

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust  
Board of Directors Meeting held on Wednesday 5<sup>th</sup> February 2014  
at Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA

<b>Present:</b>	Sir D Henshaw Mr R Shields Ms A Abraham Mr M Beesley Mr D Brook Ms J Chai Mr N Chapman Mr I Cordwell Mrs G Fozard Mr C Hague Ms L Hunt Mr P Lumsdon Dr L Mynors-Wallis	Chairman Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Associate Finance Director Non-Executive Director Non-Executive Director Non-Executive Director Director of Human Resources (CLH) Non-Executive Director Director of Nursing and Quality Medical Director
<b>In Attendance:</b>	Ms L Boland  Ms J Elson Ms V Graves Mr C Harvey	Director of Children & Young People's Services  Director of Mental Health Services Director of Community Health Services Trust Board Secretary (CH)
<b>Governors &amp; Members of the Public:</b>	Mrs P Cooper Ms R Gregory Mr B Batty-Smith Mr N Plumbridge Mr P Thackray Ms P Scott Ms S Evans-Thomas Ms L Morris Mr T Barron Mr B Gander Ms C Ponsford Ms Aldridge	Trust Governor (Staff) Trust Governor (Dorset RoEW) Representing all District Councils Trust Governor (Poole) Trust Governor (Dorset RoEW) Trust Governor (Poole) Trust Governor (Poole) Trust Governor (Dorset RoEW) Member of the Public Member of the Pubic Member of Staff Partner Governor
<b>Apologies:</b>	None	

Sir David opened the meeting and welcomed Mr Brook, the newly appointed Non-Executive Director to the meeting together with Governors, members of the public, Mr Ben Gander and member of staff Ms Chloe Ponsford.

**Action**

017/14 **ARE WE CARING AND ARE WE RESPONSIVE?**

The Board listened to a story of a patient who has OCD and his journey through care services. This included accessing Mental Health Inpatient services and Improving Access to Psychological Therapies.

Mr Gander explained his personal story about OCD, the associated anxiety and the ritualistic feedback loop he often found himself in. He recounted his experiences in Mental Health Services and his wife's role in championing his care to get cognitive behaviour therapy which had made a significant difference to his mental health and wellbeing.

Sir David thanked Mr Gander for his story which emphasised the need to understand what care is required and who should deliver it.

Mrs Fozard said this was the most explicit picture of OCD she had ever heard. Access to psychological therapies remained a challenge and needed to be made easier to access. Mr Gander thought that although his OCD diagnosis was made, he was not given the appropriate cognitive behaviour therapy soon enough.

The Board noted that Mr Gander's wife had to fight hard to get the right treatment and support for their family.

Mr Gander informed the Board that he had written and published a book about OCD.

Sir David thanked Mr Gander once again for recounting his experience.

018/14 **APOLOGIES FOR ABSENCE**

There were no apologies.

019/14 **QUORUM**

It was confirmed that the meeting was quorate.

**DECLARATIONS OF DIRECTORS' INTEREST**

020/14 There were no further interests declared.

021/14 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 8<sup>th</sup> January 2014 were approved without any alteration.

**The Board approved the minutes.**

022/14 **MATTERS ARISING**

There were no further comments and the report was accepted.

023/14 **KEY ISSUES**

Opportunities for Board Colleagues to raise issues of concern.

Mr Chapman said that it was clear from Serious Adverse Incident Reviews that care planning and risk assessments should be more consistent across the Trust.

Mrs Fozard raised concerns about Dudsbury Ward following a visit the previous week. She explained that the ward environment was not fit for purpose. Whilst there were excellent staff caring for a complex client group, the ward was shabby. She understood there were plans for the ward to be re-provided in a future phase of the St Ann's re development but wanted this to be looked at more urgently.

Sir David stated there was an absence of a plan and there was a lack of oversight.

Mr Shields visited the ward and had also met with a focus group of patients. He agreed the accommodation was unacceptable. How we got there is an issue but we now need to improve the facility. He reported that he had asked Ms Haughey to work with the staff and understand what needed to be done. He added that Ms Haughey has the full authority to address the issues and, in conjunction with staff, make things happen. The cost would not be excessive.

The Trust will need to resolve longer term issues and require a further interim solution which will require more expenditure.

Mrs Fozard wanted to ensure that patients must be at the heart of all we do.

Sir David said it should not take a visit by a Non-Executive Director and a Governor to uncover this, adding that the level of complacency within the Trust was not acceptable. He considered it endemic and the powerlessness of staff is an issue for this organisation.

Mr Shields said there are some poor conditions in other units but not on this level.

Mr Cordwell said staff had accepted these conditions however this itself was clearly unacceptable.

Mr Chapman said we need to understand what good looks like and what

it means in terms of staffing and environment.

Ms Hunt considered that staff knew what good looked like but did not always know how to achieve it.

Mr Beesley said he was impressed with the commitment and ingenuity that staff displayed.

024/14 **CHAIR'S UPDATE**

Sir David said the Trust was interviewing on Thursday 6 February for his successor.

Sir David explained that the relationship with Monitor was positive and he had a long conversation with the Regulator on Friday 31 January. They expect to see the Trust released from Special Measures in May or June 2014. Delivery of the Trust's Blue Print would be key in achieving this.

Work continues at pace with stakeholders to give them confidence in the Trust's ability to deliver services.

025/14 **CHIEF EXECUTIVE'S UPDATE**

Mr Shields updated the Board on the following:

- There had been a number of Staff Engagement events involving about 10% of the workforce. There were clear and consistent messages coming from these events and staff had appreciated the opportunity to express their thoughts. They provided a number of constructive ideas. All views will be collated, grouped and themed and feedback will be sent to whole organisation including Governors. He would meet a number of teams and work through the ideas. He was encouraged by the commitment and enthusiasm of staff.
- He had recently met with the University and confirmed the continuing relationship. Dr Mynors-Wallis would lead on further developing what could be done to make it a more formal partnership. A new Memorandum of Understanding between the Trust and the University would need to be presented to the University Senate in June 14.
- General Practitioners in Poole had made clear their frustration with the Trust. Mr Shields had made it clear the commitment to provide services with and wrapped around them. He wanted the Trust, together with GPs and Poole Council to agree a common approach for a pilot in Poole.
- Efficiencies across the Health Community were needed and he had agreed in partnership with other Trusts to look at three areas

of Pathology, CSSD and Pharmacy. The timing and shaping is yet to be determined.

- He noted that Dan Poulter, the Junior Health Minister, had written expressing the need for a Non-Executive Director to be a lead on procurement.

Mr Beesley asked, in reference to the frustrations from the General Practitioners, if we were seeking some quick wins with these influential people.

Mr Shields said a lot of comments were anecdotal and he had made good progress with the Poole GP's who were satisfied by his plans. We now had to deliver on our plans and instill greater confidence within the GP community.

Sir David said we need to consider the Poole initiative as a project to get pace in to the development of the locality model. He requested a report on the Poole Pilot at the next Board meeting. Mr Cordwell wanted it to be as visual as possible.

RS

Mrs Fozard welcomed the efficiencies' project Mr Shields described and suggested we include Laundry services.

Ms Hunt suggested we consider back office services including Estates and Human Resources. Mr Shields said there were some existing arrangements for example, Dorset County Hospital NHS Foundation Trust share Human Resources with Yeovil District Hospital NHS Foundation Trust.

026/14 **ARE WE WELL LED?**  
**Strategy**

**Issues to escalate to the Board**

There were no issues to escalate to the Board.

027/14 **To agree the Quality Account Priorities**

Mr Lumsdon presented the paper.

Ms Abraham said there was an initial discussion at the January Quality Assurance Committee.

The Board wanted to ensure there was a clear understanding of performance on the 13/14 priorities.

Mr Cordwell said interpretation of guidelines and standards needed to be clear.

Sir David said the focus should be around the patient voice. He added that the Board were not required to make a decision at this point and suggested that it should go back to the Quality Assurance Committee to make a recommendation that would be presented to the March Board.

**FH**

028/14 **To update the Board on the performance against the 2013/14 Annual Plan**

Mr Lumsdon presented the scorecard.

Mr Chapman was concerned that a number of the actions were red rated.

It was explained that the score card was based on the 2013/14 Annual Plan and the previously agreed Strategies. This had now been overtaken by the Trust Recovery Plan and Blue Print.

It was agreed that this should be examined by the Programme Management Office to re align with current actions and priorities.

**HOW EFFECTIVE ARE WE?**  
**BOARD COMMITTEE BRIEFING PAPERS**

029/14 **Quality Assurance Committee – 28<sup>th</sup> January 2014**

The Board received a Briefing Report from the Quality Assurance Committee meeting held on 28 January 2014.

Ms Abraham confirmed that there was nothing to escalate to the Board.

030/14 **Update on progress implementing the Recommendations from the Francis Report**

Mr Lumsdon presented this paper. He explained there were two areas of non-compliance.

**Discharges.**

The Board questioned if this applied to the Trust? It was noted that appropriate discharge arrangements needed to be in place and discharges should not occur in the middle of the night. It was noted there was a discharge policy and that some patients are discharged late in the evening.

Sir David said the Board had to question the discharge policy and ensure that it was consistently applied. Mr Cordwell added that there were issues with policy owners not knowing if their policies were being fully implemented.

Dr Mynors-Wallis explained that each policy should have an implementation plan and that some policies are subject to internal audit.

Mr Cordwell said we could not place compliance with the Francis recommendation on a policy that we do not know if it is being implemented.

### Bereaved Families

Dr Mynors-Wallis confirmed that he would make progress to ensure this was completed.

It was agreed the Board would report it was the Trust's intention to comply with the Recommendations from the Francis Report and ask the Quality Assurance Committee to progress this at their next meeting.

#### 031/14 **Audit Committee – 31<sup>st</sup> January 2014 (To follow on agenda)**

Mr Cordwell Briefed the Board on the following topics:

1. He took an action from the Audit Committee to review the terms of reference of this committee in conjunction with the other Board committees to ensure that there is minimal duplication and no gaps.
2. When the Pricewaterhouse Coopers (PwC) audit plan and fee schedule for the 2013/4 audit was agreed, the audit committee was satisfied that PwC's independence was not impaired by the additional non-audit work they were undertaking. However the audit committee noted that at the time of the audit tender in 2012/13, the scale of likely non-audit work was not known and therefore the Governors did not have all this information at their disposal when appointing PwC. The committee agreed that the Executive should present the updated information to the Governors to enable them to satisfy themselves that their decision remained appropriate in the light of the increased non-audit work.
3. The committee wish to ensure that the Board and the Governors be aware that the Trust will receive a qualified audit report for the current financial year for the issues with Monitor, CQC and from a value for money perspective. PwC would assist management understanding of what actions would be needed to avoid an audit qualification continuing in 2014/15.

#### 032/14 **Finance, Investment & Performance Committee – 5<sup>th</sup> February 2014**

Ms Hunt briefed the Board on the Finance, Investment & Performance Committee explaining that the Committee had reviewed the financial position and year end forecast, discussed the current Blue Print and the relationship between this committee and other Board Assurance Committees.

Ms Hunt explained the Committee considered it important that the Trust

achieved at least financial breakeven but that it would continue to strive towards achieving a financial surplus of somewhere between breakeven and £1million that the Trust had originally planned for.

033/14 **Integrated Quality, Finance and Performance Report for December 2013**

Ms Chai presented the report.

Sir David noted Red Governance Risk rating presented at para 2.2.1

Ms Chai drew to the Board's attention para 2.2.2 which detailed income risks associated with not achieving Commissioning for Quality and Innovation (CQUIN) targets in relation to a reduction in community hospital acquired pressure ulcers.

The internal significant even described at para 2.3.1 was noted. Mrs Fozard noted that there had been an occasion on Dudsbury Ward where there were five bank and agency staff with one qualified permanent member of staff. It was reported that Ms Elson and Ms Graves were working on a staffing profile tool to be used in real time which would indicate the percentage of agency staff.

The requirement to improve performance against the Mandatory Training indicator was noted.

It was confirmed that there were no enforcement notice currently in place.

In reference to any potential re inspections by the Care Quality Commission, Ms Elson said Waterstone Ward was in a state of readiness and she was confident that progress had been made in addressing the Care Quality Commission's findings.

Mr Shields said he was not absolutely assured, but we are as assured as we can be.

Ms Elson said care planning is not consistent across the units and she was working on this to ensure consistency.

Ms Boland noted that community services had not had the robustness of an external inspection because previous visits by the Care Quality Commission had been inpatient focused.

Ms Graves said we had transferred the learning from the inpatient inspections but agreed they have not themselves been inspected.

Sir David said the Executive team needs to ensure they are confident that services are compliant.

Mr Shields explained that the Trust had taken good steps to ensure compliance but we are not sufficiently assured that learning is embedded.



## **GOVERNANCE**

### 034/14 **Terms of Reference of the Executive Programme Board**

The terms of reference of the Executive Programme Board were presented.

**The Board approved the terms of reference.**

### 035/14 **To discuss the future of the HR & Workforce Development Committee**

Mr Hague introduced this paper.

Sir David was concerned about the level of detail this committee handles at the expense of gaining strong strategic grip on HR and Workforce Development Committee.

Mr Chapman, Interim Chair of the HR Workforce Development Committee agreed the issues addressed were too operational.

Mr Shields explained that organisational development (OD) and a comprehensive view of staffing was required. He suggested it would be valuable for the committee to examine OD, cultural change and brand development.

Sir David said he expected there to be a standing agenda item on the Board regarding OD and staffing. It was agreed there would be one more meeting only of the HR and Workforce Development Committee.

**CLH**

### 036/14 **Part 1 Forward Board Agenda Planner.**

The forward planner was noted.

## **MINUTES AND USE OF EMERGENCY POWERS FOR INFORMATION**

### 037/14 **MINUTES**

Quality Assurance Committee – 28<sup>th</sup> October & 28<sup>th</sup> November 2013 were noted.

### 038/14 **EMERGENCY POWERS**

There were no reported use of emergency powers.

039/14 **ANY OTHER BUSINESS**

There were no items of any other business.

040/14 **Observations of Governors**

Mr Thackray thought it was one of most productive Board meetings he had attended.

Ms Morris thanked the Board for taking onboard comments and agreeing actions in relation to Dudsbury Ward.

Ms Evans-Thomas said there was no Energy Manager, Mr Shields confirmed there was an Energy Manager in the estates structure. Mr Shields said he would investigate and send a note. Mr Shields said there is an Energy Manager in the structures.

Ms Gregory said it was important to look at relapse rates.

Dr Mynors-Wallis explained this is examined at any re-admission.

**DATE AND TIME OF NEXT MEETING**

The next meeting of the Dorset HealthCare University NHS Foundation Trust will be held on Wednesday 12<sup>th</sup> March 2014 at The Royal Chase Hotel, Salisbury Road, Shaftesbury, Dorset, SP7 8DB, commencing at 1:00pm.

**SIGNIFICANT ISSUES FROM DIRECTORS**

There were none.

**EXCLUSION OF THE PUBLIC**

Signed:

Date

Sir David Henshaw, Chairman