

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON THURSDAY 5 OCTOBER 2017
TRENT VINEYARD, EASTER PARK, LENTON LANE,
NOTTINGHAM. NG7 2PX**

PRESENT:

Dean Fathers	Chair	
Jenny Britten	Lead Governor	City
Bettina Wallace	Public Governor	City
Julie Jackson	Public Governor	City
Steve How	Public Governor	County
Anita Astle	Public Governor	County
Derek Brown	Public Governor	County
Paul Radin	Public Governor	County
John Collins	Public Governor	County
Judith Walker	Public Governor	East Midlands & South Yorkshire
Sheena Foster	Public Governor	Rest of England and Wales
George Ross	Public Governor	Rest of England and Wales
Stuart Leask	Staff Governor	Medical
Craig Goffin	Staff Governor	Nursing
Steven Kerry	Staff Governor	Nursing
Corrine Hendy	Staff Governor	Clinical Support
Tony Bradstock	Staff Governor	Non-Clinical Support
Paddy Tipping	Partner Governor	Police & Crime Commissioner for Nottinghamshire
Imoegen Denton	Partner Governor	Nottingham City Council
Di Bailey	Partner Governor	Nottingham Trent University

In Attendance

Ruth Hawkins	Chief Executive
Craig Sharples	Trust Secretary
Peter Parsons	Non-Executive Director
Christine Lovett	Non-Executive Director
Steve Banks	Non-Executive Director
Stephen Jackson	Non-Executive Director
Michelle Bateman	Associate Director of Nursing, Quality and Patient Experience
Mick O'Driscoll	Clinical Director
Michelle Malone	General Manager
Julie Grant	Head of Communications
Lucy Mills	Membership Officer
Becky Cassidy	Governor Support and Development Officer

Apologies for absence

David Cracknell	Public Governor	City
Jane Stevenson	Public Governor	City

Carol Burkitt	Public Governor	County
John Ferris	Public Governor	County
Maxine Robinson	Public Governor	County
Mike Holmes	Public Governor	County
Linda Bennett	Public Governor	County
Keith Sykes	Public Governor	East Midlands & South Yorkshire
Sue Baker	Staff Governor	Allied Health Professional
David McCallin	Staff Governor	Clinical Support
Mike Marriott	Staff Governor	Allied Health Professional
Rob Gardiner	Partner Governor	Carers Federation
Lucy Robinson	Partner Governor	Chamber of Commerce

Sheila Wright Non-Executive Director

Did not attend

Sharon Cook Public Governor County

CG/17/046 WELCOME AND INTRODUCTION

Dean Fathers welcomed all present to the formal meeting of the Council of Governors (hereafter referred to as “the Council”) thanking all for their attendance. An extended welcome was given to Michelle Bateman, Mick O’Driscoll and Michelle Malone.

Dean addressed and welcomed all members of the public who were observing the meeting today.

CG/17/047 APOLOGIES FOR ABSENCE

Apologies for absence were confirmed as detailed above.

CG/17/048 DECLARATIONS OF INTEREST

There were no declarations of interest shared for this meeting.

CG/17/049 MINUTES OF THE MEETING HELD ON 6 JULY 2017

The minutes of the meeting held on 6 July 2017 were approved as a true and accurate record of the meeting subject to the following amendment:

Rephrasing of night time confinement within secure settings, to state it was not a government initiative.

CG/17/050 MATTERS ARISING & ACTION POINTS FROM PREVIOUS MEETING

There were no matters arising.

Ruth Hawkins delivered her Strategic Scan which outlined key internal and external issues, initiatives and developments, providing a progress update on actions reported at the previous meeting and key issues for the Trust in the coming months. Key matters highlighted included:

National

On the approach to winter the NHS would be preparing for the anticipated pressures on services. All members of the meeting were encouraged to have their Flu vaccinations after hearing a difficult flu epidemic. Recent publications from the CQC, have been a useful resource. Reports relating to Social Care and GP Practices and Mental Health were published in July/August. The Trust had digested the detail and assessed how it compares. Learning and actions have been taken from the findings of this national review. The CQC would be starting to look at systems and the direction of travel, 20 systems in total have need identified and this had been asked by the Secretary of State. The Trust was not one of the systems but it would be something to learn from. NHS Improvement and NHS England regulating frameworks had published a number of update to Single Operating Framework, but this had not made any particular impact to how Trusts would be assessed.

Local Systems

Sustainability and Transformation Partnerships (STP's) in Nottingham and Nottinghamshire have republished their plans following a consultation process. The updated plans will be available through the STP's website. It was noted there would be more transparency on Mental Health, Children and Young People and carers. The Southern part of Nottinghamshire had been designated as an accelerator Accountable Care Service, moving to bring together services to work collaboratively. Ruth noted this was a shift away from individual organisations and more a system view. There were four Clinical Commissioning Groups (CCG's) covering Greater Notts, however, from 1 October 2017 they would fall under one accountable officer. The financial challenge faced amongst commissioners remains a struggle with approx. £31m gap. Ruth explained there would be difficult decisions made over the coming weeks/months to what services can afford to be commissioned. Nottingham University Hospitals announced earlier in the year the appointment of Tracy Taylor as their new Chief Executive Officer. Tracy will commence her new role at the end of this month.

Trustwide

Financial challenges remain around service provision, decommissioning and Cost Improvement Programmes (CIP's). Ruth explained the key was finding the right balance between money and safety. There have been some difficult decisions made recently including the notice served to close the Psychiatric Intensive Care Unit (PICU) on Lucy Wade ward at Millbrook Hospital. The 5 bed unit was considered to have become less and less use for its intended purpose. The unit should provide short term care and

support for patients who are acutely disturbed, however, it was being used to look after and care for Personality Disorder patients for a long period of time. Ruth noted conversations have taken place between commissioners and the Trust and it was felt the current service was not safe. Patients in the service at present will remain until there is an appropriate place for them to go. Ruth stated there needs to a better pathway to access PICU.

The Woodlands, a 15 bed inpatient unit supporting patients with Substance Misuse, was currently under consultation about its future. A paper presented to the August Board of Directors meeting detailed the process going forwards. Ruth explained the challenge in sustaining the service was purely from a finance point of view. The County Council chose not to contract with the Trust in 2014 which has in effect meant the service was running a loss and being subsidised from other services. Ruth confirmed the Trust cannot continue to run a service that doesn't cover the cost, which means therefore that the consideration to close the unit and look at a new service model with commissioners is most likely. It was explained that once the plans were developed these would be consulted on with our members.

From a service delivery perspective the Trust lost the contract for South Yorkshire prison. This service had been safely transferred over the summer to Care UK and took effect from 1 September 2017. A contract was recently secured with Priory Healthcare to commission an additional 16 inpatient Mental Health beds.

There had been an expectation the Care Quality Commission (CQC) would carry out an inspection in 2017. Under the new model Trusts would be subject to core inspections and an annual well-led review. The core inspections would be unannounced, with the first visit taking place on Monday 9 October, and the well-led dimension would commence w/c 13 November. A message had been circulated to staff informing them of how to make contact with the CQC should they wish to. Ruth welcomed the inspection stating it would be an opportunity to demonstrate some of the fantastic work which was taking place across services.

Ruth provided an update on the progress of action since the CQC inspection at Rampton Hospital earlier in 2017. Formal meetings with the CQC and fellow stakeholders had taken place separately to review the actions taken. Ruth was pleased to feedback that the Trust was making good progress in addressing all aspects of the plan, particularly on short term actions to address fundamental standards. Some of the actions relating to staffing, culture and retention would naturally take longer. Further visits had taken place over the summer for which positive feedback had been received.

The Council of Governors:

- **NOTED** the CEO's Strategic Scan

(Nb. Copies of the September 2017 Integrated Performance Report had been received by Governors)

Jenny Britten asked the following question relating to the proposed closure of the Woodlands, on behalf of a member of the public:

'Is the proposed closure of The Woodlands as a result of pressure for more beds'?

Peter Parsons responded confirming the proposal was not in any way connected to bed pressures and was purely from a financial viability perspective. The quality and experience of care that can be provided and the amount the Local Authority was prepared to pay is too wide and therefore is running at a loss. It was explained that there is a need to look and develop other care pathways for the service. All the information relating to The Woodlands was available on the Trust Website under latest news. Ruth Hawkins added that the decision had not been taken lightly with healthy discussion having taken place at the Finance and Performance Committee and Board of Directors. There would be a full consultation process taking place in due course.

Paddy Tipping noted the reframing of the STP had been helpful. Anything that provides greater clarity was welcomed. Paddy went on to convey that colleagues in the wider system do support the system but sometimes feel drowned out. There was a shared concern around the lack of plan b to address the financial and quality gaps that the public face. Need to work in collaboration as a system or the whole system will break.

Steve How noted there were trends within the reports around staffing and recruitment problems and asked for further clarity to this. Peter Parson explained this had been a priority for the NEDs and Board. Currently looking at different and creative ways to recruitment and providing incentives. Peter went on to note this had been an NHS wide issue with many Trusts faced with the same issue. It was considered that pay could be the problem most of the time when comparing to the private sector.

Craig Goffin queried how 'well-led' the Trust had been when specifically looking at the outcome from the CQC inspection at Rampton Hospital earlier this year. Craig felt there was not sufficient engagement with key staff who were under significant pressures. The introduction of Culture Focus Groups had been discussed with staff but to date these have not been set up. Craig noted that staff felt they were not seeing any actions following the visit and particularly when it came to engaging and listening to staff. Peter Parsons noted that Peter Wright, Executive Director for Forensic Services, had an action plan which addresses these issues and it would take some time to implement.

Corrine Hendy asked how sickness rates could be better understood through the performance report. It was explained that all sickness reports would be presented to the Workforce Committee for scrutiny and assurance. The data quality would be assessed and debated in the near future to ensure. It was noted that the Performance Report gives

averages and that the Workforce Committee would benefit from understanding where the top areas of sickness were. There are pockets of variation that are not visible with averages. Governors were encouraged to observe the Workforce Committee to get further assurance on this issue.

Imoegen Denton queried why the number of patient safety incidents reported externally had increased. It was explained that the number of reports had not increased but when looking at the data it can be confusing when seeing the control totals. It was suggested that some governors may want this explained in more detail as the way the data is displayed could be misleading to those who do not fully understand.

CG/17/053 LEAD GOVERNOR REPORT

Jenny Britten delivered her Lead Governor report which covered the following key items:

- Annual General Meeting/Annual Members Meeting took place in July. Jenny noted it was good to meet with members of the public.
- The September governor meeting focussed on the Trust Recovery Strategy and ImROC. This had been a good meeting with Julie Repper and an opportunity for governors to understand more about the Trust Recovery Strategy and the national impact on Recovery. After the meeting there was a chance for governors to discuss further issues. The group talked about the closing off of questions as a formal process at the Council of Governors. Jenny added this had been discussed at the Steering Group and would be included in the agenda from January 2018.
- Non-Executive Director site visits would continue to take place
- It had been identified by governors that all questions should be formally signed off at every Council meeting. This would commence from January 2018 going forwards.
- Council of Governors Annual Review would be distributed in November
- Peter Wright would be delivering the next two governor meetings focussing on Offender Health and Forensic Services. Any specific topics for Peter to address to let Becky know.

The Council of Governors:

- **NOTED** the Lead Governor report

CG/17/054 NON-EXECUTIVE DIRECTOR APPOINTMENT

Jenny Britten presented the Council with a detailed report regarding the recruitment process and recommendation for the vacant Non-Executive Director appointment.

The Council of Governors:

- **APPROVED** the recommended appointment.

CG/17/055 QUESTIONS RAISED SINCE THE LAST MEETING ON 6 JULY 2017

There were no questions raised since the last meeting.

CG/17/056 GOVERNOR QUESTIONS

There were no further questions raised by governors.

CG/17/057 LOCAL PARTNERSHIPS

Michelle Bateman, Mick O'Driscoll and Michelle Malone covered the following key areas in their presentation regarding Cost Improvement Programmes (CIP), Meridian and Adult Mental Health (AMH) transformation:

CIPs

Across the Trust each division would need to find 5% savings which during 2017/18 equated to approximately £8m in Local Partnerships. To date there remains a gap of £1.7m. Michelle Bateman explained that CIP's were mandated and therefore there was no flexibility in the saving of money. It was importantly noted that any cost saving within the Trust would not have an adverse effect on the quality of care provided to patients and their carers. Michelle explained the rigorous and scrutinising process when making important decisions about any CIP. A stringent approach to all CIPs would be looked at by internal scrutiny committees and commissioner oversight. A core group of staff within the Trust look at the safety and the impact any CIP may have on services. Michelle explained the Trust was relooking at services in order to be more creative and providing care in new and efficient ways. A particular example was shared which looked at rostering and the level of acuity on the wards. This would ensure the wards were staffed safely and efficiently to meet the level of acuity at the time.

It was discussed that moving care into the community would naturally raise the level of acuity on the wards. However, if patients were to be treated quicker it may mean they don't become as acutely unwell. Moving care into the community would be better for patients and would reduce waiting times into AMH services. Michelle noted General Health and Mental Health were naturally coming together and some Modern Matrons, particularly working in MHSOP, were trying to upskill in General Health too.

AMH Transformation

Mick O'Driscoll started by highlighting the consistent pressure on services and acute beds. The context of the pressure had been realised following the closure of a number of acute beds in 2012. It was not anticipated there would be a 30-40 percent rise in acute services during this time. A total of 27 Community Teams were introduced across Nottingham/shire which were all set up to do different things. Recent patient experience feedback had identified issues where patients, carers and GPs were unclear of the service which was being provided. As a result the teams amalgamated into central

Mental Health Teams. Nottingham City team would now function as one local Mental Health Team. By introducing this new central approach it would standardise the approach to services and build the relationships with patients and carers to ensure people understand what the services are providing. The new approach has come with its challenges but these were being worked through at present.

When standardising the teams, what is the make-up of teams? Michelle Malone explained that teams will be operating in different sizes. Using the existing skilled team people would be placed in the most relevant teams which may also include new jobs roles. This would take place over the coming few months. It was noted that no job losses had happened but people and their skills are being used more smartly.

Due to the increased pressured on Inpatient beds, there have been a number of occasions where the Trust has used out of area beds for patients. Understandably this was an unpopular option with patients, families and care staff. The situation had been tolerated for a couple of years, however, the pressure had continued to increased. Over recent months the Trust has commissioned a number of beds from Priory Healthcare at a unit in Calverton. A total of 21 beds had been clawed back across various areas. Since the increase of beds at Calverton there had been 27 admissions and 14 people had been discharged. Having the extra local beds had made a significant difference and the partnership with Priory Healthcare was working well. The contract had been agreed for an initial period of 2 years and there would continue to be a programme of work taking place on wards and in Community Teams to look at efficiency.

Meridian

Meridian is health system engineers who had been working with 13 Mental Health Trusts across the country. Having been with our Trust for approximately 18 months they have trained up staff in lean principals. Meridian work with Trusts to find more efficient ways of working using the existing workforce in place. It was noted there was a national pressure on the shortage of consultant psychiatrists. The Trust had planned a major recruitment drive in November, attending jobs fairs and University open days to try and generate interest in the opportunities at the Trust. Mick commented that whilst looking at what health delivery needs to look like, a number of role have been created as non-medical prescribers in AMH. Six members of staff had started on the innovative programme which aims to support Consultants to enable them to work in a better way.

The following questions were received and responded to:

George Ross commented that the provision of services felt as though it had gone back 20 years and wondered if there had been any difference from then? Mick responded to say that Public Services tend to take a circular movement. It would now be about taking the best bits from those approaches and applying it widely. The main aim had been to focus the care around the patient and supporting staff to deliver safe and effective care. Daily meeting would now take place where all members of the clinical team can express their concerns about individuals who may be more in need to ensure they get the correct care.

Steve How challenged where there was evidence that the need for more beds would not happen again following the moving of care into community. Mick explained that Psychiatry changed constantly but there would be no guarantee that this wouldn't happen again. More questions were now being asked of services and staff ensuring that they were finding the best way of doing things. Looking back over time there was a lasting damage that institutions had done to patients. In today's world, should people be admitted for inpatient care it should be for the shortest time possible. Using all the intelligence that the NHS and the Trust have, there is hope that it can try and predict what the need will be in the future.

With reference to the Non-medical responsible clinicians, would this pilot be evaluated? Mick noted that the first groups of staff were currently being trained and there had been some tension between the role undertaken. The first step would be to establish how the trained staff would be used and then evaluate it. The role never replaces consultants but would be more about how it supports them. This was a pragmatic approach to help deal with the current recruitment problem.

Sheena Foster challenged how the knowledge of service users and their ability to talk about services would be utilised this? And, what work had been done to work with carers? Michelle Malone explained that service users and carers had been fully engaged in the full transformation programme. A service user and carer forum had been established and have remained well engaged. Part of the wider work being carried out was reviewing the workforce to ensure it was fit for purpose which had involved carer and service user Peer Support Workers.

Jenny Britten noted that financial cuts were imposed on services and challenged if there would come a point when CIP would present an unacceptable risk to services? Michelle Bateman explained that they were conscious of this all the time and routinely assess the level of risk. There was continuous evaluating on what has been done previously and how the impact of CIPs are on a national spectrum. It would need to be clear that everything had been tried and once it reached this point there would be a conversation to be had with commissioners around safety of service. Many conversations with commissioners had already taken place and the Trust had engaged with their suggestions and are providing services in a more creative way. A positive point about CIPs is that it gives an opportunity to think how things could be provided differently. Michelle clarified should services ever become unsafe this would be taken further immediately.

CG/17/058 URGENT BUSINESS NOTIFIED IN ADVANCE OF THE MEETING

No urgent business notified in advance of the meeting

CG/17/059 REVIEW OF THE MEETING

Jenny thanked Ruth for her strategic scan which was informative and useful. A thank you was extended to the members of the public who had joined the meeting today. Jenny thanked Michelle, Mick and Michelle for an honest and open presentation on AMH. The

huge financial pressures were clear and this was being handled by the division with caution to ensure that quality was not compromised.

CG/17/060 CLOSE OF BUSINESS

No further business was discussed.

DATE AND TIME OF NEXT MEETING

The next meeting of the Council of Governors would be held on: Tuesday 23 January 2018, Conference Room 1, Duncan Macmillan House, Porchester Road, Mapperley, Nottingham. NG3 6AA

- 12:45 Governor Pre-meeting
- 13:30 Council of Governors meeting

DRAFT