

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust  
Board of Directors Meeting held on Wednesday 10<sup>th</sup> September 2014  
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

<b>Present:</b>	Ms. A Abraham	Chair
	Mr. R Shields	Chief Executive
	Ms. L Boland	Director of Children and Young People Service
	Mr. D Brook	Non-Executive Director
	Ms. J Chai	Acting Director of Finance & Performance Management
	Ms. J Elson	Director of Adult Mental Health
	Mrs. G Fozard	Non-Executive Director
	Mr. C Hague	Director of Human Resources
	Ms. F Haughey	Interim Director of Nursing & Quality
	Mr. S Hubbard	Director of Strategy
	Ms. L Hunt	Non-Executive Director & Deputy Chair
	Mr. J McBride	Non-Executive Director
	Ms. S Murray	Non-Executive Director
	Dr. L Mynors-Wallis	Medical Director
	Ms. S O'Donnell	Interim Director of Community Health Services
	Ms. N Plumb	Director of Organisational Development, Participation & Corporate Affairs
Mr. N Yeo	Non-Executive Director	
<b>In Attendance:</b>	Mr. M Dobbs	Interim Trust Board Secretary
	Ms. G Morris	Assistant to Trust Board Secretary
<b>Apologies:</b>	None	
<b>Observers:</b>	Mr. C Balfe	Lead Public Governor (Dorset RoEW)
	Ms. L Bonfield	Incoming minute taker
	Ms S Evans-Thomas	Public Governor (Poole)
	Ms. J Owens	Public Governor (Dorset RoEW)
	Mr. P Rawlinson	Incoming Non-Executive Director
	Ms. A Reed	Public Governor (Dorset RoEW)
	Ms. P Scott	Public Governor (Dorset RoEW)
	Ms. A Webb	Public Governor (Poole)

### **WELCOME**

Ms. Abraham welcomed Mr. Hubbard and Ms. Murray to the Part I Board Meeting. Mr. Balfe was congratulated on being elected Lead Governor Designate, with ratification expected at the forthcoming Annual Members' Meeting.

Ms. Abraham drew the Board's attention to the new style agenda, as recommended by the Trust's Governance Adviser.

166/14

### **PATIENT STORY**

Ms. O'Donnell read the narrative provided which described the patient's difficulties in relation to accessing community physiotherapy. She advised the Board that, on hearing Mr Luff's story, the Physiotherapy Team had been in contact with him and were developing a care plan. In discussion with Mr. Luff, it emerged that access to leisure facilities had been offered but he did not feel ready to make use of them. The communication issues highlighted had been compounded by a break in care due to maternity leave. Reference was made to the capacity and demand study which noted differences in physiotherapy commissioning across East and West Dorset. The study will be further reviewed to establish which commissioning model provides better patient outcomes and experience.

Ms. Haughey said that there can be a mismatch of patients' expectations when they move from acute to community based care as well as the expectations the clinicians have about the patient.

Ms. Boland added that incorporating patient goals is important to managing expectations and communications.

Mr. Shields concluded that there are capacity issues within the physiotherapy service but that this story also showed a mismatch of expectations between the patient and clinicians within both acute and community based service provision, highlighting a need to improve communications.

**The Board noted the patient story narrative.**

167/14

### **APOLOGIES**

No apologies were noted.

168/14

### **QUORUM**

It was confirmed that the meeting was quorate.

169/14 **DECLARATIONS OF INTEREST**

There were no further interests declared.

170/14 **MINUTES OF PREVIOUS MEETING**

The minutes of the Part I Board Meeting held on 13<sup>th</sup> August were approved without alteration.

171/14 **MATTERS ARISING**

The schedule of matters arising from the 13<sup>th</sup> August 2014 was presented.

LMW gave a verbal update on progress with renewing the Memorandum of Understanding between the Trust and Bournemouth University and advised that a joint paper would be presented to the October Board meeting.

LMW

It was noted that the remaining items in matters arising all related to the Blueprint Deliverables and would be covered during discussion of the Integrated Corporate Dashboard and Report agenda item.

172/14 **CHAIR'S UPDATE**

1. Annual Members' Meeting

Work has been continuing on preparing and organising the Annual Members' Meeting that will take place on Thursday 18<sup>th</sup> September 2014.

2. Workshop on Improving the Risk, Assurance and Quality Governance Framework

Work is continuing with Mr. Chittenden, the Trust's Governance Adviser, and further discussion will take place at the Board Workshop on Wednesday 17<sup>th</sup> September 2014.

**STRATEGY IMPLEMENTATION:**  
**Current Affairs and Operational Performances**

173/14 **CHIEF EXECUTIVE'S UPDATE**

1. Locality Structure

All Trust partners and the whole organisation have been advised of the specific responsibilities of each Locality Director. Recruiting Locality Managers will commence during week commencing 15<sup>th</sup> September and induction will take place during the first week in

October. The induction will take place over five days, as it is critical to ensure a strong understanding of the local area and how to work with local partners, to develop and deliver truly integrated care. The transition to the new structure will take place during October.

2. Better Together

This initiative is closely aligned to the ambitions of the Locality Model. The first strand of this initiative focuses on care of the frail and elderly, aiming to provide a better service from a restricted resource. Commissioners are reviewing locality models, and delivery principles being developed. The resulting specifications will outline how service providers can work together. The second strand focuses on Information Management and Technology to support integrated health and social care provision.

3. Applications for the Better Care Fund

The £3.8b fund available is not new funding. There are clear requirements for all health providers to deliver better integration by pooling services. This is expected to lead to a 3.5% reduction in A&E admissions.

4. Clinical Services Review

Three Directors attended the Clinical Commissioning Group's event to select Dorset's Clinical Service Review partner with a decision expected to be made on 17<sup>th</sup> September 2014. Following selection there will be a three to four month fact finding review with Trust clinicians and managers being engaged in the process. A public launch will take place on 22 October 2014.

5. Review of Mental Health Services in North and West Dorset

The University of the West of England will be undertaking this review, which will focus on any shortcomings in mental health provision and actions recommended to address the them.

Ms. Hunt asked about the reported increase in patients presenting at A&E and asked if they were from any specific groups.

Mr. Shields responded that there were no specific group characteristics that account for the national increases in cases patients presenting to A&E, although changes in General Practitioner hours and patient expectations may account for the increase.

Ms. Boland said that patients' use of the 111 service has

contributed to the increase in A&E presentation.

Ms. O'Donnell added that there had been also been an increase in patients presenting at the Minor Injuries Units.

Mr. McBride asked whether the Clinical Services Review was considered an opportunity or a threat, asking how the Non-Executive Directors could support the process.

Mr. Shields responded that the Clinical Services Review is both an opportunity and a threat. The Review will address the service provision requirements for the County and then ask all service providers how to best provide for them.

174/14

**To approve the Standing Financial Instructions**

Ms. Chai explained the proposed increase in authorisation limits. The Finance, Investment and Performance Committee had reviewed the delegated limits and proposed amendments, which had been considered and were recommended by the Audit Committee. It was noted that the proposals had been benchmarked against five similar Foundation Trusts.

**The Board approved the revised Standing Financial Instructions.**

175/14

**To receive the approved minutes from the Audit Committee held on 21<sup>st</sup> May 2014**

No further updates were required.

**The Board received the minutes from the Audit Committee held on 21<sup>st</sup> May 2014.**

176/14

**To receive the approved minutes from the Quality Assurance Committee held on 30<sup>th</sup> June 2014**

No further updates were required.

**The Board received the Minutes from the Quality Assurance Committee held on 30<sup>th</sup> June 2014.**

177/14

**To receive the approved minutes from the Finance, Investment and Performance Committee held on 1<sup>st</sup> July 2014**

Ms. Hunt gave the following update from the Finance,

Investment and Performance Committee held on 3<sup>rd</sup> September 2014:

1. The Care Quality Commission's draft report on the visit to the Waterston Unit on 4<sup>th</sup> and 5<sup>th</sup> August 2014 is expected shortly.
2. Recruitment and retention continue to be an ongoing issue for Dorset HealthCare as well as being a wider problem for the NHS. A Board Workshop had been suggested to further address the issues and propose resolution options.
3. Further work has been requested with regard to the Information Management and Technology and Estates Strategies and will be presented to the Board following review by Mr. Hubbard.

**The Board received the approved minutes from the Finance, Investment and Performance Board Subcommittee held on 1<sup>st</sup> July 2014.**

178/14

**To receive the approved minutes from the Joint Health and Safety Committee Meeting held on 22<sup>nd</sup> May 2014**

Mr. Hague advised that the Trust Smoking Policy has been reviewed and agreed with the Trade Unions.

**The Board received the minutes from the Joint Health and Safety Committee Meeting held on 22<sup>nd</sup> May 2014**

179/14

**To receive the approved minutes from the Security Advisory Group held on 19<sup>th</sup> June 2014**

Mr. Hague advised that data from the Violence and Aggression Survey is being used to improve staff planning and that local specialists will be targeting the areas with the highest level of incidence. Two members of the Council of Governors attended recent training and reported that they found it helpful and informative.

**The Board received the minutes from the Security Advisory Group held on 19<sup>th</sup> June 2014.**

180/14

**To receive the Integrated Corporate Dashboard and Report for July 2014**

Ms. Chai summarised the content of the July Corporate Dashboard.

Preventable hospital acquired pressure ulcers and

healthcare acquired infections have been reviewed by the Quality Assurance Committee.

Qualified staffing levels continue to be of concern.

Improvements have been recorded in the Monitor Delayed Discharge measure.

Compliance has been achieved with Monitor's inpatient access to crisis resolution home treatment services indicator.

In relation to financial performance, at the end of July the Trust recorded a deficit against budget of £410k, resulting in a cumulative deficit of £727k, around £600k ahead of plan. £5m of the £8m Cost Improvement Programme target for 2014/15 has been achieved.

### Quality

Mrs. Fozard asked why there was a reduction in the numbers of Venous Thromboembolism risk assessments.

Ms. Haughey responded that the decrease relates to mental health wards and is being reviewed.

### Staffing

Ms. Haughey advised that, following funding approval for an increase in inpatient Mental Health Services nursing numbers, ratios require realigning, as the report reflects the delay between funding approval and recruitment. She went on to assure the Board that patient safety had not been compromised and that weekly conference calls take place to ensure this continues to be the case.

Ms. Murray asked whether there is any correlation between the number of complaints and the low level of staff taking the 'compassion and kindness' course, noting that patient experience is linked to staff compassion.

Ms. Haughey said that the correlation would be reviewed.

### Operational Performance

Mr. Yeo asked whether compliance with the Monitor target relating to Delayed Discharges would be achieved earlier than forecast. Ms. Elson responded that this was unlikely.

Dr. Mynors-Wallis noted that staffing is only being reported in relation to inpatient service provision whilst continuing to be an area of concern for the whole Trust. He added that the quality metrics are currently under

review to ensure that they reflect the needs of the Trust and can be aggregated from team to locality to Trust level. Overall, there is likely to be a reduction in the number of metrics being reported on.

Ms. Abraham pointed out the need for the Integrated Corporate Dashboard and Report to be reviewed to reflect the new locality structure and the new format for Board agendas. She also requested a half-year review of progress against the Blueprint deliverables, to include a rationalisation of Deliverables 17 and 18, with the former focused on staffing and the latter on quality metrics.

**The Board received the Integrated Corporate Dashboard and Report for July 2014.**

181/14

**To receive the monthly update on People Management and Organisational Development**

Mr. Hague summarised the report advising that the Director of Finance interviews will take place on 24<sup>th</sup> September; the locality structure changes continue; and that a relocation allowance of £5k has been initiated for hard to recruit posts with the arrangement being reviewed after 6 months.

**The Board received the People Management and Organisational Development Report**

182/14

**To note the Mental Health Assurance Committee update held on 19<sup>th</sup> August 2014**

Mrs. Fozard presented the report.

She highlighted concerns about the present format for the CQC Mental Health Act Visits Trust Action Plan. The Committee felt that the current report was not up to date and did not provide the necessary assurance that actions the Trust had advised it would take were being completed. The Director of Nursing and Quality had been asked to provide an interim updated Action Plan and this was being prepared.

Benchmarking of the use of 'restraint' in treating patients is being reviewed, with data being sourced from other Mental Health Trusts.

An increase in the use of section 5 of the Mental Health Act (doctors' and nurses' holding powers) is being reviewed by the Committee.

Ms. Abraham reported that she and Mrs. Fozard have

been reviewing the mental health assurance arrangements in the context of revised Government guidance and the Trust's Governance Review. The review will take place over the next two months and will be considered at the Mental Health Act Hospital Managers Committee and the Mental Health Assurance Committee in November before coming to the Board in December 2014.

**The Board noted the Mental Health Assurance Committee Update.**

**STRATEGY DEVELOPMENT:  
Policy Formulation and Decision Making**

183/14

**To update the Board on developing our vision, purpose and strategic objectives**

Ms. Plumb referred to earlier discussions at the July 2014 Board Workshop and gave a commitment to update separately those who have since joined the Board.

Mr. Brook asked when the next iteration would be available.

Mr. McBride stressed the importance of the depth of involvement of staff and cautioned that the work programme should not be compromised in order to meet challenging deadlines.

NP

Ms. Abraham requested a timetable for Board decision-making in relation to the vision, purpose and strategic objectives.

**The Board noted the update report.**

**REGULATORY AND COMPLIANCE MATTERS**

184/14

**To receive an update on the Care Quality Commission Standards and Inspection Findings**

Ms. Haughey explained that the report summarised the visits and outcomes of the Care Quality Commission Mental Health Act and Compliance Inspections undertaken within the Trust since January 2014. It was noted that the draft report on the visit to the Waterston Unit in early August 2014 had not yet been received. The visit on 26<sup>th</sup> August to Ryeberry and Langdon Wards at Bridport Hospital focused on care plans, risk assessment and staffing. It is felt that compliance is strong with evidence supporting compliance. The challenge is to

ensure continuing and sustainable improvements.

Ms. Abraham asked the Board to comment on the extent to which they were assured about the Trust's compliance with the Care Quality Commission's requirements.

Mrs. Fozard expressed concern about whether sustained assurance is coming to the Board, noting struggles aligning systems, quality and staffing.

Ms. Hunt stressed the importance of the Organisational Development Strategy on improving staff engagement. She noted the need for continued focus on completing personal development reviews for all staff.

Dr. Mynors-Wallis agreed that continued focus on Organisational Development and staff engagement would help staff feel supported in their roles and lead to improved quality outcomes.

Mr. McBride agreed that staff engagement is critical adding that quality of leadership should be the starting point for ensuring engagement. The goal of the Trust is service excellence but this does not appear to be referenced in the report.

Ms. Murray asked whether the Trust had been benchmarked against other Mental Health Trusts, noting that sharing expertise can help invigorate managers.

Ms. Chai said that strong leaders can be negatively impacted by the reactive approach resulting from ad-hoc visits.

Ms Boland said, with reference to Kimmeridge Court, that evidence of risk assessments is in the progress reports, but there had been delays in updating the risk summary on RIO, the recording system on which the Care Quality Commission relies.

Mr. Brook reminded the Board that Care Quality Commission reports are part of the overall assurance process and, although important, should also be seen as giving an opportunity to learn and improve. He added that non-compliance must be investigated but additional audits could have a negative impact on engagement and performance.

Mr. Dobbs said that first line managers are key to delivering the Trust's vision and values and need to be ambassadors of the Trust.

Mr. Shields stressed the importance of quality leadership in the delivery of quality care.

Ms. Abraham said that there were some areas where non-compliance should not be tolerated by the Trust, for

example, in relation to people's rights under mental health legislation, or where safety was compromised.

She noted from the discussion the importance of clinical leadership and of having the right numbers of engaged and motivated staff, with a strong commitment to high quality care.

**The Board received the report.**

185/14

**To approve Board Housekeeping arrangements regarding the Code of Conduct for Directors**

Ms. Abraham advised that following the discussion at the August 2014 Board Workshop, amendments had been made to the draft Code of Conduct. A similar Code of Conduct will be considered for approval by the Council of Governors.

**The Board approved the Code of Conduct for Directors.**

**OTHER MATTERS**

186/14

**Any Other Business**

Annual Members' Meeting

Nicola Plumb updated Board Members on plans for the Annual Members' Meeting taking place on Thursday 18<sup>th</sup> September 2014.

Observations from Governors

Ms. Webb asked whether staff at Radipole Rd had been tested to see if they are carriers of *Clostridium difficile*. She also suggested that Mr. Luff could be referred to physiotherapy at Queen Elizabeth Leisure Centre pool in Wimborne.

Ms. Evans-Thomas commented that staff are the Trust's biggest asset and stressed the need to improve trust within the staff population.

Ms. Scott was pleased with the fresh perspective on quality noting that new issues were being identified.

**DATE AND TIME OF NEXT MEETING**

The next Board Workshop will be held on Wednesday 17<sup>th</sup> September 2014 Sentinel House, 4-6 Nuffield Rd, Poole, Dorset BH17 0RB

The next Board Meeting will be held on Wednesday 8<sup>th</sup> October 2014 at Sentinel House, 4-6 Nuffield Rd, Poole, Dorset BH17 0RB

**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