

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 11th June 2014
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

Present:	Ms. A Abraham	Chair
	Mr. R Shields	Chief Executive
	Mr. D Brook	Non-Executive Director
	Ms. J Chai	Acting Director of Finance & Performance Management
	Mr. I Cordwell	Non-Executive Director
	Mrs. G Fozard	Non-Executive Director
	Mr. C Hague	Director of Human Resources
	Ms. F Haughey	Interim Director of Nursing & Quality
	Ms. L Hunt	Non-Executive Director
	Dr. L Mynors-Wallis	Medical Director
In Attendance:	Ms. L Boland	Director of Children and Young People Service
	Ms. J Elson	Director of Adult Mental Health
	Mr. C Kennedy	Associate Director of Community Services
	Ms. G Morris	Assistant to Trust Board Secretary
	Ms. N Plumb	Director of Organisational Development, Participation & Corporate Affairs
	Ms. C Teare	Programme Management Lead
Apologies:	Ms. S O'Donnell	Interim Director of Community Health Services
	Mr C Harvey	Trust Board Secretary
Observers:	Ms. B Aldridge	Partner Governor - Service User Voluntary & Carer Group Representative
	Mr. C Balfe	Public Governor (Dorset RoEW)
	Mr J. Deffenbaugh	Frontline
	Ms. S Evans-Thomas	Public Governor (Poole)
	Ms. S Gregory	Public Governor (Dorset RoEW)
	Ms. A Reed	Public Governor (Dorset RoEW)
	Ms. P Scott	Lead Public Governor (Poole)
	Mr. L Williams	Public Governor (Bournemouth)

WELCOME

Ms. Abraham welcomed the Board, Governors, and Mr. Deffenbaugh from Frontline to the Part I Board Meeting.

096/14

ARE WE CARING AND ARE WE RESPONSIVE?

Ms. Abraham explained that there would not be a patient story this month and that the use of patient stories would be discussed at the Board Workshop on the 18th June 2014.

Mr. Shields further explained that patient stories are currently used by a number of different meetings and whilst the stories are very compelling, there are inconsistencies in how the information provided is used. The purpose of discussing this at the Board Workshop is to ensure that patients' experiences are incorporated into service delivery planning so that it becomes possible to see how patient stories affect service delivery.

Ms. Abraham asked the Board to reflect on how patient stories and experience can be incorporated to further develop patient centred care prior to the forthcoming Workshop.

097/14

APOLOGIES

Apologies were received from Mr Harvey and Ms. O'Donnell.

098/14

QUORUM

It was confirmed that the meeting was quorate.

099/14

DECLARATIONS OF INTEREST

There were no further interests declared.

100/14

MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14th May 2014 were approved with the following alteration:

082/14, paragraph 6. '*workshop*' replaced with '*schemes*'.

082/14, paragraph 10 '*Monitor.....*' replaced with '*programme monitoring had been delegated to the....*'.

083/14, paragraph 1, '*Ms. Haughey*' replaced with '*Ms. Chai*'.

083/14, paragraph 1, '*Pressure Sore Test*' replaced with '*reduction of Hospital Acquired Pressure Ulcers*'.

083/14, paragraph 1, line 5, '*She added*' replaced with '*Ms.*'

Haughey said'.

083/14, paragraph 1, line 7, added '*Mr. Hague said*'.

083/14, paragraph 1, line 10, delete '*although the target has risen the indicator remains red*'.

083/14, paragraph 1, line 11, replaced '*Late Discharge*' with '*Delayed Transfer of Care*'.

083/14, paragraph 1, line 20, replaced '*a rating of four....*' With '*a risk rating of four for Finance*'.

083/14, paragraph 1, addition of '*The Trust was reporting an unaudited year-end financial position of £0.4m surplus for 2013/14 which is consistent with the forecast at month 11 and as submitted to Monitor as part of the Annual Plan on 4th April 2014*'

083/14, paragraph 3, addition of '*Older People's*' to '*Mental Health Services*'.

083/14, paragraph 6, replaced '*to continue challenging on this measure*' to '*for continued challenge*'.

085/14, removed '*Account*' from title.

085/14, deleted paragraphs 4 and 5.

086/14, paragraph 4, line 4, replaced '*as they illustrate....*' with '*as the benchmark is based on the number of complaints received year on year*'.

086/14, para 4 amended to read '*Mr. Shields responded that they are not all captured but the Trust is good at recording verbal and written compliments*'

086/14, note statement amended to match title.

101/14 **MATTERS ARISING**

The schedule of matters arising from the 14th May 2014 was presented. The report was accepted with the following amendments:

077/14 – The Board will receive an update on the Memorandum of Understanding with the University at the September Board Meeting. RS

079/14 – The Locality Development Proposal. Statutory consultation will commence shortly.

080/14 – Forward Board Agenda Planner – reviewing documentation forms part of the brief for PM Governance.

090/14 – Annual Infection Control Report. This report will be taken to the Quality Assurance Committee in June 2014.

102/14 **KEY ISSUES**
There were no key issues to raise.

103/14 **CHAIR'S UPDATE**

1. **Monitor**

The Board were advised that formal applications to Monitor for a compliance certificate and for the removal of the additional licence condition had been made and the submission is currently being reviewed by Monitor. There is no confirmed timetable in which to receive a response, but a response is expected before the end of June 2014.

2. **Recruitment of Non-Executive Directors**

It was noted with regret that Mr. Chapman had resigned from the Board. Board Members recognised his conscientious and committed contribution to Dorset HealthCare throughout his time as a Non-Executive Director and agreed that the Chair should write to Mr Chapman on behalf of the Board to thank him and wish him well for the future. With regard to the three Non-Executive Director vacancies, these have been advertised and over fifty applications have been received. The Nominations Committee will longlist the applications on the 12th June, shortlist on 3 July and interviews are planned for 10th and 14th July, with recommendations going forward to the Council of Governors on 16th July.

AA

3. **Council of Governors**

There has been considerable activity amongst Governors, including a Working Group to review the Lead Governor's job description, and discussions on how to improve connections with the Trust membership. Training will take place on 20th June 2014. Additionally, thought is being given to the Annual Members Meeting and the Staff Recognition Awards.

4. **Bournemouth University**

Referring to the ongoing work on the Memorandum of Understanding, the importance of 'University' in the Trust's name was noted.

104/14 **CHIEF EXECUTIVE'S UPDATE**

1. **St Ann's Update**

It was noted that Part II of the Board Meeting would include discussion of a possible improvement scheme. The proposals will address the current site deficiencies

and are intended to enhance the ward environment and aid service delivery.

2. Formal Requirements from Monitor

The Trust is required to submit its 5 year Strategic Plan to Monitor by 30th June. The financial components are straightforward but the components relating to services and general environment are still being developed. It is hoped to circulate a draft of the submission to the Board during the week commencing 16th June to provide an opportunity for feedback to be discussed with Mr. Shields.

RS

3. Director Appointments

The deadline for Director of Strategy applications has now passed. There is a strong field of applicants from varied and interesting backgrounds. A shortlist has been agreed and interviews will take place towards the end of June 2014.

The recruitment process for Locality Directors has commenced. The intention is to include Local Authority and GP Partners in the assessment process.

ARE WE WELL LED? STRATEGY

105/14

Issues to Escalate to the Board

No issues were raised.

106/14

People Management and Organisation Development

Mr. Hague presented this report and highlighted the senior appointments referred to by the Chief Executive. He advised that the Organisational Change section required for the Locality Structure was being prepared and that the change creates a challenge for Human Resources due to role changes. The changes were considered at the Executive Meeting on 10th June and will be taken to the Finance, Investment and Performance Committee on 1st July 2014. Recognising and supporting volunteers was referred to. The Trust has been awarded the contract for the provision of occupational health services to Dorset Police following a competitive tendering process.

Ms. Abraham queried whether volunteers are included in the O*S*C*A*R*S.

Mr. Hague responded that volunteers are included.

Mrs. Fozard, referring to the 'Root and Branch' review of recruitment, asked if this included training at

Bournemouth University and secondments?

Mr. Hague confirmed that the 'Root and Branch review' does include training and secondments adding that subject to appropriate safeguards, progress was being made on guaranteeing Bournemouth University nursing students a position on graduation.

Mrs. Fozard queried whether there was a conflict of interest posed by the Counter Fraud Service providing conflict resolution training.

Mr. Hague replied that the Counter Fraud Service has two separate divisions, Counter Fraud and Security. The Head of the Counter Fraud Service reports to Mr. Hague and the Security division is run as a separate entity ensuring no conflict of interests in providing Conflict Resolution Training.

Ms. Hunt asked whether the Salary Support Scheme being used by seven Health Care Assistants to commence their nursing training could be extended to targeted areas and what the scale of the potential opportunity is.

Mr. Hague said there was opportunity to increase the scope of the programme to include allied health professionals during the 2014/15 year.

Ms. Elson agreed that staff should be encouraged to come forward.

Ms. Hunt suggested that Community Acquired Brain Injury Surgery should read 'Community Acquired Brain Injury Service'

Mr. Hague agreed to amend the report accordingly.

The Board noted the People Management and Organisational Development Report.

HOW SAFE ARE WE? QUALITY, PERFORMANCE AND FINANCE ASSURANCE

107/14

To receive the Integrated Corporate Dashboard and Report for April 2014

Ms. Chai presented this report and gave a summary of the key points. It was noted that for Quarter 1 of 2014/15 the Trust is forecasting a breach of Monitor's mandatory target relating to delayed transfers of care of no more than 7.5%. Monitor will consequently request a report on the Trust's plan to achieve compliance and will require a

monthly progress update.

Mr. Cordwell said that the Trust should be concerned about this measure regardless of Monitor reporting as a robust plan is required to address delayed transfers of care.

Ms. Hunt referred to delayed transfers of care being raised at the Finance, Investment and Performance Committee meeting noting that senior managers should be given the authority to ensure that the necessary actions are taken to reduce their incidence.

Mr. Shields agreed with Mr. Cordwell that focusing on taking the right actions would lead to the service improvements required. Ms. Chai noted that the Trust and the Local Authority are now working more closely on transfers of care.

Ms. Abraham emphasised that regulatory compliance is likely to result from taking the right actions for the provision of care.

Ms Chai reported that the overall financial position for April was a surplus of 82k. The area for concern is the Cost Improvement Programme with a number of elements identified as presenting risk of not delivering the required savings.

In contrast, there were unforecasted savings as a result of government decisions on pay awards being lower than assumed, thereby providing a £900k saving.

Ms. Hunt reported that the Cost Improvement Programme challenges had been discussed at length in the Finance, Investment and Performance Committee and asked how the Trust would move forward to deliver all savings rather than relying on fortuitous cost savings.

Mr. Cordwell asked whether cultural change was necessary to enhance staff engagement with the Cost Improvement Programme.

Ms. Hunt responded that early identification and communication of cost improvements would enhance staff engagement.

Mr. Cordwell stressed the importance of implementing permanent change rather than investing in short-term schemes.

Ms. Abraham agreed that a continuous improvement approach means achieving more at a lower cost noting that many of the cost improvements are on track and rated green. The current concerns relate to the tax efficiency schemes, the review of non-pay procurement

practices and duplication in the figures, resulting in some over-counting.

Dr. Mynors-Wallis cautioned that staff engagement was critical to delivering the cost savings identified noting that staff will be concerned about staff reductions.

Mrs. Fozard added that if staff feel pressurised on cost savings it may lead to increases in absences.

Mr. Hague advised that sickness absence is being reviewed and that the mechanisms that have been put in place have led to a downward trend on absences.

Ms. Plumb agreed that poor staff engagement could increase risk, asking whether staff have been consulted about the Cost Improvement Programme. She noted that Quality, Innovation, Productivity and Prevention is part of everyday work and that improving quality of service provision will lead to cost savings.

Ms. Abraham acknowledged that the £8million is challenging but absolutely necessary and are part of the deliverables that have been built into the Blueprint for the coming year. She added that the Executive have been asked to build performance reporting against all the Blueprint deliverables into the Integrated Corporate Dashboard and report with effect from the end of June.

The Board noted the Integrated Corporate Dashboard and Report.

108/14

To receive the Staffing Paper

Ms. Haughey presented the report, summarising the key points. She explained that this is the first mandated submission in response to the National Quality Board's report and guidance from November 2013 that sets out the 10 expectations of commissioners and providers in relation to getting staffing levels right to deliver high quality care.. The report details actual staffing against planned staffing for May 2014 and identifies wards where shortfalls occurred and the reasons for the shortfalls. Ms. Haughey went on to note that the format and content will be further developed to address requirements based on patient need as well as incorporating improvements in data collection.

Ms. Abraham clarified that the report focus covers in-patient nursing only and contributes to a national database. She went on to suggest that the report is reviewed in context of providing answers about safe staffing to the Board and encouraged the Board to review the content to ensure that regulatory requirements and

Board concerns were addressed.

Ms. Haughey said that the Department of Health is continuing to review the reporting requirements as there is evidence that registered nurse numbers make a difference to patient care. She noted that the report's usefulness would be enhanced by linking staffing levels to patient safety levels and medication alerts and that this would be addressed for future reports.

Dr. Mynors-Wallis said the report was helpful as it is transparent and open, highlighting wards where there are staffing issues. He suggested that including feedback on whether the staff felt the ward was unsafe would be an enhancement.

Mrs. Fozard agreed that the report contains useful data and that further aligning the report to safety and reported incidents would provide further assurance.

Ms. Boland said that the report created a good opportunity for staff engagement as it demonstrates that the Board reviews staffing levels.

Ms. Abraham summarised that whilst the current format provides a partial picture the content can be expanded to reflect the Trust's areas of operation. She asked about the frequency of the report.

Ms. Haughey advised that the requirement is for a monthly report and suggested that the Board review the report by exception.

Mr. Brook suggested that the report review is delegated to a sub-committee or included in the Integrated Dashboard. It was agreed that Ms Haughey would consider this suggestion.

FH

The Board discussed and noted the Trust's current status in relation to the National Quality Board's Ten Expectations.

The Board noted the staffing position for May 2014 and the reporting process to highlight the shortfalls in staff levels where identified and mitigating actions.

The Board noted the requirement for further development of the data collection tool and the reporting process, in order to improve the Trust's overall quality assurance.

109/14

To receive the Annual Safeguarding Children Report & Declaration

Ms. Haughey presented this report and gave a summary

of the key points noting that the Care Quality Commission and Monitor require an Annual Declaration of Compliance with Safeguarding Children Standards. The report covers accountability requirements, multi-agency partnership agreements, training, a review of the previous year, and the priorities for the forthcoming year. She noted that new guidance has increased the training requirements and this is being addressed. Ms. Haughey went on to acknowledge that the Trust has an active and mature service, one we can be proud of. It supports frontline staff for training, supervision and advice.

Ms. Hunt thanked Ms. Haughey for the summary and asked whether the Trust expects to experience capacity issues due to the increase in caseload. Ms. Haughey responded that the team is being extended on a rotational basis to ensure that skills and capacity are available.

Dr. Mynors-Wallis, referring to the formal Declaration, queried whether staff would agree that they had '*sufficient time*'. Ms. Haughey responded that the source information will be checked.

Mr. Cordwell commented that the report provides information rather than assurance and requested details of the assurance programmes in place. Ms. Haughey suggested that a session on safeguarding was held during a Board Workshop. Ms. Abraham noted that the report provided assurance in paragraph 12 (Key progress and achievements in 2013/14) but it would be helpful to address how the Board receives ongoing assurance.

FH

Mr. Brook raised the concern about patient feedback which is currently held in multiple reports thus limiting the Quality Assurance Committee's ability to provide the necessary assurance.

Ms. Abraham indicated that the wider issues around Quality Governance will be included in the Board Workshop on the 18th June.

Mr. Shields commented that mandated reports need to be included on the forward Board Planner so that it is clearer what is required of Designated Officers and Non-Executive Directors.

The Board noted the Annual Safeguarding Report for 2013/14 and the actions and recommendations for 2014/15.

The Board noted the proposed Declaration of Compliance with Safeguarding Children Standards 2014/15 in Appendix 1 and agreed that, subject to a number of checks and corrections, it should be

placed on the Trust website.

HOW EFFECTIVE ARE WE?
BOARD COMMITTEE BRIEFING PAPERS

110/14

To note the report of the Audit Committee held on 21st May 2014

Mr. Cordwell presented the report on the activities of the Audit Committee.

The Board noted the Audit Committee report.

111/14

To note the report of the Quality Assurance Committee held on 28th May 2014

Mr. Brook presented the report on the activities of the Quality Assurance Committee and highlighted that the meeting was not quorate as only one Non-Executive Director was present.

Ms. Abraham said that she and the other Non-Executive Directors would do their best to provide the necessary attendance at Board Sub-Committee meetings whilst new Non-Executive Directors were being recruited.

The Board noted the Quality Assurance Committee report.

112/14

To note the report of the Finance, Investment and Performance Committee held on 4th June 2014

Ms. Hunt presented the report on the activities of the Finance, Investment and Performance Committee noting that the report was a summary of the meeting with the full minutes to follow for the July Board Meeting.

The Board noted the Finance, Investment and Performance Committee report.

113/14

To note the report of the Mental Health Act Assurance Committee held on 20th May 2014

Ms. Fozard presented the report on the activities of the Mental Health Act Assurance Committee noting that there were concerns regarding the use of rapid tranquilisation and in response to the concerns, benchmarking against other Foundation Trusts would be carried out. She went on to refer to the slight increase in the use of Section Five of the Mental Health Act advising that a review would be carried out and brought to the next Mental Health Act

Assurance Committee meeting in August 2014.

Ms. Hunt suggested that the Committee reviews how demographic and ethnicity information is recorded and reported to ensure consistency with national standards.

Ms. Boland requested that in relation to rapid tranquilisation benchmarking, under 18s were included in the research.

Ms. Elson agreed with Ms. Hunt and Ms. Boland.

The Board noted the Mental Health Act Assurance Committee report.

GOVERNANCE

114/14

Monitor Licence Compliance:

- **Corporate Governance Statement;**
- **Certification on Academic Health Science Centres/Joint Ventures and Governance;**
- **Declaration on Training of Governors**

Ms. Abraham explained that it would not be possible to finalise the Corporate Governance Statement until the outcome of the applications to Monitor was known. She asked the Board if, in the circumstances, they were content to delegate the signing of the Corporate Governance Statement to the Chief Executive and the Chair. This was agreed.

Mr Shields introduced the discussion around the Certification on Academic Health Science Centres and other Joint Ventures. It was agreed that, given the discussions that had previously taken place in relation to the St Ann's development, it would be appropriate for the Trust's response to be 'confirmed' in relation to this Certification.

In relation to the Declaration on Training of Governors, it was noted that the Declaration related to 2013/14 and that it was questionable whether the Trust had provided the necessary training for Governors in that period. It was agreed that the Governors should be consulted on this Declaration before it was finalised.

The Board agreed to delegate the Trust's final responses in relation to the Corporate Governance Statement, the Certification on Academic Health Science Networks and Governance and the Training

AA/RS

of Governors to the Chair and Chief Executive.

115/14

Director Ward Visit Programme

Ms. Abraham noted that this programme was one of the Deloitte recommendations and would be discussed at the Board Workshop on the 18th June 2014.

MINUTES AND USE OF EMERGENCY POWERS FOR INFORMATION

116/14

Minutes of the following meeting were received and noted

- Audit Committee Meeting held on 14th March 2014.
- Quality Assurance Committee Meeting held on 8th May 2014.
- Finance, Investment and Performance Committee Meeting held on 15th April 2014.
- Health & Safety Committee Meeting held on 24th February 2014.

117/14

EMERGENCY POWERS

There were no reported uses of emergency powers.

118/14

ANY OTHER BUSINESS

No other business was raised.

119/14

SIGNIFICANT ISSUES FROM DIRECTORS

No significant issues from Directors were raised.

120/14

OBSERVATIONS FROM GOVERNORS

Mr. Balfe said he was pleased that the Board is focused on patient outcomes rather than regulation alone adding that it was important to review the consequences of the Cost Improvement Programmes, especially any impact of staff sickness levels.

Ms. Scott noted the marked change in the attitude of Board to Governors and is pleased with the Board's forward looking approach.

Ms. Evans-Thomas said that it was refreshing to hear the Non-

Executive Directors challenge the meeting to enhance comprehension. She noted the training the Governors were receiving. She went on to ask Mr. Hague if the Trust uses family friendly working hours as a means to recruit and retain staff and whether in-house retraining is offered to allow current staff to bridge staffing gaps currently seen.

Mr. Hague responded that, subject to some limitations, family friendly working hours were available. In relation to training, Mr. Hague referred to the activities of Health Education England and suggested that the Associate Director of Learning and Development provides further information.

Ms. Aldridge said that she was pleased that the use of patient stories was being explored to ensure that they will be used meaningfully.

Mr. Deffenbaugh noted that probing from the Non-Executive Directors created a good atmosphere. He recognised the benefits of linking the Cost Improvement Programme to staffing levels and quality, noting the opportunity for further streamlining to take place.

DATE AND TIME OF NEXT MEETING

The next meeting of the Dorset HealthCare University NHS Foundation Trust will be a Board Workshop on:

- Wednesday 9th July at Sentinel House (Training Rooms 1&2), 4-6 Nuffield Rd, Poole, Dorset BH17 0RB.

EXCLUSION OF THE PUBLIC

To resolve that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business being transacted, publicity of which would be prejudicial to the public interest.

Signed:

Date:

Ann Abraham, Chair