

Minutes

Board of Directors' meeting held in public																										
Wednesday, 28 February 2018	1.00pm – 3.00pm	By phone conference																								
<p>Present:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Ken Jarrold</td> <td>Chair</td> </tr> <tr> <td>James Duncan</td> <td>Deputy Chief Executive / Executive Director of Finance</td> </tr> <tr> <td>Dr Leslie Boobis</td> <td>Non-Executive Director</td> </tr> <tr> <td>Lisa Crichton-Jones</td> <td>Executive Director of Workforce and Organisational Development</td> </tr> <tr> <td>Rajesh Nadkarni</td> <td>Executive Medical Director</td> </tr> <tr> <td>Gary O'Hare</td> <td>Director of Nursing and Chief Operating Officer</td> </tr> <tr> <td>Lisa Quinn</td> <td>Executive Director of Commissioning and Quality Assurance</td> </tr> <tr> <td>Peter Studd</td> <td>Non-Executive Director</td> </tr> <tr> <td>Martin Cocker</td> <td>Non-Executive Director</td> </tr> <tr> <td>John Lawlor</td> <td>Chief Executive</td> </tr> <tr> <td>Ruth Thompson</td> <td>Non-Executive Director</td> </tr> <tr> <td>Miriam Harte</td> <td>Non-Executive Director</td> </tr> </table>			Ken Jarrold	Chair	James Duncan	Deputy Chief Executive / Executive Director of Finance	Dr Leslie Boobis	Non-Executive Director	Lisa Crichton-Jones	Executive Director of Workforce and Organisational Development	Rajesh Nadkarni	Executive Medical Director	Gary O'Hare	Director of Nursing and Chief Operating Officer	Lisa Quinn	Executive Director of Commissioning and Quality Assurance	Peter Studd	Non-Executive Director	Martin Cocker	Non-Executive Director	John Lawlor	Chief Executive	Ruth Thompson	Non-Executive Director	Miriam Harte	Non-Executive Director
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<p>In attendance:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Caroline Wild</td> <td>Board Secretary</td> </tr> <tr> <td>Anna Foster</td> <td>Deputy Director, Commissioning and Quality Assurance</td> </tr> </table>			Caroline Wild	Board Secretary	Anna Foster	Deputy Director, Commissioning and Quality Assurance																				
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Agenda Item		Action
15/18	<p>Welcome and apologies</p> <p>Ken Jarrold opened the meeting and welcomed those in attendance. He explained that due to the inclement weather, members of the public had been asked to not travel to the Board meeting. It was therefore proposed that any decisions taken at the meeting would be reported to the March Board to ensure that they were reported to the public in full.</p> <p>Apologies had been received from: Alexis Cleveland, Deputy Chair</p>	
16/18	<p>Minutes of the previous meeting held 24th January 2018.</p> <p>It was noted that Martin Cocker was present at the January meeting and this would be amended on the record. There was also one small omission of an agenda number which would be corrected.</p> <p>With the exception of these points, the minutes were accepted as a true record of the meeting.</p>	

17/18	<p>Declarations of interest</p> <p>There were no new declarations of interests.</p>	
18/18	<p>Action list and matters arising not included on the agenda</p> <p>In relation to the North of Tyne Devolution proposals, John confirmed that he had asked for NHS organisations to be considered as large employers, regardless of whether NHS services were included in the proposals.</p> <p>The action checklist was noted.</p>	
19/18	<p>Chair's Report</p> <p>Ken commented that it was a pleasure and an honour to be appointed to NTW as Chair. Ken said how grateful he was to everyone for giving up their time for 1 to 1 sessions. These meetings had been extremely valuable. He remarked that it was clear from the agenda that the Trust faced many challenges at the most difficult time in the history of the NHS.</p>	
20/18	<p>Chief Executive's Report</p> <p>John and Ken had separately attended the recent staff long service awards events.</p> <p>The physical health conference took place yesterday with good attendance from NTW and partner organisations.</p> <p>James updated on the Q3 position for the NHS. He referenced the 'on the day briefing' document from NHS Providers and confirmed that the underlying NHS position is deteriorating and a significant turnaround would be required to recover in Q4.</p>	
21/18	<p>Quality, Clinical and Patient Issues:</p> <p>i) Domestic Homicide Review</p> <p>Gary O'Hare updated the Board on the recent DHR report published by Northumberland Council.</p> <p>The Board received and noted the contents of the report.</p> <p>ii) Safer Staffing Quarter 3 report and six month skill mix review</p> <p>Gary O'Hare presented the regular report on safer staffing. He assured the Board that there were no issues which impacted on patient safety.</p> <p>He highlighted the work being undertaken to improve the availability of learning disability nurses and also to increase the gender mix of nursing staff to ensure we are able to meet service users' preferences for support around personal care.</p> <p>Ruth asked about the future focus of safer staffing, and how much we would be looking at safer staffing in the community services rather than on wards. Gary confirmed that NTW was working with various national bodies to</p>	

understand how this can be done with community staff in a meaningful way, particularly through the Carter Review. Gary confirmed that a development session could be arranged for the Board about this.

CW/
GOH

Peter asked about the new measurement arrangements (care hours per patient) and if this was a better measure. Gary confirmed that this was a much better methodology, but further development work was required. James added that this approach was proving to be really useful in understanding how services were staffed, particularly from a comparative perspective.

Lisa Crichton Jones commented that the quality of narrative in this report was much improved. She asked that the report is routinely presented to the CDT - Workforce group.

GOH

Ken summarised that the 3 key points were around community staffing levels, the report being much more meaningful in terms of measurement and the quality of the report. He also commented positively about the approach the Trust takes to continually aiming for improvement.

iii) Integrated Commissioning and Quality Assurance Report

Lisa Quinn presented the report which focusses on activity from 1st April 2017 until 31st January 2018. Lisa highlighted the current Trust position of segment 1 with NHS Improvement. She reminded Board members that the CQC have made their initial information request for their next inspection of NTW.

Lisa also highlighted the Mental Health Act reviewer visits. There are a number of themes coming through from these visits. The CQC compliance group is focussing on these areas.

Lisa confirmed that we were performing well against the 5 year forward view requirements, but that we continued to have some challenges in relation to our contractual quality standards. We are forecasting some under achievement with CQINs and are in negotiation in relation to this.

James presented the finance report, highlighting that there were no significant changes to the position since last month. At end of Jan we are at £6m surplus and have plans in place to achieve the full control total, although some risks remain.

James highlighted that the Northumberland CCG recovery plan is not included in the forecast at this point as it remains under negotiation.

Ruth asked for an update on compliance with the new GDPR regulations. Lisa confirmed that we have a clear plan in place.

Miriam commented on the CQIN re people presenting in A and E. Lisa Quinn responded that this was a national CQIN and involved us working with a number of acute trusts. She confirmed that we had not been penalised for this as yet, due to the identified issues nationally in identifying data. Lisa also confirmed that this is a 2 year CQIN and will be developed next year.

	<p>Miriam also asked about the data in relation to ‘no recorded information’ on page 19. Lisa confirmed that this is reported regularly, and the task and finish group around waiting times is looking at this, as the potential wait between assessment and treatment is important.</p> <p>Miriam also asked about sickness rates. Lisa Crichton Jones confirmed that the trend is generally to see an increase in January, although this seems higher this year due to coughs/cold/influenza.</p> <p>Ken commented about the Mental Health Act visits and would be keen to meet with those who hear the tribunals to receive feedback through those routes.</p> <p>The Board received the report.</p>	LQ
22/18	<p>Workforce</p> <p>i) Workforce Directorate Quarterly Update</p> <p>Lisa Crichton Jones presented the quarterly report which updates on progress towards delivering the workforce strategy.</p> <p>Rajesh also commented on the challenges for the medical workforce, noting the loss of senior staff due to changes to the lifetime and annual allowances associated with the NHS pension and resulting in some early retirements. He outlined the work in relation to international recruitment and recruiting new consultants from elsewhere in the UK.</p> <p>Gary confirmed that there had been clear improvements in the medical recruitment process following the recent RPIW.</p> <p>James commented on the Trust’s recent achievement as a top 100 employer for apprenticeships.</p> <p>Peter asked about overseas recruitment and the authorising of work permits etc which had been the subject of recent media coverage. Lisa confirmed that we had not had a problem with this at NTW so far, but we are watching closely.</p> <p>Ken commented that he was pleased to see a clear effort to provide pastoral care to our international recruits.</p> <p>The Board received the report.</p>	
23/18	<p>Strategy and Partnerships</p> <p>i) Planning Guidance and Financial Allocations 2018/19</p> <p>James Duncan presented the paper. He highlighted the financial allocations which have been announced, and that the pressure on the health and social care system remains. He welcomed the pragmatic guidance which lifted some constraints for organisations, and the focus on mental health.</p> <p>James reflected on the Northumberland CCG pressures and the transforming care agenda and the impact that may have on NTW. He confirmed that the paper sets out the timescale and requirements for</p>	

submitting financial plans.

The Board received the report and gave delegated authority to the Chief Executive supported by Executive Directors to submit the required draft financial plans in line with the timescales outlined.

ii) Sustainability and Transformation Partnership (STO) Paper for NHS Boards

John Lawlor provided an update, explaining the development of the STP so far. In particular, he flagged the challenges of developing a potential 'system control total' which organisations would be asked to sign up to. John flagged that the paper helpfully now sets out the approach to engaging with Non-Executive members of Boards.

Peter asked about the social media interest in relation to Accountable Care Systems, and asked about potential legislation.

James commented on potential system control totals. He commented on the difficulty of managing a control total over an area the size of the North East and Cumbria. This size and diversity makes it very difficult to manage the risks to achieving the control total.

The Board received the paper.

iii) Business Case NTW Academy

Gary O'Hare presented the report to the Board and reminded the Board that they have received previous information and a development session about the NTW Academy recently.

Martin asked about potential numbers of candidates and whether the plans are sufficiently ambitious? Gary confirmed that 20 candidates were planned initially, but flexibility had been built in with the university should we need or be able to increase capacity.

Peter commented that he supported the proposal. He asked about penalties for any candidates who might be trained and then choose to leave the Trust. Gary confirmed that university fees would be clawed back, but that of the approximately 150 staff seconded to nurse training over the last 10 years only a handful have left the organisation.

Lisa Crichton Jones was fully supportive of the proposal. Lisa flagged the positive equality and diversity action that could be taken in relation to this opportunity. Also Lisa pointed out that while this will be of assistance, it will not solve all of our workforce challenges.

James confirmed that the work that had been done to address the financial risks within the business case, which now stood up from an invest to save perspective.

Following discussion it was confirmed that the Board wished to support the proposal. Ken thanked all of those involved in developing the work thus far.

iv) Business Case Craster Day Unit

Gary presented the paper setting out a proposal to close Craster Day Hospital in Northumberland. Gary explained that due to the rural nature of Northumberland and enhancements to the community team provision, this service is now better provided in the community.

Gary noted that this closure creates an additional pressure on the Trust due to leaving empty space in St Georges Park Hospital and the associated PFI costs.

Lisa updated on the discussions with the CCG in relation to this proposal and outlined the various financial risks which the CBU is working through.

Martin asked if there were any pastoral issues in relation to the service. Gary O'Hare confirmed that demand had reduced dramatically (from 5 days per week to 2 days per week for the last 18 months) and the individuals were very engaged with social care services. Lisa Quinn added that she is not aware of any issues arising from the alternative model being implemented as services have worked hard to ensure that people are appropriately supported.

James highlighted that the financial recovery situation in Northumberland perhaps means that we can't assess the full financial impact as the full implications are not known. Both Lisa and James confirmed that discussions with the CCG were ongoing.

John reflected on the need to stop providing services which aren't funded, even though this seems uncomfortable.

Ken summarised that the overall feeling of the Board should be to support this proposal, following the significant work which has been undertaken to make alternative support arrangements for service users.

The Board approved the proposal to close Craster Day Hospital in principle, noting that this decision would need to be ratified at a meeting which was more accessible to the public and that further financial information was required.

v) CEDAR Board Terms of Reference

James presented the paper in Alexis's absence, explaining that the Board had been established following previous discussions at the Board to consider capital planning and major projects.

James confirmed that there were a couple of other amendments in relation to attendees including staff side.

The Board approved the Terms of Reference.

24/18	<p>Minutes / Papers for information</p> <p>i) Council of Governors' issues Ken reported that he attended the Council of Governors Engagement Meeting on his first day where they considered the CQC process and also reviewed Council of Governor groups and sub groups.</p> <p>The next formal meeting is planned for 6th March where we will be looking at the Governors reviewing the Quality Priorities and Trust strategy.</p> <p>Ken also reported that a number of Governors have accepted an invitation to attend the staff awards on 16th March. He also announced that Ethel Armstrong would be attending. Ethel joined the NHS on the day it was created in 1948 while she was working at St Nicholas Hospital in Newcastle and is supporting the NHS 70 celebrations.</p> <p>Committee updates Ruth and Les updated on recent issues discussed at the Quality and Performance and Mental Health Legislation Committees. This has included the Police and Criminal Evidence Act and the review of the Mental Health Act.</p> <p>There were no updates from the Audit Committee or the Resources and Business Development Committee.</p>	
25/18	<p>Any Other Business</p> <p>John made the Board aware of the extreme efforts staff have made to keep services operational in the adverse weather.</p>	
26/18	<p>Questions from the public</p> <p>Due to the adverse weather there were no members of the public present.</p>	
27/18	<p>Date, time and place of next meeting</p> <p>Wednesday, 28th March 2018 in the Conference Room, Northgate Hospital 1.30 – 3.30pm</p>	