

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 10 December 2014
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
David Brook	Non-Executive Director
Gill Fozard	Senior Independent Director
Lynne Hunt	Deputy Chair
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 / 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:

Helen Potton	Interim Trust Secretary (Minutes)
Donna Steer	Patient Experience Facilitator (Until Agenda Item 1.3)

Observers:

Chris Balfe	Lead Governor
	Public Governor (Dorset RoEW)
Angela Bartlett	Staff Governor
Sue Evans-Thomas	Public Governor (Poole)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Angela Reed	Public Governor (Dorset RoEW)
Lance Williams	Public Governors (Bournemouth)

228/14	Welcome and Apologies
	Ann Abraham noted that there were no apologies and welcomed Helen Potton as the new Interim Trust Secretary.
	She invited Dr Laurence Mynors-Wallis to speak to the Board. Dr Mynors-Wallis informed the Board that he had decided that it was time for him to step down from his position of Medical Director of the Trust, although he would continue as a Consultant in Poole. He confirmed that he would remain in post until a replacement had been sought to ensure a smooth transition. Ann Abraham thanked him for providing notice to enable a smooth handover and Ron Shields noted that people in Poole would benefit from his decision.

229/14	Patient Story
	Lynne Hunt presented the patient story, which represented some courageous and moving stories from four women who attended a drop in centre for women who sold sex, particularly those who also misuse drugs and/or alcohol. Managed by the Dorset Working Women's Project (DWWP) team, the project focused on HIV prevention and sexual health. The stories all highlighted the good work that the project did but also referenced the lack of dedicated premises and the limitations that this posed.
	The Board discussed the issues that the stories had raised and noted in particular that there was an issue with regard to premises. Steve Hubbard advised that the Trust was currently reviewing its estate and as a part of this he would look at whether there were any premises that would be suitable for the project. Action: Steve Hubbard to consider suitable permanent premises for the project.
	Fiona Haughey advised that the project was part of a number of services that the Trust ran as part of providing a safer community and that it had received a number of awards. The project produced an Annual Report and she would provide a copy to the Board. Action: Fiona Haughey to provide a copy of the project's Annual Report to the Board.
	The stories highlighted the underlying impact to the women's children, which the Board noted should not be underestimated. Eugene Yafele noted that this was a hard to reach group and that further work was taking place to provide a one stop clinic which would provide services such as dental and general wellbeing for the women.
	Ron Shields suggested that it was important that this type of service was available across the County. He referenced the forthcoming retendering of part of the County's sexual health services noting that this was something that should also be considered as part of the ongoing Clinical Services Review (CSR). The Board noted the patient story.
230/14	Quorum
	Ann Abraham confirmed that the meeting was quorate.
231/14	Declarations of Interests in relation to Agenda Items
	There were no declarations made.
232/14	Minutes
	The minutes of the meeting held on 12 November 2014 were approved as an accurate record. It was noted that there was an action for Eugene Yafele under minute number 217/14 in relation to the importance of timely access to independent advocacy.
233/14	Matters Arising
	Dr Laurence Mynors-Wallis provided an update in respect of Bournemouth University noting that the position of Professor of Integrated Healthcare would be advertised in January and that the Memorandum of Understanding (MoU)

	between the Trust and the University was currently with the governance department of the University, but was expected to be approved shortly.
	188/14 - Eugene Yafele advised that the chronic fatigue service was based in Wareham but offered treatment across the County in a number of different localities.
	201/14 - This action was completed and would be removed.
	215/14 - This action was completed and would be removed but the Board noted that it would continue to get further updates on progress of the Clinical Services Review.
	226/14 - Although an agenda item, the cycle of business continued to be ongoing and would be brought back to the Board in January 2015. The Board noted the matters arising.
234/14	Chair's Update
	Ann Abraham advised the Board that she had been focused on governance and assurance matters together with some engagement with the Clinical Commissioning Group (CCG) around the Clinical Services Review.
	As Deputy Chair, Lynne Hunt advised that she had attended the Foundation Trust Network's Conference with colleagues and noted that the organisation had changed its name to NHS Providers. The conference had focused on the level of austerity within the NHS and the impact that it would have highlighting the importance of good leadership at all levels. She referenced a number of the speakers and in particular Andy Burnham who suggested that if Labour came to power they would repeal the Health & Social Care Act.
	Other speakers included David Bennett from Monitor, David Flory from the NHS Trust Development Authority and David Behan from the Care Quality Commission (CQC) who all discussed reform within the NHS with different models of transformational change. The key theme from the conference was transformation of the NHS by building alliances suggesting that Foundation Trusts should lead the way for this change.
	Lynne Hunt also advised the Board that she had attended another NHS Providers event specifically for Non-Executive Directors on which the key item discussed was the Dalton Review which had five themes: <ul style="list-style-type: none"> • That no one size would fit all; • Quicker transformation and transactional change was required; • Ambitious organisations with a proven track record should be encouraged to expand their reach and have greater impact; • Overall sustainability of the provider sector was a priority; • A dedicated implementation programme was needed to make change happen. <p>The Board noted the Update.</p>

235/14	Chief Executive's Update
	Ron Shields updated the Board on the following items:
	<p>Monitor Submission</p> <p>Monitor's response to the Trust's Quarter 2 Monitor submission had been received on 5 December. The Trust's governance risk rating remained green and continuity of service risk rating remained at 4. There was an ongoing issue around the Trust's failure to meet the 'minimising delayed transfers of care' target for the fourth consecutive quarter, and it was likely that this would also be the case for Quarter 3. This had formed part of the discussion during the earlier relationship meeting with representatives from Monitor who had acknowledged that there was some inconsistency of reporting from Trusts in general. The Trust was currently reviewing the integrity and accuracy of the data that had been reported.</p>
	<p>David Brook suggested that whilst it might be possible to review and improve the data accuracy, there was still an underlying problem that needed to be addressed. Linda Boland noted that the Trust continued to have in-patients who should have been transferred and that work was ongoing with the CCG to block book placements to free up availability. In addition she was meeting with Dorset County Council and an independent provider, who may have some additional capacity for individuals with challenging behaviour. The Trust continued to proceed on the basis that the current reporting was correct, as it was clear that more capacity was required.</p>
	<p>Duty of Candour</p> <p>The new Statutory Duty of Candour came into effect on 27 November. Ron Shields confirmed that the general message to staff needed to be that the Trust complied with this Duty because it was the right thing to do and Ann Abraham noted that openness and transparency were at the heart of the Trust's values and behaviours. Dr Laurence Mynors-Wallis noted that staff had an individual responsibility to act in this way as part of their professional responsibilities.</p>
	<p>It was agreed that a short paper would come back to the Board in the New Year to provide information for the Board on what the Trust was doing to implement the Duty of Candour.</p> <p>Action: Dr Laurence Mynors-Wallis and Fiona Haughey to bring a short paper on the implementation of the Duty of Candour.</p>
	<p>Chalbury Ward, Weymouth</p> <p>Earlier in the year part of the service previously provided at the Betty Highwood Unit at Blandford Hospital had transferred to Chalbury Ward at Weymouth, together with the staff who provided that service. Chalbury Ward provided care for elderly patients with severe dementia who were often detained under the Mental Health Act as they exhibited challenging behaviours. The Trust had undertaken a review, which had indicated that in the long term Chalbury Ward was not suitable for these patients.</p>
	<p>As part of the review the Trust had considered a range of options including providing the service at Blandford Hospital but this was not possible as there was no mental health cover available there. There were considered to be only two</p>

	<p>suitable alternatives for providing the service either at:</p> <ul style="list-style-type: none"> • Alderney Hospital, which currently provided this type of service; or • Forston
	<p>The Trust would work with commissioners to provide the same level of service to the whole County by developing a new model of care. Currently there was a better level of service in the East of the County, which benefited from care provided in the home. In the short term the Trust may need to move to an interim solution, as the current situation was not sustainable.</p>
	<p>Dalton Review</p> <p>Lynne Hunt had already referenced the review. It was focused on organisational change and provided a range of potential options. Monitor had been tasked with developing a framework to recognise a group of high performing Foundation Trusts, which could be given a form of accreditation to assist them to take on other Trusts which were not performing as they should be.</p>
	<p>NHS England's 5 Year Forward View</p> <p>Ron Shields recommended this to the Board. It represented NHS England's view of the future for the NHS. The view set out two potential models for delivering care in the future that were of particular relevance to the Trust:</p> <ul style="list-style-type: none"> • The Primary and Acute Care Systems with hospital services merging with general practice. • The Multispecialty Community Provider which was already starting to emerge around the country and which the Trust was already moving towards.
	<p>Clinical Services Review</p> <p>There was good engagement with the Clinical Commissioning Group in relation to the Clinical Services Review (CSR). In relation to mental health, it had been agreed that the approach should be two fold by looking at the service provided from end to end and across the four pathways. The CSR needed to take a clear view about community hospitals and their role in the future of healthcare. The review team had asked to visit a number of the Trust's services and this was being arranged. A meeting with the Board would take place on 7th January.</p>
	<p>Press coverage</p> <p>There had been some adverse local press coverage recently, primarily in respect of CAMHS. The Trust was considering whether to make a formal response.</p>
	<p>The Trust and the local Police Service had both received a letter from their respective Ministers in relation to S136 detentions, following national press coverage of unacceptable detentions in police cells. The Trust was keen to work together with the Police to ensure that this did not happen locally.</p> <p>The Board noted the update.</p>

236/14	CQC Intelligent Monitoring Report
	<p>Fiona Haughey introduced the report and advised the Board that this was the first report of its kind following the CQC's decision to publish quarterly intelligent monitoring of Trusts that provide mental health services with indicators that, from the CQC's perspective, should raise questions about the quality of care provided. It was one of the tools used by the CQC to prioritise inspections of NHS providers. It did not represent a judgement or ranking of care quality. The Trust was one of 5 Trusts in band 1, which was the highest-level risk band. Indicators were weighted with a heavy weight given to indicators from the NHS Staff Survey, which was in part the reason for the Trust being in band 1.</p>
	<p>The Board discussed how the information should be taken forward and noted that, whilst it indicated that the Trust would be in the first wave of inspections for 2015/16, a number of Trusts had already been told that they would have their inspection in the first quarter and the Trust had not yet been notified of an inspection date.</p>
	<p>The Board noted that the indicators would change gradually as many of them were annual indicators, which would not change on a quarterly basis. It was also noted that the most recent NHS Staff Survey was undertaken during the restructuring to localities so was unlikely to show a marked improvement. The Board agreed that the Trust should not be deflected by the report, continue with its focus on delivering quality care and be prepared for an inspection at any time.</p>
	<p>Peter Rawlinson suggested that if the Trust remained in band 1 over time, then it would be an indication that the work that had been undertaken was insufficient.</p> <p>The Board noted the report.</p> <p>The Board noted that the Quality Assurance Committee would continue to monitor the available data for the indicators showing as risk/elevated risk and those that are close to the threshold.</p>
237/14	Quality Assurance Committee
	<p>David Brook advised the Board that the Committee continued to look at care plans, staff assessments, discharges and risk with a more themed and prioritised programme.</p> <p>The Board received the minutes of the Quality Assurance Committee meeting of 29 October 2014.</p>
238/14	Finance, Investment & Performance Board Sub-Committee
	<p>Lynne Hunt explained that the Committee had held its last meeting the previous week with its responsibilities being undertaken in future either by the Board or the relevant Executive Management Group. The meeting had discussed payment by results for mental health services and understanding clinical clustering, both of which would be taken forward by the Executive.</p> <p>The Board received the minutes of the Finance, Investment & Performance (FIP) Board Sub-Committee Meetings of 30 September and 4 November 2014.</p>

239/14	Integrated Corporate Dashboard and Report
	<p>Fiona Haughey presented the highlights of the report from a quality perspective noting:</p> <ul style="list-style-type: none"> • Safety - there had been a slight increase in patient falls but there had not been a correlation between that and not completing fall assessments. Gill Fozard asked if there was any link between inpatient falls and staffing issues. Fiona confirmed that early indications were that there was not, but that further information was being sought. • Effectiveness - there had been significant improvement in respect of Venous Thromboembolism (VTE) assessments in mental health wards. • Patient Experience - a report had been presented to the Quality Assurance Committee providing positive feedback on ten wards, which would be circulated to the Board. <p>Action: Fiona Haughey to circulate Patient Experience report to the Board.</p>
	<p>Gill Fozard suggested that the seclusion data included within the report conflicted with data provided to the Mental Health Act Assurance Committee. Fiona Haughey confirmed that the data within the report before the Board was accurate.</p>
	<p>The Board noted that there remained some overdue actions in relation to NICE guidelines and Ann Abraham suggested that the Board would want to see some progress on these at the next meeting.</p> <p>Action: Fiona Haughey to update the Board on progress of overdue actions in respect of NICE guidelines.</p>
	<p>Colin Hague presented the highlights of the report from a workforce perspective and noted that continued progress against workforce indicators was fundamental to the success of the Trust going forward.</p>
	<p>The Board noted that progress continued to be made in relation to the Blueprint Deliverables following the recent six month review and that in due course these would be subsumed into the Trust Strategy for 2015/16 and beyond. Ann Abraham noted that the update to Action 21 in the body of the report was confusing and Steve Hubbard confirmed that it should read that progress in achieving compliance with mandatory requirements was still limited and was not where the Trust wanted to be.</p>
	<p>Jackie Chai presented the highlights of the report from a finance perspective and noted that the Trust's financial position continued to be stronger than the plan. She advised that there had been a significant change of £1M to the Cost Improvement Programme (CIP) as it was unlikely that two properties that the Trust was in the process of selling would be sold within the current financial year but would benefit 2015/16.</p> <p>The Board noted the report.</p>
240/14	People Management and Organisation Development
	<p>Colin Hague presented the report and advised that the Trust had not yet received the information on the dental contract. He noted that an interim Trust Secretary had been appointed until the permanent appointment had been made with interviews taking place for this on 16 December.</p>

	<p>There had been considerable focus on recruitment and retention and organisational culture with a Chief Executive led session taking place. He noted that the national industrial action had had a very limited impact upon the Trust and that the Trust's figures in respect of violence and aggression were declining which was contrary to the national position.</p>
	<p>Lynne Hunt advised that the Audit Committee had requested further information on S10 overpayments and that this would be discussed at the Committee's next meeting.</p> <p>The Board noted the report.</p>
241/14	<p>Clinical Services Review</p>
	<p>The Board noted that it had discussed this earlier in the meeting during the Chief Executive's update. Governors and the Board were encouraged to attend as many of the public meetings as possible to ensure that the Trust's voice was heard.</p> <p>The Board noted the update.</p>
242/14	<p>Board Assurance Framework</p>
	<p>Ron Shields presented the report, which reflected the discussions that had taken place at meetings of the Implementation Steering Group in October and November. The Risk Policy continued to be developed and would be discussed further by the Implementation Steering Group on 17 December and at a Risk Workshop with the Board on 4 February 2015. Whilst the Board Assurance Framework for 2014/15 demonstrated significant improvement on previous versions, it remained a work in progress.</p>
	<p>Gill Fozard suggested that the assurances described could be developed and Ron noted that previously too much detail had been provided but that potentially it had been slimmed down too much.</p>
	<p>The Board discussed the scoring methodology and noted that the highest score would be 25 with the 5 x 5 matrix. Ann Abraham suggested that the framework provided a good assessment of where the Trust currently was.</p>
	<p>Lynne Hunt advised the Board that at a previous FIP meeting the Committee had discussed the need for a dedicated risk officer. Ron Shields confirmed that consideration had been given to appointing a Chief Risk Officer but that, having agreed to appoint a new Trust Secretary, that role would deal with the corporate risk with the clinical risk remaining with the Nursing and Medical Directorates, which already had an established architecture below them. Fiona Haughey advised the Board that an appointment had recently been made to a new Risk Manager role dealing with clinical risk.</p> <p>The Board noted the report and approved the Board Assurance Framework for 2014/15.</p>
243/14	<p>Governance Structure and Terms of Reference</p>
	<p>Ann Abraham presented the paper and noted that this was a significant milestone in the Trust's journey to exemplary governance. She highlighted the significance of figure 1 in paragraph 2 of the paper, which summarised the formal roles of the Directors as part of a unitary Board and when acting collectively in the Boardroom</p>

	or undertaking distinctive executive/non-executive roles outside of formal meetings.
	Figure 2 set out the proposed new structure of Board Committees and Executive Groups from April 2015. These formal decision-making structures were complemented by other Board activities, including Board workshops, Board walkabouts and select committees.
	Appendices 1 to 4 set out proposed Terms of Reference for the Board, the Audit Committee, the Quality Governance Committee and the Mental Health Legislation Assurance Committee from April 2015.
	Appendices 5 to 7 set out proposed Terms of Reference for the senior Executive Groups.
	She noted that there were some additional drafting points for the Terms of Reference, which would be discussed in the debrief session at the Implementation Steering Group meeting on 17 December. There would also be a review of the Terms of Reference for the Remuneration, Nominations and Charitable Funds Committees and the completely revised Governance Structure document would be brought to the March Board meeting for final approval, together with a refreshed Trust Scheme of Reservation and Delegation.
	<p>John McBride advised that the Audit Committee had reviewed the revised Terms of Reference and had also sought the views of the external auditors.</p> <p>Action: Trust Secretary to facilitate the completed governance review to the March Board meeting.</p> <p>The Board approved the structure of Board Committees effect 1 April 2015.</p> <p>The Board approved the Terms of Reference for the Board, Audit Committee, Quality Governance Committee and Mental Health Legislation Assurance Committee, subject to detailed drafting amendments to be considered by the Implementation Steering Group.</p> <p>The Board noted the Terms of Reference of the senior Groups of the Executive.</p>
244/14	Cycle of Business
	<p>Ann Abraham noted that this was still a work in progress and that she had discussed with Helen Potton the need to understand the timetable and the interdependencies of the "must dos" to enable a proper programme of work to be produced for the Board, the Council and the assurance Committees.</p> <p>The Board noted the update.</p>
245/14	Any Other Business
	The Board discussed what was currently in place for staff in relation to Christmas and noted that previously it had been quite ad hoc but that it was important for things to be flexible as the clinical need had to take priority whilst showing staff that they were respected and valued. It was agreed that Board members would try and attend as many events as possible over the Christmas period and that Nicola Plumb would provide a list.

	Action: Nicola Plumb to circulate a list of Trust Christmas events.
	Fiona Haughey advised the Board that the Trust's Quality Improvement Conference was due to take place on 28 January to celebrate clinical practice. Professor Lisa Bayliss-Pratt, Nursing Director at Health Education England would be attending to present the awards.
246/14	Governor Questions / Observations Jan Owens referenced the recent press report that Dorset County Council may put adult social care out to a separate trading company and asked if this would raise any issues for the Trust. Ron Shields advised that this was not an unusual practice and other Councils had taken the same decision and that the Trust would work to develop a relationship with the company but noted that the challenge would be the budget and the impact of that.
	Angela Bartlett highlighted the potentially poor take up from staff on influenza vaccinations and that work was required to improve this for the coming year. Linda Boland noted that the statistics did not reflect those staff who may have had the vaccination at their own GP but also suggested that it was a leadership issue.
	Sue Evans-Thomas asked if there would be any redundancies following the proposed changes at Chalbury Ward and Ron Shields confirmed that there would not and that the Trust would work with existing staff in relation to allowances for additional travelling costs, as it was keen to retain the current staff.
	Sue Evans-Thomas also asked, if the Trust chose to opt for the Forston option for the service, would this involve a new build? Ron Shields confirmed that work would be needed to identify an appropriate building but that if a new build option were chosen, the Trust would need to obtain capital to undertake it.
	Scottie Gregory highlighted the difficult transport issues around the Forston site.
247/14	Date and time of next meeting
	The next Board Meeting will be held on Wednesday 28 January 2015 at Sentinel House, 4 - 6 Nuffield Road, Poole, Dorset BH17 0RB.
248/14	Exclusion of the Public
	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.

Signed:

Date:

Ann Abraham, Chair