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Nottinghamshire Healthcare NHS
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SHADOW COUNCIL OF GOVERNORS

MINUTES OF MEETING HELD ON TUESDAY 1 JULY 2014
THE CONFERENCE ROOM, DUNCAN MACMILLAN HOUSE, PORCHESTER ROAD, NOTTINGHAM, NH3 6AA

PRESENT:

Dean Fathers	Trust Chair / Chair of Council of Governors

Governor Members:

Sue Clifford	Public	City
Julie Jackson	Public	City
Annabel Elliott	Public	City
Lina Mookerjee	Public	City
Leslie Ayoola	Public	City
Carol Burkett	Public	County
Michael Elliott	Public	County
Clinton Walker	Public	County
Alec Crossland	Public	County
Steve How	Public	County
Susan Clayton	Public	County
Allan Johnson	Public	County
David Liggins	Public	County
Mike Quigley	Public	County
William Jackson	Public	County
Judith Walker	Public	East Midlands and South Yorkshire
Sheena Foster	Public	Rest of England and Wales
Gareth Hadley	Public	Rest of England and Wales
Stuart Leask	Staff	Medical
Suzanne Foulk	Staff	Allied Health Professionals
Sarah McDonald	Staff	Allied Health Professionals
Neil Thompson	Staff	Nursing
Julie Ordan	Staff	Clinical Support
Karl Williams	Staff	Clinical Support
Tony Bradstock	Staff	Non Clinical Support
Michael Leng	Partner	Framework Housing Association
Rob Gardiner	Partner	Carers Federation
Barbara Chambers	Partner	Amaani Tallawah
Muriel Weisz	Partner	Nottinghamshire County Council
Louise Bainbridge	Partner	NHS Nottingham City
Steve Banks	Partner	Chamber of Commerce

In Attendance:

Simon Smith	Executive Director: Local Services
Julie Hall	Executive Director: Forensic Services
Sue Gubbins	Deputy Director of Finance

Sheila Wright	Non-Executive Director
Tony Morris	Non-Executive Director
Peter Parsons	Non-Executive Director
Christine Lovett	Non-Executive Director
Julie Grant	Head of Communications
Lucy Mills	Membership Officer

Apologies for Absence / Did Not Attend:

Governor Members:

Dane Brennan	Staff	Nursing
Paddy Tipping	Partner	Police & Crime Commissioner for Nottinghamshire
Justin Waring	Partner	University of Nottingham
Christine Richardson	Partner	NHS England (Leicestershire and Lincolnshire)
Helen Pledger	Partner	NHS England (Nottinghamshire & Derbyshire)

Others:

Mike Cooke	Chief Executive
Ruth Hawkins	Executive Director: Finance & Performance and Deputy Chief Executive
Colin Draycott	Company Secretary

Did Not Attend:

Anita Astle	Public	County
Lucy Jones	Public	East Midlands and South Yorkshire
Merlita Bryan	Partner	Nottingham City Council
Mark Jefford	Partner	NHS Newark & Sherwood

CG/14/001 WELCOME AND INTRODUCTION

Dean Fathers welcomed all present to the inaugural meeting of the Council of Governors, noting the Council would operate in shadow form until such time as the Trust attained full NHS Foundation Trust status.

An update was provided on the recruitment process for a successor to Mike Cooke as Chief Executive and Accountable Officer of the Trust, noting the Council would be engaged in this process.

Governors noted that Mike Cooke was currently in China attending the launch of the Shanghai International Centre for Mental Health, developed in close collaboration with the Institute of Mental Health, an important partnership between the Trust and the University of Nottingham and reflective of the Trust`s strong commitment to research and innovation..

Best wishes were extended to Ruth Hawkins, wishing her a speedy recovery to full health.

Thanks and appreciation was expressed to Julie Hall, Simon Smith and Sue Gubbins for presenting in the absence of Mike and Ruth.

CG/14/002 APOLOGIES FOR ABSENCE

Apologies for absence were noted above.

CG/14/003 MOTION FORMALLY ESTABLISHING THE SHADOW COUNCIL OF GOVERNORS

The Council unanimously supported a motion formally confirming its establishment as a Shadow Council of Governors with immediate effect.

CG/14/004 LEAD AND DEPUTY LEAD GOVERNOR ELECTIONS

Dean Fathers reported that following the recent election process, David Liggins and Suzanne Foulk had been elected as Lead and Deputy Lead Governor respectively of the Council of Governors. Appreciation and congratulations were expressed to both.

David Liggins outlined his ambitions both for the Trust and the Council of Governors noting his desire to see a growing and engaged membership, an enhanced role for and contribution by partner governors, a clear focus on quality, patient experience and the translation of research into service improvement.

Suzanne Foulk spoke about the importance of enthusiasm and transparency in supporting the ambitions of both the Council of Governors and the Trust.

CG/14/005 ENVIRONMENTAL SCAN

5.1 Environmental Scan:

Julie Hall presented an Environmental Scan, prepared by Mike Cooke, outlining key issues and changes in the national and local environment in which the Trust operated and of developments and service changes within the Trust itself. The presentation was followed by a Question and Answer session, the following questions being addressed:

Q. What steps is the Board taking to learn from the loss of the Substance Misuse Services contract?

A. The Trust had worked closely with its partners on its tender submission however had not met the requirement of the County Council for a high quality service low cost service. Our model and staffing had been adjusted as we felt able to enable the provision of a high quality service.

We would be considering the approach to such tenders – do we want to be low cost and win contracts or do we want to offer good quality services to a model which works? Competitors in the 3rd sector work very differently. It was noted that in 62 SMS contracts across the country only 4 had been awarded to NHS providers.

The situation however presented a number of opportunities for the Trust which it would be exploring including options for the sale of beds at The Woodlands.

Q. Would it be cheaper to keep Dangerous Severe Personality Disorder patients in prison and take the healthcare to them?

A. It would undoubtedly be less cost to support such patients in the prison setting. There would however be always an element of this population that could not be treated successfully in that environment.

It was recognised that prison environments could be psychologically enhanced however suicide rates in prisons were noted to be higher than in a hospital setting. There was an important balance to be determined between a range of considerations.

Q. What can the Environmental Scan do to change the tactics of the Trust?

A. The environmental scan is an important part of the Board`s processes and contributes to and informs its strategic thinking. The Board has monthly development sessions and takes issues arising from the Scan into that forum to develop and debate. This is then cascaded downstream as part of our alignment and strategic planning process.

Q. Personal health budgets don't feature much in the scan?

A. The Trust and the Board recognises the important impact that personal health budgets will increasingly have. We are working with Personal Health Budgets in a number of pilots in Rehabilitation Services. Some the uses of Personal Health Budgets are less transparent at the moment, for instance in relation to chronic physical disease and the involvement of social care. We also need to look at supporting services such as the Recovery College.

Q. The Tilt recommendations are being reviewed – who is involved as clinicians weren't the last time?

A. The national review will include clinicians from all three high secure services as well as external clinicians. Many issues have moved on since the original recommendations were made and will undoubtedly be reflected by the national review. There is an important and recognised balance to be drawn between security and therapy.

Q. How is the Health Partnerships contract going?

A. The contract is going well and has been extended for one year with a further option for two more years.

Commissioners have expressed their recognition of the significant progress which has been made despite initial anxieties in some quarters. Real added value is being obtained and will be further enhanced through the internal integration of services between the Health Partnerships and Local Services Divisions.

Q. There is often vision drift – what they get at the end may well not be what was intended?

The Trust Board revisits and reviews the vision on a wide range of issues on an ongoing basis to consider whether the vision remains valid and if so whether the actions / initiatives being implemented were having the desired impact. Examples provided were in relation to Night time confinement and Adult Mental Health.

CG/14/006 FINANCE AND PERFORMANCE

Sue Gubbins and Simon Smith gave presentations providing an overview of the Trust`s financial and performance position and an explanation of the construct of and process for Board reporting of this position. These were followed by presentations by Tony Morris and Peter Parsons on the role of the Audit and Finance & Performance Committees. A copy of the presentations would be forwarded to all Governors.

Q. Cost Improvement Programmes must have an impact on quality. What happens if the impact is over that which was predicted?

A. The quality impact of Cost Improvement Programmes is the subject of continued close scrutiny at both Divisional and Trust-wide (Quality & Risk Committee) level. Prior to approval, schemes undergo robust clinical scrutiny at Division level and subsequently require the sign off of both the Medical Director and the Executive Director of Nursing

Where the quality impact is beyond that which was envisaged when the individual scheme was approved, the position would be reviewed to fully understand the impact, implications and determine what action was required.

Whilst many Cost Improvement Programmes, through transformation, positively impact on quality and the patient experience, there are others which by their nature will impact on quality (NB. schemes will not be approved if they are considered to have potential to impact on safety). This is a conversation the Trust continues to have with its commissioners – the balance between quantity and quality, recognising safety as being an absolute requirement.

Q. What assurance can you give that Cost Improvement Programmes are safe – are service users and carers involved in the development of the schemes?

A. Safety is the key priority. As noted in the response to the previous question, a robust scrutiny and approvals process in undertaken with regard to Cost Improvement Programmes at Directorate, Divisional and Trust level. All schemes are required to be signed off by the Executive Director of Nursing, Quality & Patient Experience and the Medical Director prior to ratification. Schemes are linked to the Integrated Business Plan with service user and clinician involvement from an early stage. Safety will not be compromised.

Where concerns are identified, schemes are pushed back to the Division for further consideration, an example being in relation to Adult Mental Health.

Q. The Council is consulting on mental health – when carers need help they don't get it – how is that reflected?

A. We are increasing community care with 24/7 services aimed at changing that experience. In psychological therapies we have no waiting lists – the challenge is keeping the clinical focus. Services are driven clinically – not financially with the focus on the needs of the service user and their carers.

It was noted the City and County Councils were holding a stakeholder event on 21 July 2014 to consult on their mental health strategy. They would welcome any feedback or comments.

Q. There has been a significant increase in incidents in the last quarter – up 25% - what is that down to?

A. a number of issues were considered to have had potential to impact on the number of incidents reported including increased awareness of incident reporting, service growth with new services being added (including prison health services where high incident rates could be anticipated). Confirmation was provided that detailed analysis of incident data was undertaken.

The importance was noted of not considering a limited time period in isolation of an extended period which provides a better understanding of any trend including seasonal variations.

The Trust sought to ensure a learning culture whereby staff felt confident to report issues. Increasing the number of incidents reported was encouraged, would enable the learning to be gained with the anticipation that the severity of incidents would be reduced.

Q. Are there any plans to have an HR Director on the Board seeing as some of your problems are sickness, vacancies, appraisals etc.?

A. It was confirmed there were no plans to introduce a Board level HR Director. Under the distributed leadership approach of the Trust, accountability for the staff rested with the Divisional Directors. The Trust`s HR function provided specialist support and advice.

The new Workforce, Equality & Diversity Committee provided for Board committee scrutiny and assurance with regard to workforce and HR issues, reporting to the Board.

CG/14/007 ENABLING THE COUNCIL OF GOVERNORS

Governors working in groups discussed three important issues with regard to the future workings of the Council of Governors:

- The establishment of a "steering group" (Group 1)
- What working groups would be required in order for the Council to fulfil its functions (Group 2)

- The methods by which the Council and individual Governors would engage with the Trust`s membership and the wider public.(Group 3)

Feedback from the group discussions was as follows:

- **Group 1 ("steering group"):**
  - A need to ensure the right people on a "steering group"
  - The Lead Governor should lead the group.
  - There needs to be a meeting where the Governor`s set their agenda and priorities.
  - There are roles which Council is mandated to do – it is deciding what else it wished to be involved with.

- **Group 2 (working groups):**
  - Potential options identified including working group aligned to each Board Committee or three divisional groups or five groups focusing on the CQC themes.
  - Should feedback by exception with regular visits to service areas.

- **Group 3 (engagement):**
  - Recognised importance of engagement and visibility with stakeholders
  - use social media
  - Piggy back on other areas or forums.
  - Learn from other FTs.
  - Ask service users how they want to be engaged
  - We need to market our services more
  - Importance of site visits.

It was agreed that further discussions on these issues would be undertaken prior to the October 2014 meeting.

Dean Fathers emphasised the importance of the Council`s engagement role and the desire of the Trust to develop the approach with current Governor members including consultation around the establishment of partner stakeholder constituencies (e.g. explore the potential, through the academia partner, around the establishment of a Young Peoples` Council and exploring with the Chamber of Commerce how the Trust can impact on mental health in the workplace.

CG/14/008 ANY OTHER BUSINESS AND CLOSE OF MEETING

Dean Fathers concluded the meeting by again thanking all for their attendance and contributions to a positive and energetic 1st formal meeting of the Shadow Council of Governors.

CG/14/009 DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors would be held on Tuesday 21 October 2014, 17.00 for 1730. Venue to be confirmed

The Trust`s Annual General Meeting / Annual Members Meeting would be held on Friday 25 July 2014 at the East Midlands Conference Centre. All Governors were invited to attend.