

DRAFT Minutes

Trust Board of Directors Public Meeting

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| Date: | Time: | Venue: |
| Wednesday, 28 October 2015 | 1.30pm to 4.00pm | Board Room, St Nicholas' Hospital |

Present:

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| 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 |
| Dr Douglas Gee | Executive Medical Director |
| Neil Hemming | Non-Executive Director |
| John Lawlor | Chief Executive |
| Paul McEldon | Non-Executive Director |
| Gary O'Hare | Executive Director of Nursing |
| Lisa Quinn | Executive Director of Performance and Assurance |
| Ruth Thompson | Non-Executive Director |
| Chris Watson | Non-Executive Director |

In attendance:

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| Rev Neil Cockling | Trust Chaplain - item 122/15 |
| Emma Freeman | Deloitte representative |
| Susan Hamilton | Administration Officer |
| Dr Lisa Insole | Clinical Director of Post Graduate Medical Education - item 124/15 (i) |
| Eric Jarvis | Board Secretary |
| Dr Rajesh Nadkarni | Group Medical Director, Specialist Care / Mental Health Act Lead - item 125/15(vi) |
| Dr Damian Robinson | Director for Infection Prevention and Control and Emergency Planning Resilience and Response - item 125/15(iii) |
| Stephen | Service User - item 116/15 |
| Peter Studd | Non-Executive Director Designate |
| Julie Taylor | Member of Staff - item 116/15 |

Also present:

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| George Saint | Member of Public |
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| Agenda Item | | Action |
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| 116/15 | Welcome and Apologies | |
| | Apologies: | |
| | James Duncan | Deputy Chief Executive / Executive Director of Finance |

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| | <p>Hugh Morgan Williams welcomed Stephen and Julie Taylor, Nurse Consultant in Crisis Services. Stephen provided details of his story and experiences of the Trust's services and in particular the Newcastle Crisis Team. He expressed his gratitude to the Newcastle Crisis Team and in particular to Julie.</p> <p>Hugh thanked Stephen for sharing his story with the Board.</p> | |
| 117/15 | <p>Declarations of interest</p> <p>The following declarations of interest, relating to Dr Les Boobis, were noted:</p> <ul style="list-style-type: none"> • Clinical work for City Hospitals Sunderland NHS FT, as a consultant surgeon - up to six hours per week to support the Breast Service. • Physician Consultant for Meditech Information Technologies, (a Boston based IT company which provide the Meditech electronic patient record) - contact with them being up to seven days per month. • Daughter, Sophie Boobis, is the Research and Evaluation Lead for Changing Lives and engages with key stakeholders in the North East who provide services for clients who have multiple complex needs. <p>There were no other declarations of interest to note.</p> | |
| 118/15 | <p>Minutes of previous meeting held on Wednesday 23 September 2015</p> <p>The following amendment was agreed:</p> <ul style="list-style-type: none"> • Item 109/15 - page 4 - first paragraph – second sentence - should state “Financial Sustainability risk rating” (not “continuity of services (finance) risk rating”). This also applies to paragraph 6 – first sentence. Also paragraph 6, fourth sentence onwards should state: “The Trust is forecasting 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 the capital service capacity rating is also forecast to have a rating of “2.” 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 rating could become a “2” and we could be subject to Monitor investigation.” • In attendance – page 1 – should include: “Peter Studd - Non-Executive Director Designate.” <p>Subject to the above amendments, the minutes were agreed as a true and accurate record and duly signed.</p> | |
| 119/15 | <p>Matters arising not included on the agenda</p> <p>The schedule of matters arising was noted.</p> | |
| 120/15 | <p>Action Checklist</p> <p>The checklist was noted.</p> | |

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| 121/15 | <p>Chair's Report</p> <p>Hugh Morgan Williams highlighted issues as follows:</p> <ul style="list-style-type: none"> • The Chief Executive's appraisal is in final draft form and is currently with the Non-Executive Directors for comments and discussion before being finalised. • A meeting with Department of Health officials in London to discuss very senior managers pay. • Attending the FT Annual Conference in Birmingham on 10 and 11 November along with John Lawlor. • Meeting with Rob Webster, Chief Executive of NHS Confederation on 29 October 2015. | |
| 122/15 | <p>Freedom to Speak up Guardian update / Raising Concerns update</p> <p>John Lawlor presented the update, which included a brief overview of the Government response to the Freedom to Speak Up consultation and an update in relation to the appointment of the Trust's Freedom to Speak Up Guardian and proposed model. The contents were noted by the Board.</p> <p>The Rev Neil Cockling, as the Trust's recently appointed Freedom to Speak Up Guardian, summarised his own background and the chaplaincy service and went on to provide his view on the role of the Freedom to Speak up Guardian and the benefits of the network of "Champions." He stressed that as Guardian, he would be independent and accountable to the Chief Executive and oversight of this role will be undertaken by a nominated Non-Executive Director.</p> <p>Alexis Cleveland queried whether there would be any risks in terms of members of staff of differing faiths, or even people of no faith, expressing concerns to a Reverend being our Freedom to Speak up Guardian. Neil said that the role of Guardian is not about religion and this is being mitigated by the number of "Champions" across the Trust.</p> | |
| 123/15 | <p>Chief Executive's Report</p> <p>John Lawlor presented the Chief Executive's report. The contents were noted by the Board.</p> <p>John referred to the Newcastle Academic Health Partners brochure that was circulated to the meeting. Dr Douglas Gee reported that for 2014/15 the Trust was second nationally in involvement in mental health research and development trials.</p> <p>When referring to the Staff Survey, John highlighted that the survey is not a sample survey as all staff across the Trust are asked to complete it.</p> | |
| 124/15 | <p>Quality, clinical and patient issues</p> <p>(i) <u>Medical Education Self-Assessment Report and Quality Improvement Plan</u></p> <p>Dr Lisa Insole presented the report, which included a self-assessment of postgraduate medical education delivered within the Trust and the associated improvement plan. The contents were noted by the Board.</p> <p>Lisa highlighted that the self-assessment shows that the Trust is performing well and achieving all GMC standards of training, which is supported by performance indicators. The main challenges are recruitment and significant service change. She explained that the Health Education North East contract required the report to be approved by the Board.</p> | |

With reference to the Quality Improvement Plan, Martin Cocker asked how close the “amber” rated items were to being “red.” Lisa said that it is hard to tell as so many issues are pulling in different directions.

John Lawlor commented that the North East is a net exporter of medical staff trained here. He also explained that in general a number of medics express an interest in psychiatry but later choose to subspecialise in a different field. The Trust’s undergraduate and post graduate education is therefore very important.

John Lawlor confirmed to Paul McEldon that national terms and conditions applied to junior medical staff.

Following further discussion, the report was approved by the Board.

(ii) Safer Staffing Report and in depth analysis

Gary O’Hare presented the report which included the September 2015 routine report focusing on wards where staffing is 10% under planned and 20% over planned for September 2015 and the annual safer staffing review. The contents were noted by the Board.

Gary highlighted that as in previous months, some wards are “red” rated, i.e. below planned qualified staffing levels, until vacancies are filled.

Martin Cocker said that staffing is compared to the annual budget and asked whether the flexing of budgets in-year is taken into account in the figures. Gary confirmed that if there is a change to the budget in-year, reporting is to the original budget and not to the flexed budget. Gary went on to suggest seeing if the provision of further analysis was possible relating to the difference, i.e. between safe staffing levels and the level we aim to provide so service users also receive a range of therapeutic services above those that only relate to their safety level of safe care.

Paul McEldon asked that as we consistently do not achieve 100%, does that mean budgets are wrong. Gary said that the flexing of staff is related to care packages and that, as previously explained monitoring is required to be carried out against initial budgets and John Lawlor added that this process does not work particularly well for mental health services.

Gary continued that we have a flexible pool of both qualified and unqualified staff for every eventuality and this is needed, as sometimes it may only take several admissions to require the flexing of staff. This is in contrast to acute services, where the required resources are more stable. However, once vacant posts are filled, we should not have so many variations in the future.

Gary then referred to the annual review and said that we are developing dashboards for each ward, including the use of agency and bank staff, complaints, incidents, bed occupancy, sickness rates, etc. There has been no correlation identified so far but this should be regarded as work in progress.

(iii) Service User and Carer Experience

Lisa Quinn presented the report, which was a six months summary. The Board noted the contents and that the information has been reported via a range of mechanisms, including Friends and Family Test, Points of You, How’s it Going and NHS Choices.

Lisa highlighted that there was an 11% reduction in the Friends and Family Test

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| | <p>responses and various strategies have been put in place to promote awareness of this test. She added that some service users were under the impression that the test was for friends and family, and she emphasised that there may be a need to rebrand the test. In relation to the Points of You response rates, Lisa stressed that the feedback suggests the Carers' Charter needs to be better promoted. Lisa said that the report also included comments and compliments received via NHS Choices and the Trust's intranet forum Chatterbox.</p> <p>iv) <u>Safeguarding and Public Protection Annual Report</u></p> <p>Gary O'Hare presented the annual report covering the period from April 2014 to March 2015, which outlines the progress that has been made in safeguarding the health and wellbeing of patients and carers. The contents were noted by the Board.</p> <p>Gary said that the report highlights areas where the safeguarding and public protection team are continuing to develop their capacity and skills, with particular emphasis on objectives and training.</p> <p>Peter Studd said that the report shows a 26% increase in the number of safeguarding and public protection incidents but it does not explain why. Gary explained that all incidents are discussed at the Quality and Performance Committee and other groups in more detail. John Lawlor suggested that in general it would be useful in summary reports to highlight where issues are considered elsewhere in the Trust.</p> | |
| 125/15 | <p>Performance and assurance</p> <p>i) <u>Performance Report</u></p> <p>Lisa Quinn presented the performance report for the position to 30 September 2015 and Dave Rycroft 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."</p> <p>Lisa referred to the amber rated CQUIN for the Children and Young People's Services' waiting times and said that this is improving but not at the anticipated level. She explained that detailed information relating to this and any other underperforming areas is provided to Commissioners. She also highlighted that the Principal Community Pathways Benefits Realisation dashboard had been included in the report for the first time in draft form.</p> <p>Hugh Morgan Williams referred to sickness absence and suggested that it would be beneficial to include the percentage rate of sickness absence over the preceding two year period, rather than just the 1 year rolling information. Lisa Quinn said that this comparator is included in the quarterly report to the Quality and Performance Committee and confirmed that the figure for September last year was 6.13%. She agreed to include in future reports.</p> <p>Gary O'Hare referred to agency staffing and said that a team of staff are travelling to India to interview consultants and junior doctors. Gary reported that nurses are now on the occupational shortage list.</p> <p>Dave Rycroft confirmed that at month 6, the Trust had a surplus of £4.4m, which is £1.3m higher than plan, and a forecast surplus for the year of £3.5m. In terms of the Financial Delivery Plan, the Trust's forecast in-year savings are in line with plan but there is a £3.7m forecast risk to the recurrent delivery, which will be</p> | LQ |

carried forward to next year.

ii) Agency Staffing Diagnostic Self-Assessment

Gary O'Hare presented the report. The contents were noted by the Board.

Gary said that the self-assessment had been reported to the September Board and now the document also included the action plan. It was noted in particular that there are no "red" rated areas in the document.

iii) Infection, Prevention and Control and Emergency Preparedness Resilience and Response (EPRR) Report

Dr Damian Robinson presented the report for the period from April to September 2015, which covers reported infections; cleanliness; the flu vaccination programme; and compliance with EPRR standards. The contents were noted by the Board.

Damian highlighted that there were no cases of MRSA bacteraemia or C difficile infection and there were no other reportable infections. In addition the uptake of the flu vaccination currently stands at 43%.

Damian said that due to a change in portfolios, the future Director of IPC will be Anne Moore, Group Nurse Director, Specialist Services, and the future Director of EPRR will be Russell Patton, Group Operational Director, Inpatient Services. Damian will take over responsibility for Clinical Safety and Governance, the role previously overseen by Dr Joe McDonald.

iv) Staff Friends and Family Report

Lisa Crichton-Jones presented the results of the quarter two staff Friends and Family Test Survey. The contents were noted by the Board.

Lisa highlighted an increase in the number of positive responses from the Inpatient Care Group and that work is ongoing with the Groups to establish actions for improvement.

v) Community Mental Health Survey Report

Lisa Quinn presented the outcome of the survey for 2015. The contents were noted by the Board.

Lisa highlighted that the response rate of the survey was 27%, which is 2% lower than the national average but an improvement on our position last year.

vi) Review of Terms of Reference for Trust committees

a) Review of Mental Health Legislation Committee

Dr Rajesh Nadkarni presented the report, which outlined proposed governance arrangements for the Mental Health Legislation Committee (MHLC) in view of the new Code of Practice for the Mental Health Act, the CQC's Key Lines of Inquiry and monitoring for the Mental Health Act. The proposals also took into account recent changes for inspection proposed by the CQC and the five domains; that the Code of Practice Implementation Group will transform into the Mental Health Act Steering Group to provide further assurance to the MHLC; the Mental Health Act / Mental Capacity Act Multi Agency Group is stood down; and the Panel Members Forum is to

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| | <p>become an informal gathering for Panel Members. The Board noted the contents of the paper.</p> <p>b) Review of other committees</p> <p>Lisa Quinn presented the report, which was in three parts. The Board noted the contents.</p> <p>The first part of the report consisted of a committee update since the last update to the Board in April 2015. It included changes to Committee Chairs and Non-Executive Director members; governor attendance; self-assessments of effectiveness; and proposed changes to the terms of reference for three of the committees. Proposed changes to the Audit Committee’s terms of reference were of a very minor nature only. Proposed changes to the Remuneration Committee’s terms of reference had been recommend by the Committee at its meeting earlier in the day, and updated terms of reference were circulated to the Board. Proposed changes to the Mental Health Legislation Committee’s terms of reference were in line with the paper in part (a) of this agenda item.</p> <p>Lisa highlighted that the paper had an inaccuracy in that it stated in “outcome required” to note outstanding self-assessments completed, which should have stated that self-assessments for the Audit Committee and Remuneration Committee are to be completed in November.</p> <p>The Board approved changes to the terms of reference of the Audit Committee, Remuneration Committee and Mental Health Legislation Committee.</p> <p>The second part of the report related to changes to the Committee structure. This included progress in establishing two new standing committees, i.e. the Strategy Committee and the Charitable Funds Committee. It also included the proposal to disestablish the Trust Programmes Board, being a time limited committee, at the end of 2015 once all elements of committee business have been picked up through other governance mechanisms.</p> <p>The Board approved the disestablishment of the Trust Programmes Board.</p> <p>The third part of the report related to the mapping of fundamental standards following changes to the CQC standards of compliance and the mapping of CQC’s Key Lines of Enquiry. This impacts on the sub group structures of Operational Groups.</p> <p>The Board approved the mapping of CQC Key Lines of Enquiry.</p> | EJ |
| 126/15 | <p>Workforce Issues</p> <p>i) <u>Transforming Corporate Services</u></p> <p>Lisa Crichton-Jones presented the report, which was an update on progress. The contents were noted by the Board.</p> <p>Lisa highlighted that phase 1 of the consultation ended on 2 October 2015. So far, £2m of the target £3.7m savings have been identified and work will now begin on phase 2 to scope delivery of the remainder. The intention is to move to shadow form from 1 January 2016 and be fully operational from 1 April 2016. It was noted that a small number of staff have been accepted for voluntary</p> | |

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| | redundancy. | |
| 127/15 | <p>Regulatory Issues</p> <p>i) <u>Quarterly Report to Monitor</u></p> <p>Lisa Quinn presented the report for quarter 2. The contents were noted by the Board and in particular the declaration of a governance rating of “green” and for finance a financial sustainability rating of “4.”</p> <p>The Board approved the submission of the report to Monitor.</p> | |
| 128/15 | <p>For information</p> <p>i) <u>Council of Governors</u></p> <p>There were no issues to highlight.</p> <p>i) <u>Local Safeguard Board Update</u></p> <p>The Board received the Local Safeguarding Adults and Children’s Board updates.</p> | |
| 129/15 | <p>Questions from the public on items included on the Board Agenda</p> <p>There were no questions from the public.</p> | |
| 130/15 | <p>Date, time and venue of next meeting</p> <p>Wednesday, 25 November 2015, 1.30pm, Conference Room 2 and 3, Walkergate Park, Benfield Road NE6 4QD</p> | |