

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 25 March 2015
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
David Brook	Non-Executive Director
Gill Fozard	Non-Executive Director
Lynne Hunt	Deputy Chair
John McBride	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director
Linda Boland	Locality Director - Poole / East Dorset
Jackie Chai	Director of Finance
Colin Hague	Director of Human Resources
Fiona Haughey	Director of Nursing & Quality
Steve Hubbard	Director of Strategy & Business Development
Dr Laurence Mynors-Wallis	Medical Director
Sally O'Donnell	Locality Director - Dorset
Nicola Plumb	Director of Organisational Development, Participation & Corporate Affairs
Eugine Yafele	Locality Director - Bournemouth / Christchurch

In Attendance:

Keith Eales	Trust Secretary
Helen Potton	Interim Trust Secretary (Minutes)

Observers:

Angela Bartlett	Staff Governor
Michael Bevan	Partner Governor
Pat Cooper	Staff Governor
James Cuthill	Management Accounts Assistant
Sue Evans-Thomas	Public Governor (Poole)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Angela Reed	Public Governor (Dorset RoEW)
Donna Steer	Patient Experience Facilitator (Until Agenda Item 1.3)
Anna Webb	Public Governor (Poole)

293/15	Welcome and Apologies
	Ann Abraham welcomed members to the meeting together with a number of Governor colleagues and noted apologies from Sarah Murray.
	She referred the Board to the 23 new posters in the reception area showcasing the work of allied health professionals across Dorset HealthCare.
294/15	Patient Story
	Jackie Chai presented the Patient Story, which related to care provided to a patient by the Long Term Conditions Team following a serious road traffic accident that had killed the patient's mother and seriously injured her and her brother.

	The story once again highlighted the diversity of the Trust's services. It was also noted that the physiotherapist had not only been involved in providing clinical care but had spent time obtaining the patient's previous medical records and sourcing appropriate equipment to achieve the best treatment and outcome for her.
	The Board noted that a detailed review of community services was due to take place which would look at skill mix to enable the efficient use of the right staff to do the most appropriate job.
	In relation to hydrotherapy, the Board noted that there was currently a pool at Blandford that required renovation. The League of Friends were prepared to pay for this but the Trust had not yet been able to evidence the need for a hydrotherapy pool as a physiotherapy tool. The Board noted the reported evidence that in general people said they felt better following hydrotherapy and took the view that this should be progressed. Action: Sally O'Donnell to progress renovation of hydrotherapy pool with the League of Friends.
	The issue of sourcing the necessary equipment had been identified as a lack of staff with finance authority, which had been addressed. The difficulties regarding accessing prior records needed to be understood and rectified. Action: Fiona Haughey to investigate what the difficulties were regarding obtaining prior medical records.
	The story demonstrated a move to staff becoming care co-ordinators and that Trust staff do go the extra mile for patients. The Board noted the Patient Story.
295/15	Quorum
	Ann Abraham confirmed that the meeting was quorate.
296/15	Declarations of Interests in relation to Agenda Items
	There were no declarations made.
297/15	Minutes
	The minutes of the meeting held on 25 February 2015 were approved as an accurate record subject to the following changes: <ul style="list-style-type: none"> • 279/15 Forston Clinic and the Waterston Assessment Unit. The minute needed to reflect that they are one and the same place. • 284/15 wording should be changed in the second paragraph from qualified and unqualified to registered and not registered. In addition the Board had discussed three wards and noted an executive decision that had been made regarding additional recruitment, which needed to be reflected in the minute.
298/15	Matters Arising
	Ann Abraham referred the Board to the Matters Arising log but in particular it was noted: <ul style="list-style-type: none"> • 279/15 National Tariff. Ron Shields confirmed that approximately 70% of Trusts had opted for Option A with the Shelford Group and a number of the big teaching hospitals opting for Option B.

	<ul style="list-style-type: none"> • 270/15 Purdah. The Trust was waiting for the candidates to be declared before writing to the parties. • 270/15 Five Year Forward View – Vanguard Application. The application had been unsuccessful as it had not been a detailed application but would enable the Trust to learn. • 283/15 People Management and Organisation Development. Colin Hague had emailed Jan Owens regarding the discrepancy in the figures, which had now been clarified. • 283/15 Guaranteed Job Scheme. Fiona Haughey confirmed that this was now going forward as a Guaranteed Job Scheme and not a Guaranteed Interview Scheme. • 285/15 Trust's Strategic Goals. Feedback had been given. The process was looking at what excellent looked like and building it from top down. • 290/15. Patient Story. All patient stories would be featured in Trust Link going forward including headlines from the Board discussion presented as a feature. <p>The Board noted the Matters Arising.</p>
299/15	Chair's Update
	<p>Ann Abraham updated the Board on two matters.</p> <p>Whistleblowing Policy: She had recently met with Ron Shields, Gill Fozard and Colin Hague to discuss the issues arising from some recent Trust specific whistleblowing cases, together with Sir Robert Francis' Freedom to Speak up Report and learning from the Savile Inquiry. A review of the Trust's policy was underway and a report would come to the May Board.</p>
	<p>Sustainability Day: She had noted in the Weekly Roundup that the following day was Sustainability Day and the Trust was running a competition for sustainable ideas with the best one winning a small prize and the opportunity to put the idea into practice. She asked for the Board to be advised of the outcome of the competition.</p> <p>The Board noted the update.</p>
300/15	Chief Executive's Update
	Ron Shields updated the Board on the following three items:
	<p>Clinical Services Review</p> <p>Following a significant number of meetings at which the Trust had been represented, the Clinical Commissioning Group were developing proposals for consultation following the election.</p>
	<p>Significant focus had been given to hospital care and what could be undertaken in a community setting and what should remain in a hospital environment. The proposals were likely to require some reconfiguration of Dorset County, Bournemouth and Poole Hospitals.</p>
	<p>A further update would be provided at the Board workshop and the Governors' meeting in April.</p>
	<p>West Dorset Mental Health Review</p> <p>The Review of Mental Health Services in West Dorset, commissioned by Dorset Clinical Commissioning Group from the University of the West of England, had</p>

	<p>now been published. There had been no specific criticisms of the Trust. The review was not particularly helpful, as it did not make clear recommendations. Further work would now be needed and this would be developed with the HUGS Group and others. A copy of the document would be shared with Board Members and Governors.</p> <p>Action: Review to be shared with Board members and Governors by Ron Shields</p>
	<p>Care Quality Commission (CQC) Visit The Trust had met with the CQC inspectors who would lead the inspection starting on 22 June. They had confirmed that the inspection would not include prisons and specialist services. There would be 100 inspectors at the Trust for a week, reviewing services in accordance with the CQC's five Key Lines of Enquiry. Supporting the inspection team would be a major logistical exercise for the Trust.</p>
	<p>The Executive had already met that morning to discuss and agree how the Trust should prepare and how best to support staff.</p>
	<p>Ann Abraham noted that there was an additional Board Workshop on 8 April to enable the Board to be properly sighted on the inspection process and the self-assessment that had already taken place. The Workshop would also update the Board on the self-assessment work that had been undertaken in advance of the External Governance Review that had been commissioned for July/August. These two external reviews were important opportunities for the Trust to support and guide its ongoing development.</p>
	<p>She also informed the Board that she had recently had an opportunity to speak to the Chair of the CQC and had asked him about his expectations of Board engagement in the course of a CQC inspection. He had indicated that he would expect some Board involvement at the start and the end of the week, and that lead inspectors would want to talk to the Chair, the Senior Independent Director (SID) and other Non-Executive Directors, as well as some Governors.</p> <p>The Board noted the Chief Executive's update.</p>
301/15	<p>Integrated Corporate Dashboard and Report</p>
	<p>Fiona Haughey reminded the Board that they would receive a new style report from April. She noted that the Trust had missed the MRSA target for the first time in eight months as one patient had not been screened. In respect of VTE it continued to hit the target overall but there remained some variations.</p>
	<p>In respect of the Friends and Family Test the completion rate had dropped and the Trust needed to understand why this was the case as the aim was to achieve 100%.</p>
	<p>She highlighted the examples of best practice in the Report and in particular the work within the Young Persons Community Eating Disorders Service and the 'Life Story for Patients with Dementia' tool being used by the Dorchester Older Persons' Community Mental Health Team.</p>
	<p>Progress against the CQUIN target remained at amber as there was a risk that three CQUIN requirements would not be met, although it was not expected that this would result in a reduction in payment.</p>

	The Clinical Commissioning Group had advised that they had now commissioned an additional 10 beds from 1 April 2015, to assist with Delayed Discharge pressures. However, the availability of nursing home places remained a big issue, as it was likely that two could close due to safeguarding issues. Currently the trend remained downward with 13 patients currently delayed.
	Ron Shields noted the positive shift on prone restraint and rapid tranquilisation but was concerned by the reported increase in seclusion incidents. He noted that a review of the use of seclusion was being undertaken, as it had been identified that not all episodes were being reported and that not all staff were working to the same definition. It was important to define clearly what was meant by seclusion, using appropriate and consistent language and ensuring that the necessary safeguards were in place.
	Colin Hague confirmed that the January position for Mandatory Training stood at 89% and 93% for completion of PDRs. There had been a spike in January for sickness absence which mirrored what had happened the previous year but it continued to be monitored robustly.
	Nick Yeo advised that at a recent service visit staff had suggested that the paperwork for PDRs was difficult to complete making it hard to carry out an effective appraisal.
	In relation to financial performance, Jackie Chai advised that the Trust remained ahead of plan and was continuing to forecast a deficit of around £1.4million.
	Steve Hubbard advised that a twelve-month review of the Blueprint deliverables would come to the Trust Board in May with any outstanding matters being tracked with a PMO type report in 2015/16. The Board noted the Integrated Corporate Dashboard and Report.
302/15	People Management and Organisation Development
	Colin Hague presented the report. He recommended acceptance of the National pay offer applying to Dorset HealthCare staff. He highlighted that it would result in no rise for a significant group of staff, those earning over £40K, but an increased pay bill of £2M per year, which had been included in the figures in the budget for 2015/16. Not accepting could adversely affect the Trust's reputation and staff morale and he believed it was likely that all Trusts would accept the proposals. A further discussion was needed around a pay policy to assist with recruitment and retention, which would take place at the Remuneration Committee which would then make recommendations for the totality of Trust staff. Action: Remuneration Committee to review pay policy and make recommendations.
	Peter Rawlinson suggested that it might be helpful for the Board to have a Workshop on recruitment to understand the detail a little better and this was agreed. Action: Future Board Workshop on recruitment.

	Gill Fozard referred to the asbestos incident and the potential liability to the Trust. She also commended the work around email management which could result in significant savings in respect of time noting that this was an important issue for the Trust.
	Lynne Hunt asked why the management of ligature issues remained in the HR report, as it was a clinical issue of patient safety. It was noted that this was also a health and safety matter.
	John McBride queried whether the sickness level was a true level of sickness or whether it was indicative of a workforce that was unhappy.
	Ann Abraham referred to the suggestion in the report that a detailed breakdown of appraisal performance by Directorate would be included in the April report and indicated that was a matter for the Chief Executive and not for the Board. The Board continued to be concerned about overall appraisal performance. The Board noted the report and agreed acceptance of the National pay offer applying to Dorset HealthCare staff.
303/15	Staff Survey
	Colin Hague presented the results of the Staff Survey noting that they were broadly in line with the results for the rest of the NHS. He noted that the Survey was undertaken at the time of the locality restructure when staff were likely to have been feeling unsettled and uncertain about the future.
	The top 5 results related to experience of discrimination, equal opportunities for career progression, physical violence at work, witnessing of harmful incidents and work related stress. The bottom 5 related to good communication between senior management and staff, training and development, well-structured appraisals, fairness and effectiveness of incident reporting procedures and the use of feedback from patients/service users in decision-making. The Trust needed to provide better feedback to support decisions made and show that staff feedback made a difference. An action plan would be developed to address the issues including some engagement events.
	Ron Shields concluded that too many staff did not feel good about the Trust, as evidenced by the significant numbers of staff who would not recommend the Trust as a place to work or the care provided. This meant that the Trust would not be getting the best from them. If staff did not feel valued this needed to be addressed throughout the organisation. The Trust needed to fully understand what the issues were and deal with them.
	Nicola Plumb suggested that more information was required as the Trust had only received ten pages of qualitative responses to support the scores. It was a cultural issue which would start to be addressed by the implementation of the Vision and Purpose and the Strategic Goals. Senior staff needed to undertake more visits to increase their visibility. The new Leadership Forum would start to make a difference with the initial meeting having been well attended with 50% of senior managers attending.
	It was noted that 50% of staff had not completed the Survey, making it difficult to obtain a full picture.

	Dr Laurence Mynors-Wallis suggested that this was only a part of the picture and that what was important was for the Trust to celebrate what it currently did well as this was currently lacking in the Trust. The Trust should move away from the process and start to concentrate on the content and start to address and shape the behaviours of staff.
	It was noted that the proposed HR Strategy, which would follow this item, included 50 key performance indicators, which was too many. The Trust needed to focus on the areas that could make a difference and which were within the Trust's control. It was important not to focus too much on individual scores but to use the Survey results as the basis for a continuing conversation with staff.
	There were some positive elements in the results but the survey reflected the NHS cultural barometer following the Francis report. The Trust needed to balance the results with the feedback from patients and the public and from staff to get a better picture of where the Trust was. Ron Shields stressed that the role of the Staff Governor was important and further dialogue would be needed.
	The Board noted the report and the actions planned for engagement with staff; and that further information and updates would be included in the monthly People Management and Organisation Development reports.
304/15	HR Strategy 2015 - 2020
	Colin Hague presented the HR Strategy, which had benefited from feedback from Board Members following its previous presentation to the Board. The Strategy falls into five core themes: Attraction, Recruitment, Retention, Recognition and Development. It aims to be ambitious and bold with detailed project plans underpinning it.
	The Board discussed the link between the HR Strategy and the Strategic Goals, particularly being a learning organisation and having a skilled, diverse and caring workforce who are proud to work for Dorset HealthCare.
	Ron Shields emphasised that the HR Strategy, linked to the Strategic Goals, would need to enable staff to engage with, be valued by and proud of the Trust. Ann Abraham suggested that recognition and diversity should feature at all levels of the work required. The Board approved the HR Strategy.
305/15	Governance Manual
	Ann Abraham presented the proposed Governance Manual which would be taken forward by Keith Eales and presented in a final format to the Board in May. The new structure would come into effect from 1 April. The Board noted the paper and the work that was being undertaken on the development of the Governance Manual.
306/15	NED Membership of Board Committees
	Ann Abraham presented the paper, which set out the Non-Executive Director composition of Board Committees from 1 April 2015. She reminded the Board that Gill Fozard would be leaving the Board at the end of May, at which time she

	<p>would review Committee membership again.</p> <p>The Board noted the report and confirmed the appointments to the Board Committees</p>
307/15	<p>Associate Mental Health Act Panel Member Appointment</p> <p>Ann Abraham presented the paper, which sought the appointment of Gill Fozard as an Associate Mental Health Act Panel Member when she completed her term as a Non-Executive Director with the Trust. She commented that this was an excellent way in which to keep Gill's knowledge and experience with the Trust.</p> <p>The Board approved the appointment of Gill Fozard as an Associate Mental Health Act Panel Member.</p>
308/15	<p>Quality Account and Report 2015/16</p> <p>Fiona Haughey presented the draft Report. She sought the Board's agreement to the proposed Quality Priorities and supporting indicators for 2015/16 and the format of the overall document prior to it being shared with Governors and external stakeholders for comment. It would then return to the Board in May for formal sign off. She hoped that the final format of the Report would be more engaging and she was working with Nicola Plumb to achieve this.</p> <p>The Quality Priorities had been developed by a significant series of engagement events with patients, carers, staff, Governors and other key stakeholders, together with feedback from external bodies including Monitor and the CQC. This had enabled the document to have a better "feel" than the previous year.</p> <p>In relation to the 2014/15 Quality Priorities, Sally O'Donnell suggested that it was not accurate to say that the Clinical Effectiveness Priority of demonstrating integrated personal care for patients had been fully achieved, as this was at odds with the information contained in the Integrated Corporate Dashboard and Report.</p> <p>Action: Fiona Haughey to review accuracy of achievement of the 2014/15 Clinical Effectiveness Priority.</p> <p>The Board noted the report; approved the Quality Priorities and supporting indicators for 2015/16; and noted the timescale and process for production of the final version of the Quality Account and Report.</p>
309/15	<p>Board Assurance Framework (BAF)</p> <p>Ron Shields presented the BAF and suggested that the challenge going forward would be how the Trust used it at both Board and local level. He asked the Board to comment upon whether it reflected the current risks faced by the Trust and provided a reasonable level of assurance. The Board discussed the BAF and confirmed that it did.</p> <p>Keith Eales commented that, in his experience, the process for developing the BAF had been a particularly good example and the introduction of the three lines of defence method made for a more complete document. He agreed that the challenge now was to use the BAF effectively.</p> <p>The Board approved the Board Assurance Framework.</p>

310/15	Board Cycle of Business
	Ann Abraham presented the Board Cycle of Business, which continued to inform the development of Board Agendas. The Board noted the update.
311/15	Any Other Business
	Ann Abraham thanked Helen Potton for her hard work and commitment to the interim role of Trust Secretary, which she had approached with energy, enthusiasm and professionalism.
	Ann Abraham reminded the Board that following the Board meeting on 29 April there would be an event to mark the signing of the new Memorandum of Understanding with Bournemouth University.
312/15	Governor Questions / Observations
	Scottie Gregory commented that she was pleased that the Trust was paying attention to the Staff Survey. She recounted a conversation she had had at a Membership Day when a member of staff had commented that “there was a lot of dead wood to be got rid of”. She thought that this was an example of poor management skills as our leaders should be able to get the best out of people.
	Anna Webb commented that there were a number of areas in the Staff Survey that needed particular attention, including work related stress and bullying and that the Trust should have a zero tolerance for bullying.
	Michael Bevan referred to the Mental Health Services Review in West Dorset and suggested that it had been something of a “festering wound” for the Trust that needed to be addressed and implemented to the satisfaction of all. Ron Shields agreed that it needed to be brought to a conclusion and suggested that when the report had its public presentation there would be an opportunity to discuss what was required. It would be important to work with local people to achieve a successful outcome for all.
	Jan Owens noted that she had heard nothing about mental health beds in acute units in the Clinical Services Review (CSR) and that this should be addressed. Ann Abraham said that there would be an update on the CSR at the Council of Governors’ meeting in April. Ron Shields noted that mental health had been included in all the work streams, but that a whole system review was needed for mental health looking at issues of both capacity and locations.
	Angela Bartlett informed the Board that she worked in the Long Term Conditions Team referred to in the Patient Story and could confirm that the Admin Team also went the extra mile for patients to free up clinical time. She felt that the Patient Story suggested this had been the effort of one individual. That would not have been the case and to suggest that it had could have a detrimental effect on staff morale.

	<p>Anna Webb asked if the early intervention in psychosis film could be put onto the Time to Change website. Nicola Plumb agreed to facilitate this.</p> <p>Action: Film to be put on Time to Change website.</p>
	<p>She also had been advised that the Intensive Psychological Therapy Service had stopped taking referrals. Dr Laurence Mynors-Wallis advised that this was not the case and that additional capacity had been sourced to reduce waiting lists.</p>
313/15	Date and time of next meeting
	<p>The next Board Meeting will be held on Wednesday 29 April 2015 at Sentinel House, 4 - 6 Nuffield Road, Poole, Dorset BH17 0RB.</p>
314/15	Exclusion of the Public
	<p>To resolve that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business being transacted, publicity of which would be prejudicial to the public interest.</p>

Signed:

Date:

Ann Abraham, Chair