

MINUTES



Pennine Care
NHS Foundation Trust

Board of Directors

Wednesday 28 November 2018

Boardroom, Pennine Care Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR, commencing at 2.00 pm

PART I

Present:

Evelyn Asante-Mensah	Chair
Joan Beresford	Non-Executive Director / Deputy Chair
Sandra Jowett	Non-Executive Director / Senior Independent Director
Julia Sutton-McGough	Non-Executive Director
John Scampion	Non-Executive Director
Daniel Benjamin	Non-Executive Director
Mike Livingstone	Non-Executive Director
Cath Laverty	Non-Executive Director
Claire Molloy	Chief Executive
Keith Walker	Executive Director of Operations
Henry Ticehurst	Medical Director
Clare Parker	Executive Director of Nursing, Healthcare Professionals and Quality Governance
Judith Crosby	Executive Director of Service Development and Delivery
Emma Tilston	Executive Director of Finance (Acting)

In attendance:

Louise Bishop	Trust Secretary
Gillian Bailey	Assistant Trust Secretary
Alicia Custis	Associate Director of Communications

Governor representation:

Ken Kendall	Public Governor, Bury
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Patient Story:

Lindsey Baucutt	Healthy Young Minds Service Manager
Joanne Hindsley	Horizon Unit Manager

The Chair welcomed Catherine Laverty to the Board, who had joined the organisation as a Non-Executive Director as of 28 November 2018. A welcome was also extended to Emma Tilston, who was currently Acting Executive Director of Finance.

1. Apologies for absence

Apologies were received from Sally Baines (Interim Director of Workforce).

2. Declarations of interest

No interests were declared.

3. Questions

No questions were raised.

4. Patient Story

The Board welcomed Ms J, a patient within the Trust's Healthy Young Minds service; who was supported by Lindsey Baucutt and Joanne Hindsley.

Ms J explained that she had been a patient within Healthy Young Minds for three years, since the age of 14. She had originally been admitted to the Hope Unit, and had spent time on specialist units outside Pennine Care, but had predominantly been resident on the Horizon Unit. Ms J explained how difficult the last three years had been whilst being very poorly and how challenging she found ward environments. She spoke of her experiences of self-harming, feeling that she had nothing to live for, and at one point requiring four members of staff to be with her at all times. It was during this time that consideration was given to transferring Ms J to a medium secure unit because she was so unwell. She explained how this had been a turning point, and from then she started to work with staff to get better – this had been very difficult with good days and bad days but she now felt happier, positive and hopeful. She said she was determined that her years as an inpatient would not define the rest of her life. Ms J was soon to be discharged and had accommodation arranged for her to go to. She was going to come back to the unit and be involved in patient participation groups in future so she could help others. She wanted to go to University and train as a mental health nurse.

Ms J highlighted how helpful and kind the staff at the Horizon Unit were, and described how the unit had changed over the years for the better; although there were environmental issues that she felt should be addressed, such as having new furniture, having more canvases put up that the young people on the ward have made, showers that run for longer when the button was pressed, and a sensory room. Mr Walker agreed to take forward these suggestions.

Both Ms Baucutt and Ms Hindsley commented how strong and brave Ms J had been – from being very poorly she had completely turned her life around and what she had achieved was amazing. She had also helped many other young people on the ward when they had been struggling.

Members of the Board expressed their admiration for Ms J in taking the brave decision of sharing her powerful and inspirational story, and wished her the best for the future. Thanks were also extended to Ms Baucutt and Ms Hindsley for all the support they had given Ms J.

5. Previous meeting of the Board of Directors

5.1 Minutes from a meeting of the Board of Directors held on 31 October 2018

The Chair presented the minutes from a meeting of the Board of Directors (PI) held on 31 October 2018 to the Board for approval.

The Board approved the minutes as an accurate record, subject to a grammatical correction under item 8.1.

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 four, Ms Molloy advised that a final position paper on the Trust's portfolio would be presented to Board in December 2018. Thereafter further work would take place to finalise the Strategy by the end of March 2019.

The Board approved the action plan, subject to the above update.

7. Chair's update: November 2018

The Chair and Chief Executive provided a verbal updates.

The Chair reported that she had recently met with the Non-Executive Directors to discuss areas of focus in light of the Trust's proposed strategic direction, and to take into account the appointment of Ms Laverty. The Trust Secretary was reviewing all NED involvement to ensure they were involved in activities to seek assurance via the appropriate routes. A second meeting would be convened in the new calendar year to consider this further.

The Chair, Mr Livingstone, and Dr Sutton-McGough attended Hospital Managers Training on 14 November 2018, which highlighted the detailed and depth of work involved in the Hospital Manager role. Thanks were extended to Mia Majid (Mental Health Act Manager) for arranging this session.

Also during November 2018, interviews were held for a new Non-Executive Director, and the Council of Governors approved the appointment of Ms Laverty at its meeting on 6 November 2018.

The Council of Governors Well-led Steering Group met on 26 November 2018 to undertake further work on the response to the Deloitte well-led recommendations. Ms Beresford noted that meetings of the task and finish groups linked to the Steering Group took place during November 2018. The Code of Conduct task and finish group had concluded its work – a revised Code of Conduct was now in final draft, and would be circulated to Governors with a view to formal sign off at the full Council of Governors meeting in February 2019. The Membership and Engagement task and finish group would meet one final time to look at a terms of reference for a Membership and Engagement Committee.

Ms Beresford noted that both workstreams had progressed well, with good input and participation from the Council of Governors. Once these workstreams had concluded, it was anticipated that the Trust's Constitution would need to be reviewed during 2019.

Ms Molloy reported attendance at a recent Go Engage celebration event – this was a programme where teams had identified a development need and wanted to work on increasing motivation and engagement. This was the second Go Engage cohort, and six teams had been involved.

The Executive Directors held an away day during November 2018 to look at their roles as leaders and how they work as a team, which was facilitated by The Connectives. Ms Molloy, the Chair, and Liz Cross from the Connectives were to meet to discuss the headlines from both ED and NED away days, and use these to identify themes that would then inform a Board development programme. The Connectives would formulate the framework for this programme, then consideration would be given to how it would be mobilised.

Ms Molloy reported that she was in the process of writing to NHS Improvement to propose the Trust was taken out of enforcement undertakings. With the exception of a sustainability plan, the timeframe for which would now fall in line with national planning guidance, the Trust believed it had met all the other requirements of the undertakings. The Board recognised the hard work of staff in delivering on the undertakings, and expressed thanks to all involved.

Mr Benjamin asked when the CQC's inspection findings report would be received. Ms Parker advised that the Trust had recently met with the CQC engagement team, and the draft report was expected imminently. The report remained confidential at this point whilst the Trust commented on factual accuracy. The final report was likely to be published in early 2019. On a related note, the Trust had written to the CQC to express its disappointment that End of Life Care services were not visited as part of the inspection – this had been acknowledged by the CQC.

The Board noted the updates.

8. Strategy

8.1 Strategy development progress update

Claire Molloy presented a progress update on Strategy development. The paper had been discussed in detail at the PII meeting.

Ms Molloy explained that the report provided an update on three areas – engagement, governance, and resources.

Since approval of the direction of travel in principle at the October 2018 Board meeting, there had been a lot of work since, with a range of sessions held for staff, plus partnership activity. There had been a mixed reaction from staff, depending on the locality, from people being pragmatic to those very anxious. The Trust was open to staff feedback and there was an opportunity for alternative proposals to be put forward prior to the December 2018 Board meeting. A detailed communications plan was under development to cover

the period January to March 2019, to ensure that staff had plenty of notice about engagement sessions.

With regards to programme governance, some changes had been made to the proposed structure following feedback since the last meeting. Existing structures and committees would be used to provide assurance on strategy progression; but to ensure greater connectivity to NEDs with key programmes of work, it was proposed that NED sponsors were identified to support the ED sponsor of each workstream.

The report set out an initial requirement around resources to mobilise the workstreams without delay. This was in the context of the development of an outline business case setting out the totality of resources required to provide the organisational capacity and capability to deliver the change programme. The initial resource 'ask' principally covered project management and expertise such as HR and finance. It was anticipated that staff would be sourced from both internal and external sources. The Board recognised that management would need to establish this structure in the most cost effective way, and be cognisant of the internal impact on already stretched resources.

Professor Jowett asked for an indication of the shape and resource requirements within the aforementioned business case. To provide context, Ms Molloy explained that work had taken place during this year on a clinical and professional leadership strategy and associated business case – this covered both mental health and community services with circa costs between £1-2m. Subsequently, there was recognition that it needed further work in anticipation of the position the Trust might be in come 1 April 2019. The revised business case would therefore be a reflection of the support needed for the future portfolio and what was needed now.

Ms Beresford enquired if the resource request would impact on the Trust's final outturn. Ms Tilston confirmed it would not. Referring to the governance structure, Mr Livingstone noted that there was no visibility of learning disabilities (LD) and queried if this was assumed within the mental health programme. Dr Ticehurst advised it was, but accepted that LD needed to have greater visibility. Mr Livingstone questioned whether the Trust should give consideration to its name as part of the change programme – this was an area of debate that had not been resolved in the past. Ms Molloy indicated that this was linked to the future vision, and should therefore be picked up as part of future brand and identity work.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board noted the contents of the report. Strategy development updates would remain a standing agenda item at future Board meetings. Final position paper to be presented to Board in December 2018.
- The Board welcomed the engagement process thus far, expressing its thanks to everyone involved in the staff engagement sessions to date and encouraging as many staff as possible to share their views.
- The Board approved the revised governance structure as detailed in the report. The NED sponsors for the workstreams were to be confirmed.
- The Board approved the resources to fund the mobilisation of the programmes of work, as outlined in the paper, up to £500k.

- The outline business case with the totality of resources required to provide the organisational capacity and capability to deliver the change programme would be presented to Board at a future meeting.

9. Integrated Performance Report: October 2018

Judith Crosby presented the Integrated Performance Report (IPR) for October 2018.

Ms Crosby reminded colleagues that this was a new report providing an overview of performance towards delivery of the Trust's strategic goals, along with an integrated view of performance in relation to quality, people and workforce, finance and operational activity. It also provided an overview of compliance with the NHSI single oversight framework (SOF) standards and compliance with licence and regulatory requirements. The IPR was underpinned by specific reports for each Board Committee, escalations from which were provided within individual chair reports.

With regards to strategic goals, overall performance showed a mixed picture with 45% of strategic measures meeting agreed standards / targets – this was in line with the Trust's development journey. Within the SOF, there were no significant trends, but several pressures were highlighted such as delayed transfers of care, particularly in older people's services; and the six-week IAPT (Improving Access to Psychological Therapies) access target. There was ongoing work in each borough in relation to IAPT – performance was expected to improve in Oldham; a capacity and demand exercise was underway in Bury; and performance in Stockport was being investigated.

Information regarding the CQC Insight Tool was highlighted, with Ms Crosby noting that the CQC used a variety of information sources to inform the tool, but some were not always visible to the organisation, whilst others were only collected annually and would therefore be out of date. Ms Parker added that the CQC had acknowledged the tool was still in development, for example, only two indicators (not based on the Trust's data) were used to provide a view about the caring domain. Caution should be exercised therefore when reviewing the tool. Mr Livingstone commented on issues of record keeping and care planning highlighted by the tool, which had also been raised during CQC Mental Health Act (MHA) inspections. Ms Parker replied that a thematic review of CQC MHA inspections was being worked on to identify how these issues could be prevented from reoccurring – this would go through Quality Committee.

With regards to licence and statutory submissions, information governance training compliance remained below the required target; with Ms Crosby adding that it might be in areas such as this where performance could be compromised as the organisation moved through a significant period of transition.

Ms Beresford noted that the Council of Governors Well-led Steering Group had a session on the development of its own IPR, and how they might use it to seek assurance through the appropriate channels.

The Board noted the report.

10. Quality

10.1 Chair's report from a meeting of the Quality Committee held on 20 November 2018

Julia Sutton-McGough presented the chair's report from a meeting of the Quality Committee held on 20 November 2018 to the Board for noting.

Dr Sutton-McGough noted that key areas of discussion included pressure ulcer incidents and supportive work to raise awareness and improve reporting / treatment. The Committee received a half year update report on the initiatives within the Quality Account – this was the first time a report of this nature had been produced, and whilst the initiatives were some way off being completed, it was good to have an overview of activity and an interim view of progress. In terms of learning from deaths, the matter of developing a specialist bereavement officer role was raised – scoping was underway about how this might be resourced. The Committee received an update on safeguarding, which generated discussion about sharing an appropriate level of detail to ensure organisational assurance could be sought and lessons learned. Further discussions would be held internally. Ms Parker stressed that information about serious case reviews was not permitted in the public domain until they were published by safeguarding boards.

Dr Sutton-McGough reported on attendance at an NHS Providers NED network meeting on 21 November 2018, during which Dr Bill Kirkup delivered a presentation on the themes arising from a review of failings across NHS trusts. There were three headline points: clinical isolation, dysfunctional teams, and failing to learn; the latter of which encompassed normalisation, the dismissals of warnings, and focusing on other priorities.

The Chair noted that as part of the review of NED areas of focus, Ms Laverty would join the membership of Quality Committee.

The Board noted the report.

11. People and Workforce

Professor Jowett noted that the People and Workforce Committee was scheduled to meet on 4 December 2018. A matter raised at previous meetings and other Committees had been visibility of the work around safer staffing in the organisation. Mr Walker advised that a report was being prepared for EDs in the first instance, and would be scheduled for Committees and Board thereafter.

12. Performance and Finance Committee

12.1 Chair's report from a meeting of the Performance and Finance Committee held on 22 November 2018

Daniel Benjamin presented the chair's report from a meeting of the Performance and Finance Committee held on 22 November 2018 to the Board for noting.

Mr Benjamin reported on an update regarding the Prospect Place VAT situation, noting that a further paper was to be written that would facilitate a

final decision being made on the matter. In terms of performance, waiting times in the audiology service had improved but this had been due to staff working overtime because of difficulties with recruitment. The Committee expressed concerns about the shape of the financial plan 2019/20, and there was a desire to have early sight of what this might look like. A number of areas of discussion throughout the meeting touched on recruitment and retention issues, particularly in light of significant change and how this might impact on employees' future employment decisions. The Trust needed skilled people to continue to provide services and make changes – this was a challenge to EDs to look at different approaches to recruitment and retention.

The Board noted the report.

12.2 Updated Reservation of Powers to the Board and Delegation of Powers

Louise Bishop presented a paper outlining proposed updates to the Reservation of Powers to the Board and Delegation of Powers. The updates had been reviewed by Performance and Finance Committee on 22 November 2018.

Ms Bishop explained that the Trust's Standing Financial Instructions (SFIs), Reservation of Powers to the Board (RoP) and Delegation of Powers (DoP) form part of the Trust's governance arrangements and updated versions were approved by the Board of Directors in March 2018. At that time, the Trust's new governance arrangements were starting to take shape and having reviewed the Board sub-committee structure and the meetings that sit below them, it was identified that the delegated limits for the Capital Investment Group needed clarifying, as did the wording around proposals of a capital or revenue nature that required approval by the Board.

The Finance Team and Business Development Team were currently undertaking a piece of work to review the requirements for all investment decisions and the outputs would be submitted to the Performance and Finance Committee for discussion before seeking Board approval – this work was due to be completed by the end of the financial year.

DECISIONS/ACTIONS/NEXT STEPS:

- The Board approved the updates to the Reservation of Powers to the Board and Delegation of Powers.

13. Audit Committee

No business was discussed.

14. Appointment and Remuneration Committee

14.1 Briefing note from a meeting of the Appointment and Remuneration Committee held on 6 November 2018

The Chair presented a briefing note from a meeting of the Appointment and Remuneration Committee held on 6 November 2018 to the Board for noting. The meeting centred on the appointment of Ms Tilston as the Acting Executive Director of Finance, until the substantive post holder commenced in early 2019.

The Board noted the report.

15. Council of Governors

15.1 Chair's report from a meeting of the Council of Governors held on 6 November 2018

The Chair presented a briefing note from a meeting of the Council of Governors held on 6 November 2018 to the Board for noting.

The Board noted the report.

16. Other reports

16.1 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.

17. Any other business

17.1 Staff award

Ms Parker noted that Rickaia Browne (Project Manager) had won the Rising Star award at the national Women in IT Excellence Awards on 27 November 2018. The Board offered its congratulations to Ms Browne.

18. Reflections on the meeting

Reflections noted:

- The power of patients attending Board in person to tell their stories.
- The extent to which the agenda had items for noting as opposed to items for approval.
- The PII meeting needed more time.

19. Date and time of next meeting

The next public meeting of the Board of Directors will take place on Wednesday 19 December 2018, at the Earl Mill Business Centre, Dowry Street, Oldham, OL8 2PF, commencing at 2.15 pm