Agenda Item 3)

Northumberland, Tyne and Wear MHS



NHS Foundation Trust

DRAFT Minutes

Tru	st Board of Director	s Public Meeting	
Date:	Time:	Venue:	
Wednesday, 25 November 2015	1.30pm to 3.30pm	Conference Rooms 2 & 3, Walkergat	e Park
Present:			
Hugh Morgan Williams Dr Leslie Boobis Martin Cocker Lisa Crichton-Jones - to item 9 (iv James Duncan Neil Hemming John Lawlor Paul McEldon Lisa Quinn Ruth Thompson Chris Watson	Development Deputy Chief Exe Non-Executive Di Chief Executive Non-Executive Di	rector r of Workforce and Organisational cutive / Executive Director of Finance rector rector r of Performance and Assurance rector	
In attendance:			
Tim Donaldson Susan Hamilton Eric Jarvis Dr Rajesh Nadkarni Dr Damian Robinson Eileen Peter Studd Danni Sweeny Caroline Wild	Administration Of Board Secretary Group Medical Di Director for Infecti Planning Resilier Service User - iter Non-Executive Dir Deloitte representa	rector, Specialist Care on Prevention and Control and Emergen ice and Response - item 138 (iii) and 139 n 131/15 ector Designate	
Also present: Chris Macklin George Saint	Lay Member of Su Member of Public	nderland CCG	
131/15 Welcome and Apologie			Action
131/15 Welcome and Apologie Apologies: Alexis Cleveland Dr Douglas Gee	Non-Executive Dire		
Gary O'Hare	Executive Director	of Nursing and Operations provided details of her story and	

	Hugh thanked Eileen for sharing her story with the Board.	
132/15	Declarations of interest	
	There were no declarations of interest to note.	
133/15	Minutes of previous meeting held on Wednesday 28 October 2015	
	The minutes were agreed as a true and accurate record and duly signed.	
134/15	Matters arising not included on the agenda	
	The schedule of matters arising was noted.	
135/15	Action Checklist	
	The checklist was noted.	
136/15	Chair's Report	
	 Hugh Morgan Williams highlighted issues as follows: The Chief Executive's appraisal is ready to be signed off. He had attended the recent Provider Conference along with John Lawlor, where one of the speakers was the Secretary of State. He said that perhaps the most interesting speaker was a Professor of Ethnicity and Diversity from Harvard University who highlighted that people from an ethnic minority background in the UK have worse health outcomes and there is an increasing gap in the rate of catch up. This is mirrored in the USA. He commented on a recent report relating to assaults on NHS staff and said that NTW always appear to be near the top of such reports. He said that there were a number of reasons for this, including that we report every incident and 30% of assaults were carried out by 12 service users. NTW is not complacent and further analysis will be provided to the Board. Dr Rajesh Nadkarni, who has oversight of these issues said that the key issue to consider is the complexity of services and whether there are further improvements we could make in seeking to de-escalate risks of violence and aggression 	LQ/ GO
137/15	Chief Executive's Report	
	John Lawlor presented the Chief Executive's report. The contents were noted by the Board.	
	When the Board discussed the junior doctors' contract and potential industrial action, Lisa Crichton-Jones said that the junior doctors are angry at the way this has been handled but do not appear to be angry with NTW. James Duncan said that it is perhaps positive that the British Medical Association and NHS Employers have agreed to refer the case to the Advisory, Conciliation and Arbitration Service (ACAS). Lisa added that NHS Employers are holding four national meetings this evening and she will be attending the meeting in Leeds, so it is possible that there is some movement.	
	There was a discussion on the update on nurse revalidation. Chris Watson asked if the requirement would impact on the recruitment of nurses. Vida Morris said that this was unlikely as validation is already undertaken by nurses' line managers. Lisa Crichton-Jones confirmed that the process was different to medical revalidation and it involves several thousand nurses in NTW. This issue is being looked at by a national taskforce.	
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	Dr Rajesh Nadkarni was one of the five NTW representatives that had travelled to India as part of the Trust's international recruitment campaign and he presented this item. John highlighted that part of the agreed arrangements includes the sharing of learning and Rajesh added that Newcastle University have already shown an interest in participating.	
138/15	Quality, clinical and patient issues	
100/10	Quality, chinical and patient issues	
	(i) <u>Quality and Safety Report</u>	
	Vida Morris presented the report on behalf of Gary O'Hare for quarter 2. The contents were noted by the Board.	
	Lisa Quinn said that it would be helpful if the report included how learning is disseminated across the wider teams and any subsequent feedback. It was agreed that such information would be provided to the Board.	GO
	Vida said that there was a whole range of trustwide mechanisms to share learning from incidents including training and safety alerts, messages and bulletins, but it can be difficult to measure effectiveness of the qualitative impact on practice.	
	Martin Cocker referred to recurring themes from the 25 serious incidents reviewed in quarter 2 and highlighted that 8 incidents identified communication and record keeping, and asked why this does not show up in audits. This led to a discussion regarding these being commonly identified themes locally and nationally in all types of case review.	
	Internally the Trust undertakes a yearly Quality Monitoring Tool (QMT) audit which incorporates analysis of records, risk assessment and risk management. It was noted that there are a number of lessons to be learnt from around 100 serious incidents per year with communications being a common theme. The report however does not differentiate between recurrent issues and those which might be around an individual's poor practice or human factors which would be managed via a performance or disciplinary route. In this respect it was agreed that the narrative in the report in terms of assurance should be strengthened. Learning lessons features in NTW's quality priorities each year.	
	(ii) <u>Safer Staffing - monthly report</u>	
	Vida Morris presented the report on behalf of Gary O'Hare, which included the routine report focusing on wards where staffing is 10% under planned and 20% over planned for October 2015. The contents were noted by the Board.	
	Vida highlighted that recruitment and increased clinical activity remain the two main challenges, however as recruitment work continues there should be a continued, albeit slow, reduction in variations as staffing vacancies are filled.	
	(iii) Analysis of unexpected deaths	
	Dr Damian Robinson presented the report showing a comparison of the Trust's unexpected deaths data against national data presented in the 2015 report of the National Confidential Inquiry into Suicide and Homicides in People with Mental Illness. The report also included any limitations in the comparison. The contents were noted by the Board.	
	Damian suggested that going forward it would be appropriate for the Board to receive local data around March or April to be followed in September or October	EJ
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		with comparative national data, i.e. a repeat of this exercise.	
		Damian confirmed to Hugh Morgan Williams that new guidance was being introduced that should lead to more consistent verdicts by coroners.	
		James Duncan said that even with the weaknesses in the data and comparisons, the information is really useful. He said that the report shows that service user suicides from those receiving support from crisis resolution / home treatment teams raises issues and we need to focus on this. In addition there should be focus on deaths within three months of discharge.	
139/15	Ре	erformance and assurance	
	i)	Performance Report	
		Lisa Quinn presented the performance report for the position to 31 October 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 governance risk rating of "green" and a financial sustainability risk rating of "4."	
		Both Lisa and James reported a similar picture to the previous month.	
		Lisa confirmed to Martin Cocker that agency spend was up on last year.	
		In response to John Lawlor highlighting that there had been lots of focus on Early Intervention Psychosis (EIP) waiting times, Lisa said that a national conference had been held yesterday and we await information to be published on the detailed guidance.	
		James confirmed to Martin that the second payment of £7m relating to the sale of part of the Northgate site was due to be received in December.	
	ii)	CQC Registration Reports	
		Lisa Quinn presented the update. The contents were noted by the Board.	
		Ruth Thompson referred to the recent CQC publication "Building on Strong Foundations" (being a consultation seeking views on how regulation can develop ahead of the next stage of consultation on CQC's new strategy in January 2016) and asked if it included anything relevant. Lisa said that it outlined CQC's risk based approach going forward.	
	iii)	Annual Infection, Prevention and Control (IPC) and Emergency Preparedness, Resilience and Response (EPRR) Report	
		Dr Damian Robinson presented the annual report to comply with the duties placed on the Trust by the Hygiene Code and the Core Standards for EPRR. The contents were noted by the Board.	
		Damian referred to staff training in IPC and highlighted an apparent inconsistency with performance reported in this report which was based on refresher training every three years and outcomes from the staff survey which asks a different question, namely if training has been received within the preceding one year. He also highlighted that the Board had already been sighted on compliance with EPRR standards.	
		The Board agreed that the report should be made available to the public by	
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placing it on the Trust internet.

iv) Volunteers Annual Report

Vida Morris presented the report on behalf of Gary O'Hare on the contribution of volunteers, for which there is approximately 300 individuals, and the role of the Voluntary Services Department. The report also outlined how governance of voluntary services has been strengthened in response to national requirements following publication of the Savile Report. The contents were noted by the Board.

Vida highlighted that patient experience is enhanced by the involvement of volunteers.

Hugh Morgan Williams commended the contribution of volunteers and said that the report was heartening to read and included some really interesting stories.

Lisa Crichton-Jones left the meeting.

v) Controlled Drugs and Accountable Officer's Annual Report

Tim Donaldson presented the report, which focussed on developments in the management of controlled drugs during 2014/15. The contents were noted by the Board and in particular that the requirements of the regulations on the safe and secure management of controlled drugs were met during the year.

vi) Medicines Management Annual Report

Tim Donaldson presented the report focussing on pharmacy services and medicines management within NTW during 2014/15. The contents were noted by the Board.

Hugh Morgan Williams said that the report was very impressive and in particular the level of budget efficiencies and asked how he had managed to achieve such savings. Tim said that a number of pharmacy-led initiatives had contributed including shared care prescribing guidelines, effective medicines procurement, a robust approach to implementing the local prescribing formulary and in using less costly drugs where there is no impact on outcomes.

Peter Studd said that he had seen an automated medicine cabinet on a recent visit to Hopewood Park and said that staff were extremely positive about it. Tim said that the technology has been shown to reduce medication errors and we should see the impact of this as the roll out of the cabinets proceeds.

Martin Cocker referred to the sickness rate of 2.7% and asked if there were any lessons that could be replicated elsewhere in the Trust. Tim said that there had been a lot of work on stress management including relationships with line managers and communications. John Lawlor added that there was a trustwide process in place for sharing good practice.

vii) Board Assurance Framework

Lisa Quinn presented the report which outlined previously agreed changes to the methodology for reviewing items to be included within the Board Assurance Framework (BAF). The contents were noted by the Board.

It was also noted that a dedicated development session on risk and the BAF was planned for early 2016.

Sti	rategy and Partnerships	
i)	Deciding Together Consultation	
	James Duncan presented the Deciding Together public consultation document looking at specialist mental health services in Newcastle and Gateshead. The consultation is led by the Newcastle Gateshead Clinical Commissioning Group and was launched on 12 November 2015. The contents were noted by the Board.	
	James highlighted the supporting role played by NTW and that the consultation will end on 12 February 2016.	
ii)	Proposal for Accountable Care Organisations	
	John Lawlor presented the paper on the emerging Accountable Care Systems (ACS) and Accountable Care Organisations (ACO) models. The contents were noted by the Board.	
	John said that the paper was for information and also for Board members to consider what part they may wish to play in helping to ensure the best interests of people with mental health and disabilities are fully represented in these national and local developments.	
	When highlighting the key issues about an ACO, John referred to two local proposals, whereby Northumbria Healthcare NHS FT are looking to develop the model very rapidly and North Tyneside CCG have commenced having been encouraged by NHS England. This led to a discussion on the potential impact on patient care and any possible conflicts of interest. Paul McEldon asked if there was a possibility of NTW becoming an ACO. John said that North Tyneside CCG appear open minded about the way forward and are looking at four workstreams as to how the model might work, which includes identifying a large foundation trust to become the ACO host, which could potentially become NTW. The discussion concluded with Board members being asked to email any comments to John.	
Wo	orkforce Issues	
i)	Fit and Proper Person Test update	
	Eric Jarvis presented the paper outlining the approach and contents of the Trust's draft procedure on the Care Quality Commission's (CQC) Fit and Proper Person Test and an update on implementing the Test. The contents were noted by the Board.	
	When covering the section in the procedure on who the Test applies to within the Trust, Eric highlighted that since the Board had approved Dr Damian Robinson for inclusion as a specialist functional lead, there had been a change of portfolios with Anne Moore now being the Director of Infection, Prevention and Control and it was therefore appropriate that Anne should replace Damian within the procedure.	
	The Board approved the CQC's Fit and Proper Person Test Procedure including the replacement of Dr Damian Robinson with Anne Moore.	
ii)	Changes to Terms and Conditions	
	The Board noted the update on pay arrangements for 2105/16; redundancy provisions; and Agenda for Change pay flexibilities, along with ongoing	
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	developments.	
142/15	Regulatory Issues	
	i) <u>Review of Corporate Governance Documents</u>	
	Eric Jarvis presented the paper outlining the approach and proposed changes to the first part of the review of corporate governance documents, which included Standing Financial Instructions (SFIs) and Limits for the writing off of losses and special payments. The paper also outlined the coverage of the second part of the review scheduled for January 2016. He highlighted that the last review of SFIs was 23 July 2014 and not "2015" as stated in the paper. The contents were noted by the Board.	
	He highlighted that proposals for both documents had been subject to Audit Committee scrutiny.	
	Martin Cocker as Audit Committee Chair referred to the proposed change to SFIs relating to money laundering whereby the limit of £1,000 for not accepting cash would be replaced by the requirement to report suspicious circumstances. This had been discussed by the Audit Committee, who recognised that what is suspicious to one officer may not be to another. The change was accepted on the basis of low cash receipts and that James Duncan had agreed to look into the feasibility of hindsight checks on cash receipts.	
	There was a discussion on the proposed change of increasing the quotation limit from $\pounds 5,000$ to $\pounds 10,000$ and it was questioned whether there should be a greater increase. On the basis that the limit was more or less in line with that of other foundation trusts, the $\pounds 10,000$ limit was accepted with a view to further consideration at the next annual review.	
	Martin confirmed Audit Committee support for the proposals and recommended Board approval.	
	The Board approved proposed changes to SFIs. The Board also agreed that there should be no change to the limits for the writing off of losses and special payments, and granted delegated authority to the Director of Finance to amend authorising officer's titles for any changes arising from the Corporate Services transformation.	
143/15	For information	
	i) <u>Council of Governors' issues</u>	
	There were no issues to highlight.	
144/15	Questions from the public on items included on the Board Agenda	
	There were two questions from the public which were duly responded to by the Board.	

145/15	Date, time and venue of next meeting
	Wednesday, 25 November 2015, 1.30pm in Meeting Room 1, Hopewood Park, Sunderland, SR2 0NB.
	Prior to closing the meeting Hugh Morgan Williams highlighted that it was Chris Watson's last board meeting. Hugh warmly thanked Chris on behalf of the Board for his dedication and efforts, and added that when Hugh joined the Board, Chris was one of the people that he turned to for advice. Chris thanked Hugh and the Board for the sentiments and said that it had been a privilege to be part of the NTW Board.