

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
 Board of Directors Meeting held on Wednesday 25 February 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
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:

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

Observers:

Chris Balfe	Lead Governor
	Public Governor (Dorset RoEW)
Pat Cooper	Staff Governor
Sue Evans-Thomas	Public Governor (Poole)
Scottie Gregory	Public Governor (Dorset RoEW)
Elviras Patrasco	Finance Business Partner
Donna Steer	Patient Experience Facilitator (Until Agenda Item 1.3)

272/15	Welcome and Apologies
	Ann Abraham welcomed members to the meeting together with a number of Governor colleagues. She also welcomed the new Trust Secretary, Keith Eales to his first Board meeting and Elviras Patrasco from the Finance Team, who was observing the meeting.
273/15	Patient Story
	Sarah Murray presented the Patient Story, which related to Mr and Mrs Dunn's experience as users of the Community Nursing Service in Bridport. Community Nursing is nursing care provided in the community away from hospital, specifically for housebound patients.

	<p>She had found it to be a very emotional story and believed that it demonstrated the quality of services provided by the Trust in a responsive and practical way. Staff had clearly understood the family context and strived to provide care in an appropriate and uplifting way to a patient who was terminally ill.</p>
	<p>The Board discussed the story and identified that:</p> <ul style="list-style-type: none"> • Travelling from Bridport to Poole on a daily basis for radiotherapy had been difficult for Mr and Mrs Dunn and this should be fed back to Dorset Clinical Commissioning Group (DCCG) in the context of the Clinical Services Review (CSR). • The Trust needed to consider how best to articulate to staff / Monitor / the CQC the quality of its service as demonstrated in the story. • The importance of kindness and compassion when delivering care • The importance of providing feedback to staff and the importance of staff recognition, formally and informally. • The story demonstrated a degree of belonging that service users often felt. The Trust would need to consider how it should engage with service users as it moved to a different model of care to assist existing service users with that journey. • The story linked well with the new Vision and the organising thought of Better Every Day.
	<p>Nick Yeo commented that the story resonated with what he had seen on a recent visit to the Community Nursing Team at Bridport. It was noted that feedback received from the GPs had also been very complimentary.</p>
	<p>Ron Shields said that he would consider making reference to the story in his next letter to all Dorset HealthCare staff.</p>
	<p>Ann Abraham commented that the patient story had successfully focused the meeting. She stressed the power of storytelling and acknowledged the important role played by Donna Steer in listening to service users and conveying their experience, recognising that this was a well-written and powerful story. The Board noted the Patient Story.</p>
274/15	Quorum
	<p>Ann Abraham confirmed that the meeting was quorate.</p>
275/15	Declarations of Interests in relation to Agenda Items
	<p>There were no declarations made.</p>
276/15	Minutes
	<p>The minutes of the meeting held on 28 January 2015 were approved as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> • Patricia Scott should be noted as observing the meeting. • 265/15. Paragraph two, second sentence should be changed to read “The main difference was that <i>the annual plan submitted to Monitor</i> would then not move.” In addition the first bullet in paragraph four should be reviewed.
277/15	Matters Arising
	<p>Ann Abraham referred the Board to the Matters Arising log but in particular it was noted:</p>

	261/15. The Staff Survey results had been disappointing. The Trust would be discussing them with staff, staff representatives and Staff Governors to inform the wider engagement programme. A summary of the Survey and how the Trust would take it forward would come to the March Board meeting.
	264/15 Colin Hague confirmed that he had received a number of comments on the HR Strategy from colleagues and that the Strategy would come back to the March Board meeting.
	269/15 The question raised by Jan Owens regarding recruitment and retention had been picked up in the People Management and Organisation Development Report and would be discussed later in the meeting. The Board noted the Matters Arising.
278/15	Chair's Update
	Ann Abraham advised the Board that her current focus was on the forthcoming CQC Inspection, which was due to take place in June; and the Trust's external governance review, commissioned in line with Monitor's Well Led Governance Framework, which was due to take place in July/August.
	Both the inspection and the review were extremely important and would provide a timely external assessment of the Trust's progress since coming out of special measures in June 2014. Preparations were underway for both by way of self-assessments, which the Board would have an opportunity to consider.
	She also informed the Board that a Council of Governors' Away Day would be taking place on 27 February. The agenda had been developed with the Governors and included sessions on Finance for Foundation Trust Governors, the Trust's Quality Report and Engagement and Membership. The Board noted the update.
279/15	Chief Executive's Update
	Ron Shields updated the Board on the following six items:
	National Tariff Along with all providers of NHS services, the Trust had received a letter from NHS England and Monitor, outlining interim arrangements for operating the NHS payment system, pending a final decision on the way forward on the national tariff for 2015/16. Two options were set out in the letter. Option A, The Enhanced Tariff Option, was less risky for the Trust as it gave access to CQUIN monies and would be back dated to 1 April, which would not be the case with Option B, The Default Tariff Rollover. In addition new money had been identified for mental health in Option A but not in option B.
	He noted that there was a consortium of London Trusts which provided specialised services previously funded under Project Diamond, which were objecting to Option A. However, most Trusts that did not provide specialised services were likely to be choosing Option A. It was noted that it was not necessary for all Trusts to choose the same Option.

	<p>Ron confirmed that the financial reality of Option A would leave the Trust roughly in the same position as it had been in previously. The Board confirmed its preference for Option A and asked Jackie Chai to ensure that the Trust's decision was confirmed to NHS England and Monitor.</p> <p>Action: Jackie Chai to advise NHS England/Monitor of the Trust's choice of Option A.</p>
	<p>Forston Clinic and the Waterston Assessment Unit The Trust had received a draft CQC report on the Forston Clinic, including the Waterston Assessment Unit, which represented a significant improvement on previous reports and had highlighted no significant issues across all four standards.</p>
	<p>He noted that the Waterston Assessment Unit in particular had represented a considerable challenge for the Trust. However, it had also provided a significant opportunity for learning and, going forward, this would be important for the Trust as part of the embedding process. The Board noted that there would shortly be a change of key personnel, which would need to be appropriately managed.</p>
	<p>Tender in Poole North A small Executive team had put a significant amount of effort into a successful tender for services in Poole North. Although the contract was only worth £220K, a full commissioning exercise had taken place. The result had been some good learning on partnership working. This success represented an important milestone for the Trust, given its history with this group of GPs.</p>
	<p>The pre-election period (Purdah) The Board noted the helpful briefing from NHS Providers on considerations for NHS providers during the pre-election period (Purdah). The Trust would need to decide whether it wanted to allow political visits during this period, as the advice was to either accept or reject all visits. It was noted that the Trust had the potential for more political issues to arise given the number and diversity of its sites. The Board took the view that, in order to ensure political impartiality, it would be better not to allow any visits in the pre-election period. It was noted that this approach ran contrary to the Trust's usual stance of openness and transparency.</p> <p>Action: Ron Shields to write to all political parties to explain the Trust's position during the pre-election period.</p>
	<p>Five Year Forward View – Vanguard Application Following NHS England's Five Year Forward View, it had sought Vanguard Applications to pilot new models of organisational form and Dorset Clinical Commissioning had submitted an application on behalf of the Dorset Health and Care Community.</p>
	<p>Ron Shields advised the Board that, in his view, the application was not strong, but had registered that the Dorset Health and Care Community wanted to be involved in future discussions around integrated care models.</p> <p>Action: The Vanguard Application to NHS England made by the Dorset CCG on behalf of the Dorset Health and Care Community would be shared with the Board.</p>

	<p>Better Together programme</p> <p>The Trust had heard the previous day that it had been successful in its joint bid under the Better Together project to provide a County wide integrated digital Dorset shared record system across health and social care. The Bid had been led by Dorset County Council in partnership with all 3 Local Authorities and 5 local NHS organisations.</p> <p>The Board noted the Chief Executive's update.</p>
280/15	<p>Quality Assurance Committee</p> <p>David Brook advised the Board that the last Quality Assurance Committee had identified that there were still a number of risk assessments and care plans that were not being completed. Although actions were being taken to remedy this, the Committee's oversight would continue and risk assessments and care plans would form a quality priority for the forthcoming year.</p> <p>The Board received the minutes of the Quality Assurance Committee meeting of 20 January 2015.</p>
281/15	<p>Audit Committee</p> <p>John McBride advised that he was still awaiting a date for the External Auditors to meet with the Committee. A number of reporting changes had come into effect and the External Auditors had offered to provide a briefing opportunity for the Committee to understand these changes. All Board members would be invited to that briefing.</p> <p>The Board received the minutes of the Audit Committee meeting of 12 November 2015.</p>
282/15	<p>Integrated Corporate Dashboard and Report</p> <p>Fiona Haughey introduced the report from a quality perspective. She noted that the Trust continued to achieve 97% compliance in respect of Venous Thromboembolism (VTE), although still not across all areas. Work was underway to achieve this.</p> <p>The percentage of patient safety incidents resulting in moderate to catastrophic harm had moved to amber. The data indicated that the majority were in respect of pressure ulcers so this remained an area for keeping a watching brief.</p> <p>She advised that obtaining feedback from complainants after their complaint had been dealt with was proving difficult. As a result, the Trust was now offering a face to face meeting to encourage feedback.</p> <p>She highlighted the Eating Disorders Case Study on page 14 of the report and innovative approach the team had offered in a difficult case.</p> <p>She apologised for the discrepancy between the narrative relating to safe staffing at page 21 and the information in the Executive Summary. It was noted that there was a stand alone item on safe staffing later on the agenda.</p> <p>In relation to the Monitor indicator on Delayed Discharges, Linda Boland advised that the new source of nursing home/residential places would not now be available until mid-March. This would potentially delay the Trust achieving Monitor's target of 7.5% despite the good progress made in January and</p>

	February.
	Gill Fozard asked if there was any evidence of adverse incidents being related to low staffing levels. Fiona Haughey confirmed that the Trust was looking at those wards that had reduced staffing levels to see if this had any relationship to any harm identified, but there was no evidence of this.
	The Board noted that it was important to understand not only the number of staff needed, but also the skill mix including the wider multi-disciplinary team, as well as the acuity and dependency of patients. This was a national challenge and, whilst a significant step in the right direction, more was required.. There was more data than ever before and the challenge now was how to use it effectively.
	Colin Hague noted that, from a workforce perspective, staffing levels remained a pressure although sickness absence had gone down. Mandatory training remained in the amber level at below 90% and work was ongoing in respect of Personal Development Reviews (PDRs), as this remained red.
	Jackie Chai confirmed that the Trust's financial position continued to be strong.
	In relation to the Blueprint deliverables, Steve Hubbard confirmed that a year end review of the Blueprint deliverables would be undertaken and a summary report produced. This would enable any outstanding matters to be incorporated into future work plans. The Board noted the Integrated Corporate Dashboard and Report.
283/15	People Management and Organisation Development
	Colin Hague presented the report and advised that there had been a number of organisational changes including the Community Dental Service moving to a new provider from 1 April 2015.
	He highlighted the information in relation to Turnover Rates and New Starters in Section 9, following on from the question raised by Jan Owens at the previous Board meeting about the numbers of new recruits leaving the Trust. He had investigated this and there was no evidence to support it, as the figures in the report indicated. He apologised that the report included two different figures for new starters, possibly in two different 12 month periods, and agreed to check this and report back to the next Board meeting.
	Sir Robert Francis' report, <i>Freedom to Speak Up: A Review of Whistleblowing in the NHS</i> , had now been published and the Trust's Whistleblowing Policy and practice will be reviewed against the recommendations, principles and actions set out in the review.
	An interview date of 28 April had been set in respect of the Medical Director appointment, subject to approval by the Nominations Committee meeting which was due to take place after the Board meeting.
	Colin Hague referred the Board to the sad news that James Barton, a former Director of Mental Health at Dorset HealthCare, had died suddenly and unexpectedly and expressed condolences on behalf of all Board members to James' wife and two young children. The Board noted that Care First, who provide the Trust's employee assistance programme, was available to support staff and

	managers at this difficult time.
	The Staff Survey results had been received and a full report would come to the next Board meeting following consideration by the Executive. Nationally the figures were less favourable this year, with more scores going down than up. For the Trust there had been a slight improvement in its results.
	Peter Rawlinson expressed concern that, despite the considerable Board focus on recruitment and retention, it was difficult to get a sense from the report of what progress was being made.
	Gill Fozard suggested that the Trust needed to be innovative in relation to recruitment and possibly consider working outside Agenda for Change. Action: Colin Hague will review the content of the report to give a better indication of the progress being made as a result of the various recruitment and retention initiatives.
	Eugine Yafele informed the Board that the Stop Smoking Service, which was moving to a new provider from 1 April, would not now be subject to TUPE as the delivery of the service would be significantly different from that currently provided. This would affect 14 staff currently employed in that service. The Trust had obtained legal advice, which had confirmed that this was potentially a redundancy situation. However in the first instance, work would take place to redeploy staff.
	Ann Abraham asked for the rationale for the Guaranteed Job Scheme becoming a Guaranteed Interview Scheme given the difficulties experienced in recruiting qualified staff and the strong emphasis that the Board had put on the special relationship between the Trust and Bournemouth University. The Board agreed that this should be looked at again and asked Fiona Haughey to provide further information on the reasons for this change. Action: Fiona Haughey to provide the Board with more information on the reasons for the change from a Guaranteed Job Scheme to a Guaranteed Interview Scheme. The Board noted the People Management and Organisation Development Report.
284/15	Six Monthly review of Inpatient Nurse Staffing Establishment: Ensuring Safe Staffing
	Ann Abraham invited Fiona Haughey to introduce the paper, asking her to focus on what the Board should take from the report in terms of assurance.
	Fiona Haughey advised that it was a mandatory six monthly report in a specified format. It reported on the work undertaken to date and ongoing work to understand safe inpatient staffing levels. The major focus of the report was the community hospital wards as the Trust had now undertaken three rounds of applying the Safe Staffing Tool in these wards over the summer and winter. The report included information about both qualified and unqualified nurses. She noted, however, that there were very few tools that had been developed specifically in respect of mental health or community wards. Further work is required and will be informed by the publication of the NICE guidance for mental health inpatient wards expected in autumn 2015.

	The report demonstrated that the Trust was generally compliant with national recommendations with the right skills in the right place. As a result of the work that had been undertaken, two wards had seen an increase in staffing due to the levels of acuity, dependency and the required skill mix.
	She advised the Board that the NICE guidance ratio was 1:8 patients, but that this ratio was based on acute trusts and there were currently no metrics for mental health or community hospital settings. Nonetheless, she thought that this ratio was a useful starting point and felt 'about right', with the Royal College of Nursing suggesting 1:7 for older people. The most important measure was whether patients felt safe.
	Ensuring safe staffing levels remained a work in progress and may have some funding considerations. It was important to remember that what mattered was the quality of the care, not just staffing numbers, so it was important to make the work useful from a quality perspective.
	Peter Rawlinson asked what assurance he could take from this report, and what, if anything, he should be worried about. Dr Laurence Mynors-Wallis said that, in his view, the Board could take considerable assurance from this report about safe staffing levels in the Trust, but the report did identify a potential worry relating to the use of bank and agency staff. He suggested that this should be included in the Executive Summary in future reports.
	The Board requested that future reports were clearer about the assurances the Board could take from the report and the potential sources of 'worry'.
	The Board noted that the Trust was compliant in meeting the requirement for a national monthly submission of staffing data through the Unify2 system and posting this information on NHS Choices and on the Trust's website.
	David Brook commented that the information that the Quality Assurance Committee had seen supported the messages within this report. The Board noted the report.
284/15	Introduction of Nurse Revalidation from January 2016
	Fiona Haughey presented the paper, which was primarily for information. The introduction of revalidation for nurses was a significant development and followed the revalidation of doctors, which had been in place for some time. It would include an annual appraisal incorporating patient feedback.
	A new Nursing Code of Practice was due to be published in April 2015 and this would feed into the process. The Trust had already commenced work to prepare for revalidation so that it would be able to comply with the requirements from January 2016.
	David Brook highlighted the possibility that some nurses might decide to retire earlier rather than undergo revalidation and the impact this could have on vacancy levels.

	<p>The Board discussed the need to provide proper support to staff in delivering revalidation and noted that the Trust planned to learn lessons from the pilots being undertaken from April to June 2015.</p> <p>The Board noted the report and the actions being taken to ensure the Trust is ready to support nurses to successfully revalidate their nursing registration by January 2016.</p>
285/15	<p>Developing a Dashboard to Measure the Delivery of the Trust's Strategic Goals</p>
	<p>Steve Hubbard presented the paper and explained that development of the dashboard remained a 'work in progress' as further work was required in relation to some of the goals. The challenge for the first year would be to establish a baseline from which to move forward. He asked Board members for feedback on whether the draft measures would clearly demonstrate progress in the delivery of each of the Trust's strategic goals. He would particularly welcome feedback in relation to the goals of being a national leader in the delivery of integrated care; and raising awareness of the impact of the Trust's work on people and our environment.</p> <p>Action: Board members to provide feedback to Steve Hubbard as soon as possible on whether the draft measures would clearly demonstrate progress against the Trust's strategic goals as soon as possible.</p>
	<p>The Board discussed the paper and identified:</p> <ul style="list-style-type: none"> • Measures should be strategic not operational 'business as usual'. • The dashboard should include both qualitative and quantitative measures. • The Trust should not simply measure what was easy to measure as this could dilute our ambition. • Some goals might be more important than others, for example, providing high quality care first time, every time, might take precedence over being a national leader in the delivery of integrated care. • The dashboard should focus on the longer term, for example, stakeholder surveys should be seen as developmental. • The Trust might consider a 'zero tolerance' approach in respect of suicides.
	<p>The Board commented that an impressive amount of work had been done in a short space of time in the development of the dashboard.</p> <p>The Board noted the paper and the work that was being undertaken on the development of the Strategic Goal Dashboard.</p>
286/15	<p>Bringing our Vision and Purpose to life: the engaged organisation</p>
	<p>Nicola Plumb presented the paper and noted that the Trust's Vision and Purpose had been discussed by the Board every month since July 2014.</p>
	<p>The paper set out how the Trust's refreshed Vision and Purpose statements would be introduced and embedded throughout the organisation. Much of the focus of activity would be on working with teams to articulate what the Vision and Purpose means to them in their particular roles. Teams from all areas of the business would be invited to act as pilot sites and develop case studies to be used as part of the roll out.</p>

	She highlighted the proposal to invite all staff who had worked for the Trust for more than four years to attend an induction refresher session, led by staff who had pride and ambition in the Trust and presented in an interactive way.
	The Board stressed the importance of aligning this work with the Staff Survey results, particularly in relation to the identified need for improvement in internal communication. It was also pivotal to the leadership development work and articulation of the expectations of the Trust's leaders, led jointly by the Organisational Development and Human Resources Directorates.
	The Board noted the report and the progress to date and approved the proposals to embed the Vision and Purpose.
287/15	Board Assurance Framework
	Ron Shields presented the paper, which provided the Board with an update on the significant risks of failure to achieve the Trust's 2014/15 priorities, as set out in the refreshed Board Assurance Framework agreed by the Board in December. He explained that the Executive had considered the significant risks since December in formal meetings of the Executive Quality and Clinical Risk Group and the Executive Performance and Clinical Risk Group, and also informally, resulting in a number of changes in the risk scores as set out in the paper. The Board was asked to review the approach and the resulting changes to risk scores.
	In relation to the development of the Board Assurance Framework for 2015/16 good progress was being made and this would come to the March Board meeting. (BAF) noting the progress that had been made. There was still much work to be done but capacity had been identified to do it.
	Gill Fozard acknowledged the enormous amount of work that had been undertaken so far but was not persuaded that the risk of ineffective clinical leadership had reduced. She would not want to see that risk removed from the significant risk register. Other Board members agreed.
	Fiona Haughey commented that from her perspective the Board Assurance Framework was beginning to come together and be clearer. She informed the Board that the Executive had agreed a new Risk Management Policy and that there was now evidence of risks being appropriately escalated.
	Nick Yeo highlighted the danger of aggregation of risks and the need for the Trust to make sure it picked out the 'hot spots'. The Board noted the report, reviewed the content of the 2014-2015 Board Assurance Framework and asked the Executive to reconsider the risk score in relation to ineffective clinical leadership. The Board noted that the proposed Board Assurance Framework for 2015/16 would come to the March Board meeting.
288/15	Cycle of Business
	The Board noted the update.

289/15	Any Other Business
	There were no items of Any Other Business
290/15	Governor Questions / Observations Chris Balfe asked if the Governors could receive the briefing from NHS Providers on considerations for NHS providers in the pre-election period (Purdah). Action: Ron Shields to circulate the briefing from NHS providers to all Governors.
	Chris Balfe also congratulated the Board on the outcome of the CQC inspection of the Forston Clinic and the Waterston Assessment Unit. He highlighted the need to ensure that all staff and the public were made aware of this report.
	Sue Evans-Thomas asked if it would be possible for Governors to attend the External Auditor's briefing meeting for Audit Committee members. It was suggested that this was more appropriate for Board members and noted that the Governors' Away Day on 27 February included a session on the External Auditor's perspective and the Role of Governors in the Annual Accounts, Annual Report and Quality Account.
	Sue Evans-Thomas referred to the Patient Story and suggested that this should be included in Trust Link. It was agreed that Nicola Plumb would review this. Action: Nicola Plumb to review Patient Story for inclusion in Trust Link.
	Scottie Gregory said that it must be very disappointing for Ron Shields and the Trust to receive the Staff Survey results. She suggested that the more time Ron Shields could spend with Trust staff, the more beneficial this would be. She noted that recently she only ever received complimentary comments from both in and outside the Trust about its leadership.
	Elvira Patracso made a number of observations: <ul style="list-style-type: none"> • She suggested that if the Trust were able to disseminate the messages from the Patient Story it would follow through into the various external inspections, as staff would know and be proud. • She highlighted the importance of having motivational leadership and the importance of investing in this. • She suggested that in order to improve performance in relation to quality priorities such as reducing pressure ulcers, it was important that staff had access to the appropriate resources, for example, better beds. • In respect of recruitment, she suggested that the Trust should be looking at what other Trusts did, commenting that the Trust had an opportunity to develop the way it wanted its staff to work and that this could have a direct impact on the Trust's finances.
291/15	Date and time of next meeting
	The next Board Meeting will be held on Wednesday 25 March 2015 at Sentinel House, 4 - 6 Nuffield Road, Poole, Dorset BH17 0RB.

292/15	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