

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 27 May 2015
at Merley House, Wimborne, Dorset, BH21 3AA

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
Lynne Hunt	Deputy Chair
David Brook	Non-Executive Director
Gill Fozard	Non-Executive Director
John McBride	Non-Executive Director
Sarah Murray	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director
Linda Boland	Locality Director-Poole
Jackie Chai	Director of Finance
Fiona Haughey	Director of Nursing & Quality
Colin Hague	Director of Human Resources
Sally O'Donnell	Locality Director-Dorset
Eugine Yafele	Locality Director - Bournemouth / Christchurch

In Attendance:

Keith Eales	Trust Secretary
Nick Kosky	Consultant Psychiatrist (Medical Director from 1 July 2015)

Observers:

Chris Balfe	Public Governor (Dorset RoEW)
Sue Evans-Thomas	Public Governor (Poole)
Angela Bartlett	Staff Governor
Pat Cooper	Staff Governor
Peter Kelsall	Staff Governor
Becky Aldridge	Partner Governor (Service User Group)
Lisa Moseley	Management Accountant
Ann Parramore	Deputy Director of Strategy and Business Development
Ian Tait	Associate Director of Estates
Simon Tranter	Management Accounts Assistant
Donna Steer	Patient Experience Facilitator (for minutes 336-337/15)

336/15 Welcome and Apologies

The Chair welcomed members to the meeting together with a number of Governors and staff observers and one member of the public. The apologies received from the Director of Strategy and Business Development, the Medical Director and the Director of Organisational Development, Participation & Corporate Affairs were noted.

337/15 Patient Story

David Brook presented a patient story referring to the working of the Safeguarding Children and Young People Service. The work of the service was highlighted through a story told through the words of a child.

The Board considered that the story highlighted the impact that a child's story can have, the value and importance of the Safeguarding Service, the difficult situations that staff can find themselves in and the diversity of the services offered by the Trust in securing the health and well-being of people.

338/15 Quorum

The Chair confirmed that the meeting was quorate.

339/15 Declarations of Interests in Relation to Agenda Items

No declarations were made.

340/15 Minutes: 29 April 2015

The minutes of the meeting held on 29 April 2015 were approved as an accurate record subject to the following amendment

Minute 3241/15: Board Integrated Dashboard

Replacement fourth paragraph to read

'Concern was expressed at the limited progress being made towards having in place up to date care plans and risk assessments. The success being achieved in other areas, such as appraisal completion, only highlighted the continued limited progress being made in respect of care plans and risk assessments. It was considered, given the current level of performance, imperative for the Executive to implement immediate actions to achieve a month on month improvement in completion rates'.

341/15 Matters Arising

The Board received the report on matters arising

Minute 312/15: Early Intervention in Psychosis Film

The Trust Secretary advised that the film was undergoing further edits. Once this had taken place discussions would be held about arranging for the film to be placed on the Time to Change website.

Minute 320/15: Sustainable Ideas

It was noted that the winner of the competition had not yet been notified of their success.

Action: that, following the successful entrant being notified of their success, the Trust Secretary advise Board members of the outcome of the sustainable ideas competition.

Minute 320/15: Quality Strategy

The Director of Nursing and Quality advised that narrative statements for each of the quality objectives were in preparation. These would be submitted to the June or July Board meeting.

Minute 333/15: Governor Questions (Extending Recovery Education Courses to Children)

The Locality Director, Poole advised that this would be taken forward in discussions with Commissioners.

342/15 Chair's Update

The Chair gave her monthly update to the Board.

The Chair advised that

- the required signatures had been applied to the Annual Report and Accounts following the Board meeting on 21 May
- the Council of Governors had approved the appointment of Dr. John Hughes as Non-Executive Director with effect from 1 July
- she had visited the Learning Bus the previous week and had made a personal and an organisational commitment to learning.

343/15 Chief Executive's Update

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

The Chief Executive advised that the Dorset Clinical Commissioning Group (CCG) Governing Body had approved the pre-consultation business case for the Clinical Services Review (CSR). Public consultation would commence in August and would run until the end of the year with decisions being made from January 2016 onwards.

The Chief Executive advised that the Trust would be making a formal response, drawing on the views expressed at engagement events that would be arranged for Governors and staff. The CCG had commissioned a company to evaluate the responses received to the consultation.

The Chief Executive explained that preparations were continuing for the Care Quality Commission (CQC) inspection in June. The Chief Executive explained that the approach continued to be one of supporting staff and raising awareness of the inspection process and what it would involve.

The Chief Executive advised that the new Memorandum of Understanding had now been signed with Bournemouth University. An appropriate event was being arranged to mark the agreement.

The Chief Executive reported that two services had been shortlisted for Patient Safety Awards

- The Pan Dorset Pathfinder Service Audit and Review of Clinical Effectiveness and Healthy Team Functioning
- The Trust and Dorset Mental Health Forum Student Dorset Recovery Education Centre

The Board noted the Chief Executive's report.

344/15 Minutes of Board Committee Meetings

The Board received the minutes of the Quality Governance Committee meeting held on 20 April 2015. The Chair of the Committee advised that a further meeting of the Committee had been held on 20 May. There were no matters to escalate to the Board from that meeting.

The Chair of the Mental Health Legislation Assurance Committee gave a verbal update.

The Chair of the Committee advised that a business meeting of the Committee had been held on 12 May. A number of actions had been agreed to support the work of the Committee and the Mental Health Act Panel Members.

The Chair of the Committee advised that there were a number of matters highlighted in the most recent dashboard that required attention

- The percentage of detained patients given their Section 132 rights within 24 hours, where Trust compliance was at 75%
- The percentage of doctors recording the reason for the instigation of Section 5(2), where Trust performance was at 90%
- Progress with revising the policy on seclusion.

The Board noted that the Audit Committee had met on 20 May 2015. The Chair of the Committee advised that the meeting had focussed on reviewing the Annual Report and Accounts.

The Board noted the reports from Committee Chairs.

345/15 Board Integrated Dashboard

The Director of Nursing and Quality submitted the Integrated Corporate Dashboard for April and drew attention to the exception reports.

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

It was noted that currently little use was being made of the forecast section of the Dashboard or the exception reports. The Director of Nursing and Quality advised that these sections would be completed for the report submitted to the June meeting of the Board.

Clarification was sought with regard to the absence of improving trends in the exception reports under the 'safe' section. It was recognised as being important to

identify when agreed actions were not being effective in addressing issues. The Director of Nursing and Quality undertook to review these exception reports.

It was recognised that it would be appropriate for the Mental Health Legislation Assurance Committee to agree the appropriate mental health indicators to be incorporated within the Dashboard. It was noted that there had already been some consideration of this.

It was noted that there remained data quality issues in a number of areas. The importance of having a shared understanding of the reliability of each of the metrics and the action being taken to address issues of data quality was emphasised.

The indicators in respect of up to date care plans, where Trust performance was 59% against a target of 95%, and risk assessments, where Trust performance was 75% against a target of 95% were noted. Clarification was sought with regard to performance in respect of care plans in other Trusts. The Director of Nursing and Quality advised that this metric was not widely used by NHS Trusts.

The Board expressed concern at the continuing poor level of performance in respect of care planning in particular, which was considered unacceptable.

With regard to financial performance, the importance of reporting from the June Board onwards against the five areas identified at the last meeting was emphasised

- Achievement of the £1m agreed operating surplus
- Achievement of the Cost Improvement Programme
- Implementation of the investment plans in the agreed priority areas
- Implementation of the capital programme
- Performance against the Monitor plan

Some concern was expressed at the programmed later delivery of Cost Improvement Programme savings. It was noted that a higher level of savings was programmed for later in the year than had been the case in 2014/15. This offered limited scope for alternative savings given the proximity of the year end, and placed significant emphasis on effective forecasting.

It was noted that the deficit in month one was £537,000, with performance in the month being £357,000 worse than plan. The Board noted that, in addition to the plan submitted to Monitor, the Trust was also behind the position necessary to achieve the £1m operating surplus at year-end. The Director of Finance advised that action was already being taken to address the areas of overspends that had led to the month one position.

The Board agreed that, from month two onwards, it would be important for the finance report to include the position against the operating surplus, a comparison against where the Trust expected to be at that stage of the year and remedial actions to address areas of underperformance. It was emphasised that, in cases of underperformance, the expectation was that the actions being taken to recover the position would be set out rather than a call being made on the contingency.

The Board noted the Integrated Corporate Dashboard for April.

Action: that

- (a) **The Executive take action to improve the performance in respect of care plan and risk assessment completion**
- (b) **The finance report set out, from the June meeting onwards, performance in respect of**
- **Achievement of the £1m agreed operating surplus**
 - **Achievement of the Cost Improvement Programme**
 - **Implementation of the investment plans in the agreed priority areas**
 - **Implementation of the capital programme**
 - **Performance against the Monitor plan**
- (c) **Future Integrated Corporate Dashboard reports set out forecasts in respect of the Dashboard and exception reports.**

346/15 People Management and Organisation Development

The Director of Human Resources submitted the monthly People Management and Organisation Development report.

The Director of Human Resources drew particular attention to action being taken to improve recruitment and retention including making early job offers to graduate nurses, involvement in job fairs and open days, collaborative working with neighbouring Trusts, offering secondments to Pre-Registration Training to commence in September, development of Mental Health Practitioner roles and the development of rotational posts and secondments to different areas of work.

The Director of Human Resources advised that the Trust had been successful with its submission to become a Stonewall Health champion.

The Board noted the report.

347/15 Dorset Prisons Contract Review

The Chief Executive submitted a report setting out the review of the Dorset Prisons tendering exercise and the subcontract with EDP Drug and Alcohol Services (EDP).

The Chief Executive explained that the Board had commissioned the review in January 2015 following a request to approve the signing of the contract for the Dorset Prisons Service and a sub-contract with EDP. A review had been carried out by Internal Audit to assess whether the risks associated with the contract and sub-contract had been properly identified, assessed and mitigated and that entering into the contract was appropriate.

The Chief Executive gave an overview of the process followed within the Trust to prepare the submission for the Prison contract, the discussions with and assessment of EDP and the reports and minutes submitted to the former Finance, Investment & Performance Committee and to the Board. The recommendations made following the Internal Audit review, all of which were accepted, were noted.

The Board noted the report.

Action: that authorisation be given for the contract with NHS England for the Dorset Prison Service, and the sub-contract with EDP, to be signed.

348/15 Review of the Blueprint Deliverables

The Board received a report prepared by the Director of Strategy and Business Development setting out an end of year review of the Blueprint and proposing an approach for monitoring, going forward, the key themes in the document.

The Board noted that of the 36 deliverables in the Blueprint, 32 had been completed by the end of April 2015. A further two would be completed by the end of June. The Board noted the position in respect of the remaining two deliverables-carrying out a root and branch review of recruitment and training and a review of mandatory training.

The Board noted that future monitoring would take place through monthly reporting in the Integrated Corporate Dashboard, through the developing monthly Programme Management Office report and an annual report of progress against the seven strategic goals.

The Chair commented that the report signalled the completion of the Blueprint. The key would now be setting and monitoring progress against deliverables as part of the annual planning and performance cycle.

The Board noted the 12 month review of progress against the Blueprint deliverables.

Action: that the Director of Strategy and Business Development submit to the next meeting of the Board, the Annual Plan deliverables for monitoring during 2015/16.

349/15 Draft Estates Strategy 2015 to 2020

The Chief Executive submitted the draft estates strategy.

The Chief Executive explained that the strategy had been prepared for initial review by the Board. The draft set out the strategic context within which the Trust was operating, proposed strategic objectives for the estate and the work programme for developing a major strategic investment strategy in time for the 2016/17 planning round.

Board Directors commented that the strategy should reflect a commitment to provide and maintain buildings of quality. Utilising design and technology to ensure buildings offering high standards of efficiency were provided would be important.

It was considered that the strategy should be more explicit in respect of the role and function of a Trust headquarters. It would also need to be more explicit with regard to the impact of the Clinical Services Review on the Trust's community hospitals.

It was considered that, given the ambition that should be reflected in the strategy, the document should not commence with maintenance of the Trust estate.

It was considered that the statements in respect of funding the estates programme required review. The emphasis should be on the Trust having financial savings programmes in place to generate funds for the Trust to invest in the estate.

The Board noted the draft strategy, which would be developed further in the light of the discussion at the meeting.

350/15 Themes and Lessons Learnt from NHS Investigation into Matters Relating to Jimmy Savile

The Director of Nursing and Quality submitted a report providing an update on the main issues raised and recommendations arising from the NHS investigation into matters relating to Jimmy Savile.

The Director of Nursing and Quality advised that, following the publication of the national report, a review had been undertaken of Trust processes against each of the recommendations that had been set out.

The Director of Nursing and Quality advised that 10 of the recommendations in the report were actionable by NHS Trusts. The Board noted the assurances and evidence available within the Trust in respect of seven of these recommendations. The planned actions to ensure compliance with the remaining three recommendations were set out and endorsed.

The Board noted the report.

Action: a further report be presented to the October 2015 Board meeting setting out progress in meeting the recommendations in the report 'Themes and Lessons Learnt from NHS Investigation into Matters Relating to Jimmy Savile'.

351/15 Speaking Up and Blowing the Whistle Policy

The Director of Human Resources and the Director of Nursing and Quality submitted a report setting out progress being made to meet the recommendations set out in the Freedom to Speak Up review published in February 2015. The revised whistle blowing policy was also submitted for approval.

The Board noted the action being taken in respect of the recommendations and discussed in detail the draft whistle blowing policy.

It was recognised that a simple summary of the policy was required to promote the scheme. It was considered that the supporting information should explain that concerns could be made directly to the Senior Independent Director.

More generally, the Board considered that the language used would be key. It was recognised that speaking up, and whistle blowing, were different in nature and reflected an escalation process. It was likely that most comments would reflect a wish to raise a concern rather than to whistle blow. Concerns may be such that they crossed a threshold and became whistle blowing incidents. The policy needed to take account of, through the language used, this potential escalation process.

Similarly, it was recognised that the language associated with whistle blowing tended to carry negative connotations. The Board considered that the positive aspects of speaking up and whistle blowing should be emphasised. The language used in the policy should reflect the Trust view that the motivation behind whistle blowing was a wish to champion good, and challenge poor, care.

Action: subject to further refinement on the basis discussed at the meeting, the Speaking Up and Blowing the Whistle Policy and Procedure be approved.

352/15 Monitor Self-Certification Statements

The Trust Secretary submitted a report setting out details of self-certification statements that the Board was required to make to Monitor in May and June.

Details of each of the statements and the evidence to support the Board self-certifying 'confirmed' in the case of each was noted.

Action: that each self-certification statement be marked as 'confirmed' and submitted to Monitor by the end of May 2015.

353/15 Governance Manual

The Chair introduced a report advising that three further elements of the Governance Manual had been revised and were now presented for approval

- Mental Health Act Scheme of Delegation
- Terms of Reference of the Appointments and Remuneration Committee
- Terms of Reference of the Charitable Funds Committee

The Chair advised that legal advice had been taken on the appropriate content of the Mental Health Act Scheme of Delegation. The Terms of Reference had been recommended for approval by the Appointments and Remuneration Committee and the Charitable Funds Committee.

The Chair advised that the three remaining elements of the Governance Manual requiring approval would be submitted to the June Board meeting.

The Board agreed the Mental Health Act Scheme of Delegation and the Terms of Reference of the Appointments and Remuneration Committee and the Charitable Funds Committee.

354/15 Non-Executive Director Membership of Board Committees and Appointment of Senior Independent Director

The Chair introduced a report setting out proposed Non-Executive Director membership of Board Committees and recommending, following consultation with the Lead Governor and the Governor Nominations and Terms of Service Committee, that Nick Yeo be appointed as Senior Independent Director from 1 June.

The Board agreed the appointments to Committees and to the position of Senior Independent Director.

355/15 Three Month Cycle of Board Business

The Chair presented the Board cycle of business, which continued to inform the development of Board agendas.

The Chair emphasised the important of a comprehensive cycle of business being in place and asked that all Directors advise the Trust Secretary of additions or amendments to the draft plan.

The updated cycle of business was noted.

356/15 Governor Questions and Observations

The Partner Governor (Service User Group) emphasised that the Dorset Recovery Education Centre was a partnership, rather than a Trust project. The Chief Executive confirmed that this was widely recognised within the Trust.

357/15 Vote of Thanks

The Board recorded its thanks to Gill Fozard who was attending her last Board meeting before her term of office came to an end on 31 May 2015. The Chair thanked her, on behalf of the Board, for the integrity and judgement she had shown, particularly as a champion for Mental Health Services, and for her overall outstanding contribution to the Board.

358/15 Next Meeting

The next meeting of the Board will be held at 1pm on Wednesday, 24 June 2015 at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB.

359/15 Exclusion of the Press and Public

Resolved that the press and public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

Signed:

Date:

Ann Abraham, Chair