

MINUTES



Pennine Care
NHS Foundation Trust

Board of Directors

Wednesday 3 October 2018

Boardroom, Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR,
commencing at 10.00 am

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
Daniel Benjamin	Non-Executive Director
Mike Livingstone	Non-Executive Director
Claire Molloy	Chief Executive
Martin Roe	Executive Director of Finance / Deputy Chief Executive
Keith Walker	Executive Director of Operations
Henry Ticehurst	Medical Director
Judith Crosby	Executive Director of Service Development and Delivery
Sally Baines	Interim Director of Workforce

In attendance:

Louise Bishop	Trust Secretary
Gillian Bailey	Assistant Trust Secretary
Sian Schofield	Associate Director of Nursing and Healthcare Professionals
Alicia Custis	Associate Director of Communications
Lisa Ryder	Freedom to Speak Up Guardian – <i>for item 8.2</i>

Governor representation:

Wendy Hartley	Public Governor, Tameside and Glossop
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Patient Story:

Dr Prathiba Chitsabesan	Consultant Child and Adolescent Psychiatrist
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Observing:

Julie Garrity	CQC Inspection Manager
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1. Apologies for absence

Apologies were received from Clare Parker (Executive Director of Nursing, Healthcare Professionals and Quality Governance).

2. Declarations of interest

No interests were declared.

3. Questions

No questions were raised.

4. Patient Story: improving services for children and young people with autism spectrum disorder (ASD)

Dr Prathiba Chitsabesan attended to support the delivery of a patient story by Ms B, the parent of a child with ASD.

Ms B explained that her daughter had experienced anxiety issues from a young age, which increased following a change in primary school. Her daughter found it difficult to maintain friendships and she struggled with communication. As her anxiety increased about the way she felt, she started to self-harm. Following a visit to the GP, there was a referral to Healthy Young Minds (HYM). Ms B expressed the highest praise for the HYM staff that the family had regular contact with; however the family had experienced long waits between the initial assessment, undertaking the developmental history, having an autism assessment and receiving a diagnosis. This had a significant impact on the family and, because the school would not act until there was a diagnosis, her daughter missed some school time because of anxiety. Since receiving an autism diagnosis, there were plans for specialist practitioners to meet with her daughter's school to discuss and agree the most appropriate level of support going forward.

Ms B concluded her story by highlighting the importance of having the right specialist resource available so that children could be seen sooner; and also having the information to signpost families to other supportive mechanisms whilst in service. Ms B acknowledged that her daughter would eventually transition out of Healthy Young Minds, and so it was also important to ensure that support was still available at this time and transition was as smooth as possible.

Dr Chitsabesan went on to describe the work being undertaken to improve services for children and young people with autism within the HYM service. The ASD pathway had been identified as a concern through problems with capacity and demand; and through the waiting times being experienced by families. This was a national challenge, and Dr Chitsabesan was working with NHS England on ASD policy.

In recognition of the challenges in providing services to children and young people with ASD, a directorate-wide working group was established in 2017 that included multi-agency stakeholders, to highlight the challenges and map examples of good practice. The group identified the 'fishbone diagram' quality improvement methodology as the route by which causes of a problem could be thoroughly thought through with a range of stakeholders, not just practitioners, but also families and representatives from education. This enabled the full ASD pathway to be viewed on a needs based approach. This work had enabled the group to agree and start to implement areas of improvement in the context of the whole system. Whole stakeholder events by locality were being planned from January 2019 to talk about local pathways and the implementation of improvement actions.

Mr Walker noted that the challenges around the ASD pathway had recently been highlighted at the strategic commissioning board, and agreed to put Dr Chitsabesan in touch with the directors of commissioning.

The Board thanked Ms B for sharing her powerful and moving story, and offered her daughter and family best wishes for the future. Moreover, thanks were extended to Dr Chitsabesan for supporting the delivery of this story and providing an update on the ASD pathway work. Mr Livingstone suggested an update on progress to the Quality Committee at an appropriate point in the future.

At this point the Chair welcomed Julie Garrity (CQC Inspection Manager) to the meeting. Ms Garrity thanked the Board for allowing her to observe today's meeting; and highlighted how helpful staff had been during the inspection process – noting in particular the support received from Zoe Molyneux (Associate Director of Quality Governance).

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 July 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.

The Board approved the action plan.

With regards to item three of the action plan, Ms Baines noted that the completed People and Workforce Strategy delivery plan would be presented to the People and Workforce Committee on 16 October 2018. The next step

would be to discuss priorities with the new Director of Workforce so that a costed plan could be developed. Ms Molloy advised that it would be helpful to have an indicative cost by the end of December 2018 to inform the financial plan, with a fully costed plan by the end of January 2019.

Mr Livingstone referenced item one of the action plan, noting that the paper on quality improvement was scheduled to be received by the Quality Committee on 23 October 2018 ahead of presentation to Board at the end of the month.

7. Chair and Chief Executive's update: August – October 2018

The Chair and Chief Executive provided a verbal updates respectively.

The Chair reported that the first Council of Governors well-led steering group had taken place on 12 September 2018, which was set up to take forward the recommendations arising from the Deloitte well-led review. Two task and finish groups were reporting into the steering group, chaired by Ms Beresford, and they were looking at membership engagement and the Governors' Code of Conduct respectively. Ms Beresford added that the two task and finish groups met on 2 October 2018 – both were productive sessions and second meetings were planned. In response to Professor Jowett's enquiry regarding the anticipated timeframes for the steering to complete its work, Ms Bishop advised that the steering group was scheduled to meet monthly, and report on progress to the full Council of Governors in November 2018 with a concluding report in February 2019.

In terms of other recent activities, the Chair referenced involvement in recent culture change workshops; visits to services in Oldham; a meeting with the Freedom to Speak Up Guardian; and attendance at a carers' conference in Stockport.

Ms Molloy highlighted the Trust's work on strategy development, referencing the forthcoming Board timeout on 8 / 9 October 2018. A position paper was expected to Board at the end of October 2018, with the final strategy due in December 2018. Work to refresh the vision and values was progressing well, and this had recently been discussed at the culture change steering group and collective leadership forum. Progress in this area would form part of the aforementioned Board timeout.

Ms Molloy reminded colleagues of the three key strands to the strategy development work – the refreshed vision and values; work on clinical and financial sustainability; and commissioning intentions. With regards to the latter, the Trust had met with all localities to date with the exception of Stockport and the intentions were starting to crystallise. In addition, meetings with Accountable Officers had taken place to test out the Trust's thinking about its strategy. A meeting with John Rouse (Chief Officer, GM Health and Social Care Partnership) and the Accountable Officers was scheduled for the end of October 2018 to talk through potential contracting decisions and the implications of these.

A number of important meetings were planned, including one with the Northern Care Alliance regarding strategy development in the North-East Sector – this would involve both officers and NEDs. An update would be provided at the Board timeout.

The Trust had recently conducted successful recruitment exercises to appointment an Executive Director of Finance, Ms Suzanne Robinson; and Executive Director of Workforce, Ms Nicky Littler. Both the successful candidates had accepted offers. Ms Littler was due to commence in post at the beginning of December 2018; and the start date of Ms Robinson was to be confirmed – a decision regarding the interim arrangements for the Executive Director of Finance position would be made once the latter was finalised.

The Board noted the updates.

8. Quality

8.1 Chair's reports from meetings of the Quality Committee held on:

- **21 August 2018**
- **18 September 2018**

Julia Sutton-McGough presented the Chair's reports from meetings of the Quality Committee held on 23 August and 20 September 2018 to the Board for noting, and drew attention to the key highlights from the meetings.

Dr Sutton-McGough noted that the Executive Director of Nursing, Healthcare Professionals and Quality Governance had started to chair a Physical Health Steering Group in August 2018. The Committee welcomed progress in this area, and reiterated the need to make steady progress. The Committee had received regular updates on the MSA engagement process, and noted that this exercise had proved to be a good forum for a range of feedback from patients that was not limited to MSA issues.

The Committee had undertaken its review process in the reporting period, and this had identified the need for greater assurance on the patient experience element of the Quality Strategy; the management of risk; plus equality and diversity. Further work was underway regarding officer attendance at the Committee.

Other areas of discussion had included the approach to ED and NED service visits; consideration of how themes from Freedom to Speak Up contributed to the Quality Summit process and learning lessons. Following delegation of authority from the Board, the Committee made a decision regarding the legal authority for patients detained under S136 waiting for a bed, which was that, in exceptional circumstances, an application for an S2 or S3 could be made to the Hospital where the patient was held in the place of safety, thus preventing unlawful detention and human rights violation.

The Board noted the reports.

8.2 Freedom to Speak Up report

Lisa Ryder presented the Freedom to Speak Up (FTSU) report to the Board for discussion.

Ms Ryder reminded colleagues that, following the publication of NHSI FTSU guidance in May 2018, trusts were expected to develop a FTSU vision and strategy. A self-review tool had enabled the Trust to carry out a review of leadership and governance arrangements in relation to FTSU, and this would be presented to Quality Committee in due course.

Ms Ryder noted that the Trust's Raising Concerns policy was currently under review; and it was suggested that the title of the policy was changed to the Freedom to Speak Up Policy, to reflect National Guardian Office recommendations. The Communications team had been very supportive in promoting FTSU via the implementation of a communications plan.

The report highlighted that 47 members of staff had contacted the FTSU Guardian since September 2017. Three cases were referred on to HR. Key themes arising from the cases taken on by the FTSUG included: fear of speaking up and suffering detriment as a result, with the majority of staff wishing to remain anonymous; quality of handovers; and biased recruitment. The Raising Concerns policy encouraged staff to talk to their line manager about their concerns – in approximately half of the cases received, staff had tried to speak to their line manager but had not felt listened to. There were some examples of good practice when managers have responded to staff speaking up; however this was not consistent as some cases had resulted in unacceptably long waits for staff in receiving feedback on how issues were to be addressed and what changes had been made as a result.

In terms of next steps, FTSU was an integral part of the culture change work, and the Board should develop a vision and strategy for FTSU. Other areas of development included work with the Patient Safety Lead to triangulate information from incidents or complaints; supporting managers in how to respond when staff speak up; and targeting the FTSU message for groups of staff who faced additional barriers to speaking up.

Ms Beresford asked about the support staff were offered when speaking up. Ms Ryder replied that establishing what support people had or needed was an important part of the FTSUG role and, for example, a number of staff had been directed towards staff health and wellbeing services.

Mr Walker noted the refreshed governance arrangements within the DBUs and the establishment of Integrated Leadership Groups. An area of consideration was how themes from FTSU could be captured in these forums.

Ms Molloy referred to the issue of capacity for the FTSU resource, and work was underway on how to strengthen the resource available, including how

other organisations operated. Professor Jowett added that Ms Ryder not only provided a lot of support to staff speaking up, but she was also very active on a national level to learn from other organisations; and so having appropriate resource in place was very important.

In light of the fact that a number of Board members were scheduled to undertake a visit to MerseyCare, Ms Molloy suggested that a Board development session was held in November 2018 to crystallise the Trust's culture work and for FTSU to be part of this. This would create a vision for FTSU in context of the Trust's broader vision.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board noted the contents of the report and thanked Ms Ryder for her continued hard work.
- Agreement was reached to hold a Board development session in November 2018 regarding the Trust's culture work, and to include the FTSU vision as part of this.
- Quality Committee was the forum by which actions arising from FTSU would be agreed and monitored.

8.2 Quality Report: August 2018

Henry Ticehurst presented the Quality Report for August 2018 to the Board for assurance. The report had been considered in detail at the Quality Committee on 18 September 2018. Mr Livingstone noted that, under the clinical effectiveness domain, work was underway to develop further metrics for reporting at Quality Committee.

The Board noted the report.

9. People and Workforce

9.1 Chair's report from a meeting of the People and Workforce Committee held on 30 August 2018

Sandra Jowett presented the Chair's report from a meeting of the People and Workforce Committee held on 30 August 2018 to the Board for noting.

Professor Jowett reported that Mr Livingstone had joined the Committee and, overall, the Committee enjoyed a good variety in membership and attendance. Thanks were extended regarding the quality of papers now coming through to Committee, and the work of Ms Baines and the workforce team in this area was noted. At the last meeting, a range of matters were considered and discussed, including the People and Workforce Strategy delivery plan; recruitment and retention; a draft Medical Workforce Strategy; and the WRES data findings.

With regards to the Medical Workforce Strategy, the final version would be received by the Committee at its next meeting on 16 October 2018; and then would be forwarded to Board for final approval thereafter.

The Board noted the report.

9.2 Equality, diversity and inclusion

Sally Baines presented a report on equality, diversity, and inclusion to the Board for discussion.

Ms Baines advised that the purpose of the report was to update Board on the current situation within the Trust on the equality, diversity, and inclusion agenda, both from a service and a workforce perspective. The Trust monitored data on a regular basis from the Workforce Race Equality Standard (WRES) and the Equality Delivery System (EDS). Results from the NHS staff survey were also analysed, and intelligence was picked up through sources such as staff side.

Recent data had identified concerns around the current position in the Trust against two indicators in the WRES submission – the likelihood of BME staff entering formal disciplinary processes; and the percentage of BME staff experiencing bullying and harassment. A recent employment tribunal indicated potential cultural issues at ward level where staff from BME backgrounds were verbally abused by patients who were unwell, and that such incidents were not routinely logged as a risk or issue.

The paper went on to explore the key factors underpinning equality, diversity and inclusion in the organisation; then outlined actions to date and recommendations. Actions included plans for a Board development session with Yvonne Coghill (Director, WRES Implementation, NHS England); a detailed review of disciplinary cases; a development session with JNCC on bullying and harassment; involvement in a GM inclusion project; and discussions with NHSI to implement a pilot bullying and harassment programme.

Other important areas of consideration for the Trust included senior level leadership. Whilst the appointment of a Board level Executive Director of Workforce was welcome, a significant section of the EDI agenda related to services and so sat outside the remit of the Workforce Directorate. Moreover, the Trust's Equality and Diversity Group had been, until recently, a standalone group that did not report into Trust governance structures. This group would now be refocused with a reporting line up through the People and Workforce Steering Group and Committee.

Mr Benjamin commented on the importance of leadership within the equality agenda, and agreed that the paper highlighted complex issues from a patient and service point of view that were beyond ownership located in workforce. Professor Jowett agreed that there were important points arising from the report, and it was important for the Board to be clear that inappropriate behaviours were not acceptable. In addition, there were many informal ways of celebrating diversity that were not evident in the organisation and some small steps would send out powerful messages. Ms Beresford noted

examples such as black history month, world aids day, and LGBT month as ways of raising staff awareness.

With regards to the meaningful engagement element of the report, Dr Sutton-McGough enquired as to how gaps when engaging with communities would be addressed. Ms Baines advised that capacity within the E&D team was challenged; and so consideration needed to be given to developing tools for managers to undertake meaningful engagement. Mr Walker added that there were some teams, such as IAPT and Early Intervention, that had developed excellent community engagement approaches that were part of the service.

Ms Molloy recognised that there were actions that could be taken by the Trust now, including those picked up in the report; but then there needed to be clarity about the Trust's strategic approach to EDI along with a comprehensive delivery plan.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board welcomed the report and accepted its recommendations in principle.
- The People and Workforce Committee was asked to discuss and agree the immediate actions around the EDI agenda, and consider the process and timeframe for the development of an EDI strategy. The Committee would next meet on 16 October 2018, so an update would be provided through the next Chair's report to Board.

10. Performance and Finance

10.1 Chair's reports from meetings of the Performance and Finance Committee held on:

- **23 August 2018**
- **20 September 2018**

Daniel Benjamin presented the Chair's reports from meetings of the Performance and Finance Committee held on 23 August and 20 September 2018 to the Board for noting.

Mr Benjamin highlighted two areas of focus for the Board's attention. Firstly, recurrent CIP performance continued to deteriorate, making the 2019/20 financial plan ever more challenging. Secondly, the achievement of the two-year CQIUN plan, concluding in March 2019, needed immediate focus and support.

With regards to CIPs, Mr Roe noted that this was a recognised issue at Board and there was a presentation slide at the AGM highlighting an increasing trend of CIPs not being met recurrently as services tried to do the same level of activity with less money. This was in the context of the Trust's relatively low funding base. A new post had recently been recruited into the PMO to strengthen the management around CIPs to crystallise non-recurrent schemes into recurrent savings; and this would include a focus on back office efficiency opportunities linked to Carter.

Ms Crosby added that CIPs were inextricably linked the service review process with commissioners, where it had been identified that there were few options to drive out efficiency without service redesign, or reducing capacity. Ms Molloy emphasised the importance of surfacing these issues at the next strategic advisory board with Jon Rouse in October 2018. The Trust had undertaken a significant amount of work in order to have robust discussions with partners about the options for addressing financial, operational, and quality pressures. These options included driving out efficiencies, transforming services with partners, additional investment, or decommissioning and activity threshold management. Pennine Care had devised comprehensive proposals from the service review process however there were challenges to securing full ownership with partners. The meeting with Mr Rouse was therefore important to set out the position and what this meant for the system.

In terms of CQUINs, Mr Roe advised that the Trust was pushing for support from GM to recycle last year's penalty payments, and a meeting was scheduled with Chief Financial Officers in October 2018 to discuss this matter.

Dr Sutton-McGough asked for further information regarding the revised DBU governance arrangements, which were referenced in the report. Mr Walker agreed to share the presentation that went to Performance and Finance Committee.

The Board noted the report.

10.2 Performance report: August 2018

Keith Walker presented the Performance report for August 2018 to the Board for assurance. The report had been discussed in detail at the Performance and Finance Committee on 20 September 2018.

Mr Walker reported on the recent quarterly review meeting with NHSI. No issues were raised regarding operational performance, and the regulator was broadly complementary about work on DTOC (Delayed Transfers of Care) both at a Trust level and in GM to support performance improvements. One area brought to NHSI's attention concerned IAPT performance – the Trust was monitored against an aggregated position but when disaggregated, the standards in some areas were becoming a challenge, particularly in light of the stretch target for prevalence. NHSI suggested the Trust should write to CCGs and request that partners work collectively on critical investment areas such as these, with one business case instead of several split across commissioners.

With regards to IPDRs, the Trust was now performing just over the 85% threshold. With CEST, the Health Informatics team was noted as having achieved compliance with all CEST requirements – a case study would be undertaken on what lessons might be learned from this department's experience.

The Trust's contracting team and commissioners had been working on activity for inpatient beds; and have identified that an indicative 90% occupancy was what should be worked towards. This had yet to be translated into the implications for contracting but represented a helpful principle.

The Board noted the report.

10.3 Finance report: August 2018

Martin Roe presented the Finance report for August 2018 to the Board for assurance. The report had been discussed in detail at the Performance and Finance Committee on 20 September 2018.

Mr Roe reported that the year-to-date position was slightly ahead of plan; however there were concerns with CIP delivery later in the year. The Trust was managing a significant number of variables in the financial position such as CQUIN, Trafford, and safer staffing. With the latter, the plan assumed that 87% of funding would be spent in the last seven months of the year; and so shortfalls in spend could undermine contracting negotiations for next year. Agency spend was also being closely monitored as expenditure in August 2018 was above plan.

At the end of Q3, the Trust would undertake a detailed review of the financial position. From this there might be an opportunity to revisit NHSI's offer of a cash incentive for revising the financial plan.

The Board noted the report.

11. Audit Committee

11.1 Chair's report from a meeting of the Audit Committee held on 12 September 2018

John Scampion presented the Chair's report from a meeting of the Audit Committee held on 12 September 2018 to the Board for noting.

Mr Scampion noted that this was first meeting of MIAA as the Trust's new internal audit provider. Thanks were extended to Mr Roe for instigating the change in audit provider quickly and effectively.

The Board noted the report.

11.2 Audit Committee Annual Report

John Scampion presented the Audit Committee Annual Report, for the audit cycle ending June 2018, to the Board for receiving.

Mr Scampion explained that the report outlined how the Audit Committee had complied with the duties delegated to it by the Board, and summarised its

activities over the last year. Two key issues had emerged; firstly, the qualification of the Quality Account and the implications for the organisation in terms of data health. Secondly, the concerns raised by the NHS Counter Fraud Authority following its assessment of anti-fraud arrangements in the organisation. The new counter fraud team from MIAA was now charged with the supporting the Trust to address the latter.

The Board noted and thanked Audit Committee for its Annual Report.

11.3 Audit Committee Terms of Reference

John Scampion presented the Audit Committee Terms of Reference to the Board for approval.

Mr Scampion explained that the Terms of Reference had been updated in line with recent HFMA guidance. The review had also afforded the opportunity to update membership of the Committee in line with current Board Committee arrangements; to include the Committee's role in relation to waivers; and to formalise arrangements for one scheduled private meeting per year between Committee members and the auditors.

The Board approved the Terms of Reference.

12. Appointment and Remuneration Committee

12.1 Briefing notes from meetings of the Board Appointment and Remuneration Committee held on:

- **23 August 2018**
- **5 September 2018**

The Chair presented briefing notes from meetings of the Board Appointment and Remuneration Committee held on 23 August and 5 September 2018 to the Board for noting.

The Board noted the reports.

13. Council of Governors

13.1 Feedback from a meeting of the Council of Governors held on 8 August 2018

The Chair provided verbal feedback from a meeting of the Council of Governors held on 8 August 2018 to the Board for noting.

Keys items of business transacted at the meeting included the re-appointment of Mike Livingstone for a further three year term as NED; and a report on the recent NED recruitment process – unfortunately the Council of Governors was unable to appoint to the vacant NED position and a further recruitment exercise was now underway. The Council also received reports from the NED

Committee chairs, and on the well-led review. The next meeting would take place on 6 November 2018.

The Board noted the update.

14. Other reports

14.1 Board of Directors meetings 2019

The Chair presented the schedule of Board of Directors meetings for 2019 to the Board for approval.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board approved the 2019 meeting dates.

14.2 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.

15. Any other business

15.1 Lead Governor

Ms Bishop reported that the Council of Governors had recently undertaken their annual process to appoint a lead governor. Joyce Howarth (public governor, Tameside and Glossop) had been appointed as lead governor for a period of 12 months from 1 October 2018. The Board recorded its thanks to John Starkey (public governor, Oldham) who stepped down from the role at the end of June 2018, and to Karen Kelland (public governor, HMR) who held the role on an interim basis between July and September 2018.

16. Reflections on the meeting

Timings on the agenda were noted as being helpful.

17. Date and time of next meeting

The next public meeting of the Board of Directors will take place on Wednesday 31 October 2018, at Ashton Masonic Hall, Jowetts Walk, Manchester Road, Ashton-under-Lyne, OL7 0BB, commencing at 2.00 pm