

DRAFT Minutes

Trust Board of Directors Public Meeting								
Date: Wednesday, 23 September 2015	Time: 1.30pm to 3.30pm	Venue: Conference Rooms 1&2 Ferndene						
<p>Present:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Hugh Morgan Williams Alexis Cleveland Martin Cocker Lisa Crichton-Jones James Duncan Dr Douglas Gee John Lawlor Paul McEldon Lisa Quinn Ruth Thompson Chris Watson </td> <td style="width: 50%; vertical-align: top;"> Chair Non-Executive Director Non-Executive Director Executive Director of Workforce and Organisational Development Deputy Chief Executive / Executive Director of Finance Executive Medical Director Chief Executive Non-Executive Director Executive Director of Performance and Assurance Non-Executive Director Non-Executive Director </td> </tr> </table> <p>In attendance:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Eric Jarvis Vida Morris Mary-Jane Tacchi Dr Damian Robinson Simon Douglas </td> <td style="width: 50%; vertical-align: top;"> Board Secretary Group Nurse Director, Inpatient Care Deputy Medical Director Director for Infection Prevention and Control and Emergency Planning Resilience and Response – for item 94/15(iii) Senior Manager, Research Innovation and Clinical Effectiveness – for item 95/15 (ii) </td> </tr> </table> <p>Also present:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Chris Macklin </td> <td style="width: 50%; vertical-align: top;"> Lay Member of the Sunderland Clinical Commissioning Group </td> </tr> </table>			Hugh Morgan Williams Alexis Cleveland Martin Cocker Lisa Crichton-Jones James Duncan Dr Douglas Gee John Lawlor Paul McEldon Lisa Quinn Ruth Thompson Chris Watson	Chair Non-Executive Director Non-Executive Director Executive Director of Workforce and Organisational Development Deputy Chief Executive / Executive Director of Finance Executive Medical Director Chief Executive Non-Executive Director Executive Director of Performance and Assurance Non-Executive Director Non-Executive Director	Eric Jarvis Vida Morris Mary-Jane Tacchi Dr Damian Robinson Simon Douglas	Board Secretary Group Nurse Director, Inpatient Care Deputy Medical Director Director for Infection Prevention and Control and Emergency Planning Resilience and Response – for item 94/15(iii) Senior Manager, Research Innovation and Clinical Effectiveness – for item 95/15 (ii)	Chris Macklin	Lay Member of the Sunderland Clinical Commissioning Group
Hugh Morgan Williams Alexis Cleveland Martin Cocker Lisa Crichton-Jones James Duncan Dr Douglas Gee John Lawlor Paul McEldon Lisa Quinn Ruth Thompson Chris Watson	Chair Non-Executive Director Non-Executive Director Executive Director of Workforce and Organisational Development Deputy Chief Executive / Executive Director of Finance Executive Medical Director Chief Executive Non-Executive Director Executive Director of Performance and Assurance Non-Executive Director Non-Executive Director							
Eric Jarvis Vida Morris Mary-Jane Tacchi Dr Damian Robinson Simon Douglas	Board Secretary Group Nurse Director, Inpatient Care Deputy Medical Director Director for Infection Prevention and Control and Emergency Planning Resilience and Response – for item 94/15(iii) Senior Manager, Research Innovation and Clinical Effectiveness – for item 95/15 (ii)							
Chris Macklin	Lay Member of the Sunderland Clinical Commissioning Group							
Agenda Item		Action						
101/15	Apologies <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr Leslie Boobis</td> <td style="width: 50%;">Non-Executive Director</td> </tr> <tr> <td>Neil Hemming</td> <td>Non-Executive Director</td> </tr> <tr> <td>Gary O'Hare</td> <td>Executive Director of Nursing and Operations</td> </tr> </table>	Dr Leslie Boobis	Non-Executive Director	Neil Hemming	Non-Executive Director	Gary O'Hare	Executive Director of Nursing and Operations	
Dr Leslie Boobis	Non-Executive Director							
Neil Hemming	Non-Executive Director							
Gary O'Hare	Executive Director of Nursing and Operations							
102/15	Declarations of interest There were no declarations of interest to note.							

103/15	<p>Minutes of previous meeting held on Wednesday, 22 July 2015</p> <p>The following amendments were agreed:</p> <ul style="list-style-type: none"> • Item 94/15 – page 2 – first bullet point – first sentence - should be “The Rose report, which has had its publication delayed.” • Item 95/15(i) – page 2 – second paragraph – second sentence – amendment “... resulted in an increase in the number of qualified nurses nursing posts in the ward establishments ...” <p>Subject to the above amendment the minutes were agreed as a true and accurate record and duly signed.</p>	
104/15	<p>Matters arising not included on the agenda</p> <p>The schedule was noted.</p>	
105/15	<p>Action Checklist</p> <p>The checklist was noted.</p>	
106/15	<p>Chair’s Report</p> <p>Hugh Morgan Williams highlighted that he had recently been to London on 3 occasions to meet with (i) Monitor; (ii) the NHS Providers Forum; and (iii) the Secretary of State, who he will meet with again to discuss very senior managers’ pay.</p> <p>He said that the Council of Governors had a very productive meeting on 8 September, where NED’s remuneration was increased in line with their extra workload.</p> <p>Finally John Lawlor’s appraisal is almost completed and an update will be provided to the next Board.</p>	HMW
107/15	<p>Chief Executive’s Report</p> <p>John Lawlor presented the Chief Executive’s report. The contents were noted by the Board.</p> <p>When discussing Transformation of Corporate Services, Lisa Crichton-Jones confirmed to Chris Watson that if senior people are made redundant they must repay the amount if re-employed within the NHS within a year and a £95k redundancy limit is to be introduced regardless of earnings. Further details will be provided to the Board.</p> <p>Chris expressed his disappointment at the local press coverage relating to the Tans Restaurant and asked if there was anything we could do to have better managed the situation. John Lawlor said that this was a Northumberland Council decision and it would not have been appropriate for the Trust to comment. He added that the press responded to understandable local lobbying. There was a discussion in which it was confirmed that every service user affected has found an alternative placement. A third sector organisation is planning to take on the service. James Duncan added that the Trust has made a financial commitment of £25k to make improvements to the premises as part of the transfer arrangements.</p>	LCJ

(i) Safer Staffing Report

Vida Morris presented the report on behalf of Gary O'Hare, which focussed on those wards where staffing is 10% under planned and 20% over planned for August 2015. The contents were noted by the Board.

Vida highlighted the majority of blue columns in the centre of the analysis, which demonstrate 100% coverage over all day and all night shifts after adding qualified and unqualified staff together. She also highlighted the significant work of central recruitment where there are 250 individuals awaiting clearance to be able to fill vacancies with the interviews for campaign "9" arranged for October. She said that when there are shortages, we rely on bank staff and existing staff working additional hours, with agency staff used as a last resort. The need for additional resources on a ward may be because of increased clinical activity or acuity, e.g. increased observation levels, which may require several staff, i.e. there may be unpredictable elements based on emerging clinical need.

Martin Cocker said that if the report demonstrated safe staffing, why was there a need to change the current arrangements?

Vida confirmed that the report compared actual staffing to planned staffing, with planned staffing being in excess of the minimum safe staffing level to deliver a quality service, not just a safe level. Following the recent skill mix review and associated budget changes, we now have an establishment increase in the number of qualified nurses and this has created vacancies which will take time to recruit into.

(ii) Safer Staffing Skill Mix Review

Vida Morris presented the report on behalf of Gary O'Hare, which focussed on the skill mix review for the period from April to September 2015 across Specialist and Inpatient Care Groups. The contents were noted by the Board.

Vida highlighted the activity undertaken to review workforce plans and assess skill mix against safe staffing indicators and national safer staffing, including retire and return arrangements; central recruitment; issues related to the increase in complex and challenging patients; and workforce developments.

In response to Hugh Morgan Williams asking if there were any particular skills shortages; Vida said that areas included Forensics, Learning Disabilities and Alnwood Ward, where it can be very emotional dealing with complex young people. We try and combine staffing so that the mix includes experienced staff.

James Duncan asked if we are doing any work to ensure that we are not putting "square pegs in round holes", an issue of concern which came up in the last round of Speakeasy events, to which Vida said that this is monitored and we try and satisfy an individual's preference, e.g. location, and we recognise an individual's strength.

Lisa Crichton-Jones said that she would be keen to see an evaluation of what the staffing looks like in 6 months, including an analysis of staff retention. Vida confirmed to Paul McEldon that most people leave their role for promotion and internal transfer.

	<p>(iii) <u>Medical Revalidation Annual Report 2015</u></p> <p>Mary-Jane Tacchi presented the report, which included completed templates and the Statement of Compliance declaration. The Board noted the contents.</p> <p>Mary-Jane highlighted that all Trust's doctors had completed appraisals in support of their revalidation apart from those with valid reasons, e.g. sickness, and there were no instances of non engagement.</p> <p>During discussion, Mary-Jane confirmed to Martin Cocker that for 2015/16 we will be providing an increased number of support groups to ensure a higher attendance than the 14 appraisers in 2014/15 and she confirmed to Paul McEldon that we are still providing a service to 6 doctors at St Oswalds' Hospice.</p> <p>Following discussion the Board approved the signing off of the Statement of Compliance confirming to the Higher Level Responsible Officer that the Trust, as a Designated Body, is in compliance with the regulations.</p>	
109/15	<p>Performance and assurance</p> <p>i) <u>Performance Report</u></p> <p>Lisa Quinn presented the performance report for the position to 31 August 2015 and James Duncan presented the finance dashboard. The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework, NTW had a continuity of services (finance) risk rating of "4" and a governance risk rating of "green."</p> <p>Lisa Quinn highlighted that the Trust continues to be fully compliant with the CQC Essential Outcomes of Quality and Safety. Also within the Quality Dashboard 6 CQUIN schemes and 4 quality priorities have been RAG rated "amber." The CQUINS relate to physical health and waiting times. Lisa confirmed to Martin Cocker that there was up to £500k at risk from the 6 CQUINs.</p> <p>Finally, Lisa said that we continue to shadow monitor the new waiting times standards in the Waiting Times Dashboard.</p> <p>Paul McEldon said that he had noted some increase of emergency readmissions in the NHS Outcomes Framework with regard to transformation and patients' safety. This is subject to on-going evaluation.</p> <p>James Duncan said that nothing had substantially changed with the Trust's financial performance.</p> <p>He went on to outline changes to the continuity of services (finance) risk rating system in Monitor's Risk Assessment Framework and the potential impact on the Trust. We had planned for an overall rating of "2" for the year end, which includes an individual rating of "1" for capital service capacity. The new compliance framework includes that any rating of "1" on any issue can be subject to an investigation by Monitor. We plan on a surplus of £3.5m. There are 2 new measures in the compliance framework, namely the Income and Expenditure (I&E) margin and the I&E variance. Both have a rating of "4" and now the capital service rating is also likely to have a rating of "4." Therefore we should be at the highest rating of a "4" if we deliver a surplus of £3.5m. However if we drop below £3.5m, the variance indicator could become a "2" and we could be subject to Monitor investigation.</p>	

ii) Agency Staffing Diagnostic Self-Assessment

Vida Morris presented the report on behalf of Gary O'Hare, which outlines the use of Monitor's diagnostic tool to identify potential steps to move towards best practice and reduced costs of temporary staffing. The contents were noted by the Board.

Vida explained that the Trust is within the 3% threshold set by Monitor and therefore there are no actions required, but nevertheless the Trust continues to measure performance against this target through the Trustwide Bank and Agency Review Group.

It is the intention to produce an action plan for areas identified for development, i.e. "amber" rated issues, to be presented to a future Board.

GO

iii) Emergency Preparedness Resilience and Response (EPRR) Assessment re NHSE Core Standards and work plan

Dr Damian Robinson presented the report. The contents were noted by the Board and in particular the Trust level of compliance with the NHS England Core Standards for EPRR and the winter assurances provided to Clinical Commissioning Groups.

Damian explained that the annual self-assessment against the Standards had showed that there were 48 "green" rated items and 4 "amber" rated items out of a total of 52 items. This is subject to peer review by another NHS organisation in the north east.

He also highlighted that the Trust Pandemic Influenza plan is included for sign off and that it will address one of the amber rated standards, with the other amber rated standards included in a workplan for completion by the end of March 2016. Full compliance is therefore demonstrated through the self-assessment and the workplan.

Hugh Morgan Williams said that last year the Trust had the highest uptake relating to qualified nursing for the influenza jab and it would be good to see a similar effort this year.

Alexis Cleveland asked if this work formed part of a bigger picture. Damian confirmed that it was part of the business continuity programme.

The Board approved the action plan to address the amber rated core standards and the updated version of the Trust Pandemic Influenza Plan.

iv) Strategy Development Update

James Duncan presented the update that consisted of 3 parts, namely (i) a brief summary of the outputs of the Board Development away day in July; (ii) a timetable for strategy development outlining, the timescales, roles and responsibilities for the development of the next iteration of the Trust strategic plan; and (iii) the draft terms of reference for the Trust Strategy Committee. The Board noted the contents.

James said that he would welcome views on the membership of the Strategy Committee. Hugh Morgan Williams suggested that there should be 3 Non-Executive Directors and that any officers could be called in to provide expertise. Executive Directors' membership will need to be determined prior to Alexis

JL

	<p>Cleveland calling the first meeting.</p> <p>Alexis commented that she does not expect to see much in the way of paperwork as the main focus of the Committee should be around “blue sky” thinking and innovation. John Lawlor added that it will be more like a workshop. James agreed that the intention is to keep papers to a minimum. John said that it was initially about new thinking and that an assurance would come later.</p> <p>Martin Cocker said that he would like to see appropriate key performance indicators relating to the Integrated Business Plan.</p> <p>Hugh suggested that the terms of reference are reviewed by the Committee as required.</p> <p>The Board approved the terms of reference of the Strategy Committee.</p>	<p>JD</p>
<p>110/15</p>	<p>Strategy and partnerships including commercial and business development:</p> <p>i) <u>Transformation Programme update</u></p> <p>Paul McEldon presented the report. The contents were noted by the Board.</p> <p>Paul highlighted that there has been a lot of work with particular focus on the reputational, financial and clinical risks associated with learning disability services’ developments.</p> <p>He referred to the appended information on how we monitor the programmes and said that we need to articulate this in a better way going forward.</p> <p>Finally he said that the draft of the benefits realisation paper has been produced and once finalised the report will feature in the regular Board performance report.</p> <p>ii) <u>Research and Development Annual Report 2014/15</u></p> <p>Simon Douglas presented the annual report at a point of 3 years of the 5 year strategy and where a refresh of the strategy for the next 5 years is underway. Performance on key research and development measures relating to the strategy were appended to the report. The contents were noted by the Board.</p> <p>Chris Watson agreed with James Duncan on the appropriate timing of receiving the report and said that he was aware of how difficult it is to embed research in an organisation and the subject was also about creativity and innovation and how the organisation accepts risk.</p> <p>Hugh Morgan Williams emphasised the importance of partnership working and the advantage of having local world class universities, which makes the Trust well placed for synergies relating to the research programme.</p> <p>John Lawlor added that the Academic Health Partnership has recently been established with partners, which includes expertise on applied development.</p> <p>Simon explained to Alexis Cleveland and Peter Studd that generally the research and development function is cost neutral.</p>	

111/15	<p>Workforce Issues</p> <p>i) <u>Workforce issues</u></p> <p>Lisa Crichton-Jones presented the report, which provided an update on several workforce issues. The Board noted the contents.</p>	
112/15	<p>Regulatory Issues</p> <p>i) <u>Trust Constitution changes</u></p> <p>Hugh Morgan Williams presented the report that outlined the case for reducing the size of the Council of Governors and the associated changes to the Trust Constitution along with other Constitution changes.</p> <p>Eric Jarvis said that legal advice had been received on the entry relating to the downsizing of the Council of Governors and rather than quote a membership of 33 with a note relating to the additional 4 public governors, it is proposed to quote a current membership of 37 with an appropriate note explaining transitional arrangements from September 2015 to November 2016.</p> <p>The Board approved the changes to the Trust Constitution including the revised approach to describing the Council of Governors structure and its transitional arrangements.</p> <p>ii) <u>Stewardship of Charitable Funds from the Newcastle Healthcare Charity</u></p> <p>James Duncan presented the report, which explained the need to change our current charitable funds arrangements from 1 April 2016 and the two options available. The contents were noted by the Board.</p> <p>James highlighted that the recommended option is to become a corporate trustee to ensure the safe transfer of funds in the time available. The Trust can then undertake a review of the advantages and disadvantages of switching to an independent charity. The establishment of a corporate trusteeship also requires the setting up of a Charitable Funds Committee to manage the transition and the subsequent administration of the funds.</p> <p>Hugh Morgan Williams suggested that the committee meets to consider its terms of reference with a view to bringing the revised terms of reference back to the Board for approval. The Non-Executive Directors' representation will be Martin Cocker and Alexis Cleveland. The Executive Directors representation is to be determined. Hugh said that it is important that the committee has the freedom to co-opt any other officer who can assist with its considerations.</p> <p>The Board approved that a corporate trusteeship is established from 1 April 2016 to administer its charitable funds and that a Charitable Funds Committee will be established on approval of its reviewed terms of reference.</p> <p>iii) <u>Corporate Governance Review update</u></p> <p>Lisa Quinn presented the update. The contents were noted by the Board including an approach to Deloittes with a view to agreeing costs and the intention to carry out the review throughout October and November.</p>	JD

	<p>She asked the Board to consider formally agreeing the appended self-assessment initially considered at the recent Board Development Session.</p> <p>The Board approved the ratings for the Governance review self-assessment.</p>	
113/15	<p>For information</p> <p>i) <u>Council of Governors</u></p> <p>There were no issues to highlight.</p>	
114/15	<p>Questions from the public on items included on the Board Agenda</p> <p>An appropriate answer was provided to the one question from the public.</p>	
115/15	<p>Date, time and venue of next meeting</p> <p>Wednesday, 28 October 2015, 1.30pm in Board Room, St Nicholas' Hospital, Gosforth NE3 3XT</p>	