Dorset HealthCare
University NHS Foundation Trust

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 26 June 2013
at Merley House, Merley House Lane, Wimborne, BH21 3AA

Present:	Mr J Walsh	Chairman
	Mr T Archer	Nurse Executive Director
	Mr M Beesley	Non-Executive Director
	Mr N Chapman	Non-Executive Director
	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
In Attendance:	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 L Bubb	Deloittes (observing the meeting)
	Ms J Griffiths	Director of I*EAT (for item 4)
	Dr C Newell	Consultant Nurse, Eating Disorders (for item 4)
	Mr T Goodson	Chief Officer, Dorset CCG (for item 5)
	Dr F Watson	Chair, Dorset CCG (for item 5)
Governors & Members of the Public	Mr N Plumbridge	Trust Governor (Poole)
	Mr L Rowe	Trust Governor (Bournemouth)
	Mrs P Scott	Lead Trust Governor
Apologies:	Ms J Elson	Director of Quality

Action

053/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman welcomed members, and those Governors present, to the meeting. He introduced Ms Lucy Bubb from Deloittes who was observing today's meeting.

He advised this Board was a meeting held in public, not a public meeting.

Externally, we have seen the unedifying spectacle of the Care Quality Commission (CQC) being attacked through the media on the alleged cover up in suppressing a report into baby deaths at Morecombe Bay Hospital. Giving into naming individuals involved is very distressing and leads to a dramatic rise in blame. Hopefully the NHS will calm down and what we need is transparency and openness.

Internally, and on a much brighter note, he restated his commitment to

supporting and assisting staff to deliver our Vision statement. The CQC has inspected the Trust against Outcome 16 and although there are many worthy and appropriate recommendations where we should improve, they are saying our plans are good and now we have to deliver those plans.

Our Operational Directors continue to deliver excellent care and to seek out opportunities for integration with social care to make sure we are able to offer holistic assessment of care by the end of this year. Despite everything happening externally, the negative press, and the challenging conditions within which we operate, we are making sure we deliver the Trust's Development Plan and support our staff.

054/13 **APOLOGIES FOR ABSENCE**

The Chairman noted apologies from Ms Elson, Director of Quality

055/13 **DECLARATIONS OF INTEREST**

It was noted that Ms Robinson continues to work with an NHS Trust in Kettering as a management consultant, and that Mr Barton is Chairman of the Trustees of I*EAT.

The Chairman noted that the presentation from the Dorset Clinical Commissioning Group (CCG) has been moved to later in the agenda.

056/13 **MINUTES OF PREVIOUS MEETINGS**

Minutes of Meeting Held on 29 May 2013

The minutes were approved, subject to the following amendments:

039/13 – correction to fourth paragraph which should refer to NMC, Nursing and Midwifery Council, not LMC.

041/13 – under the Quality discussion, the reference should be to Mr Plumbridge, not Mr Chapman.

057/13 **MATTERS ARISING REPORT**

Mr Harvey reported on the status of the action log and progress against each item was noted.

021/13 – Mr Barton confirmed this issue had now been superseded by the fact that the seclusion suite has opened.

036/13 – The Executive Summary of the Trust's Strategy, incorporating key points from the Annual Plan, will be submitted to the July Board meeting. **PS**

040/13 – Ms Owens has visited Chalbury Ward and was now assured that staff feel it was working well; particularly the ward manager, who was appointed in January, said she felt very supported by line managers. Dr Mynors-Wallis expanded that this was not just happening on Chalbury

Action

Ward but also other wards in the Trust as Mr Barton has been putting in coaching and support for all ward managers to enable them to carry out the leadership role.

There were no further comments and the report was accepted.

The following matters arising from the 29 May meeting were noted:

040/13 – Mr Beesley questioned when the review of Mental Health Urgent Care Services in West Dorset was likely to happen. Mr Sly said that we will give the service six months to bed in and operate and would commission an external review at the end of the year. We will seek approval of the Terms of Reference at the December Board meeting. Mr Barton said the Terms of Reference would be drafted jointly with CCG colleagues as they want to be part of the process. Mr Walsh asked for assurances that Mr Barton would be checking to make sure there are no issues regarding implementation now. Mr Barton confirmed there was a daily check and the fundamental aspect of developing the crisis team was working well. **CH**

044/13 – Mr Beesley referred to the discussions around Provider Compliance Assessments (PCAs) being 50% complete and on target to meet 100% by the end of June and his disappointment that there was no initial feedback. He questioned a month on what the position was now. Mr Sly said he will update on PCAs within the Chief Executive Report and Trust Development Plan later on the agenda but the focus has been to get them completed with evidence recorded on the system. He will ask Ms Elson to review the outcomes and findings from the PCAs and will bring a flavour of the themes and trends to the July Board meeting. **JE**

Dr Mynors-Wallis added that this was discussed at the Medical Advisory Committee meeting yesterday and senior clinical staff felt really engaged in the process, and he was hopeful that this would give us an accurate reflection of where we are.

058/13 **PATIENT STORY**

The Chairman welcomed Ms Jess Griffiths, Founder and Director of the Bournemouth-based charity I*EAT which supports people affected by eating disorders. Dr Ciarán Newell, Consultant Nurse (Eating Disorders) was pleased to introduce Ms Griffiths who had agreed to talk about her experience, and said this showed that complete recovery is attainable and highlights the important role we have supporting people in recovery on an ongoing basis to give them the motivation they need.

Mr Walsh thanked Ms Griffiths for sharing her story, and said it was humbling for us to hear her journey and to know that the experience people go through with our Trust is a positive one.

Board members submitted various questions:

Mr Jackson referred to Ms Griffiths' first interaction with services where she

found comments flippant and off-putting and asked whether she would have been able to think about complaining or to go elsewhere at that time? Ms Griffiths felt she did not have the courage to know she could have asked to see someone else. Mr Jackson referred the question to Dr Newell and asked in the same scenario whether there would be an opportunity now to get that feedback. Dr Newell felt when meeting a person in the service for the first time there was still the issue that people "*vote with their feet*". However, we do write and ask people for their feedback and moving onto handheld devices will help us even further as we can ask how they felt the session was and whether it covered everything. This will help us determine the quality of relationships and identify any areas where there could be issues. Dr Newell said Ms Griffiths has had a lot of influence in how we develop our programme and her feedback has been very important to us.

Ms Boland felt one of the powerful themes from Ms Griffiths' story was how people find it scary coming to St Ann's, or any inpatient unit. Linked to this, and the whole student welfare service, she is developing an onsite clinic at the University so young people's first experience of support is on campus. The University had been going out to retender but we successfully negotiated with them and have agreed a new service and model which is being rolled out from September.

Ms Owens asked Ms Griffiths what the current perception of the service was and whether she felt we were reaching people more quickly. Ms Griffiths said the stigma still remains but there are things in place to help with engagement and make the process a lot easier such as running drop-in services, and a website. Ms Owens asked if we reach out into schools and Ms Boland confirmed a lot of outreach work was being done.

059/13 **TO APPROVE THE HR WORKFORCE & DEVELOPMENT STRATEGY**

Mr Hague presented the Strategy which has been endorsed by the HR and Workforce Development Committee, and shared with Trade Union colleagues.

Mr Beesley questioned if the leadership development programme was available to everyone and whether there was a selection process as not everyone was capable of being an effective leader. Mr Hague said there was a very clear selection process from the Leadership Academy, and a mixture of arrangements to address the different strands of leadership development. Mr French felt it important we make sure people below the leadership level get an opportunity as well. Mr Hague agreed that leaders need to be role models for the future, and to spot talent going forward.

Mr Barton said we need to create a generation of leaders and to give people the opportunity to become exposed to what leadership means and find ways to inspire the next generation to want to be part of this. Mr Archer agreed but felt that everyone has a leadership responsibility at all levels of the organisation and we need to embed this culture and understanding of leadership and the responsibility that goes with it.

Ms Boland felt it would be important to have honest discussions to enable people to be redeployed to other roles, and to recognise that not everyone is right for a team leader role.

Ms Robinson said one of the aims of the HR & Workforce Development Committee is to look at recruitment and calibre of staff and the HR Work Programme supports the delivery of the Strategy.

Ms Graves extended her support for the programme; particularly the team development programmes and the coaching network which she felt were two critical areas.

Mr Walsh was pleased that the programme embeds a culture of leadership and management in continuing professional development, and would like to suggest this is mandatory training minimum for all leaders.

Mr Beesley added that it might be an idea to have a module dedicated to innovation, and Mr Hague replied this was one of the themes we have committed to reporting quarterly to the HR & Workforce Committee.

The Board approved the HR Workforce & Development Strategy.

060/13 **TO APPROVE THE INNOVATION STRATEGY**

Mr Archer gave an overview of the Strategy and explained that the Innovation Team has recently been restructured and was in the process of recruiting new people. As a Directorate, we had given a lot of focus on the development of the Innovation Team and are committed to keep it under review with an annual report.

Mr Chapman said he struggled with this approach and felt innovation should be driven by individual Director leaders and their teams and was concerned that a separate, stand-alone document could remove this responsibility and impetus from the Directorates. He felt innovation, quality and cost improvement ultimately should be a clinically involved process and become part of everyone's job and this should be our objective.

Mr Sly countered this with a different view, using the parallel of the Workforce Strategy we had just endorsed. He believed we needed expertise and a supported resource to help make it happen as a process, otherwise he feared it would just get lost with all the competing pressures.

Mr Chapman questioned if this was built into the objectives of Operational Directors and the annual planning and processes. Mr Sly said we will make sure it is reflected in their objectives and performance.

Mr Archer stated that the Innovation team at this time was very much an enabling function to help drive initiatives, and extra capacity is needed to make it happen.

Action

Ms Fozard agreed with Mr Chapman that it should be embedded in each of the Directorates. She was concerned that the Innovation Team has been in place for a year and we have not seen the outcomes and successful innovative projects embedded during that time. Mr Sly replied that it can only be a facilitation role. Mr Beesley said he could understand both views and felt it was about the management of cultural change.

Ms Fozard asked if the Board could receive some interim feedback and Mr Sly agreed to add a section into his Part 1 Chief Executive report next time of what has been achieved. **PS**

Dr Mynors-Wallis said although he had misgivings about this Strategy, following discussion with his Director colleagues he had been persuaded that we ought to give it a chance to work with a review after 12-months to assess delivery. Mr Jackson added that there was no clarity about when it would return for review, and Mr Sly advised the plan would be that all Strategies are refreshed as part of the Annual Plan.

Mr French commented that all risk has to be in a controlled environment and we have to know the impact if our decision goes wrong. Mr Sly agreed, and said he would put a process in place to manage risk.

Mr Walsh felt it was important to recognise the great challenge of driving forward this process and he felt we have to support and break down internal barriers to make innovation flourish.

Mr Chapman reiterated his worry that this approach does not drive innovation into operational areas and is not really an overall strategy for innovation. Mr Jackson said the drive will come from the new QIPP Transformation and Delivery Group which Dr Mynors-Wallis is establishing.

The Board approved the Innovation Strategy for a one-year period.

061/13 **TO APPROVE THE COMMUNICATION STRATEGY**

Mr Archer presented an overview of the Strategy and said the main focus was on promoting the organisation and making sure that key messages are communicated with staff, Governors, commissioners, service users and the public.

Mr Walsh was pleased that communication with Governors was highlighted and said it is important we make sure we communicate to and through the Governors.

Ms Owen agreed and felt there could be a bigger role for Governors, and she would like to put forward a suggestion to the forthcoming Council of Governors meeting that they hold locality meetings so the Governors can meet members of the public. Mr Walsh said a number of these meetings had already taken place with the most recent one being held in Bridport. Ms Owens responded that her feedback from those meetings was that the publicity ought to have been better and she would like to see the 'big

conversation' sessions running again which would be an opportunity as a Non Executive to meet with different groups of staff. She felt this would be more interactive than the current Board walkabouts.

Mr Archer highlighted that i-matter had recently undertaken a challenge to specifically ask staff what changes they think could be made to increase staff involvement and engagement and improve the Chief Executive staff briefing. The feedback was to move the Chief Executive around the organisation so the briefing can be given to a broader range of staff.

Mr Walsh said another key area is the Health Scrutiny Committees and he will be working with the Non Executives to make sure we have a greater influence on them.

Dr Mynors-Wallis felt we do need to be better at listening and hearing and going forward this would be particularly important when engaging with Commissioners. We need a better process so that whoever is receiving the information feeds it through to those who can act on it.

Mr Chapman wondered whether we think more about how we communicate and project our brand and values more effectively to the public and key stakeholders as we move more into a competitive environment for services. Mr Archer agreed it is really important that our services have an identity but recognised this would be a significant challenge as we are now such a complex organisation. Ms Boland said the biggest selling point for our organisation is that we deliver high quality care and strive to deliver best outcomes.

Dr Mynors-Wallis agreed the issue about branding is important, and proposed we add something about "reviewing our brand" in the Strategy. Mr Chapman said getting our branding right and keeping it simple is critical, and would need careful reflection and possibly some external input. Mr Walsh thanked Mr Chapman for raising these valid points, and Mr Sly would make sure that any work on branding involves Mr Chapman.

Mr Sly referred to the section on Digital Communications, which tied nicely with Ms Griffiths' presentation that one way of reducing stigma would be to have video clips on our website of "a walk through" of not only St Ann's but all our main Trust sites. Mr Barton agreed this would be a good way of addressing the issues Ms Griffiths raised and to allay people's fears. Mr Archer responded that is in the work programme and being developed.

The Board approved the Communications Strategy

062/13 **CHIEF EXECUTIVE'S REPORT**

Mr Sly presented his report on internal activity as well as national issues relating to services provided by the Trust. He highlighted two areas to update on since the report was written.

CQC revisit to Waterston Ward

Action

Mr Sly said we were anticipating this; essentially the CQC have been positive and their view is that we have made significant improvements. He was disappointed that there continues to be an ongoing concern around staffing levels and he had asked Mr Barton to look into this issue.

Mr Barton said this was based on informal feedback but he was surprised at this view because we have delivered a significant increase in staffing levels. He felt the significant challenge was staffing generally across the organisation and we need to increase our headcount to make sure there is sufficient staffing in the system.

Mr Jackson was worried that culturally this seems to be a problem across the Trust and even though we have put in place increased staffing levels there are still concerns from a regulatory point of view and he was worried about the perception of this organisation.

Ms Graves added that one of the issues troubling staff, for example at Blandford, was the number of visits and levels of anxiety as individual staff feel personally responsible and it would be important how we help staff move forwards.

Dr Mynors-Wallis said it is important to recognise that any criticism was reliant on subjective views and the CQC are currently proposing changes to the way they regulate care services in the future. The real challenge, and part of the QIPP process, is to get the care pathways right and staff are clear that it is this process of care we will be judged against.

Mr Walsh agreed that patient pathways are hugely important but we have to recognise that staffing is our number one issue and proposed that we debate this issue further at the July Board when we will have the results of the review of staffing numbers across the Trust. Ms Fozard said it is important we get high quality calibre staff. Ms Boland agreed, and that we have to have flexibility and team managers being responsive to challenging situations. Mr Sly supported this view. **PS**

<u>Trust Development Plan</u>
Mr Sly updated on progress, as follows:

Line 8 – an updated governance structure is in place across all three Operational Directorates and we are working hard to embed and cascade this down to ward and team level.

Line 10 – we have agreed the care pathways, and we want these to be implemented during 2013/14.

Line 19 – we are on target to complete all PCAs by the end of June, and we are getting the evidence uploaded onto the system.

Board members raised the following comments when considering the Chief Executive's Report:

Action

Funding for increased staffing levels in community hospitals - Mr Jackson said it is better to say this '*may impact on the Trust's future QIPP target'* rather than '*will impact*'. He said we will be looking for a discussion with our Commissioners, and not assuming we will pick up the consequence of this in-house.

NHS Spending on Private Services - Mr Beesley said he felt this was the start of a significant trend and we would need to get all of our services thinking in a competitive mode to operate in a continuing competitive environment.

Director of Nursing and Quality - Ms Fozard questioned if the advertisement was live and whether the job description was finalised. She felt in governance terms, the normal route would be to share this with the Board. PS confirmed it had been agreed with the Chairman, and it was shared with the Medical Director. Mr Hague would circulate the candidate brief to Non Executives. **CLH**

Deloittes Review - Mr Walsh said we would be receiving a verbal feedback this coming Friday, 28 June and he agreed to circulate the key messages to Board members at that time. We anticipate receiving the draft report on 5 July. **JW**

Dr Mynors-Wallis asked if Board members would have the opportunity to see the draft report. Mr Walsh agreed to circulate this as soon as it was received so that all Board members can contribute to the factual accuracy and help inform our draft response. Mr Sly advised a further review meeting with Monitor has been arranged for 18 July, and the team attending will be the Chairman, Director of Finance, Medical Director and Chief Executive. **JW**

Community Information System – Mr Chapman asked as a Board should we be aware of any cost or risk implication. Mr Jackson reminded Board Members that the business case had been previously submitted to the Board which explained the need for this system and how it would be funded. It was centrally funded for the first four years, and we are part of a consortium approach to get the best value for the Trust. Mr Sly added from a regulator's point of view Monitor was scrutinising this as well and we are required to report monthly regarding deployment of the system.

Carers Week – Ms Owens asked if we could have a service for carers in the rest of the county, including physical health care. This issue came up strongly at the recent CCG stakeholder event. Mr Walsh confirmed he was happy to do this, and Ms Graves advised that there are already a number of groups running. Ms Boland added that as part of whole roll out of the IAPT target we are increasing access to psychological therapies to carers so it would be important we link this.

063/13 **INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT**

Dr Mynors-Wallis presented the main highlights:-

Action

Internal 'never event' – Dr Mynors-Wallis advised that there were 4 'never events' in the last two months, and not 3 as reported and it was disappointing that there are still occasions when there is no qualified nurse in charge of a shift. Ms Owens said this was concerning and we need to know what action was being taken. Dr Mynors-Wallis agreed this was a serious issue, and it was discussed at length at the Quality and Patient Safety Group. One significant action taken was agreement that we may have to shift staff from community to inpatient units to make sure services are safe. This was a proactive response to prevent this happening again which Mr Barton would be taking forward.

Mr French commented that if a 'never event' can happen, with four occurring in one period, it was just part of the Early Warning Trigger Tool (EWTT) that flags up a potential problem and therefore not a never event by definition. Mr Sly said personally he liked the significance of it being called a 'never event' and felt it important that Board members scrutinise it every time it happens, and understand the reasons why it occurred and the action being taken to correct it and he will make sure we include this in future reports. Ms Owens supported this view and said the EWTT was retrospective. She found it worrying that staffing issues was a consistent theme running through discussions in different forums and said this should be at the top risk of the corporate risk register and Mr Sly confirmed it was. Mr Archer said in visiting other NHS organisations he found this was far from being a Dorset specific issue.

Inpatient falls resulting in injury - Mr Walsh was concerned to note that Saxon Ward, Wareham was one of the wards where a never event incident occurred, and was also a red threshold for falls. He asked if we were looking into this and what the issues were. Ms Graves said we have put in place increased numbers of trained staff at night between Swanage and Wareham. She did not see any connection but was disappointed with the results and has a meeting planned with the matrons to go through the issues. **VG**

Ms Fozard was surprised to note a red threshold for Haven Ward and questioned if there were different thresholds for different wards? Mr Barton was not sure and agreed to look into this issue. Mr Walsh said it would be useful to see falls trend analysis and Ms Owens clarified this goes to the Quality Assurance Committee. **JB**

Patient Safety Incidents - Dr Mynors-Wallis highlighted an error on the corporate dashboard; the figure for May reads 8.29% when in fact it should be 6.42%. In response to a concern that 6.42% seems high, Dr Mynors-Wallis said this was a change in the national reporting system where we are now required to report the top three incidents which had put our percentage up. The national average of moderate to catastrophic harm is 8.7%. To reflect the change in reporting, he proposed that we need to agree at Directors to change the percentages. **LMW**

St Ann's Hospital Inspection – Dr Mynors-Wallis drew the Board's attention

Action

to the final compliance report for the visit to St Ann's Hospital highlighting that the final judgements had improved since the draft report was received.

Outcome 16 Inspection Referring to the quality domain that the CQC considered during the outcome 16 visit, Ms Owens was dismayed that they concluded that overall the Trust was not well led. Mr Walsh shared her concern and agreed that this does impact on the Board. Our internal review rightly identified all of these issues and we are committed to delivering our Trust Development Plan. Mr Sly said he had a differing view and thought the draft judgement of 'moderate impact' was the best we could hope for and we now need to deliver these plans with appropriate pace and control. Dr Mynors-Wallis agreed with Mr Sly, and believed that the changes we are making to increase staffing levels and our Trust Development Plan will move this forward. Mr Chapman concurred, and said at first sight this was an unsettling document and it was important we see it in the context of the actions we have and are taking.

Ms Robinson referred to the concern the CQC raised in relation to assaults on staff and questioned whether we had the findings reported back from the Health and Safety Executive. Mr Sly advised we never received a report from them so are assuming they were happy with what we are doing at that time to improve.

Ms Fozard referred to the comment the CQC made on compliance with the Mental Health Act and confirmed a dashboard has been developed and will be implemented from 1 July to look at ward by ward compliance. This will give a very clear picture and make any action easier to target.

Human Resources

Mr French was disappointed to note we have dropped back into a red threshold with the current percentage of PDRs undertaken being 75.19%, particularly given the continued poor staff survey results. Mr Hague said there are variables in different Directorates and pressures in different areas but this was now receiving attention. Mr Chapman said when looking at the target for next year, the HR & Workforce Committee felt it should be 100%. Ms Robinson added that they had discussed the milestones and clear trajectories to reach 100% with more challenging targets. Mr Jackson felt we would see improvements and was confident that by the end of year we would be at 100%.

Dr Mynors-Wallis noted that the sickness absence rate was in the red threshold and did not believe it merits this position as we are below the national average for Mental Health and Community Trusts. Mr Chapman said he would like to discuss this issue at the HR & Workforce Committee. **CLH**

Finance

Mr Jackson reported that the level of surplus was in line with where we expected to be.

Action

Blandford Community Hospital Action Plan

Ms Graves explained that the CQC had formally asked that the action plan is considered by the Trust Board.

Regulation 9 - Mr Walsh referred to the issue of air mattresses and said one area of key learning from Minterne was that we do not always follow up and make sure an action was delivered. Ms Graves confirmed all instructions are clearly displayed and there was a weekly audit undertaken by the matron.

Regulation 22 – Mr Sly questioned when the Matron identified there are staffing level deficits, how responsive can we be and are we confident there are additional staff that can come in and help? Ms Graves advised that additional staff have recently been recruited, and each hospital has a list of trained and approved bank and agency staff. Mr Sly asked if the escalation process had been tested yet, and Ms Graves confirmed it had and was working well with staff completing the RAG-rating tool on each shift.

Mr Beesley noted we seem to have passed the target dates and queried if all the actions had been completed. Ms Graves explained this was an action plan produced following the CQC's original visit in March which was refreshed after their further visit on 20 May and she assured Board members that all the actions are complete and we have agreed an immediate additional recurrent staffing investment of £500k with community hospitals as part of the sustainable plan.

Mr Sly confirmed the process we have agreed as a Board is that our internal quality team would re-inspect and make sure that improved outcomes for patients are being delivered. Mr Walsh requested the Board have sight of the Quality Visit Report at the July Board. **JE**

To conclude discussions, Mr Walsh reconfirmed that the Board is being asked to consider the action plan and not approve it. Our agreed internal process is that we will not sign off the action plan until our own Quality Visit has been undertaken.

It was resolved to say that the Board had considered and agreed the content of the Blandford Action Plan and will now monitor the implementation of the plan.

064/13 **PRESENTATION FROM DORSET CCG**

The Chairman welcomed Mr Tim Goodson, Chief Officer and Dr Forbes Watson, Chairman attending from Dorset CCG to give a presentation on "Understanding the New Commissioning Environment and Dorset CCG Strategy 2014-18".

Action

Board members submitted various questions, as follows:

Mr Chapman said the DHC Board have recognised we need to innovate to deliver better health care for patients and lower cost and he asked what the CCG approach would be to innovation and whether there was an opportunity to coordinate a joint approach with providers in some way. Mr Goodson said they have encouraged all providers to talk directly to each other on innovation, and have funded an Innovation Network in Dorset and it also has been a pre-requisite in some of the CQUIN payments. The CCG role has been trying to push forward health and social care for more joined up commissioning, there are currently two bids; a Transformational Challenge and an Information Pioneers Bid.

Mr Sly advised he was chairing the Dorset Innovation Group for one year and the three key objectives were to link into the new Wessex Academy Science Health Network, support innovation across Dorset and look at the use of digital technology and non face to face consultation.

Ms Fozard referred to the configuration of the Governing Body and questioned if this had been centrally prescribed. She felt there was not the lay member and Non Executive scrutiny you would expect and the bulk of the governing body are GPs. Dr Watson said it was a new, evolving organisation and structure was centrally prescribed with GPs representative of the membership. There is lay involvement with two non executives and two clinical members. The GPs wanted representation from a locality structure at the Board table which is what has been adopted.

Linked to locality working, Ms Owens asked for some early feedback on how the CCG felt the Ambassador arrangement was performing. Dr Watson recognised that the concept was good but he had heard mixed reports and frustrations in establishing relationships. Mr Sly said this was an important programme and we need to be establishing the right relationships and an appropriate responsive service. He asked that Dr Watson feedback those concerns directly to his attention. **PS**

Ms Robinson asked how the CCG would be working with DHC as a provider organisation in the future. Dr Watson said the Chair and Chief Executives of both organisations regularly meet, and they would be engaging through the Ambassador programme. In answer to whether there is value in having regular Board to Board sessions, he said they would certainly be interested and would consider this and take back to the CCG Board for discussion.

Mr Walsh thanked Mr Goodson and Dr Watson for giving up their time to present and discuss the changes in the commissioning landscape

065/13 **AUDIT COMMITTEE ANNUAL REPORT**

Mr Beesley submitted the report which gives a summary of the activities of the Audit Committee for the year.

Action

065/13 **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

Audit Committee Meeting held on 24 May 2013 – this was noted.

Quality Assurance Committee held on 12 June 2013 – Mr French highlighted that the Committee found the Contractual Quality Report a very useful and informative document and he wondered whether it should also come to full Board meetings. Mr Sly said he was concerned about the duplication of the Board and Quality Assurance role, and proposed that any contractual exceptions are included in his Chief Executive Board report going forwards. Mr Jackson reminded Non Executives that this information is available on the Board Portal. **PS**

HR & Workforce Development Committee held on 19 June 2013 – Ms Robinson reported that there continues to be concerns around recruitment pressures and the level of vacancies exacerbated by the move to Sentinel House.

Mr Sly added that in order to help address the recruitment pressures, the Directors at their meeting yesterday agreed additional funding non recurrently to recruit two Band 3 roles to support workload pressures, and for a Project Manager to increase our resilience around recruitment initiatives across the organisation.

In relation to the implications of Sentinel House moves, there are 13 staff members affected by the move; 9 from the HR Directorate, and we are working through these on an individual basis and looking to see if we can vary their arrangements. Ms Owens said the HR Committee was particularly concerned about the impact of losing experienced HR staff even if redeployed and would want to look at options. Mr Sly confirmed he would be happy to do this and recognised we need to be flexible to retain the right people.

066/13 **APPROVED MINUTES FROM BOARD COMMITTEE MEETINGS**

The Board received and noted the approved minutes of the following meetings:

Charitable Funds Committee held on 16 April 2013
Audit Committee held on 8 March 2013
Quality Assurance Committee held on 30 April
HR & Workforce Development Committee held on 13 March 2013

067/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

There were no issues raised.

068/13 **OBSERVATIONS FROM GOVERNORS**

The Chairman thanked the Governors for attending the meeting and invited questions to Board members. There were no issues raised.

Action

Mr Walsh invited Mr Plumbridge to share his experience of being a CQC inspector and his recent visits to other Trusts. Mr Plumbridge said he had undertaken two visits in the last week and there were two areas he wished to highlight. One was the low secure facility in Southampton. He learnt that the seclusion room had only been used once in 18 months, and that they spend a lot of time on de-escalation training for staff and he felt this would be something we could look at as a Trust. Mr Walsh agreed it would be good to understand how this had been achieved and asked that Mr Barton look into this. Mr Barton said it was interesting to note that since the seclusion suite at Waterston had been opened it has not been used. **JB**

Mr Plumbridge said the other area that impressed him was staff wearing identifiable uniforms i.e. polo shirts with name badges. Mr Barton proposed that he work with Mr Plumbridge to look into this, and run some focus groups to get a poll of views. If the consensus of people using our services is that this is a good thing we can look to change our approach. Mr Walsh welcomed this suggestion and that we can benchmark ourselves against other Trusts. **JB**

069/13 **ANY OTHER BUSINESS**

Mr Walsh raised a concern around induction moving to a weekly basis and undertaken remotely for new staff. Mr Sly said the plan was to implement this in 2014 but he will work with Mr Hague to reassess the benefit and costs and will bring a paper back to the Board. **PS**

There was no other business reported.

The Chairman thanked Board members, and those Governors and members of the public for their attendance, and closed the meeting at 4:30pm.

070/13 **DATE OF NEXT MEETING**

The next Formal Board Meeting will be held on Wednesday 31 July 2013, 1:00pm at Merley House, Merley House Lane, Wimborne, Dorset, BH21 3AA

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