

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust  
Board of Directors Meeting held on Wednesday 6 November 2013  
at Sentinel House, Poole BH17 0RB

<b>Present:</b>	Mr M Beesley	Non-Executive Director
	Ms J Chai	Associate Finance Director
	Mr N Chapman	Non-Executive Director
	Mrs G Fozard	Non-Executive Director
	Mr W French	Non-Executive Director
	Mr C Hague	Director of Human Resources (CLH)
	Sir D Henshaw	Interim Chairman
	Mr P Lumsdon	Director of Nursing and Quality
	Dr L Mynors-Wallis	Medical Director
	Ms J Owens	Non-Executive Director
	Ms H Robinson	Non-Executive Director
	Mr R Shields	Interim Chief Executive
	<b>In Attendance:</b>	Ms L Boland
Ms L Chellingworth		Interim, Human Resources
Ms J Elson		Acting Director, Strategic Development
Ms V Graves		Director of Community Health Services
Mr C Harvey		Trust Board Secretary (CH)
<b>Governors &amp; Members of the Public:</b>	Mr Burdett	Member of the public
	Mrs Burdett	Member of the public
	Mrs P Cooper	Trust Governor (Staff)
	Ms A Webb	Trust Governor (Poole)
	Mr P Kelsall	Trust Governor (Staff)
	Mr N Plumbridge	Trust Governor (Poole)
	Mr A Reed	Trust Governor (Dorset)
	Mr P Thackray	Trust Governor (Dorset)
<b>Apologies:</b>	Mr J Barton	Director of Mental Health Services

**Action**

129/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman welcomed members to the meeting, and those Governors and members of the public present.

130/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman discussed how the Board meetings would be run in the future with the suggestion that Board meetings would be taken around the county. This suggestion was agreed in principal.

There would also be changes to the agenda structure for future meetings.

131/13 **APOLOGIES FOR ABSENCE**

The Chairman noted apologies from Mr James Barton, Director of Mental Health Services

132/13 **DECLARATIONS OF DIRECTOR'S INTEREST**

Mrs Gill Fozard declared that her husband is Medical Director of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

CH

134/13 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 25<sup>th</sup> September 2013 were approved without any alteration.

**The Board approved the minutes.**

135/13 **MATTERS ARISING REPORT**

**There were no further comments and the report was accepted.**

136/13 **PATIENT STORY**

Ms Gail Taylor introduced a video presentation of an awards ceremony called the Road to Wellness Awards; these were held for service users who had made considerable progress in their journey to wellness. The awards were set up to celebrate the achievements of those accessing mental health services.

Sir David offered his congratulations for such a good idea and thanked the Dorset Mental Health Forum for their support. Sir David asked if the awards are to be presented annually and it was confirmed that this was the plan.

137/13 **APPROVAL OF GOVERNANCE STRUCTURE**

Former Chief Executive, Mr. Sly had asked Mr. Paul Lumsdon, Director of Nursing and Quality to review the Governance Structure. Consultation took place with the Directors and the membership of the Quality Assurance Committee, Quality and Patient Safety Group and the Patient and Public Experience and Engagement Group.

To support the extra rigor and allow for discussion and focus, three groups will be established; Patient Experience, Patient Safety and Patient Effectiveness. These groups will report to the Quality Assurance Committee. Draft Terms of Reference were also presented along with sample agendas.

Sir David Henshaw welcomed the more structured approach and that information around the patient experience and effectiveness of our services, involving stakeholder groups, patients and staff, will feed into the Governance Structure.

Mrs. Fozard pointed out that having looked at the Terms of Reference, there is no medical representation. Mr. Lumsdon will review membership.

PL

The new Governance Structure and Terms of Reference will be subject to a 6 month review by the Director of Nursing and Quality and other stakeholders.

**The Board approved the Governance Structure and Quality Assurance Committee Terms of Reference subject to inclusion of medical representation.**

138/13 **APPROVAL OF THE RISK MANAGEMENT STRATEGY**

The Risk Management Strategy has been reviewed and updated to reflect changes from the Regulatory Bodies and within the Trust's internal management structures.

Mr Lumsdon said that the strategy needed to be refreshed and proposed that it receive an annual review. Mr Lumsdon proposes to engage with stakeholders to assist with the review and to keep it on track.

Sir David stated that the strategy was a first pass at focussing on what is being achieved by the organisation and would like a review after three months.

Mr Beesley pointed out an error in Point 6.7.  
*The Audit Committee is chaired by Non-Executive Director and membership consists solely of Non-Executive Directors and executive directors are invited to attend.*

Mrs Fozard commented on Point 6.13 of the strategy. The Mental Health Act Managers Committee is currently under review by Mrs Fozard and Mr Beesley.

**The Board approved the Risk Management Strategy subject to the correction in Point 6.7.**

PL

139/13 **BRIEFING PAPERS**

The Board received briefing papers for:-

Audit Committee meeting held on 20 September 2013 – Mr Beesley, as Chair of the Audit Committee, presented a verbal update and highlighted key issues. The Committee received reports from Internal Audit and noted the 'Limited' assurance in respect of Devon Prisons and area of concerns around management and administration of controlled drugs and drug refrigerators. There was also 'Limited' assurance in respect of medical

devices which was an issue around lack of consistent systems.

Ms Owens asked about medical devices and why there was not an integrated database. Dr Mynors Wallis responded that most devices were not medical. The lack of an integrated database has been on the risk register but was not able to advise what the actions were.

Mrs Fozard pointed out that the lack of an integrated database had been identified a year ago.

Quality Assurance Committee – Mr Lumsdon presented the briefing note of key issues between 1<sup>st</sup> October and 28<sup>th</sup> October 2013.

Commenting on the briefing, Ms Graves reported that the warning notice issued from the Care Quality Commission for Blandford Hospital had been lifted following a review visit.

Sir David congratulated the teams at Blandford for their hard work.

Mr Chapman asked about Provider Complaints Assessments (PCAs) and if they were being carried out sufficiently. Dr Mynors Wallis stated that they should be ongoing and the way the teams can demonstrate that the organisation is complying with essential standards. Ms Boland confirmed that PCAs are very much live documents and must be reviewed on a regular basis. Mr Lumsdon pointed out that the Care Quality Commission had moved slightly away from PCAs and wants to have locality peer assessment to build up a local knowledge of services.

Sir David said that the Quality Assurance Committee structure would change and when future reports are presented, the Board will see results rather than procedures.

HR & Workforce Development Committee – Ms Robinson as Chair of the HR and Workforce Development Committee presented the briefing paper following the meeting on 28<sup>th</sup> October 2013.

Mr Hague spoke about the mandatory training targets and reported that compliance had reached 80% and the target to achieve 95% to 100% compliance by 31<sup>st</sup> March 2014. Sir David stated that he would like to see the target achieved earlier than March 2014. He pointed out that it was mandatory training and was not optional. Ms Robinson was concerned about the capacity within teams to release staff for training but Mr Chapman said that the responsibility to achieve was the operational directors and they must set their own plans to reach 100%. Dr Mynors Wallis stated that some staff see the training as repetitive so it becomes difficult to manage.

Mr Shields said that there would be a review of what mandatory training was required but that those elements that were most critical for patient care would be pushed to 100% compliance.

The Board received the report which included the recent correspondence received from the Care Quality Commission (CQC).

The Board received the information that warning notice had been lifted at Blandford Hospital.

Mr Beesley asked if there was the risk that there would be other situations at other Trust hospitals.

Mr Lumsdon said that he and Ms Graves had been to the service at Blandford Hospital and had jointly reviewed the documents and jointly gave support to the staff to see that the record keeping was up to date. He went on to say that the CQC had looked at four sets of records and that during their review, they had looked at three sets and were confident that they were in very good order.

141/13 **ANNUAL PLAN SCORECARD**

The Board received and noted the Annual Plan Scorecard.

Mr Harvey said that there was a slight degradation as we have elected to alter the Red, Amber Green (RAG) rating. It has been agreed that actions will only score green when the action is complete so this gives the Board a better view.

Regarding Priority 2.3, Dr Mynors Wallis pointed out that he did not think this was what was agreed. It was very clear that there should be quarterly clinical supervision and that there was no agreement that this would not happen until the end of 2014. Operational directors need to have clinical supervision in place and it was an absolutely critical action.

Mr Lumsdon said that he met clinicians on his visits, he asked about supervision and was assured that it was taking place.

Mrs Fozard questioned Priority 2.8 of the Scorecard which relates to Board development. Mr Hague said that a procurement process was in place.

Dr Mynors Wallis asked about the annual staff survey, Point 2.4 and commented that the amber trajectory was optimistic. Mr Shields said that he will pick this up outside of the meeting.

142/13 **INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT**

Ms Chai presented the report and stated that it was the first time that the combined report had been presented to the Board.

Ms Chai spoke about the concern for the financial position and the forecast is a deficit of £1.9 million. A particular cause for concern is the cost of out of area placements in Mental Health Services.

Mr Shields asked for a report for next month's Board meeting on the plan to

recover the deficit.

Mr French stated that questions had been asked continually about the over spend and had been assured that there was a plan. Ms Chai responded that there was now a much tighter process and that there had been further conversations with the Clinical Commissioning Group (CCG). Unfortunately the outcomes of these conversations were not favourable. There had been a GP membership meeting about supporting the Trust with additional funding but they had not been inclined to do so. Ms Chai said that she had met with the Chief Financial Officer of the CCG and had provided a paper which detailed patient through put. The CCG wished to have more information and were offered an opportunity to review our financial accounts.

Mr French asked about the plan to recover and Ms Chai responded that she had met with Mr Shields. The Board must decide if it will put stiff brakes on spending bearing in mind the issue of safe staffing levels.

Mr Shields asked that the issue of the over spend be brought to the next Board meeting.

On the matter of complaints, paragraph 2.5.1, Mr Shields stated that there should be a regular report on the nature of complaints showing the top 10 reasons. This report should come to the Quality Assurance Committee. Mr Shields felt that the current report was too superficial.

Mr French asked why the way the vacancy rate calculation is made had been altered.

Post meeting note from Mr Hague:

*Vacancies are based on a calculation of budgeted establishment (as provided in the E Financials system) less staff in post (using the Electronic Staff Record).*

*Mr Hague had received feedback and representations from managers that where, for example, a post is budgeted as full time, but it is agreed with the employee that they will reduce their hours to say 0.9 fte; the original formula showed the 0.1 as a vacancy, even though there was no intention to recruit to this. Therefore the adjustment made has been that any 'vacancy' of 0.2 fte or less is not counted as a vacancy. The concern has been to have a figure that better reflects vacancies HR are seeking to fill, but it was felt important to highlight that there had been this detailed change in calculation method*

Mrs Fozard was concerned about the length of time it has taken for root cause analysis (RCA) for pressure ulcers to be reviewed.

Mr Shields pointed out that there is an executive responsibility and that the root causes are very few. The information should not be held waiting to come to a committee. The incident should be quickly investigated, remedial actions taken, lessons learned and then reported to the Committee.

143/13 **APPROVED MINUTES FROM BOARD COMMITTEE MEETINGS**

The Board received and noted the approved minutes of the Audit Committee meeting held on 10<sup>th</sup> July 2013, the Quality Assurance Committee held on 4<sup>th</sup> September 2013 and HR and Workforce Development Committee held on 2<sup>nd</sup> October 2013..

144/13 **APPOINTMENT OF INTERIM CHAIR**

The Board is asked to note the requirement to appoint an interim chair. Sir David Henshaw was appointed with effect from 7<sup>th</sup> October 2013.

145/13 **WINTER PLANNING AND SURGE ESCALATION PLAN**

The Board noted the report.

146/13 **TO RECEIVE THE PART 1 FORWARD AGENDA PLANNER**

The Board noted the Forward Agenda Planner. The Quality Assurance Committee minutes will

147/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

Ms Owens asked about the skill mix review. Sir David agreed that it was critical to have safe staffing levels and that there would be further reviews in December.

148/13 **OBSERVATIONS FROM GOVERNORS**

Ms Webb made a plea for extra acute mental health beds. She observed that if savings are made in out of area placements then treatment should be available in the county. Demand for beds is increasing but bed numbers are being cut. Mr Shields agreed that the Trust needed to provide services in the county and that out of area services was not the answer.

Mrs Cooper asked if the outcomes from the Staff Vision Test were being addressed. She pointed out that there are lower scores in certain areas. Dr Mynors Wallis reported that he and Mr Lumsdon would be undertaking 'listening' events to hear what staff had to say.

149/13 **ANY OTHER BUSINESS**

There was no other business reported. The Chairman thanked Board members, members of the public and Governors, for their attendance.

150/13 **DATE OF NEXT MEETING**

The next Formal Board Meeting will be held on Wednesday, 4 December 2013, 1:00pm at Sentinel House, Poole, Dorset BH17 0RB.

Signed:

Date

Sir David Henshaw, Chairman