

Minutes of the Board of Directors Meeting held at 1pm on Wednesday 25 November
2015 at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
David Brook	Non-Executive Director
John Hughes	Non-Executive Director
Lynne Hunt	Deputy Chair and 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
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
Nicola Plumb	Director of Organisational Development, Participation and Corporate Affairs
Eugine Yafele	Locality Director – Bournemouth and Christchurch

In Attendance:

Keith Eales	Trust Secretary
Sally Northeast	Associate Director of Organisational Development, Participation and Corporate Affairs

Apologies:

Observers:

Chris Balfe	Public Governor (Dorset RoEW)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Sue Evans-Thomas	Public Governor (Poole)
Anna Webb	Public Governor (Poole)
Bill Batty Smith	Dorset District Councils
Angela Bartlett	Staff Governor
Peter Kelsall	Staff Governor

446/15 Welcome and Apologies

The Chair welcomed members to the meeting together with Sally Northeast, the recently appointed Associate Director of Organisational Development, Participation and Corporate Affairs.

447/15 Patient Story

The Locality Director-Dorset presented a patient story referring to the work of the Brain Injury Service.

The work of the Service was highlighted through a story of the support provided to a patient who had suffered head injuries after falling through a Perspex roof light. The immediate treatment of the patient, who suffered the injury in 1989, and the rehabilitation process were outlined.

The Board considered that the story highlighted the potential for the rehabilitation process to continue over many years and the importance of using, as a benchmark, the progress being made and the scope for further progress rather than a perception of normality. The Medical Director commented that there was a tendency, in general, for traumatic brain injury to be under-diagnosed and under-treated.

It was noted that the patient had an interest in volunteering. The Director of Organisational Development, Participation and Corporate Affairs undertook to pursue the possibility of volunteering opportunities within the Trust.

With regard to future stories, it was considered that there was merit in reporting to the Board the experience of a patient supported by one of the integrated care teams in Bridport or Weymouth.

448/15 Declarations of Interests in Relation to Agenda Items

No declarations were made.

449/15 Minutes and Notes of Previous Meetings

The Chair advised that a small number of minor typographical errors had been identified in the minutes. These would be corrected. Subject to this, the minutes of the meeting held on 28 October 2015 were approved as an accurate record.

The notes of the Board Workshop on 4 November 2015 were approved as an accurate record subject to the following

- (a) in the third bullet point on themes and topics on page 2, the replacement of 'had responsibilities in respect of' with 'could give consideration to'.
- (b) in the fourth bullet point on themes and topics on page 2, the replacement of 'as employers and service providers' with 'in terms of top level leadership and engagement'.

450/15 Matters Arising

The Trust Secretary submitted a report on matters arising.

Minute 434/15: Finance Report (Summary of Savings)

The Board noted the summary of the assessed impact of the £2.4m savings referred to in the Finance Report to the previous meeting.

Further clarification was sought by Board members on the impact of the IM&T savings. The Director of Finance explained that the savings had resulted from a process of re-phasing and re-prioritisation rather than terminating projects.

The Chair commented that the importance of investing in support services had been recognised by the Board. Further assurance would be required, at the time of reviewing the Annual Plan for 2016/17, that the IM&T savings identified would not undermine the improvements planned for the service.

Further information was sought on the overspends in Estates that were now being reduced. The Director of Strategy and Business Development advised that it had been anticipated that staff would be recruited to meet the priorities set for the service. Recruiting sufficient staff had been a challenge and vacant positions were being covered by agency staff, at additional cost to the Trust.

The Board noted the report.

451/15 Chair's Update

The Chair gave her monthly update to the Board.

The Chair referred to

- The Governor elections underway in the Dorset and Rest of England and Wales Constituency, the results of which would be known the following week.
- The vacancies in the Bournemouth Constituency on the Council, elections for which would be held in the New Year.

The Deputy Chair reported on attendance at the NHS Providers Conference in Birmingham. Key themes emerging from the Conference were the challenging financial position of the NHS and the number of chief executives who were retiring or resigning.

The Deputy Chair also referred to the Governors Awayday held on 17 November. The day was considered to have been a success. A key theme emerging from the day was that of keeping Governors who were unable to attend Board meetings informed about key developments in the Trust.

The Board noted the reports.

452/15 Chief Executive's Update

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

The Chief Executive referred to

- The continued development of the out of hospital model of care as part of the Clinical Services Review and the recognition being given to the Trust taking a leading role in this. The model would be submitted to a Board Workshop early in the New Year.

- The Care Quality Commission (CQC) safeguarding inspection undertaken in the previous week, from which there had been no issues identified requiring immediate attention.
- The Comprehensive Spending Review and the impact on associated NHS expenditure, such as Public Health budgets.
- The outcome of the ballot of junior doctors and the proposed industrial action on 1, 8 and 15 December. The impact of the action locally would be known by the end of the week.

The Locality Director-Dorset outlined the recent action taken in respect of emergency preparedness and business continuity.

The outcome of the Emergency Preparedness Resilience and Response (EPRR) Annual Assurance process was highlighted and discussed. The Board welcomed the 'substantial' compliance rating received.

The Board noted that the EPRR and Business Continuity Policy, the winter escalation plan and the incident response plan had been revised. The action being taken to develop service level business impact analyses and business continuity plans was noted.

The Board noted the Chief Executive's report.

453/15 Board Integrated Corporate Dashboard

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

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 revised metric for reporting the number of patients who felt safe
- The revised reporting for patient safety incidents
- The number of cases of CDiff which had now reached 12 for the year
- Mandatory training completion rates
- Risk assessment completion which continued to be below the required threshold

Clarification was sought with regard to the number of patients with CDiff and whether this was a contractual matter. The Director of Nursing and Quality advised that the C Diff threshold was set in the contract, with a 20% year on year reduction. It also formed part of the Monitor Risk Assessment Framework reporting requirements.

Reference was made, generally, to the dates included in the report for performance to return to within thresholds or target levels. It was not clear from the report if the

dates were based on a detailed assessment of the impact of action being taken. It was accepted that this was not always the case.

The Board discussed the level of mandatory training compliance. It was recognised that it was not clear from the report what was externally imposed mandatory training, that which the Trust considered to be mandatory and the reasons for the training not being completed. It was considered that this should be addressed in a report to the next meeting of the Board.

The Board noted that there were a number of indicators where performance remained static at a level below the set performance threshold. These included care plans, risk assessments, mandatory training, clinical supervision and appraisals. The Executive was asked to review what action could be taken in these areas.

It was considered that there was merit in considering how the Dashboard could be utilised to facilitate a more focused debate at the Board. It was considered that there was merit in the Board reviewing a smaller number of indicators in more detail. The indicators selected could be those which were forecast not to achieve the set performance level within the appropriate time period or those which were particular matters of concern to the Executive.

It was recognised that further developments in respect of the dashboard could be more qualitative content, including reflecting the patient voice and a more flexible reporting frequency for some indicators.

The Chair concluded the discussion by commenting that it was clear that the Dashboard had considerable potential. This had been recognised during the CQC inspection and the external governance review. However, for the Dashboard to fulfil its potential, greater confidence was required in the data in the report and the forecasting in those areas where performance was not on target. The Medical Director and the Director of Nursing and Quality undertook to give consideration to the future development of the Dashboard.

The Board

(a) Noted the Dashboard for October

(b) Asked the Director of Human Resources to report to the next meeting on mandatory training requirements in the Trust and the reasons for the required level of attendance not being achieved.

454/15 Finance Report for October 2015

The Director of Finance submitted the Finance Report for October.

The financial performance at October was a cumulative deficit of £2.4m, which was £1.1m worse than plan. The current year-end projection was for a best-case deficit of £0.5m, a most likely case deficit of £2.7m and a worst case deficit of £4.6m. 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, 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, £3.6m had been delivered to date. However, the year-end forecast was a £0.9m shortfall in the programme. This largely reflected a £1.9m shortfall on agency schemes.

With regard to the planned investment in infrastructure projects, it was noted that expenditure of £2.2m 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 October, cumulative capital expenditure totalled £5.2m which was 90% of target. Forecast year-end expenditure was £10.2m, which matched the plan.

The Director of Finance explained that the Financial Sustainability Risk Rating for October was 3.

In noting the position, Board members commented that the Finance Report should reflect the action necessary to achieve a most likely year end position of a £2.2m deficit, or better.

The Chief Executive referred to the request from Monitor and NHS England that all Trusts consider deferring capital expenditure in return for a corresponding transfer to revenue. No details had been provided in support of the transfer arrangements.

The Chief Executive explained that the Executive had identified schemes of £1m that could be deferred without serious detriment. If this was accepted, and the capital to revenue scheme implemented, the planned outturn would be an improvement in the forecast deficit from £2.2m to £1.2m.

The Board discussed whether or not the Trust should participate in the capital to revenue transfer scheme.

The Board noted that limited information was available on the arrangements by which the scheme would operate. The technical adjustments by which the transfer would be reflected in Trust accounts were not clear. It was also recognised that there was a limited timeframe within which the Trust could take a decision to participate in the scheme. Whilst projects had been identified that could be deferred, work would soon commence on implementing these to ensure that the capital programme for the year was achieved.

Board members commented that the overall level of capital expenditure, and the programme agreed for the year, had been set to address identified areas for improvement in facilities for patients and staff. Any deferral of projects would, therefore, at best delay the improvements anticipated from the investment. Deferring the projects could also result in increased costs when they were eventually undertaken. Whilst it would be possible to utilise any forecast slippage in the scheme, the current forecast was for the capital programme for the year to be achieved. In the circumstances, the Board agreed not to participate in the capital to revenue transfer scheme.

The Chief Executive commented that there could be scope for the Trust to participate in the scheme later in the financial year if it was still in place and slippage occurred on the capital programme.

The Board agreed

- (a) To note the Finance Report for October**
- (b) Not to participate in the national capital to revenue transfer scheme**
- (c) That a report on the outcome of the investments made in 2015/16 be submitted to the Board in early 2016/17.**

455/15 People Management

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

The Director of Human Resources drew particular attention to action being taken to improve the attractiveness of the Trust as an employer, recruitment and retention, including recruitment stands at job fairs, conferences and promotional events and the employment of apprenticeships.

The Director of Human Resources referred to the development of a Prevent policy within the Trust and the associated training that was being delivered within the Trust. The Director of Human Resources confirmed that Board members would be able to attend the training and undertook to distribute details.

The Board noted the report.

456/15 Infection Prevention: Six Monthly Progress Report

The Chair advised that, following discussion with the Director of Nursing and Quality, the report was being withdrawn from the agenda. A revised report would be submitted to the Quality Governance Committee in January 2016.

457/15 Equality and Diversity Annual Report 2014/15

The Director of Human Resources submitted the Equality and Diversity Annual Report 2014/15. The Board noted that this had been revised following the Workshop held on 4 November.

The Director of Human Resources explained that equality and diversity objectives for 2016/17 would be submitted to the Board in January 2016.

The Board reiterated the conclusions of the Workshop held on 4 November. In particular, it was recognised that there was scope for the leadership role of the Board in respect of equality and diversity to be enhanced.

The Board noted the Equality and Diversity Annual Report 2014/15.

458/15 Organisational Development Progress Report

The Director of Organisational Development, Participation and Corporate Affairs submitted a report setting out progress made in respect of implementing the communications, organisational development and participation strategies.

The Director of Organisational Development, Participation and Corporate Affairs gave an overview of progress made in respect of the vision and purpose, values and behaviours, staff recognition, staff engagement, public involvement and communications initiatives.

The Director of Organisational Development, Participation and Corporate Affairs commented that, in future reports, it was proposed to focus on outcomes and the impact of initiatives implemented rather than on activities being undertaken. The King's Fund framework for the engaged organisation was being considered as the basis for reporting.

In supporting the proposal to move to outcome reporting, the Board commented that it would be important to integrate the approach adopted with the other approaches within the Trust, such as the Stages of Excellence model. This would enable an integrated perspective to be reported to the Board.

The Board agreed that further work be undertaken on developing an integrated reporting approach and an update submitted to the April 2016 meeting.

459/15 Nurse Revalidation Update

The Director of Nursing and Quality submitted a report on the revalidation process for Trust nurses.

The Director of Nursing and Quality explained that revalidation of nursing staff would be introduced nationally from April 2016. Revalidation would be required by all nurses in order to renew their registration with the Nursing and Midwifery Council. The Director of Nursing and Quality gave an overview of the revalidation requirements.

The Director of Nursing and Quality advised that there were 2,045 nurses in the Trust who were required to revalidate. In the first year, 703 nurses would be required to undertake revalidation.

The Director of Nursing and Quality explained that there were concerns nationally that the process of revalidation might encourage nurses near to or beyond the retirement age to resign. In year one, there were 73 nurses who could choose to retire rather than undertake the revalidation process. The Trust was undertaking a range of actions to support staff through revalidation.

A further report would be submitted to the Board in February 2016.

The Board noted the report.

460/15 Development of the CQC Quality Improvement Plan

The Director of Nursing and Quality submitted a report on the preparation of action plans following the announced CQC inspection in June 2015.

The Director of Nursing and Quality explained that the Trust had not been set a deadline to submit action plans to the CQC. However, it was expected that the Trust would have drafts available before the first of the six-weekly monitoring meetings that were due to commence in December.

The Board noted that there were 16 service line action plans required, 11 for mental health and five for community health. The 'must do' and 'should do' actions had been identified and the first drafts of the action plans were being reviewed. A corporate plan would also be required to address cross-cutting themes.

The Director of Nursing and Quality explained that the service line plans would be amalgamated into a CQC Quality Improvement Plan which would be submitted to the Board in January 2016.

The Director of Nursing and Quality updated the Board on the safeguarding inspection that had been undertaken by the CQC in the preceding week.

An assurance was sought that the issues identified in respect of the Crisis Service and out of hours calls had been addressed. The Locality Director-Bournemouth and Christchurch explained the action taken and the tests undertaken to ensure the robustness of the arrangements implemented.

The Chair advised that, initially, it had been considered appropriate to include the recommendations of the external governance review against the Well-Led Framework in the CQC Quality Improvement Plan. However, this was being reconsidered in the light of concerns that, given the scale and scope of the CQC Plan, they would not have sufficient visibility.

The Board noted the report.

461/15 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.

462/15 Governor Questions and Observations

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

- Reference was made to the provision of accommodation for Trust nursing staff and interest that had been shown at the NHS Providers Conference. It was considered that there could be merit in developing a partnership with a Housing Association.
- The challenge that some staff had in finding time to undertake mandatory training and the concern that this was at the expense of providing patient care.
- The perception that the patient story provided at the start of the meeting highlighted the loneliness of the individual and the importance of social inclusion being part of the therapy process.
- Issues with access to DTB assessments, which the Locality Director-Dorset undertook to pursue.
- The availability of prescribing clinicians at weekends. The Medical Director advised that these were available and undertook to investigate this further.

- The merit in including a question within the Dementia survey in respect of patients being made aware of carers groups.

463/15 Forthcoming Meetings

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

- Board Workshop 2 December 2015 at 9.30am
- Board Workshop 16 December 2015 provisionally scheduled for 1.00pm but subject to review
- Board Workshop 6 January 2016 at 9.30am
- Board meeting 27 January 2016 at 1.00pm

464/15 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-Chris Balfe, Sue Evans-Thomas, Scottie Gregory and Anna Webb].

465/15 Confidential Minutes of the Meeting Held on 28 October 2015

The confidential minutes of the meeting held on 28 October 2015 were approved subject to amendment.

466/15 Matters Arising

The Board discussed matters arising in respect of agreement of the revised Speaking Up and Blowing the Whistle Policy and plans for the development of a Psychiatric Intensive Care Unit (PICU) on the St. Ann's site.

The Board noted that, with regard to the plans for a PICU, challenges had emerged with regard to the short-term scheme agreed at the July meeting of the Board. An alternative scheme had been developed, along with longer term plans for the St Ann's site that were the subject of discussions with clinicians.

The Board agreed that a further report on the development of the PICU would be submitted to the January 2016 meeting.

Signed:

Date:

Ann Abraham, Chair