

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 29 April 2015
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
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
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
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
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Observers:

Chris Balfe	Public Governor (Dorset RoEW)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
John Bruce	Public Governor (Bournemouth)
Sue Evans-Thomas	Public Governor (Poole)
Patricia Scott	Public Governor (Poole)
Anna Webb	Public Governor (Poole)
Angela Bartlett	Staff Governor
Pat Cooper	Staff Governor
Becky Aldridge	Partner Governor (Service User Group)
Bill Batty-Smith	Partner Governor (Bournemouth, Poole, District Councils)
Esther Provins	Associate Director of Business and Performance
Donna Steer	Patient Experience Facilitator (for minutes 315-316/15)

315/15 Welcome and Apologies

The Chair welcomed members to the meeting together with a number of Governors and staff observers. The apologies received from David Brook and Gill Fozard were noted.

316/15 Patient Story

The Locality Director-Poole presented a patient story which referred to the work of the Pain Management Service.

The story related to the positive experience of a patient referred to the Pain Management Programme following abdominal pain and seizures. The story emphasised the importance of self-management and the social side of participating in the Programme. The patient was now a volunteer, met patients on the first day of attending the Programme and shared his experiences.

The Locality Director-Poole commented that the story highlighted the seven different pathways in the service which supported over 700 patients a year. The cost of the service was £134,000 a year.

Board Directors considered that the story was an excellent example of the interplay between physical and mental health and highlighted the benefits of early intervention by the Pain Service.

The Chair sought clarification on the steps being taken to bring the patient stories to the attention of a wider audience. The Director of Organisational Development, Participation & Corporate Affairs advised that they would form part of a Trust bank of patient stories. Staff would be encouraged to upload their own stories as part of a wider initiative of developing the use of patient story telling across the Trust.

Action: that the Locality Director-Poole submit a patient story on the impact of delayed transfers of care to a future meeting.

317/15 Quorum

The Chair confirmed that the meeting was quorate.

318/15 Declarations of Interests in Relation to Agenda Items

No declarations were made.

319/15 Minutes: 25 March 2015

The minutes of the meeting held on 25 March 2015 were approved as an accurate record subject to the following amendment

Minute 301/15: Integrated Corporate Dashboard and Report

Seventh paragraph, second line

Replace 'Information Governance stood at 93% and 89% completion for PDRs' with 'Colin Hague confirmed that the January position for Mandatory Training stood at 89% and 93% for completion of PDRs'.

320/15 Matters Arising

The Board received the report on matters arising

Minute 279/15: Pre-election Purdah

The Director of Organisational Development, Participation & Corporate Affairs advised that there had been no requests from local candidates or parties to visit Trust sites and premises. In the light of this, the decision had been made not to send the letter to political parties setting out the Trust position.

Minute 294/15: Patient Story and the Hydrotherapy Pool

The Locality Director-Dorset advised that prices were being obtained for the renovation work on the pool and the League of Friends was being kept informed of progress.

The Director of Nursing and Quality gave an update on the issue of obtaining prior medical records. The investigations undertaken to date indicated that there was a wider issue of accessing records. Discussions were continuing on the approach to be taken to addressing this.

The Board considered that items were being progressed operationally and could be removed from the schedule of matters arising.

Minute 299/15: Sustainable Ideas

It was noted that the competition for sustainable ideas had been completed.

Action: that the Director of Organisational Development, Participation & Corporate Affairs submit a report to the next meeting of the Board on the outcome of the sustainable ideas competition.

Minute 312/15: Pay Policy

The Chair advised the Remuneration Committee would be reviewing pay policy at a workshop on 20 July.

It was noted that consideration was being given to the timing of a Board workshop on recruitment.

Minute 312/15: Early Intervention in Psychosis Film

The Director of Organisational Development, Participation & Corporate Affairs advised that the premiere of the film would be taking place in Weymouth on Friday. Once this had taken place discussions would be held about arranging for the film to be placed on the Time to Change website.

321/15 Chair's Update

The Chair gave her monthly update to the Board.

The Chair drew attention to

- The recruitment process for the appointment of a Medical Director had been completed and the position had been offered to Dr. Nick Kosky. The Chair thanked those who had participated in the process.

- The Governors Nominations Committee had shortlisted candidates for the position of Non-Executive Director that would become vacant at the end of May. Interviews would take place on 13 May with a recommendation being made to the Council of Governors on 20 May.
- The Chair reported on key matters discussed at the Council of Governors meeting on 15 April, including finalising the membership and Governor leaflets and the Council contribution to the Quality Report for 2014/15.
- The Chair had attended the physiotherapists conference held the previous week. It had been a lively and stimulating conference.
- The 2015 Annual Members Meeting would be held at the Tank Museum, Bovington on 16 September.

322/15 Chief Executive's Update

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

The Chief Executive explained that preparations were continuing for the Care Quality Commission (CQC) inspection in June. The Chief Executive explained that the approach continued to be one of supporting staff and raising awareness of the inspection process and what it would involve.

The Chief Executive advised that there was considerable progress being made by GPs in forming federations. There were significant variations in the ambitions of the federations. However, all were positive in their attitude towards working with the Trust.

The Chief Executive gave an update on progress with the Clinical Services Review (CSR). Meetings of the various workstreams continued to take place. The next stage would be the publication of the pre-consultation business case.

The Board noted the Chief Executive's report.

323/15 Minutes of Board Committee Meetings

The Board received the following minutes of Committee meetings

Quality Assurance Committee	17 February and 24 March 2015
Audit Committee	26 January 2015
Charitable Funds Sub-Committee	3 December 2014

The Chairs of the Audit Committee and the Charitable Funds Sub-Committee drew attention to key issues discussed at the meetings. It was noted that a Board workshop would be held to discuss the role of Board Directors as Trustees of the Charity.

The Director of Nursing and Quality referred to the discussion at the Quality Assurance Committee on staffing levels on Chalbury Ward. She advised that the Committee Chair had identified this as a matter to be brought to the attention of the Board. The Director of Nursing and Quality advised that the staffing levels were safe

for the numbers of beds that were open on the Ward. The position was being kept under review.

It was noted that there had been a discussion at the March meeting of the Committee on progress with implementing the Francis recommendations in the Trust. Progress would be reviewed again in six months.

324/15 Board Integrated Dashboard

The Medical Director submitted the integrated corporate dashboard for March.

The Medical Director explained that this was the first of the new style report with refreshed metrics. The performance reported to the Board was underpinned by ward/team level information. It aimed to provide Board line of sight to performance within wards and teams.

The Medical Director drew attention to the exception reports and commented on each.

Concern was expressed at the limited progress being made towards having in place up to date care plans and risk assessments. The success being achieved in other areas, such as appraisal completion, only highlighted the continued limited progress being made in respect of care plans and risk assessments. It was considered, given the current level of performance, imperative for the Executive to implement immediate actions to achieve a month on month improvement in completion rates.

The Medical Director advised that prior to the implementation of the new integrated dashboard, information on areas where completion was poor was not readily available. The information now available through the dashboard would enable these areas to be addressed. The Medical Director confirmed that the intention was to achieve a significant improvement in the completion rate over the next few months.

The Board discussed the approach to financial reporting through the integrated report. It was concluded that the financial element should highlight performance year to date and the year-end forecast in respect of

- Achievement of the £1m agreed operating surplus
- Achievement of the cost improvement programme
- Implementation of the investment plans in the agreed priority areas
- Implementation of the capital programme
- Performance against the Monitor plan

The Director of Finance advised that currently the financial systems would not support reporting against the achievement of the operating surplus. Consideration would be given to how this could be achieved.

It was noted that a metric for staff engagement was being explored. The Board emphasised the importance of this being undertaken corporately so that a common approach was adopted across the Trust.

The Chair concluded the discussion by welcoming the new dashboard. It had successfully highlighted the areas requiring Board attention and facilitated discussions at all levels of the organisation.

The Board noted the dashboard.

Action: that

(a) finance sections of the integrated corporate dashboard highlight performance year to date and the year-end forecast in respect of

- **Achievement of the £1m agreed operating surplus**
- **Achievement of the cost improvement programme**
- **Implementation of the investment plans in the agreed priority areas**
- **Implementation of the capital programme**
- **Performance against the Monitor plan**

(b) The Director of Finance advise the Board on the approach to be adopted for reporting performance year to date and the year-end forecast in respect of the achievement of the £1m operating surplus.

325/15 People Management and Organisation Development

The Director of Human Resources submitted the monthly people management and organisation development report.

The Director of Human Resources drew particular attention to the Staff Survey engagement events that were taking place, the action taken to support recruitment including the extension of the relocation allowance to nurses, recruitment and retention initiatives, progress being made in respect of the Stonewall Health Equality Index and the Learning at Work Week from 18-22 May.

The Board discussed the reporting of management of ligature issues. The information reported reflected activity that was taking place rather than providing the Board with assurance that issues were being addressed. There was also comment as to whether the information was more appropriately reported in the quality report. The Director of Nursing and Quality advised that the Executive Quality and Risk Group would receive reports in future on ligature issues. Issues for escalation, and overall assurance, would be provided to the Quality Governance Committee and the Board through this Group.

The Board noted the report.

326/15 Quality Strategy

The Director of Nursing and Quality submitted the draft Quality Strategy for approval.

The Director of Nursing and Quality gave an overview of the Strategy, including the context of the Strategy, strategic quality objectives, measuring quality, identifying and managing key risks to quality and quality governance.

The Director of Nursing and Quality confirmed that the annual Quality Account priorities would be derived from the Strategy.

Board Directors made a number of detailed observations on the draft Strategy including

- Identifying more relevant indicators to support the measurement of progress against the objective of promoting safe and therapeutic staffing levels within community mental health teams
- Clarifying that the Mental Health Legislation Assurance Committee reported through the Quality Governance Committee
- Clarifying that the clinical audit programme was agreed by the Quality Governance Committee

The Board discussed how year on year progress in delivering the objectives in the Strategy would be measured. It was recognised that measures were proposed. However, the challenge was in identifying measures that would indicate true progress towards the objectives rather than tracking what could be easily measured.

It was considered that one approach would be to develop a narrative against each objective setting out what success looked like over each year of the Strategy. Metrics could then be identified underpinning the narrative. This would set out a position which, collectively, the Board could use to measure progress in delivering the Strategy.

The Board noted the Strategy.

Action: that the Director of Nursing and Quality develop narrative statements in respect of each of the quality objectives for further consideration by the Board.

327/15 Quarter 4 Submission to Monitor

The Director of Finance submitted the draft quarter 4 return to Monitor.

The Director of Finance gave an overview of the narrative supporting the return.

With regard to CQC Mental Health Act inspections, it was noted that the report for Herm Ward had been received after the close of the quarter. It was considered that the formal return should reflect events in the quarter but that Monitor should be advised through other channels that the report had been received and the verbal feedback confirmed.

The Locality Director-Poole advised that, with regard to delayed transfers of care, the Trust was ahead of trajectory at the end of quarter 4 and expected to be within the target for quarter 1 of 2015/16.

The Board considered it appropriate to reflect in the return that the external governance review against the Monitor Well-Led Framework had now been commissioned.

Action: that Monitor be advised that

(a) The statement ‘the Board anticipates that the Trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months’ be marked as ‘confirmed’

(b) The statement that ‘the Board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the

application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards' be marked as 'not confirmed'

(c) The statement 'the Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22 Diagram 6) which have not already been reported' be marked as 'confirmed'.

328/15 Annual Plan to Monitor

The Director of Strategy and Business Development submitted the draft narrative for the Annual Plan prior to its submission to Monitor on 14 May.

The Director of Strategy and Business Development explained that Monitor required two versions of the narrative text-the one year Operational Plan and the Trust Five Year Strategy 2015-2020 and Delivery Plan 2015/16.

The Board reviewed the document in detail. It was considered that the plan could be reviewed and developed in a number of areas

- In place of a historic focus the text should trace the transition of the Trust from the Blueprint plan to steady state operation
- The five year financial strategy should be reflected in the document
- The performance monitoring framework should be referred to in the document
- The quality element would be revised to reflect the Quality Strategy
- The continuation of winter system reliance planning would be reflected in paragraph 10.29
- The text in respect of the Cost Improvement Programme would be revised in paragraphs 4.1 and 4.2

It was considered that, in future years, there would be merit in reviewing the draft plan at a Board Workshop prior to its submission to the Board.

The Board then discussed the three Declarations required by Monitor.

With regard to sustainability, it was recognised that the Board was being asked to confirm that the Trust would be financially, operationally and clinically sustainable over one, three and five years. It was noted that the Board had marked this as 'not confirmed' in 2014.

It was recognised that one perspective on this Declaration was that the Board had the competence, resilience and ambition to respond to and manage the issues that it could foresee over these time periods. This perspective was supported by the development of the Trust over the last year, including the changes in the leadership team, the move to locality structures, the conclusion of regulatory intervention and improved relationships in the health economy.

However, the Board also recognised that there was a degree of uncertainty facing the Trust. The financial challenges facing the health economy had led to the development of the CSR. The outcome of this was uncertain at this stage. Implementing cost improvement programmes in excess of 2.2% was not considered sustainable for the organisation. In addition to this, staffing remained a challenge and the CQC inspection would be taking place in June. Given the environment within which the Trust was operating, it was considered difficult to confirm Declaration 1 given the degree of certainty that it required.

The Board concluded that the Trust had strengthened its position over the last year and had moved on from the circumstances it was facing when marking Declaration 1 as 'not confirmed' in 2014. However, given that there were further improvements to be made to the resilience of the Trust, and in view of the degree of uncertainty facing the organisation, it was considered that Declaration 1 should be marked as 'not confirmed' for the 2015 submission.

The Board considered Declarations 2 in respect of the availability of resources and considered that this should be marked as 'confirmed'.

With regard to interim and/or planned term support requirements, the Board considered that this should be marked as 'DH support not required'.

Action: that

- (a) The detail of the narrative submission be reviewed and revised as discussed at the meeting**
- (b) Declaration 1 be marked as 'not confirmed'**
- (c) Declaration 2 be marked as 'confirmed'**
- (d) Declaration 3 be marked as 'DH support not required'**
- (e) The Chair and Chief Executive be authorised to sign the submission on behalf of the Board/**

329/15 Annual Report of the Audit Committee

The Chair of the Audit Committee submitted the annual report of the Committee to the Board.

The Chair of the Committee advised that it was good practice for an Audit Committee to produce such a report. Its production was aligned with the year-end annual report and accounts assurance process.

The Chair of the Committee advised that when producing the 2015/16 report, it was planned to draw out themes from the work of the Committee.

The Chair concluded by commenting that he had received excellent support from the various internal and external advisers over the course of the year.

The Board noted the annual report.

330/15 Register of Director's Interests

The Trust Secretary submitted the Board Register of Director's Interests.

The Board discussed the nature of interests that should be declared and, in particular, whether membership of joint groups and networks should be listed. It was considered that each Director should review their entry in the Register to ensure that there were no other interests to declare.

Action: the Trust Secretary to distribute the current register, with guidance on declarable interests, to Board Directors for review.

331/15 Three Month Cycle of Board Business

The Chair presented the Board cycle of business, which continued to inform the development of Board agendas.

The updated cycle of business was noted.

332/15 Heroes Awards

The Director of Organisational Development, Participation & Corporate Affairs advised that the Heroes staff award scheme had now been launched. To date, 30 nominations had been received.

333/15 Governor Questions and Observations

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

- The Catering Team at Alderney Hospital had achieved a top three position in a national catering award scheme. The Board congratulated the team on their success
- Governors would welcome dates of Board Committee meetings. The Trust Secretary undertook to supply the information
- It would be beneficial to provide clarity as to the changes to the criteria adopted for admission to the Intensive Psychological Therapies waiting list. The Director of Nursing and Quality endorsed the importance of ensuring clarity about the changes
- Consideration should be given to extending the recovery education courses to children. The Locality Director-Poole undertook to raise this with commissioners
- Transport should be made available, and publicised, from Wool train station to the Annual Members Meeting at the Tank Museum, Bovington. The Director of Organisational Development, Participation & Corporate Affairs undertook to take this forward
- Care should be taken to ensure that the wish to improve performance in respect of delayed transfers of care and to release bed space, should not result in patients being discharged too early. The Chief Executive confirmed that staff were not placed under undue pressure to discharge patients so that beds could be re-used.

334/15 Next Meeting

A special meeting of the Board would be held at 2pm on Thursday, 21 May 2015 at Sentinel House, 4-6 Nuffield Road to approve the Annual Report and Accounts for 2014/15.

The next scheduled meeting of the Board would be held at 1pm on Wednesday, 27 May 2015 in the Old Library, Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA.

335/15 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.

Signed:

Date:

Ann Abraham, Chair