

DRAFT Minutes

Board of Directors' meeting held in public

Wednesday, 23 March 2016	1.30pm – 3.30pm	Board Room, St Nicholas' Hospital
<p>Present:</p> <p>Hugh Morgan Williams Chair John Lawlor Chief Executive Dr Leslie Boobis Non-Executive Director Alexis Cleveland Non-Executive Director Martin Cocker Non-Executive Director Neil Hemming Non-Executive Director, for items 29/16 to 37/16 only Paul McEldon Non-Executive Director Peter Studd Non-Executive Director Lisa Crichton-Jones Executive Director of Workforce and Organisational Development James Duncan Deputy Chief Executive / Executive Director of Finance Dr Rajesh Nadkarni Acting Executive Medical Director Gary O'Hare Executive Director of Nursing and Operations Lisa Quinn Executive Director of Performance and Assurance</p>		
<p>In attendance:</p> <p>Susan Hamilton Administration Officer Caroline Wild Deputy Director, Corporate Relations & Communications</p>		
<p>Also present:</p> <p>George Saint Member of public Denise Porter Carer Chris Macklin Carer Governor</p>		

Agenda Item		Action
29/16	<p>Welcome and apologies</p> <p>Apologies were received from Ruth Thompson Non-Executive Director.</p> <p>Denise Porter was welcomed to the meeting by the Chairman. Denise outlined her experiences as a carer for a relative who uses local mental health services. Following this, there were a number of questions from the Board.</p> <p>Hugh Morgan Williams asked if there was one particular thing that Denise could change what would that be. She replied that purposeful involvement of carers is important. Also carer's mentors would be a good thing to introduce to ensure that people's voices are heard.</p>	

	<p>Alex Cleveland queried whether there are any Trusts that already have carers' mentors and Denise explained that North East London Trust is one example.</p> <p>Hugh asked Denise what she thought would be the best route to influence policy makers and Denise replied that Quality Improvement Programmes involving carers are a good example. Denise also highlighted that in the King's Fund commission into inpatient services, there were 12 recommendations around this and it is good that NTW is embracing this.</p> <p>James Duncan asked Denise whether she thought there was anything that the Trust could do to support carers and service users' journey together. Denise replied that good supported and safe environments/accommodation for service users is vital in this regard.</p> <p>Chris Macklin, Carer Governor, said that he would be happy to contact his colleagues in Sunderland to see if the carer mentor role could be considered.</p>	
30/16	<p>Declarations of interest</p> <ul style="list-style-type: none"> • Dr Les Boobis is a paid advisor for the Referral Management Service for vascular surgery for Northumbria Healthcare NHS Foundation Trust. • Alexis Cleveland is Deputy Chair and Trustee, Durham University Council; Chair of University College, Durham University and a Trustee of Barnardo's. • Martin Cocker is independent Non-Executive Director and Chairman of the Audit Committee at TCS Group Holdings PLC. • Paul McEldon is Director of Northumberland Business Services. 	
31/16	<p>Minutes of previous meeting held on 23 February 2016 These were agreed as a true record.</p>	
32/16	<p>Matters arising not included on the agenda The schedule of matters arising was noted.</p>	
33/16	<p>Action Checklist The checklist was noted.</p>	
34/16	<p>Chair's Report</p> <p>Hugh Morgan Williams highlighted that he had attended a number of NHS events in London.</p> <p>Hugh extended his thanks to the Executive Team for all of their work and reassured them that they had the full support of the Non Executive Team. He commented that the staff awards had been very successful, and was an excellent opportunity to celebrate our staffs' achievements. He was also very pleased to open our new 'Changing places' toilet facility at Walkergate Park along with Governor, Lucy Reynolds.</p> <p>Finally Hugh highlighted that work had commenced to review the Board Committee structure and this would be brought back to a future Board meeting.</p>	

<p>35/16</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 highlighted the Junior Doctors' contract and Lisa Crichton Jones provided an update. She explained that a substantial amount of work has been done by NHS Employers around core guidance which is expected to be completed mid April. Dr Rajesh Nadkarni, the Trust's Group Medical Directors and Dr Bruce Owen are preparing plans for the implementation of the contract and our Junior Doctors are engaging well.</p> <p>John circulated a letter regarding the Health and Social Care Commission.</p> <p>Gary O'Hare reported that the Smoke Free implementation on 9 March took place successfully. Gary also reported that the Trust's Nursing Conference was a well attended event and positive feedback was received from those who attended.</p>	
<p>36/16</p>	<p>Quality, clinical and patient issues</p> <p>i) Safer Staffing – monthly report Gary O'Hare presented the report which focused on those wards where staffing is 10% under planned and 20% over planned for January 2016. The contents were noted by the Board.</p> <p>In terms of the Values Based Recruitment, Gary reported that a number of band 5 nurses have been recruited and/or redeployed. Lisa Crichton-Jones highlighted that staff turnover is not slow enough for the Trust to experience significant staff gains, so despite our recruitment efforts there is still the issue of wider supply that is presenting a strategic challenge to the Trust.</p> <p>Martin Cocker queried whether this report is a requirement that has to come to the Board. Gary O'Hare responded that the Trust is mandated by Monitor to inform the Board and in June the two year analysis will also be considered by the Board.</p> <p>Les Boobis queried whether for Rosewood Ward the staffing levels are low due to the plans to move. Gary responded by explaining that staffing levels are being reduced on that ward as patient activity decreases.</p> <p>Hugh asked that consideration be given to receiving the safer staffing information via the Quality and Performance Committee.</p> <p>The Board noted the report and asked Gary O'Hare to consider an appropriate future reporting schedule.</p> <p>ii) Safer Staffing – Six Month Skill Mix Review The report was received and noted by the Board.</p> <p>iii) Quality Account 2015/16 Lisa Quinn presented the report which was noted by the Board. Lisa provided the Board with an update of the preparation for the Quality Account and statements within the Quality Account. The report also highlights the Quality Priorities for 2016/17. These are:</p>	<p>GOH</p>

	<ol style="list-style-type: none"> 1. Transitions between services 2. Triangle of care (and support for those without carers) 3. Response to violence and aggression <p>Lisa confirmed that any current priorities that have not been achieved will be carried forward into next year.</p> <p>In speaking of priority 1, Hugh asked what plans are in place for the transition of children to adulthood? Dr Nadkarni responded that the transition works quite well for people with severe mental illness but can be more difficult for those with emotional distress.</p> <p>Alexis Cleveland asked if robust measures were available for each priority so that progress could be measured. Lisa Quinn responded that this was in hand and once approved, quarterly milestones will be set to provide this information.</p> <p>The Board of Directors approved the proposals.</p>	
37/16	<p>Performance and Assurance</p> <p>i) Performance Report</p> <p>Lisa Quinn presented the Month 11 performance report and James Duncan presented the finance dashboard. The contents were noted by the Board, 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>The Board noted an error on the EIP access standard. Lisa Quinn reported that a revised definition has been received and the position is actually 69.8%. The risk to delivery was highlighted to the Board last month and noted that the national definition has now been relaxed which has caused the variation. The Board also noted the increase in appraisals and the decrease in sickness absence.</p> <p>In terms of contract performance, Lisa reported that overall contract performance has been maintained and as we near the year end she did not envisage any financial impact from CQUINs.</p> <p>Les Boobis referred to the NHS Outcomes Framework, particularly the ‘no harm, diagnosis recorded and FFT responses’ and asked why the Trust is an outlier. Lisa Quinn explained that these particular parts of the report will be referenced quarterly. Lisa went on to explain that NEQOS recently undertook a review of the high level of incidences of low harm. This would be considered through the Quality and Performance Committee.</p> <p>In relation to diagnosis recording, Lisa acknowledged that NTW is an outlier and low at recording in a readily accessible way and explained that this is a Quality Priority for this year as a result.</p> <p>Neil Hemming left the meeting at this point.</p> <p>In relation to the staff friends and family test, Lisa Quinn highlighted the potential for staff to suffer from ‘survey fatigue’ which is why we chose to survey our staff only twice this year. This explains why we had such lower</p>	

responses in comparison with Tees, Esk and Wear Valley NHS FT. However she also noted that this is an area of continued focus for the Trust and we will be looking at ways to achieve higher response rates.

Finance

James Duncan provided an update on the financial position. He reported that the forecast for the year end has improved since last month due to additional income. The forecast is for a £5.2m year-end surplus but this will depend on any last minute changes at year end, the provision of any redundancies in relation to Phase 2 of Transforming Corporate Services and any injury benefits. The planned year-end surplus of £4.2million has been discussed and agreed with Monitor.

ii) Moving forward 'Fit for the Future', a new, more enabling Accountability Framework

The Board received and noted the report. Lisa Quinn explained that the Accountability Framework has been in shadow form since January 2016 and has been well received. In the main, it follows the process that Monitor applies to all Foundation Trusts.

The main elements are shown on page 9 &10. This sets out the performance required from Groups and directorates and the escalation process for exceptions. Quarterly review meetings are in place.

Responding to a query from Martin Cocker, James Duncan responded that discussions were held with the Groups and a robust process of assurance was agreed to ensure delivery but he stressed that this was not a punitive process. Gary O'Hare explained that the Groups have been fully engaged in the process and the collective leadership approach works very well.

John Lawlor explained that we also have the same process within Corporate Services.

iii) CQC Registration update

Lisa Quinn presented the update that outlines CQC activity since the last Board meeting. The Board noted the contents of the report.

In addition, the Board noted the scale of the second information submission to the CQC and extended their thanks to all of the staff involved.

iv) Charitable Funds Committee Terms of Reference

As Chair of the Charitable Funds Committee, Martin Cocker presented the report. The Board considered the Terms of Reference. One change was proposed to enable the Lead Governor, **or another Governor** to become a member of the committee.

The Board confirmed that they were content with the operational parameters of the committee and the revisions to Standing Financial Instructions.

The Board received the charitable deed transfer from Newcastle Healthcare Charity to NTW's fund, and also lifted the designation from four previously designated funds.

Finally, the Board considered a proposed minute from our legal advisors

	<p>which specifies precisely the required Board decision and is required by the Charity Commission.</p> <p>Martin confirmed that funds would transfer on 1st April and would be deposited in a separate interest bearing bank account until investment decisions could be made.</p> <p>Following discussion, the Terms of Reference were approved subject to the agreed change (above). The Board agreed to the provisions outlined in the proposed minute from our legal advisors, which are appended to these Board minutes. These would be amended to delegate authority to Martin Cocker, as Chair of the Charitable Funds Committee in the Chairman's absence.</p>	
38/16	<p>Strategy and Partnerships</p> <p>i) Accountable Care Organisation for North Tyneside John Lawlor provided the Board with an update. He reported good progress in North Tyneside to develop an Accountable Care Organisation and confirmed that it is proposed that the ACO Board would have an independent Chair and Managing Director. John was looking for support from the Board to continue our involvement with the ACO as it entered shadow arrangements in 2016/17.</p> <p>The Board of Directors agreed to support the work as the ACO moves into shadow form.</p> <p>ii) Budget Setting 2016/17 James Duncan presented the salient points of the Budget and Financial Plans 2016/17.</p> <p>In response, Hugh Morgan Williams asked whether there was likely to be any change in the figures presented. James replied that it was unlikely there would be significantly less income than expected. Lisa Quinn highlighted a potential risk in North Tyneside. A final position on 2016/17 contract negotiations would be presented to the April Board of Directors.</p> <p>Les Boobis commented that the FDP programme in year total does not add up correctly and James confirmed that this is a rounding error.</p> <p>James reported that the loan drawdown has been increased. The loans the Trust has asked for are not significant but given the overall financial situation, there is a lot of pressure on capital budgets across the NHS and the delivery of our strategy is dependent on accessing capital.</p> <p>The Board noted the Budget and Financial Plans as presented.</p> <p>iii) Operational Plan 2016/17 – Board Declarations Lisa Quinn presented the report, which was duly noted and agreed by the Board.</p> <p>The Board approved the declarations to Monitor as part of the Operational Plan 2016/17.</p>	LQ

i) National 2015 Staff Survey Results

Lisa Crichton-Jones provided an overview of the results of the survey. The overall response rate of 47% was noted.

Lisa highlighted that there were a number of administration issues attributed to the survey contractor, Picker, this year and the Executive Team has raised concerns in this regard and will be exploring the option of an alternate contractor next year.

The comparison with other mental health trusts is included in report. The trust has seen improvements in scores relating to engagement and recommending the trust as a place to work or receive treatment.

One area where the Trust compares less favourably with other mental health trusts is staff reporting the most recent experience of harassment, bullying or abuse in the last 12 months; this has been a deterioration since the 2014 survey. Hugh questioned the accuracy of the figures bearing in mind the concern over the accuracy of Picker's data and the Board noted how this score had been compiled along with the deteriorations also seen nationally and with other mental health trusts in the north.

With regards to the reporting of bullying, harassment and abuse, Lisa recognised that this area is an issue that affects all of the Groups to varying degrees, including corporate services.

Alexis Cleveland said that putting aside comparators with other Trusts, is this figure relatively low? Lisa Crichton-Jones explained that this is an indicator that has deteriorated nationally and she stressed the need to take action. The issue has already been considered by the Workforce Group, an initial action plan has been devised and a variety of campaign materials are being compiled to raise awareness across the trust.

Paul McEldon stressed that this was a very serious issue, and asked if related grievances etc. had also risen. Lisa confirmed this was not the case. John Lawlor emphasised that the question in the staff survey about bullying and harassment is relating to patients and colleagues, and so the descriptor could be better defined as it could be assumed to relate only to incidents involving staff and colleagues.

With regards to the wider results, the Board discussed the results relating to violence and aggression and reflected on the earlier development session relating to the implementation of the Positive and Safe strategy.

Lisa Crichton-Jones said trust wide actions have been identified and considered by CDT and advised that the Groups are now working on their individual locality reports and are focussing on hotspots.

The Board noted the report and supported the focus on themes arising from the Staff Survey at the next round of Speak Easy events.

	<p>Minutes / Papers for information</p> <p>i) Council of Governors issues Hugh paid tribute to the new Governors reporting that they are making a good contribution and are engaging very well. A development session was held earlier this month on 'The Role of Governors in a Devolved Organisation', which was facilitated by Ken Tooze.</p> <p>The election results for the Adult Services Carer Governor will be available in the next few days.</p>	
40/16	<p>Questions from the public</p> <p>In relation to the Performance report, particularly the data quality issues pertaining to the waiting times by cluster, Chris Macklin highlighted that the wording now says there is further work being done to investigate potential data quality issues. He asked whether there was a deadline for this work, stressing that if some of these waiters are not data quality issues then this would be a concern.</p> <p>Lisa Quinn explained that there are definite data quality issues, that these and are multi faceted and is in part due to cluster profiling and the work needed to assign a cluster to individuals and then their waiting times. There about five or six different issues to consider and a further update will be provided in next Performance Report. She went on to say that the information in the main waiting times report is accurate and provided reassurance that the actual waiting times experienced by service users are as presented in these other areas of the report..</p>	
41/16	<p>Date, time and place of next meeting</p> <p>Wednesday, 27 April 2016, Board Room, Conference Rooms 2 & 3 Walkergate Park at 1.30pm</p>	

Appendix 1

Northumberland Tyne and Wear NHS Foundation Trust Charity (the 'Charity')

Minutes of a meeting of the board of Northumberland, Tyne and Wear NHS Foundation Trust as trustee of the Charity (the '**Trustee**') held at [St Nicholas Hospital, Jubilee Road, Gosforth, Newcastle-upon-Tyne, NE3 3XT] on 23 March at 12.30pm

1. **Notice, quorum and chairman**

It was noted that due and proper notice had been given and that a quorum was present. The Chairman declared the meeting open.

2. **Purpose of the meeting**

The Chairman reported that the purpose of the meeting was to consider and, if thought appropriate:

- (a) approve the transfer of the assets and liabilities of Newcastle Healthcare Charity and other related charities (registered charity number 502473) (the '**NHS Charity**') which relate to the Trustee, to the Charity (the '**Transfer**') and approve and enter into various documents relating to the Transfer;
- (b) note the proposed rationalisation in a draft Scheme of the Charity Commission (the '**Scheme**') of the linked charity numbered 6 in part 1 of the schedule of the Scheme (the St Nicholas Hospital Fund), whereby its objects would be amended and its funds transferred to the Charity; and
- (c) approve the lifting of designations relating to four designated funds upon their arrival with the Charity from the NHS Charity.

3. **The Scheme**

3.1 There was then produced to the meeting the Scheme.

3.2 The board, in their capacity as Trustee of the Charity, noted that the relevant effect of the Scheme so far as the Trustee was concerned was that it would, once made effective on 1 April 2016:

- (a) transfer the assets and liabilities of the NHS Charity relating to the Trustee to the Charity, to be held by the Trustee as sole corporate trustee (including the four designated funds set out in part 2 of the schedule to the Scheme); and
- (b) amend the objects of the St Nicholas Hospital Fund (numbered 6 in part 1 of the schedule to the Scheme), and transfer it to Trustee to hold as sole corporate trustee (with the funds of St Nicholas Hospital Fund being available for use by the Charity as part of its unrestricted funds).

4. **Approval**

After due and careful consideration, taking into account their duties and obligations, and considering the best interests of the Charity, **IT WAS RESOLVED** that:

4.1 the making of the Charity Commission Scheme be recognised, as part of the overall restructuring, as being in the best interests of achieving the objects of the NHS Charity, and the application to the Commission and the

consequences of the making of the Scheme (finalised as necessary by the trustees of the NHS Charity, but substantively in the form produced to this meeting) be hereby approved;

- 4.2 the Chairman of the Charity Committee be delegated authority to recognise and approve the Scheme on behalf of the Charity, should it change substantively from its current form;
- 4.3 such other administrative documentation required to effect the legal transfer of assets to the Charity be entered into;
- 4.4 the designations relating to the four funds arriving with the Charity from the NHS Charity as part of the Scheme be lifted upon receipt of these funds; and
- 4.5 the Chairman of the Charity Committee (and such other members of the Board of the Trustee as may be required) be authorised to do all such things as are necessary to cause the transfer to be completed on 1 April 2016 and any consequential arrangements effected and in particular to execute on behalf of the Charity any deeds or documents required to vest title to the NHS Charity's relevant assets in the Charity.

5. **Close**

There being no further business, the Chairman declared the meeting closed.

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Chairman