

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 30th January, 2013
at
Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA

Present:	Mr T Archer	Nurse Executive Director
	Mr N Chapman	Non-Executive Director
	Mrs G Fozard	Non-Executive Director
	Ms J Elson	Director of Quality
	Mr W French	Non-Executive Director
	Dr B Grant-Braham	Non-Executive Director
	Mr C Hague	Director of Human Resources (CLH)
	Mr R Jackson	Director of Finance and Performance
	Ms J Owens	Non-Executive Director
	Ms H Robinson	Non-Executive Director
	Dr L Mynors-Wallis	Medical Director
	Mr P Sly	Chief Executive
	Mr J Walsh	Chairman
In Attendance:		
	Ms V Graves	Director of Community Health Services
	Ms L Boland	Director of Children's and Young People's Services
	Mr J Barton	Director of Mental Health Services
	Mr C Harvey	Trust Board Secretary (CH)
Governors & Member of the Public:	Ms B Aldridge	Trust Governor and Chief Executive of Dorset Mental Health Forum
	Mr M Bevan	Trust Governor (Dorset)
	Ms P Scott	Trust Lead Governor (Poole)
	Mr P Thackray	Trust Governor (Dorset)
	Mrs A Reed	Trust Governor (Dorset)
	Ms S Evans-Thomas	Trust Governor (Poole)
	Mr N Plumbridge	Trust Governor (Poole)
	Mr L Williams	Trust Governor (Poole)
	Mrs V Zarucki	Trust Governor (Poole)
	Dr G Patterson	Trust Governor (Dorset)
	Ms L Morris	Trust Governor (Dorset)
	Mr P Carey	Trust Governor (Bournemouth)
	Mr L Rowe	Trust Governor (Bournemouth)
	Ms L Balfe	Member of Staff
Apologies:	Mr M Beesley	Non-Executive Director

001/13 **CHAIRMAN'S OPENING REMARKS**

Mr Walsh welcomed everyone to the Meeting. He was very pleased to see a large number of Governors attending the meeting. He explained that this was a meeting held in public not a public meeting. However there was item on the agenda specifically for observations from Governors where he would invite their comment.

He explained that a lot had occurred since the last Board Meeting that was held on 19 December 2012.

Externally there were continued debates over the quality of care provided in the NHS:

- In advance of the publication of the Francis Report into the failings of Mid Staffordshire NHS Foundation Trust, both Jeremy Hunt and the Foundation Trust Network, have stated that pockets of poor care exist across the NHS. Mr Walsh added that the Board should not wait for the Francis report to be published but must progress with:
 - Influencing and shaping our culture
 - Ensuring staffing levels are appropriate to deliver safe and effective care.
- Andy Burnham, MP and Labour's Shadow Health Secretary, has said that under Labour's blueprint for services, £60bn of NHS funding could transfer to Local Councils with NHS Trusts being preferred providers and Clinical Commissioning Groups advisory bodies to Health and Well Being Boards.
- NHS Medical Director Professor, Sir Bruce Keogh, said that a failure to embrace change in the NHS would perpetuate mediocrity.
- Prime Minister, David Cameron's Friends and Family test could cost up to £600m by 2018 as the Department of Health revealed significant NHS investment to improve transparency and drive improvement.
- The NHS Chief Executive, David Nicholson, has promoted a revolution in community based care for the elderly advocating redesigning services to reduce the reliance on hospitals.

Internally the Trust was:

- Getting to grips with Care Quality Commission's report into Care provided on Minterne Ward at Forston Clinic and already begun to address the issues the inspectors had raised.
- Developing an Estates Vision which sets a pathway to upgrade all our Estates to meet the Trust's Vision.
- Working closely with Governors to put in place an '*alerting system*' to ensure they are appropriately and timely informed.
- Developing eight Clinical Strategies which would be followed by supporting strategies.

Mr Walsh said that Ms Helen Hutchins had gained a national profile

for the 'Tea and Talk' project though an article in a national Sunday newspaper and followed this up with interviews for The Nursing Times, London LBC Radio and the Woman's Own magazine.

002/13 **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held on 28 November were accepted and signed as a true and accurate record of the meeting without amendment.

003/13 **MATTERS ARISING AND ACTION PLAN**

Mr Harvey presented the Matters Arising report.

089/12 Dr Mynors-Wallis said that he had discussed the National Report on the Care of people with Schizophrenia in England with his Consultant Colleagues and a report had been sent to Mr Beesley.

091/12 Ms Elson advised that the action should rest with Mr Barton and not herself. Mr Barton agreed.

There were no further comments and the report was accepted.

004/13 **CHIEF EXECUTIVE'S REPORT**

Mr Sly presented his report on internal activity as well as national issues relating to services provided by the Trust.

Strategy Update

Mr Sly said he wanted as many staff as possible to be involved in developing the eight clinical strategies. There would be two internal challenge panels; one through the Executive, and one with the full Board. There would be a period of further refinement and then they would be agreed at the Board meeting in March. These would influence a number of supporting strategies which would be circulated to the Board and then approved at the Board Meeting in May.

Hughes Unit

Mr Barton explained that the judicial review had requested a further meeting between the two parties to go through pre agreed questions before the end of February.

Mr Barton assured the Board that no beds would close until:

- The Weymouth Recovery House opens
- Minterne Ward was reopened

There was full Commissioner support for this and they had made additional non recurrent funding available.

Mr Walsh questioned how would the Board know what the impact would be on the quality of care and outcomes for patients and how

would we test if the new Crisis Team was coping?

Dr Mynors-Wallis explained that there were a number of indicators, including outcome measures at team level, improvement in patient goals and staff responses to the friends and family test.

Recent bad bad weather

Mr Sly expressed his personal thanks to staff who had worked hard in difficult snowy conditions to maintain services.

Winning new tenders

The Trust has won two tenders since the last report, indicating the good relationships developed with Commissioners.

Community Information System

Mr Jackson said that the Phoenix Partnership were a major provider of GP systems and they were aware of the complexity of the Trust's Information Technology (IT) infrastructure. Mr Sly added that work was underway to get all staff onto one IT domain.

Dorset Clinical Commission Group (CCG)

Mr Sly said that the Dorset Clinical Commissioning Group would be fully operational from 1 April 2013. Strong links were already well established through informal networking as well as the Ambassadors Programme. Early in the new financial year he would invite Dr Forbes Watson to present the CCG's Vision at a Board Workshop.

CH

The Board accepted the Report

005/13 **VERBAL UPDATE ON MINTERNE WARD**

Mr Walsh explained the Board was very concerned about Minterne Ward. The Trust had voluntarily closed the ward and builders were working to improve the environment. He had requested a verbal report so that the very latest information could be presented. He was aware that the Care Quality Commission (CQC) had not provided their report. He wanted the following questions answered:

- Why did poor practice exist?
- Why were the earlier CQC reports not fully acted upon?
- Why was the Board given incorrect assurance?

Mr Sly said that the Trust had, over the past 18 months, been consistently reporting problems at Minterne Ward to the Board. An earlier external independent review commissioned by the Trust into safeguarding had led to senior managerial, nursing and medical changes and some staff had been dismissed. The new team had not been in place long enough to deliver the required changes. In December 2012, he had met with the CQC and following this meeting he took the proactive decision to close the ward. This enabled much needed environmental improvements to commence and staff to undergo a comprehensive training programme. He was frustrated that

despite repeated assurances from the CQC, their draft report for comment had not yet been received.

He said there were many lessons to be learned and would work with the Board and Council of Governors, examining each CQC report to understand what went wrong and why. He added that although we delivered elements of the action plans, this failed to translate into changes in outcomes for patients. This was compounded by not checking that outcomes had improved before finally signing off the action plans as complete.

Mr Barton said that a draft action plan was being developed based on the initial concerns raised by the CQC at their meeting with the Trust on 6 December 2012. This focused on the following three areas:

1. Staffing and leadership

Concerns raised by the CQC relating to staffing levels and leadership are being addressed. A Modern Matron has been appointed to oversee Minterne and Meltstock Wards to provide senior clinical leadership support as well as line management support to the Ward Manager. Additionally, a new Ward Manager has been appointed to Minterne Ward to provide future continuity and leadership to the Ward. An increase in staffing levels has been agreed.

2. Culture of Change

To ensure Minterne Ward re opens with staff who have the knowledge, skills and experience to provide the standard of care and treatment we expect, a comprehensive twelve day training package is being developed for staff. This will cover a number of areas including clinical risk, therapeutic observation, and physical intervention in relation to the practical application of Trust Policies.

The training package will be rolled out to all staff within Mental Health inpatient units during 2013/14.

3. Environment

Replacement of pipe work to finally resolve issues about stained tap water commenced on 7 January. This is expected to take approximately eight weeks to complete.

Architects are developing plans to relocate the seclusion room to an alternative location on the ward and to ensure it meets the required standards.

An environmental tidal wave of improvements from reception through to the ward, giving a radical re think to layout and furnishings is being undertaken. This work will be complete by the

end of March 2013.

It is proposed that Minterne Ward will reopen as an acute unit in April 2013.

Mr Barton went on to say that whilst the ward has been closed, staff have been re deployed in other areas and that this had proved beneficial in experiencing better ways of working and the Trust was seeing the benefit of staff rotation.

There were lessons from what went wrong. Responses to staffing levels was not quick enough, action implemented did not deliver a change in outcomes, for patients.

Information had been reported that highlighted concern at Minterne, although had not been pulled sufficiently together.

Mr Walsh thanked Mr Barton and Mr Sly for their frank assessment adding that this was a serious wake up call for the Trust. We had failed to get to grips with the issues at Minterne Ward early enough and there was an absolute commitment from the Board to address the underlying reasons behind this.

In response to a question from Mr Jackson, Dr Mynors-Wallis said that whilst there was a lot of information this was not coordinated and acted upon at a team level and this would be a crucial part of staff retraining. Assurance would commence at team level with individual staff taking actions. He added that the learning was to ensure the Board monitors the correct indicators.

Mr Walsh said he had discussed this topic in great length with Mr Sly and the wider implication for the Trust, questioning what other areas of the Trust were at risk. He was concerned about staff burnout, why Estates responses were slow, why training programmes were not taken up, and were staffing levels correct. He was concerned that there was a culture of accepting what a manager said without gaining separate independent assurance.

Mr French wanted to know how the Board could be assured there were not similar issues on other wards. He added that in other business sectors, teams frequently inspected other parts of an organisation to examine processes. He suggested this peer inspection would usefully be employed by the Trust. Ms Elson confirmed that arrangements were being put in place along these lines.

Mr Chapman was greatly concerned that action plans were not fully completed and wanted to know how the Board would identify the indicators to focus on.

Mr Sly confirmed that a full report on Minterne Ward would be provided to the Audit Committee and the Quality, Clinical Governance and Risk

Committee in March.

The Board accepted the verbal update

006/13 **THE INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT**

Ms Elson presented the Trust's integrated Quality, Finance and Performance Report including the Corporate Dashboard.

Mr Walsh was very disappointed that sickness absence was not improving. He wanted the Trust to re double its efforts and improve on this indicator. He wanted the Trust's aspirations to be higher, questioning what would it take to reduce *Clostridium difficile* infections and pressure sores to zero.

Mr Hague believed actions being taken would lead to a reduction in sickness absence. Contact had been made with other NHS organisations who had been successful in reducing absence. The employee assistance programme had been rolled out across the Trust and he was developing a project initiation document for the Directors Meeting to consider commissioning a program of support for managers to assist them in meeting their responsibilities to manage sickness absence.

Data analysis was now being prepared to identify those teams with higher rates of absence, rather than analysis by directorate to help focus attention where absence is highest. A new unified Health Well Being and Attendance Policy had been agreed with the trade unions involving an earlier initial review point when absence was high. An event had taken place with managers, Occupational Health and trade unions earlier in January to support managers in applying the new policy.

Mr French was also disappointed that despite the attention of the Board, sickness absence had not improved. He suggested this was further evidence that managers were not doing what they were asked to do.

007/13 **ANNUAL PLAN UPDATE REPORT**

Mr Sly introduced this topic and stated that good progress continued to be made on delivering the annual plan objectives. He recognised that not all the objectives had clearly specified outcomes. He would ensure that next year the targets would be Specific, Measurable, Achievable and Time limited.

In response to a question from Ms Robinson, Ms Elson confirmed that the roll out of the Electronic Risk Registers on Ulysses was one week behind schedule.

Mr Walsh was concerned that some indicators although appearing 'Green' were not complete. For example indicator 2.2 concerning Volunteering - adding although the volunteer coordinator was in post, he was not aware this had yet resulted in improvements in the experience of volunteers within the Trust.

The Board accepted the Annual Plan update report

008/13 **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

The briefing from the Audit Committee held on 11 January 2013 was deferred to the next Board meeting because not all members had received the report.

CH

Mr French presented a briefing from the Quality, Clinical Governance and Risk Committee held on 14 December 2012.

There were no questions and the Board thanked Mr French for his report.

Dr Grant-Braham presented a briefing from the HR and Workforce Development Committee held on 12 December 2012.

Mr Owens was concerned about the use of bank and agency staff and Mr Chapman linked this with his concern about the time taken to recruit new staff. Mr Hague said that the introduction of the new electronic Criminal Records Bureau checking would help reduce the time taken to recruit staff.

Mr Walsh said that it was important that we acknowledged the negative impact on staff of the South West Pay Consortium.

The Board thanked Dr Grant-Braham for his report.

009/13 **CHARITABLE FUNDS COMMITTEE MINUTES DATED 3rd SEPTEMBER, 2012**

Mr Jackson presented the minutes of the Charitable Funds Committee Minutes held on 3rd September 2012.

There were no questions

010/13 **REGISTER OF GIFTS AND HOSPITALITY FROM THE BOARD SECRETARY FOR THE PERIOD 1ST JULY, 2012 TO 31ST DECEMBER, 2012**

Mr Harvey presented the redacted Register of Gifts and Hospitality for the period 1st July, 2012 to 31st December, 2012

There were no questions

The Board accepted the report

011/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

There were no issues.

012/13 **OBSERVATIONS FROM GOVERNORS**

Mr Walsh invited the Governors present to express any observations on the proceedings of the Board of Directors Meeting.

Mr Bevan said he was aware that some staff had left the Trust following the CQC's investigations into Minterne Ward. He wanted to know if such staff had received '*Golden Handshakes*' to leave. Mr Hague said that '*Golden Handshakes*' had not applied. Staff leaving had received benefits in accordance with entitlements. Mr Barton commented that there were a number of different circumstances applying to staff who left.

Ms Evans-Thomas wanted to know if there had been CQC visits to Minterne Ward prior to the compliance visit in June 2011. It was confirmed that whilst it was likely there would have been Mental Health Commission visits to the ward prior to June 2011, CQC compliance visits had only recently commenced, and the visit in June 2011 was considered to be the first.

Dr Patterson considered it vital that the Trust is open and transparent to the Public who may be cynical about the resolution of issues on Minterne Ward. He added that it will be important that we can demonstrate a real change in culture and approach when the ward re-opens. Mr Archer confirmed that the local media were fully informed by the proactive work of his communications team.

Mr Plumbridge said that the CQC were issuing new guidelines and there would be a focus on Trust Governance at Board level during 2013.

Ms Aldridge said it was vital that the Trust delivered on the actions it said it would take to restore confidence in services provided at Minterne Ward.

Ms Morris wanted to be assured that standards and systems were in place to ensure the Trust was a learning organisation.

Mr Thackray said that it was clear that the Board receives a lot of information that needs to be skilfully brought together to identify the areas to focus attention on. He added as part of the CQC review of

Action

Board Governance, he expected this would extend to Governors holding Non Executive Directors to account. This meant that Governors needed to be much sharper in assessing that the Non Executive Directors were fulfilling their role and responsibility.

Ms Scott wanted to know how the Board prioritised the many issues that were brought to its attention.

Mr Sly explained that the plan was to re-open Minterne Ward in early April 2013. Team outcome reporting would be piloted from the 1st April 2013.

013/13 **ANY OTHER BUSINESS**

There was no '*Any Other Business*'.

014/13 **DATE OF NEXT MEETING**

The next meeting will take place on Wednesday, 27th March, 2013 commencing at 1pm at The Allendale Community Centre, Hanham Road, Wimborne, Dorset BH21 1AS

Signed: Date:
Mr J Walsh, Chair