

**MINUTES OF THE COUNCIL OF GOVERNORS' MEETING
HELD ON TUESDAY 23 JANUARY 2018
CONFERENCE ROOM 1, DUNCAN MACMILLAN HOUSE, PORCHESTER ROAD,
MAPPERLEY, NOTTINGHAM. NG3 6AA**

PRESENT:

Dean Fathers	Chair	
Jenny Britten	Lead Governor	City
Bettina Wallace	Public Governor	City
Julie Jackson	Public Governor	City
David Cracknell	Public Governor	City
Steve How	Public Governor	County
Mike Holmes	Public Governor	County
John Collins	Public Governor	County
Stuart Leask	Staff Governor	Medical
Mike Marriott	Staff Governor	Allied Health Professional
David McCallin	Staff Governor	Clinical Support
Cllr Stuart Wallace	Partner Governor	Nottinghamshire County Council

In Attendance

Ruth Hawkins	Chief Executive
Craig Sharples	Trust Secretary
Peter Parsons	Non-Executive Director
Steve Banks	Non-Executive Director
Stephen Jackson	Non-Executive Director
Clare Teeney	Director of Human Resources
Julie Grant	Head of Communications
Lucy Mills	Membership Officer
Becky Cassidy	Governor Support and Development Officer

Apologies for absence

Anita Astle	Public Governor	County
Derek Brown	Public Governor	County
Paul Radin	Public Governor	County
Carol Burkitt	Public Governor	County
Maxine Robinson	Public Governor	County
Linda Bennett	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
Sue Baker	Staff Governor	Allied Health Professional
Craig Goffin	Staff Governor	Nursing
Steven Kerry	Staff Governor	Nursing
Corrine Hendy	Staff Governor	Clinical Support
Tony Bradstock	Staff Governor	Non-Clinical Support

Rob Gardiner	Partner Governor	Carers Federation
Lucy Robinson	Partner Governor	Chamber of Commerce
Imoegen Denton	Partner Governor	Nottingham City Council
Paddy Tipping	Partner Governor	Police & Crime Commissioner for Nottinghamshire
Sheila Wright	Non-Executive Director	
Christine Lovett	Non-Executive Director	
Di Bailey	Non-Executive Director	

Did not attend

Jane Stevenson	Public Governor	City
Sharon Cook	Public Governor	County
John Ferris	Public Governor	County

CG/18/001 WELCOME AND INTRODUCTION

Dean Fathers welcomed all present to the formal meeting of the Council of Governors (hereafter referred to as “the Council”).

This meeting would be the last for some governors who were about reach the end of their term of office and have not sought re-election. Dean personally acknowledged each governor thanking them for their commitment and dedication to the role and the Trust. The following governors were included:

Julie Jackson
Carol Burkitt
Anita Astle
Judith Walker
Sheena Foster

Steve How (Public Governor) and Tony Bradstock (Staff Governor) had both sought re-election and were wished every success in the ongoing election.

CG/18/002 APOLOGIES FOR ABSENCE

Apologies for absence were confirmed as detailed above.

CG/18/003 DECLARATIONS OF INTEREST

Dean declared he had been appointed as a Non-Executive Director on the Board for the Parliamentary and Health Service Ombudsman. There were no further declarations of interest received.

CG/18/004 MINUTES OF THE MEETING HELD ON 5 OCTOBER 2017

The minutes of the meeting held on 5 October 2017 were approved as a true and accurate record of the meeting subject to the following amendment:

Correction of terminology relating to STP, change the word “Programme” to “Partnerships”.

CG/18/005 MATTERS ARISING & ACTION POINTS FROM PREVIOUS MEETING

There were no matters arising.

CG/18/006 RECEIPT OF PETITION

A petition had been received at the Board of Directors meeting in December 2017 from Nottingham and Notts Keep our NHS Public entitled “Save the Woodlands Unit at Highbury Hospital”. The petition contained 168 signatures and would be discussed at the next Board of Directors meeting on 25 January 2018. Dean went on to explain there had been an expectation that members of the public would attend to hear the outcome of the decision around the proposed closure of The Woodlands.

CG/18/006 CEO STRATEGIC SCAN

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

The national focus remains around winter pressures and the scale of pressure facing the NHS being described as a watershed moment for the future of the NHS where NHS Constitutional Standards were unlikely to be delivered without further funding. Despite planning by the NHS to prepare for winter pressures the system remains under severe pressure with regards to high bed occupancy, high demand for ambulances, pressures on out of area beds and increasing levels of flu. In addition, all non-urgent elective work had been cancelled until after 31 January 2018.

Quarter 2 had shown the NHS was underperforming and the outcome of quarter 3 had yet to be released. A&E services in December had been the worst performance since 2004. The Trust being part of the system had seen pressure on community services and the acuity of patients presenting as a result of further performance pressures.

Ruth informed the Council the Planning Guidance was still to be received; this should have arrived during December.

Local Systems

The Sustainability Transformation Partnerships (STP) for Nottingham/Nottinghamshire continues its developments with the new Accountable Care System and partnerships with Greater Nottingham, this had moved from planning to implementation stage.

South Yorkshire and Bassetlaw had commenced their engagement events for the on-going work for the South Yorkshire Hospital Services Review. A number of public events

would be taking place, Greater Notts on 1 Feb and there would be one for Mid Notts shortly.

Ruth provided an update on the wider system where winter had been particularly challenging for Nottingham University Hospitals. Sherwood Forest had been fortunate not to have received the same scale of challenge.

Trustwide

Cost Improvement Programme (CIP) delivery was proving difficult and there had been a degree of slippage in year. This meant that any CIP's unachieved would be added to 2018/19 financial challenge. Stringent expectations around commissioning expectations remained and what could be offered with reduced resources.

The Board of Directors would reach its conclusion for services at The Woodlands at its meeting in January. An alternative income stream had been explored but the reality dictates it would not be able to provide a safe service at the level the commissioners would be willing to pay. Ruth assured that a full discussion would take place at Board to reach the appropriate outcome.

The draft report from the CQC well-led inspection had been received. The report had been checked for factual accuracies which had been reported back to the CQC. Five core services had been inspected – CAMHS (rated good), AMH (rated requires improvement), AMH acute wards (rated requires improvement), Lings Bar (rated requires improvement) Orion Unit and Alexander House (rated good). The Trust retained an overall rating of “Good”, however, the Trust remains rated as requires improvement for the safety domain. The report will be published shortly.

Ruth noted the Rampton Hospital inspection remained subject to a lot of debate. Since the report produced in June 2017 there had been considerable progress which continues to be made in addressing the issues. Some of the concerns had been quite deep seated and cultural. Some of this was still ongoing and challenges remain around staffing.

The Council of Governors:

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

CG/18/008 GOVERNOR QUESTIONS ABOUT THE SCAN AND INTEGRATED PERFORMANCE REPORT

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

Mike Marriott queried what would happen if the CIP was not achieved during this financial year. Peter Parsons responded explaining there was approximately £6m remaining to be found. Mitigations plans would be in place to try and pull this back but essentially it would be added to the following year's expected target. The CIP target next year comes with high level planning assumptions. There could be a possibility of revising the target but

this would remain uncertain. It was commented that the Trust would be working on the basis of what was expected during 2017.

Stuart Least commented if commissioners were unwilling to pay the required amount for specialist services they would eventually fall away. Where would people requiring this level of care eventually go? It was explained a comprehensive paper would be presented to the Board of Directors shortly to discuss this issue and provide some assurance. Stuart queried further whether this decision had been the most financially viable. It was noted that benchmarking had taken place across the Country and new models of care were being explored.

Steve How referred to the new contract discussion with Mid Notts and questioned the risk around provision and meeting requirements from commissioners. Ruth responded that those conversations were challenging and open about the impact. At present a conclusion had not been reached. Ruth explained there was hope that there would be more three way conversations with regard to community services and with colleagues at Sherwood Forest around the pathway. Contractual discussions had already taken place independently but it was felt there had been progress into more integrated pathways.

Mike Marriott queried about the process undertaken for staff who work within services subject to change or even being disbanded. Clare Teeney explained the extensive work taking place with staff in engaging them within decisions and retaining them within the Trust, whilst acknowledging that there remains an ongoing risk that staff may choose to look elsewhere for employment. Clare went on to confirm that suitable alternative employment had been found for staff who were at risk and there had been no redundancies anticipated.

Mike Marriott referred to the Integrated Performance Report on pg 32 which showed the Strategic Change. In particular looking at the strategic objective *“Provide the Best Possible Care and Support”* How assured the NEDs were with using the Clinical Reported Outcome Measure, HoNOS? It was discussed that HoNOS would only produce clinical outcomes in relation to Mental Health in adults and would therefore exclude other clinical service areas. Ruth confirmed this had been a good challenge and it does need to look wider to cover all care services. This would be followed up with Dr Julie Hankin, Medical Director.

CG/18/009 LEAD GOVERNOR REPORT

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

- Two monthly meetings had taken place since the last Council meeting, both led by Peter Wright, Executive Director for Forensic Services. The sessions had been focused on High Secure services and Offender Health. Jenny noted both sessions had been extremely informative and worthwhile, however, attendance at the December meeting had been very poor.

- To improve the level of information and communication with governors, the Committee summaries were now available on the governor secure area of the Trust website.
- Congratulations were extended to Angela Kandola (former Partner Governor) for receiving a BEM on the New Years Honours list.
- Congratulations to Maxine Robinson, Public Governor, who had been named the Inspirational Woman of the Year (2017) by the Nottingham Evening Post.

Jenny informed the Council the Chair's appraisal had taken place prior to the meeting today. Feedback from this appraisal would be discussed at the next Nomination and Remuneration Committee.

The Council of Governors:

- **NOTED** the Lead Governor report

CG/18/010 GOVERNOR ELECTIONS UPDATE

Craig provided the meeting with an update on the progress of the Council of Governors elections. All members were encouraged to vote before 5pm on Friday 2 February when the election would close.

CG/18/011 GOVERNOR TERMS OF OFFICE

A paper was presented to the meeting by Craig relating to the terms of office for three individual governors. As explained within the paper, the Council of Governors were asked to review the end date of the terms of office of three governors to bring this in line with the annual election rotation.

The Council of Governors:

- **APPROVED** the extension of terms of officer for three governors

CG/18/012 AMENDMENT TO THE CONSTITUTION

Craig informed the Council a review of all corporate documentation had recently taken place. The Scheme of Delegation (SoD) was reviewed in Autumn 2017 and a recommendation had been made to the Audit Committee and the Board of Directors that the SoD be incorporated within the Trust Constitution, which had been approved.

When questioned why this was an important move, Craig clarified the would make for better alignment and would re-enforce accountability.

The Council of Governors:

- **APPROVED** the amendment to the Constitution to include the SoD

CG/18/013 QUESTIONS RAISED SINCE THE LAST MEETING – 5 OCTOBER 2017

The meeting received the most up to date questions and responses since the last meeting on 5 October 2017.

The Council of Governors were:

- **ASSURED** by the questions and responses

CG/18/014 GOVERNOR QUESTIONS

There were no further questions raised by governors.

CG/18/015 STAFFING AND RECRUITMENT

Steve Banks (Chair of Workforce, Equality and Diversity (WED)) and Clare Teeney (Director of Human Resources) provided the Council with an overview of the organisational risks, national perspective and the plan going forwards with regards to staffing and recruitment. The following key points were covered within the presentation:

- The Trust launched the People and Culture Strategy 2017-2022 which continues to be implemented across the organisation. The Trust undertook a fundamental review to fully understand where the organisation was at. The strategy identified four people priorities. The Trust had commissioned a full census survey of which 4000 responses had been received. This had been devised following the cultural leadership review, which also included focus groups, leadership survey and seeking feedback from external stakeholder on our leadership and culture
- A draft health and care workforce strategy for England until 2027 – facing the facts and shaping the future
- Stepping forwards to 2020/21 – looking at Mental Health workforce plan for England. This had a specific role to play in terms of Psychiatry, looking wider at the types of roles and delivery of services. Redirecting the current workforce into other organisational roles. Recognition that the number of psychiatrists would not be meeting existing demand levels
- The Launch of the Workforce Strategy in 2017 started at phase one “Discovery” which found the following key results:
 - ✓ Commitment to patient care
 - ✓ Learning being a key strength to the Trust
 - ✓ Workforce planning could be more formalised
 - ✓ POSITIVE values lived through behaviours
 - ✓ Some resentment towards the number of targets, gets in the way of patient care because of how demanding they are
 - ✓ Appraisal process could be simplified
 - ✓ Most staff feeling supported by their immediate managers but support and compassion varied, particularly the case for middle managers
 - ✓ More direct engagement with senior leaders

- ✓ Shared feeling of the complexity of the current landscape
- Workforce metrics identified the following key areas:
 - ✓ Increased turnover – this had been replicated across the wider NHS and the gap would likely increase. Those benefitting from final salary pension scheme and Mental Act Status are providing opportunities for people to leave sooner
 - ✓ Appraisals – process taking too long and the focus of conversations is not always appropriate
 - ✓ Employee relations/bullying harassment had decreased – this was found to be comparably better to other NHS Trusts. It was believed this had been helped by intruding the Safety Speak Up Guardian
 - ✓ Bank staff usage had increased and Agency staff usage had decreased – the Trust had extended the range of services which were supported by bank staff. In addition there had been more collaborative working with NUH and Sherwood Forest Hospitals.
- Grievance process requires improvement including the approach and language used. Clare explained the Trust would be driving away from a blame culture and adopting the approach to understand what may have happened. The feedback from the Workforce, Race, and Equality Standard (WRES) found the experience of BME staff had not been good. The setting up of the BME network had seen good responses received and well attended meetings.
- Recruitment and retention – a plan would be presented to the next WED Committee which would detail activity specifically relating to Rampton Hospital
- Open conversations – feedback from staff was to have more direct engagement with senior management. The open conversation initiative is led by Ruth and supported by the Executive Leadership Team.
- Visions 21 – a middle management programme which incorporates 700 middle managers on a 9 month programme routed in individual, personal and group development.
- Trust top 5 risks were identified as:
 - ✓ Lone working at night (High Secure)
 - ✓ Maintaining professional standards
 - ✓ Recruit and retain
 - ✓ Delivery of financial strategy/financial stability
 - ✓ Health, well-being resilience and workforce

Steve Banks concluded the presentation setting out the framework for assurance by the Non-Executive Directors. The WED committee has recently reviewed its structure to ensure it was fit for purpose and receiving appropriate information and oversight. The introduction of the Organisational Effectiveness Committee, which feeds into WED, provides more oversight and depth. Steve explained as a NED he had been looking at policies and procedures were in place, the right strategy in place, oversight of

management, accountability and triangulation through his own visits to services and teams.

Questions:

Bettina Wallace questioned where Health and Wellbeing fitted within the governance framework. Steve Banks explained a number of reports were received by the WED committee in relation to Health and Wellbeing. This would be specifically reviewed through the Organisational Effectiveness Committee.

Mike Marriott queried if Equality and Diversity and middle management ever overlap. Julian eve responded that it had been found that people from BME background had not been given the same access and this would now be monitored and consulted with the BME network on how they want to see that happen. Clare added that feedback stated they would not apply for positions of middle management because they did not feel supported. The Trust had begun doing work around coaching and mentoring to encourage confidence and support to the BME network. A Board Apprentice programme had been created which had been a success in the past. This national initiative was still supporting this and a new person would start with the Board shortly.

Jenny Britton questioned should a staff member be underperforming how would this be managed? Julian explained this would be carried out as an individual issue and coaching conversations would take place. The Vision 21 Programme was designed to bring resilience and where individuals were not in the right role it had the capacity to look at a redirection into work elsewhere. It was important to note that this did not just apply to Vision 21 managers but there would be open conversations with line managers.

Jenny Britton commented the wages bill in the Trust was huge and queried how much was spent on HR exercises in proportion? Clare replied that there was no current sight on certain areas of costings. This would come through the Organisational Effectiveness subcommittee and could be brought back at a future meeting.

Mike Holmes commented on the value of Peer Support Workers (PSW) within the organisation and questioned its future existing. Clare commented the Trust Recovery Strategy had been in force for approximately 8 years and number of elements within this had included the work with PSW. The Peer agenda had been around for a long time and the feedback remains that it provides social and capital benefits which was good. The Trust was currently exploring this model in high secure services.

CG/18/016 URGENT BUSINESS NOTIFIED IN ADVANCE OF THE MEETING

No urgent business notified in advance of the meeting

CG/18/017 REVIEW OF THE MEETING

Jenny thanked Ruth for her scan and providing a view on the national picture. There was an acknowledgement on the progress achieved with regards to the “Good” rating

received by the CQC. Jenny formally thanked Steve, Clare and Julian Eve for their thorough and informative presentation.

CG/18/018 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: Thursday 5 April 2018, Arnold Lodge, Medium Secure Hospital, Cordelia Close, Leicester. LE5 0LE

- 16:45 Governor Pre-meeting
- 17:30 Council of Governors meeting

DRAFT