

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held at 1pm on Wednesday 29 July 2015
at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
Lynne Hunt	Deputy Chair
David Brook	Non-Executive Director
John Hughes	Non-Executive Director
John McBride	Non-Executive Director
Sarah Murray	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director
Jackie Chai	Director of Finance
Colin Hague	Director of Human Resources
Fiona Haughey	Director of Nursing & Quality
Nick Kosky	Medical Director
Linda Boland	Locality Director-Poole
Steve Hubbard	Director of Strategy and Business Development
Sally O'Donnell	Locality Director-Dorset
Nicola Plumb	Director of Organisational Development, Participation and 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)
Sue Evans-Thomas	Public Governor (Poole)
Patricia Scott	Public Governor (Poole)
Anna Webb	Public Governor (Poole)
Bill Batty Smith	Local Government, Bournemouth, Poole and District Councils
Angela Bartlett	Staff Governor
Pat Cooper	Staff Governor
Peter Kelsall	Staff Governor
Ann Barry	Management Accounts Assistant Support Services
Sian Critchell	Management Accountant Poole and East Dorset Locality
Donna Steer	Patient Experience Facilitator (for minutes 380-381/15)
Andy Chittenden	PM Governance
John Deffenbaugh	PM Governance
Paul Moore	PM Governance

381/15 Welcome and Apologies

The Chair welcomed members to the meeting together with a number of Governors and staff observers and assessors from PM Governance who were undertaking an external governance review of the Trust.

382/15 Patient Story

Peter Rawlinson presented a patient story referring to the experience and impact on an individual of a delayed discharge from Victoria Hospital.

The Board considered that the story highlighted a number of important aspects of patient care, including the importance of keeping patients informed and of empowering staff to challenge situations that were impacting on patient care.

The Locality Director Poole advised that she had undertaken an initial investigation of the case. A further review was planned. She confirmed that the patient had been discharged from Hospital on 2 June.

383/15 Quorum

The Chair confirmed that the meeting was quorate.

384/15 Declarations of Interests in Relation to Agenda Items

No declarations were made.

385/15 Minutes: 24 June 2015

The minutes of the meeting held on 24 June 2015 were approved as an accurate record.

386/15 Matters Arising

The Board received the report on matters arising

Minute 349/15: Estates Strategy

The Director of Strategy and Business Development advised that the estates strategy would be submitted to the Board in December.

Minute 370/15: Recruitment Timescales

The Director of Human Resources confirmed that the planned reduction in the timescale for recruitment to nine weeks by the end of the calendar year was an interim target. Alongside this, consideration would be given to the action that could be taken to achieve a step change in recruitment timescales.

387/15 Chair's Update

The Chair gave her monthly update to the Board.

The Chair referred to

- The publication of a new document summarising the strategic vision of the Trust and the plans for the current year
- Considerable activity in respect of the Council of Governors, including preparations for the Annual Members Meeting on 16 September, two further resignations of Governors and the elections now being held for five Public Governors, the annual election of the Lead Governor and the review of Partner Governor positions
- The outcome of the Care Quality Commission (CQC) inspection, the external governance review and the externally facilitated self-assessment of the Council of Governors all of which would come together in the Autumn to support the continued development of the Trust.

388/15 Chief Executive's Update

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

The Chief Executive advised that, with regard to the Clinical Services Review (CSR), no date had yet been set for the commencement of the public consultation. It was, however, unlikely to be before the early part of 2016. This delay would give the Trust an opportunity to develop the narrative in respect of out-of-hospital care.

The Chief Executive advised that there had been a meeting of the three local authority scrutiny committees in Dorset to review the CSR. Strong representations had been made in respect of ensuring that mental health was a central focus in the CSR.

The Chief Executive referred to vanguard applications submitted by Trusts in Dorset. NHS England had invited individual organisations and partnerships to become vanguard sites for the new models of care programme. An initial Countywide application in respect of urgent care had been unsuccessful. A further application was being developed by the three acute Trusts in the County to establish a new vehicle for addressing areas and issue of disagreement arising from the CSR. The Trust was not part of the application but would support it.

The Board noted the Chief Executive's report.

389/15 Board Integrated Corporate Dashboard

The Medical Director submitted the Integrated Corporate Dashboard for June and drew attention to the exception reports.

The Board reviewed the commentary in the Dashboard under each of the five CQC Key Lines of Enquiry.

With regard to meeting the agreed access targets for community mental health teams, the Locality Director Bournemouth and Christchurch advised that improvements had been made with regard to data collection. This would improve visibility in respect of performance. The Locality Director Bournemouth and Christchurch confirmed that he would expect to see an improvement in performance in the next report to the Board.

With regard to the level of CDiff inspections, the Board noted that there had been a similar increase in incidents during the same period in 2014. The Director of Nursing and Quality confirmed that all cases were tracked and advised that the Infection Prevention and Control team was taking a targeted approach to addressing the issue.

Board Directors emphasised the importance of ensuring that forecasts were provided in respect of all targets not on trajectory. The value in undertaking trend analysis was also emphasised.

The Board noted that metrics in respect of the Mental Health Act were now included in the report.

The Board noted the Integrated Corporate Dashboard for June.

390/15 Finance Report for Month 3 June 2015

The Director of Finance submitted the Finance Report for June.

The Chief Executive introduced the report by giving an overview of the financial position.

The Chief Executive commented that the Board had established a framework for monitoring the delivery of the financial plan for the year-the achievement of the Cost Improvement Programme (CIP), the implementation of the investment plans in the agreed priority areas, the implementation of the capital programme, the achievement of the £1m agreed operating surplus and performance against the Monitor plan. Whilst the Trust systems did not support reporting against the £1m operating surplus, achievement of the other elements of the monitoring framework would ensure delivery of this.

The Chief Executive commented that, at month three, the Trust was not achieving the financial plan, with delivery of the CIP and three areas of operational performance being of particular concern. However, at this stage, the Executive considered that the year-end financial position could be recovered without the imposition, at present, of stringent controls.

The Director of Finance identified the areas of underperformance and outlined the remedial action being taken in the case of each.

Clarification was sought as to whether property disposals formed part of the CIP. The Director of Finance advised that there were two potential disposals in the current year. One was a CIP scheme.

Clarification was sought with regard to the effectiveness of the controls on agency expenditure. The Locality Director, Dorset advised that the controls were effective, with the focus being utilising the Trust bank staff in the first instance. Considerable costs were incurred, however, in a small number of high-cost medical agency staff.

The Board noted that the most significant variation from budget was in respect of Prison services pay. Clarification was sought with regard to the potential for obtaining additional financial support for the contracts from Commissioners. The Locality Director, Dorset advised that discussions were continuing with Commissioners in respect of the Devon Prisons contract.

It was agreed that

(a) Further information on the areas of investment in 2015/16 would be submitted to the next meeting

(b) Future reports would separate medical and nursing agency expenditure.

392/15 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 action being taken to improve the attractiveness of the Trust as an employer, recruitment and retention, including attendance at the Royal College of Nursing Congress exhibition in Bournemouth, overseas recruitment in Italy and a recruitment open day to be held at Westhaven Hospital and organisational change programmes in progress.

Clarification was sought with regard to the potential impact on the Trust of the Government proposal that non-European migrant workers not earning at least £35,000 after six years being ordered to leave the UK. It was noted that nurses were not an exempted group from this requirement. The Director of Human Resources advised that although the Trust was not as reliant on non-European migrant workers as some NHS organisations, any reduction in the supply of nurses in the health economy would inevitably impact on Dorset Healthcare. The Director of Human Resources confirmed that the Trust was responding to the consultation paper.

The Board noted the report.

393/15 Quality Governance Committee: 20 May 2015

The Chair of the Quality Governance Committee presented the minutes of the meeting held on 20 May 2015.

The Board noted the minutes.

394/15 Strategies for Approval

Quality Strategy

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

The Director of Nursing and Quality explained that the Strategy had been agreed at the April 2015 Board meeting subject to further work being undertaken to demonstrate how progress on the strategic objectives would be evaluated and evidenced. The outcome measures had been incorporated in the revised draft.

The Board agreed the Quality Strategy.

Nursing Strategy

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

The Director of Nursing and Quality explained that the Strategy, which had been developed in conjunction with front line nurses, reflected the passion and commitment of the Trust to improve the quality of the patient experience through excellence in standards of nursing practice and service innovation. The Strategy was unpinned by values identified in the national Nursing and Midwifery Strategy launched in 2012 known as the 6 'C's' - care, compassion, competence, communication, courage and commitment.

In response to a question about the alignment of the Quality, Nursing and other strategies, the Director of Nursing and Quality explained that the Trust would be moving towards developing an overall clinical strategy.

The Board agreed the Nursing Strategy.

395/15 Council of Governors Policy for Engaging with the Board

The Trust Secretary submitted a draft policy for the Council's engagement with the Board.

The Trust Secretary advised that the Monitor Code of Governance included a requirement for the Council to have a policy for engagement with the Board. The Trust did not have a policy at present. The policy had been drafted to meet the requirement.

The Trust Secretary explained that the disputes and escalation process set out in the policy was only intended to be used for significant issues, such as a potential breach of the Trust Constitution or Licence. The Chair emphasised that the policy was not intended to replace existing mechanisms and processes for engagement between the Board and Council.

It was agreed to endorse the Council of Governors Policy for Engagement with the Board.

396/15 Quarter 1 2015/16 Return to Monitor

The Director of Finance submitted the draft quarter 1 return to Monitor.

The Director of Finance gave an overview of the narrative supporting the return. The Board considered that the narrative in the supporting commentary should be developed to give a context to the discussions earlier in the meeting in respect of finance. In particular, it would be important to emphasise the views of the Board in respect of the likely year-end financial position. The narrative should also refer to the impact of comparing the phased Trust budget with the linear approach adopted by Monitor.

The Board noted the declarations proposed in respect of the CQC indicators. It was noted that the non-compliant statements were based on the fact that the CQC had not re-visited sites which had been inspected previously and compliance actions issued or moderate concerns expressed. It was recognised that this might be resolved in the Trust wide CQC inspection report. The Board considered that this rationale should be reflected in the narrative supporting the concern and that, on the basis of the implementation of action plans and internal monitoring, the Trust considered that the sites were compliant with CQC minimum standards.

It was agreed 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 ‘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’.**

397/15 Annual Complaints Report 2014/15 and the Annual Patient Experience Report 2014/15

The Director of Nursing and Quality submitted the Annual Complaints Report 2014/15 and the Annual Patient Experience Report 2014/15 which together provided the Board with an opportunity to review and reflect on patient experience of the Trust.

The Director of Nursing and Quality explained that the Trust had made significant improvements in the process of managing complaints. Further action was necessary to achieve the aim of transforming complaints management in the Trust. Themes for the Trust to consider in particular would be whether or not the numbers received were at the expected level, what, collectively, the main themes were arising from complaints and how learning could be applied across the Trust.

With regard to the Annual Complaints Report 2014/15, it was considered that, whilst numbers and processes were set out, the Trust had not articulated the strategic utilisation or contribution of complaints or how the information collated would be used at a Trust-wide level.

With regard to both reports it was considered that there was an opportunity for the Trust to set out its ambition and vision in relation to patient experience as one of the three strands of quality care and for the Annual Report to give a sense of direction as to the action being taken to achieve the desired outcomes.

It was recognised that there was merit in devoting a Board Workshop to the subject of patient experience.

The Board noted the Annual Complaints Report 2014/15 and the Annual Patient Experience Report 2014/15.

398/15 Board Assurance Framework (BAF) 2015/16

The Trust Secretary submitted the updated Board Assurance Framework.

The Trust Secretary explained that a significant number of updates had been made to the BAF to reflect action taken to improve controls, to recognise additional sources of assurance and to include further action being taken and planned to address gaps.

It was considered that there was merit in reviewing how the impact of some risks crystallising was described in the BAF. The quarterly review had identified a number

of changes to the impact of strategic risks which it was considered should be reflected in the BAF.

The Trust Secretary explained that the scoring of the risk in respect of failures in care merited review given the progress that had been made in addressing gaps in control. The scoring would be reviewed by the Executive Quality and Clinical Risk Group and by the Quality Governance Committee.

Consideration had also been given to the scoring in respect of the financial challenge strategic risk. It was noted that this had been reviewed by the Audit Committee. The Chair of the Committee explained that the risk description and scoring had been set before the budget for 2015/16 had been agreed. The financial plan was for a £2.2m deficit and the strategic risk should reflect this. Given the financial position of the Trust, there was a degree of risk but mitigating measures had been identified which, once tested, would reduce the scoring. The Chair commented that there was also merit in expanding the time horizon of the risk. The Director of Finance and the Trust Secretary undertook to liaise with the Chair of the Audit Committee to review the risks and controls in respect of the financial challenge strategic risk.

The Board agreed to

(a) Note the updated BAF

(b) Revise the impact of the risks in respect of failures in care, inadequate staffing levels, ineffective clinical leadership and locality governance to the following:

May result in inadequate patient experience; failure to protect patients and staff from harm; adverse publicity; disruption to one or more locality; loss of stakeholder confidence; failure to comply with clinical standards with adverse/regulatory consequences.

(c) Note that the Chair of the Audit Committee, Director of Finance and Trust Secretary would liaise to recommend updated risk descriptions and control measures in respect of the financial challenge strategic risk.

399/15 Standing Financial Instructions (SFI's)

The Chair advised that, following discussion, the item was being withdrawn to allow further consideration to be given to the delegated limits proposed in the SFI's. Revised delegations, which reflected an appropriate balance between Board oversight and effective management of the Trust, would be considered by the Audit Committee.

The Chief Executive commented that the challenge was to identify appropriate delegated limits and supporting wording which ensured that matters of significance and sensitivity were considered by the Board but not routine matters which were submitted solely on the basis of their financial value. The Chief Executive explained that he recognised that there was a particular sensitivity in respect of the limits where the Trust might be entering a new area of activity.

It was agreed that SFI's would be submitted to the next meeting of the Audit Committee and then to the Board for approval.

400/15 Annual Cycle of Board Business

The Trust Secretary presented the Board cycle of business, which formed the basis of Board agendas.

The importance of having a comprehensive cycle of business in place was emphasised. Directors were asked to advise the Trust Secretary of additions or amendments to the draft cycle.

The updated cycle of business was noted.

401/15 Governor Questions and Observations

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

In particular, comment was made that it was disappointing to note the number of complaints about staff being rude. Staff Governors might be able to assist in reviewing how this could be addressed. The Director of Nursing and Quality undertook to discuss this with Angela Bartlett.

402/15 Next Meeting

The next meeting of the Board will be held at 1pm on Wednesday, 30 September 2015 at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB.

403/15 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