

Board of Directors

Wednesday 25 January 2017 at 9.30 am

Boardroom, Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR

PART I

Present:

John Schofield	Chairman
Michael McCourt	Chief Executive
Martin Roe	Executive Director of Finance / Deputy Chief Executive
Henry Ticehurst	Medical Director
Ian Trodden	Executive Director of Nursing and Healthcare Professionals
Keith Walker	Executive Director of Operations
Judith Crosby	Executive Director of Service Development and Sustainability
Julie Taylor	Director of Business Development
Jose Fernandez	Director of Workforce
Joan Beresford	Non-Executive Director
Keith Bradley	Non-Executive Director
Sandra Jowett	Non-Executive Director
Tony Berry	Non-Executive Director
Michael Livingstone	Non-Executive Director
Ian Bevan	Non-Executive Director
Paula Ormandy	Non-Executive Director

In attendance:

Louise Bishop	Trust Secretary
Beth English	Digital Communications Officer
Debra Drury	Clinical Specialist, Podiatry – <i>item 3 (patient story)</i>
Dan Barwell	Member of the public

Governor representation:

Derek Rowley	Public Governor, Bury
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1. Apologies for absence

No apologies were received.

2. Declarations of interest

There were no declarations of interest.

3. Patient story

Judith Crosby introduced a patient story from Podiatry services in Oldham. The story was linked to strategic objective 1a (embed self-care and self-management practice in every service we provide), and concerned Podiatry implementing supported self-management in the high risk foot pathway.

Debra Drury (Clinical Specialist, Podiatry) was in attendance to provide context to the story, which was supported by a patient video. Ms Drury explained that 61k people with diabetes in England had foot ulcers, which was the most common form of amputations in the UK, with 6,000 taking place every year. In 2013, amputations cost the NHS £662m. There was an increasing population of high risk diabetes patients, although more than half of patients were unaware of increased risk of ulceration in the feet and amputation. 80% of amputations were preventable. The Oldham podiatry team admitted a patient to hospital for surgical / medical intervention every 10 days. Diabetic foot amputations were predominantly in men over 45 years of age; with amputation having a major impact on the health and wellbeing of individuals and their families.

With the diabetic foot, poor circulation could lead to gangrene. Neuropathy, a lack of sensation in the foot, was a big factor, and complications arising from this could lead to ulceration and therefore a higher risk of infection. All podiatry patients received education on how to care for their feet but some presented late to clinic, did not attend appointments, cancelled appointments, and continued to neglect their feet. The video concerned one such patient, S. In September 2016, S consented to participate in the Flo programme, which comprised of a series of regular text messages to patients giving them guidance on how to check and care for their feet. After one month on the programme, S identified a problem with his feet – he was seen in clinic the next day and the problem was able to be resolved. This was a huge step forward – S had never presented to clinic with a problem as early as this before. This reinforced the message that early presentation reduced foot complications and thereby other health and wellbeing issues.

Ms Drury advised that the Flo programme would be rolled out into Bury and HMR boroughs. Podiatrists, along with district nurses, were due to hold their first Schwartz round session – this had been instigated by staff. A peer support group had also been run with mental health colleagues, and there were plans to launch a self-help group to focus on the diabetic foot. The team would be looking at how social media, in conjunction with Communications, could support the latter; plus Omnijoin was due to be piloted to allow patients with Smartphones to interact with services remotely.

In conclusion, the Flo programme improved patient self-management – there was improved early presentation and prognosis, reduced mortality, improved patient wellbeing and independence.

The Board went onto to discuss the Flo programme, the cohort of patients it was aimed at, and the challenges of getting patients to engage. The link between diabetes and obesity was also touched on, as was how the programme would be evaluated.

The Board thanked Ms Drury for sharing this patient's story.

4. Previous meeting of the Board of Directors

4.1 Minutes from a meeting of the Board of Directors

The Chairman presented the minutes from a meeting of the Board of Directors (PI) held on 21 December 2016 to the Board for approval.

The minutes were approved as an accurate record.

5. Matters arising and action plan

5.1 Action plan arising from meetings of the Board of Directors

The Chairman presented the action plan arising from meetings of the Board of Directors to the Board for approval.

The Board approved the action plan.

With regards to an update on tenders (item 8), Ms Taylor reported that the Trust had received notification from the Big Life Group that the joint bid for the HMR primary care mental health pathway tender had been successful.

With regards to the prospectus for the Health and Wellbeing College, which had been circulated to Board members outside the meeting, Ms Beresford sought clarification on whether it was only available in two boroughs (Tameside and Stockport). Ms Taylor responded that courses were available for people across the geography of Pennine Care but the classes were held in the latter two locations. Mr Trodden added that it was part of the Mental Health Strategy to embed this initiative in each town.

5.2 CQC assessment / action plan update

Henry Ticehurst provided a verbal update on the CQC assessment and action plan to the Board for information.

Dr Ticehurst reported that the Quality Summit was held with the CQC and stakeholders on 24 January 2016. The Trust now had one month to present the CQC with its action plan. Simon Wootton (Chief Officer, HMR CCG) would chair a CCG monitoring group for the action plan, but this would also link into transformation aligned to LCO development. Mr McCourt added that Ms Taylor and Zoe Molyneux (Associate Director of Quality Governance) were going to compile a position statement on transformation, the contracting side letter, and CQC action plan, as together these provided a comprehensive

picture on how to move from 'requires improvement' to 'good', and would therefore feed into local development and transformation plans with a view to accessing funding.

In response to Ms Beresford's query regarding the first meeting and terms of reference for the CCG's monitoring group, Dr Ticehurst advised that the CQC had to first sign off the Trust's action plan before the meeting could formally convene and confirm its terms of reference; however in the meantime there would be ongoing discussions with Mr Wootton. Lord Bradley enquired if the minutes from the Quality Summit would be presented to the next Board meeting. Mr Trodden confirmed they would.

Professor Jowett enquired as to when the CQC would re-assess the Trust following its work on the action plan. Mr Trodden advised that the Trust would be regularly sharing its plans and actions with the CQC, and it was envisaged that the monitoring group would take a view on when to invite the CQC to review the evidence of improvement, which it would triangulate with other areas of surveillance. Mr Trodden emphasised however that irrespective of ratings, the Trust had to continue to work hard to ensure it maintained and improved quality in all its services.

The Board noted the update, and agreed that this should be a standing monthly item on the Board agenda for the foreseeable future.

6. Strategy

6.1 Chief Executive's update: January 2017

Michael McCourt presented the Chief Executive's report for January 2017 to the Board for information.

Referring to the CQC inspection, Mr McCourt noted how positive the lead inspector was regarding the overall findings of the assessment. The 'requires improvement' rating shone a light on the areas the Trust was already concerned about, but the positive findings were a testament to the hard work of staff in challenging times and under significant pressure. The CQC was very positive about how staff had engaged with the process.

With regards to contract sign-off, Mr McCourt emphasised the successful nature of the engagement work undertaken with commissioners, and thanked the EDs for their excellent work in a complex environment.

Referring to changes in recruitment processes, Mr Bevan noted that time to hire timescales had been reduced to 21 days. Whilst this was logical, Mr Bevan enquired if it was achievable. Mr Fernandez advised that amendments to recruitment processes had been mandated by NHSI for all NHS trusts as part of the actions to reduce agency spend, and was welcomed by the Trust. It meant that hiring managers would need to be organised with dates for shortlisting / interviewing etc at the point of going out to advert, but it was in their best interests to do this well. This should improve the use of

agency situation however the full impact remained to be seen. The Chairman queried if this would also mean a reduction in the overall number of vacancies being carried by the Trust. Mr Fernandez replied that if the Trust had approximately 600 budgeted vacancies then at any one time about 200 would be in a recruitment process. Currently, there was work ongoing with the DBUs to drill down into their budgeted vacancies and triangulate this with agency spend so there was a clear picture. Mr Walker added that next year there would be financial performance checkpoint meetings with DBUs to ensure there was a more rounded assessment of agency spend, CIPs, vacancies, overpayments etc.

Professor Jowett enquired for further information regarding the section in the report on transformation funds to support mental health redesign in GM. Mr McCourt replied that discussions were still ongoing regarding the exact route by which funding would be accessed; however the Trust had held positive meetings with both Jon Rouse (Chief Officer, HM Health and Social Care Partnership) and Ann Gibbs (Director of Delivery Improvement, NHSI) regarding potential bids. Mr Roe added that he was scheduled to hold a discussion with NHSI regarding the assumptions the Trust would be building into its financial plans about funding streams. In addition to the summary already circulated to Board regarding external funding streams, it was agreed that additional information on current funding requests would be provided in line with updates regarding 2017/18 contract negotiations to Board at the end of March 2017.

The Board noted report.

6.2 Operational Plan 2017/18 – 2018/19

Julie Taylor presented the Operational Plan 2017/18 – 2018/19 to the Board for noting.

Ms Taylor reminded colleagues that the operational plan narrative had been presented and discussed at Board sessions on 23 November and 14 December 2016. The plan was formally approved by Board in PII on 21 December 2016 and subsequently submitted to NHSI on 23 December 2016. The plan was presented to PI Board in January 2017 as a matter of public record.

The Board noted the report.

7. Performance and Quality

7.1 Monthly Performance and Quality Assurance highlight report: December 2016

Keith Walker presented the monthly Performance and Quality Assurance highlight report for December 2016 to the Board for assurance.

Noting the reduction in IPDR compliance (77.9%), the Chairman questioned if there was a specific issue preventing the Trust from meeting its 85% target. Mr Walker replied that there was no one barrier hindering achievement of the target; however the Trust had struggled with compliance over the financial year so it was important to now link it to the CQC action plan and the strengthened performance assurance framework.

The Chairman sought comment on the underachievement of the CQUIN for staff flu vaccinations. Mr Walker responded that the Trust would be proposing to commissioners that any underachieved CQUIN was directed into the CQC monitoring group and recast into CQC improvement areas. Professor Ormandy queried if staff were aware of this potential loss of income. Mr Trodden advised that he had written to all managers regarding the staff flu campaign and the impact of losing CQUIN monies. An update on the final uptake figures would be circulated outside Board in February 2017.

The Board noted the report.

7.2 Corporate Risk Register summary

Ian Trodden presented the Corporate Risk Register (CRR) summary report to the Board for assurance.

Mr Trodden reported that two risks had been escalated for consideration by the EDs at their meeting on 16 January 2017, and one had been agreed for escalation to the CRR that concerned the Bury Walk-in Centres. This would appear on the next iteration of the CRR report.

Referring to the 'risk of ICO action against the Trust of up to £500k', Mr Livingstone enquired if it was a coincidence the ICO was due to audit the Trust. Ms Crosby confirmed that it was coincidental; and in relation to the risk the Trust had recently received confirmation that the ICO would not be imposing a fine following their investigation. Separately, Pennine Care had volunteered for the audit, and the ICO would publish the results on their website.

Ms Bishop noted that a full review of the CRR (and BAF) would take place in February 2017 and be presented to the next meeting of PQAC on 28 February 2017.

The Board noted the report.

7.3 Board Assurance Framework summary

Louise Bishop presented the Board Assurance Framework (BAF) summary to the Board for assurance.

The Board noted the report.

7.4 Finance dashboard: December 2016

Martin Roe presented the Finance dashboard for December 2016 to the Board for assurance. There had been a detailed discussion of the financial position at Finance Strategy Committee on 24 January 2017.

Mr Roe reported that, at the end of month nine, the forecast out-turn was a surplus of £2.3m, which was in line with the control total. The main concern was the position for agency expenditure, with the latest year-end forecast showing that agency spend would be 51% higher than the NHSI cap. Should the Trust exceed a threshold of 50% this would affect the Use of Resources metric and its associated rating. The Trust had undertaken a deep dive into the management of agency usage, and whilst the run rate was falling it was a slow process. In response, from 1 February 2017, there would be a blanket ban on administrative and non-qualified clinical agency staff. This would be supported by an appeals process to ensure any specific service impact was taken into consideration. This move had the potential to save £400k in the last two months of the financial year, which would bring the Trust back in line with tolerance levels. Along with these operational actions, the Trust would be discussing agency spend with NHSI given that £2.7m of expenditure was linked to achieving national targets and supporting the wider health economy, for example, through opening intermediate care beds.

Mr Roe suggested there could be a total ban on agency usage from 1 April 2017, which again would be supported by an appeals process. Professor Ormandy questioned why a ban on all agency usage was not being instigated sooner. Mr Walker replied that there were concerns about the feasibility of moving to a total ban, and the Trust should continue with ongoing work to improve controls, and build resilience. Mr Trodden agreed with this point, adding that any curbs on agency usage needed to be robustly assessed to ensure that the consequences for services were fully tracked. Mr Bevan enquired as to other controls in place to ensure the Trust stayed within the 50% threshold. Mr Walker replied that there were a range of measures in place, including standing operating procedures to authorise agency usage within delegated limits, plus DBUs had their own control totals. There were regular conference calls with DBUs to forensically examine and challenge where money was being spent on agency staff. As alluded to above, whilst the controls in place were having an impact on the agency run rate, it was not declining as rapidly as required.

The Board discussed the risks associated with the above, and Mr Walker agreed to add to the risk register a risk reflecting the difficulty of managing the balance between providing safe and effective services, and the delivery of contracts, whilst trying to manage the agency control total.

With regards to cash, Mr Roe reported that obtaining the £1m VAT rebate relating to Prospect Place continued to be problematic. The Trust was due to meet with Hempsons Solicitors, and Ernst and Young, to discuss the issue.

Mr Roe advised that NHSI has asked the Trust to review its capital expenditure over the final quarter of the financial year, and had since reduced forecast expenditure by £800k.

The Board noted the report.

7.5 Mental Health and Community Health governance report: December 2016

Henry Ticehurst presented the Mental Health and Community Health Governance dashboards and narrative for December 2016 to the Board for assurance.

In response to Ms Beresford's query regarding the timeframe for responding to Regulation 28 letters, Dr Ticehurst advised that the R28s included in the report had all been received in December 2016; and the Trust would respond to them in line with prescribed deadlines.

Professor Ormandy noted the increase in slips, trips and falls, which had been referenced in previous meetings, and queried what else was being done to address the issue. Mr Trodden advised that a significant amount of work was being done on risk assessments, the environment, and the use of technology. The Trust did have more complex clients with challenging needs; however the severity of harm had reduced. Mr Trodden added that he had now joined the Trust's Falls Group and in addition to the actions already being taken, the Trust would be exploring opportunities with volunteers and the third sector.

The Board noted the content of the dashboards, and welcomed the inclusion of a narrative.

8. Audit Committee

8.1 Highlight report and minutes from a meeting of the Audit Committee held on 14 December 2016

Tony Berry presented the highlight report and draft minutes from a meeting of the Audit Committee held on 14 December 2016 to the Board for assurance. Verbal feedback was provided at the previous Board meeting.

With regards to agenda planning for Audit Committee, Mr Berry reminded Board members to suggest key areas the Committee could explore over the next 12 months.

The Board noted the update.

9. Board Governance

9.1 NHSI Q3 2016/17 governance submission

Michael McCourt presented the NHSI Q3 2016/17 governance submission for approval.

The Board approved the submission.

9.2 Raising concerns in the workplace: quarterly update

Jose Fernandez presented an update on raising concerns in the workplace to the Board for assurance.

Professor Jowett noted that a recent recruitment process for the post of Freedom to Speak-up Guardian had not resulted in an appointment, and so discussions were underway on how best to re-advertise the post in order to attract people with the right skills and experience.

The Board noted the report.

9.3 Information circulated to Board since last meeting

The Chairman presented a report on information circulated since the last Board meeting.

The Board noted the report.

10. Council of Governors

No business was discussed.

11. Any other business

No business was discussed.

12. Date and time of next meeting

The next meeting of the Board of Directors will take place on Wednesday 1 March 2017 in the Boardroom, Trust HQ, 225 Old Street, Ashton-under-Lyne, OL6 7SR, commencing at 9.30 am.

JS/LB/GB/250117

Minutes transcribed by Gillian Bailey, Assistant Trust Secretary