

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust  
 Board of Directors Meeting held on Wednesday 28 January 2015  
 at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

**Present:**

Ann Abraham	Chair
Ron Shields	Chief Executive
David Brook	Non-Executive Director
Lynne Hunt	Deputy Chair
John McBride	Non-Executive Director
Sarah Murray	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director
Linda Boland	Locality Director - Poole / East Dorset
Jackie Chai	Director of Finance
Colin Hague	Director of Human Resources
Fiona Haughey	Director of Nursing & Quality
Steve Hubbard	Director of Strategy & Business Development
Dr Laurence Mynors-Wallis	Medical Director
Sally O'Donnell	Locality Director - Dorset
Nicola Plumb	Director of Organisational Development, Participation & Corporate Affairs

**In Attendance:**

Helen Potton	Interim Trust Secretary (Minutes)
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**Observers:**

Chris Balfe	Lead Governor
	Public Governor (Dorset RoEW)
Ron Coatsworth	Councillor, West Dorset District Council
Becky Aldridge	Partner Governor
Bill Batty-Smith	Partner Governor
Sue Evans-Thomas	Public Governor (Poole)
Patricia Scott	Public Governor (Poole)
Anna Webb	Public Governor (Poole)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Angela Reed	Public Governor (Dorset RoEW)
Angela Bartlett	Staff Governor
Pat Cooper	Staff Governor

249/15	<b>Welcome and Apologies</b>
	Ann Abraham welcomed members to the meeting and noted apologies from Eugene Yafele and Gill Fozard who was unwell. She also welcomed a number of Governor colleagues and Councillor Ron Coatsworth to the meeting.
250/15	<b>Patient Story</b>
	Ann Abraham reminded members that as part of the changes implemented following the governance review the Board had adopted a convention on the use of patient stories at the start of its meetings to "settle the focus of the meeting on the patient". However it had not been possible to finalise a patient story this month so she asked members to take a moment to consider their own thoughts about being a patient with the Trust.

251/15	<b>Quorum</b>
	Ann Abraham confirmed that the meeting was quorate.
252/15	<b>Declarations of Interests in relation to Agenda Items</b>
	There were no declarations made.
253/15	<b>Minutes</b>
	The minutes of the meeting held on 10 December 2014 were <b>approved</b> as an accurate record subject to the following changes: <ul style="list-style-type: none"> <li>• Including Angela Bartlett as observing the meeting and attributing the comment under 246/14 from Angela Reed to Angela Bartlett</li> <li>• At 229/14 it was noted that the Dorset Working Women's Project (DWWP) was not a centre but a project and should be referred to as such within the minutes.</li> </ul>
	Fiona Haughey informed the Board that at 239/14 she had advised them that the data within the Integrated Corporate Dashboard was the correct data, which was what she had understood at the time. However, following the meeting it had become apparent that there was another system that ran parallel with the one that provided the dashboard data, so a review was underway to ensure accuracy of the data.
254/15	<b>Matters Arising</b>
	Ann Abraham referred the Board to the matters arising log but in particular it was noted:
	226/14 - The Cycle of business remained a work in progress and Executive colleagues were asked to contribute to ensure it remained an iterative process.
	229/14 - The Annual Report of the DWWP was available and Board members confirmed that they would all wish to receive a copy and Helen Potton would send this out.  <b>Action:</b> Helen Potton to send out a copy of the Annual Report of the DWWP
	Steve Hubbard informed the Board that the issue around accommodation for the DWWP had been discussed at the Work Utilisation Committee and they were actively engaged in seeking suitable premises within the Trust's estate.
	239/14 - Ann Abraham noted that The Patients Association's report had been sent out to the Board and commended it to them as a good piece of work which provided external validation of the quality of the Trust's services.
	Ann Abraham noted that the progress of outstanding actions in respect of the NICE guidelines had been included within the Integrated Corporate Dashboard but highlighted that an item previously rated amber was now rated green.  The Board <b>noted</b> the matters arising.
255/15	<b>Chair's Update</b>
	Ann Abraham advised the Board that she had had a continued focus on governance, risk and assurance matters together with additional input into the Trust's Vision and Strategy.

	<p>She had been heavily engaged with the Clinical Services Review (CSR), as had many of her colleagues, having hosted a Board session with the Clinical Commissioning Group (CCG) leads, the Trust hosting a visit to its community hospitals and CCG representatives attending the Council of Governors meeting to discuss the plans further.</p>
	<p>That morning she had opened the Quality Improvement Conference, which had represented a lot of hard work and had demonstrated a good "buzz" in the room and would be interested to hear at the end of the meeting who had won the Quality Improvement Award.</p>
	<p>She noted the continued Board focus on strategy, planning and budgeting, which would be evident in the Board workshops over the coming months.</p>
	<p>Finally she referred the Board to the forthcoming Care Quality Commission's (CQC) inspection in June and the independent governance review under the Well Led framework that would take place in July.</p> <p>The Board <b>noted</b> the Update.</p>
256/15	<p><b>Chief Executive's Update</b></p>
	<p>Ron Shields updated the Board on the following items:</p>
	<p><b>Clinical Services Review (CSR)</b></p> <p>The CSR was progressing well with a number of options identified, which had started to raise concerns regarding delivery and the continued identity of local NHS organisations. The Trust had been well represented at meetings with a wide range of staff being involved, which had ensured that the Trust's voice had been well articulated.</p>
	<p>It was clear that the CSR recognised the importance of integrating mental and physical health closer to home, which would raise the importance of Community Hospitals and a potential move away from District General Hospitals.</p>
	<p>Financial issues were starting to emerge and in particular the question of financial sustainability. However, there had been a significant move in respect of funding for mental health from a position of looking to achieve savings of £17M to one of investing in mental health with figures staying stable. He believed that the Commissioners' focus on services and potential growth was where it currently should be.</p>
	<p><b>5 Year Forward View</b></p> <p>The NHS England document represented a considerable amount of work and a clear framework for the NHS, written by senior NHS staff and not Ministers. There had been a suggestion of some pilots, recently described as vanguard sites, but declarations of interest for these had been required by the second week of February, which was probably too short a timescale for the Trust and for the County.</p>
	<p>Notwithstanding this the Trust had recently met with Dorchester County Hospital and the other two local Foundation Trusts and there had been a clear commitment to work in an integrated way to deliver services going forward. However, current focus was on the organisational form to deliver the services and that would need</p>

	to change. It was clear that there was considerable opportunity to be provided by working across organisational boundaries.
	Nick Yeo asked if the mental health funding referred to in the CSR was as a result of the recent national announcements about ring-fenced funding and Ron Shields confirmed that this was different money provided for early intervention, CAMHS and liaison services. Lynne Hunt suggested that the ring fencing of the money could have a detrimental effect on local authorities, which the Trust should be mindful of, as it could impact back upon it.
	<p><b>Industrial Action</b></p> <p>The scheduled industrial action had been called off due, it was believed, to a new pay offer although no details were currently available. It was noted that the Trust had good relationships with staff and that plans had been in place to ensure that there was no disruption to services as a result of the proposed action.</p>
	<p><b>Medical Director Recruitment</b></p> <p>Plans were underway to facilitate this recruitment with the Remuneration Committee responsible for the process. A number of proposals from recruitment consultants were being considered and it was likely that it would take a period of eight to ten weeks to appoint a new Medical Director.</p>
	<p><b>Unannounced CQC Visit at Waterston</b></p> <p>It was not clear why the CQC had made an unannounced visit on 27 January to the Waterston Unit, which had previously been inspected in August 2014 with some issues found. Initial informal feedback suggested that there had been notable improvements, staff were professional, knowledgeable and welcoming with good care planning and risk assessments which involved patients. It had however suggested that staff spent too long in the office and that there was further work required on Mental Health Act compliance.</p>
	Fiona Haughey informed the Board that she had had a further discussion with the Inspector who had advised that having reviewed the information further, the Trust did comply and was assured that a good process in relation to Mental Health Act compliance was in place.
	<p>The Board noted that the manager of Waterston was interim and about to leave to have a baby. The role had been challenging and she had delivered well in difficult circumstances and had enabled the Trust to identify the calibre of person required to lead the Unit in the future</p> <p>The Board <b>noted</b> the update.</p>
257/15	<p><b>Quality Assurance Committee</b></p> <p>David Brook advised the Board that the Quality Assurance Committee had met the previous week and had focused on care planning, staffing and lessons learned.</p> <p>The Board <b>received</b> the minutes of the Quality Assurance Committee meeting of 27 November 2014.</p>

258/15	<b>Finance, Investment &amp; Performance Board Sub-Committee</b>
	<p>Ann Abraham explained that as the Committee had held its last meeting it would be for members of the Board who had attended that meeting to approve the minutes as an accurate record of the meeting.</p> <p>The Board <b>approved</b> the minutes of the Finance, Investment &amp; Performance (FIP) Board Sub-Committee Meeting of 3 December 2014 as an accurate record of the meeting in the absence of any further meeting and also <b>received</b> them in accordance with the governance process.</p>
259/15	<b>Charitable Funds Committee</b>
	<p>Ann Abraham noted that this was not a sub-committee of the Board and had its own standing as a Charitable Funds Committee. At the December meeting the Committee had discussed scheduling a Board workshop session to facilitate Board Members' understanding of the work of the Committee and their responsibilities.</p> <p><b>Action:</b> Helen Potton to schedule a Board workshop session on Charitable Funds.</p> <p>The Board <b>received</b> the minutes of the Charitable Funds Committee of 3 September 2014</p>
260/15	<b>Integrated Corporate Dashboard and Report</b>
	<p>Jackie Chai introduced the report noting that the Trust was currently in a transition phase in respect of new metrics and reporting. The Executive were working through a revised report that would provide more up to date data to the Board, which was currently being worked through from a data quality perspective. The current report was reporting for November but from April the data for March would be reported.</p>
	<p>Fiona Haughey presented the highlights of the report from a quality perspective and noted that there had been a substantial decrease in impact falls resulting in injury, with one fracture, which was being investigated. Venous Thromboembolism (VTE) was compliant at 98% although compliance in mental health wards was not as high and further work was required.</p>
	<p>Colin Hague noted that currently there were pressures from staffing levels with slightly higher sickness absence although better than historical levels and meetings were taking place with staff to understand the underlying reasons why. In respect of appraisals the Trust was on track to achieve 95% by March.</p>
	<p>Sarah Murray asked if there was any correlation between staff sickness for flu and them not having had the vaccination. This was not something that the Trust had investigated.</p>
	<p>The Board expressed concern about the continuing failure to reach the target of 95% for completed appraisals, noting that the current figure was 76%. Ron Shields confirmed that plans were in place to achieve the 95% target by the end of March 2015.</p>

	<p>The Board noted that a number of figures were getting worse including mandatory training and suggested that there could be a correlation between this and lower staffing levels, as there would be insufficient staff available to enable staff to be released for training purposes.</p>
	<p>In relation to the Monitor target for delayed transfers of care, Jackie Chai informed the Board that the November performance indicator was at 13%, against a planned trajectory of 10%. Whilst the position had improved with December at 9.22% the overall projection for Quarter 3, was 12% so the Trust had notified Monitor that it was outside the agreed parameters. There had been continued work to create additional capacity but the situation was complex so the Trust was maintaining an open dialogue with Monitor on a monthly basis.</p>
	<p>Ron Shields suggested that there were many relevant variables and, whilst the Trust had appointed a delayed discharge coordinator and identified issues in Dorset, patients were still remaining in hospital longer than they needed to. The Trust was dependent upon the local authority and a number of nursing home beds had not come to fruition, so the Trust would not achieve the overall planned trajectory by the end of Quarter 4. He reminded the Board that performance had been brought back from 16% and was close to where it needed to be. In addition the Trust's definition was thought to be more rigorous than some other Trusts and Monitor had asked for details of this.</p>
	<p>Jackie Chai informed the Board that the Continuity of Services Risk Rating (CoSRR) remained at 4. From a financial perspective the Trust was ahead of plan and remained in a strong financial position.</p>
	<p>Ann Abraham drew the Board's attention to the 'Sharing Best Practice' section of the report and the information it contained about the work that the Trust was undertaking in respect of the wellbeing of Dorset veterans, and their families and carers, highlighting the diversity of the Trust's services.</p> <p>The Board <b>noted</b> the report.</p>
261/15	<p><b>People Management and Organisation Development</b></p>
	<p>Colin Hague presented the report and advised that the Trust was undertaking a number of activities to boost recruitment including a radio campaign in the North East of England to attract new staff. The Board discussed the issues around recruitment but also the importance of retention and whether there was more that could be done to move the Trust to a better place.</p>
	<p>Initial results from the Staff Survey showed a slight improvement overall. The results were due to be published later in February and a comprehensive analysis and comparison to the 2013 survey results would be undertaken and presented to the Board.</p> <p><b>Action:</b> Colin Hague to present a report on the Staff Survey results to the Board</p>
	<p>Colin Hague advised that the Trust was currently undertaking a benchmarking Equal Pay Audit, which would inform an action plan to reduce any inequalities that had been identified.</p>

	<p>The Board discussed the impact of Information Governance (IG) breaches both in terms of the significant impact on the individual but also the potential financial impact upon the Trust. It noted that staff received regular IG information and that the Trust had launched a video specific to the Trust to support IG training.</p>
	<p>Sarah Murray expressed her disappointment at the take up from staff of the flu vaccination programme although it was noted that it was generally harder for Community Trusts as their staff were spread over a wider area and they may have had the vaccination elsewhere.</p>
	<p>Finally it was noted that the matter arising in respect of the management of ligature issues had been dealt with in detail within the report.</p> <p>The Board <b>noted</b> the report.</p>
262/15	<p><b>Vision, Purpose and Principles</b></p>
	<p>Nicola Plumb presented the paper which set out the Trust's Vision, Purpose and Principles together with an 'organising thought' of 'Better Every Day'.</p> <p>These had been developed using an iterative process with involvement from the Board of Directors, the Council of Governors and Trust staff.</p> <p>She advised the Board that a fully developed staff and organisation engagement programme for the roll out of the Vision, Purpose and Principles would be brought to the next Board meeting.</p> <p><b>Action:</b> Nicola Plumb to bring a paper regarding the roll out of the Vision, Purpose and Principles.</p> <p>The Board <b>approved</b> the Trust Vision, Purpose and Principles.</p>
263/15	<p><b>Trust Strategy 2015 - 2020</b></p>
	<p>Steve Hubbard presented the Trust Strategy, which included the strategic goals at page 30 of the document. He noted that there had been some discussion about the order in which the goals appeared and that this would be considered in future publications. A full action plan linking back to the strategic goals and how the Trust could assure itself that the goals had been achieved would be brought to the Board in February. Once approved the document would be produced in a public facing format to be shared with staff and stakeholders.</p>
	<p>He noted that further work would be needed in respect of a Growth Strategy, which would include a detailed market analysis, and a Business Development Strategy, which would underpin this.</p>
	<p>The Board <b>noted</b> the draft work plan and <b>approved</b> the Trust's Strategic Goals.</p>
264/15	<p><b>Human Resources Strategy 2015 - 2020</b></p>
	<p>Colin Hague presented the Human Resources (HR) strategy, which was a supporting strategy and followed on from the previous HR strategy. It continued to be an evolving document and the Board's attention was drawn to the core elements of the strategy at section eight namely, attraction, recruitment, retention, recognition and development. He asked for comments from Board members to enable him to bring back a revised document and in particular wanted to</p>

	understand whether the focus of attention was correct.
	Ron Shields suggested that further development in respect of behaviours and leadership was required together with some metrics around the workforce and a comprehensive view of recruitment and retention.
	David Brook noted that there was no mention of front line staff in the report only leaders and management and that this needed to be addressed.
	Peter Rawlinson suggested that the work project at page 43 around a dementia strategy seemed out of place. It was noted that this related to providing support to staff who cared for patients with dementia, as well as how the Trust worked with a range of other organisations. It was agreed that this needed to be better articulated.
	The HR Strategy would be reviewed and updated following additional comments from Board members over the next week or so and brought back to the Trust Board for approval.  <b>Action:</b> Board members to provide comments on HR Strategy to Colin Hague  The Board <b>noted</b> the paper.
265/15	<b>Quarter 3 submission to Monitor</b>
	Ann Abraham suggested that the Board may need to sign off the submission subject to a discussion in respect of the financial headlines that would take place in Part 2 of the meeting. There were three Governance Statements to sign off, all of which the Board needed to agree upon.
	Jackie Chai explained that there was a fundamental difference between the way that Monitor looked at finance and the day-to-day finance picture, which was contained in the Finance Report. The main difference was that the annual plan submitted to Monitor would then not move. However, from the Trust's perspective it was important to set budgets to enable the Trust to undertake its day-to-day business. Within those budgets expenditure may fluctuate, as would income, and would not necessarily be a constant over the year. The pattern of expenditure would start slowly and then rise due to a number of factors including winter pressures, project costs and one-offs such as dilapidations.
	Income and expenditure could make a big difference to the Monitor variance but by 31 March both pictures would come together. Currently there was a large surplus shown in the return to Monitor, which was not reflected in the Finance Report.
	The Board reviewed the submission and highlighted: <ul style="list-style-type: none"> <li>• Whether the return should include reference to the unannounced inspection at the Waterston Unit that took place on 27 January.</li> <li>• It was important to ensure that the correct governance process was referenced in respect of Mental Health Act visits</li> <li>• The Internal Audit reports mentioned at 3.15 were potentially not relevant. One report was a draft report and subject to discussion with the Trust and the other was received in January, outside the reporting timeframe, but</li> </ul>



	<p>which would be reported to Monitor outside the Quarterly submission in accordance with usual practice.</p>
	<p>The Board discussed what information the Quarter 3 return should include and agreed that it should not include information that had come to its attention after the quarter end date but prior to submitting the return. It noted that mechanisms were already in place for notifying Monitor of issues as they arose, so that there were no surprises. The consensus was that it was what had happened during the quarter that was relevant for the return.</p> <p>The Board <b>agreed</b> the Quarter 3 submission to Monitor subject to further discussion in Part 2 of the meeting.</p>
266/15	<b>Duty of Candour</b>
	<p>Dr Laurence Mynors-Wallis presented the report and reminded the Board that this was not a new concept but had previously been part of the professional requirement to be open with patients, but what was new was that it was now a legal requirement.</p>
	<p>The paper set out how the Trust would support its clinical staff and noted that the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) had undertaken a consultation on openness and honesty which would set out how staff were expected to behave in line with that duty, namely to provide an account, advise the patient and record all accounts and outcomes.</p>
	<p>Lynne Hunt suggested that it was important that the Trust had a no blame culture and that staff believed that the organisation would support them. Dr Mynors-Wallis suggested that it should be a fair culture as everyone made mistakes, which was monitored by a range of activities including questions in the staff survey around staff feeling safe to report and that the organisation was led in a clear and honest way.</p>
	<p>Ann Abraham identified that it was important to not only count the number of times that Duty of Candour had been instigated but also, more importantly, understand the lessons learned and how this would fit into the wider picture on quality.</p> <p>The Board <b>noted</b> the report.</p>
267/15	<b>Cycle of Business</b>
	<p>Ann Abraham noted the Cycle of Business should remain an iterative document. She identified that the self assessment reports for the CQC inspection and the external governance review should be added, as should the draft Quality Priorities for March. It was noted that the Accounts would not be available for the March Board meeting and that an additional Board meeting was to be scheduled to sign these off in the same way as the previous year and that there would be a Board Workshop in March on financial issues.</p> <p>The Board <b>noted</b> the update.</p>
268/15	<b>Any Other Business</b>
	<p>There were no items of Any Other Business</p>

269/15	<p><b>Governor Questions / Observations</b></p> <p>Scottie Gregory suggested that the Trust should look to Bournemouth University to double training places for nursing and that, with the recruitment in the North East, individual's expectations would need to be well managed as they would be unable to find accommodation as cheaply as they could at home.</p>
	<p>Anna Webb highlighted that the number of complaints may not necessarily reflect the number of dissatisfied patients.</p>
	<p>Pat Cooper asked if the Patients Association's report could be sent to Governors.</p> <p><b>Action:</b> Helen Potton to send out report to Governors.</p>
	<p>Jan Owens noted that at the Quality Improvement Awards an issue had been raised with her regarding the retention of new recruits with a suggestion that of the 1250 new recruits, 900 had left. Fiona Haughey advised that these figures were not ones that she recognised but agreed that it was important to ensure that the new recruits were well supported in quality placements with mentors in place and that they properly understood that working life was very different from student life and at times was not easy.</p>
	<p>The Board noted that it was important to capture the reason for leaving at the most time effective point and not while an individual was awaiting a reference, and that there were no penalties to an individual for leaving a training course.</p>
270/15	<p><b>Date and time of next meeting</b></p>
	<p>The next Board Meeting will be held on Wednesday 25 February 2015 at Sentinel House, 4 - 6 Nuffield Road, Poole, Dorset BH17 0RB.</p>
271/15	<p><b>Exclusion of the Public</b></p>
	<p>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.</p>

Signed:

Date:

Ann Abraham, Chair