

# MINUTES



**Pennine Care**  
NHS Foundation Trust

## **Board of Directors**

**Wednesday 30 May 2018**

Boardroom, Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR,  
commencing at 1.00 pm

### **PART I**

#### **Present:**

Evelyn Asante-Mensah	Chair
Joan Beresford	Non-Executive Director / Deputy Chair
Sandra Jowett	Non-Executive Director
Julia Sutton-McGough	Non-Executive Director
John Scampion	Non-Executive Director
Keith Bradley	Non-Executive Director
Claire Molloy	Chief Executive
Martin Roe	Executive Director of Finance / Deputy Chief Executive
Judith Crosby	Executive Director of Service Development and Sustainability
Clare Parker	Executive Director of Nursing, Healthcare Professionals and Quality Governance
Jackie Stewart	Executive Director of Nursing and Healthcare Professionals (Acting)
Henry Ticehurst	Medical Director

#### **In attendance:**

Gillian Bailey	Assistant Trust Secretary
Emma Turner	Senior Communications Officer
Steven March	Senior Performance and Business Intelligence Manager – <i>item 16.1</i>

#### **Patient story:**

Dr Alison Wood	CAMHS Consultant
Kim Evans	CED Clinical Support Worker
Jade McDonald	Patient story

The Board welcomed Clare Parker (Executive Director of Nursing, Healthcare Professionals and Quality Governance) to the meeting; and recorded its thanks to Jackie Stewart for her hard work and contribution to the Board during her time as Executive Director of Nursing and Healthcare Professionals (Acting). The Board wished Ms Stewart well as she returned to her substantive role as Managing Director.

## **1. Apologies for absence**

Apologies were received from Mike Livingstone (Non-Executive Director), Daniel Benjamin (Non-Executive Director), Keith Walker (Executive Director of Operations), and Louise Bishop (Trust Secretary).

## **2. Declarations of interest**

No interests were declared.

## **3. Questions**

There were no public attendees.

## **4. Patient story: Community Eating Disorders Service**

Jackie Stewart introduced Jade McDonald, who had recently participated in an ITN film to celebrate 70 years of the NHS. The film was to be launched at this year's NHS Confederation Conference; and so this was an opportunity for Board to meet Ms McDonald, who was a patient of the Community Eating Disorders Service.

Ms McDonald explained how she had become ill during her years at secondary school, suffering with anxiety and depression, and this manifested itself in suicidal thoughts, panic attacks, self-harm, and problems with eating. With her weight decreasing, she was taken to the GP by her Mum, but did not open up about her problems because she did not want her Mum to know she was not eating properly. Ms McDonald eventually told a teacher at school about self-harming and she was referred to CAMHS; but with further weight loss and the presentation of other symptoms she was stopped from going to college. In February 2016, she was admitted to the Horizon Unit. At the time, she weighed 4st 12lb. Ms McDonald described how difficult being an inpatient on the unit was and, due to her depression, there were a number of occasions she attempted suicide. During the summer of 2016 she was sectioned and had a feeding tube fitted. Later that year her condition improved and she was able to go home for Christmas. In February 2017, she was discharged from the Horizon Unit and taken under the care of the Community Eating Disorders Service. She experienced a setback in autumn 2017 but then earlier in 2018 her Mum was in an accident, from which she felt motivated to get better so she could care for her Mum. Since this time she had felt much better and expressed how, for the first time in seven years, she was now experiencing good mental health. Ms McDonald was now in the process of finishing her A levels; had participated in the NHS70 film; and was applying to be a young ambassador. In addition, she attended groups for parents with children experiencing eating disorders to explain how parents could help and support their children during difficult times.

Ms McDonald took questions and comments from Board members; with the Board collectively expressing the view that sharing this story publicly was a

brave and inspirational act. Thanks and best wishes for the future were recorded all round. The Board also thanked Dr Wood and Ms Evans for supporting Ms McDonald in sharing her story.

## **5. Previous meeting of the Board of Directors**

### **5.1 Minutes from a meeting of the Board of Directors**

The Chair presented the minutes from a meeting of the Board of Directors (PI) held on 25 April 2018 to the Board for approval.

The Board approved the minutes as an accurate record.

## **6. Matters arising and action plan**

### **6.1 Action plan arising from meetings of the Board of Directors**

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

With regards to item 5, regarding a Board development session on the Trust charity; the Chair noted that the next meeting of the Charitable Funds Committee in July 2018 would be used as a forum for discussing options about the future of the Charity; and proposals would be presented to Board thereafter.

Referring to item 6, the action to establish a protocol to support the advertisement of LAS posts, Mr Roe confirmed that a meeting was scheduled to discuss the matter and a process would be in place for the August 2018 intake.

The Board approved the action plan.

## **7. Chair and Chief Executive's update: May 2018**

The Chair and Ms Molloy provided verbal updates respectively.

The Chair provided an update on Mr Livingstone, who was making good progress following his recent illness. He was anticipating a phased return to duties from mid-July 2018. The Board welcomed this update and looked forward to Mr Livingstone's return.

The Chair attended the International Nurses Day event held by the Trust on 12 May 2018, which was an excellent showcase of the work of Pennine Care's nurses, and a good opportunity to meet staff. Attendees were very complementary about the Chief Executive's weekly blogs, and they were looking forward to being involved and engaged in the Trust's work around culture.

The Chair and Ms Beresford attended the service at Manchester Cathedral on 22 May 2018 in memory of those killed in the Manchester Arena attack, which was a very moving experience. Representatives of the Resilience Hub were also in attendance to provide information to people at the service.

The Chair and Mr Scampion visited Forest House, the Irwell Unit, and the Horizon unit on 29 May 2018; expressing thanks to all the staff they met during the day. The Chair made comment on the security in Forest House, particular a glass screen in reception, part of which was frosted glass; adding that this type of design was one the Trust might reconsider in future in terms of the message it gave out. Mr Scampion expressed the view that this entry barrier conveyed a message that was at odds with the message that the Trust should be giving, and it stigmatised people with mental health illness. Ms Molloy agreed that the Trust should have accessible places, but services also needed to take into account the evidence base of what was required to keep people safe. In addition, there were some services (i.e. PICU) that had prescribed standards about access. Mr Roe acknowledged the feedback from the Chair and Mr Scampion, adding that it would be considered in line with capital programme.

The Chair noted that she and Ms Molloy had met with Big Life on 14 May 2018; plus the Chair had met with Stuart Richardson (Managing Director, Mental Health) and Borough Care on 29 May 2018.

Ms Molloy reported on a meeting with Mr Roe and NHSI at the beginning of May as part of the enhanced oversight meetings linked to the enforcement undertakings. NHSI was reasonably assured with the progress being made in respect of the undertakings, and had decided to reduce the frequency of these meetings from monthly to quarterly. The Trust would look to take a decision later in the year about formally requesting that it was removed from enforcement undertakings.

Two important events were held during May 2018. The first was a Collective Leadership Forum comprising of 40/50 senior clinical leaders and heads of service. The forum was used to share the findings from the well-led review, and talk about how the forum might be used in future. The framework for the Quality Strategy was also shared, with feedback indicating that there needed to be a balance between moving forward with the Strategy and undertaking a more inclusive process. The Strategy also had to be framed in a language that was not too 'corporate'. This feedback was now being considered and there would be a review of the associated timeframes around the Strategy. The Collective Leadership Forum would meet every six / eight weeks. The next meeting in June 2018 would involve work on the Trust's strategy; and this would feed into a Board timeout later in the year.

The second event was a workshop for approximately 100 members of staff regarding culture and values; from which a lot of information was collected and positive feedback received. One feature from the information collected was that there needed to be more testing around how the Trust's values resonated with staff. The outputs of this session would now be taken forward

into more focused smaller workshops with staff. It was anticipated that this type of event would be held twice a year. Professor Jowett enquired how people had been identified to attend this event. Ms Crosby replied that invitations had gone out to DBUs and a range of people had been nominated; however every effort was made to ensure there was representation from all staff groups.

Odgers Berndtson had been appointed as the executive search agency to support the recruitment of an Executive Director of Workforce, and Executive Director of Finance. Advertisements for these posts were due out, with shortlisting taking place in June 2018, and the final assessment days in July 2018. A recommendation for appointment to these posts would be scheduled for Appointment and Remuneration Committee in August 2018.

The Board noted the updates.

## **8. Strategy**

## **9. Quality**

### **9.1 Chair's report from a meeting of the Quality Committee held on 22 May 2018**

Julia Sutton-McGough presented the chair's report from a meeting of the Quality Committee held on 22 May 2018 to the Board for noting.

Dr Sutton-McGough reported that the Committee received an update on its workplan, part of which was a paper on clinical presence visits for EDs. The Committee discussed the importance of broadening this work to include the arrangements for NED and Governor visits to services. With regards to the ED visits, Ms Molloy explained that a programme had been mapped out for the year so that every service was visited by an ED at least once a year. The EDs had agreed to set aside the first Wednesday of every month to undertake visits out to services. There was now a need to consider the arrangements for NED visits. Feeding back to the organisation was an important part of this process, and current thinking was to report back to the Trust Management Board then distil this down to themes for presentation to either Quality Committee or Board. This would strengthen the link from the front line up to Board. Professor Jowett agreed with ensuring that the planning for visits was part of one process; however it was important for the NEDs to consider the purpose of visits from their point of view.

Dr Sutton-McGough noted that, at the time of the Quality Committee, the Board development session on the Quality Strategy had just been cancelled in light of the feedback received from the Collective Leadership Forum; and there were questions over the impact this might have on the timeframes for agreeing the Strategy. Ms Molloy advised that the Trust was still aiming for June 2018 to present a Quality Strategy framework that would contain objectives and key headings, with greater detail expected in July 2018.

Dr Sutton-McGough agreed that it was important not to rush the Strategy if it was not ready, but this did have implications for the Quality Committee as it was the delivery of the Quality Strategy the Committee would be seeking assurance about; and this in turn would impact on the reporting and the governance arrangements that supported the functioning of the Committee.

The Committee received a quality and safety headlines report, within which there were cases that pointed to the lack of an EPR. The governance dashboards for mental health and community health were reviewed, and these highlighted the need for future reports to place greater emphasis on the patient voice. The Committee was also presented with reports on safer staffing, and a CQC action plan update. The latter included a number of stubborn 'reds' that Board were familiar with; however the Committee felt that physical healthcare checks had not featured strongly in discussions and so asked to receive more information about this at a future meeting.

The Committee received a presentation on the Prevention and Management of Violence and Aggression and it was felt that a Board development session was needed to ensure all of Board were aware of the use of restriction in the organisation.

The Committee welcomed an update on this year's staff flu vaccination campaign, and recorded its congratulations to the flu vaccination team on the improvements experienced in the uptake of the flu vaccine amongst staff during winter 2017/18.

In light of the outcome of the external assurance audit on the Quality Account 2017/18, the Committee noted that more extensive discussions would be held at Performance and Finance Committee, and Audit Committee, regarding data quality. There had been no indications of quality issues with the care of individuals arising from this audit.

The Board noted the report.

## **10. People and Workforce**

Professor Jowett advised that the People and Workforce Strategy had been due to be presented to Board in May 2018; however would now be submitted in June 2018, when key colleagues could attend to support its presentation.

## **11. Performance and Finance**

### **11.1 Chair's report from a meeting of the Performance and Finance Committee held on 24 May 2018**

John Scampion presented the Chair's report from a meeting of the Performance and Finance Committee held on 24 May 2018 to the Board for noting.

Mr Scampion advised that the Committee had reviewed the Forest House proposal (item 11.2) and recommended that Board approve the proposed scheme.

A presentation was received on the mental health estate strategy, with work underway between the Trust, GM, commissioners, and other mental health providers to develop future proposals that would be available to a wider range of stakeholders for discussion and contribution. An update was also provided on the service review process as part of the enforcement undertakings.

There were extensive discussions at the Committee regarding data quality, in light of the external assurance audit on the Quality Account 2017/18, with concern expressed about the level of inaccuracy the audit work revealed. The Executive Director of Operations provided a robust account of the actions being taken to address the issues raised and to assess data health in the organisation. The Committee agreed that Audit Committee should review the internal audit programme for 2018/19 to ensure appropriate coverage of reviews to test the embeddedness of changes made to improve data quality.

With regards to the financial position, the Committee noted the risks associated with this year's savings programme. A paper was also received on Reference Costs, with the changes being applied to the methodology this year not expected to significantly impact on the Reference Cost result.

The Board noted the report.

## **11.2 Development of Forest House and sale of 314/316 Oldham Road**

Martin Roe presented a proposal to develop Forest House and sell 314/316 Oldham Road.

Mr Roe explained that 314/316 Oldham Road provided Adult Psychological Therapies in an old and functionally unsuitable detached house near Royal Oldham Hospital. The proposal was to develop an underutilised area on the ground floor of Forest House on the hospital site and transfer services, providing benefits for both patients and staff. This would allow the sale of 314/316 Oldham Road for residential purposes in alignment with government targets, and reduce future liabilities on a building requiring significant investment if retained. The work in Forest House would provide a modern fit for purpose patient facility, and the investment of £674,000 would be partly compensated by the sale of 314/316 Oldham Road. The financial allocation for this scheme was included in the Capital Plan approved by Board in March 2018.

The proposal had been reviewed by EDs, and Performance and Finance Committee, and it was recommended that Board approve the proposal.

### **DECISIONS/ACTIONS/NEXT STEPS:**

- The Board approved the proposal to develop Forest House and sell 314/316 Oldham Road.

## **12. Audit Committee**

### **12.1 Chair's report from a meeting of the Audit Committee held on 25 May 2018**

John Scampion presented the Chair's report from a meeting of the Audit Committee held on 25 May 2018 to the Board for noting.

Mr Scampion reported that, in line with the authority delegated to it by the Board, the Audit Committee approved the Annual Accounts, Annual Report, and Quality Account for 2017/18. As noted under item 11.1, the Audit Committee reviewed and approved the 2018/19 internal audit programme subject to ensuring that adequate provision was made to audit data quality. Audit Committee received the Internal Audit Annual Report, which included the Head of Internal Audit opinion; along with the Counter Fraud Annual Report. The Committee approved the establishment of a working group to discuss future core audit and counter fraud services; the outputs of which would be presented during the PII meeting.

The Board noted the report.

### **12.2 Annual Accounts 2017/18**

Martin Roe presented the Annual Accounts 2017/18 to the Board for noting. The Accounts had been approved by the Audit Committee on 25 May 2018 and submitted to NHSI later that afternoon. The Trust's External Auditors had issued an unqualified opinion on the Annual Accounts.

The Board noted the contents of the Annual Accounts 2017/18, and recorded its thanks to the Finance team for its hard work in producing the Accounts in a timely manner.

## **13. Appointment and Remuneration Committee**

### **13.1 Briefing note from a meeting of the Appointment and Remuneration Committee held on 25 April 2018**

The Chair presented a briefing from a meeting of the Appointment and Remuneration Committee held on 25 April 2018 to the Board for noting.

The Board noted the report.

## **14. Charitable Funds Committee**

### **14.1 Charitable Fund expenditure request**

The Chair presented an application for funding from the Pennine Care Charitable Foundation to the Board for approval. Proposed expenditure

greater than £5,000 required approval from the Board of Directors, as corporate trustee.

The report set out a request for charitable funds expenditure of £6,788.00, to enable patients within the Prospect Place, Engagement and Assessment / Recovery Unit and Social Inclusion area of the Rehabilitation and High Support Directorate to learn how to grow fruit and vegetables and then create a network with local community gardens so this could continue in the community, post discharge. This application has been reviewed and approved by the Charitable Funds Committee on 19 April 2018.

**DECISIONS/ACTIONS/NEXT STEPS:**

- The Board approved charitable funds expenditure of £6,788.00 in line with the proposal set out in the report.
- It was noted that the delegated authority limits regarding charity expenditure would be reviewed as part of wider discussions about the future of the charity.

**15. Board governance**

**15.1 NHSI annual self-certifications: G6 and CoS7**

Claire Molloy presented a report on NHSI's annual self-certification requirements for the NHS provider licence to the Board for approval.

The report centred on the self-certification statements that Board was required to approve by 31 May 2018. These were provider licence conditions G6 (the provider has taken all precautions necessary to comply with the licence, NHS Acts and Constitution) and CoS7 (if providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service). The G6 self-certification would be published on the Trust's website following Board approval. The report set out the evidence against each of these areas, and made a recommendation.

**DECISIONS/ACTIONS/NEXT STEPS:**

- The Board approved the recommendations outlined in the report, namely:
  - To self-certify that condition G6 is formally signed off as 'confirmed'
  - In respect of CoS7 to self-certify 'confirmed' against option 3b, that 'after making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the required resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate'. 3b was selected because during 2018/19 it was forecast that the Trust was likely to make an application for distress funding.
- It was noted that a further report would be presented to Board for approval in June 2018 in respect of provider licence condition FT4, and the training of governors.

## **16. Quality and Performance Assurance reporting**

### **16.1 Monthly Performance highlight report: April 2018**

Steve March presented the monthly Performance highlight report for April 2018 to the Board for assurance. The report had been presented and discussed at the Performance and Finance Committee on 24 May 2018.

Mr March reported that compliance against the mandatory Information Governance training target continued to improve and, as of 24 May 2018, was 89% (target >95%). Compliance against CEST and IPDR targets continued to struggle, but there was focused work ongoing led by the Executive Director of Operations to examine data down to individual levels so that feedback could be sought on the barriers to completion. With regards to DTOC, the Trust was on track for a 7% outturn for Q1 2017/18, which was set against a national average for mental health trusts of 8%. EIP waiting time data indicated an improved picture against target, and a range of actions were underway to speed up the impact of additional investment agreed with the CCGs.

Lord Bradley sought further information regarding the new definition for Out of Area Placements (OAPs) in GM. Dr Ticehurst advised that a complex algorithm had been agreed in GM, which came into effect from 1 April 2018. Dr Ticehurst agreed to share more information outside the meeting.

Dr Sutton-McGough sought an update on the work to review the risk register and the processes associated with it. Ms Molloy replied that, in line with the recommendations arising from the well-led review, work was ongoing to review risk management processes linked to the Board Assurance Framework (BAF). This work was expected to be completed during summer 2018, and the intention was to hold a Board development session on risk management and the BAF ahead of new reporting arrangements thereafter.

The Board noted the report.

### **16.2 Mental Health and Community Health governance report: April 2018**

Henry Ticehurst presented the Mental Health and Community Health governance report for April 2018 to the Board for assurance. The report had been presented and discussed at Quality Committee on 22 May 2018.

Dr Ticehurst drew attention to the issue of bed management, and there had been five incidents reported during April 2018 that related to S136 suites. There was new legislation regarding the use of S136 suites, which reduced the amount of time patients could be held in these facilities, and this was putting pressure on services when a bed had to be identified. This was particularly difficult given the ongoing national shortage of inpatient mental health beds. The Trust was utilising the appropriate legal framework to

ensure patient safety was maintained, and this was being communicated to staff, but Board needed to be aware of the issue and the pressure on services. Similar issues with the performance of S136 suites were being experienced across GM. Professor Jowett enquired as to how the CQC viewed this situation.

Dr Ticehurst advised that these types of issues were regularly discussed with the CQC as part of a regular six-weekly meeting, and were satisfied with the Trust's response provided the legal framework and staff protocols were in place. Ms Molloy suggested that future quality reporting should enable Board to have thorough oversight of the issue and an understanding of the general scale of the problem.

The Board noted the report.

### **16.3 Finance executive dashboard: April 2018**

Martin Roe presented the finance executive dashboard for April 2018 to the Board for assurance.

Mr Roe reported that the month one position was a deficit of £0.5m, which was slightly ahead of plan. The key driver behind the deficit related to investment in safer staffing, with expenditure heavily weighted towards the latter part of the year. The final plan submission to NHSI for 2017/18 was a deficit of £11.2m; however an offer regarding the control total was due to be discussed in PII of the meeting.

Looking forward, a key factor would be the outcome of the service reviews, which would underpin the production of the LTFM at year-end. Internal meetings had taken place, and meetings with commissioners were scheduled from June 2018.

Risks to the delivery of the planned financial position included the release of efficiency savings and full recovery of income against non-contracted inpatient beds across mental health services. With regards to the latter, a formal decision was expected by commissioners on 31 May 2018 as to whether they would contract 12 of these beds up to the end of the financial year.

Referring to safer staffing expenditure, Professor Jowett enquired as to progress with recruitment. Ms Stewart replied that successful recruitment campaigns had been held to recruit to vacancies in CMHTs and early intervention teams.

The Board noted the report.

## **17. Council of Governors**

### **17.1 Feedback from a meeting of the Council of Governors held on 15 May 2018**

The Chair provided verbal feedback from a meeting of the Council of Governors held on 15 May 2018 to the Board for noting.

The Chair reported that the Council approved the process of NED appointment in anticipation of a re-appointment exercise during 2018; and approved a pay freeze in relation to NED remuneration for 2017/18, although it was noted that this was in no way reflective of any dissatisfaction with NED performance and the Governors fully appreciated and recognised their good work.

The Council approved a number of changes in relation to the role and responsibilities of the Lead Governor; and received updates from the Chief Executive on Trust strategy, and from the NED Chair's of Board Committees.

The Board noted the update.

### **17.2 Elections to the Council of Governors 2018**

Gillian Bailey presented an update on elections to the Council of Governors for 2018 to the Board for noting.

Ms Bailey explained that there were 17 vacant seats in this year's election (13 public across seven constituency areas and four staff across three staff classes). Nominations closed on 11 May 2018. 140 expressions of interest were received and 50 completed nominations submitted, with all seven public constituency areas and two out of the three staff classes being contested. The staff class for AHPs was uncontested however both seats, which had been vacant for some time, would be filled.

Ms Bailey described how the Membership Team had undertaken a wide range of activities over the last year to generate interest in the Governor role, and a flavour of these were included in the report. The briefing went on to provide comparative information with last year's election in terms of nominations, gender, and ethnicity.

Ballot packs would be issued to constituencies / staff classes from 31 May 2018, with the results available on 22 June 2018. Terms of office would commence from 1 July 2018. All existing and newly elected Governors would be invited to a welcome meeting on 2 July 2018.

The Board noted the contents of the report, and expressed its thanks to the Membership Team for their hard work on this year's election.

## **18. Other reports**

### **18.1 Information circulated since the last meeting**

The Chair presented the schedule of information circulated to the Board since the last meeting.

The Board noted the report.

## **19. Any other business**

### **19.1 Date for Annual General Meeting**

The Chair proposed the date of this year's AGM as Wednesday 3 October 2018. The Board meeting would be moved from 26 September 2018 to 3 October 2018 in order to hold the Board meeting, AGM and CARES awards on the same day.

The Board approved 3 October 2018 for the AGM subject to ensuring that key members of the Board were available and there were no significant clashes with the AGMs of key stakeholders.

## **20. Reflections on the meeting**

No specific comments were recorded.

## **21. Date and time of next meeting**

The next public meeting of the Board of Directors will take place on Wednesday 27 June 2018, in the Boardroom, Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR, commencing at 1.00 pm.