

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 8th January 2014
at Kingston Maurward College, Dorchester, Dorset, DT2 8PY

Present:	Sir D Henshaw	Chairman	
	Mr R Shields	Chief Executive	
	Ms A Abraham	Non-Executive Director	
	Mr M Beesley	Non-Executive Director	
	Ms J Chai	Associate Finance Director	
	Mr N Chapman	Non-Executive Director	
	Mr I Cordwell	Non-Executive Director	
	Mrs G Fozard	Non-Executive Director	
	Mr C Hague	Director of Human Resources (CLH)	
	Ms L Hunt	Non-Executive Director	
	Mr P Lumsdon	Director of Nursing and Quality	
	Dr L Mynors-Wallis	Medical Director	
	In Attendance:	Ms L Boland	Director of Children & Young People's Services
		Ms J Elson	Director of Mental Health Services
Ms V Graves		Director of Community Health Services	
Mr C Harvey		Trust Board Secretary (CH)	
Governors & Members of the Public:	Ms A Webb	Trust Governor (Poole)	
	Ms L Morris	Trust Governor (Dorset RoEW)	
	Mr N Plumbridge	Trust Governor (Poole)	
	Mr B Batty-Smith	Partner Governor for District Councils	
	Mr Chris Kennedy	Member of Staff	
	Ms S Evans-Thomas	Trust Governor (Poole)	
	Ms Becky Aldridge	Partner Organisation for Service Users	
	Mr Guy Patterson	Trust Governor (Dorset RoEW)	
	Ms Angela Reed	Trust Governor (Dorset RoEW)	
	Ms Scottie Gregory	Trust Governor (Dorset RoEW)	
	Mr Dave Corbin	Staff Governor	
	Mrs Louise Lowe	Member of the Public	
	Mr Jimmy Lowe	Member of the Public	
	Dr Ciaran Newell	Consultant Nurse (Eating Disorders)	
	Mr Ron Coates	Member of the Public	
	Ms Sarah Calkin	Reporter, Health Services Journal	
	Mr Terry Stockwell	Member of the Public	
	Ms Sally Cook	Member of the Public	
Mr Pete Kelsall	Staff Governor		
Apologies:	None		

Sir David wished everyone present a happy New Year and welcomed Ms Ann Abraham and Mr Ian Cordwell to their first Board Meeting. He explained that Mr Cordwell will chair the Audit Committee.

001/14

ARE WE CARING AND ARE WE RESPONSIVE?

The Board meeting began with a carer's story about the tragic death of a patient who had committed suicide whilst under the care of one of the Trust's Community Mental Health Teams.

The Board listened intently to the story that was presented by Mr Lowe the deceased father.

Sir David thanked Mr Lowe for being so open and helpful and invited questions from the Board.

Dr Mynors–Wallis thanked Mr Lowe for helping the Trust work through the actions within the Serious Incident report into the suicide. Going forwards he explained that Mr Lowe would continue to work with the Trust through Dr Ciaran Newell.

Sir David, in recognising the challenges of patient confidentiality, asked Mr Lowe if there were any key messages or pointers that could have helped. Mr Lowe explained that the Trust's sharing guidance policy is an excellent document that contains the solution to this issue. He had been working with Dr Newell and contributed to establishing standards around sharing information. Sir David welcomed this, adding that it was important to create an open, participative culture around information sharing.

Ms Abraham added that it was disappointing that often health professionals do not see the family and carers as part of the recovery team. Dr Newell explained that the recovery education centre ran courses on this topic that were delivered by carers and staff.

Dr Mynors–Wallis agreed adding that there was no doubt the carers and family members are part of the recovery team but patients, who have capacity, have a right if they wish, to confidentiality. Therefore, staff have a duty to respect this, but not hide behind it.

Mr Chapman was struck by what he had heard especially the onus on the patient, when in crisis, to act.

Ms Boland referenced the challenges of patient confidentiality with young children where the rights of young people have to be maintained and this can occasionally leave parents feeling they are not included in their children's healthcare.

Sir David summarised by suggesting we should have a launch of the new document *Guidance for Staff in Sharing Information with Carers* and invited Mr Lowe to be involved in this. Mr Lowe confirmed he would like to be further involved.

002/14 **APOLOGIES FOR ABSENCE**

There were no Apologies

003/14 **QUORUM**

It was confirmed that the Board meeting was quorate

005/14 **DECLARATIONS OF DIRECTOR'S INTEREST**

Members were asked to carefully consider and declare any interests, financial or otherwise.

Ms Hunt confirmed that she had nothing to declare.

Mr Cordwell agreed to separately provide his interest but none would conflict with any matters on the Board agenda.

MINUTES OF PREVIOUS MEETING

With the following amendments the minutes of the meeting held on 4th December 2013 were approved:

Whilst Mr Cordwell did not attend the Board meeting on 4th December 2013, he was not formally a member of the Board at that time, therefore his apology should not be recorded.

Page one final sentence of Sir David Introduction to read'

'He thanked Ms Fozard for agreeing to stay on as a Non Executive Director for a further six months'

MATTERS ARISING

There were no comments and the report was accepted.

KEY ISSUES

There were no key issues to raise.

CHAIR'S UPDATE

Sir David explained that the Trust remained busy with much work going on. There had been a further and very positive progress meeting with Monitor in December.

He was pleased to report that the warning note issued by the Care Quality Commission in respect of Blandford Hospital had been lifted.

He had agreed with Monitor that the focus on recovery should not just

be on the recovery plan but extending this to the recovery of the whole organisation. This was a big step for Monitor and he would need to agree a time frame going forward with the Regulator.

He confirmed that early findings from the Stocktake PwC had undertaken were very encouraging and would help frame the next piece of work including the Annual Plan submission to Monitor.

Candidates would be interviewed on Thursday 9th January 2014 for the position of a non-Executive Director.

Shortlisting of candidates for Trust Chair would take place on Thursday 9th January.

Further progress had been with Governor communications: Trust email accounts for all Governors had been set up, and an interactive tool and resource called Basecamp established and populated with useful documents.

Sir David said he and Mr Shields and had had useful and productive meetings with partners and the Dorset Clinical Commissioning Group and relationships had greatly improved.

Consultations were ongoing about delivering seamless integrated locality models of care with Staff and the Dorset Clinical Commissioning Group were happy with this direction of travel.

Sir David recognized the significant challenge placed on the Trust because of the recent bad weather. He wished to place on record his thanks for the efforts staff had gone to keeping services running and hugely thanked Ms Chai who was the Director on Call during this busy time.

Sir David concluded that the pace of the Trust remain fast and furious.

CHIEF EXECUTIVE'S UPDATE

Mr Shields updated the Board on the following four topics:

1. In echoing the words of Sir David, he said there was a fabulous response from staff to the recent floods. Staff had worked exceptionally hard and our contribution to this civil contingency was good; a Gold Command was established. Overall there was an excellent response and well done to everyone involved.
2. He explained there were significant pressures in the local Health economy around acute hospitals with some wards out of use because of Norovirus. Services were being managed but it was a difficult time for all our partners.
3. Mr Shields referred to the letter he had sent to the Care Quality Commission, copied to Monitor, the Dorset Clinical

Commissioning Group, the Board and Governors explaining that there was a period of non compliance in single sex accommodation. The Trust had previously declared compliance against these standards, but on inspection, he considered this judgment to be wrong. The breach related to eight wards. Through changes to operational arrangements, this was now resolved in six wards. In the remaining two wards, staff are minimising the potential for further breaches whilst two small building schemes are being commissioned which will be delivered as early as possible in the new year.

4. Staff engagement events were organised before Christmas, 120 people have attended two events, and more are planned early in the new year. These communication events provide an opportunity to discuss and shape the Trust's vision for how services are organised to deliver personalized, integrated, localised care. Mr Shields explained that early feedback was most encouraging, which will be widely communicated to all staff and will inform a plan to deliver better integrate care.

006/14 **ARE WE WELL LED?**

Strategy

Issues to escalate to the Board

There was nothing to escalate to the Board that was not covered elsewhere in the Board meeting.

007/14 **To update the Board on the performance against the 2013/14 Annual Plan**

Sir David reviewed with the Board the reasons behind each red rated action on the Annual Plan Score Card and the action being taken to address each issue can be confirmed by the relevant Director.

008/14 **To Discuss the Draft Information Management and Technology Strategy**

Ms Chai presented the draft Information Management and Technology Strategy. She explained this was a supporting and enabling strategy to help the Trust to achieve its' strategic goals and objectives. It sets out milestones to unify one system across the Trust. A significant theme of the strategy was around mobile working. Information Management and Technology needed to support the drive to enable patients and their carers access their own records and enhance patient care. Information warehouse management would need to be further developed.

Sir David said that there had been an extensive and positive discussion at the Finance Investment and Performance Committee earlier in the day. He recognised that enormous progress had been made removing blockages and now the focus needed to be on embedding this so that the Trust can work more effectively with Staff and Patients around their Information Management and Technology requirements. He added that

this would be a topic at the February Board workshop.

Mr Cordwell thought the paper was good at describing the technical components however it was silent on the value of the investment in technology and what we need to do to help staff make the best use of IT.

JC

Ms Graves valued the culture change over past few weeks into a can do approach.

Ms Elson explained that embedding new processes that were sustainable was key to the roll out of any new system.

Ms Abraham said that people needed support around Information Management and Technology. Additionally she questioned how this strategy was aligned to the findings from the PwC Stocktake.

Ms Chai explained that an Informatics group had been established with clinical representation to ensure clinical priorities were incorporated in the work programme.

Ms Abraham considered that the paper did not adequately pick up on productivity.

Mr Shields explained that by productivity will be enhanced by, for example, providing community nursing staff in the community with mobile electronic tablets. This will help community staff work more efficiently because they will not have to waste time returning to base to enter the data. However, predicting the exact quantum of productivity gain will, at this stage, be difficult.

Ms Abraham added that PwC had suggested using Information Technology to measure productivity.

Sir David agreed but added that we needed to rationalise the running of 35 different Information Technology projects and the strategy needed to describe in greater detail what the future would look like.

Ms Graves agreed it was important to align the Strategy with the findings from the PwC Stocktake and a key outcome of the implementation of any new system would be to remove paper.

Mr Chapman suggested that whilst agreeing, we could not measure productivity until the system is implemented, the business plan should set out expectations.

Mr Shields agreed but cautioned against being trapped by benefits realisation.

The Board Noted this Draft Strategy

009/14 **HOW SAFE ARE WE?**
Quality, Performance and Finance Assurance

To approve the appointment of Wayne French, Mental Health Act Hospital Manager

Mrs Fozard presented this paper.

The Board unanimously approved the appointment of Wayne French, Mental Health Act Hospital Manager.

010/14 **HOW EFFECTIVE ARE WE?**
BOARD COMMITTEE BRIEFING PAPERS

To receive a verbal brief following the Finance, Investment & Performance Committee held on 8th January 2014

Ms Hunt reported on the first meeting of the Finance, Investment & Performance Committee. They had examined what quality care looked like and how the Finance, Investment & Performance Committee can question, understand and validate the information available. She explained that the agenda was large. There had not been time to cover all the items but there had been in depth discussions around the Finance Report, the Information Management and Technology Strategy and forward plan. Some papers, for example, the Review of the Terms of Reference had been deferred to a subsequent meeting.

011/14 **Integrated Corporate Dashboard and Report for November 2013**

Ms Chai introduced this report. She said that the Governance Risk Rating remained 'red'. The Internal significant event, detailed at paragraph 2.3.1 had been discussed in great detail giving assurance at the Finance, Investment & Performance Committee.

Sir David said he expected the Finance, Investment & Performance Committee to review the Corporate Dashboard and Report in detail but the Committee needed to consider the time of the meeting relative to the Board to give the directors time to validate the data and take opportunity to deep dive into the information. Having rebuilt the governance framework, it was important that the Board received assurance through validated data.

Ms Abraham questioned the accessibility of the information through the compartmentalization of services and the way data is broken down, makes it difficult to understand. Sir David recognised this and added that moving towards an integrated locality based model will drive the data flows.

Mrs Fozard was concerned about the upward trend of safety related incidents. Adding that we are not moving quickly enough to implement learning from Serious Untoward Incidents.

Mr Cordwell considered there were similar issues with Root Cause Analysis.

Ms Graves explained that there was a lot of work going on with Pressure Ulcers examining documentation, assessment processes, compliance and the complexity of Patients.

Dr Mynors-Wallis agreed there had been a delay in completing Root Cause Analysis. The information that he had seen was repetitive, he had reviewed the process and was now getting individual teams working to implement these. He added we have been an organisation that was a consistently high reporter of incidents and were getting the balance right between independent reviews. Root Cause Analysis have action plans and outstanding actions and lessons learned are reported to team meetings. Whilst there were fewer of the most serious pressure ulcers this year, he considered that pressure ulcers should be the subject of a separate deep dive by the Quality Assurance Committee.

PL

Sir David agreed and asked the Executive to examine this.

Mr Chapman thought that more work was needed to understand complaints better in adult mental health services and to examine any emerging themes.

Mr Shields agreed that there should be a focused discussion on complaints at the Quality Assurance Committee.

PL

GOVERNANCE

012/14 **Register of Gifts & Hospitality for the period 1st July – 31st December 2013.**

The Report was noted.

013/14 **Part 1 Board Forward Agenda Planner**

The Forward Planner was Noted.

MINUTES AND USE OF EMERGENCY POWERS FOR INFORMATION **MINUTES**

There were no approved Committee Minutes since the Board Meeting on the 4th December 2013 to receive.

014/14 **EMERGENCY POWERS**

There were no reported use of emergency powers.

015/14 **ANY OTHER BUSINESS**

There were no items of any other business

016/14 **Observations from Governors**

Mr Guy Patterson thought that the Patient Story from Mr Lowe was very effective and continuity of care was a key issue.

Sir David agreed adding that this should be discussed at a future governors meeting.

Mr Peter Kelsall considered that the implementation of the Commuuity I information System will result in an improvement in safety and quality of care but will not produce a financial saving.

Ms Anna Webb considered the results of the Friends and Family test worrying. Sir David agree that this needed further analysis

Ms Sue Evans-Thomas questioned if the Pressure Ulcer was age related.

DATE AND TIME OF NEXT MEETING

Wednesday 5th February 2014 at Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA

SIGNIFICANT ISSUES FROM DIRECTORS

EXCLUSION OF THE PUBLIC

Signed:

Date

Sir David Henshaw, Chairman