

## Tameside and Glossop Integrated Care NHS Foundation Trust

Minutes of a meeting of the Board of Directors, held on Thursday, 29<sup>th</sup> November 2018 at 9am in the Board Room, Silver Springs House, Tameside General Hospital.

<b>Present</b>	Jane McCall	In the Chair
	Sallie Bridgen	
	Trish Cavanagh	
	Anne Dray	
	Cathy Elliott	
	Karen James	
	Tracey McErlain-Burns	
	Peter Noble	
	Brendan Ryan	
	Sam Simpson	
	Martyn Taylor	
<b>In attendance</b>	Amanda Bromley	Director of Human Resources
	Phillip Gordon	<i>Freedom to Speak Up</i> Guardian (for item 366/18)
	Steve Parsons	Trust Secretary
	Janet Shaw	Health Visitor (for item 352/18)

2 members of the public were in attendance.

### **350/18 Welcome and apologies**

The Chair welcomed colleagues to the meeting, and thanked them for making themselves available for the earlier start time of 9am.

There were no apologies for absence.

### **351/18 Declarations of Interest**

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

### **352/18 Patient Story**

*This minute has been drafted to comply with the provisions of the Sexual Offences (Amendment) Act 1992, prohibiting the publication of any information that might tend to identify the victim of a sexual assault.*

Janet Shaw presented the story to the Board, which concerned her work with asylum-seekers and refugees; these were a very non-typical group of patients for health visitors to support, with particular needs to be addressed. The particular case involved a female refugee who had come to the United Kingdom following a serious sexual assault, which resulted in her needing considerable support to adjust to life in the UK.

For the Health Visitor, the challenge had been to provide appropriate support whilst enabling the individual to develop independence and not co-dependency on the Health Visitor. The specific case had a successful outcome, with the individual now able to operate independently in UK society and having formed a supporting set of social groups. For the health visitor, the lessons had been both personal and professional; it had demonstrated the need for supportive supervision in providing this type of service, and also the importance of this service for the patients it was working with. There was also a wider impact on a range of other practitioners and professionals in related organisations, and sharing the learning from their experiences was key to developing and improving the service.

The Chair thanked Janet Shaw for sharing the story with the Board, and noted the need for the Board and the Trust to support staff in these challenging positions.

[Janet Shaw left the meeting.]

### **353/18 Minutes of the meeting held on 27<sup>th</sup> September, 2018**

The Board considered the draft minutes, and various typographical errors were noted for correction.

Cathy Elliott noted that, whilst she had not been at the meeting, the reference in Minute 338/18 (top of page 6) to being assured by a lack of complacency was inappropriate. The Board agreed that the sentence would be revised to refer only to having assurance.

Subject to those changes, the Board approved the minutes of its public session held on 27<sup>th</sup> September 2018 as an accurate record.

### **354/18 Matters Arising from the minutes**

The Board noted the following matters-

- a. The Secretary noted that work on the template documents to standardise Committee papers was continuing with the Deputy Chair. The Board agreed to amend the implementation date to the start of January 2019.

Cathy Elliott took the opportunity to suggest that the Board should receive more patient stories reflecting the work in the community rather than the acute services; there were some very positive and interesting developments in this sector that the Board should ensure it was aware of. The Board agreed that this should be taken forward.

#### **ACTION-**

- a. Chief Nurse to review how to have more community services-based patient stories presented to the Board.

### **355/18 Amendment to the Committees' Terms of Reference- Annual Reporting**

The Secretary presented the circulated paper, which followed discussion amongst the Directors at the October seminar session. The suggestion had been to remove the current provision requiring Board Committees to make an annual report to the Board, and the Board agree that the Annual Report and Accounts would include sections for each Committee setting out their work during the year. The paper brought formal

proposals to the Board for consideration. The Secretary also noted that a structure for those sections in the Annual Report and Accounts, to ensure all relevant matters were covered, was being developed in consultation with the Chair of the Audit Committee.

There were no comments on the paper, and the Board agreed-

- a. To delete the following sections from the relevant Terms of Reference for Board Committees-
  - i. Charitable Funds Committee- section 8.3
  - ii. Finance Committee- section 9.3
  - iii. Quality and Governance Committee- section 9.3
  - iv. Workforce Committee- section 9.3
  - v. Nomination and Remuneration Committee- section 8.3
- b. To include within the Annual Report and Accounts, a section on the work of each Board Committee (except the Charitable Funds Committee)
- c. To note that the work of the Charitable Funds Committee would be reported in the separate Annual Report and Accounts for the Charity.

### **356/18 Report of the Trust Chair**

Jane McCall presented her circulated report, and drew attention to the following points-

- a. With the Chief Executive, she was currently engaged in commenting on the developing Theme 3 proposals from Greater Manchester. It was currently anticipated that firm proposals would become available in January 2019, and these would come back to the Board for consideration of the possible impacts on the Trust.
- b. With Mr Taylor, she had attended the NHS Improvement meeting for North of England Chairs. This has shown that overall performance in the region was less than hoped, but it was very positive that the Trust's performance was good both objectively and against the other Trusts in the North. The meeting had also shared a summary of the significant challenges facing the NHS, and the actions that were expected to be taken as a result. Martyn Taylor commented that it had been extremely useful to get the wider context for the Trust's performance, as a yardstick to judge performance.

Peter Noble enquired what outputs were expected from GM Theme 3: Karen James advised that it was expected the Theme would propose changes to consolidate provision in the models of care for various specialities; what was important was that it also defined a sustainable archetype for a District General Hospital. For this Trust, key impacts were likely to be around breast services and orthopaedics.

The Board noted the report from the Trust Chair.

### **357/18 Report from the Chief Executive**

Karen James presented her report, and draw attention to the following items-

- a. The outline timings for the national planning process had now been received, and the Trust was waiting details of the 10-year plan and the detailed guidance for 2019-2020. Sustainability and Transformation Partnerships (for this Trust, Greater Manchester) would be taking more responsibility for delivery and holding to account in their areas; what was positive was that this locality was seen as being a path-finder in providing integrated services.

- b. This would be the last meeting for Tracey McErlain-Burns, who would be retiring from the NHS, and Karen James thanked her for her work and effort for the Trust. Peter Weller had been appointed to succeed her.
- c. The Board had been undertaking significant work in preparation for the well-led strand of CQC inspection, and would be considering the final assessment in the private session. Overall, the position was positive.
- d. Work on winter planning was continuing; the focus was on avoiding providing more beds, in favour of providing care closer to home in the community and therefore avoiding the need for admissions. Robust plans were in place and being put into action.
- e. Since the last report, the Trust had won an award for Digital Health, and had been nominated for an award related to providing dignity in care.
- f. Since the report was circulated, Sir Ron Kerr's report on leadership capability and capacity in the NHS had been published by the Department of Health and Social Care. It was agreed that this should be circulated to the Directors.
- g. Greater Manchester were developing a Health and Social Care prospectus, to underpin the 5-year plan that they would be required to submit in the summer of 2019. It was agreed that this should be circulated to Directors when available

The Board's attention was also drawn to the influenza vaccination campaign checklist appended to the report, which the Board was required to agree and submit to central bodies in December 2018. Overall the Trust was reporting good compliance with the expectations that had been set out.

Jane McCall enquired whether the percentage of staff vaccinated to date was meeting expectations. Tracey McErlain-Burns advised that she had hoped that changes made would have led to a slightly high figure at this stage, but take-up was tracking the pattern in previous years. Performance was similar to that being seen by other GM Trusts; but nationally there were providers reporting take up of over 80% already, which showed what was possible and should be aimed for.

Cathy Elliott sought information as to why colleagues were declining the vaccination. Tracey McErlain-Burns advised that, as in previous years, the three key themes were-

- The individual simply declined the vaccination
- The individual didn't believe the vaccination was necessary for patient care
- The individual thought they could become ill as a result of the vaccination

The submission to central bodies in February 2019 required the responses to be in 7 specific categories, so there would be an e-mail communication to those who declined to categorise their reasons. Cathy Elliott enquired whether more could be done in 'myth-busting'; Tracey McErlain-Burns noted that a significant amount of effort had already been put into those communication exercises, both locally and nationally.

The Board then-

- a. Noted the report from the Chief Executive;
- b. Agreed the influenza vaccination check-list for submission.

#### **ACTIONS-**

- a. Karen James to circulate the Kerr review report on NHS management, and (when available) the GM Health and Social Care prospectus, to the Board.
- b. Influenza vaccination checklist to be submitted to NHS England.

### **358/18 Half-year update on Corporate Objectives**

Karen James presented the circulated update, noting that there was significant progress against all of the objectives and no significant concerns about achieving the key targets by the end of the year. The Board would be discussing the mortality position in more detail later in the meeting, which was the only key target significantly off-track.

Anne Dray queried performance related to the target on severe and catastrophic harm; Tracey McErlain-Burns noted that, after the targets were agreed, a national change was announced to classify all neck and femur fractures as severe harm. This had led to an unexpected increase in the percentage, although the planned steps were minimising the number of incidents.

The Chair noted that good progress was being made in a challenging environment. She advised that, for the year-end report, the Board would require that the objectives and key targets were explicitly linked to the ambitions set out in the Trust's 5-year strategy, in order to assess the assurance that the 5-year plan was being delivered. Peter Noble sought assurance that the Trust's objectives would fit into the wider 5-year strategies at local and GM level; Karen James confirmed that they were complementary. Mr Noble noted that it would be useful to assess progress against the agreed longer-term strategies, and possibly adjust to ensure a complete fit. Jane McCall noted that the Board would be having a horizon-scanning discussion in January 2019, which would be an opportunity to review this further; and Trish Cavanagh noted that GM was pushing towards a wider adoption of the neighbourhood model.

The Board then-

- a. Noted the performance against the agreed Corporate Objectives for the first half of the 2018-19 year;
- b. Agreed that the full-year report on performance should explicitly link that performance to the ambitions set out in the Trust's 5-year strategy.

#### **ACTIONS-**

- a. May 2019 full-year report on Corporate Objectives to explicitly link performance on 2018-19 corporate objectives to the ambitions within the Trust's 5-year strategy.

### **359/18 Integrated Performance Report**

Trish Cavanagh presented the report, and noted the key points-

- a. The Trust was compliant with the key access standards, including with Referral-to-Treatment and cancer waiting time expectations.
- b. The 'Did-Not-Attend' (DNA) rate had continued to improve and would have met the original target. However, a local stretch target of 7.9% had been agreed, which the Trust was not yet achieving.

Jane McCall welcomed the good overall performance; and noted that she would be concentrating the discussion on the mortality position, which she invited Mr Ryan to address.

Brendan Ryan outlined the latest progress in this area, building on the matters

discussed at the September meeting of the Board. He reminded the Board that the key national measures (HSMR and SHMI) were not recorded in real-time but as a period; as a result of that, there was a likelihood that those ratings would decline for a period before they improved. The key metric was the widening gap between the expected rate of mortality, and the rate actually experienced.

He reminded the Board that every death under the Trust's care was subject to review (rather than just a sample), and that system of review had also been tested; neither the individual reviews nor the system test had identified any deterioration in quality. There had also been a review of the quality of data, which had provided some learning about more accurate coding of cases with co-morbidities. It had also demonstrated that the Trust might have been affected by immediately adopting more stringent national coding requirements, where other providers may have taken longer to do so. The learning was being taken forward and relevant changes implemented. The Trust was not able to access the statistical model that drove the HSMR and SHMI analysis, and so was not able to identify how these matters impacted on the final ratios they produced.

Jane McCall advised the Board that she had met with Mr Ryan to discuss the position. Given the history of the Trust there was concern about the worsening of performance on these indicators, but she was satisfied that there was no evidence that a reduction in the quality of care being provided to patients had been a factor in the change. It was also positive that the Trust was continuing to demonstrate an openness to learning where that was shown to be desirable. The Chair noted that it was intended to have an informal session arranged for Non-Executive Directors, to provide a greater understanding of the position, the drivers and factors outside of the Trust's control.

As the lead Non-Executive Director for mortality, Cathy Elliott advised that she had recently observed a Mortality Steering Group, and had detailed discussions with Mr Ryan to understand the position. There had clearly been a substantial amount of work undertaken, and it provided assurance that all deaths were reviewed rather than just a sample. As mentioned by Mr Ryan, the coding matters had been identified as an area of improvement; and the Board needed to keep in mind the external factors beyond the control of the Trust. There was also assurance from the methods adopted by the Mortality Steering Group.

Martyn Taylor enquired whether the HSMR ratio was expected to worsen again in respect of the second quarter of the year; Mr Ryan noted that the Office for National Statistics had predicted for the Tameside area that there would be a 'spike' in deaths in early 2018, but that the 'baseline' level would then settle at a higher rate than previously. This was consistent with the position that the Trust had seen in practice over the period. He also noted that the initial number for the third quarter looked to have reduced, but that was very much subject to confirmation.

Jane McCall asked for confirmation that the Trust intended to have an external verification of its review processes; Brendan Ryan advised that he was progressing this, although he needed to identify an appropriate person to undertake the review. Sallie Bridgen commented that it would be of assistance to the Board to obtain external verifications, although she had confidence in the processes supported by the fact that the Trust reviewed all deaths. She felt it was important to ensure that the Board also had a full understanding of the wider picture, particularly in terms of forecast mortality patterns, in respect of the Tameside and Glossop area.

Turning to other matters in the Integrated Performance Report, Tracey McErlain-Burns

drew the Board's attention to the reported MRSA incidents, and the learning that had been taken from them. Consequent on the changes, the Infection Control group had conducted a full review and recommended to the Board that changes were made to swabbing procedures, reflecting that many patients had left the Trust by the time results became available. A representative of Public Health England had been present at the meeting, and supported the recommendation.

The Board then-

- a. Noted the Integrated Performance Report for October 2018;
- b. Noted the detailed update on mortality performance, including the consideration being given to external validation of processes;
- c. Agreed that a further briefing session should be arranged for Non-Executive Directors before the end of 2018 on mortality performance;
- d. Agreed the proposed changes in MRSA swabbing procedures.

#### **ACTIONS-**

- a. Secretary to arrange briefing session for Non-Executive Directors on mortality performance, before the end of 2018.

#### **360/18 Safe Staffing Report**

Tracey McErlain-Burns presented the update report and accompanying heat map, noting that recent national decisions regarding both Care Hours per Patient Day (CHpPD) and the *Developing Workforce Safeguards* publication had impacted on this month's report. In particular, a counting issue regarding non-ward-based nurses had arisen; where they were additional to a bank shift, they were not counted for CHpPD, but where they took work though the bank they were counted. Work was being undertaken to understand the impact of this and adjust accordingly. The Board's attention was also drawn to the position on Ward 46 regarding pressure ulcers; a specific issue in that location had been identified on the data-recording system, which had led to an element of double-counting. Again, this was being addressed and work undertaken to account for it in previous reporting.

Jane McCall noted that the Trust continued to be in the bottom quartile of performance related to fill rates; whilst she was aware of the challenges in recruiting for the Trust, she continued to be concerned about this and potential impacts on the quality of care. Tracey McErlain-Burns noted that there was no evidence of fill rates affecting (for example) medication errors; a number of other factors were in play, but the Trust had appropriate escalation procedures to ensure minimum staffing levels were maintained. She also confirmed that there was no discernible direct impact on other quality of care indicators.

Anne Dray asked for more information related to the Quality Impact Assessment requirements in *Developing Workforce Safeguards*. Tracey McErlain-Burns outlined the requirements, noting that these were intended in the first instance to ensure that efficiency scheme proposals had been fully assessed for potential impacts on the quality of patient care; however, the guidance extended the requirements to all proposals for service changes and the documentation may need to be more explicit in demonstrating approval. This would be included in the wider review of business case processes and templates. Brendan Ryan commented that he was struck by how often the Quality Impact Assessments showed that efficiency schemes would also lead to an improvement in the care that the Trust could provide to patients, through innovation.

Cathy Elliott commented that the more accurate understanding of non-clinical contribution was welcome; she would welcome for the future better analysis and understanding of where the Trust was innovating through mixing different types of staff. Tracey McErlain-Burns noted that there were some recording difficulties in this area, arising from how staff establishments were managed and recorded; but it was hoped to be able to identify this better from January 2019.

The Board then-

- a. Received the Safe Staffing report;
- b. Noted the new national guidance regarding Care Hours per Patient Day;
- c. Noted the new national requirements in *Developing Workforce Safeguards*;
- d. Noted the impacts of the changes in national guidance since the previous meeting;
- e. Whilst recognising the work being undertaken, encouraged a greater pace in implementing changes that would positively impact on fill rates.

### **361/18 Report from the Workforce Committee**

Mr Noble referred to the circulated report, and noted the following from the Committee's proceedings-

- a. There was clarity on the strategic risks within the Committee's remit, and the Committee were encouraged by the quality of the data they were reviewing;
- b. Undertaking 'deep dives' was a process giving real confidence and assurance around performance and learning;
- c. The Committee's focus going forward would be around-
  - i. Staff sickness absence
  - ii. Equality and Diversity issues
  - iii. Learning from the staff survey, and actions to improve.

The Board noted the report from the Workforce Committee.

### **362/18 Significant Risks Report**

Karen James presented the report, and the Board discussed the following points-

- a. There had been no additional significant risks identified since the September Board meeting;
- b. A reduction in the rating for Board Assurance Framework risk AF1.22 (Medical Staff training and supervision), from 15 to 8, was recommended to the Board
- c. Further guidance regarding risks arising from the UK leaving the European Union was expected from Government in the next few weeks, which would then be taken into account in assessing risks.

Jane McCall suggested the Board Assurance Framework should include a specific risk related to leaving the European Union. Karen James noted that at this stage, national guidance was that significant risks would be managed by Her Majesty's Government and central bodies. Whilst the risk impinged on a number of other risks on the BAF, when the further guidance was received, the question of a separate risk could be reviewed. Anne Dray requested, and the Board agreed, that the new guidance in this area should be circulated to Directors when received.

Peter Noble enquired whether the outcomes from GM's Theme 3 would feed into the relevant risks; Karen James noted that this would become clearer by the end of 2018,

and could be fed into the report to the Board in January 2019.

The Board then-

- a. Noted the Significant Risk Report;
- b. Approved the change in risk rating for BAF risk AF1.22.

#### **ACTIONS-**

- a. Circulate the updated national guidance on planning for leaving the European Union to all Directors, when received.

### **363/18 Reports from the Quality and Governance Committee**

Martyn Taylor presented the reports from the October and November meetings of the Committee, noting the following points-

- a. A post-implementation review of the new mattresses (designed to reduce pressure ulcers) had been reported and provided assurance on the quality of care. Some data issues had been identified, and referred to the Finance Committee to consider in terms of developing the business case process.
- b. There had been an update on organ donation, and Mr Taylor noted that 2017-2018 had been one of the best years for the Trust in this area. For the current year, to date no missed opportunities had been identified.
- c. The Committee had reviewed learning from the report into Gosport Memorial Hospital; there had been assurance that no evidence of those practices had been found in relation to Tameside General Hospital (as it then was).
- d. The volunteers who had participated in the PLACE inspection process had now been given feedback. There would also be 'mini-audits' in February 2019.

Jane McCall took the opportunity to welcome the re-introduction of walkabouts as part of the formal business of the Committee, starting in December 2018. Sallie Bridgen commented that the review arising from Gosport Memorial Hospital had been a good example of working effectively with a wide pool of staff, and there had been good assurance from the willingness to take and implement changes from the learning.

Brendan Ryan noted that the definition of a missed opportunity in organ donation included a failure to make NHS Blood and Transport aware of a relevant death; so the phrase might not be fully understood in this context.

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

### **364/18 Report of the Audit Committee**

Anne Dray presented the report from the November meeting of the Committee, and drew the Board's attention to the following points-

- a. There had been a Limited Assurance report received from the Internal Audit service in respect of controls on locum medical staffing. However, the Committee had assurance that management were taking the necessary steps to review and update policies to ensure appropriate controls were in place; the risks were more around documentation than 'on the ground'.
- b. The Committee had reviewed the Annual Report and Accounts for the Charitable Funds, which would be considered by the Board later at a Trustee session. The Committee recommended approval to the Board.

- c. The Committee had been briefed on the proposals for changing and updating how corporate risk, including risks on the Board Assurance Framework, would be reported. The Committee were supportive of the proposals.
- d. The Committee received the regular update on evidence to support the Annual Governance Statement, and welcomed the early national publication of the *Annual Governance Manual*. They had directed that the AGS was provided in near-to-final draft to all Committees by the end of February 2019, to allow for full discussion, challenge and amendment in accordance with their oversight responsibilities.

The Board noted the report from the Audit Committee, and endorsed the decision related to circulation of the Annual Governance Statement.

#### **ACTION-**

- a. Secretary to provide close-to-final draft of the Annual Governance Statement to all Board Committees by the end of February 2019.

### **365/18 Finance Report, month 7 (period to end of October 2018) Reports from the Finance Committee**

Sam Simpson presented the report, and noted the following-

- a. The Trust was materially on-plan in respect of both the month and the year-to-date.
- b. The requirements for payment of the Provider Sustainability Fund had been achieved for the second quarter, and payment was now expected. A total of £1.5 million was payable for the first half of the year, which was a positive impact on the cash position.
- c. There had continued to be positive progress in delivery of the efficiency schemes, although there remained a shortfall to make up before the end of the financial year. The Finance Committee had fully reviewed progress, and had noted that the effect of the enhanced controls agreed in September was not yet being fully reflected.
- d. At this stage, there was confidence that the Trust would achieve the Control Total at the end of the year.
- e. On request from NHS Improvement to the sector as a whole, the capital spend had been re-forecast and an updated forecast provided to NHS Improvement.

Reporting from the Finance Committee, Sallie Bridgen noted the following points-

- a. The Committee had fully reviewed the financial position overall, and was assured in that regard.
- b. There were continuing challenges in respect of efficiency schemes: the Committee had asked that all staff were made aware of the advantages of having agreed the Control Total, and the need to deliver it to keep those advantages.
- c. The Use of Resources assessment process had been considered, and the Committee recognised that external factors limited the ability of the Trust to achieve a positive rating. The position would be considered by the Board in private session.

Peter Noble sought assurance that the 2019-20 model for efficiencies would have sufficient sophistication to reflect the learning being seen. Sam Simpson confirmed that the learning had been taken into developing the model for the next financial year;

Trish Cavanagh advised that the schemes would be classified from Model Hospital categorisations in 2019-20. Sallie Bridgen noted that the Committee were confident appropriate systems were in place to support efficiency schemes delivering savings over the longer-term.

The Board then-

- a. Noted the financial report for the period to the end of October, 2018;
- b. Welcomed the progress being made with the financial position of the Trust;
- c. Noted the reports of proceedings of the Finance Committee for October and November 2018.

[Philip Gordon joined the meeting.]

### **366/18      *Freedom to Speak Up Vision and Strategy***

As the Lead Non-Executive Director in this area Martyn Taylor gave an introduction to the Board for the item, noting that the Care Quality Commission would specifically review the Trust's culture in respect of 'Speaking Up'. He also drew attention to the self-assessment set out in the paper, and invited colleagues to provide any other matters for consideration in developing that self-assessment to him. Finally, he noted the national survey by the National *Freedom to Speak Up* Guardian, which was included in the papers; this indicated that the current performance of the Trust was good, compared to providers nationally.

Amanda Bromley commented that the strategy had been developed taking into account previous work, and the outcomes of the self-assessment exercise. The National Guardian saw it as important that the strategy was 'owned' by the Board, and so the Board was being invited to consider and approve the proposals. The key expectation was to be able to have, and demonstrate, a culture that allowed and supported 'speaking out'; the strategy laid out the various steps taken, and continuing to be developed, by the Trust. The work on 'speaking out' would also be linked to the development of work related to Equality and Diversity, which the National Guardian saw as closely related.

Phillip Gordon, the Trust's *Freedom to Speak Up* Guardian, noted for the Board that the National Guardian was assessing the work of the CQC in covering 'Speaking Up' in the inspection process, so this remained an area of national focus: current feedback was that individual providers were quite variable. He also noted that not all of the recommendations as a result of the survey were uncontroversial, and in particular there was an on-going debate around the recommendations for networks of Guardians within individual organisations.

Tracey McErlain-Burns was supportive of the proposals; she suggested, exceptionally, that the approved strategy was signed by the Chair, Chief Executive, Lead Non-Executive and Guardian, as a demonstration of the commitment of the Trust's leadership to the proposals therein. This was agreed by the Board.

Sallie Bridgen commented that it would be assuring if the Board could positively state that there had been fairness when 'speaking up' took place, and those undertaking 'speaking up' had not been subject to any adverse management actions. Jane McCall noted that it would also be desirable to see any such issues analysed with respect to equality and diversity issues that were related.

Peter Noble commented that many of the measurements related to staff perceptions

of Trust culture, and there was a need to track the impacts of both positive cultural changes and appropriate learning and actions. This was something that the Workforce Committee would address going forward. Cathy Elliott suggested that the Trust needed to ensure it used a wider range of channels, including social media, internal films and similar, to ensure all staff continued to be aware of the local Guardian and the opportunities to raise concerns with them.

The Board then-

- a. Approved the *Freedom to Speak Up* Vision and Strategy, and asked for it to be signed by the Chair, Chief Executive, Lead Non-Executive Director for these matters, and the Guardian;
- b. Approved the related action plan;
- c. Asked the Workforce Committee to track impacts, as part of its wider work on staff morale.

### **367/18 Emergency Preparedness, Resilience and Response Core Standards**

Trish Cavanagh presented the circulated paper, which invited the Board to agree the assessment in respect of the 2017-2018 year. Of the 64 Core Standards, the Trust was fully compliant with 59; partially compliant with 2; and not compliant with 3. The three where there was non-compliance had been driven by factors external to the Trust, or reflected guidance related to full evacuation drills across site that the Trust could not implement in practice. Action plans were in place, and being implemented, to ensure that further improvements were made. Trish Cavanagh also noted that the standards required that the Trust publish its levels of compliance in the Annual Report for the year.

Jane McCall was concerned that the three non-compliances might not be resolvable, despite the proposed Board declaration that they would be resolved in the coming 12 months. Trish Cavanagh advised that the three relevant factors were understood to be subject to current review by the external bodies responsible for them, so there were reasonable grounds to believe that they would be resolved in the 12-month window.

The Board then-

- a. Endorsed the assessment of the Trust's compliance with EPRR core standards;
- b. Authorised Trish Cavanagh to sign and submit the relevant declaration on behalf of the Board;
- c. Directed the Secretary to ensure that the relevant information was included in the Annual Report and Accounts of the Trust for the year ending 31<sup>st</sup> March, 2019.

#### **ACTIONS-**

- a. EPRR return to be signed and submitted by Trish Cavanagh;
- b. Secretary to include relevant EPRR assessment information in the Annual Report and Accounts for 2018-2019.

### **368/18 'Fit and Proper Person' compliance**

The Secretary presented the circulated paper, which set out the results of the recent review of compliance with the statutory requirements related to insolvency and disqualified Directors. Amanda Bromley advised that some Non-Executive colleagues

would be contacted to provide copies of proof of qualifications, as a file review had identified that they were not held in some cases. The Secretary also confirmed that no concerns related to compliance with the test for any serving Director had been raised in the period.

Trish Cavanagh queried whether the test should be applied to some other staff, and in particular thought the Chief Pharmacist post could be included. The Secretary reminded the Board of the Kark review into the effectiveness of the current test and how it could be changed; one of the issues under consideration was whether the application of the test should be extended beyond the Board into senior and middle-management layers. Amanda Bromley noted that there would be a review of the policy when Mr Kark QC reported, and (if not covered by national changes) this suggestion would be included in that process.

The Board then noted the paper.

**369/18 Use of the Trust seal**

The Board noted the report on the use of the Trust's Common Seal between August and October 2018.

**370/18 Motion for private session**

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

*Members of the press and the public accordingly withdrew.*