

Minutes of the Board of Directors Meeting held at 1pm on Wednesday 26 October
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	Non-Executive Director
John Hughes	Non-Executive Director
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 and East Dorset
Colin Hague	Director of Human Resources
Fiona Haughey	Director of Nursing and Quality
Nick Kosky	Medical Director
Matthew Metcalfe	Director of Finance and Strategic Development
Sally O'Donnell	Locality Director-Dorset
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:

Governor Observers:

Chris Balfe	Public Governor (Dorset RoE) (Lead Governor)
Scottie Gregory	Public Governor (Dorset RoE)
Sue Howshall	Public Governor (Dorset RoE)
Stefan Morawiec	Public Governor (Dorset RoE)
Jan Owens	Public Governor (Dorset RoE)
Angela Reed	Public Governor (Dorset RoE)
Judith Adda	Public Governor (Bournemouth)
Patricia Scott	Public Governor (Poole)
Angela Bartlett	Staff Governor
Becky Aldridge	Partner Governor (Service User Group Representative)
Bill Batty-Smith	Partner Governor (Dorset District Councils)

654/16 Welcome and Apologies

The Chair welcomed Board members, Governors and staff observers to the meeting.

655/16 Patient Story

The meeting commenced with a story illustrating the experience of a patient who had lip surgery at Poole Hospital NHS Foundation Trust and the subsequent removal of stitches by his GP.

After the removal of the stitches, the patient had felt some discomfort and had attended Wimborne Hospital Minor Injuries Unit (MIU). The nurse at the Unit had identified that part of a stitch had been left in the patient's lip.

The patient had been very complimentary about his visit to Wimborne MIU and had indicated a wish to personally write to thank the receptionist and nurse who had treated him. He had complained to his GP and the practice had advised that they did not have a magnifier to undertake the treatment. This had now been rectified.

Board members considered that the story emphasised the importance of addressing, and articulating, the boundaries between primary care, the MIU's and A&E departments and, from the perspective of patients, providing one integrated out-of-hospital service.

It was also recognised that whilst the experience of the MIU had been positive for the patient, there could be variability between different sites and over time at the same site. The personal experiences of Board Directors had confirmed this.

More generally, it was considered that future patient stories to the Board should be supported by contextual information, such as patient feedback on the service over the previous 12 months and the number of complaints received. The Director of Nursing and Quality undertook to provide this.

The Board noted the patient story.

656/16 Declarations of Interests in Relation to Agenda Items

There were no declarations of interest in respect of agenda items.

657/16 Minutes and Notes of Previous Meetings

The Board approved as a correct record the minutes of the meeting held on 28 September 2016 subject to the following amendment:

Minute 641/16: Trust Finance Report for Month 5

Second paragraph, page six, the last sentence being replaced with the following:-

'Agency expenditure had continued to reduce. Further improvements in operational performance were anticipated'.

The Board approved the Workshop notes of 5 October 2016.

658/16 Matters Arising

The Trust Secretary submitted a report on matters arising from previous meetings.

Minute 642/16: People Management

The Director of Human Resources advised that the appointment of the Trust Freedom to Speak Up Guardian would now take place in January 2017.

The Board noted the report.

659/16 Chair's Update

The Chair advised that the Annual Plan for 2016/17 had now been distributed to Board members and Governors. Publication had been delayed, in the main, by the requirement to agree a revised budget following acceptance of the control total for the Trust for 2016/17.

660/16 Chief Executive's Update

Monthly Report

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

The Chief Executive's report highlighted progress with the Sustainability and Transformation Plan for Dorset, the development of the Trust operational plan, the Clinical Services Review (CSR), the Quality Summit held on 3 October following the Care Quality Commission (CQC) re-inspection of the Trust in March 2016, the publication of the Single Oversight Framework by NHS Improvement (NHSI), new reporting requirements in respect of agency expenditure and the tenders for Dorset and Devon Prisons healthcare services.

The Chief Executive advised that it was now anticipated that public consultation on the CSR would commence in early December.

The Chief Executive advised that the Trust had been placed within segment two in the NHSI categorisation process introduced in the Single Oversight Framework. The Framework had also amended the range of indicators that the Trust was required to report against. The indicators included in the integrated corporate dashboard would be revised to reflect the revised regulatory requirements.

Board members commented that there could be merit in retaining, within the dashboard, indicators that the Trust was no longer required to report on externally but were important to Board oversight. The Chief Executive confirmed that this would be the case.

Clarification was sought as to whether a CQC rating of 'outstanding' was required before a Trust could be placed in segment one of the NHS framework. The Chief Executive advised that this was not the case. To date, thirty-five Trusts had been placed in segment one whilst 'outstanding' ratings had only been awarded by the CQC to eight Trusts.

The Board noted the report.

Devon and Dorset Prison Healthcare Tenders 2016

The Locality Director, Dorset submitted a supplementary briefing paper to the Chief Executive's report setting out the position in respect of the tenders submitted by the Trust for the provision of healthcare services in Devon and Dorset Prisons. The Locality Director, Dorset explained that the Trust had provided healthcare services in Devon Prisons, on the basis of a three-year contract, since April 2013. The Trust had subsequently agreed to an extension of the contract to March 2017.

A five year contract for healthcare services in Dorset Prisons had commenced in October 2014. The Trust had given notice on this contract but had agreed to a two-month extension to this period to coincide with the end of the Devon Prisons contract.

The Trust had submitted bids for both contracts at the end of July and had been accepted as a shortlisted bidder for each.

The Trust had received notice, on 4 October, that it had been unsuccessful with the bid for the Dorset contract. The Locality Director, Dorset expressed disappointment on behalf of the Executive. The Board noted the feedback received.

The Executive team had reviewed the options in the light of being unsuccessful with the bid. The conclusion had been reached that the appropriate course of action was to withdraw the bid for the Devon contract. This was on the basis that it would not be sustainable, in the long term, to provide these services without the Trust providing healthcare services in Dorset Prisons.

The Locality Director, Dorset advised that discussions had been held with the Prison Governors and with Trust staff. The Chief Executive advised that he had written to NHS England about the tendering process but was awaiting a response.

The Board noted that an assessment was being made of the financial implications of the Trust no longer providing these services. The financial impact was, however, likely to be positive.

The Board noted the report.

661/16 Board Integrated Corporate Dashboard

The Medical Director submitted the dashboard for September.

The Medical Director drew attention to the following:-

- Indicators which, whilst not due for reporting in October, were outside of the threshold set, including Clostridium difficile, the number of patients in community hospitals developing avoidable pressure ulcers and a continued reduction in compliance with waiting times for the Memory Assessment Service;
- The continuing improvements in the mandatory training completion rate;
- The reduction in the sickness absence rate that was now below the 4.5% threshold for the first time in 13 months;
- The increase in the percentage of delayed discharges from both mental and physical health units;

- The position in respect of care plans being in place for all patients on the care programme approach, where performance remained at 85-86% against a target of 95%;
- The steady improvement in the appraisal completion rate, to 91%, but which remained below the threshold of 95%.

The Chair of the Mental Health Legislation Assurance Committee drew attention to the Mental Health Act metrics which were included within the dashboard. These had been reviewed in detail by the Committee at its October meeting. The Chair of the Committee commented that the dashboard was now seen as an important source of assurance to support its deliberations.

The Chair of the Audit Committee advised that, at its meeting earlier in the week, the Committee had discussed a limited assurance report in respect of the completion of care plans within the Trust. Action to address this was being taken forward by the Quality Governance Committee and the Director of Nursing and Quality.

It was noted that the dashboard referred to external benchmarking in respect of the National Reporting and Learning System. It was agreed that future reference to any benchmarking would include an assessment of the key conclusions for the Trust.

The Board noted the dashboard for September.

662/16 Trust Finance Report for September

The Director of Finance and Strategic Development submitted the Finance Report for September.

The Director of Finance and Strategic Development advised that the Trust was £2.8m ahead of plan at the end of September. The forecast position was for a deficit of £2m, which was £2m ahead of plan. Further improvement was expected in operational expenditure.

Agency expenditure year-to-date was £2.6m. This was continuing to reduce.

To date, £7.7m of the £8.1m cost improvement plan for the year had been achieved. It was noted that £3m of the savings in the cost improvement programme were non-recurrent. It was recognised that this would need to be addressed in 2017/18. The Director of Finance and Strategic Development commented that this would be discussed further at the Board workshop on 2 November. The Board also noted that an element of the cost avoidance plans included in the budget would have a recurring element.

It was noted that, year-to-date, £5.1m of the £12.2m capital programme for the year had been delivered.

The Financial Sustainability Risk Rating at the end of September was '4'.

The Chair of the Audit Committee advised that the Committee had discussed whether or not the savings on pay, and agency costs, could be impacting on the quality of services provided by the Trust. This was not considered to be the case. The Director of Nursing and Quality confirmed that the impact of the reduction in agency expenditure on service quality was being monitored.

Clarification was sought as to whether the allocation from the Sustainability and Transformation Fund to the Trust was dependent on the achievement of performance targets by partners in the health economy. The Director of Finance and Strategic Development confirmed that this was not the case.

The Board noted the Finance Report for August.

663/16 CQC Quality Improvement Plan

The Director of Nursing and Quality introduced the monthly update on progress in implementing the Quality Improvement Plan following the June 2015 CQC inspection.

The Board noted that of the 60 'must do' recommendations, 50 were complete or rated as green, three were rated as amber/green on the basis of being in progress to meet the deadline. Eight actions were rated as being amber and were at risk of not achieving the target date. No actions were rated as being red.

Of the 88 'should do' recommendations, 66 were complete or rated as green, nine were rated as amber/green on the basis of being in progress to meet the deadline. Thirteen actions were rated as being amber and were at risk of not achieving the target date. There were no red rated actions.

The Director of Nursing and Quality gave an overview of progress with the actions arising from the Mental Health Act monitoring visits undertaken by the CQC to locations where patients were detained.

The Director of Nursing and Quality advised that notification of the timing of the review of the three services due to be re-inspected was still awaited.

The Director of Nursing and Quality advised that the report following the joint CQC/Her Majesty's Inspectorate of Prisons inspection of Exeter Prison was awaited. A letter had been received setting out details of requirement notices that would be issued.

An inspection had also been carried out at Channings Wood Prison. The report following the inspection was awaited. However, a letter confirming a requirement notice had been received ahead of the full report.

The Board noted the report.

664/16 Quarterly Review of the Board Assurance Framework (BAF)

The Trust Secretary submitted a report setting out details of the quarter two review of the Board Assurance Framework.

The Trust Secretary advised that the review had been undertaken using the revised reporting template agreed by the Board, with the focus being risk treatment and mitigation. The narrative completed by the lead Director for each risk set out actions completed, their assessed impact on the likelihood of the risk materialising and actions planned for the next quarter.

The Trust Secretary drew attention to the longer-term assessment of the financial risk to the Trust. The assessment of the delivery of the financial plan for the year was now complemented with a medium term perspective on the financial sustainability of the Trust.

The Chair of the Quality Governance Committee advised that the Committee had, the previous week, reviewed progress in mitigating the risks in respect of failures in care and staffing. These continued to be a concern and would shape future discussions at the Committee.

The Chair of the Audit Committee advised that the outcome of the quarterly review had been discussed at the meeting earlier in the week. The risks in respect of the financial challenge and engagement had been discussed with the lead Director for each. The Committee had welcomed the longer-term assessment in respect of the financial risk. The Chair of the Committee also advised that internal audit had commented positively on the development of the BAF by the Trust.

The Trust Chair commented that Board members might wish to consider, in due course, the merit of including in the BAF a risk in respect of failing to invest in the transformation of the Trust.

The Board noted the outcome of the quarter two review of the BAF.

665/16 Quarterly Review of the Well-Led Action Plan

The Trust Secretary submitted a report setting out details of the quarter two review of progress in delivering the Well-Led Governance Review action plan.

The Trust Secretary reminded the Board of the outcome of the 2015 assessment of the Trust against the Well-Led Framework and the action plan agreed by the Board. The Board noted the progress made in respect of the actions.

The Trust Secretary drew attention to the action in respect of the clinical services strategy. This would be submitted to the Board in January following consultation with a range of stakeholders.

With regard to the adoption of a corporate improvement methodology, the Chair of the Quality Governance Committee advised that this had been discussed at the meeting held the previous week. The Committee had reviewed the improvement methodologies in use within the Trust and had agreed the next steps in developing a corporate methodology.

The Chair of the Audit Committee advised that progress in delivering the data quality assurance programme, which had also formed part of the integrated corporate dashboard, had been reviewed at the meeting earlier in the week. It had been recognised that this programme had stemmed from the Well-Led Governance Review and was intended to address the issues raised. The Committee had emphasised the importance of the quality of data output and had taken assurance from progress with the programme.

The Board noted the outcome of the quarterly review of the Well Led Governance Review action plan.

666/16 Nurse Revalidation Progress Report

The Director of Nursing and Quality submitted a report setting out progress in respect of the revalidation of Trust nurses.

The Director of Nursing and Quality explained that, with effect from April 2016, all nurses and midwives were required to renew their registration every three years. This required a revalidation process, the details of which were set out in the report.

The Trust had 2,099 nurses who were required to revalidate in total. It was noted that 239 nurses would need to complete revalidation before March 2017. At the end of September 10 nurses had not successfully completed revalidation. The reasons for this were noted. The Director of Nursing and Quality confirmed that nurses not completing revalidation were re-deployed to work, on a lower salary, in a non-registered capacity.

The Board noted the report.

667/16 Quarterly Whistleblowing Report

The Director of Human Resources submitted a report setting out summary details of the whistleblowing incidents for the period July to September 2016.

The Board noted that one new case had been raised in the period. The updates in respect of four further cases were noted.

The Board noted the report.

668/16 Summary Minutes of the Appointments and Remuneration Committee: 27 July 2016

The Board noted the summary minutes of the Appointments and Remuneration Committee held on 27 July 2016.

669/16 Annual Cycle of Board Business

The Board received the annual 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.

670/18 Governor Questions and Observations

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

- There was considerable scope for the Trust to utilise community hospitals and other sites to recruit members, with much greater visibility of posters and leaflets;
- The Trust could make greater use of technology to transform the delivery of services and achieve costs savings;
- Clarification was sought with regard to the impact of the increase in diabetes on Trust services. The Medical Director commented that there would be an immediate impact on supporting patients. However, a number of conditions

which were a consequence of diabetes would take longer to materialise and would place an increasing demand on community services in the future.

670/71 Joint Meeting of Dorset NHS Foundation Trust Boards

The Chair referred to the joint meeting of Dorset NHS Foundation Trust Boards to be held on 2 November. Further information on the event had been distributed to Board members earlier in the day.

671/16 Next Meeting

The Board noted that the next meeting would be held on Wednesday, 30 November at 1.00pm at Sentinel House, Poole.

Signed:

Date:

Ann Abraham, Chair