

DRAFT Minutes

Trust Board of Directors Public Meeting																																								
Date: Wednesday 28 January 2015	Time: 1.30pm to 3.30pm	Venue: Meeting Room 1, Hopewood Park																																						
<p>Present:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Hugh Morgan Williams</td> <td style="width: 50%;">Chair</td> </tr> <tr> <td>Martin Cocker</td> <td>Non-Executive Director</td> </tr> <tr> <td>James Duncan</td> <td>Deputy Chief Executive / Executive Director of Finance</td> </tr> <tr> <td>Dr Douglas Gee</td> <td>Executive Medical Director</td> </tr> <tr> <td>Paul McEldon</td> <td>Non-Executive Director</td> </tr> <tr> <td>Gary O'Hare</td> <td>Executive Director of Nursing and Operations</td> </tr> <tr> <td>Nigel Paton</td> <td>Non-Executive Director</td> </tr> <tr> <td>Lisa Quinn</td> <td>Executive Director of Performance and Assurance</td> </tr> <tr> <td>Chris Watson</td> <td>Non-Executive Director</td> </tr> </table> <p>In attendance:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Eric Jarvis</td> <td style="width: 50%;">Board Secretary</td> </tr> <tr> <td>Vida Morris for items 1 to 8 (iii)</td> <td>Group Nurse Director – Urgent Care</td> </tr> <tr> <td>Anne Moore for items 1 to 8 (iii)</td> <td>Group Nurse Director – Specialist Care</td> </tr> <tr> <td>Lynne Shaw</td> <td>Acting Deputy Director of Workforce</td> </tr> </table> <p>Also present:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Margaret Adams</td> <td style="width: 50%;">Trust Governor / South Tyneside Carers</td> </tr> <tr> <td>Will Green</td> <td>Head of Communications</td> </tr> <tr> <td>Sue Hall</td> <td>Member of Public</td> </tr> <tr> <td>Keith McCririck</td> <td>Trust Governor</td> </tr> <tr> <td>George Saint</td> <td>Member of Public</td> </tr> <tr> <td>Richard Tomlin</td> <td>Lead Governor</td> </tr> </table>			Hugh Morgan Williams	Chair	Martin Cocker	Non-Executive Director	James Duncan	Deputy Chief Executive / Executive Director of Finance	Dr Douglas Gee	Executive Medical Director	Paul McEldon	Non-Executive Director	Gary O'Hare	Executive Director of Nursing and Operations	Nigel Paton	Non-Executive Director	Lisa Quinn	Executive Director of Performance and Assurance	Chris Watson	Non-Executive Director	Eric Jarvis	Board Secretary	Vida Morris for items 1 to 8 (iii)	Group Nurse Director – Urgent Care	Anne Moore for items 1 to 8 (iii)	Group Nurse Director – Specialist Care	Lynne Shaw	Acting Deputy Director of Workforce	Margaret Adams	Trust Governor / South Tyneside Carers	Will Green	Head of Communications	Sue Hall	Member of Public	Keith McCririck	Trust Governor	George Saint	Member of Public	Richard Tomlin	Lead Governor
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Agenda Item		Action																																						
1/15	<p>Welcome and Apologies</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Lisa Crichton-Jones</td> <td style="width: 70%;">Executive Director of Workforce and Organisational Development</td> </tr> <tr> <td>Neil Hemming</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> </table>	Lisa Crichton-Jones	Executive Director of Workforce and Organisational Development	Neil Hemming	Non-Executive Director	John Lawlor	Chief Executive	Ruth Thompson	Non-Executive Director																															
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2/15	<p>Declarations of interest</p> <p>The following change to the register of interests was noted:</p> <p>John Lawlor's wife became a trustee of Newcastle Carers on 15 January 2015.</p>																																							

3/15	<p>Minutes of previous meeting held on Wednesday 26 November 2014</p> <p>Item 200/14 (iii) – page 5 – 4th paragraph – last sentence was amended to state, “James Duncan highlighted the need for the budgets to be aligned and devolved.”</p> <p>Subject to the above amendment, the draft minutes were agreed as an accurate record and duly signed.</p>	
4/15	<p>Matters arising not included on the agenda</p> <p>The schedule of matters arising was noted.</p>	
5/15	<p>Action Checklist</p> <p>The checklist was noted.</p>	
6/15	<p>Chair’s Report</p> <p>Hugh Morgan Williams summarised those meetings that he had attended on behalf of the Trust since the last Board meeting.</p> <p>He announced that Nigel Paton is stepping down as Non-Executive Director from 30 June 2015 for personal reasons and thanked him for his contribution to the Board. The Trust will be commencing the recruitment of two Non-Executive Directors from March, one to commence from 1 July 2015 and the other from 1 January 2016.</p>	
7/15	<p>Chief Executive’s Report</p> <p>James Duncan presented the report on behalf of John Lawlor. The contents were noted by the Board.</p> <p>When considering the item on Public Sector Industrial Action Update, Lynne Shaw announced that the proposed strike action had now been cancelled. This followed an offer from NHS Employers that was being considered by the unions.</p> <p>Anne Moore provided positive feedback on the Eating Disorder Service and the joint working with Tees Esk and Wear Valleys Foundation Trust. Chris Watson asked if parents and carers were happy with the way ahead. Anne Moore said that there is continued liaison with the NEEDAG support group, who have a better understanding of services provided.</p> <p>Lynne Shaw highlighted the section on the Staff Survey 2014 relating to the “all staff” survey and there was a discussion on the significant changes in outcome since the 2013 survey. Following internal review, more details will be provided of the “all staff” survey to the next Board meeting. In addition, the results of the Staff Survey “basic 850 sample” are due and will also be reported to the next Board, if received in time.</p>	LCJ
8/15	<p>Quality, clinical and patient issues</p> <p>i) <u>Quality and Safety Report</u></p> <p>Dr Douglas Gee presented the report for the 6 months to 31 December 2014. The contents were noted by the Board.</p> <p>He focussed on highlighting:</p> <ul style="list-style-type: none"> • the reduction in the number of serious incidents compared to the same period the previous year; • the identification of themes, for which a high proportion relate to risk assessments, which is one of our quality priorities; • adverse incidents where incidents with harm are decreasing; 	

- the “Sign up to Safety” initiative; and
- safety of transformation.

James Duncan referred to the table showing the breakdown of incidents and was encouraged by the overall improvement and stressed the importance of monitoring the safety of transformation as in-patients transfer to the community. Hugh Morgan Williams noted the improvements in violence and aggression and self-harm.

In response to a question from Nigel Paton on the identification of themes and when is an issue regarded as resolved and when regarded as ongoing, Dr Douglas Gee said that he is hoping that root cause analysis will be used more to ensure the underlying issues are fully addressed.

ii) Safer Staffing Report

Gary O’Hare presented the report, which focussed on staffing being 10% under planned or 20% over planned for November and December 2105. The contents were noted by the Board.

He highlighted that we now have 7 months of information, which is informing the skill mix review. The format of the report is currently being reviewed and going forward it is proposed to have additional columns to provide additional analysis.

Gary O’Hare explained to Hugh Morgan Williams that normally understaffing is due to under activity in a particular ward that allows some staff to be moved to another ward. Anne Moore added that there have been a number of changes with ward occupancy and there have been some staff vacancies, so staff are moved on occasions to ensure that overall safe staffing levels are maintained. Gary O’Hare said that any shortfalls are filled with bank and agency staff

iii) Safer Staffing Skill Mix review

Gary O’Hare introduced the report, which was in line with the requirement to produce such a report to the Board every 6 months. The contents were noted by the Board.

Vida Morris presented the part of the report relating to Urgent Care.

She provided a comprehensive report on the challenges faced by Urgent Care and concluded that although this had been a period of transition, permanent establishments would be determined in the next 2 or 3 weeks linked to budget setting. This was based on the establishing of baselines for all services following review. The rationale for any future changes to skill mix or staffing establishment will be included in future reports, and will be based on quality and safety in care delivery, improving patients’ outcomes and working within the financial envelope.

Martin Cocker referred to the appendix and said that it appeared to show insufficient staff. Vida Morris said that this was correct with the vacancy factor being filled by bank and agency staff. She added that there were several layers of back up, which also included a night co-ordinator on each site and pooled staff. The transformational process is seeking to move away from isolated wards to multi-wards on site to facilitate better cross cover and less reliance on bank and agency staff.

Chris Watson stressed the importance of committing sufficient time and effort to ensure that managers and staff understand the reasons for change. Vida Morris outlined the arrangements in place, including involvement meetings with affected staff.

	<p>Anne Moore presented the part of the report relating to Specialist Care.</p> <p>She also provided a comprehensive report on the challenges faced and concluded that the draft summary of nursing establishments included in the report not only shows the work to date but also the plans to achieve the desired skill mix at a substantive level over the next 6 months. The approach includes an in-depth review for each service area with the addressing of issues associated with historical funding.</p> <p>Hugh Morgan Williams raised the issue of the complex needs of some patients not being fully funded by commissioners. There followed a discussion in which it was acknowledged that the acceptance criteria needed reviewing, discussions needed to take place with commissioners and the Trust was carrying the risk for carrying a complex caseload.</p> <p>iv) <u>Quarterly Service User and Carer Experience</u></p> <p>Lisa Quinn presented the high level summary relating to quarter 3. The contents were noted by the Board and in particular the various sources of information.</p> <p>v) <u>Annual Quality Account</u></p> <p>Lisa Quinn presented the report, which included a timetable and a summary of the development of Quality Priorities for 2015/16 having incorporated comments from the Council of Governors. The contents were noted by the Board.</p>	
9/15	<p>Performance and assurance</p> <p>i) <u>Performance Report</u></p> <p>Lisa Quinn presented the report for the position to 31 December 2014 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 continuity of services (finance) risk rating of “4” and a governance risk rating of “green.”</p> <p>Lisa Quinn highlighted that further guidance relating to waiting times had been received, which clarifies that measurement should be from referral to first contact rather than referral to treatment. She said we are meeting this target but we should consider stretching ourselves to achieve referral to treatment. Following discussion, it was noted that NTW would record both measurements and the gap between them.</p> <p>James Duncan added that the real focus should be on a good experience of care and this will be the next steps.</p> <p>Hugh Morgan Williams referred to the contract summary dashboards and in particular the performance of inpatient discharges followed up within 7 days. Lisa Quinn said that we are referring to very small numbers of patients and those not followed up in time may have been seen a day or two later, the failed target was due to 1 patient in each patch but due to small numbers this had a large impact on the percentage, and she concluded that this is not an area of concern currently.</p> <p>Nigel Paton highlighted a number of “reds” and “ambers” in the Workforce dashboard. It was noted that these indicators are monitored at the Executive Directors and Corporate Decision Team meetings. There was discussion on the areas included in mandatory training with Lynne Shaw highlighting that such training is included in the current review of training. James Duncan said that we should be focussing on the Trust’s primary purpose and issues such as</p>	

	<p>mandatory training should be regarded as enablers. If there are problems with the primary purpose, it would then be appropriate to drill down to such matters.</p> <p>James Duncan explained that there has been no fundamental change to the finance position since last month. The Monitor Rating of “4” is due to the higher level of liquidity following the receipt of income from the sale of the Northgate site. The surplus is high, mainly due to the delay in managing the transformation agenda. We are in a good position for this year and focus is now on the next year and after.</p> <p>ii) <u>Update on Well Led Framework for Governance Reviews</u></p> <p>Lisa Quinn presented the report, which provided an update on the work related to the draft initial desk top self-assessment, associated actions and an outline of a specification to be the basis of a tender document for the appointment of independent external reviewers. The contents were noted by the Board.</p> <p>She highlighted that the completion of the Board’s self-assessment will be supported by the initial desk top assessment and the action plan, which is being monitored by Executive Directors. A session with the Council of Governors to capture their comments has been arranged for 10 March. It may be appropriate for the Board to complete the self-assessment at a development session or “time out” to ensure we have dedicated time to do this.</p> <p>iii) <u>Reference Costs</u></p> <p>James Duncan presented the report, which outlined the contributing factors to the Trust’s reference costs being the second highest in England. The contents were noted by the Board.</p> <p>James Duncan said that the subject had been reviewed by the Finance, Infrastructure and Business Development (FIBD) Committee. He said that the indicator was a crude measurement that did not take into account quality of services or value for money, but it did raise several questions. More work on the analysis would be required in understanding, with particular focus on detailed comparative analysis of caseload across community teams.</p> <p>There followed a detailed discussion about what an ideal score would be. Dr Douglas Gee said that if the score was low it would raise questions about resources. Nigel Paton added that during the FIBD Committee review it was recognised that the measurement of reference costs should be used as a tool. We are not sure what the correct score should be for NTW and even if high compared to other organisations, we need to recognise the relationship that costs have with quality and safety of services.</p>	EJ
10/15	<p>Strategy and partnerships including commercial and business development:</p> <p>i) <u>Transformation Programme update</u></p> <p>Paul McEldon presented the report, which included notes from the meeting of the Trust Programme Board on 9 January and associated dashboards. The contents were noted by the Board.</p> <p>Paul McEldon highlighted that the Safety Programme continues to develop metrics to strengthen the safety early warning system. With regard to Principal Community Pathways, since the meeting issues relating to Northumberland, North Tyneside, Newcastle and Gateshead have now been resolved.</p>	

	<p>ii) <u>Strategic Planning update 2015/16</u></p> <p>James Duncan presented the paper which summarised the key issues arising from four documents that have recently been published that will have an impact on the Trust's 2015/16 planning and service reconfiguration, and which also highlighted strategic implications for NTW. The documents were NHS England's Forward View into Action: Planning for 2015/16; Clinical Commissioning Groups' Allocations for 2015/16; the outcome of the Dalton Review into new opportunities and options for providers of NHS care; and Monitor's publication on its Consultation Notice on the National Tariff Payment system. The contents were noted by the Board.</p> <p>iii) <u>Older Peoples Functional In-patient Services move from Rosewood to Mill Cottage</u></p> <p>Gary O'Hare presented the business case. The contents were noted by the Board.</p> <p>Gary O'Hare highlighted that the Business Case had been reviewed by the Corporate Decisions Team and the Finance, Infrastructure and Business Development (FIBD) Committee. Nigel Paton, as Chair of FIBD, confirmed that the Committee's review had taken place and asked if staff consultation arrangements had been agreed. Lynne Shaw confirmed that following discussions with Staff Side, a 30 days consultation period had been agreed.</p> <p>The Board approved the Business Case.</p>	
11/15	<p>Workforce issues</p> <p>i) <u>Management of Sickness Absence</u></p> <p>Gary O'Hare and Lynne Shaw presented the report. The contents were noted by the Board.</p> <p>Gary O'Hare began by outlining the ongoing work with Team Prevent. He then highlighted the recent review of both long term and short term sickness absence. The view is that in general terms long term sickness is being managed extremely well. There is an acknowledgement that there is further work still to do in respect of short term absence. Lynne Shaw added that the initial focus had been on long term sickness as there is a ratio of approximately 2:1 to short term sickness.</p> <p>Gary O'Hare confirmed to Hugh Morgan Williams that the current in month sickness level is 7.22% and that levels are increasing throughout the local health economy.</p> <p>There followed a discussion on the initiatives tried by management to improve the position. James Duncan suggested that we also need to look at demographic information to determine if an aging workforce is having an impact on the levels and also an in depth review to determine whether earlier support before staff become sick would have an impact. It was acknowledged that there will always be significant stress related sickness absence for NTW because of the nature of services provided.</p> <p>The Board noted ongoing initiatives and that monitoring of sickness levels will continue through the monthly performance report.</p>	

12/15	<p>Regulatory:</p> <p>i) <u>Quarterly Report to Monitor</u></p> <p>Lisa Quinn presented the report, cross referencing it to the performance report received by the Board earlier in the meeting. The contents were noted by the Board.</p> <p>Part of the submission requires the Board to confirm that it anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least “3” over the next 12 months. James Duncan confirmed that he expects this to be the case but there is a possibility of a rating of “2” for some of the period. He proposed to highlight the risks to Monitor.</p> <p>The Board approved the submission to Monitor for quarter 3.</p> <p>ii) <u>National Violence against Staff Survey</u></p> <p>Gary O’Hare presented the report consisting of published figures from NHS Protect’s National Reported Physical Assaults 2013/14. The contents were noted by the Board.</p> <p>In addition to the information in the report, Gary O’Hare highlighted that 37 people have been involved in over 50% of incidents.</p> <p>iii) <u>Approval of Loan for new Autism Unit at Northgate</u></p> <p>James Duncan presented the report. The contents were noted by the Board.</p> <p>James Duncan highlighted that the details had been reviewed by the Finance, Infrastructure and Business Development (FIBD) Committee. Nigel Paton, as Chair of FIBD, confirmed that the Committee’s review had taken place.</p> <p>The paper also proposed delegated authority to the Deputy Chief Executive to sign the agreement and to the Chief Executive and/or the Deputy Chief Executive or Acting Deputy to sign and despatch all documents and notices, including any Utilisation Requests, in relation to the Loan.</p> <p>The Board approved the Loan and the proposed delegated authority.</p>	
13/15	<p>Minutes / reports for information:</p> <p>i) <u>Council of Governors’ minutes</u></p> <p>ii) <u>Local Safeguarding Update reports</u></p> <p>The Board noted the contents.</p>	
14/15	<p>Questions from the public on items included on the Board Agenda</p> <p>There were no questions from the public.</p>	
15/15	<p>Date, time and venue of next meeting</p> <p>Wednesday 25 February 2015 at 1.30 pm in the “Kiff Kaff” Room, St. George’s Park.</p>	