BOARD OF DIRECTORS MEETING IN PUBLIC
25 May 2021
MS Teams
10.00AM – 12.30PM

MINUTES

Present:

Andrew Foster – Chair (AF)
Andy Guy – Non-Executive Director (AG)
Katie Kapernaros - Non-Executive Director (KK)
Sarah Pinch - Non-Executive Director (SP)
Nigel Wood - Non-Executive Director (NW)
Teresa Cope – Chief Executive (TC)
Sally Shaw – Executive Director of Social Care (DB)
Richard Wild – Chief Information Officer (RW)
Sue Waddacar – deputising for the Director of Nursing (SW)
Jackie Lawless – Finance Director (JL)
Oliver Radford – Director of Operations (OR)
Barbara Scott – Director of Infrastructure (BS)
Ann Corkill – Director of HR Business (AC)
Sree Andole - Medical Director (SA)

In attendance

John Middleton - Board Secretary
David Segal - PPL, Manager (item 35.21 only) (DS)
Annmarie Cubbon – Head of Primary Care (item 35.21 only) (AmC)

Item **Action**

22.21 Welcome & Apologies

AF welcomed everyone to the first meeting of the Board being held in public. He explained how the meeting would work on the MS Teams platform and that the agenda and papers had been made available on the Manx Care website for the public to access. He confirmed the Board were actively planning for the next public meeting of the Board to be attended in person on 27 July 2021 if covid restrictions allowed.

Apologies had been received from Cath Quilliam, Director of Nursing and she was being deputised for by Sue Waddacar and Vanessa Walker, Non-Executive Director.

23.21 Declarations of Interest

The declarations of interest were accepted. AC confirmed that her interest was still to be uploaded and related to her membership of the Prospect Union.

24.21 Minutes of the last meeting and matters arising

This was the first meeting of the board in public and so no minutes were available.

25.21 Matters arising and Action log

This was the first meeting of the board in public and so no action log was available.

26.21 Notification of any other items of business

AF confirmed that he received no further notifications of any other items of business.

Abbreviations:

MxC - Manx Care
ROF - Required Outcomes Framework (ROF)
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CIP – cost improvement programme

27.21 Corporate Risk Register and Board Assurance Framework Update

JM presented Corporate Risk Register (CRR) and Board Assurance Framework (BAF) which had been previously circulated and highlighted the three key principal priorities for MxC, namely, improving patient safety, creating a positive work culture and improving financial health. The risk categorisation allowed for a consistency of risk management across MxC. The BAF was a framework to support the Board in recording its assurance and any gaps in assurance or controls to mitigate risks. JM explained that this was all work in progress, which was being scrutinised by the Audit Committee. TC confirmed that this work was also being cascaded through to the Care Groups who would be reviewing their own area/service risks, and this would be reviewed in regular Performance and Accountability Review meetings with the executives. She expected a baseline position on risk within the Care Groups to be achieved by the end of June.

KK described the discussions at Audit Committee to link the legacy risks from the DHSC with new risks and aligning them to the ROF. AG highlighted that the Audit Committee had asked for the moderating of risks scores to be prioritised to enable consistency of scoring and therefore risk management across the organisation.

The Board ENDORSED the work so far on the CRR and BAF and RECOGNISED the work of the Audit Committee in monitoring their progress

28.21 Chair Update

AF updated the Board on his discussions with Ministers & Elected Members, the DHSC and the Transformation Programme. One outcome of these discussions was the creation of a call centre service able to address questions and complaints, both from members of the public and parliament.

AG clarified the creation of the call centre similar to a Patient Advise and Liaison Service and asked if it would be available to meet a wide range of patients and service users including those who are seldom heard. TC confirmed this was a priority service and work was in hand to ensure a wide range of accessibility. SS welcomed the challenge to ensure the seldom heard or easily ignored were included in the scope of the service. SA added that not only did responses need to be timely but also the learning from complaints and thorough investigation was also important.

29.21 CEO Report

TC presented her update which set out her horizon scan. The key messages were: -

- All services had been fully restored from early May after the end of the circuit break and MxC continues to contribute to exit planning arrangements for the Island
- 17 staff members from Keylle Daree had formally transferred across to MxC on 1st May 2021 from the Department of Education, Sport and Culture (DESC)
- Actions to respond to the increased waiting times for 2 week wait breast appointments with additional clinics providing 20 additional clinic slots per month.
- Excellent feedback had been received for International Day of the Midwife and International Nurses Day campaigns.
- Executive visibility continued to be a focus for MxC with several visits to services taking place during May.
- Following a competitive interview process in early May, Anne Corkill had been appointed to the role of Director of HR Business, which incorporates the role of Director of HR for MxC. The appointment was for a period of 12 months during

which the role of HR Business will be further developed with the MxC Chief Executive inputting into this piece of work.

AG asked about whether the transfer from Keylle Daree had been completed with full budget transfer and whether the move would support the training needs for MxC. TC confirmed that the transfer was fully funded and that discussions were underway to ensure alignment of training with the needs of MxC.

SP wanted to highlight and commend the number of visits which TC and the team had undertaken and the ongoing commitment to visibility. The Board was looking to supporting that approach when they were able to travel to the island in July.

The Board CONSIDERED AND ACCEPTED the CEO Report.

30.21 Report from Committee Chairs

Quality, Safety & Engagement (QSE) Committee

AF presented the report in VW's absence. There were 4 substantive issues, namely robust and validated data, risk management processes, improvement to the quality report and improvements required following the Falls Report of 2018 and resulting action plan.

People Committee

SP confirmed that People Committee had also raised the issue of data as well. In addition, the Committee had received a staff story which it would do on a regular basis. The main issue for escalation related to the insufficient resources for communications and the associated risk to a positive working culture as this was a key element. The Committee had also thanked Clare Conie for her work as Director of HR Business in the establishment of MxC.

Finance, Performance & Commissioning (FPC) Committee

NW described a similar approach and highlighted the four key messages relating to the Integrated Performance Report (IPR), the alignment of risk management processes, clarity on the financial baseline and compliance on supplier contracts.

Digital & Informatics (D&I) Committee

The Committee had been cancelled and items deferred to the June meeting.

Audit Committee

The Audit Committee had met the preceding day so there was no formal written report. AG confirmed that it had been a useful and open debate about the role of the Committee, in particular its work with the Internal Audit function and oversight of the risk management processes.

The Board CONSIDERED AND ACCEPTED the Committee Chairs' reports and recognised the risks identified.

31.21 Integrated performance report

TC introduced the IPR for March 2020 as work in progress and reiterated the concerns around data completeness and quality. It was important to triangulate across the key performance indicators and understand the interdependencies. In the meantime, the visibility of visiting services was an important part of the triangulation process. TC asked

that the performance be seen in the light of the Covid circuit break with several services being stepped down.

TC highlighted performance issues arising in urgent and emergency care, planned care, cancer care, diagnostic services, primary care and community services, mental health services, and social care. In terms of Care Quality there had been no MRSA Bacteraemia infections in March and 1 case of Clostridium Difficile. An Root Cause Analysis had been completed on the case by the Infection Prevention and Control team and lessons learned distributed for action. There had been 1 serious incident declared in March which was currently being investigated.

KK asked if it would be possible to see a year's data for the theatre utilisation and for clarity on the denominator for the calculation. TC confirmed that the maximum number of theatre sessions available is 42 per week. TC acknowledged that this needed further work as to include factors such as anaesthetic and surgeon availability and maintenance down time. AF acknowledged that Covid had impacted in utilisation as the gaps between sessions had to be longer.

JL explained that the IPR did not yet include the financial data. This was due to the accounts being set out in the old DHSC structure as opposed to the new MxC Care Groups. This would be rectified from April onwards.

AG was concerned about the poor provision and performance in dentistry services and asked what remedial plans were in place. AF confirmed the waiting lists have increased due to Covid restrictions and the challenge is to reduce the waiting lists. TC acknowledged the difficulty of recruiting and recognised that a deep dive may be helpful. More information on the issues would be available after the Care Group's Performance and Accountability Review. OR clarified that the report covered NHS funded dentistry activity.

The Board ACCEPTED the Integrated Performance dashboard and recognised the concerns raised.

COMFORT BREAK

32.21 Service user/staff story.
AF explained that the Board wanted to balance out its reports and focus on data with a patient/service user/staff story, this supported the Board's decision-making.

SA described how 1m patients have missed a cancer screening opportunity which impacted on the best possible outcome for patients. This month's patient history was a a 73 year female patient with a breast cancer symptoms. The diagnostic confirmed a non-cancerous growth. Three years later she was referred again with similar symptoms and this time a mastectomy was required to remove the tumour as well as radiotherapy. She was currently recovering and doing well. SA highlighted how the diagnostic aspect of the treatment was vital and described improvements around electronic records commencing in July 2021. The multi-disciplinary approach including the diagnostic service was essential. As a result of this patient's experience, a further 1,220 patients were recalled for further diagnostics.

AF queried whether the cancer could have been caught earlier for this patient and SA confirmed that radiology had been misinterpreted but very difficult to ascertain whether it was the same tumour. TC explained the strengthening relationships with the QA programme, and this would raise standards as well. Clatterbridge at Nobles was also an important part of the improvement journey. TC also explained that delayed presentations of cancer were increasing as a direct impact of the Covid restrictions, and the pathways were being reviewed to ensure that there is sufficient capacity to sustainably deliver the 28-day standard.

KK asked if there had been any consideration given to the use of Artificial Intelligence (AI) for the reading of diagnostics. TC agreed that this was an important development, and this had been discussed with local charitable partners to look at potential solutions.

The Board THANKED the Medical Director for sharing the patient history

33.21 Ratification of Exemption Request MxC portal - Theatre Utilisation Project

JM explained that the Board had previously unanimously agreed in writing to an exemption request in respect of the Theatre Utilisation Project.

The Board RATIFIED the exemption request in respect of the Theatre Utilisation Project

34.21 Theatres Update

TC outlined a previous report and its findings around safety culture and theatre safety. In discussion with the DHSC it had been agreed to reengage the consultant advisors to look at the optimum safety and correct team culture and secondly to focus on optimal theatre efficiency. Work had started on 24th April 2021 with a weekly update to the exec team and a monthly update to the Board.

KK asked how this work would align to the ROF. TC confirmed this related to the patient safety metrics such as the completion of World Health Organisation checklist. It also linked with cancellation rates in theatres and work should reduce waiting times and deliver the elective plan and contribute to the CIP programme.

AF asked when the next update was due. TC confirmed it would be monthly updates for the next two months.

The Board ACCEPTED the assurance provided by the CEO's report.

35.21 IoM Primary Care at Scale Strategy

AF introduced David Segal as the guest presenter for this item. The report introduced the baseline Primary Care at Scale strategy which had been co-designed as part of the work of the Primary Care at Scale project. The Primary Care at Scale project was primarily responsible for the delivery of Recommendation 15 of Sir Jonathan Michaels report.

The Primary Care at Scale Strategy was a holistic resident centred approach to re-designing the Primary Care system to deliver better outcomes for residents, staff and the health and care system. As the document was a 'living document' the Board was not required to decide on the strategy, but the paper was an invitation for comments and asked the board for an approval in principle of the strategy as a baseline.

AF asked how the patients would experience the difference because of the strategy. DS described a population health management approach which would allow services to change more dynamically to meet patient's needs. One practical example would be delivering care closer to home including pharmacy, physiotherapy, mental health services etc.

AG asked for more information on population health management and DS confirmed that this was using evidence-based approach to understand the needs of the population and plan services accordingly. It identified those people at the lower tier of the care pyramid who would achieve better health outcomes by managing their own health needs independently whilst allowing other people who were more dependent on care to receive the treatment and support, they needed.

AG asked whether the equality and diversity impact had been considered. DS confirmed inclusion was an important as well as equity of outcomes and equality of access. When the actual action plan had been worked up there would be full equality and diversity impact assessments worked up.

TC confirmed that MxC would continue to work to co-produce the strategy and would like to see a clear link with locality base hubs, with pharmacy services and with the voluntary sector in the next iteration. TC thanked DS and AmC for all their hard work on the strategy so far.

The Board APPROVED IN PRINCIPLE the Primary Care at Scale strategy as a baseline.

36.21 Workforce and Culture Update

AC presented her report which outlined the final draft of the Workforce & Culture Development Programme year 1 detailed plan and years 2-5 high level plan. It had been issued to both the Health & Care Transformation Programme and the People Committee for review and sign off. The latest summary report for this project had also been attached and this provided details of task tracking, risks, mitigations and current overall project status. The People Committee received this summary report monthly as part of the programme governance. It was important to acknowledge that this plan would be flexed to some degree during the fact-finding stages of the project in order for priorities to be reset based on the needs of the organisation; in agreement with Executive Management Committee, the People Committee and the Board.

SS described how the programme was working through Social Care. The feedback was very positive, and the word 'hope' was prevalent, hope that the poor culture was being recognised and there was commitment to change things. TC outlined her commitment to the *Let us Listen* events and to corporate induction.

The Board ACCEPTED the Workforce and Culture Update.

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37.21 Opening forecast position

JL presented the paper which had been circulated setting out the initial forecast position for MxC. The current forecast position for Year 1 was a small year-end surplus of approx. £11k. Several factors contributed to this position:

- **Achievement of CIP Savings**

Given the potential risk around achieving CIP targets in year 1 it had been assumed that £1m in savings would be achieved with the remaining £1.7m set against the contingency fund.

- **Forecast unavoidable funding pressures**

As mentioned previously, MxC initially identified potential funding pressures of £10.4m that could not be met from within the funding envelope. The Business Case Review Group had been reviewing these funding pressures to prioritise and identify potential mitigations in Year 1 for those costs. £3.6m of these pressures comprised of Committed, unavoidable spend - either because it had already been committed or was a legislative or statutory compliance requirement. The work was not yet complete but, so far, £2m of mitigations have been identified. This would bring the total essential funding requirement in Year 1 down to £1.6m, which had been included in the forecast position.

A further £2.4m of Uncommitted spend remained which is yet to be reviewed for mitigation. These represented investments that MxC may wish to make subject to sufficient funds being available.

Additionally, there is £4.5m of further spend that is unlikely to be supported. This includes £3.7m National Institute for Health and Care Excellence Technology Appraisal funding which had been refused during the budget process, but the DHSC were re-submitting this to Treasury.

- **Potential baseline overspend based on month 1 actuals**

Further analysis of baseline costs was ongoing, however, for prudence, it had been assumed that the month 1 overspend of £118k would persist throughout the year, generating a cost pressure of £1.4m. An additional £400k had been allowed to cover the cost of a small number of high-cost patients. The potential to fund these costs through Treasury contingency funds would be investigated.

- **Potential baseline mitigations**

Savings of £300k had been identified in-year resulting from delays to recruiting to various Transformation workstreams. However, the full cost of these appointments would need to be borne in subsequent years. Further analysis would be ongoing to identify other potential savings to mitigate against overspends

AF confirmed that this had been reviewed thoroughly at the FPC Committee and asked to move on to the next item. There were no further questions from board members.

The Board ACCEPTED the report on the opening forecast position

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38.21 CIP governance approach
JL reported that the CIP Programme work continued to progress. The team had identified the Long List of opportunities and had identified 6 key areas of focus and were in the process of carrying out Deep Dive sessions for each of those areas, namely:

- Workforce
- Procurement
- Elective care
- Emergency Ambulatory Care & Mental Health
- Primary Care
- Secondary Care Medicines

The purpose of these sessions was to review the proposed CIP plans, define the likely savings, agree timescales and identify risks or barriers to achievement. The outcome of these discussions would inform the development of targeted action plans for implementation.

The target CIP saving for Year 1 is £2.7m, which would be a challenge so efforts were focussed on 'quick wins' that would release cash quickly. These were likely to be predominantly reducing spend on medicines and procurement. However, much of the work would be directed at laying the groundwork for further savings in future years.

The approach and governance structure for the CIP programme set out in this report had been considered at the FPC Committee on 17th May 2021. The Committee had agreed in principle with the approach being made and recommended that the CIP Programme Board considered a name for the programme which focussed more on quality improvement and transformation than costs.

The Board ACCEPTED the report on the CIP governance approach

39.21 Any Other Business
Members confirmed that there was no further business to consider.

40.21 Questions from the public
AF introduced the first question from the public which due to the virtual nature of the meeting had been submitted in writing in advance of the meeting.

What has the executive team achieved since it came into being on 1st April 2021.
TC explained that whilst the papers at the board meeting set out the activity of the last few months, she would identify the filling of all of the senior appointments, along with the new structure for all of the Care Groups with their associated triumvirate leadership arrangements as really important. In addition, ward to service line governance structures were now in place and report up to Board Committees and through to the Board. She was pleased that four Care Groups have had their Performance and Accountability Review meetings and that the theatres utilisation project was underway.

What have the consultants done by way of tele-medicine during Covid?

SA explained that each clinical pathway has been set up to consider the clinical needs of each waiting patient on outpatient lists. Appointments can be offered either in person or virtually based on clinical need.

Board review – feedback on the meeting: effectiveness and any new risks and assurances

AF would welcome feedback from the public either to himself or to the Board Secretary John Middleton. Feedback would be appreciated to help the Board meetings to develop.

AF thanked everybody for attending and the meeting closed at 12.30pm

Future dates for the diary

Board meeting in public

27-Jul 2021	25-Jan 2022
28-Sep 202	22-Mar 2022
23-Nov 2021	24-May 2022

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