

MINUTES



Pennine Care
NHS Foundation Trust

Board of Directors

Wednesday 27 June 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
Daniel Benjamin	Non-Executive Director
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
Keith Walker	Executive Director of Operations
Henry Ticehurst	Medical Director
Sally Baines	Interim Director of Workforce

In attendance:

Louise Bishop	Trust Secretary
Gillian Bailey	Assistant Trust Secretary
Alison Kendall	Programme Manager, Mental Health Strategy – <i>item 8.1</i>
Heather Bell	Head of Business Development – <i>item 8.1</i>
Lisa Ryder	Freedom to Speak Up Guardian – <i>item 10.4</i>
Alicia Custis	Associate Director of Communications

Patient story:

Gemma Mlambo Modern Matron (Adult Acute Mental Health Services)

The Board welcomed Sally Baines (Interim Director of Workforce) to her first Board the meeting. A welcome was also extended to Alicia Custis (Associate Director of Communications) who had recently commenced in post.

1. Apologies for absence

Apologies were received from Mike Livingstone (Non-Executive Director), and Claire Molloy (Chief Executive).

2. Declarations of interest

No interests were declared.

3. Questions

There were no public attendees.

4. Patient story: Triangle of Care

The Board received a patient story from a carer (who wished to remain anonymous), with support from Gemma Mlambo.

The carer spoke about her experience with her son, who had been diagnosed with Paranoid Schizophrenia as a teenager. She described how difficult it was to understand his illness, and how isolated and powerless she had felt when he was ill – to the extent that she had experienced both physical and mental illness. When her son was ill at age 18, he was admitted to a mental health inpatient ward. At the time, the ward consultant and staff refused to discuss her son's health because of 'confidentiality'. This episode culminated in her son being discharged from hospital without her knowledge with no coat, no money, no food and nowhere to live – she felt she was left to pick up the pieces.

Over a decade later, her son once again became very unwell and was admitted to hospital on a Section 3. All the ward staff were helpful and even if staff could not give her detailed information (because of her son's wishes) they could tell her that her son was safe. She was invited to ward rounds, and her views were listened to. Overall, she felt part of the process of recovery for her son.

There was a carer champion on the ward from which she learned of the Triangle of Care (ToC), and how it was aimed at ensuring that carers were key partners in the planning and provision of care for the people they cared for. This lady was now a carer champion herself so she could help others.

Ms Beresford noted that the ToC had achieved level one accreditation, and enquired as to the plans to achieve the next level. Ms Mlambo replied that the ToC team were very proud to receive accreditation; however this was in the context of limited resources. In terms of future plans, there would be a reassessment of all inpatient services and CMHTs by September 2018. Next year there would be an assessment of community services. Following this, an action plan would be generated and monitored. Ms Mlambo added that, currently, there was no national lead for ToC; but the Trust would continue to progress the work in this area as the principles underpinning ToC were crucial irrespective of what transpired nationally.

The Board thanked the carer for sharing her moving and powerful story; with members expressing their thanks for the time and dedication she gave to others whilst continuing to care for her son. The Board also thanked Ms Mlambo for helping to bring this story to Board and her continued hard work on the Triangle of Care.

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 30 May 2018 to the Board for approval.

The Board approved the minutes as an accurate record, subject to amendment under item 9.1 to reflect that the framework for the Quality Strategy would be available from June 2018 with greater detail from July 2018.

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.

The Board approved the action plan.

With regards to discussions regarding the future of the Trust Charity, the Chair noted that a workshop was scheduled for 19 July 2018. An update would be provided to the next meeting.

7. Chair and Chief Executive's update: June 2018

The Chair provided a verbal update.

The Chair reported on a visit to Hollingworth and Moorside wards (John Elliot Unit, Birch Hill Hospital) on 6 June 2018. Whilst the visit highlighted the commitment and dedication of staff; there were a number of estate issues that prevented them providing the best possible care. These issues had been raised with the EDs.

The Chair visited Hague and Summer wards (Tameside General Hospital) with Ms Beresford and two Governors on 19 June 2018. On speaking with staff, they were clearly dedicated but faced limitations about how the wards were run i.e. fresh fruit was only provided on two days per week as part of the contract with the acute trust. Staff had also engaged in discussions about single-sex accommodation, and whilst they accepted that the proposed changes were happening because of regulations this, in their view, did not necessarily represent what was best for patients. Ms Parker responded that the Trust was currently undertaking an extensive engagement exercise with

staff, patients, and carers around single-sex accommodation and it wanted to hear as many views as possible as part of that process.

With regards to the feedback from these visits, Mr Walker expressed his disappointment that they had been brought to his attention in this way; but noted that remedial estates work at the John Elliot Unit had commenced and should be completed soon. The issue regarding the availability of healthy food was also in the process of being followed up.

The Chair and Dr Sutton-McGough attended a volunteer thank you event on 4 June 2018, which was a celebration of the hard work and dedication of those who gave their time for others.

The NHS Confederation Conference took place on 13/14 June 2018, which was attended by the Chair, Chief Executive, Ms Beresford, and Ms Crosby.

The HSJ Value Awards took place on 7 June 2018. The Trust was shortlisted for two awards: Children's Acute and Ongoing Needs Service (CAONS) in HMR shortlisted for the community health service redesign award, and the self-management shared care wound pathway was shortlisted for the improving the value of primary care services award. The Trust did not win the overall awards in these categories, but the Chair expressed how proud she was to accompany these teams on the evening to recognise their achievements.

The Board noted the update.

8. Strategy

8.1 Update on Mental Health Strategy

Alison Kendall and Heather Bell provided an update on the Mental Health (MH) Strategy to the Board for information.

Ms Kendall reminded colleagues that the MH Strategy was presented and approved at Board in April 2017. Her role as Programme Manager commenced in July 2017, and a clinical lead commenced in October 2017. Implementation was supported by a MH Strategy Steering Group, chaired by Dr Ticehurst.

The Strategy comprised a number of strands: alternatives to admission for all ages; out of hours provision; the Community MH Team (CMHT) offer; different access models; the development of more trauma-informed services; improving the pathway for people with personality disorder; development of MH liaison services; and renewed focus on older people's functional mental health.

During year one, a number of workstreams had progressed. These included:

- Alternatives to admission, focusing on the development of Home Treatment Teams and an integrated safe haven offer (supported via GM transformation funding).
- A review of CMHT and the development of an operational policy.
- Core 24 implementation, supported through GM transformation funding with year one focusing on Oldham and Stockport.
- Psychological Medicine service developments within Stockport and HMR locality transformation schemes, and as part of the LCO business case process in Oldham.
- Development of a Personality Disorder Trust-wide Strategy Group.
- Trauma-informed training group and associated training roll-out.
- Development of the 'Living Well hub', a new access model in HMR.

There were also a number of wider MH workstreams underway such as mixed-sex accommodation, IAPT delivery models, delayed transfers of care; CQUIN and winter pressure schemes, bed management, and safer staffing.

Ms Bell noted that given the extensive number of ongoing MH workstreams, it had been agreed to develop a programme approach to take forward the entirety of MH developments. This programme approach had identified a number of priorities such as the development and implementation of an overall clinical strategy; the development and delivery of short-term improvements; medium to longer-term transformation; and the development of sustainable leadership capability and capacity.

Existing activity had been mapped into broad workstreams, which would help to identify and align resources and leadership. A Programme Board was in the process of being established, which would replace the existing MH Strategy Steering Group, and report up to Trust Management Board. The next steps included establishing a programme infrastructure with a view to holding a shadow board in July 2018 and programme launch thereafter.

The Chair enquired about the plans to engage with service users and carers in this work; and how equality and diversity factored. Ms Kendall replied that the MH Strategy had been developed with extensive engagement with a range of stakeholders, including service users and carers; but it was recognised that further work needed to be done to embed engagement within the workstreams to ensure they were co-produced. Ms Bell added that equality and diversity ran throughout the programme, and equality impacts would take place for each workstream, which the Chair was welcome to receive.

Lord Bradley enquired as to the alignment with GM MH plans. Dr Ticehurst advised that he and Mr Walker were activity involved in MH strategic and programme boards at GM level; plus some of the Trust's workstreams were being supported with GM monies.

Mr Benjamin asked when the detailed project architecture was expected to be in place. Ms Bell responded that the planning phase had commenced, and

this would be developed further during the next couple of months. It was anticipated that by the end of summer the architecture would be clear. Mr Benjamin queried if any of this work might impact on the Trust's ability to deliver its savings, or if investment into the programme would be required. Ms Crosby replied that under-utilised monies from the PMO were currently supporting this work, and it was hoped that the development of the clinical leadership structure would provide benefit to the programme. Once the entirety of the programmes were clear there would need to be a review of the resources required going forward. Mr Walker added that this work would not delay CIPs.

The Board noted the update and thanked Ms Kendall and Ms Bell for their informative presentation.

9. Organisational development

9.1 Organisational development improvement plan update

This item was deferred.

10. Quality

10.1 Chair's report from a meeting of the Quality Committee held on 19 June 2018

Julia Sutton-McGough presented the Chair's report from a meeting of the Quality Committee held on 19 June 2018 to the Board for noting.

Dr Sutton-McGough noted that the Committee received and discussed a range of documents, including an updated Committee workplan, a draft quality metrics report, the draft Quality Strategy, quality and safety headlines, and the Infection Prevention and Control annual report. The Committee noted that its terms of reference were due for review; and this review process was currently being discussed and agreed with Committee chairs.

The Board noted the report.

10.2 Quality Strategy update

Clare Parker provided a verbal update on the Quality Strategy to Board for information.

Ms Parker advised that the draft Quality Strategy had been shared with Quality Committee and the Collective Leadership Forum, and was currently out for consultation with a wider group of staff. Feedback thus far had been positive. The Trust's work in relation to the Integrated Performance Report was informing the development of metrics and outcomes measures that would support delivery of the Strategy. The Strategy was scheduled to return to Quality Committee in July 2018 before it was presented to Board for approval on 25 July 2018.

The Board noted the update.

10.3 CQC inspection

Clare Parker provided a verbal update on the CQC inspection to the Board for information.

Ms Parker confirmed that the Trust had been notified by the CQC of its intention to undertake an inspection. The Trust had submitted the information requested by CQC in advance of this process; and it awaited notification of the date of the well-led review. Given that the regime the Trust would be inspected was different to that experienced in 2016, a communications plan was being developed to provide information for staff but to also encourage them to share the fantastic work they did in services. A Board development session was scheduled for 10 July 2018 to provide more information on the process.

In addition, the Trust was due to commence NHSI's 'Moving to Good' programme. Ms Parker advised that she had recently attended a launch event for the programme and an update had been provided to Quality Committee on the key areas the Trust would work on. The first site visit for the programme would take place on 10 July 2018.

The Board noted the update; and recorded its thanks to colleagues for their hard work in pulling together the significant amount of information requested by the CQC.

10.4 Freedom to Speak Up report

Lisa Ryder attended to present the Freedom to Speak Up report to the Board for assurance and information.

Prior to delivering the report, Ms Ryder asked Board to take a moment to remember the 450 patients whose lives were shortened at the Gosport War Memorial Hospital, and the findings of the recently published report into these deaths served as an important reminder of cultural change and the freedom to speak up message. The Board acknowledged these sentiments and recorded its condolences to the families involved.

Ms Ryder explained that the report to Board was the first presented in line with recently issued guidance by NHSI. It talked about the background and role of the Freedom to Speak Up (FTSU) Guardian, national reporting requirements, and communications plans to raise awareness of the role. An important theme from the cases reported to the FTSU Guardian was that the majority of staff feared detriment to speaking up. Of the 27 staff raising concerns in the report (between September 2017 and June 2018), 22 wished to remain anonymous. Since the report was produced, a further four staff had raised concerns, bringing the overall number since September 2017 to 31. A large proportion of these cases contained an element of patient safety. Staff

had generally been satisfied with how cases had been dealt with, and there had been good examples of how managers had responded positively to concerns.

With regards to priorities for the next 12 months, these included the completion of the self-review tool issued by NHSI; and the development of a vision and strategy for FTSU.

Professor Jowett commended the work of Ms Ryder during her time in post; with the report reflective of the hard work undertaken to raise the profile of the role in the organisation. The increase in reported cases indicated that the FTSU Guardian had tapped into the consciousness of those people that wanted to come forward, and had taken time and care with everyone that had contacted her.

Mr Roe sought further context around the degree to which people feared detriment if they spoke. Ms Ryder replied that a perception of fear was not unique to Pennine Care but a culture of blame had traditionally been perceived across the NHS. Professor Jowett added that sometimes people might first speak with colleagues or their manager about their concerns, and a negative response at this stage could influence their perceptions of speaking up.

Ms Beresford enquired whether managers were given training about FTSU. Ms Ryder responded that this was one of the priorities going forward – small amounts of training had started to take place but this needed to be broadened.

Referring to the number of cases within the report that were open (15), Dr Sutton-McGough asked about factors influencing the length of cases. Ms Ryder advised that some investigations were more complex and took a long time; however there had been cases where a significant amount of chasing had taken place to get feedback for staff on what had happened with their concerns.

Mr Benjamin enquired if there was a sense about whether the number of cases reported in the Trust, in comparison with other organisations, should be of cause for concern. Ms Ryder replied that the National Guardians Office discouraged these kinds of comparisons between organisations; the important factor was to create a culture where staff were able to speak up and felt valued for doing so. Ms Parker noted that consideration needed to be given to the key messages from Board about raising concerns and the differences that could be made as a result of speaking up.

With reference to the NHSI self-review tool, Ms Parker advised that this needed to be completed by the organisation in the coming weeks. It had been agreed that Ms Parker, Ms Ryder, and Professor Jowett would undertake an initial assessment prior to seeking support and input from other Board members.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board welcomed the report and recorded its full support for the work of the FTSU Guardian.
- The Board reaffirmed its commitment that Pennine Care should actively encourage and enable staff to speak up safely.
- The Board would receive the FTSU Guardian report on a quarterly basis; and would form part of the Quality Committee's cycle of business.
- Mr Scampion, who was not present for this discussion, asked that his support be recorded and, as Chair of Audit Committee, was happy to assist in any way.

11. People and Workforce**11.1 People and Workforce Strategy 2018 - 2021**

Keith Walker presented the People and Workforce Strategy 2018 – 2021 to the Board for approval.

Mr Walker reminded colleagues that the process to refresh the Strategy had commenced earlier in the year. The document set out the national, regional, and local context for people and workforce issues, then went on to outline the six key principles supporting the Strategy. The strategic deliverables for the Trust were centred around four key domains of effective and sustainable workforce; capable and skilled staff; effective leadership for quality and service development; health and wellbeing. The refreshed Strategy had been through a variety of forums, including People and Workforce Committee, People and Workforce Steering Group, and Trust Management Board.

Mr Walker emphasised that the document represented a strategic anchor to build plans upon. More work would take place over the coming months, with it potentially coming back to Board via a development session so there could be reflection on its impact and engagement with the DBUs. The timing of this session would be picked up by the People and Workforce Committee. One area of feedback that had been acknowledged, and would be worked on, was that the Strategy was generic in nature and that it needed greater focus from a Pennine Care perspective. The Chair added that there should also be more emphasis on equality and diversity throughout the document so it was reflective of the workforce and highlight that Pennine Care was an employer of choice. The associated workplans should also be equality assessed. Ms Baines acknowledged the Chair's points, advising that they would be picked up in the ongoing development of the Strategy and the workplans.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board approved the People and Workforce Strategy 2018-2021.
- Discussion was also held regarding the format of Strategy documents, and there was broad agreement that they should have a common format.

12. Performance and Finance

12.1 Chair's report from a meeting of the Performance and Finance Committee held on 21 June 2018

Daniel Benjamin presented the Chair's report from a meeting of the Performance and Finance Committee held on 21 June 2018 to the Board for noting.

The Board noted the report.

12.2 Microsoft Enterprise agreement buyout

Martin Roe presented a proposal for a Microsoft enterprise agreement to the Board for approval. The proposal had previously been reviewed by EDs and Performance and Finance Committee, with both groups endorsing the preferred option.

Mr Roe explained that the Trust was reaching the end of its three year enterprise agreement with Microsoft client access licences. The preferred option was to buyout the enterprise agreement at a cost of £488k excluding VAT. This cost was included in the capital plan for 2017/18.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board approved the proposal for the Trust to proceed with the licence buyout as per the details of the report.

13. Audit Committee

No business was discussed.

14. Appointment and Remuneration Committee

No business was discussed.

15. Charitable Funds Committee

No business was discussed.

16. Board governance

16.1 NHSI annual self-certifications: FT4 and training of governors

Martin Roe presented the NHSI annual self-certification for licence condition FT4 and training of governors, to the Board for approval.

Mr Roe explained that, following on from the self-certification report for licence conditions G6 and CoS7 presented at the May 2018 Board meeting, this report represented the remaining two areas of self-certification that the Trust was required to report on annually. Licence condition FT4 concerned

compliance with corporate governance arrangements; plus the organisation was required to satisfy itself that governors had received enough training and guidance to carry out their roles. The report set out the compliance areas and identified sources of assurance against each element.

With regards to the training of governors, Dr Sutton-McGough queried if all the sources of assurance constituted training. Ms Bishop explained that the standard was not just reflective of training opportunities but ways in which governors enhanced their overall knowledge of the organisation through a wide variety of involvement and activities.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board confirmed its compliance against each area of self-certification relating to licence condition FT4 and the training of governors.

17. Quality and Performance Assurance reporting

17.1 Monthly Performance highlight report: May 2018

Keith Walker presented the monthly Performance highlight report for May 2018 to the Board for assurance. The report had been discussed in detail at Performance and Finance Committee on 19 June 2018.

The Board noted the report.

17.2 Mental Health and Community Health governance report: May 2018

Henry Ticehurst presented the Mental Health and Community Health governance report for May 2018 to the Board for assurance.

The Board noted the report.

17.3 Finance executive dashboard: May 2018

Martin Roe presented the finance executive dashboard for May 2018 to the Board for assurance. The report had been discussed in detail at Performance and Finance Committee on 19 June 2018.

The Board noted the report.

18. Council of Governors

18.1 Elections to the Council of Governors 2018

Louise Bishop provided a verbal report on elections to the Council of Governors 2018 to the Board for noting.

Further to the update provided at the previous meeting, Ms Bishop reported that the declaration of results for this year's elections was received on

22 June 2018. This year, there were 17 vacant seats – 13 public seats across all seven constituency areas, and four staff seats across three staff classes. All seven public constituency areas were contested, along with two of the three staff classes. The staff class of Allied Health Professionals was uncontested. A number of Governors were re-elected; however the Council welcomed 11 new Governors this year. Turnout for the election overall reached 15%, with all constituencies, except Tameside and Glossop, surpassing turnout rates from 2016/17.

All new and existing Governors were invited to attend a welcome event on 2 July 2018.

The Board noted the update, recording its congratulations to those who had been successful.

19. Other reports

19.1 Information circulated since the last meeting

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

Professor Jowett confirmed that the Freedom to Speak Up information circulated to Board comprised of the guidance issued by NHSI, and the self-review tool for trusts.

The Board noted the report.

20. Any other business

20.1 Clinical Excellence Awards 2017

Henry Ticehurst tabled a report on the Clinical Excellence Awards for 2017 to the Board for approval.

Dr Ticehurst explained that the Local Awards Committee, with support from Mr Benjamin as the NED representative, met on 18 June 2018 to consider the allocation of awards. 11 awards were allocated – the remainder not awarded would be carried forward to next year. Dr Ticehurst noted that this was the penultimate year the CEAs would happen under the existing rules. Mr Benjamin commented that the quality of some applications was poor in relation to their presentation and grammar. Dr Ticehurst replied that the LNC did offer training to applicants in terms of best practice for setting out applications.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board approved the Clinical Excellence Awards for the 2017 round.

21. Reflections on the meeting

- The Board reflected on and welcomed the important contributions of the newest members of the Board – Ms Parker and Ms Baines.
- It was noted that the development of the Integrated Performance Report would help to minimise the duplication of information seen across the current reports.

22. Date and time of next meeting

The next public meeting of the Board of Directors will take place on Wednesday 25 July 2018, in the Boardroom, Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR, commencing at 1.00 pm.

EA-MLB/GLB/270618