

DRAFT Minutes

Trust Board of Directors Public Meeting

Date: Wednesday, 27 January 2016	Time: 1.30pm to 3.30pm	Venue: Meeting Room 1, Hopewood Park																																		
<p>Present:</p> <table> <tr> <td>Hugh Morgan Williams</td> <td>Chair</td> </tr> <tr> <td>Dr Leslie Boobis</td> <td>Non-Executive Director</td> </tr> <tr> <td>Alexis Cleveland to item 12/16</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>James Duncan</td> <td>Deputy Chief Executive / Executive Director of Finance</td> </tr> <tr> <td>John Lawlor</td> <td>Chief Executive</td> </tr> <tr> <td>Paul McEldon</td> <td>Non-Executive Director</td> </tr> <tr> <td>Dr Rajesh Nadkarni</td> <td>Acting Executive Medical Director</td> </tr> <tr> <td>Gary O'Hare</td> <td>Executive Director of Nursing and Operations</td> </tr> <tr> <td>Lisa Quinn</td> <td>Executive Director of Performance and Assurance</td> </tr> <tr> <td>Peter Studd</td> <td>Non-Executive Director</td> </tr> <tr> <td>Ruth Thompson</td> <td>Non-Executive Director</td> </tr> </table> <p>In attendance:</p> <table> <tr> <td>Caroline Wild</td> <td>Deputy Director, Communications and Corporate Relations</td> </tr> <tr> <td>Susan Hamilton</td> <td>Administration Officer</td> </tr> </table> <p>Also present:</p> <table> <tr> <td>Chris Macklin</td> <td>NTW Governor</td> </tr> <tr> <td>George Saint</td> <td>Member of public</td> </tr> <tr> <td>Bob Simpson</td> <td>Member of public</td> </tr> </table>			Hugh Morgan Williams	Chair	Dr Leslie Boobis	Non-Executive Director	Alexis Cleveland to item 12/16	Non-Executive Director	Lisa Crichton-Jones	Executive Director of Workforce and Organisational Development	James Duncan	Deputy Chief Executive / Executive Director of Finance	John Lawlor	Chief Executive	Paul McEldon	Non-Executive Director	Dr Rajesh Nadkarni	Acting Executive Medical Director	Gary O'Hare	Executive Director of Nursing and Operations	Lisa Quinn	Executive Director of Performance and Assurance	Peter Studd	Non-Executive Director	Ruth Thompson	Non-Executive Director	Caroline Wild	Deputy Director, Communications and Corporate Relations	Susan Hamilton	Administration Officer	Chris Macklin	NTW Governor	George Saint	Member of public	Bob Simpson	Member of public
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01/16	Welcome and Apologies																																			
	Apologies: Martin Cocker Non-Executive Director Neil Hemming Non-Executive Director																																			

02/16	<p>Declarations of interest</p> <p>The following declarations of interest relating to Peter Studd were noted:</p> <ul style="list-style-type: none"> • Independent Board Director at Dale and Valley Homes and member of the Group Audit and Risk Committee, County Durham Housing Group. • Governor at Middlesbrough College <p>There were no other declarations of interest to note.</p>	
03/16	<p>Minutes of previous meeting held on Wednesday 25 November 2015</p> <p>The following amendments were agreed:</p> <ul style="list-style-type: none"> • Item 137/15 - page 2 - third paragraph – third sentence - should state, “Vida Morris said that this was unlikely, as revalidation will be undertaken by nurses’ line managers and built into existing processes as much as possible.” • Item 137/15 - page 2 - third paragraph – fifth sentence - should state, “The potential issues arising from revalidation in terms of impacting on supply and retention are being looked at by a national taskforce.” <p>Subject to these amendments, the minutes were agreed as a true and accurate record and duly signed.</p>	
04/16	<p>Matters arising not included on the agenda</p> <p>The schedule of matters arising was noted.</p> <p>In relation to item 1415 (check)/15 John Lawlor confirmed that NTW was fully engaged in the ongoing discussions in Northumberland and North Tyneside Accountable Care Organisation development.</p>	
05/16	<p>Action Checklist</p> <p>The checklist was noted.</p>	
06/16	<p>Chair’s Report</p> <p>Hugh Morgan Williams welcomed Peter Studd to the meeting as NTW’s new Non-Executive Director and he welcomed Dr Rajesh Nadkarni as the Acting Executive Medical Director.</p> <p>Hugh highlighted issues as follows:</p> <ul style="list-style-type: none"> • He attended a successful conference which NTW hosted in Newcastle yesterday, in partnership with Dr Geraldine Strathdee, National Clinical Director for Mental Health. This included a number of very moving presentations. • He recently attended a Dinner with Alistair Burt, Minister of State with other NHS Chairs and Chief Executives. Discussion focussed on social care funding, leadership, medical training and pensions. • Martin Barkley has announced that he will be leaving his post of Chief Executive at Tees, Esk and Wear Valley NHS Foundation Trust, in April 2016. • The Trust held a successful Neuro Psychiatry Conference in 	

	<p>partnership with Health Education North East. 250 delegates attended and there was a very high quality of contributions.</p> <ul style="list-style-type: none"> The Board has held a dinner for Richard Tomlin, Chris Watson and Nigel Paton to thank them for their contributions. He noted that this was funded by those who attended. <p>Hugh outlined the background and rationale to proposing Ruth Thompson as the Senior Independent Director (SID) highlighting that the Council of Governors had been consulted on the appointment.</p> <p>The Board ratified Ruth Thompson as Senior Independent Director</p>	
<p>07/16</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 letter received from Monitor and the CQC which stated for the first time that they would consider quality and finance to be of equal importance when considering the performance of organisations.</p> <p>In discussing medical agency use, Gary O'Hare reported that Group Medical Directors are working hard to reduce current spend. He also explained that for nursing the Agency, we currently use is 'off framework' and this has been discussed with Monitor. Gary assured the Board that NTW has confidence in this agency, both in terms of cost and quality and there is not a realistic alternative. John confirmed that the potential risk to safety had already been considered by Executive Directors if this agency was not used.</p> <p>Paul McEldon asked what the level of saving would be from the changes to agency arrangements and James Duncan confirmed that the rates paid by NTW were comparative, but there are potential recurring savings of approximately £1.5 million per annum from next financial year.</p> <p>John highlighted that the Trust had received notification from the CQC that they will begin their comprehensive inspection on 31 May 2016.</p> <p>In relation to the North East Combined Authority, John confirmed that NTW would be playing a role in the commission and he also explained the background to the North East arrangements.</p> <p>Hugh Morgan Williams also highlighted recent correspondence from Monitor regarding the Transformation Fund.</p>	
<p>08/16</p>	<p>Quality, clinical and patient issues</p> <p>i) Quarter 3 – Quality and Safety Report</p> <p>Gary O'Hare introduced the paper and highlighted a change in Executive Director lead from the Medical Director, to himself. Alongside this there had been a change in leadership for the patient safety team, with Dr Damian Robinson and Vida Morris now taking responsibility.</p>	

Gary pointed out an amendment to the paper on page 5, line 3, "115" should read "113." The Board was asked to consider the reporting cycle and it was recommended that this should be six monthly, in line with unexpected deaths reporting.

Gary alerted the Board to the upward trend of incidences shown in the report. He highlighted on page 8 of the report the category 'unknown patient injuries'. This is being investigated as it is possible that due to electronic reporting, these incidents could be reported in a different category which better explains the incident.

Gary confirmed that he would like to streamline the report to make it more readable for future meetings.

James Duncan asked about recent media reports which suggested increased incidents nationally and whether NTW was seeing a similar trend?

Gary confirmed that there was some increase in reporting, but said that electronic systems enable quicker reporting as well as its greater focus on reporting all incidents. There are a number of different factors to explain why numbers may be increasing.

John Lawlor suggested that the report could be significantly streamlined and said he would like to see the focus on what learning from incidents had taken place and what changes had been made.

Hugh Morgan Williams highlighted that behind the detailed statistics lie many tragedies. He was keen to ensure that every effort is made to understand why and stop these happening. Gary agreed with this and also suggested that the Board spend time looking at the levels of harm, especially the medium to high harm.

Lisa Quinn asked about changing the reporting period to six monthly. She pointed out that while six monthly reporting was helpful in understanding themes, we have a more frequent reporting requirement to Commissioners, so that would have to be done without Board oversight.

Alexis Cleveland commented that she would like to see a risk based escalation process to compliment six monthly reporting and was also looking for added value from the report. She agreed about the benefit of a 'deep dive' into the root causes of incidents and suggested also recording incidents as a percentage of interactions.

Gary agreed that we have been process driven, and have introduced more clinical posts into the safety team to support this.

Discussion then followed about the format of future reports and reporting cycles and it was agreed that this will be considered by Gary and Lisa Quinn, who will report back to the Board.

GO/LQ

ii) Safer Staffing - monthly reports – November and December 2015

Gary O'Hare presented the reports which included the routine report focusing on wards where staffing is 10% under planned and 20% over planned for November and December 2015. The contents were noted by the Board.

The Values Based Recruitment process (round 11) is ongoing. The Trust is looking at both national and international recruitment for qualified nurses.

Gary commented that services have very strong escalation processes in place when staffing issues occur. Nationally, NTW is not receiving scrutiny from NHS England. However, the Trust may be inadvertently disadvantaged by its approach of 70/30 qualified / unqualified staff mix, as other organisations have lower ratios for this. Gary added that he is continually looking to see how best to report to the Board in order to provide assurance.

iii) Quarter 3 – Service User and Carer Experience Summary report

Lisa Quinn presented the report which was noted by the Board. There continues to be an improvement in response rates but compared to the national position, we need to improve further.

The Trust 'Points of You' approach has not yet been undertaken in community services, although the questions are being reviewed in preparation.

Common themes received from service users and carers are inpatient activities and how to engage with carers and these are also reflected in the Quality Accounts and Quality Priorities feedback.

Peter Studd commented that there seemed to be a lot of different surveys and questioned how effective this was. He also highlighted that the Trust was in the bottom quartile nationally for the Friends and Family test and queried what actions were in place to address this and he also asked how public responses to websites were followed up.

Lisa Quinn responded by explaining that there are about 20 surveys in total; 'Points of you' was developed by service users and was tailored to different areas. The patient experience group is looking to standardise this where appropriate. Gary O'Hare confirmed that due to the diverse nature of the Trust's services, there will always be a need for more than one survey.

In relation to the Friend and Family test, Lisa Quinn explained that this is the first time we have seen national comparators. Some providers listed may also have acute services in the Trust. She went on to say that these are disappointing results; however, we are looking carefully at this information with a view to providing more detail in the next report. Regarding the website, NTW receives a very small number of compliments and concerns and each one is taken very seriously. Comments are often anonymous and we are not always able to identify

	<p>people or the service involved but comments are all considered individually with the clinical team.</p> <p>James Duncan highlighted that delivering a good experience should be the core to our strategy; we should be aiming to be in the top quartile. It is important to recognise that the methodology used can sometime skew the results and national benchmarking is helpful. He stressed the importance of achieving a culture of excellent patient experience in our 5 year strategy.</p> <p>iv) Annual Quality Account 2015/16 and Quality Priorities Setting 2016/17 update</p> <p>Lisa Quinn presented the report which was noted by the Board. She explained that the new approach of engaging with service users, carers and the public in developing the Trust's Quality Priorities has been received well. The report highlights the themes received, which will be shortlisted and a further report will be presented to the Board in February.</p> <p>v) Changes to the Serious Incident Process following publication of the Serious Incident Framework</p> <p>The information was received and noted by the Board.</p>	
09/16	<p>Performance and assurance</p> <p>i) Performance Report</p> <p>Lisa Quinn presented the performance report for the position to 31 January 2016 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."</p> <p>Lisa confirmed that the Trust was now reporting on indicators for IAPT services (Improving Access to Psychological Therapies) and continues in shadow for EIP (Early Intervention in Psychosis) indicators. She also highlighted some amber flags in relation to CQUIN (Commissioners Quality Indicators) on the Quality Dashboard. There was promising progress in relation to Children and Young People's service waiting times.</p> <p>In workforce, there was an improvement in training areas. In month sickness is slightly up, but the overall rolling figure continues to decrease.</p> <p>In the Finance report, James Duncan reported that a transfer had been agreed with Monitor between capital and revenue. The capital forecast is £16m in current year. Income and Expenditure target is £4.2m and there is no difference to the underlying cash position. This will be reflected in the report next month.</p> <p>Les Boobis asked about the £5.5 million cash balance against plan and James confirmed this was a capital receipt for the sale of land at Northgate Hospital.</p>	

	<p>In response to a question on agency spend, James confirmed that reporting of breaches was done on an individual level and at week eight, three breaches had been noted.</p> <p>ii) CQC Registration Reports</p> <p>Lisa Quinn presented the update and highlighted the date of the comprehensive CQC inspection as 31 May 2016, for two weeks. The contents were noted by the Board.</p> <p>Lisa explained that she is in regular dialogue with the CQC. A steering group is in place and the first data request has been received. Lisa presented the intelligent monitoring report and confirmed that this was for information.</p> <p>Peter Studd asked about the recent CQC visit to Ferndene. Lisa said that they had received positive initial verbal feedback on staff knowledge and skills and multi-disciplinary team working but some additional information had been requested. The visit also looked at specific issues related to restraint.</p>	
10/16	<p>Strategy and Partnerships</p> <p>i) Trust Programmes Board</p> <p>Paul McEldon introduced the item and confirmed that it was always envisaged that this would be a time limited committee. All transformation programmes now have reporting routes into the Corporate Decisions Team, so this reduces repetition. The Committee is assured that all risks are appropriately managed in operational services and do not require Non-Executive scrutiny.</p> <p>Paul was thanked for his work with the Committee.</p> <p>ii) Security Management Strategy</p> <p>Gary O'Hare presented the paper which is in line with the Secretary of State directions. This was accepted by the Board.</p> <p>Hugh Morgan Williams suggested that it might be helpful to consider this and Emergency Planning for a future Board development session.</p>	CW
11/16	<p>Workforce Issues</p> <p>i) Workforce Directorate Quarterly update</p> <p>Lisa Crichton Jones presented the report which was noted by the Board.</p> <p>She explained that the report had been restructured to reflect the strategic aims of the workforce strategy. Two areas were highlighted; Section 8, Health Needs Assessment, which had been completed for the first time and would be part of the overall strategy to contribute to reducing staff sickness; also Section 13, Investors in People renewal,</p>	

	<p>which would be reassessed this year.</p> <p>Les Boobis asked about the 'Think Ahead' fast track social work training programme for graduates and whether the Trust was involved. Lisa confirmed that it was under discussion.</p> <p>ii) International Recruitment update</p> <p>Dr Rajesh Nadkarni presented the paper which was noted by the Board.</p> <p>A piece of work is now ongoing to ensure that doctors arriving in the UK are supported and integrated in relation to their personal, professional, cultural and housing needs. Our first doctor is due to arrive in February 2016.</p> <p>Hugh Morgan Williams asked if this approach was good value for money and Rajesh confirmed that he believed it was, as it was very useful to spend time with the candidates and reassure us about competency and confirm their attitudes and values. He informed that there were some registration issues with the GMC to work through. He also pointed out that the trust has also made a number of national appointments.</p> <p>Paul McEldon asked if there is a risk from having to hold posts open. Gary O'Hare responded by explaining the process which looks at national recruitment first. Rajesh explained that these were also innovative posts in some areas, which recruited doctors to generic posts which could be more flexible.</p> <p>Les Boobis asked about a probationary period and it was explained that following induction, all Doctors are subject to appraisal and will then be managed through usual processes with the Responsible Officer being involved as needed. Appointments were substantive posts, subject to a 12 month review.</p>	
12/16	<p>Regulatory Issues</p> <p>i) NHS Protect National violence against staff survey</p> <p>Gary O'Hare presented the report which was noted by the Board.</p> <p>He explained that the Trust is a high reporter of violent incidents. The information is broken down into harm levels. In the Trust these were no harm 26%, minor harm 66%, moderate harm 8% and no incidents of major harm. Gary is looking at national benchmarking to investigate whether other organisations report 'no harm' incidents. He is also looking to recruit into a post to drive our violence prevention strategy in the organisation. Gary went on to say that staff are very good at reporting and stressed he has confidence that we can drill down further into every incident. Many incidences are staff intervening to stop self-harm and the Trust has one of the lowest levels of patient on patient violence in NPSA reporting.</p> <p><i>Alexis Cleveland left the meeting at this point.</i></p>	

	<p>John Lawlor suggested that there was an important link to be made to the staff survey, as staff are reporting that there are high levels of violence. The Trust is also an outlier for restraint and must do more to address this. Rajesh Nadkarni described a presentation from the Merseycare NHS Trust and the 'No Force First' approach, which is a whole organisational approach. This has reduced restraint and staff sickness, and staff morale has increased as a result. A visit by the Trust to Merseycare has been arranged to find out more. John also highlighted page 6 in the report, where incidents are broken down by CCG area. Northgate Hospital and Ferndene are two areas we will be focusing on.</p> <p>i) Quarter 3 report to Monitor</p> <p>Lisa Quinn apologised for including the wrong report in the Board papers; Quarter 2 was included instead of Quarter 3. She confirmed that the correct report would be circulated and available on the Trust website. She also confirmed that the Trust is currently Green for Governance and the finance declaration for the quarter as a going concern. The Chair asked that any queries on the paper once received are directed to Lisa and himself.</p>	
13/16	<p>For information</p> <p>i) Council of Governors issues</p> <p>It was noted that the Council of Governors had endorsed Fiona Grant, Chris Macklin and Austin O'Malley as members of the Nominations Committee.</p> <p>ii) Local Safeguarding Boards update</p> <p>The Board noted the report. Gary O'Hare pointed out that there are several annual reports available and he asked the Board if they were happy for a summary in the future and the reports to be circulated via a link. This was agreed. John Lawlor added that he sits on the improvement board for Children's Services in Sunderland and he reported that work is progressing at pace.</p>	GO
14/16	<p>Questions from the public on items included on the Board Agenda</p> <p>There was one question from the public that was duly responded to by the Board:</p> <p>Chris Macklin, Carer Governor, queried the negative comments from patient opinion websites and suggested that when responding, some context could be provided in terms of the numbers in order to balance the valid points raised.</p> <p>Lisa Quinn responded by agreeing this was a valid point and confirmed that this will be considered. She also explained that we also receive comments and compliments from other means although we are not able to put these onto patient opinion. We need to ask service users if they would be happy to put something on.</p>	

15/16	Date, time and venue of next meeting Wednesday, 23 March 2016, 1.30pm in Board Room, St Nicholas' Hospital, NE3 3XT	
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