

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 27th March, 2013
at
The Allendale Centre, Hanham Road, Wimborne, Dorset, BH21 1AS

Present:

Mr T Archer	Nurse Executive Director
Mr M Beesley	Non-Executive Director
Mr N Chapman	Non-Executive Director
Ms J Elson	Director of Quality
Mrs G Fozard	Non-Executive Director
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
Dr L Mynors-Wallis	Medical Director
Ms H Robinson	Non-Executive Director
Mr P Sly	Chief Executive
Mr J Walsh	Chairman

In Attendance:

Mr J Barton	Director of Mental Health Services
Ms V Graves	Director of Community Health Services
Mr C Harvey	Trust Board Secretary (CH)
Ms B Aldridge	Trust Governor and Chief Executive of Dorset Mental Health Forum

Governors & Member of the Public:

Ms T North	Staff Governor
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)
Ms A Webb	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 M Byatt	Trust Governor (Dorset/Rest of England)
Ms D Smelt	Trust Governor (Bournemouth)
Mr P Fale	Volunteer Group Representative
Mr N Bailey	Trust Governor (Dorset/Rest of England)
Mr D Corbin	Staff Governor
Dr Amy Stidder	Bournemouth West CMHT

Apologies:

Ms L Boland	Director of Children's and Young People's
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	Services
Ms J Owens	Non-Executive Director
Mr B Batty-Smith	District Councils Representative
Ms P Cooper	Staff Governor
Ms H Craven	NHS Poole/Bournemouth
Mr M Bevan	Trust Governor (Dorset)
Ms J Sheppard	Trust Governor (Dorset/Rest of England)
Mr J Lucas	Dorset Probation/Prison Services
Mr T Lumley	Dorset Police
Mr L Williams	Trust Governor (Poole)
Mr B Meredith	Trust Governor (Dorset/Rest of England)
Mr S Clark	Staff Governor
Mr P Kelsall	Staff Governor
Mr G Lewis	Trust Governor (Dorset/Rest of England)
Mr J Andrews	Bournemouth University Representative
Ms J Brettingham	Trust Governor (Bournemouth)
Mr L Rowe	Trust Governor(Bournemouth)

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015/13 **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 said that this meeting followed on from a very productive joint Board and Governor Workshop on the Francis Report.

He confirmed this Board was a meeting held in public, not a public meeting, there was an item on the agenda specifically for observations from Governors where he would welcome their comments.

He explained that a lot had occurred since the last Board Meeting on 30th January, 2013.

This was a significant time in our history and the Trust had received a number of critical reports from the Care Quality Commission and these were being examined. He added that the Board was determined to make sure this never happens again. The publication of the Francis Report into failings at Mid Staffordshire NHS Foundation Trust had been published. This made 290 recommendations and the Government had published their response to the report.

He stressed his commitment to the continued strong focus on the development of our staff.

Beyond Dorset HealthCare, the NHS has been under the spotlight as never before. The Government's austerity measures, the increasing expectation of an aging population and a need to deliver high quality care impacts greatly on the NHS.

Mr Walsh encouraged Directors to respond to Peter Lucas's survey contributing to his Masters dissertation into the current governance reforms in the NHS.

Mr Walsh was pleased to report that Vicky Willan, a senior dietitian for the Trust and an Olympic Torch bearer who had completed 42 marathons in 42 days would be running another marathon in the foothills around Mt. Everest.

Ms Robinson informed the Board that she was working with an NHS Trust in Kettering as a management consultant.

016/13 **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held on 30th January, 2013 were accepted and signed as a true and accurate record of the meeting without amendment.

017/13 **MATTERS ARISING AND ACTION PLAN**

Mr Harvey presented the Matters Arising Report.

091/12 Mr Barton explained that he was working with teams to help staff understand this critical part of their work but target would not be green by March.

Mr Beesley was disappointed to note this slippage.

Ms Robinson was disappointed and wanted to know when this target would be met. Dr Mynors-Wallis stated all teams will have team reported measures in place by the end of the year. This will also include training data and sickness records.

Ms Elson reported that the roll out of the Electronic Risk Register was delayed and we were awaiting an update from the system supplier.

There were no further comments and the report was accepted.

018/13 **TO APPROVE THE PCT ESTATE TRANSFER**

Mr Jackson presented this report and explained that the draft transfer documentation provided by the Department of Health should have mirrored previous guidance, however, it failed to adequately outline the business rules related to the handling of any subsequent sale of properties.

He recommended that the Board should not formally take forward the stewardship of the proposed properties from NHS Bournemouth and Poole and NHS Dorset until clarity is received regarding the Secretary of State's decision to permit a property sale. He noted that the deadline for this was set at 1 October 2013 therefore the final Board decision would have to be made at the September Board Meeting. He

added that the Transfer was subject to the Monitor Risk Rating, which has yet to be issued.

However, as presented at para 3.1 of his report, he anticipated that the Trust would find itself owners of the offered estate because he expected the transfer would be enacted by statute irrespective of whether Monitor had provided a final Risk Rating or the Board had given final approval.

Mr Beesley thanked Mr Jackson but considered the situation that had been created, that were beyond the Trust's control, to be wholly unsatisfactory.

In conclusion the Board noted the report, the anticipated intervention forcing the decision, but recorded it would delay its decision to accept the stewardship of the proposed properties from NHS Bournemouth and Poole and NHS Dorset until further updates were received.

019/13 **TO APPROVE THE TRUST'S STRATEGY**

Mr Sly said he was pleased to bring the Trust's Strategy to the Board. It had been developed following a series of listening events that included Governors, and built on the direction of travel described in the Strategic Framework that was agreed by the Board in November 2012.

The Operational Directors had drafted their strategies which included a number of objectives. Eight supporting strategies would be developed. This would result in a robust strategy covering the next three years.

Mr Beesley considered this to be an impressive document and questioned how changes in the commissioning landscape would be factored in.

Mr Sly said that the directors had considered operational threats through potential changes in commissioning arrangements. However he considered that Commissioners appeared to be moving away from 'Any Qualified Provider' initiatives hence such risks had diminished. He stressed that this strategy was not a static document but would be updated as changes in situations dictated. Progress with the implementation would be through an updated Annual Plan Tracker, and Operational Directors would be invited to present overall progress periodically to the Board.

Ms Owens considered this to be a valuable document bringing together mental and physical health.

Ms Graves drew attention to the planned integration of services and locality models bringing in Social Care. Mr Sly agreed adding that there was good high level engagement at Chief Executive level with

Social Care.

Mr Chapman said it would be important to build in small number of clearly identified objectives that the Board can track and therefore gain assurance that the Trust was achieving the strategy. He added that the Annual Plan needed to be a real Business Plan with robust measures to track progress against agreed actions. Mr Sly confirmed that progress with the implementation would be through an updated Annual Plan Tracker clearly detailing objectives.

Mr French approved the approach but wanted to see more detailed information where this contributed to under achievement of an objective.

Mr Archer said that he gained supportive feedback from the Professional Advisory Committee adding there was strong ownership and engagement to take this strategy forward.

The Board approved the Strategy

020/13 **TO APPROVE THE RECOMMENDATIONS TO THE SOUTHWEST PAY CONSORTIUM**

Mr Hague introduced this paper and explained that the pressure leading us to initially joining the Consortium remained. The Paper from the Consortium was helpful but continuing this membership was at variance to maintaining good staff relationships.

The Human Resources and Workforce Committee had considered the Consortium Paper.

The Board considered the recommendations.

Mr Chapman considered that Terms and Conditions of service were not in the longer term sustainable within the economic climate.

Dr Grant-Braham added that the Trust's services contracts are for the provision of healthcare on a 24/7 basis and employment contracts need to mirror this.

Mr Walsh considered that positive working relationship with staff and Trade Unions were important and with hindsight communication could have been better.

In conclusion it was agreed that:

- **Recommendation 1 – 6 should be fully supported.**
- **Recommendation 7 should be fully supported, in so far as commissioning the Trust's Trade Union Partnership Forum to consider the opportunities detailed within the report enabled**

this. Based upon the level of opposition experienced to date, there is limited confidence that any of the opportunities or benefits for staff in exchange, will be supported by the Trade Union bodies, in which case the Trust would not be in a position to contribute to any recommended proposition for national negotiation.

- **Recommendations 8 and 9 were not supported.**

The Board's view was that Dorset HealthCare's continuing association with the Consortium is no longer appropriate and the Trust would therefore withdraw from the Consortium, but would be supporting progress through other networks.

021/13 **CHIEF EXECUTIVE'S REPORT**

Mr Sly introduced his report and drew the Board's attention to the following points:

As a result of the Care Quality Commission's decision to impose an Enforcement Notice, Monitor have assessed the Trust as 'Red' for Governance. They have summonsed the Trust to attend a formal escalation meeting in early April.

The reopening of Minterne Ward has been delayed until 22 April because structural work in the seclusion suite is behind schedule. The seclusion suite will open later in May. Mr Sly confirmed that there will be a Ward open day prior to the admission of the first patient.

In response to a question from Mr French about how could the Trust be assured that patients admitted would not need seclusion, Dr Mynors-Wallis said that patients would be assessed and admitted via the crisis services. If they were high risk and might need seclusion they would be admitted to St Ann's Hospital. Mr Barton confirmed that the ward admission thresholds would be different.

Mrs Fozard wanted know what impact this would have on beds at St Ann's Hospital and that all patient are safe. Mr Barton assured the Board that at 6pm each evening either at least four beds will be free at St Ann's Hospital or, the purchase of bed capacity to achieve this will be undertaken. No one will be admitted to St Ann's hospital without the guarantee of a bed.

Dr Mynors-Wallis reminded the Board that when the Hughes unit closes and the Minterne Ward reopens there will be no net change in the number of beds.

Mr Barton added that Recovery House will open on 2 April, and this will offer a wider range of options for treating patients. He added that the Commissioner still considers we have too many beds, and we

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need to need to carry on the dialogue with the Clinical Commissioning Group.

Mr Sly said that the results of the Staff Survey were average. We needed to aspire towards excellence and described the three priority themes designed to achieve this. Mr Walsh said this was very disappointing and we needed to redouble our efforts to improve the Staff Survey results.

Mr Beesley said that whilst integrated care was important, it was less so than Inspirational Leadership or Innovation and Continuous Improvement in terms of improving the results of the Staff Survey. Mr Sly said that there was palpable frustration on the part of Clinicians who were not able to provide integrated care.

Dr Mynors–Wallis agreed that whilst integrated care was important, in this context, Clinical Engagement should be the third priority theme.

Mr Chapman said that the Staff Survey and sickness absence were key performance indicators of leadership and there should be a major initiative and investment in these areas if we want to deliver sustainable consistent front line care.

Ms Robinson was concerned about the Clinical Leadership Programme saying we need to grasp induction, mentoring and must support investment in staff. The Staff Survey results were symptoms of greater issues.

Mr Sly said he fully supported the development of a bespoke Leadership Programme, adding that this needs to go through the whole Organisation. He said the best change occurs when Manager work closely with clinicians.

Ms Owens wanted to know what staff themselves want to see changed and we should ask staff what would make a difference.

Dr Mynors–Wallis said that we go through this process each year, now we need a step change in leadership, engagement and quality initiatives across the Organisation and we need a major Organisation response to the Staff Survey.

Mr Walsh requested that the Directors relook at the action plan.

In response to a question from Mrs Fozard, Mr Barton confirmed that whilst seclusion facilities for male patients was satisfactory, this was not the case for females, and there had been questions around patient's legal protection when they were in low stimulation environments. Mr Barton agreed to share the report with Mrs Fozard.

JB

Mr Sly informed the Board that he had today, signed the lease on Sentinel House which will become the Trust's new Headquarters. He

explained this was the first stepping stone on the journey to rationalise the Trust's Estate and release funds to re-invest in patient care. He was looking forward having corporate staff together on one site and anticipated the move would be completed in September 2013.

Mr Walsh welcomed this adding that this will:

- Lead to the provision of better clinical environments.
- Bring staff together in one locality which will lead to increased efficiencies.
- Release cash to the value of between £2m and £3m over the next 10 years.

Mr Beesley supported this, adding that it would represent a major change process which would need to be expertly managed.

Mr Walsh said that the receipt of the Tallow Chandlers Certificate was a really phenomenal positive new story, and wanted to pass on the Board's thanks to Jonai Da Silva.

Mr Walsh also reflected on Dr Ciarnan Newell's success in being offered a visiting Fellowship from Bournemouth University, saying he was an exceptional clinician doing excellent work and an inspirational leader to all of us.

The Board accepted this report

022/13 **THE INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT FOR MARCH 2013**

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

Turning to Appendix A, Ms Elson said that since writing the report, the indicator for NICE guidance was now green because there were now no overdue items.

Ms Elson presented the Care Quality Commission visit set out in paragraph 3.1 of the integrated report.

Ms Robinson wanted to know when we might get a draft following the Care Quality Commission's visit to Blandford Hospital. Ms Elson replied that this was unknown as there appeared to be little consistency about the time delay between the visit and the issue of the draft report. Mr Barton assured the Board that he had personally immediately visited the ward concerned.

Mr Jackson said that it was essential that the whole Board retains an overview of the position regarding the progress, with all the outstanding issues relating to the reviews and inspections performed by the Care Quality Commission. He added that he personally wanted

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to be appraised of the outstanding issues.

Mrs Fozard questioned the Safeguarding Training Data. Mr Archer said that he expected to have this information next week and would circulate it to the Board. Dr Mynors-Wallis was equally disappointed that, given the concerns raised by the Care Quality Commission, the Board does not get the data it requires in respect of Safeguarding Training.

TA

Mr French was disappointed that there were repeated themes from inspections by the Care Quality Commission about Care Plans, Risk Assessments and 132 Rights not being updated or recorded as completed.

Mr Walsh wanted to know why the points Mr French referred to were not resolved. Mr Barton said that he was working alongside clinicians to explain why these had to be completed.

Mr Walsh was concerned to note the sharp rise in delayed transfers of care on Chalbury Ward. Mr Barton agreed and said he was trying to understand if this was a blip or an emerging trend and would address discharge planning.

Mr Walsh was very concerned about the latest issue raised by the Care Quality Commission concerning mattress pressure settings. Ms Graves said that the standard pressure setting covered patients weighing between 40 – 85Kgs, (approximately 90% of patients.) Ms Elson said the draft report was awaited. Mr Sly added that this was part of the frustration with the Care Quality Commission, in that verbal statements are made but draft reports that contain the essential details can take weeks to be issued.

Mr Walsh said that information on the Dashboard and the Early Warning Trigger tool were triangulated at the Quality, Clinical Governance and Risk Committee and at the Directors Meeting.

Mr Beesley suggested that the Board should consider non adherence to the Care Quality Commissions minimum standards as a 'Never Event'.

Finance

Mr Jackson explained financial performance that currently projected a forecast outcome surplus of 4.4% (£9.9m) which, if realised would be a similar level of surplus to that achieved in 2011/12

The Board accepted this paper

023/13 **UPDATE ON MINTERNE WARD**

Mr Beesley introduced the Audit Committee Inquiry into possible Governance failings relating to Minterne Ward, Forston Clinic.

In conclusion he said that the Trust had underestimated the change process in the acquisition of the two Community Health Services adding, having a change management specialist might have help.

Normal management approaches had lapsed and this allowed Community Health Services to operate separately. Although there was planned corrective action, the Board had too readily accepted that these plans would deliver the required action and we did not return to check that it had changed patient outcomes. Team based outcome reports were, he considered, the correct way forward.

Mr Chapman said that the Board had relied on verbal assurances and needed to ensure that actions were complete that made differences to outcomes. He wanted to know how we could improve Board processes leading to improved patient satiety and experience.

Mr French said that external due diligence reviews prior to the acquisition of Community Health Services raised no issues of magnitude. He reflected that we were used to being a high performing Organisation which when told actions had been completed, expected them to be completed. He had triangulated evidence, for example repair work to the estate, and understood that a process to effect repair and or replacement was in train but took some time to complete. He added that in future he needed to be more challenging.

Dr Mynors–Wallis thanked Mr Beesley for drafting a very helpful report. He had thought that as a Board we were jointly and individually responsible and the recommendations were sensible, and if implemented, would be helpful.

Mr Chapman agreed this was an excellent piece of work. He reflected on this and the Francis Report, and questioned if we were sufficiently rigorous enough in addressing personnel issues in the Organisation. Whilst the Private Sector was considered brutal in removing people who underperformed, we were permissive about staff who were never going to be good enough.

Mr Sly agreed that the report presented a number of key points adding that we are slow and risk averse, however we are improving.

Ms Owens was dismayed to read that Action Plans the Board had been assured were complete, were then found not to be so. Staff appear not to understand the importance of what they are being asked to do.

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Mr Barton agreed it was important that staff know what we want them to do, some issues were linked to burdensome bureaucracy, and they were overwhelmed with everything they were trying to do and needed help.

Mr Chapman suggested that the Trust needed to invest in outcome performance measurement systems at ward /unit level.

Dr Mynors–Wallis agreed we needed to invest more in Quality to deliver the outcomes required.

Mr Sly said it was clear that we underestimated the scale of change.

Mr Walsh said that Staff involvement was key and along with the 'productive ward', he wanted to see enormous changes and the Board needed to make this happen. He added that we let Governors and patients down, and pledged that we would not let this happen again.

The Board thanked Mr Beesley for this update

024/13 **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

Mr Beesley presented a briefing from the Audit Committee held on 11 January and 8 March, 2013

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

Mr French presented a briefing from the Quality, Clinical Governance and Risk Committee held on 19 February, 2013. He added that there was a large increase in workload, a large number of policies were being signed off and the structure did not allow this to be done quickly enough.

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 6 March, 2013

There were no questions and the Board thanked Dr Grant-Braham for his report.

Mr Barton presented a briefing from the Mental Health Act Managers Quarterly Summary Report for the period 1st October – 31st December, 2012

Ms Fozard noted that whilst across the Country there been an increase in Detentions, this had not been mirrored in this Trust.

There were no further comments and the Board thanked Mr Barton for

his report.

025/13 **ANNUAL PLAN TRACKER**

Mr Sly said that an improved Tracker would be developed for 2013/14 and he had asked the Directors to consider which of the objectives needed to be rolled over into next year.

Ms Owens said that she had recently attended a nurse prescriber's conference. Nurses there did not know about the Ambassadors Programme or the link to the Clinical Commissioning Group. Mr Archer said it was quite clear where the Ambassadors Programme sits.

The Board accepted this Report

026/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

Mr Archer informed the Board that he was handling media enquiries relating to the South West Consortium.

027/13 **OBSERVATIONS FROM GOVERNORS**

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

Mr Plumbridge said that the selection of staff was critical adding the majority of staff do deliver high standards of care but others do not and should be moved on. His view was that staff are fearful of whistle blowing.

Mr Hague said the Trust was looking at ways in which staff can raise issues and concerns.

Mr French added that during his Non Executive walkabouts he often asked staff if they had a concern would they know how to raise it.

Dr Patterson noted the emerging HealthWatch Organisation and their impact locally.

Mr Sly agreed that they were 'finding their feet', they needed to hear messages and hope that they engaged and represented providers.

Ms Webb said she was aware that staff had difficulty raising concerns.

Mr Walsh said that the route to raise concern was through line management.

Mr Sly explained that the Trust has a very clear complaints procedure which staff should use.

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Mr Corbin said that he receives a number of complaints from staff who do not want to be named. He would be happy for Governors in a similar position to contact him and feed this back to Mr Hague.

Ms Morris talked about new methods of Quantitative and Qualitative Research at Bournemouth University linking this to the Friends and Family Test.

Mr Elson said that the Friends and Family Test would be live in April and will be in real time and she had recently appointed a patient experience facilitator.

Mr Byatt said regarding issues at Minterne there had been a lack of urgency and the damage to public and patient confidence needed to be addressed.

Mr Bailey said that he had recently been told that some wards at St Ann's Hospital only had Health Care Support Workers on duty over night. Mr Barton was aware that some staff nurses had reported in sick.

Mr Thackray considered that the Trust strategy should include a Strengths, Weakness, Opportunities and Threats (SWOT) analysis. He would be talking to Mr Beesley about this.

028/13 **ANY OTHER BUSINESS**

Mr Walsh said that this meeting would be Dr Grant-Brahams last meeting since he was stepping down from the Board. He said that Dr Grant-Braham had given a huge and selfless commitment to public life and served on the Board of the Trust, including the period before it gained foundation Trust status for 14 years, latterly chairing the HR and Workforce Development Committee and as Vice Chair of the Trust.

He extended on behalf of the Board a big 'thankyou' and wished him much happiness in the future.

029/13 **DATE OF NEXT MEETING**

The next meeting will take place on Wednesday, 29th May, 2013 commencing at 1pm at Kingston Maurward College, Dorchester, Dorset, DT2 8PY

Signed: Date:
Mr J Walsh, Chair

