

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust  
Board of Directors Meeting held on Wednesday 31 July 2013  
at Merley House, Merley House Lane, Wimborne, BH21 3AA

<b>Present:</b>	Mr J Walsh	Chairman
	Mr T Archer	Nurse Executive Director
	Mr M Beesley	Non-Executive Director
	Mr N Chapman	Non-Executive Director
	Ms J Elson	Director of Quality
	Mrs G Fozard	Non-Executive Director
	Mr W French	Non-Executive Director
	Mr C Hague	Director of Human Resources (CLH)
	Ms H Robinson	Non-Executive Director
	Mr R Jackson	Director of Finance
	Dr L Mynors-Wallis	Medical Director
	Ms J Owens	Non-Executive Director
	Ms H Robinson	Non-Executive Director
	Mr P Sly	Chief Executive
<b>In Attendance:</b>	Mr J Barton	Director of Mental Health Services
	Ms L Boland	Director of Children & Young People's Services
	Ms V Graves	Director of Community Health Services
	Mr C Harvey	Trust Board Secretary (CH)
	Ms C Jeans	PA to Chief Executive
	Ms C Southgate	Associate Director (for item 5)
<b>Governors &amp; Members of the Public</b>	Ms B Aldridge	Trust Governor (Service User Group)
	Mr M Bevan	Trust Governor (Dorset)
	Ms P Cooper	Trust Governor (Staff)
	Mr D Corbin	Trust Governor (Staff)
	Ms S Evans-Thomas	Trust Governor (Poole)
	Mr P Kelsall	Trust Governor (Staff)
	Ms L Morris	Trust Governor (Dorset)
	Mr G Patterson	Trust Governor (Dorset)
	Mr N Plumbridge	Trust Governor (Poole)
	Mr L Rowe	Trust Governor (Bournemouth)
	Ms P Scott	Lead Governor
Mr I Turner	Lumbeck Pharmaceuticals	

**Action**

071/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman welcomed members to the meeting, and those Governors and members of the public present. He advised this was a meeting held in public, not a public meeting.

Mr Walsh said the last month has seen a strong emphasis on:

- Continuing to make improvements with our Trust Development Plan.
- Addressing the early findings of the Deloitte's report. We have a comprehensive plan and are making sure we meet the timetable and undertake all the actions we are committed to.

- Undertaking the Provider Compliance Assessments and we will now be bringing all the results together.

In listening to staff, there were four high profile challenges we face:

- Staffing - which is not unique to us but the number one challenge across the whole NHS;
- Leadership Programme - this is underway and it will be critical area for the Board to support and focus on;
- The need to document our good practice, and
- Not to lose sight of our goals and delivery of our Vision.

Nationally, staffing issues and the withdrawal of NHS Direct in delivering NHS 111 are continuing to be source of significant debate. Sir Bruce Keogh, NHS Medical Director, believes that the NHS will face a £30billion shortfall by the end of the decade.

072/13 **APOLOGIES FOR ABSENCE**

There were no apologies.

073/13 **DECLARATIONS OF INTEREST**

Ms Robinson advised that her work with an NHS Trust in Kettering as a management consultant has ceased as at 31 July 2013. Mrs Fozard reported that her husband has been appointed Medical Director of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust from September 2013.

074/13 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 26 June 2013 were approved without alteration or amendment.

075/13 **MATTERS ARISING REPORT**

Mr Harvey reported on the status of the action log and progress against each item was noted. It was agreed that items 049/13, 057/13, 060/13, 062/13 and 065/13 were complete and could be closed.

In respect of 063/13 Patient Safety Incidents, Dr Mynors-Wallis advised the threshold has been adjusted to make more sense in line with national data.

In respect of 063/13 Inpatients falls resulting in injury, Mr Barton explained this was due to two falls relating to the same patient.

In respect of 064/13, Mr Sly has met with two of the 13 GP Locality Leads and meetings are being arranged with the other Leads in August/September. He agreed to bring a report back to the September meeting. Ms Owens referred to the Transformation Challenge Award bids that the CCG had mentioned and whether any monies had been won. Mr Sly explained there were two joint health and social care bids, and we will

**PS**

learn whether we were successful or not in September.

In respect of 068/13 and the use of seclusion rooms, Mr Barton updated the Board saying that we also want to look at the use of other restrictive practices in the same context to get a balanced picture. He updated the Board on the joint project between the Trust and the Dorset Mental Health Forum in relation to staff uniforms. He said from his perspective the most important people are those who use our services so it was important to seek their views. The Chair invited comment from Ms B Aldridge, Trust Governor and Chief Executive of the Forum, who added that the review is focussing on staff in inpatient settings within a mental health environment and is hoping to be able to report back to the September meeting on their findings.

**JB**

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

076/13 **PATIENT STORY**

The Chairman welcomed Ms Cara Southgate, Associate Director, Community Health Services who shared two examples of patient experiences of end of life care, both mentioning the Liverpool Care Pathway (LCP) which is designed to make someone comfortable in their last days. She highlighted the challenging time for all staff currently in the light of the negative publicity around the LCP which is being phased out.

Board members submitted various views and questions:

Mr Chapman, who until recently was the Chair of St Mary's Hospice in Somerset, felt this reinforced the point that patients' families do not want to hear what is being said to them during such an emotional time. It is enormously difficult to get over that. This has been compounded by the media and the way LCP has been vilified and staff are open to being victims of misrepresentation.

Mr Walsh wished to know if Ms Southgate felt she and her staff were getting all the support they needed. She explained staff are being asked to be open and transparent.

Mr Archer had two observations, firstly that this underlined the complexities of interactions taking place at community hospitals, and secondly our need to focus on giving a different and balanced message as opposed to media stories and to be doing this in partnership with the Acute Trusts, CCG partners and our own local media.

077/13 **TO APPROVE THE QUALITY STRATEGY**

Ms Elson presented the Strategy which has been prepared in line with Monitor's Quality Governance Framework, and developed in consultation with various Trust Committees as detailed on the front sheet.

Ms Owens said she struggled with this document, primarily because she felt a Strategy should be a very clear statement of purpose and direction of

travel and it was not until page seven that the document details a clear set of goals and objectives. She felt this ought to be at the front of the paper with everything else flowing from there. She also found it too lengthy. Mr Chapman shared this view that it was too long and believed that if it was presented to staff in its current format it would be difficult for busy line managers to absorb. Mr Sly agreed, and explained that the implementation plan at the back of the paper outlines in detail the work projects in place and these goals have been translated into the annual tracker document and it would be important how we get those messages skilfully into objectives and rolled out to staff.

Ms Robinson was disappointed that the Quality Assurance Committee only received the document by email and she would have expected time for proper scrutiny and debate at the meeting. Mr French responded this was due to a question of timing, and the Committee has always said they do not want to be delaying the work of the Board.

Mr Walsh found this a hugely helpful document and was pleased it hits all the key points. There were three areas he wished to raise.

- CQC reports talked about bespoke individual care, and he felt para 1.5 should be reworded to say "*In line with national policy . . . experienced by each individual patient ~~our patients~~ in a positive way*".
- Page 13, under Team/Ward 'Level', add new bullet under 'Responsibility' "*to hold regular team meetings to discuss ways to improve quality*".
- Page 15, para 5.5, to reinforce what we are committed to do, he wished to add a bullet to say "*we will regularly ask our staff if they believe we are delivering our Vision Statement, and we will act on our findings*".

Mr Beesley agreed it was a lengthy document and the skill will be the communications exercise and how it was cascaded down, particularly that managers are able to articulate what this Strategy means. He felt the posters are a good starting point. He referred to para 4.6 and the annual performance assessment and in his role as Chair of the Audit Committee, he urged that the Chairs of each of the Board Committees should build this into their cycle of business.

Mrs Fozard agreed with Mr Beesley the powerful message in terms of different levels of organisation and responsibilities and to have individual staff members really signed up to quality. She felt the whole area around adherence to professional standards at all times could be more explicit.

Dr Mynors-Wallis wished to thank Ms Elson and her team for this very helpful document. He recognised it was a lengthy and reminded that the Strategy was a high level document for us as a Board and has the broad principles we want, including a detailed plan of actions which Board members wanted to be able to track going forward. He added that the process of consulting and engaging with all medical staff was well received. He felt we should add a paragraph around the CQC and learning from what has happened, mindful of their five messages for assessing an organisation for quality "are services safe, effective, caring, responsive and

well lead”.

**The Board approved the Quality Strategy and the Strategic Implementation Plan subject to the amendments discussed.**

**JE**

078/13

**TO APPROVE THE RISK MANAGEMENT STRATEGY**

Ms Elson gave an overview of the Strategy which has been revised to reflect new governance arrangements. It has been updated following consideration by the Audit Committee, and now reflects more fully the responsibilities of that Committee. Mr Beesley added that he fed in comments to Ms Elson and these have now been addressed.

Ms Owens again felt this document was too long, with too many acronyms/initials used throughout which she would prefer to see spelt out.

Mr Chapman felt it needs to be clear this is a Strategy on risk management, and to make sure that the elements of this Strategy in managing risks at different levels are implemented and understood.

Mr Beesley felt this was more a methodology rather than a strategic document.

Ms Elson highlighted an amendment on page 15 - Medical Devices is to be moved to the remit of the Director of Nursing & Quality.

**The Board approved the Risk Management Strategy, subject to the amendment on page 15.**

**JE**

079/13

**TO APPROVE THE INFORMATION MANAGEMENT AND TECHNOLOGY (IM&T) STRATEGY**

Mr Jackson presented the Strategy, highlighting that the first sentence on Page 2 should say ‘since 2011’.

Ms Owen wished to commend Mr Jackson on a very clear document which she found easy to follow. She referred to the four strategic themes at para 1.8 and would like these separated out into a plan of implementation.

Mr French referred to para 3.4.2 and the bullet point around giving service users access to the Intranet whilst under our care. This was something that comes up time and time again and service users really want access to their outside life. He felt as a Board commitment we should be absolutely behind that and want it as a priority; as a benefit to service users this is really high up. Mr Jackson said it was happening now and he is keen to get devices onto all our wards, adhering to the national rules and regulations which require security to be in place to enable this guest Wi-Fi access. Mr Barton confirmed this is already being provided on Waterston and he was grateful to Mr Jackson and his team for the work being done to address ligature issues around the Wi-Fi cabling. He hoped we would see all inpatient units having access in the next couple of months.

Mr Beesley questioned whether there were sufficient resources to

implement this and keep pace with how technology is moving? Mr Jackson said a number of staff are already delivering a number of key projects e.g. team based outcome reports but he recognised it does require investment.

Mr Chapman said one of the key elements of risk is capability and the issue for him was how we seek assurance on this as we move forwards. He considered whether as an organisation we should gain external reassurance. Mr Jackson explained there was a timetable and work plan in place which he was expecting to adhere to. Mr Sly agreed this was a key; once the Strategy is approved the Board can keep this under close scrutiny with clear measurable goals. Mr Chapman questioned whether the Board would have time to scrutinise this effectively and Mr Sly explained that the annual tracker appended to his Chief Executive Report has 3-5 key IT deliverables that will be monitored monthly.

Mr Walsh wished to endorse Mr Chapman's view. IM&T does have the capacity to derail the Trust and we will need to keep a close eye on this and the capability of our staff. He highlighted para 2.1.1 which is an important area because things are moving quickly. Our innovation and capacity to change and be responsive is driven by technology so felt that was a helpful caveat.

Mr Jackson recommended that the Strategy document comes back to the Board in 12-months time as he appreciated that things do move quickly in this area.

**The Board approved the IM&T Strategy subject to the amendment on page 2.**

RJ

080/13 **TO APPROVE THE SUSTAINABILITY STRATEGY**

Mr Chapman welcomed this Strategy and felt it was a very positive piece of work and a great step forwards in implementing sustainability in the organisation. Mr Walsh endorsed this view and invited comment from Ms Sue Evans-Thomas, Trust Governor, who said she was pleased with the Strategy and wished to record her thanks to Mr Jackson who has put a lot of thought and effort into it and approached her for an input into the document.

**The Board approved the Sustainability Strategy for 2013-2016.**

081/13 **TO APPROVE THE SUMMARY OF FINANCIAL STATEMENTS**

Mr Jackson presented the Summary Financial Statements which have been cleared by our external auditors and approved by the Extraordinary Board on 24 May 2013. The only addition has been a new paragraph under the Directors' Statement at page 14.

**The Board approved the Summary Financial Statements.**

082/13 **CHIEF EXECUTIVE'S REPORT**

Mr Sly presented his report on internal activity as well as national issues relating to services provided by the Trust. There were three areas he wished to highlight in more detail and an additional area to update on since the report was written.

#### Trust Development Plan

Mr Sly updated on progress following discussion at the Directors meeting the previous day, as follows:

*Line 1 Strategy* – this will become a green-rated area, and remain red on how we communicate skilfully within the organisation.

*Line 6 Executive Quality Meetings* – this is now in place and we are getting good assurance from that Committee so this will turn green.

*Line 11 Leadership* – this will turn green. Mr French noted the Clinical Support Team would stand down at the end of July and he questioned whether it would be sensible to keep this in place for another three months. Mr Walsh said he had the same question whether it would be worth continuing, or could be kept in abeyance if and when needed. Dr Mynors-Wallis explained that the team had been doing this work in addition to their jobs and a huge amount of work has been achieved with processes now in place and we now have to see this embedded. Mr Barton added that those individuals are still available and could be called on for support if required.

*Line 21 CQC system essential standard inspections* – this will be paused as the team focus on the outstanding follow-up reviews on CQC reports. Until this process is complete they cannot start on the unannounced visits.

Board members made the following comments on the Development Plan:-

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*Line 14 and 15 Staffing* – Mr Walsh asked if we had identified the staffing levels review in non-clinical areas. Mr Sly advised this is a complex Trust-wide piece of work which will be presented to the Board in September.

*Line 19 Provider Compliance Assessments (PCAs)* – Mr Beesley felt it was themes coming out of PCAs that the Board ought to be reviewing. Mr Sly explained this would be detailed more fully under the integrated Quality report item later on the agenda.

Returning to his report, Mr Sly highlighted the following areas:

Appendix 3 Trust Strategy Poster – it is proposed to publicise this around wards and community teams and he welcomed any Board comments or feedback noting that the jargon would be addressed i.e. “knowledge hub”. Mr Chapman felt the poster ought to say it is linked to the Annual Plan. Mr Archer flagged that any individual with a visual impairment would struggle with the amount of blue colour used. Mr Walsh felt we should change the wording under ‘Working with partners’ to say we would “*develop a specialist Eating Disorder Service for all ages*”. Mr Sly asked for any Governors wishing to comment to please make contact with him following

the meeting.

Appendix 4 Annual Plan 2013/14 Score Card – Mr Sly presented the first draft of the Annual Plan tracker. A number of changes were made following Directors discussion the previous day including making the targets SMART. It will be presented to the Board every month to monitor progress against delivery. Ms Robinson said it was a really good tool to be able to see at a glance where the responsibility lies. She asked that posts rather than names are detailed on the tracker.

**CH**

Board members raised the following comments in respect of this month's report:

Mr Beesley referred to the monitoring of mortality statistics detailed at para 4.1, and the 'ambitions' for improvement identified nationally. In respect of Ambition 6, he questioned whether the Trust had started thinking about nurse staffing levels and skill mix and the timetable of when the Board might have an opportunity to see that evidence. Mr Sly advised we would start this process in September and build in a six-monthly milestone review for the Board to sign off.

Mrs Fozard referred to the update on the Liverpool Care Pathway (LCP) at para 4.2. She said there is a lot of good practice in the LCP framework which has prevented some appalling situations and believed the fundamentals of the LCP should be mainstream practice; to phase this out would be quite wrong. In view of these changes, she would like to see very close monitoring to make sure everyone is receiving excellent end of life care in our services with care pathways tailored to their needs. Ms Graves shared the same view and had drafted a note considering these issues which Dr Mynors-Wallis had sent out to all medical staff. In the meantime, she would be considering pulling together a group who would work with a local hospice around planned care pathways and would report back to Directors on this area.

**VG**

Mr Chapman was concerned that the whole issue of staff patient ratios is now being seen as an indicator of quality in the light of pressure from the media and public to publish ratios and he wanted to make sure he understood clearly that we will be addressing this as a Board in September. Mr Sly confirmed this was correct.

**PS**

Mr Walsh referred to line 27 on the Trust Development Plan around new acquisitions. He recognised that taking on additional services is a challenge for the Trust, and questioned whether we were completely compliant with the CQC Essential Standards for Devon Prisons. Mr Barton confirmed these assessments had been undertaken by Michelle Hopkins and Dr Mynors-Wallis. There were some issues identified and a robust action plan developed to ensure they are resolved. Mr Walsh asked for confirmation that Ms Elson and her team would now sign this off. Ms Elson said her focus was on completing the follow-up reviews following CQC reports adding the results of the Devon Prisons visit went to the Quality Assurance Committee so they are aware of the issues and the action plan is to be monitored via the Directorate management group.

Mr Sly invited Ms Graves to update the Board members on the Purbeck Project.

Ms Graves explained this was about examining the healthcare needs for Purbeck to determine what community and inpatient beds are required. This is a very structured, phased project with Phase One led by commissioners with external support. The Trust is the official community partner working with the CCG on delivering the model of care. Phase 2 will focus on how the model of delivery is consulted on and taken forward. Mr Walsh asked that Ms Graves continue to keep the Board informed of developments, and also the Council of Governors. Ms Graves said she would be happy to bring the paper agreed by the CCG Board which sets out the model of care. In summary, Mr Sly said this it was very good news that the CCG decided to go down the collaboration route and work in partnership with us to deliver the model of care. Mr Walsh invited Ms Aldridge to comment. Ms Aldridge said that the process involved local communities in Purbeck. Ms Owens believed that local people in Purbeck do not know what is going on and the communication needs to be better as there was still a real fear that the hospital will close. Mr Sly said this would need to be taken up with the CCG as they are leading on this. Ms Graves added that our Communications Team have been fully involved.

083/13 **INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT**

**Quality**

Ms Elson clarified that the Quality section reports on areas on an exception basis, as follows:

Agency Nurse in Charge of a Shift - Ms Elson highlighted that there have been 25 reported incidents of an agency nurse in charge of a shift within the Mental Health Directorate. This led to a lengthy debate.

Mr Beesley said this was a contradiction in terms as having 21 'Never' events was totally unacceptable. Mr Barton assured the Board that plans are in place to move staff out of community teams to work on the wards and meetings are underway today with HR and Union colleagues. This will ensure there are always Trust employed nurses on a shift. Mr Beesley said this is the solution for Kings Park but questioned the process and escalation procedure in place on other wards. Mr Barton said if it is planned, there is the opportunity to move people around. If it is an isolated unit i.e. Chalbury, we are working on staff telling us as soon as they know there are shortages and we will work with inpatient staff asking for them to come in. Extensive work had been done to move people around as part of that process. He was disappointed that we were unable to recruit any nurses to work on our dementia wards following the recent job fairs. This continues to be a significant issue around finding nurses who want to work in that area. Mr Walsh suggested we explore what it would take to employ the agency nurses we use ourselves to make it attractive for them to work with us. Mr Barton had asked for a breakdown of agency nurses and would be posing the question as a learning exercise what it would take to

become a Trust member of staff. He would be happy to share his findings.

Mr French asked if we were labelling these incidents as an internal 'never event' we have to put procedures in place to prevent us having 25 incidents reported and 18 incidents on one ward. Mr Barton concurred with Mr French's point that 18 locally defined never events on one ward was not acceptable and said staff are working really hard to try and fill shifts but there is just not enough people.

Ms Owens was pleased to hear Mr Barton has moved swiftly on this. She became aware of this issue at recent Board walkabout with Ms Graves and was concerned that they needed to escalate this and was worried that it had not been picked up and dealt with earlier. Ms Elson explained any incident reporting is signed off by the line manager and information incorporated into the Directorate reports.

Mr Sly said the debate around never events previously was to make it a local measure and he recognised that we do now need to have further debate. We are working toward a model of multiple wards on large sites to provide resilience and cross cover but recognised a consequence of that was people would be travelling further for care.

Mrs Fozard asked Mr Barton, was it Ms Owens and Ms Graves escalating this as an issue, or was he aware this was happening on the wards. Mr Barton felt it was fair to say they helped bring this to a head to take action on. Mrs Fozard felt any 'never event' needs to be immediately escalated and we need this discussion urgently.

Dr Mynors-Wallis found this shocking; we set ourselves an internal mechanism of not having agency staff in charge of a shift as they do not have access to our electronic records and leadership training. The CQC are rightly concerned about agency staff, and we need to be involved in making decisions to operate wards safely. The real failure was when this started happening we did not have management systems in place to deal with it. Ms Graves said she has shared with Mr Barton the escalation tool used in response to the CQC and community inpatient wards. Mr Barton added this will go live on 1 August so the nurse in charge of a shift can clarify there are safe numbers of staff and a clear escalation process to follow if not.

Mr Chapman said his concern was around Board capability and process. This serious issue has been going on for some time and he would expect an informed paper being brought to Board members setting out problems and issues and making recommendations of how we are dealing with this and any financial implications. He did not feel that the process is happening and therefore we cannot have an informed debate. Mr Sly said these issues are coming to the Board live, and we may need a variance in the sequence of Board meetings to go through the executive process first before coming to the Board, to give Directors the opportunity to scrutinise and address any issues.

Mr Walsh requested that the Board receive next month costed proposals

**JB**

that address this issue.

Mr Beesley flagged that in signing off the Quality Strategy we agreed there would be no 'never events'. Mr Sly explained that relates to the national defined set of measures. Mr French said we cannot have two definitions; Mr Sly agreed that we are mixing the language and may have to make it a significant event.

Inpatient Falls resulting in Injury - Ms Owens said the Physical Health Panel has been reviewing falls but not those detailed in this report and she questioned if these were considered by the Mental Health Panels? Ms Elson advised it would be the seriousness of a fall, rather than any fall.

NICE Guidance – Ms Elson updated that there have been 8 overdue actions, not 9, as at the end of June.

Complaints – Mrs Fozard said in undertaking complaints sampling with Mr Plumbridge on behalf of the Board there had been a worrying development of an increased number of complaints and a deterioration in the quality of the responses in the last 6-9 months. The number of complaints upheld is high and we have concerns about the capacity of the Complaints Department to deal with this increased volume in a timely way. She felt this whole area needed urgent management attention

Mr Walsh agreed this was a hugely important area and the national lesson was that we need to learn from complaints. Ms Elson advised that a new member of staff has been appointed to support the Complaints Department so there will be increased capacity and she is discussing with Mr Barton and his team how to manage the increased volume of complaints from Devon Prisons. Mr Sly recognised that the process had slipped but assured we will get better, mindful that the prisons do general high levels of complaints.

Ms Boland said the quality of response is dependent on how well the investigation is done and dealt with at a local level, and felt we need to include this in training to local managers. Ms Elson advised we have relooked at this area and Mr Plumbridge has been involved in delivering the training. Mr Walsh invited Mr Plumbridge to comment. Mr Plumbridge added that we have developed new training for managers on how to write a satisfactory letter and are planning to roll out this programme during the course of the year.

Friends and Family Test Scores – there has been a marked decrease in the response rate resulting in 12% overall for quarter one, below our target of 15%. Ms Graves felt this was due to some IT issues and misunderstandings about uploading, as well as impact of individuals being on annual leave. Mr Beesley highlighted that it was reported in the media this morning that some Trusts are reporting below 3%. Ms Elson said in terms of the national data which was published on 30 July the targets are around acute hospitals with a very low response rates in A&E Departments which is bringing down the average. Mr French noted that Jersey Ward is showing 0% return for the first three months which implies they are not

promoting it. Ms Graves agreed that we have to do a lot more work in this area and accepted responsibility for this. She said staff are focussing on direct patient care and do not see this as their priority. Mr French felt this is yet another issue surrounding the problems we are currently facing; if we cannot get the message out that it is a fundamental requirement to do the Friends and Family Tests on wards then how can we get our Vision out. Mr Jackson asked that Ms Graves clarify the IT issues and Ms Elson assured this had already been followed up and resolved. Mr Walsh proposed that those wards with high percentage returns work with failing wards to show them how to do it.

VG

Provider Compliance Assessments (PCAs) – Ms Elson reminded Board members that this is a self-rated team level self assessment of how they evidence their compliance with essential standards. Across the Trust over 2,000 PCAs have been completed. Ms Owens appreciated these were early results but could see there was varying quality in the PCAs completed. Dr Mynors-Wallis agreed, and there was some very concerning information in our mental health services. He felt the issue now is how we are acting on this information, and what are we doing at Directorate level. Mr Barton said he was going through the process of validation with his senior team to provide some sense and would need to work through that process to start action planning forward. His Directorate believes that we would need a further £10m spent on staffing levels to deliver our Vision.

Mr Walsh recognised this was a significant piece of work but found it hugely helpful being able to extract the information from PCAs. Mr French felt it was important to bear in mind that self assessments traditionally will be overestimated although not all Board members shared this view.

Mr Chapman said it was worrying that there are some fundamental issues affecting quality around recruiting and motivating leadership, and questioned whether as a Board we take an opportunity to step back from this level of detail and decide what is realistic and how we are going to manage it. Dr Mynors-Wallis said our ability to deliver minimum standards is core business, he believed we needed to validate this, and this is one source which the Board do need to examine carefully.

Mr Archer had recently attended a Regional Nurse Directors meeting and flagged that there are significant break outs of C.difficile which appear to be heat-related with the position that this organism is mutating. He noted there were some with outbreaks in Hampshire. Although our health acquired infection performance is very good this is something we need to be ever vigilant of.

Mr Walsh said staffing, leadership and environment are the three big areas for the Board and he will work with Mr Sly on these. He recognised that the Quality Report is to highlight areas and indicators of concern and we must and will address them.

## **Human Resources**

Leadership Training – Mr Hague updated that he has started on the

programme endorsed by the Board and arrangements are being put in place. Mr Walsh asked that the Board are kept informed and advised once a date has been confirmed. Leadership is one of the biggest challenges we face and it would be important that all Board members can attend.

### **Performance**

Monitor Targets - Mr French questioned whether this was an unusual position compared with previous years as normally by the first quarter we have a sense of how things are looking. Mr Jackson agreed he was slightly surprised that for the first three months we are not seeing consistency between pay and non pay.

084/13

### **TO RECEIVE THE CORPORATE RISK REGISTER**

Mr Harvey presented the risk register which has been reviewed at the 25 June Directors meeting, and 10 July Audit Committee meeting. Mr Walsh questioned if the risks are prioritised and Mr Sly explained they have been grouped by residual risk by categories rather than a strict order of risk.

Mr Beesley was pleased to have the opportunity of reviewing this on a regular basis and to see evidence that discussion has been taking place with understandable actions. Mr French agreed, and wondered if we ought to be trying to prescribe a financial value to the risk. Mr Sly explained it would be quite difficult to lay another scoring system. Ms Elson added we are moving over to an electronic system and risk assessment driven module.

Mr Walsh suggested that entry no. 28 relating to insufficient staffing levels should be shown as an extreme risk and the same risk rating for entry no. 33 of always having a Trust contracted member of staff on duty.

Mr Walsh was pleased that the risk register appears to be a much more 'live' document which is getting appropriate Executive consideration.

085/13

### **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

Audit Committee Meeting held on 10 July 2013 – Mr Beesley updated that a lot of time had been spent considering the recent counter fraud case, and Mr Sly attended to discuss the Trust's response to the report by the Counter Fraud Specialist and the Committee were assured the Trust has responded in an appropriate way.

Quality Assurance Committee - no update.

HR & Workforce Development Committee - no update.

Mental Health Act Managers Meeting - no update.

086/13

### **APPROVED MINUTES FROM BOARD COMMITTEE MEETINGS**

The Board received and noted the approved minutes of the following Audit Committee meeting held on 24 May 2013

087/13 **TO RECEIVE THE REGISTER OF GIFTS AND HOSPITALITY**

The Register for the period 1 January 2013 to 30 June 2013 was noted.

088/13 **TO RECEIVE THE PART 1 FORWARD AGENDA PLANNER**

Mr Harvey presented the rolling forward planner which will come monthly to the Board.

Mrs Fozard highlighted that the Mental Health Act Managers have recently had a meeting so the briefing paper will be presented to the August Board meeting, not September as noted on the planner document. The timing for all Board Committees would be checked to make sure briefing papers are received in a timely manner.

It was noted there are standing items that come to the Board every month or annually, e.g. Integrated Quality, Finance and Performance report and the Annual Governance Statement that do not appear on the schedule and it was agreed to feed this information directly to Mr Harvey.

089/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

There were no issues raised.

090/13 **OBSERVATIONS FROM GOVERNORS**

The Chairman thanked the Governors for attending the meeting and invited questions to Board members.

Ms Evans-Thomas, Trust Governor, referred to the Friends and Family Test and questioned why this related to just six of our community hospitals. Ms Elson explained that only those areas with the lowest response rate and thereby not meeting the threshold were detailed. More information on all the results could be found by following the link to the Trust website <http://www.dorsethealthcare.nhs.uk/feedback/friends-and-family.htm>. Mr Beesley wished to emphasise this was exception reporting, and we do lots of things extremely well.

Ms Aldridge questioned whether it is just the Financial Summary the Board receive each month, and Mr Walsh clarified that every month Board members receive a financial report within the integrated report.

Mr Corbin, Staff Governor and Diversity Manager for the Trust, wished to make the Board aware of how broadly staffing issues have impacted on existing staff in terms of workload and sickness. He said that there is a lot of uncertainty from staff about what the future holds for the Trust in the light of recent reports and findings. Mr Walsh said in terms of the results from the CQC he was hopeful we are on the road to making sure we can deliver our Vision but it is a very challenging environment within which we work and a challenge to recruit staff. Mr Corbin also felt the impact on the media recently has also affected staff morale. Mr Walsh reiterated the

message from the Board is that we have over 400 vacancies in the Trust and we need more people to work for us. He thanked Mr Corbin for bringing this to the Board's attention.

Ms Pat Cooper, Staff Governor, referred to the discussion on staffing issues and felt it would be important that the leadership training is not just an ideal of being a leader but is also linking into all the tangible things and contributions that staff can be making. Mr Walsh agreed, and said we will make sure it is very much bespoke to our Trust and the Board will keep this under review. She also felt in respect of PCAs there is a lot of resource and capacity from the role of Staff Governors to take things back to the floor.

Mr Michael Bevan, Trust Governor, felt there was a difference between stating good intentions and practical implementation. He was particularly interested to note the Annual Plan Scorecard showing lead Director responsibility and he is intending to follow this very closely and if he notices any discrepancies he will be asking questions.

Ms Morris, Trust Governor and a Carer, referred to discussions about the LCP and felt it important to emphasise the role of carers support throughout the whole organisation. From her personal interactions over the last few months with the Trust she has predominantly felt very supported but there was one occasion where she had a poor experience and felt it reinforced what has been said that most of the care is excellent, but it is the exception is the one that causes the problems.

In concluding discussions Mr Walsh recognised this would be the last Board meeting for Mr Archer and on behalf of the Board expressed his gratitude and best wishes for all his hard work and inspirational leadership.

091/13 **ANY OTHER BUSINESS**

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

092/13 **DATE OF NEXT MEETING**

The next Formal Board Meeting will be held on Wednesday 28 August 2013, 1:00pm at Kingston Maurwood College, Dorchester, DT2 8PY.

Signed: ..... Date: .....  
Mr J Walsh, Chair