

Minutes of the Board of Directors Meeting held at 1pm on Wednesday 27 January  
 2016 at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB

**Present:**

Ann Abraham	Chair
Ron Shields	Chief Executive
David Brook	Non-Executive Director
Lynne Hunt	Deputy Chair and Non-Executive Director (until 476/16)
John McBride	Non-Executive Director
Sarah Murray	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director (until 486/16)
Linda Boland	Locality Director-Poole and East Dorset
Jackie Chai	Director of Finance
Fiona Haughey	Director of Nursing & Quality
Colin Hague	Director of Human Resources
Steve Hubbard	Director of Strategy and Business Development
Nick Kosky	Medical Director
Sally O'Donnell	Locality Director-Dorset (until 492/16)
Nicola Plumb	Director of Organisational Development, Participation and Corporate Affairs
Eugine Yafele	Locality Director – Bournemouth and Christchurch

**In Attendance:**

Keith Eales	Trust Secretary
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**Apologies:**

John Hughes	Non-Executive Director
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**Governor Observers:**

Becky Aldridge	Partner Governor (Service User)
Angela Bartlett	Staff Governor
Bill Batty Smith	Dorset District Councils
Pat Cooper	Staff Governor
Sue Evans-Thomas	Public Governor (Poole)
Scottie Gregory	Public Governor (Dorset RoEW)
Sue Howshall	Public Governor (Dorset RoEW)
Peter Kelsall	Staff Governor
Justine McGuinness	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Angela Reed	Public Governor (Dorset RoEW)
Patricia Scott	Public Governor (Poole)
Jan Turnbull	Public Governor (Dorset RoEW)
Anna Webb	Public Governor (Poole)

#### **467/16 Welcome and Apologies**

The Chair welcomed members to the meeting and reported apologies received.

#### **468/16 Patient Story**

John McBride presented a patient story referring to the work of the Physiotherapy Service at St Leonard's Community Hospital.

The work of the Service was highlighted through the support provided to a patient who had suffered pain in her hip for many years after being born with a congenital hip displacement. The pain had become worse in the last year and had extended to her right knee. The story referred to the support and care provided to her by a Physiotherapist at St. Leonards Hospital.

Board members considered that the story highlighted the importance of delivering patient centred care which focussed on the individual as well as their medical condition.

#### **469/16 Declarations of Interests in Relation to Agenda Items**

No declarations were made.

#### **470/16 Minutes and Notes of Previous Meetings**

The Board reviewed the minutes of the last meeting held on 25 November 2015 and the Workshop notes of 2 and 16 December 2015 and 6 January 2016.

The minutes and notes were approved as a correct record subject to the following amendments

##### Board Minutes 25 November 2015

##### (a) Minute 447/15; Patient Story

The replacement, in the last sentence, of 'the integrated care team in Bridport and Weymouth' with 'one of the integrated care teams in Bridport or Weymouth'.

##### (b) Minute 454/15; Finance Report for October 2015

The addition of a further decision of the Board

**That a report on the outcome of the investments made in 2015/16 be submitted to the Board in early 2016/17.**

##### Board Workshop Notes 16 December 2015

The amendment of the start time of the Workshop to 3.00pm.

#### **471/16 Matters Arising**

The Trust Secretary submitted a report on matters arising.

#### Minute 450/15: Matters Arising (IT Savings)

The Director of Finance advised that the IM&T investment programme was being re-prioritised, rather than substantially changed, to achieve the necessary savings.

#### Minute 457/15: Equality and Diversity

The Chair advised that objectives had been developed and would be submitted, by the Director of Human Resources, to the next meeting.

The Chair advised that the matters arising in respect of the Integrated Corporate Dashboard would be considered as part of the substantive item on the agenda. The matter arising in respect of the forecast would be considered as part of the Finance Report.

**The Board noted the report.**

#### **472/16 Chair's Update**

The Chair gave her monthly update to the Board.

The Chair referred to her attendance at the annual Quality Matters Conference held the previous day, which would be referred to later in the meeting.

The Chair commented that she had attended a conference to launch the Dorset Information Sharing Charter, which had been attended by the Information Commissioner. The Information Commissioner had referred to the importance of a board giving leadership to the information sharing agenda.

The Chair reminded the Board that today was Holocaust Memorial Day.

**The Board noted the report.**

#### **473/16 Chief Executive's Update**

The Chief Executive submitted a report setting out key issues of concern and interest.

The Chief Executive referred to the various documents issued nationally in respect of the annual planning process, the self-assessment with regard to avoidable mortality and mortality governance and the publication of the independent review of deaths at Southern Health NHS Foundation Trust.

The Chief Executive commented on the success of the Quality Matters Conference and its importance in engaging professionals in the quality agenda in the Trust. The Director of Nursing and Quality advised the Board of the winners of the Quality Matters Awards.

The Chief Executive advised that the refurbished Dudsbury Ward was now open.

**The Board noted the Chief Executive's report.**

#### **474/16 Estates Strategy**

The Director of Strategy and Business Development submitted a report setting out strategic estates priorities for the coming three to five years.

The Director of Strategy and Business Development gave an overview of

- The objectives for the Trust estates strategy
- The size of the estate
- The annual property spend
- Infrastructure backlog maintenance expenditure over the last four years
- The current assessment of backlog maintenance.

The Director of Strategy and Business Development set out the key issues to be addressed through the estates strategy. Based on this assessment, a schedule of priority schemes had been established:-

- Developing psychiatric intensive care unit (PICU) facilities for women
- Developing a sustainable solution for the Trust's older people's services
- Addressing acute mental health inpatient services in the west of the County, investigating the possible expansion of acute beds and addressing the issue of shared bedrooms for women at St Ann's
- Developing plans for services in Weymouth and Purbeck
- Incorporating the emerging plans from the Clinical Services Review
- Investing in addressing backlog maintenance.

The Board noted that the Trust capital programme for 2015/16 was £10m. A similar level of expenditure was anticipated in 2016/17. It was recognised that the key issues to be addressed through the estates strategy, and the list of priority schemes, would significantly exceed the resources available to the Trust.

The Board considered it imperative for the Trust to provide an acceptable and appropriate level and standard of facilities for patients. The investment in respect of the PICU, developing a sustainable solution for the Trust's older people's services and addressing acute mental health inpatient services in the west of the County, investigating the possible expansion of acute beds and resolving the issue of shared bedrooms for women at St Ann's were all considered to be unavoidable commitments. These were essential to address patient environments that were not fit for purpose and were agreed as being the first call on the Trust cash balances.

**The Board noted the report and agreed the priorities for investment to address patient environments that were not fit for purpose.**

#### **475/16 Draft Annual Plan 2016/17**

The Director of Strategy and Business Development submitted a report setting out the proposed themes for inclusion in the Trust Annual Plan for 2016/17, which would also be incorporated in the Monitor Operational Plan template for the year.

The Director of Strategy and Business Development gave an overview of the planning process for the coming year. It was noted that the draft Operational Plan

had to be submitted by 8 February. The draft Plan would be reviewed at the Board Workshop on 3 February, submitted on or before 8 February and presented for comment at the Council of Governors on 10 February. The views of the Council would be considered for inclusion in the final Plan to be submitted by 11 April.

The Director of Strategy and Business Development outlined the key themes to be included in the Annual Plan and Operational Plan template. These addressed the strategic future for the Trust, financial stability, quality, organisational development, enabling strategies and integration.

**The Board agreed the themes for inclusion in the Annual Plan 2016/17 and the Operational Plan template.**

#### **476/16 Board Integrated Corporate Dashboard**

The Medical Director submitted the Integrated Corporate Dashboard for December and drew attention to the exception reports.

The Medical Director advised that the Executive was giving consideration to the development of the Dashboard to enhance the assurances that the Board could take from the document. The outcome of this work would be submitted to the next meeting.

The Board reviewed the commentary in the Dashboard under each of the five CQC Key Lines of Enquiry.

The Medical Director drew attention to

- The percentage of patient safety incidents resulting in moderate to catastrophic harm which remained over the threshold.
- The percentage of staff being up to date with mandatory training which remained static.
- The number of delayed transfers of care for mental health which had risen above the threshold for December as a result, in particular, of a number of nursing homes being closed to new admissions.
- Risk assessment data which remained below the performance threshold.
- The position in respect of patients with up to date care plans, which remained below the performance threshold.

The Chair of the Mental Health Legislation Assurance Committee referred to the Mental Health metrics included in the Dashboard. The Committee was continuing to develop its own dashboard.

The Board discussed the action being taken to address the position in respect of mandatory training completion. It was noted that the scope of the programme was as defined in the UK Core Skills Mandatory Training Framework. The Chief Executive explained, however, that there was scope for the Trust to determine the content and frequency of training. This was underway and a further update would be provided to the Board in February.

The Board discussed the position in respect of data quality, which remained a concern. The Chair of the Audit Committee advised that an update had been received at the meeting on 25 January 2016. The Committee had accepted, reluctantly, that the issues in respect of data quality would take a number of months to address.

The Chair referred to the matter arising from the last Board meeting with regard to the Executive reviewing the action required in those areas where performance was static below the set threshold. The Director of Human Resources advised that one indicator would be identified for detailed review at each meeting.

### **The Board noted the Dashboard for December.**

#### **477/16 Finance Report for December 2015**

The Director of Finance submitted the Finance Report for December.

The financial performance at December was a cumulative deficit of £3.1m, which was £1.4m worse than plan. The current year-end projection was for a best-case deficit of £1.9m, a most likely case deficit of £2.5m and a worst case deficit of £3.69. This was compared to the planned deficit of £2.2m.

The key adverse variances which underpinned the overall financial position were noted-Prison Services pay, which was the most significant adverse variance, out of area placements, pay on mental health inpatient wards, cost improvement programme (CIP) under-achievement and medical pay. The Board noted the action being taken in respect of each.

With regard to the CIP, £3.9m had been delivered to date. However, the year-end forecast was a £0.9m shortfall in the programme. This largely reflected a £2.0m shortfall on agency schemes.

With regard to the planned investment in infrastructure projects, it was noted that expenditure of £2.7m had been incurred to date. It was anticipated that £3.7m of the £4.5m plan would be committed by year end.

The Board noted that, at the end of December, cumulative capital expenditure totalled £7.3m which was 90% of target. Forecast year-end expenditure was £9.7m, which was a shortfall against the plan of £0.5m.

The Director of Finance explained that the Financial Sustainability Risk Rating (FSRR) for December was 4.

In reviewing the overall budgetary performance, and taking into account the investment in infrastructure projects, it was noted that the areas of overspend were being compensated for by the operating performance of the Trust.

The Chair of the Audit Committee referred to the Internal Audit report in respect of the budgetary control process in the Trust. The report had been complimentary of the arrangements now in place.

The Board reiterated its commitment to achievement of the planned year end position of a £2.2m deficit, or better, and requested that future reporting reflect that commitment.

**The Board noted the Finance Report for December.**

#### **478/16 People Management**

The Director of Human Resources submitted the monthly People Management report.

The Director of Human Resources drew particular attention to the industrial action by Junior Doctors, recruitment open days and stands at job fairs, retention initiatives, the review of local mileage rates by the Executive and progress with the flu programme.

**The Board noted the report.**

#### **479/16 Care Quality Commission (CQC) Items**

##### Quality Improvement Plan

The Director of Nursing and Quality submitted the CQC Quality Improvement Action Plan, prepared following the publication of the inspection report in October 2015.

The Director of Nursing and Quality explained that the action plans had been developed by designated core service lead managers and lead clinicians supported by the relevant Locality Director. The Programme Management Office would be monitoring delivery of the action plans, supported by the Nursing and Quality Directorate. The plans would also be reviewed in conjunction with the CQC every six weeks.

The Board requested that the next update provide further information on the six weekly meetings with the CQC and the likely approach to the re-inspection that would occur before the end of April.

**The Board approved the CQC Quality Improvement Action Plan and noted the progress made to date.**

**The Board agreed:**

- (a) That further updates would be made on a monthly basis.**
- (b) That the Plan and ongoing progress reports be shared with the CQC, commissioners and stakeholders.**

##### End of Life Thematic Review

The Director of Nursing and Quality advised that the outcome of the review had not yet been published by the CQC.

##### The Safeguarding Children and Looked After Children Report

The Director of Nursing and Quality advised that the draft report, following the best practice and improving practice review undertaken by the CQC, had now been received. The Director of Nursing and Quality confirmed that the report, when published, would be submitted to the Quality Governance Committee.

#### **480/16 Well-Led Review Action Plan**

The Trust Secretary submitted the draft action plan prepared following the external governance review of the Trust against the Monitor Well-Led Framework.

The Trust Secretary advised that a lead Director had been identified in respect each of the actions. Progress and target dates were set out in the schedule to the report. Progress reports would be submitted to the Board quarterly.

#### **The Board**

**(a) Approved the Well-Led Review action plan and noted the progress made to date.**

**(b) Agreed that further updates would be made on a quarterly basis.**

#### **481/16 Quarterly Review of the Board Assurance Framework (BAF)**

The Trust Secretary submitted the outcome of the quarterly review of the BAF.

The Trust Secretary advised that there had been two key changes to the presentation of the outcome of the quarterly review. Following discussion at the Audit Committee, the covering report now highlighted developments in respect of additional sources of assurance identified and actions completed. In response to the external governance review, the report also contained an assessment by the lead Director for each risk with regard to the effectiveness of the action taken to mitigate the risk.

The Chair invited the Chairs of Board Committees to report on the discussions with regard to the BAF at recent meetings.

The Chair of the Quality Governance Committee reported on the discussion held at the meeting on 21 January 2016. Particular reference had been made to whether or not, given the breadth and nature of each risk, there was merit in setting a target risk score. The Chair of the Audit Committee advised that progress had been made in the development and review of the BAF. He was preparing a note for discussion on the role of the Committee in respect of the BAF, which would comment on its oversight role in respect of two of the risks.

The Chair referred to the proposed approach to develop the 2016/17 BAF through a group of Board Directors.

#### **The Board**

**(a) Noted the outcome of the quarterly review of the BAF**

**(b) Endorsed the approach of developing the 2016/17 BAF, in the first instance, through a group of Board Directors.**

#### **482/16 Quarter 3 Return to Monitor**

The Director of Finance submitted a report setting out the proposed quarter 3 return to Monitor.

The Chair advised that there had been some drafting amendments made to the table in paragraph 1.8 of the report. Although not reflected in the report published with the agenda, the changes were not material.

The Director of Finance gave an overview of the return and the supporting narrative to be submitted to Monitor.

It was noted that the level of uncertainty with regard to income in 2016/17 made it challenging for the Board to certify that the Trust would achieve a FSRR of at least 3 over the next 12 months. The Board considered that it would be important to emphasise that the rating was expected to be 3 for the remainder of 2015/16, that it was committed to maintain this over the next 12 months and that this was a planning assumption for 2016/17. However, the uncertainty regarding income from Commissioners in 2016/17, and the absence of any notification of the remaining £1.8bn targeted element of the Sustainability and Transformation Fund, meant that the Board was not able to confirm this declaration.

The Board noted that there was a continuing challenge in meeting the target in respect of Mental Health delayed discharges. It was considered that the Board should confirm the declaration in respect of meeting all targets but explain the challenges facing the Trust in respect of Mental Health delayed discharges.

The Director of Nursing and Quality advised that the Trust had now confirmed the 13<sup>th</sup> case of C Diff for the year. As the case had been identified in quarter 4, Monitor would be advised of this via email rather than in the quarter 3 return.

#### **The Board agreed**

- (a) The statement ‘the Board anticipates that the Trust will continue to maintain a Financial Sustainability Risk Rating of at least 3 over the next 12 months’ be marked as ‘not confirmed’.**
- (b) The statement that ‘the Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards’ be marked as ‘confirmed’.**
- (c) The statement that ‘the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework Table 3) which have not already been reported’ be marked as ‘confirmed’.**

#### **483/16 Reappointment of Mental Health Act Panel Members**

The Chair of the Mental Health Legislation Assurance Committee introduced a report seeking the reappointment, subject to the outcome of an annual appraisal, of two Mental Health Act Panel Members.

**The Board agreed, subject to the outcome of satisfactory appraisals, the reappointment, for a period of two years, of Mr Wayne French and Mr Nick Ziebland as Mental Health Act Panel Members.**

#### **484/16 Annual Cycle of Board Business**

The Trust Secretary presented the Board cycle of business, which formed the basis of Board agendas.

The importance of having a comprehensive cycle of business in place was emphasised. Directors were asked to advise the Trust Secretary of additions or amendments to the draft cycle.

**The Board noted the updated cycle of business.**

#### **485/15 Governor Questions and Observations**

Governors present at the meeting made a number of observations and comments

- Clarification was sought with regard to possible CQUIN funding that the Trust might not receive and whether or not the position was recoverable. The Director of Finance advised that the Trust was actively seeking to recover the position and it was hoped that the income would be received.
- Reference was made to the success of the Quality Matters Conference held the previous day.
- Disappointment was expressed at the level of performance in respect of clinical supervision, which was below the performance threshold. The Medical Director advised that clinical leadership was key in this area.
- Reference was made to the potential need to develop a discharge centre to increase patient flow and reduce delayed discharges. The Chief Executive commented that it was clear that, within the local health and social care system, there was a need to provide such facilities and this was being addressed as part of the Clinical Services Review.
- Reference was made, by a member of the public, to the public interest potentially being better served by the Board considering the quarterly whistleblowing report in Part 1 of the meeting. The Chair undertook to consider this with Directors.

#### **486/15 Forthcoming Meetings**

The schedule of forthcoming meetings, all at Sentinel House, was noted

- Board Workshop 3 February 2016 at 9.30am
- Board meeting 24 February 2016 at 1.00pm

#### **487/15 Exclusion of the Press and Public**

Resolved that the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

[The following Governors remained for the Part 2 section of the meeting-Angela Bartlett, Sue Evans-Thomas, Scottie Gregory and Anna Webb].

#### **488/16 Confidential Minutes of the Meeting Held on 25 November 2015**

The confidential minutes of the meeting held on 25 November 2015 were approved as a correct record.

#### **489/16 Matters Arising**

There were no matters arising from the previous minutes.

#### **490/16 St Ann's/Psychiatric Intensive Care Unit Business Case**

The Director of Strategy and Business Development submitted a report setting out a proposal to develop a combined PICU for male and female patients on the ground floor of the 1980's building on the St Ann's site.

The Board agreed the proposal to provide a combined PICU at the St Ann's site comprising five beds and a de-escalation suite for women and seven beds and a de-escalation suite for men, to be operational from October 2016.

#### **491/16 Quarterly Whistleblowing Report**

The Board received the quarterly whistleblowing report.

The Director of Human Resources gave an overview of new cases raised internally, case updates and cases raised externally. The Board noted the details of each.

The Director of Human Resources also provided an update of changes to the Speaking Up and Blowing the Whistle Blowing Policy following recommendations arising from the external governance review against the Monitor Well-Led Framework. These related to anonymous complaints and referring concerns relating to the Chief Executive a Director.

The Chair asked that the content of future quarterly reports be reviewed to ensure that only the content appropriate to Part 2 was taken in the closed part of the meeting.

#### **492/16 Matters of Concern to Report**

##### Formal Notification of Safeguarding Investigations

The Board noted details of notifications received of safeguarding investigations.

##### Mortality Governance Review

The Medical Director advised that a review had been undertaken of the mortality governance arrangements in the Trust. The outcome of the review would be presented to the Executive Quality and Clinical Risk Group in 2 February 2016.

The Medical Director also advised that NHS England had asked all Trusts to complete a self-assessment tool in respect of mortality. This would be completed shortly.

The Medical Director advised that the conclusions of the annual report by The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness were being reviewed.

##### Review of Parliamentary and Health Service Ombudsman (PHSO) Investigation

The Board noted the conclusions of a complaint investigated by the PHSO against the Trust which had been partly upheld.

The Director of Nursing and Quality advised that the case referred to a complaint about the long waiting time for access to a service, lack of communication on the progress of the waiting list and, given the long waiting times, the need to access private treatment.

The Board noted the conclusions of the PHSO and the specific actions taken by the Trust in response. The PHSO had concluded that the Trust should apologise to the complainant for the poor communication and to acknowledge the impact of this by offering £200 compensation. Both recommendations had been actioned.

**The Board noted the report.**

Signed:

Date:

Ann Abraham, Chair