change or influence and what was outside of its control. He felt strongly that the Board needed to have awareness of the benefits realisation expectations for each of the transformation schemes, covering both financial and quality impacts. Trish Cavanagh outlined the expectations for the transformation programme, noting that Greater Manchester had agreed expected outcomes for each of the individual schemes. Peter Noble accepted this, but felt the Board needed to have a clear line of sight on these as well as it was responsible for the governance of the programme. The Board noted that the Finance Committee was also receiving regular updates and could review in more depth, to provide the Board with assurance regarding performance. Jane McCall commented that it was important that the Board as a whole had understanding of the benefits expected from the programme; she also agreed with the earlier comment from Sallie Bridgen regarding the development and cultural change required for the Trust's workforce.

Anne Dray queried whether the programme sufficiently recognised the necessary cultural change to be brought about in both the hospital and community workforce; she noted that other systems had financial incentives to support these changes, and asked how the system (including the Trust) was working to incentivise the population to support these changes by taking more responsibility for their own health care. Tracey McErlain-Burns commented that the presentation had identified the need to ensure that future plans for nursing and midwifery recruitment engaged with educational providers, and that the educational programmes would need to change in the future to reflect the changing demands on the role. Trish Cavanagh commented that the Trust was looking at innovative options, with partners, to promote self-care amongst the population of Tameside and Glossop.

Cathy Elliott welcomed the presentation and report; and supported the comments by colleagues regarding the development of the Trust's workforce. She felt the Board would benefit by having a greater proportion of patient stories from the Community side of the Trust's work in the future: and agreed with the comments regarding the need for the Board to understand the 'return on investment', both financial and social. She was concerned that there was not a clear understanding where that 'return' would show up in the system, as the financial return might appear in a different legal organisation from that making the investment; and that there was no 'equalisation' mechanism to resolve this. She also felt that the Board needed to see and understand the local 'map' of services, to understand who provided what and where transformation would impact. A clear communication strategy and campaign, provided across all parts of the system, was a key requirement to enable the population to understand both the need and the benefits to them of providing more care for themselves.

On the last point from Cathy Elliott, Anne Dray emphasised the need for the communication messages to be clear and co-ordinated, to ensure that they did not cut

across one another and cause confusion. Karen James reminded the Board of the importance of the other key determinants of health in educating the population to live more healthily, and the need to align with the public health work of the local authority to achieve them.

The Board then noted the paper, and thanked Trish Cavanagh for the informative presentation.

ACTIONS-

- a. Board meetings away from Trust HQ to be considered as an option when compiling the 2019 meeting calendar;
- b. Review visits to services by Directors to weight more towards Community services;
- c. Provide 'map' of local service providers within the locality system to Directors.

The Board then took a short adjournment, from 11.21am to 11.30am.

321/18 Significant Risks Report

Karen James presented the report, noting that all of the risks on the Board Assurance Framework were being reviewed to ensure that they remained both relevant and appropriately scored.

Anne Dray advised the Board that the Chairs of Committees had engaged in discussions about the recognition and management of key risks, particularly the strategic risks recorded on the Board Assurance Framework, with a view to ensuring all were fully reviewed and (where appropriate) had input from all Committees with relevant responsibility. The Chairs were looking to put in place a consistent approach, with a particular focus on the key management steps/ mitigations and ensuring that the 'gap score' was used as the key metric of the priority of the risk.

Trish Cavanagh noted that, given the new national standards regarding 'stranded' and 'super-stranded' patients, the relevant risks would be updated to reflect both risks and management of this new area.

The Board then noted the Significant Risks Report.

ACTIONS-

- a. Chairs of Committees to develop consistent approach to gaining assurance re risks on Board Assurance Framework/ key risks on Corporate Risk Register

322/18 Report from the Audit Committee

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

- The Internal Audit service had indicated Significant Assurance in a review of Community Services Assurance (Transformational Programmes), which also fed into the Board's earlier discussions
- The 'wash-up' meeting that the Board had requested, to include the Chairs of Committees, had been delayed to allow the new Director of Finance to come up to speed with the issues. The review meeting would now be held in September 2018, with a report to the Board to follow.
- The Committee had welcomed the provision of a detailed paper on preparation

of the Annual Governance Statement 2019, which would be updated at each meeting to assure that appropriate work was in place to make the required statements in the AGS. The Committee has asked that the matrix was circulated to all other Board Committees, with a request that the Chairs review the requirements against their Committee workplans and assure that all relevant matters would be reviewed in the course of the year.

The Board noted the report of the Audit Committee's proceedings.

323/18 Report from the Quality and Governance Committee

Martyn Taylor presented the reports from the Committee's meetings in June and July 2018, and drew attention to the following points-

- The annual reports on Clinical Effectiveness and Clinical Audit had given good assurance about the progress of these areas of work. The Committee suggested that the Annual Member's Meeting should be used to increase the public profile of these areas.
- There had been a useful update on still-births during the previous year, which gave positive assurance about learning in this area.
- The Committee had held a useful debate about the annual report of the Director of Infection Prevention and Control, which had provided positive assurance in this area.
- A 'deep dive' into clinical-related litigation had been held, covering both the causes of litigation and the learning gained through the course of litigation. No issues of concern had emerged from the review.

The Board agreed-

- a. To note the reports of the Committee's proceedings;
- b. That the Annual Members' Meeting would include presentations on Clinical Audit and Clinical Effectiveness, as recommended by the Committee.

ACTIONS-

- a. Schedule presentations on Clinical Audit and Clinical Effectiveness at the Annual Members' Meeting in September 2018.

324/18 Finance Report, Month 3 (June 2018)

Sam Simpson presented the circulated report on the financial position at the end of June 2018, and drew attention to the following points-

- The year-to-date position at the end of the month was a loss of £2.6 million, which was broadly in line with the plan agreed by the Board. The Trust had met the required Control Total position for the end of the first quarter, and would therefore receive the relevant payment from the Provider Sustainability Fund.
- Progress towards the agreed efficiency target was currently £1.7 million behind the agreed trajectory, and currently no savings were being forecast from high-risk schemes. Work was in place to address this positively.
- The Board was reminded of the other benefits that flowed from agreeing the Control Total, including access to a number of capital funding schemes that were conditional on that agreement.
- Deep dive reviews by management were being arranged to ensure all cost centres were appropriately responding to the need to deliver efficiencies and not

- spend where unnecessary.
- The Trust remained on course to meet the agency 'cap' requirements, and spend in this area had reduced from the previous year.

Jane McCall enquired as to the confidence that the efficiency target would be met by the end of the financial year. Sam Simpson advised that there was a huge amount of work being undertaken, and a clear focus in particular on achieving recurrent savings; Karen James commented that there was reasonable confidence given available early savings and the work being undertaken to deliver new ideas.

Peter Noble commented that the Board could usefully see full-year forecasts in relation to the efficiency schemes, and indeed over a multi-year period. Sam Simpson noted that this was something that might more usefully be considered when the Board looked at forward planning, currently expected to be in November 2018. Peter Noble also commented that the Board needed to have more visibility on the longer-term plan for capital expenditure, given the multi-year nature of that programme; it was noted that this could also be considered in November 2018, together with a review of which capital funds the Trust controlled and which were allocated elsewhere. Karen James reminded the Board of the work being led by the Clinical Commissioning Group around the primary care estate, which would have an impact on the Trust's capital works.

Martyn Taylor was concerned that the efficiency programme was already significantly behind plan, and also that a significant part of the remaining programme related to savings in medical staff lines that had historically under-delivered. Given the potential impacts, leading to the possibility of the Trust missing the Control Total and related undertakings to NHS Improvement, he felt the Board should seriously consider the re-introduction of the Financial Recovery Board to have oversight of delivery. Jane McCall felt that the Board should consider this at the September 2018 meeting; with the Finance Committee to consider and report to that meeting whether a Financial Recovery Board should be re-established.

The Board then-

- a. Noted the financial performance for the period to the end of June 2018, and recorded congratulations to the Executive team for the good performance in the first quarter;
- b. Agreed to consider whether to form a Financial Recovery Board at the September 2018 Board meeting;
- c. Asked the Finance Committee to make recommendations to the September 2018 Board meeting as to whether to form a Financial Recovery Board, taking account of the level of efficiency delivery then and forecast to the end of the year.

ACTIONS-

- a. Finance Committee to consider in September 2018 whether a Financial Recovery Board should be re-established, and make recommendations to the Board;
- b. Secretary to schedule consideration of forming Financial Recovery Board for the September 2018 Board meeting.

325/18 Reports from the Finance and Performance Committee

Sallie Bridgen presented the Committee reports for June and July 2018, noting the following points-

- The Committee had noted the option of forming a Financial Recovery Board if required, recognising the need to balance assurance with the resource and focus required for additional meetings.
- The Committee had received a useful presentation on progress in moving medical staffing away from agency towards substantive staff. There remained challenges, and progress would take a further period of time, but real recurrent savings were already being delivered and would be increased.
- There had been useful reports on the use of resource assessment, which would be undertaken by CQC, and the internal Effective Use of Resources group
- The Committee had been updated on the work to address single-use plastics, and would continue to have oversight of this area.

The Board noted the reports from the Committee.

326/18 Medical Re-validation

On behalf of Brendan Ryan, Vikki Howarth introduced the paper, which provided assurance for the Board on the process of medical revalidation, and sought approval for the required declaration to Health Education England. During the year, she had undertaken the training to act as a Deputy Responsible Officer in support to Mr Ryan, and another Associate Medical Director was undertaking the lead role in appraisal to give further support. The Medical Revalidation Committee had been re-formed and was now meeting monthly to co-ordinate the process. Currently 92% of medical staff had completed the appraisal process, and robust processes were in place to ensure that the remainder complied with their obligations.

Jane McCall sought assurance that the steps taken where individuals did not comply with the appraisal obligations were robust. Amanda Bromley outlined the steps that were taken, starting with reminders and escalating (if necessary) to the Responsible Officer, which could affect their Licence. There were no particular patterns in deferrals and no underlying causes for concern had been identified. In some smaller departments, finding appraisers who had experience in the speciality was a factor. Peter Noble asked for confirmation that there was confidence no individuals were slipping through the system, and this was confirmed.

The Board then-

- a. Noted the annual report on Medical revalidation;
- b. Authorised the Chair or Chief Executive to sign the relevant declaration on behalf of the Board.

327/18 Forward plan of future business

The Chair commented on this item, noting that this was a developing work in progress, following the request from the Board at its previous meeting. It would be essential that future iterations showed the Board its own predicted work-plan, and was accompanied with the outline of agendas for future meetings based on expected business. She noted that the October seminar session would include time to look at innovation in the Trust; and more generally, invited colleagues to submit suggestions for inclusion in the seminar programme for 2019. Finally, she noted that a development plan for the Board and Directors had been developed by Amanda Bromley, which would be circulated after this meeting and added to the calendar for consideration in September 2018.

The Secretary reminded the Board that the Committees currently all adopted a practice of reviewing and updating their work-plan at every meeting; and that the Board should

consider whether, for consistency of practice, this should be adopted by the Board as well. The Chair asked that the Chairs of Committees consider this when reviewing their Committee's practices, as noted earlier in the meeting.

The Board then-

- a. Noted the workplan as circulated;
- b. Directed that a further update was provided to the September 2018 Board meeting, to include-
 - i. Details of the business expected to be considered at the Board at each meeting in the following 12 months, on a meeting-by-meeting basis;
- c. Directed that time for innovation be included on the forward calendar for the October 2018 Seminar session;
- d. Directed that the Development Plan for the Board and Directors be listed for consideration at the public Board in September 2018;
- e. Requested that the Chairs of Committees consider the most appropriate approach to reviewing workplans, including for the Board of Directors.

ACTIONS-

- a. Secretary to update workplan to reflect expected business to Board in following 12 months, and report to Board in September 2018;
- b. Secretary to report outline agendas for each Board meeting in following 12 months, showing prior Committee consideration of items;
- c. Secretary to list innovation and Board/ Director Development Plan as ordered;
- d. Chairs of Committees to consider how Committees and Boards should review work-plans, with a view to consistent approach.

328/18 Constitutional Change - Staff Constituency

The Secretary presented the circulated proposal, which had been considered and approved by the Council of Governors at its meeting earlier in July.

Trish Cavanagh suggested that, given changes in the Trust's approach, the Community category should be re-named. The Board agreed with this suggestion, which would be more reflective of current structures.

The Board then-

- a. Agreed an amendment to the proposal, as follows-
Sub-paragraph (e) to read "Neighbourhoods and Intermediate Tier";
- b. Subject to that amendment, and with a majority of the Directors in office voting in favour, to approve the proposed change to the Trust Constitution.

ACTIONS-

- a. Secretary to refer proposal as amended back to the Council of Governors for further consideration (as required by law)

329/18 Report of Sealings, April to June 2018

The Board noted the report, and that the Common Seal had not been utilised in the period.

330/18 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.

The Board then adjourned at 12.12pm until 1.03pm, during which time members of the public withdrew.