

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 12th March 2014
at The Royal Chase Hotel, Salisbury Road, Shaftesbury, Dorset, SP7 8DB

Present:	Sir D Henshaw	Chairman
	Mr R Shields	Chief Executive
	Ms A Abraham	Non-Executive Director
	Mr M Beesley	Non-Executive Director
	Mr D Brook	Non-Executive Director
	Ms J Chai	Acting Director of Finance
	Mr N Chapman	Non-Executive Director
	Mrs G Fozard	Non-Executive Director
	Mr C Hague	Director of Human Resources (CLH)
	Ms L Hunt	Non-Executive Director
	Dr L Mynors-Wallis	Medical Director

In Attendance:

Ms J Elson	Director of Mental Health Services
Ms V Graves	Director of Community Health Services
Mr C Harvey	Trust Board Secretary (CH)
Ms C Teare	Programme Lead

**Governors &
Members of the
Public:**

Mrs P Cooper	Trust Governor (Staff)
Ms R Gregory	Trust Governor (Dorset RoEW)

Ms A Roberts	Member of the Public
Mr D Steer	Member of Staff
Mr P Moore	PM Governance
Mr A Chittenden	PM Governance
Ms L Morris	Governor
Ms S Gregory	Governor
Mr S Wells	Oasis Medical Solutions

Apologies:

Mr I Cordwell	Non-Executive Director
Ms F Haughey	Acting Director of Nursing & Quality
Ms L Boland	Director of Children & Young People's Services

Action

Sir David opened the meeting and welcomed the Governors, members of the public, Ms Roberts and a member of staff, Ms Donna Steer.

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

The Board listened to a story from a carer's perspective about her teenage son's care within the Trust's Child and Adolescent Mental Health Services (CAMHS). It was explained that her son had been treated by the Service for a period of ten years. Ms Roberts explained that the treatment her son had received did not improve his health and was not focused on addressing the issues he faced. In summary:

- Multidisciplinary working with multiple agencies working together was better now than it was when her son was accessing the services.
- The Crisis Team referral process was complex and inefficient.
- A dedicated CAMHS Crisis team was needed.
- Transition from CAMHS to Adult services is poor and this needs greatly improving.
- Better support for Carers was needed.

Ms Roberts was aware that changes had occurred and she had seen this through the Patient and Carer Group. Participation, and getting people's views in the Trust was very good.

Mr Beesley noted that after ten years of therapy, her son had not improved but that Ms Roberts considered that had he entered the service now, his outcome would have been better. Mr Beesley wanted to know why this would be the case.

Ms Roberts explained that in the early years, her son was put on high doses of drugs that would not be administered at such a high level today. Parenting classes were not previously available which would have been helpful. Whilst she always took the advice of professionals this often changed. She had tried, without success, 'rewards' and 'sanctions'. Only latterly was she directed to 'consequences to behaviour' therapy. This was successful but too late.

Mrs Fozard was concerned that Ms Roberts was left to cope at night without a contact number for services. Ms Roberts agreed, saying that access ceased at midnight and she did not receive any respite care.

Ms Hunt said that influence needed to be exerted on Commissioners to remove age barrier issues that impact on poor transitions from Adolescent and Adult Care.

Dr Mynors-Wallis explained that at the age of eighteen, a child goes from child to adult services but there should be flexibility in implementing this.

Mr Brook was concerned about care for Ms Roberts' other children.

Sir David thanked Ms Roberts for presenting her story to the Board from which there was much to be learned.

018/14 **APOLOGIES FOR ABSENCE**

Apologies were received from Mr Cordwell, Ms Haughey and Ms Boland.

019/14 **QUORUM**

It was confirmed that the meeting was quorate.

020/14 **DECLARATIONS OF DIRECTORS' INTEREST**

Ms Hunt informed the Board that she was working in a consultancy capacity for a Trust in London.

021/14 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 5th February 2014 were approved subject to the following amendments:

Minute 017/14 – fourth paragraph, second sentence to read:

'Access to psychological therapies remained a challenge and needed to be made easier to access'.

Minute 023/14 – seventh paragraph to read:

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

Minute 033/14 – seventh paragraph to read:

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.

022/14 **MATTERS ARISING**

There were no further comments and the report was accepted.

023/14 **KEY ISSUES**

No issues of concern were raised.

024/14 **CHAIR'S UPDATE**

Sir David reported that this would be his last Board meeting and that he was working closely with Ms Abraham to ensure a smooth transition of the Trust Chair.

Mr Shields updated the Board on the following items:

- Care Quality Commission (CQC)

Dr Mynors-Wallis and Mr Shields had met with local CQC inspectors who explained the re-organisation of the CQC. He noted that we would not be getting a formal compliance re-inspection on the areas where we had been previously inspected. The nature of the reviews would be changing and in future short notice inspections of the whole Trust with some thirty to forty inspectors could be expected. He confirmed that it was for the Trust to assure ourselves that action plans addressing earlier concerns were complete and we needed to be confident in our own governance arrangements. This was consistent with Monitor's approach.

It was confirmed that all previous warning notices were lifted.

Ms Abraham explained that the Quality Assurance Committee has a standing agenda item on readiness for CQC inspections.

- Monitor

We have received a very positive letter from Monitor following their earlier planned visit and they expect the Trust to return to full compliance very soon. The Blueprint will be discussed with the regulator in April, and this will commence the process to be released from Special Measures.

- Better Together Initiative

Mr Shields said this was moving slowly and that he would come back to the Board when there is more to report.

- Commissioners

Mr Shields noted that the Trust's main Commissioners had placed an advert inviting declarations of interest to provide Community Services. He had received assurance from the Commissioners this was not the commencement of a tendering process and his sense from the GP groups, was that they were very positive and responsive to what we were planning and doing.

Ms Hunt said although this is not a formal tendering process should we register our interests?

Sir David agreed we should submit a robust case and clearly set out our plans for the future. Mr Shields agreed to do this.

- Clinical Service Review

Mr Shields updated the Board on the Clinical Services Review saying that the focus was not on Community Services themselves but rather the

sustainability of the three District General Hospitals and their relationship with the Community Hospitals. The Clinical Commissioning Group are building on this and want to use this as a contracting model. There were concerns about the delay this may create because of the need to go to European tender however, Monitor expects an eleven week investigative period to undertake the work and at least one of the District General Hospitals locally has issues with sustainability in future years.

- Locality Pilots

Different models have been developed to meet local needs therefore we will not have a standardised approach.

A Project group focusing on Poole commenced in April, which included GPs and Community staff.

A project commenced in Bridport focusing on the frail and elderly in partnership with a psychogeriatrician.

Working with the Bournemouth and Christchurch General Practitioners to establish a virtual ward with a dedicated named lead.

Mr Shields explained that these projects were in partnership with GPs and we will ensure patients are drawn into these discussions. There needs to be a discussion about how corporate services support this. Leadership will change in these pilots however, it was explained that corporate reporting arrangements will remain the same.

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

Strategy

Issues to escalate to the Board

Whilst there were no issues to escalate to the Board, Ms Hunt wanted to know what progress had been made with Dudsbury Ward.

Ms Elson said that environmental issues had been addressed. Whilst the kitchen was initially opened, it then had to be closed because of an issue with the location of the hot water supply. However patients had access to drinks via the dining room.

Sir David said the Board would be discussing future options about the provision of this ward later in the day.

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

Dr Mynors-Wallis presented this paper explaining that it updated progress with the 2013/14 Quality Account Priorities and set out proposals for the 2014/15 priorities.

Ms Abraham said a slightly longer paper had been presented to the

Quality Assurance Committee.

The Board approved the proposed Quality Accounts Priorities for 2014/15.

028/14 **People Management and Organisation Development**

Mr Hague introduced this paper which updated the Board on people management and organisational development. He explained that recruitment of nurses from overseas had occurred. He was waiting for feedback from the Health and Safety Executive.

He explained that there would be a full report on the Staff Survey in April. This survey was initiated in October 2013 before the appointment of the interim Chair and Chief Executive.

Ms Hunt explained she had recently undertaken the Trust Induction and noted that the Equality and Diversity Awareness training did not include gender and sexuality and she questioned whether we should be working with other agents i.e. Stonewall?

Ms Hague confirmed that he had been working with Lesbian, Gay, Bisexual and Transgender groups including Stonewall.

Mr Beesley was concerned that we were comparing ourselves with other NHS bodies rather than with non-Public Sector organisations. This highlighted the capability of Managers adding that if we improve managers, there would be a knock on effect in for example better sickness absence management.

Mrs Fozard was concerned about the longer term employment strategy and the short term fixes adding that need to think longer term. She said if we do not get the quality staff we will not hit the 10% efficiency and productivity target.

Sir David said that the Board needed a proposition that would see closer working with University. **CLH**

Dr Mynors-Wallis considered that the staff survey results were dreadful and getting worse. We need to solve the recruitment issues. Staff need to feel empowered to deliver high quality patient care, team leaders need to own quality and we need to support them. If we do this and build on the leadership programme, improvement should follow. However central to this is how we support teams.

Ms Graves said there were a number of initiatives with the University and we had recruited had four Band 7 District Nurses.

Sir David was not surprised at the results of the Staff Survey because the changes planned will not occur over night. We need to dipstick staff every month and cannot wait until a once a year survey. He added our approach needs to be radically different.

Mr Shields considered that we have to understand what we need to do to improve adding that the bottom five key findings were all linked.

Mr Chapman considered the report indicated that we were not a high performing organisation and that we need to ensure this is reversed.

Ms Abraham was disappointed to see the report on Staff on Staff violence and the proportion of staff reporting to have witnessed potentially harmful errors. She expected to see high level report at the Board with Directors working with their managers examining each area in detail.

Sir David said the Board needed a proposition that this organisation is going to shift its culture.

029/14

HOW SAFE ARE WE?
QUALITY, PERFORMANCE AND FINANCE ASSURANCE

Integrated Quality, Finance and Performance Report for January 2014

Ms Chai presented this paper explaining that the style and layout was evolving and staff have tried to improve the report to create greater clarity. She highlighted to the Board two areas from the report, these being the Trust's continuing Red Governance Risk Rating and that the Trust's failed to meet the Commissioner's Staff Friends and Family test target resulting in an income loss of £83k.

The Board considered that whilst overall the presentation of the report had greatly improved, the Red, Amber, Green Rating over view page was not as informative as it could be. Whilst there is a huge amount of information, it did not alert the reader to key strategic issues or explain the direction of travel. The Board noted that there seemed to be no improvement with some indicators.

Dr Mynors-Wallis explained that there are high performing teams and we are now looking at data in a way we have not examined it before and it is highlighting that we are not performing as highly as we should be.

Sir David explained that the Trust needs better led people and better supported staff.

It was confirmed that we are now applying the correct delayed discharge definition. Regular meetings are now occurring with the Local Authorities and there is greater clarity about accommodation requirements which may help stimulate the market locally. However Sir David considered this was cost shunting, and suggested to break out of the circle a different approach was needed.

Ms Hunt noted that performance on seven day CPA follow up was falling.

Ms Elson explained that each individual case was reviewed, and in some

instances, follow up had taken place but that patients may not have been at home or had moved out of area and therefore this was a breach. In one instance there was a communication issue between the ward and the Crisis team and this was being addressed.

Mr Chapman said it was essential that we move staff to view care planning as an essential part of quality care.

Mr Shields explained the biggest challenge we have is with staff and how we support them through managers.

Sir David considered that the Trust felt a very different place but there is a consistent story that staff cannot get things done and therefore feel disempowered.

030/14 **To receive and approve the quarterly Complaints' Reports**

Dr Mynors-Wallis presented the reports and brought to the Board's attention that there had been a sharp improvement in the number of complaints responded to in the agreed time scale.

Ms Fozard considered that the low reported number of verbal complaints meant the Trust was missing an opportunity to learn from them.

Mr Shields explained there is a lot to be done in our approach with much more done to resolve complaints at source. He added that we must achieve a position where the number of verbal complaints exceeds the number of written complaints.

The Board approved the Complaints' Reports.

031/14 **To approve the appointment of Mike Beesley, Mental Health Act Manager**

Sir David asked Mr Beesley to leave the Board Meeting for this item.

Mrs Fozard explained that Mr Beesley was stepping down as a Non Executive Director on 30 April. With the agreement of the Chair of the Mental Health Act Managers Committee, Mr Beesley wished to continue as an appointed Mental Health Act Manager.

The Board welcomed and unanimously approved this application.

Mr Beesley was invited to rejoin the Board Meeting.

032/14 **HOW EFFECTIVE ARE WE?**
BOARD COMMITTEE BRIEFING PAPERS

Quality Assurance Committee – 27th February 2014

The Board received a Briefing Report from the Quality Assurance Committee meeting held on 27th February 2014.

Ms Abraham presented her report and drew to the Board's attention the 'Never Event' that had occurred. She explained that everything was being done to address this and the Quality Assurance Committee will get a further update.

Mrs Fozard said she was aware that the 'Never Event', was picked up at the complaints panel and that it had not been initially logged as a 'Never Event' incident.

Mr Shields absolutely agreed that some staff do not recognise events that need to be reported and staff needed to be comfortable to be able to report.

033/14 **Report of the Mental Health Managers' Committee held on 25th February 2014**

Mrs Fozard reported on the meeting and on the unannounced visit to the Psychiatric Intensive Care Unit. She expressed concerns about the time taken to address issues such as the doors which had first been raised in June 2013.

Ms Elson explained that she was addressing issues raised including a speedy resolution to the ligature points. She said that the doors had to be specially made and that she had spoken to Estates who had confirmed that these would be in place in two months.

Ms Abraham questioned the positioning of the Mental Health Act Hospital Managers Committee in the overall Board Committee Governance Structure.

034/14 **HR & Workforce Development Committee held on 27th February 2014**

Mr Chapman reported on the Meeting and updated the Board following the recent planned visit by the Health and Safety Executive. He explained that the Committee had been monitoring items that were more appropriate to be reported to the Finance, Investment and Performance Committee.

The Board noted that the HR & Workforce Development Committee would cease and agreed that in the interim the Health and Safety Committee would report directly to the Board.

035/14 **Terms of Reference for the Finance, Investment and Performance Committee**

Ms Hunt presented the updated Terms of Reference for the Finance, Investment and Performance Committee.

The Board unanimously approved the updated Terms of Reference for the Finance, Investment and Performance Committee.

036/14 **GOVERNANCE**

To Approve the Trust's Governance Structure arising from changes to the HR & Workforce Development Committee

This paper was withdrawn and would be subject further consideration before being re presented to the Board.

037/14 **Part 1 Forward Board Agenda Planner.**

The forward planner was noted.

MINUTES AND USE OF EMERGENCY POWERS FOR INFORMATION

038/14 **MINUTES of the following meeting were received and noted**

- Audit Committee 8th November 2013
- Quality Assurance Committee – 28th January 2014
- HR & Workforce Development Committee 27th November 2013
- Finance, Investment and Performance Committee 8th January 2014
- Mental Health Act Hospital Managers Committee 4th November 2013

039/14 **EMERGENCY POWERS**

There was no reported use of emergency powers.

040/14 **ANY OTHER BUSINESS**

There were no items of any other business.

041/14 **SIGNIFICANT ISSUES FROM DIRECTORS**

There were no significant issues from Directors

042/14 **OBSERVATIONS FROM GOVERNORS**

Ms Morris reflected on the Patient's story saying that the 'Transition' in Learning Disability services works well and patient involvement had been sought and used in its development.

Sir David agreed that fresh thinking was needed.

Ms Gregory was impressed with the Board discussion around the culture and making people feel safe.

DATE AND TIME OF NEXT MEETING

The next meeting of the Dorset HealthCare University NHS Foundation Trust will be held on Wednesday 9th April 2014 at Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA commencing at 1:00pm.

EXCLUSION OF THE PUBLIC

Signed:

Date

Ann Abraham, Chair