

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 12th November 2014
at Sentinel House, Nuffield Road, Poole, Dorset, BH17 0RB

Present:	Ms. A Abraham	Chair
	Mr. R Shields	Chief Executive
	Mrs. G Fozard	Non-Executive Director
	Ms. L Hunt	Non-Executive Director & Deputy Chair
	Mr. J McBride	Non-Executive Director
	Ms. S Murray	Non-Executive Director
	Mr. P Rawlinson	Non-Executive Director
	Mr. N Yeo	Non-Executive Director
	Ms. L Boland	Locality Director, Poole/East Dorset
	Ms. J Chai	Director of Finance
	Mr. C Hague	Director of Human Resources
	Ms. F Haughey	Director of Nursing & Quality
	Mr. S Hubbard	Director of Strategy & Business Development
	Dr. L Mynors-Wallis	Medical Director
Ms. S O'Donnell	Locality Director - Dorset	
Ms. N Plumb	Director of Organisational Development, Participation & Corporate Affairs	
Mr. E Yafele	Locality Director, Bournemouth/Christchurch	
In Attendance:	Mr. Roy Plowman	Interim Trust Secretary
	Mrs. D Steer	Patient Experience Facilitator
Apologies:	Mr. D Brook	Non-Executive Director
Observers:	Ms. B Aldridge	Partner Governor
	Ms. A Bartlett	Staff Governor
	Mr. B Batty-Smith	Partner Governor
	Ms. P Cooper	Staff Governor
	Ms. S Evans-Thomas	Public Governor (Poole)
	Ms. S Gregory	Public Governor (Dorset RoEW)
	Ms. J Owens	Public Governor (Dorset RoEW)
	Ms. P Scott	Public Governor (Poole)
Ms. A Webb	Public Governor (Poole)	

Action

206/14 **WELCOME**

Ms. Abraham welcomed Mr. Plowman and Mrs. Steer. She also welcomed Mr. C Davidson, Dorset Clinical Commissioning Group Partner Governor, to his first Trust Board meeting.

Ms. Abraham reported that Mr. C Harvey had retired earlier this month from his role as Trust Secretary and on behalf of the Board wished him well for the future and thanked him for his work.

PATIENT STORY

207/14 The patient narrative read by Mr. Yeo described the experiences of a local person using Bridport community nursing services from April 1986 to the present day.

After being discharged from Odstock Hospital in April 1986, the patient had received unbroken excellent care from Bridport community nurses through a number of NHS reorganisations for a significant period of time. Through this continued support the patient had never been readmitted to hospital.

Mr. Yeo emphasised the positive nature of this story and thanked Mrs. Steer for her support in helping the patient tell his story.

The Board recognised this was a positive story and outcome for this person, showing what good looks like. They noted that it:

- shows the importance of the involvement of GPs and Community Nurses at an early stage in a patient's treatment
- reiterates the importance of a rapid response and effective discharge planning process
- shows the importance of high level intervention at an early stage
- Demonstrates the importance of sharing and learning from best practice.

Ms. Abraham concluded by asking that Bridport community nursing services are congratulated for the quality and continuity of care.

The Board noted the patient story narrative.

208/14 **APOLOGIES**

The Board noted apologies from Mr. D Brook, Non-Executive Director.

209/14 **QUORUM**

It was confirmed that the meeting was quorate.

Action

210/14 **DECLARATIONS OF INTEREST**

Mr. Rawlinson has a standing declaration regarding his membership of Bournemouth University Board. No other interests declared.

211/14 **MINUTES OF PREVIOUS MEETING**

The minutes of the Part I Board Meeting held on 8th October 2014 were approved.

212/14 **MATTERS ARISING**

The Schedule of Matters arising from the 8th October 2014 was considered by the Board.

The following items are completed and removed from the schedule:

183/14, 193/14, 198/14, 199/14 and 200/14 (DoLs)

Three items will be carried forward to next month's Matters Arising: 188/14 (now assigned to Mr Yafele), 200/14 (Management of ligatures) and 201/14.

Mr. Rawlinson identified an item for inclusion to be carried forward from the October 2014 meeting, which is his request for further information about Trust activity regarding the Deprivation of Liberty Safeguards.

Dr. Mynors-Wallis updated the Board on the Memorandum of Understanding with Bournemouth University and stated that the University Senate had approved in principle the document at its meeting on 29th October 2014. The document is now being prepared for signing.

Dr. Mynors Wallis confirmed that the position of Professor of Integrated Health Care will be advertised in the new year.

Mr. Hubbard confirmed that strengthening links with the University will form part of the Trust's Strategic Plan.

213/14 **CHAIR'S UPDATE**

1. **Bournemouth University graduation ceremony**

Ms. Abraham reported she had recently attended the Bournemouth University health and social care graduation ceremony.

2. Dorset Clinical Commissioning Group Clinical Services Review

Action

Dorset Clinical Commissioning Group's Clinical Services Review launch was on 22 October 2014 and attended by a number of Board members and Trust staff.

3. NHS England Five Year Forward View

The Chair highlighted the importance of this report and that it would be discussed as a separate agenda item.

4. Council of Governors

The Council of Governors' training on 24th October 2014 dealt with a number of housekeeping matters and the challenges of participation and engagement for the Council.

5. League of Friends

Ms. Abraham attended a useful meeting at Wareham Hospital, hosted by the Dorset Network of the League of Friends. The Leagues of Friends are strong supporters of community hospitals and are good allies of the Trust.

6. Monitor Visit 10th December 2014

Monitor's Regional Director has confirmed that the visit planned for 10th December 2014 is part of their routine business cycle.

214/14 Minutes of the Annual Members' Meeting held on 18th September 2014

Ms. Plumb introduced an independent citizen film report of the Annual Members' Meeting saying that overall feedback from the meeting was good. She stressed the importance of the Board being seen to act on the discussion event feedback and insights.

Feedback from the Annual Members' Meeting will be used to help inform the Trust's Strategy.

The Annual Members' Meeting Minutes were approved by the Board.

STRATEGY IMPLEMENTATION:
Current Affairs and Operational Performances

215/14

CHIEF EXECUTIVE'S UPDATE

1. Urgent Care in Winter

The Chief Executive informed the Board of the work of the CCG Cluster Groups who are working together to help avoid hospital admissions. Locality Managers and GPs are also working together to support actions to

relieve the urgent care pressures in the health community.

Action

2. CCG Clinical Services Review (CSR)

The Clinical Services Review has launched and Mr Shields will circulate to the Board and the Council of Governors the overarching timetable of events. There are four clinical work-streams that will bring together clinicians from all domains.

RS

Mr. Shields has already met with Mr Richardson, the CCG lead for the CSR.

3. Child and Adolescent Mental Health Services (CAMHS) media interest

Mr. Shields referred to recent local media coverage of the Trust's CAMHS services. The issue of access is difficult, both locally and nationally, as reported in a November 2014 Health Select Committee Report.

The difficulties for specialist Tier 3 and 4 services have been exacerbated by the loss of wider support services that were once provided by partners such as Local Authorities.

Young people's services and CAMHS will be an important future discussion for the Board.

5. Psychiatric Intensive Care Unit (PICU) beds

The position on people being sent out of county for PICU Beds is unacceptable. The Council of Governors and others have raised concerns and Annette Brook MP recently met with Mr. Shields and Ms. Abraham to raise concerns about an individual's experience.

By the end of 2014 the Trust will have a business proposal for a 10 to 12 bedded PICU service in the county and is working with Dorset Clinical Commissioning Group to progress this as rapidly as possible.

4. Older People's inpatient mental health beds

The Clinical Executive has discussed future arrangements for older people's inpatient mental health services. With no obvious, immediate solution discussions continue to have suitable options formulated by the end of 2014 for this very demanding patient

group.

Action

5. Dental Services Contract.

Ms. O'Donnell informed the Board of the loss of the Community Dental Service contract, which with effect from 1st April 2015 subject to an agreed mobilisation plan with NHS England has been awarded to Somerset Partnership Trust following a competitive tendering exercise. This is one of three community dental contracts the Trust has.

Ms. Hunt suggested the Executive Directors consider if there is a business opportunity in the provision of women's PICU beds. This view was supported by Mrs Fozard.

216/14

To receive the approved minutes from the Audit Committee held on the 13th August 2014

Mr. McBride advised that the Audit Committee had spent time considering the Trust's Governance Review and the Committee's future Terms of Reference.

The Board received the minutes of the Audit Committee held on 13th August 2014.

217/14

To receive the approved minutes from the Quality Assurance Committee held on the 29th September 2014

Mr. Yeo reported positive progress on 'ward to Board' metrics with consistent and clear data identified for review. He confirmed that the implementation timetable had been agreed.

The Board received the minutes of the Quality Assurance Committee held on 29th September 2014.

Mrs. Fozard reported on the Mental Health Act Hospital Managers Meeting on 3 November. The Trust has received legal advice that the practice of Hospital Managers undertaking ward visits should cease, as it will inevitably give rise to an appearance of bias. Therefore ward visits by Hospital Managers will no longer take place.

The Trust has also received legal advice that the role of Governor is incompatible with that of a Hospital Manager undertaking Panel Hearings, as the Panel is constitutionally a Committee making decisions on behalf of the Trust.

The meeting had discussed the importance of timely access to independent advocacy. **Action**

Ms. Abraham underscored the importance of independent advocacy and suggested it should be considered at a future Board meeting. **EY**

218/14

To receive the approved minutes from the Finance, Investment & Performance Board Sub-Committee held on 3rd September 2014

Recruitment and staffing matters continue to be discussed at Board Sub Committees, with a focus on assessing the potential impact on services of staffing difficulties.

A further update about Payment by Results preparations has been requested for the next Finance, Investment and Performance Committee.

The Board received the minutes of the Finance, Investment and Performance Committee held on 3rd September 2014.

219/14

To receive the approved minutes from the Security Advisory Group held on 21st August 2014

Mr. Hague updated the Board and highlighted the work being carried out by the Trust to tackle violence and aggression, focusing on the training being given to staff.

The Board received the minutes from the Security Advisory Group held on 21st August 2014.

220/14

To receive the Integrated Corporate Dashboard and Report for September 2014

Ms. Chai presented the September 2014 Integrated Corporate Dashboard and highlighted the following points:

- The Trust has received the CQC report on its inspection of Waterston Unit and an action plan was submitted on 24th October 2014.
- Pressures on staffing continue with 19 internal significant staffing events, although this is less than last month's figure of 27.
- Workforce indicators have not changed from the September position and the completion

of appraisals and PDRs continues to be a challenge.

Action

- Delayed discharges were reported to Monitor at Q2, noting the closure of two nursing homes has caused a reduction of 71 beds and increased Local Authority difficulties in finding care packages.
- Venous Thromboembolism: The Trust continues to achieve over 95% compliance and action has been implemented to improve the timeliness of assessments on mental health wards, which achieved 80% in September.

The overall Governance risk rating from Monitor is green. The delayed transfers of care indicator is now the only indicator not achieved, due to progress by the Trust to now achieve the Early Intervention in Psychosis indicator.

There are five areas of CQUIN activity where achievement remains uncertain. The Trust will meet with the Dorset Clinical Commissioning Group about possible alternative actions.

Data on restrictive interventions is a new addition to the Report in line with the Department of Health requirement to see a reduction in the use of restrictive interventions and the expectation that Trust Boards are sighted on this. Dorset HealthCare is showing a decreasing trend in this area.

The financial position included in the Q2 submission to Monitor is strong and ahead of plan. The Trust's Continuity of Services Risk Rating remains at four.

In response to the monthly dashboard the following key observations were made:

- It will take some time for care home capacity to be replaced and that solutions will need to be found more quickly.
- The care home situation has a potential impact on the Monitor Q4 indicator. Each individual with a delayed discharge is being further assessed. Ms Boland has met with

Local Authorities and the Clinical Commissioning Group to discuss stimulating the market. There are good relationships between partners but not the number of places needed. Options being explored include Dorset HealthCare staffing additional beds in care homes or, being funded to open 'step-down beds' for residential care.

Action

- Discussions are underway with GPs and the Clinical Commissioning Group to investigate how salaried GPs might work more closely with care homes to prevent further closures.
- Mrs. Fozard expressed concern about the number of significant staffing events, referring to two shifts in PICU that were shown as having no registered staff on duty.
- Ms. Haughey clarified that no ward was left without a qualified nurse on duty. The report does not make clear that there is an early warning trigger system in place that enables leaders to take action and ensure arrangements are in place to make wards safe. Data is now being triangulated to understand the position and correlate if there was an issue or incident at the time of a staffing concern.
- Mr. Shields said the level of vacancies shows significant issues in staffing and it is right to be concerned. However, the data could give the impression the wards are unstaffed but the reality is the wards were staffed through moving staff around. What the data do show is that we are close to not having adequate staffing in some situations.
- The Executive team will consider the format of the report so that the Board can clearly see the triggers and systems in place.
- Ms. Abraham raised the importance of Personal Development Reviews, that they are fundamental to being a good employer and enhancing organisational development.
- Ms. Hunt confirmed that the Finance, Investment and Performance Board Sub

Committee had looked at this matter and recognised performance may be explained by changing job roles due to recent locality changes.

Action
JC/FH

- Mr. Shields said he expected to see a fundamental shift and that it is planned for everyone to have either had or to have booked a PDR by Quarter 4.

The Board received the Integrated Corporate Dashboard and Report for September 2014.

221/14

To receive a six month review of the Trust's Blueprint

Mr. Hubbard introduced the document and explained the role of The Blueprint (May 2014) in responding to Monitor's intervention.

Of the 36 deliverables included in The Blueprint, 20 have been completed and 16 remain at amber.

Some of the tasks set out in The Blueprint have been completed but the issues they addressed may not have been resolved, such as staffing. Mr Hubbard requested Board approval to carry through the activity from The Blueprint in to the Trust Strategy.

The Trust Board agreed that the themes and amber-rated actions from The Blueprint be carried forward in to the Trust Strategy.

The Blueprint six month Review will be shared with partners, with Monitor and with the Council of Governors.

NP

Mr. Hague clarified that the Trust's vacancy rate is green because it is determined by the ratio of vacancies to organisation size and does not reflect difficulties in certain services or settings.

222/14

To receive the monthly update on People Management and Organisation Development

Mr. Hague summarised the report and highlighted:

- The increase in Human Resources Capacity

- Progress on the 'Recommend a friend' incentive scheme
 - Progress on substantive appointment to the role of Trust Secretary
 - Activities to recognise Black History Month and Mental Health Awareness week
 - Security management actions including training and built-in triggers to alert to patterns of incidents.
- Action**

Further industrial action is scheduled for 24th November. The action in October had not impacted delivery of Trust services and this is expected to be the same for November's action.

The Board received the People Management and Organisational Development Report

223/14

STRATEGY DEVELOPMENT:

Policy Formulation and Decision Making

To receive a presentation on the NHS England Five Year Forward View

Mr. Hubbard summarised the content of NHS England's Five Year Forward View document.

The emphasis of the document is on:

- a radical upgrade in prevention and public health
- patients having greater control over their own care and,
- taking steps to break down the barriers in care provision

The Report's direction of travel was welcomed as an opportunity to put patients first and for the Trust to continue to introduce services and pathways that achieve that.

Ms Abraham welcomed the document and summarised the key points of the discussion:

- The policy direction is an opportunity and not a threat
- The Trust may need to change some of its language but this document is in line with Dorset HealthCare's ambition and strategy
- Strong resonance with the Trust's move to locality management arrangements

- Improvements will only work if we get those locality foundations right **Action**
- Our legitimacy comes from putting patients and their carers first. This Trust is grounded in the community and local people

224/14

To receive a proposal for a refreshed Staff Recognition Scheme

Ms Plumb presented the proposal for a refreshed staff recognition scheme.

There will be a rolling programme of activity to promote the Trust's values and recognise achievements on a monthly basis, culminating in an annual awards event.

The Board welcomed the proposal and discussion concluded:

- More consideration should be given to the value of the rewards and the introduction of a monetary reward for innovations that result in savings
- Individual Board members wish to be visibly involved in recognising staff achievements.

The Board received the proposed scheme and asked Ms Plumb to take this forward.

225/14

To receive the quarterly submission to Monitor and approve the minutes of the Extraordinary Board Meeting held on 28th November 2014

The Trust's Quarter 2 Submission and associated declarations were submitted to Monitor on 31st October 2014.

The Board approved the minutes of the Extraordinary Meeting held on 31st October 2014.

226/14

To receive the 3 month cycle of Board business

Directors are populating the annual Cycle of Business, which will be presented at the December 2014 Board meeting. **RP**

Action

227/14 **OTHER MATTERS**

Any Other Business

There was nothing to report.

DATE AND TIME OF NEXT MEETING

The next Board Meeting will be held on Wednesday 10th December 2014
at Sentinel House, 4-6 Nuffield Rd, Poole, Dorset BH17 0RB

EXCLUSION OF THE PUBLIC

To resolve that representatives of the Press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business being transacted, publicity of which would be prejudicial to the public interest.

Signed:

Date:

Ann Abraham, Chair