

DRAFT Minutes

Board of Directors' meeting held in public

Wednesday, 25 May 2016	1.30pm – 3.30pm	Rooms 1 & 2, Ferndene
Present: Hugh Morgan Williams Chair Dr Leslie Boobis Non-Executive Director Alexis Cleveland Non-Executive Director Martin Cocker Non-Executive Director Lisa Crichton-Jones Executive Director of Workforce and Organisational Development James Duncan Deputy Chief Executive / Executive Director of Finance Neil Hemming Non-Executive Director John Lawlor Chief Executive Paul McEldon Non-Executive Director Dr Rajesh Nadkarni Executive Medical Director Gary O'Hare Executive Director of Nursing and Operations Lisa Quinn Executive Director of Commissioning and Quality Assurance Peter Studd Non-Executive Director		
In attendance: Susan Hamilton Administration Officer Andy Hindhaugh NTW Resilience Lead Dr Damian Robinson Deputy Medical Director of Safety and Governance Caroline Wild Deputy Director, Corporate Relations & Communications		
Also present: Brian Cranna, CQC Lead Inspector Jack, Service User Chris Macklin, Carer Governor for adult services		

Agenda Item		Action
56/16	Welcome and apologies Ruth Thompson, Non-Executive Director.	
57/16	Declarations of interest There were no declarations of interest for this meeting.	
58/16	Minutes of previous meeting held on 25 April 2016 The minutes were agreed as a true record and duly signed.	

<p>59/16</p>	<p>Matters arising not included on the agenda</p> <p>The schedule was noted.</p> <p>Page 2, 48/16, Chief Executive's Report - Paul McEldon queried the Mazars report and asked whether recommendations have been considered. Gary O'Hare explained that this was included as part of the presentation NTW response to the Mazars review of Southern Health, later on the agenda.</p>	
<p>60/16</p>	<p>Chair's Report</p> <p>Hugh Morgan Williams welcomed Dr Rajesh Nadkarni to his first meeting as Executive Medical Director. Hugh offered congratulations on behalf of the Board.</p> <p>The Trust hosted a visit from Gill Morgan, Chair of NHS Providers. Gill met with senior staff and visited the Bamburgh Clinic at St Nicholas Hospital.</p> <p>Hugh fed back from the recent Council of Governors' meeting. The meeting was very positive and was well attended. He also highlighted that he was nominated to serve on the Mental Health Network Board.</p> <p>Hugh visited St George's Park on 24 May, along with Non-Executive Directors Peter Studd and Dr Leslie Boobis. Hugh was really encouraged by the services he visited and he was particularly impressed by the excellent care being delivered and compassion he saw.</p> <p>The Annual Members' Meeting will be held on Thursday, 28 July 2016 in the Grandstand Suite at the Gosforth Marriott Hotel. The market stalls will be on display from 2pm to 4pm and the Meeting will commence at 4pm.</p> <p>Hugh welcomed service user Jack to the meeting. Jack agreed to attend the meeting to share with the Board his honest feedback on using NTW services.</p> <p>Thanks were extended to Jack from the Board for coming in to share his experiences.</p>	
<p>61/16</p>	<p>Chief Executive's Report</p> <p>John Lawlor presented the Chief Executive's report. The contents were noted by the Board.</p> <p>John referred to NHS Employers' Diversity and Inclusion in the public sector partners programme. Lisa Crichton-Jones said she was pleased to have secured a place for NTW as a partner. She informed the Board that the previous week had been Equality, Diversity and Human Rights week and a campaign across the Trust was well received.</p> <p>Dr Rajesh Nadkarni updated the Board on the Guardian Role in relation to junior doctors. He confirmed that the role will be open to senior consultants and it is hoped to have the successful candidate in place by July. Dr Nadkarni confirmed that the position will be a part time role, alongside the successful applicant's substantive position.</p>	

	<p>Referring to Deciding Together, James Duncan reported that the planned decision making date of 24 May 2016 has been delayed by a month to allow the CCG to provide further assurance to NHS England.</p> <p>John provided further feedback from his visit to the Recovery College on 6 May. John said he was impressed by the atmosphere of mutual support and understanding and he spent some time talking to students, hearing about how the college is helping them to increase their resilience and inspire their future hopes. James Duncan said the service is being driven by service users and is a fantastic resource. However, we need to give some consideration how it could be supported in the future.</p> <p>In conclusion, John complimented the college prospectus and said the Recovery Colleges would be happy for Board members to visit.</p>	
62/16	<p>Quality, clinical and patient issues</p> <p>i) Annual Quality Account 2015/16 Lisa Quinn presented the Annual Quality Account 2015/16, which was complete apart from the entry from Healthwatch North Tyneside. The contents were noted by the Board. Lisa Quinn reported that since the circulation of Board papers, the statement from Healthwatch North Tyneside had been received and subject to Board approval, Mazars will re-audit the Quality Account and the updated version will be circulated.</p> <p>Subject to this, the Board was content to delegate authority to Martin and Lisa to oversee the inclusion of the Healthwatch Statement and Mazars to re-audit and resubmit the report.</p> <p>Martin Cocker drew attention to the report being a limited assurance report, due to the nature of the audit undertaken. He said that the Audit Committee has reviewed the Quality Account and confirmed that there were no identified areas of concern.</p> <p>The Board agreed and supported the additional entry from Healthwatch North Tyneside and approved the Quality Account subject to a re-audit.</p> <p>The Board also approved the Statement of Directors' responsibilities.</p> <p>ii) Security Management Annual Report 2015/16 Gary O'Hare presented the highlights of the report. The contents were noted by the Board.</p> <p>In speaking of the increase of the Trust's CCTV system, Hugh Morgan Williams asked whether there are any areas in the Trust not currently covered and Gary explained that clinical environments are not covered by CCTV, although generally, site coverage is very good.</p> <p>Martin Cocker queried the increase in the number of assaults and Gary said there are a number of reasons for this. He explained part of the issue is that the Trust provides a number of national specialist services which means that some service users may present with significant</p>	

	<p>challenging behavior. Also, a large majority of assaults can be attributed to a low number of service users who present with challenging behaviour. Often where staff have been assaulted, it has been due to intervention to prevent service users from self-harm. Gary highlighted that significant progress is being made around 'Positive and Safe' practice.</p> <p>James Duncan highlighted that Southern Health has experienced a significant reduction in assaults and he queried what could be behind this. Gary suggested undertaking a piece of work with the Positive and Safe Team to find out if Southern Health are now taking a different approach. Gary confirmed that a list of comparators is included in the report but he stressed that this is just a snapshot of the report the Trust receives from NHS Protect. The full list will be included in future reports to the Board.</p> <p>Alexis Cleveland asked whether lone working issues could be included in future reports and it was agreed this would be considered.</p>	<p>GO</p> <p>GO</p>
<p>63/16</p>	<p>Performance and Assurance</p> <p>i) Integrated Commissioning Quality Assurance Report (Month 1) Lisa Quinn presented the highlights of the month 1 report. The contents of the report were noted by the Board. The Board noted the revised format of the report and that this is still being developed.</p> <p>The Risk Assessment Framework for month 1 is Green. For month 1 the Trust has a Financial Sustainability risk rating of 3.</p> <p>The Quality Priorities for month 1 are all forecast to be achieved as are the 10 new CQUINs.</p> <p>In terms of workforce, there are three areas of training standards with under performance. However, an action plan is in place and trajectories and on track to deliver these by July 2016.</p> <p>The sickness absence 12 month average has decreased. In month sickness absence has increased slightly.</p> <p>The Trust has achieved the vast majority of contract indicators. Any areas of exception are highlighted in the report.</p> <p>Martin Cocker queried PMVA training and Gary O'Hare explained that a robust review of this training is being carried out compliance levels continue to increase.</p> <p>In terms of the information governance target, Lisa explained that this has changed to a compliance standard of 95% from 1 April 2016.</p> <p>Finance</p> <p>James Duncan presented the finance dashboard for Month 1. The overspend in staffing in the month, particularly in the Specialist Care Group, was noted. James explained there are a number of reasons for this including the reconfiguration of Alnwood. Agreement with NHS</p>	

	<p>England has been reached on a new service model using fewer beds. This new model was to be implemented during Q1 as patients were discharged. However, there are currently 2 high acuity patients on the ward who are costly to care for and are delaying implementation of the new model.</p> <p>The impact of Transforming Care for People with Learning Disabilities and Autism where the step down in funding is steeper than anticipated is also a pressure. The team is looking to see how this can be managed. James also highlighted the £1.5m of non-recurrent funding in Children and Young People’s services and the continuing pressures on services and reported that consideration is being given to the potential to use an external productivity company for support. There is a huge amount of work going on in the Specialist Care Group around how to manage the pressures.</p> <p>Lisa Quinn said that an accountability meeting with the Executive team had been requested in Month 2 by the Specialist Care Group.</p> <p>Dr Les Boobis highlighted that the Quality and Performance Committee had discussed the incremental increase in agency and overtime spend. If this is ongoing, it could potentially lead to problems around pay spend. Lisa Quinn replied that although month 1 agency is below plan, the scale of the proposed reduction is substantial. James said the new arrangements were always predicated on national support and he stressed that most organisations are in a similar position, relying on the national framework. Hugh Morgan Williams stressed the need to allow the Groups time to get underneath the issues in order to develop a reliable plan and ensure we do not make knee jerk reactions.</p> <p>ii) Emergency Preparedness (EPRR Annual Report) Andy Hindhaugh attended the meeting to present the report and the content of the report was noted by the Board.</p> <p>In relation to the two informatics incidents, Lisa Quinn reported that business continuity plans were enacted and after action reviews were carried out to mitigate any potential future risks.</p> <p>Alex Cleveland acknowledged the improvement made in relation to national resilience exercises and she asked whether there are any planned in relation to specific risks to the Trust. Andy explained that the trusts works with Northumbria Local Resilience Forum for local issues.</p>	
64/16	<p>Strategy and Partnerships</p> <p>i) Strategy update James Duncan presented the update. The report was noted by the Board. The paper took people through the work that has been done to date. James explained continue the process of wider engagement with service users and staff. A Board Strategy Workshop is being held on 21 July.</p> <p>Alexis Cleveland commented that as chair of the Strategy Working Group, she had heard that staff welcome the focus on being a values and people driven organisation, within the context of the major developments planned and the challenging environment we are in.</p>	

ii) Parity of Esteem and Mental Health Funding

Lisa Quinn presented the update which was noted by the Board.

She highlighted that there was no national guidance on what 'parity' means for commissioners but it is true that local CCGs could demonstrate that they are investing in section 117 aftercare and continuing healthcare packages.

James noted that the £1 billion promised nationally for mental health is expected from reducing pressures on acute activity.

iii) NTW response to the Mazars review of Southern Health

Dr Damian Robinson presented the report, which was noted by the Board. The report includes a summary of the actions taken by the Trust over the last six months and also includes 39 recommendations by Mazars. Gary O'Hare confirmed this was the third report the Board had received on this issue.

In February 2016 a benchmarking exercise against the original report was carried out and the key findings from this were highlighted.

Damian reported that a new incident policy framework is now being implemented. Also, the Trust now receives regular updates regarding the death of people who have been in contact with services. The Trust's benchmarking with other Trusts will continue.

The Trust has now established a Mortality and Morbidity Group and additional clinical input is currently being identified to support this group.

TEWV recently hosted a regional review meeting on 21 April, which was also attended by Mazars. Mazars have confirmed that they used NTW's processes as the basis of their work. At this meeting there was agreement for regional Trusts to work together to standardise processes to improve benchmarking and learning.

Mazars now produce factsheets to assist Boards to seek assurance around the mortality review process, which includes five key questions. The Trust's Safety Team is putting this together for a future Board meeting. Damian also reported that the Mazars work will be adopted as our second Sign up to Safety priority for this year.

James Duncan highlighted the difference in the numbers of unexpected deaths and he queried what could be driving the difference. Damian explained that the Trust has a very strong and well established reporting culture, whereas in Southern Health this may not have always been the case.

iv) Delivering the Learning Disability and / or Autism Transforming Care agenda

Gary O'Hare presented the update. He highlighted the key areas, which were noted by the Board.

65/16	<p>Workforce</p> <p>i) Six month Whistleblowing / Raising Concerns update summary Lisa Crichton-Jones presented an update on the Trust’s Freedom to Speak Up action plan and also a summary of the “whistleblowing” cases/concerns raised from October 2015 to March 2016. The report was noted by the Board.</p> <p>Lisa reported that Neil Cockling, Chaplaincy Team Lead has now been in post as the Trust’s Freedom to Speak Up Guardian for six months and that 25 Freedom to Speak Up Champions have now been recruited across the Trust.</p> <p>Currently, there are no open formal “whistleblowing” cases, although there are five raising concerns issues that are being managed informally. She highlighted there appears to be no apparent trends.</p> <p>Lisa also confirmed that the National Freedom to Speak up Guardian role has been advertised for the third time.</p> <p>It was confirmed that Neil Hemming is the Non-Executive Director “whistleblowing” lead.</p>	
66/16	<p>Regulatory</p> <p>i) Annual Governance Statement 2015/16 John Lawlor presented the audited statement. The contents were noted by the Board.</p> <p>Martin Cocker as Audit Committee Chair said that the Audit Committee had reviewed the audited statement along with the Head of Internal Audit and the External Auditor’s report. The auditors had concluded that the Statement complied with the Department of Health requirements and there were no inconsistencies between information in the Statement and the auditor’s knowledge of the Trust. The Audit Committee recommended approval of the Statement to the Board.</p> <p>The Board approved the Annual Governance Statement.</p> <p>ii) Annual Accounts and Management Representation letter James Duncan presented a report on the key issues in the Annual Accounts, which included the audited draft Annual Accounts. A copy of the draft Management Representation Letter was also included. The content of all the documents were noted by the Board.</p> <p>Martin Cocker as Audit Committee Chair, said that the Audit Committee had reviewed the Annual Accounts and the auditor’s report, along with the Management Representation Letter. The Audit Committee recommended approval of the Annual Accounts and the signing of the Management Representation Letter to the Board.</p> <p>The Board approved the Annual Accounts and the signing of the Management Representation Letter.</p>	

	<p>iii) Audit Committee Annual Report Martin Cocker presented the report on the work of the Audit Committee, which also provided assurance to the Board on the approval of the Annual Governance Statement. The Board noted the contents of the report.</p> <p>iv) Annual Report James Duncan presented the Annual Report. The contents were noted by the Board.</p> <p>Martin Cocker, as Audit Committee Chair said that the Audit Committee had reviewed those parts of the Annual Report that are subject to External Audit review. The Audit Committee recommended approval of the audited parts of the Annual Report to the Board.</p> <p>The Board approved the Annual Report.</p> <p>v) Annual Plan Review 2016/17 – Board Certification – Systems for compliance with provider licence (Condition G6) Lisa Quinn presented the report explaining that as a part of the Annual Planning process, the Board is required to submit a certificate to Monitor confirming that the Trust has systems in place to comply with its licence conditions and related conditions.</p> <p>The Board approved the submission of the declaration to Monitor.</p>	
67/16	<p>Minutes / Papers for information</p> <p>i) Committee minutes There were no specific issues to highlight to the meeting.</p> <p>ii) Council of Governors’ issues There were no specific issues to highlight to the meeting.</p>	
68/16	<p>Any Other Business</p> <p>Hugh Morgan Williams informed the meeting that the buddying system between Executive Directors and Non-Executive Directors is being reviewed and a note would be sent to Board members about the revised proposals.</p>	
69/16	<p>Questions from the public</p> <p>Chris Macklin asked James Duncan and John Lawlor whether there is anything else that can be done in regards to Parity of Esteem and ensuring adequate funding for mental health and disability services.</p> <p>John Lawlor explained that following discussions with the NHS Providers’ Board and the Mental Health Network Board, work is progressing around mental health inclusion in sustainability and transformation plans. John also said that Hugh Morgan Williams regularly meets with the regional Chairs but he acknowledged there can be an imbalance between acute trusts and mental health trusts. John stressed that ultimately we should all find a way to talk about mental health issues. Lisa Quinn suggested discussing with local CCGs and our Governors what more we could do. Chris confirmed that he would be happy to support this work and share the approach taken by Sunderland CCG.</p>	

70/16	Date, time and place of next meeting Wednesday, 22 June 2016, Conference Rooms 1, Hopewood Park, 1.30pm	