

DRAFT Minutes

Board of Directors' meeting held in public		
Wednesday, 22 June 2016	1.30pm – 3.30pm	Meeting Room 1, Hopewood
Present: Hugh Morgan Williams Chair Dr Leslie Boobis 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 (minutes)		
Also present: Prof Paula Whitty, Director of R&D, Innovation & Clinical Effectiveness and Simon Douglas, Head of Research, Innovation and Clinical Effectiveness for item 79/16 only		

Agenda Item		Action
71/16	Welcome and apologies Ruth Thompson, Non-Executive Director Alexis Cleveland, Non-Executive Director	
72/16	Declarations of interest There were no declarations of interest for this meeting	

73/16	<p>Minutes of previous meeting held on 25 May 2016</p> <p>Page 3, 62/16, Quality, clinical and patient issues, i) Annual Quality Account 2015/16, final paragraph should read ‘Martin Cocker drew attention to the report being a limited assurance report. He noted that this was purely because the audit undertaken was limited in scope. Martin said further that the Audit Committee had reviewed the quality accounts and that no issues had been identified by either the Audit Committee or the auditors.’</p> <p>Subject to this amendment, the minutes were agreed as a true and correct record and duly signed.</p>	
74/16	<p>Matters arising not included on the agenda</p> <p>The schedule was noted.</p> <p>Page 2, 61/16, Chief Executive’s Report: Dr Rajesh Nadkarni gave an update on the progress of recruitment into the Junior Doctors’ Guardian role reporting that the position has been advertised for expressions of interests. Dr Nadkarni confirmed that the post will be open to senior consultants who have no managerial responsibilities.</p>	
75/16	<p>Chair’s Report</p> <p>Hugh Morgan Williams thanked all Trust staff for the huge amount of work during the recent CQC inspection period. Hugh reported that the inspectors were very pleased by the openness and honesty of staff and the welcome they received. The feedback so far has been generally positive and the formal feedback will be received in the autumn. Hugh conveyed his thanks to Lisa Quinn and the team for their leads in the overall co-ordination of the whole process.</p>	
76/16	<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 update in the report on the Accountable Care Organisation and pointed out that the second sentence should read as follows: Good progress is being made on what the functions would be that the ACO would take on, including certain commissioning and contracting responsibilities of the CCGs.</p> <p>John reported that the Deciding Together decision is expected on Tuesday, 28 June 2016.</p>	
77/16	<p>Quality, clinical and patient issues</p> <p>i) Annual Nursing Strategy Report</p> <p>Gary O’Hare presented the report. The report was noted by the Board.</p> <p>Gary provided a summary of the report highlighting that work has been undertaken on the six strategic aims of the nursing strategy and that these are focused on delivery of the 6 Cs.</p> <p>Peter Studd suggested that it may be useful to include measuring the success of the strategy in future reports and Gary explained that this would be included in the refresh paper that is being prepared for a future Board meeting.</p>	

ii) Lone Working Devices

Gary O'Hare presented the report which was noted by the Board.

The paper includes current compliance for different services.

Gary reported that a particular amount of work has been carried out in Older People's services, although there are still some areas of concern and further work needs to be done in this specific area.

Martin Cocker commented on the amount of work that has gone into this to get to this point and stressed the importance in ensuring the safety of service users and staff. He recognised that the report gave him much greater assurance on the Trust's position with regards to lone working devices and it was very useful to see the benchmarking evidence.

Paul McEldon queried whether staff feel safe and Gary replied that in addition to lone working devices, lone working practices need to be adhered to. Gary also explained that live events are used during training and he stressed that staff should not be solely reliant on the use of lone working devices but should also follow the lone working policy.

Dr Rajesh Nadkarni referred to a recent incident in the Trust which demonstrated that the lone devices are effective.

iii) Commissioning and Quality Assurance Report

Lisa Quinn presented the Month 2 position, which was noted by the Board. The Trust's Risk Rating remains Green and the Financial Sustainability Risk Rating is 3. There are no significant areas of concern around quality standards.

All workforce metrics are expected to be met by the end of July.

Lisa reported that sickness absence improved in month, but that there the long term trend remained constant at 5.4%.

In relation to Section 4, Quality Goals, Lisa confirmed that progress is on track for all areas.

Peter Studd asked whether the 1st April cap for agency staff would be met and Gary O'Hare explained that there are significant workstreams in place but recognised that this is an ongoing challenge. He confirmed that agency medical staffing is discussed each week at the Group Business Meeting with the clinical groups.

Finance

James Duncan presented an update of the finance position reporting that the Trust has a deficit of £0.2m, due to a small number of significant issues in the Specialist Care Group. James explained we have been aware of the issues in CYPS for some time and have been in negotiations with commissioners about receiving support to sustain the service. The Trust received some non recurring funding but this is unlikely to be adequate to tackle the issues. Pressures have continued in maintaining waiting list targets and the Trust will now put in place controls on the use of temporary staffing to manage the rising financial pressure. This would have an impact on waiting times and this is being discussed with commissioners.

The Trust has reached agreement with NHS England to reduce the number of beds at Alnwood but to date we have been unable to step down the staffing on this ward, due to the presence of two inpatients with complex needs, who required significant support. Neither of these young people are local to the area but arrangements to transfer them have not to date been successful.

In addition, we had hoped to reach an agreement around Transforming Care, with respect to protection of learning disabilities, income while we manage the step down of beds in locked rehabilitation. This had not proved possible and therefore the Trust is experiencing the immediate impact of loss of income.

These are the significant issues in the Month 2 position; however, work is being done to resolve the issues and get back into surplus over the coming months, including a range of measures across all the Groups and across Corporate Services. Overall, we are expecting to continue to report a deficit into Q1 but we expect to recover in Q2 and get back to a surplus position of £4.2m at end of the year.

iv) Board Assurance Framework and Corporate Risk Register

Lisa Quinn presented the Q1 position of the BAF and CRR. The report was noted by the Board.

The Board Assurance Framework has been audited by Internal Audit and there were no issues of note.

Lisa reported that the Board will need to revisit the strategic risks in line with their agreement of the new five year strategy for the Trust.

In relation to the recruitment of staff, Dr Les Boobis asked whether this is confined to the Specialist Care Group (SCG) and Lisa confirmed that this has been rated as having a higher impact for SCG.

79/16	<p>Strategy and Partnerships</p> <p>i) Research and Development Strategy Prof Paula Whitty and Simon Douglas attended the meeting to present the refreshed R&D strategy, which was noted by the Board. Prof Whitty highlighted to the Board the importance of research in high performing organisations and she outlined the benefits. There has been a significant improvement over the years, such as research studies and collaborative developments. Also, we have carried forward some initiatives and added new ones to further develop our university collaborations and service user led research.</p> <p>Simon Douglas added that this is a high level strategy and a more detailed plan will sit underneath this.</p> <p>Hugh Morgan Williams commented on the research budget and queried the amount of revenue. Prof Whitty responded that in the R&D performance report, key metric one is related to grant income. We were running at just under £400k in terms of grant income at the launch of the original strategy but there has been an upward trend since then to £922k in 2015/16.</p> <p>Simon Douglas confirmed that there are opportunities to generate income but there is a challenge around recruitment and he suggested that it may be worthwhile developing a profile of commercial organisations we could partner with for this purpose.</p> <p>Referring to learning opportunities, Paul McEldon asked whether there is anything that the Trust could do better. Prof Whitty replied that the Trust's R&D committee is undertaking some work around this but in addition, we have research capability funding and an annual reflection is carried out with a plan devised for the following year. The R&D conference is built around this area and it is an explicit aim of the strategy.</p> <p>Following discussion, the Board approved the strategy.</p> <p>ii) STP update James Duncan reported that the draft submission for the whole health economy across the Northumberland, Tyne and Wear footprint will be on 30 June 2016. The STP is required to show delivery in three key areas: Health and Wellbeing, Quality and Care, and Finance and Sustainability. Meeting all three in a very constrained and challenging financial environment requires a radical approach to transformation of the local health and care system. There is a national requirement to submit final plans by the end of September. The Board will need to give this considerable consideration. James stressed the need to engage with clinicians, partners and service users across the NTW patch.</p> <p>iii) ACO North Tyneside John Lawlor updated the Board. John confirmed that the Memorandum of Understanding has been signed off. There are a number of issues to consider, including who should hold the contract with the CCG. We need to agree whether or not we should opt in, and if so, we need to fully understand the risks. This would be the subject of detailed consideration by the Board when the proposals are more developed.</p>	
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	<p>Martin Cocker queried how the ACO would fit with the STP and John Lawlor explained that the ACO will be a component part of the overall STP. He also explained that the STP is a plan, not an organisational entity. The aim of the ACO is to ensure that there is a clear entity charged with the delivery of health improvement and sustainability for a local population.</p>	
80/16	<p>Workforce</p> <p>i) Workforce Race Equality Scheme (WRES) update Lisa Crichton-Jones presented an update of the action plan and ratings for WRES and Equality Delivery System (EDS2). The report was noted by the Board.</p> <p>The report includes an update on EDS2 and WRES actions for 2016. Examples of areas of improvement are also included in the report.</p> <p>Lisa highlighted the detailed analysis of the Staff Survey metrics. There is an indication that some staff in the Trust belonging to the Buddhist faith have indicated the greatest level of dissatisfaction and meetings have therefore been arranged with Buddhist staff to address these issues.</p> <p>NTW's results compared to the national average are included on page 10.</p> <p>Most of the actions for improvement are around the reporting of bullying and harassment incidents and we propose to undertake some of the work with the BME network, which is chaired by Dr Peter Oakey, to explore specific actions and address the issues with colleagues.</p> <p>We will be looking to devolve more equality work into the Groups going forward</p> <p>The collection of information is an area of focus moving forward.</p> <p>The Board approved the endorsement of the assessments and actions of EDS2 and WRES but it was agreed that the data should be checked prior to submission. It was also agreed to undertake some further work around data quality.</p>	<p>LCJ</p> <p>LQ</p>
81/16	<p>Regulatory</p> <p>i) Corporate Governance Statements / Certificates Lisa Quinn presented the comprehensive report which was noted by the Board.</p> <p>The Board approved the submission of certificates to Monitor.</p>	

82/16	Minutes / Papers for information <p>i) Local Safeguarding Boards update The reports were noted by the Board.</p> <p>ii) Committee minutes There were no specific issues to highlight.</p> <p>iii) Council of Governors' issues There were no specific issues to highlight to the meeting.</p>	
82/16	Any Other Business <p>The draft minutes of the Annual Members' Meeting held on Wednesday, 22 July 2015 were presented to the Board for approval. Subject to some minor grammatical amendments and a change to the spelling of Dr Leslie Boobis' name, the minutes were approved by the Board and will be presented for formal approval at the AMM on 28 July 2016.</p>	
83/16	Questions from the public <p>Chris Macklin referred to the STP and queried whether the plans will be deliverable and James Duncan stressed that this needs to be considered very carefully.</p> <p>Hugh Morgan Williams reminded the Board of the Away Day on Friday, 22 July 2016.</p>	
84/16	Date, time and place of next meeting <p>Wednesday, 27 July 2016, Board Room, St Nicholas' Hospital 1.30pm</p>	