

Part 1 Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held at 1pm on Wednesday 24 June 2015
at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB

Present:

Ann Abraham	Chair
Ron Shields	Chief Executive
Lynne Hunt	Deputy Chair
David Brook	Non-Executive Director
John McBride	Non-Executive Director
Peter Rawlinson	Non-Executive Director
Nick Yeo	Non-Executive Director
Jackie Chai	Director of Finance
Colin Hague	Director of Human Resources
Fiona Haughey	Director of Nursing & Quality
Laurence Mynors-Wallis	Medical Director
Linda Boland	Locality Director-Poole
Steve Hubbard	Director of Strategy and Business Development
Sally O'Donnell	Locality Director-Dorset
Nicola Plumb	Director of Organisational Development, Participation and Corporate Affairs
Eugine Yafele	Locality Director - Bournemouth / Christchurch

In Attendance:

Keith Eales	Trust Secretary
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Observers:

Chris Balfe	Public Governor (Dorset RoEW)
Scottie Gregory	Public Governor (Dorset RoEW)
Jan Owens	Public Governor (Dorset RoEW)
Angela Reed	Public Governor (Dorset RoEW)
Sue Evans-Thomas	Public Governor (Poole)
Patricia Scott	Public Governor (Poole)
Anna Webb	Public Governor (Poole)
Angela Bartlett	Staff Governor
Alistair Cannon	Inspector, Care Quality Commission
Sudipto Das	Consultant Psychiatrist
Mathew Green	Management Accountant
Adam Swatman	Assistant Costing Accountant
Donna Steer	Patient Experience Facilitator (for minutes 360-361/15)

360/15 Welcome and Apologies

The Chair welcomed members to the meeting together with a number of Governors and staff observers and an inspector from the Care Quality Commission (CQC) who was observing the meeting. The apology received from Sarah Murray was noted.

361/15 Patient Story

Nick Yeo presented a patient story referring to the working of the Physiotherapy Service at St Leonards Hospital in supporting a patient following a cycling accident.

The Board considered that the story highlighted a number of important aspects of patient care, including the importance of first impressions created by Trust services, the benefits of staff and patients working together as a partnership in the recovery process and the value to patients of the open appointment system.

It was noted, however, that the patient had experienced severe pain for 18 months prior to referral to the Trust. This indicated that certain factors had prevented the delivery of a seamless NHS service to the patient.

362/15 Quorum

The Chair confirmed that the meeting was quorate.

363/15 Declarations of Interests in Relation to Agenda Items

No declarations were made.

364/15 Minutes: 27 May 2015

The minutes of the meeting held on 27 May 2015 were approved as an accurate record subject to the following amendments:-

Minute 345/15: Board Integrated Dashboard

The replacement of '£400,000' with '£357,000' in line two of paragraph eight on page five of the minutes.

The replacement of the final sentence of paragraph eight on page five of the minutes with the following

'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'.

365/15 Matters Arising

The Board received the report on matters arising

Minute 312/15: Early Intervention in Psychosis Film

The Director of Organisational Development, Participation and Corporate Affairs 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.

The Board agreed that the action could be removed from the matters arising schedule. The Director of Organisational Development, Participation and Corporate

Affairs would advise the Board when the film was available on the Time to Change website.

Minute 320/15: Sustainable Ideas

The Director of Organisational Development, Participation and Corporate Affairs advised that all the ideas submitted were being taken forward. No individual winner had been selected.

Minute 349/50: Estates Strategy

The Director of Strategy and Business Development advised that the revised draft strategy would be submitted to the July Board meeting.

366/15 Chair's Update

The Chair gave her monthly update to the Board.

The Chair advised that

- She had had the pleasure of signing the nominations certificates for the Heroes Awards
- As part of Carers Week she had attended the launch of two videos produced jointly with Bournemouth University and Healthwatch on the experience of people with eating disorders and commended the videos to Board colleagues.

367/15 Chief Executive's Update

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

The Chief advised that the CQC inspection was underway. Most staff interviewed so far had found it to be a positive experience and had welcomed the opportunity to talk about their services. Feedback from the inspection team would be received on Friday.

With regard to the Clinical Services Review, the Chief Executive advised that the Commissioners were preparing a consultation document.

The Chief Executive advised that a consultation paper would be issued shortly on proposals for the renamed Trust Clinical Executive. Discussions were continuing with regard to the appropriate membership of the group. In response to a question, the Chief Executive advised that the likely membership would be between 20-22 members.

The Chief Executive advised that building work was due to commence on Dudsbury Ward and not Chalbury Ward as set out in his report.

The Board noted the Chief Executive's report.

368/15 Board Integrated Corporate Dashboard

The Medical Director submitted the Integrated Corporate Dashboard for May and drew attention to the exception reports.

The Chair commented that it was important to remember that the Dashboard was still in development. This was only the third Dashboard submitted to the Board and refinements continued to be made with regard to its content. There had also been some discussion as to whether it should be reviewed by the Board on a quarterly basis. It was recognised that further refinements would continue to be made as the content and reporting of the Dashboard was reviewed.

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

The Board noted that improvements had been made with regard to forecasting. It was also noted that performance was now 'green' in respect of all the Monitor Risk Assessment Framework targets and the Board congratulated the Executive Directors on this achievement.

The Medical Director drew attention to the position in respect of care plan completion. The Medical Director advised that care plans were monitored through the care plan section of the clinical record system. Only patients under the Care Programme Approach (CPA) were required to have care plans in this section of the system. Patients on standard care should have a care plan in the form of a letter. The methodology for the metric had been adjusted to just include patients on CPA.

Clarification was sought as to whether the information on care plans for patients not on CPA should be reported in the clinical record system. The Medical Director advised that this was a much lengthier process than the current practice of writing a letter to a patient.

In response to a question the Medical Director commented that he was confident that almost all patients on a CPA had a care plan in place.

The Board noted the priorities to be addressed in the data quality improvement plan. Attention was being focussed on the indicators in which there was currently a low level of confidence.

The Board noted the changes to the Risk Assessment Framework. These were being reported on in shadow form. The Director of Finance advised that it was not anticipated that the indicators would present any difficulties for the Trust.

The Board noted the Integrated Corporate Dashboard for May.

369/15 Finance Report for May

The Director of Finance submitted the Finance Report for May.

The Director of Finance advised that the Trust had incurred a deficit of £0.4m in May. The cumulative deficit at the end of month two was £0.9m. This was £0.5m worse than the plan submitted to Monitor. The areas of overspend and the action being taken were noted.

The Director of Finance advised that the report covered four of the five metrics that the Board had identified as the basis for monthly financial reporting. The report did not set out the position in respect of the objective of achieving a £1m operating surplus. The Director of finance explained that the key target for the Trust was delivering the plan and year-end financial position submitted to Monitor. Reporting

against a second metric could cause a degree of confusion. There was also some difficulty in tracking, through the financial system, the position against the operating surplus target.

The Chair commented that the Board had identified tracking the position against the operating surplus as one of the key metrics for delivering the overall financial plan for the year. It was not a separate target. As such, this and the other financial metrics identified by the Board were consistent with the financial plan submitted to Monitor. It would be important for the Executive to identify an approach to reporting on the achievement of the £1m operating surplus.

Some concern was expressed that there was insufficient clarity with regard to the action being taken to address areas of overspend. Further information was required to demonstrate how financial performance was being brought back to plan.

The Board noted the finance report for May.

Action: that

- (a) The Executive identify an appropriate approach for reporting against the financial target of achieving a £1m year-end operating surplus**
- (b) The performance against the target of a £1m operating surplus be reported to the July Board onwards along with the other financial metrics agreed at the May 2015 meeting**
- (c) Further clarity be provided in future finance reports on the action being taken to address overspends.**

370/15 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 a recruitment open day at Alderney Hospital supported by a radio advertising campaign, attendance at the Royal College of Nursing Conference in Bournemouth and the introduction of the Skills for Health Bridging Programme.

The Director of Human Resources advised that the time to hire had reduced from an average of 11 weeks and six days at the end of May 2014 to nine weeks and two days at the end of May 2015. Clarification was sought on the target timeframe. The Director of Human Resources undertook to report this to the next meeting.

The Director of Human Resources advised that the arrangements for the recruitment of clinical agency staff had been reviewed and it was proposed that this be undertaken through a third party provision of a managed service to the Trust. This would be discussed further in the confidential part of the meeting.

Clarification was sought with regard to the impact of the possible reduction in the number of migrant workers available to the Trust. The Director of Human Resources advised that this would need to be assessed.

The Board noted the report.

Action: the Director of Human Resources to confirm the target timescale for the recruitment of staff.

371/15 Proposals for Monitoring the Delivery of the 2015/16 Annual Plan and the Development of the 2016/17 Annual Plan

The Director of Strategy and Business Development submitted a report proposing arrangements for monitoring the delivery of the Annual Plan for 2015/16 and for the development of the 2016/17 Plan.

The Director of Strategy and Business Development gave an overview of the proposed deliverables in respect of the 2015/16 Annual plan. These would be incorporated into the Integrated Corporate Dashboard and submitted to the Board monthly.

With regard to the 2016/17 Annual Plan, the Board noted that a number of programmes would be undertaken to support its development. The Director of Strategy and Business Development gave an overview of the programmes of work and the planned dates for submission of reports to the Board.

With regard to the financial element of the 2016/17 Annual Plan, the importance of defining its components and ensuring systems were in place to support reporting was emphasised.

The Board agreed the arrangements for monitoring the delivery of the Annual Plan for 2015/16 and for the development of the 2016/17 Plan.

372/15 Serious Incidents Requiring Investigation Annual Report 2014/15

The Chair advised that the Board was being asked to consider two safety focussed annual reports at this meeting- Serious Incidents Requiring Investigation Annual Report 2014/15 and the Annual Report on Reducing the Need for Restrictive Interventions 2014/15. Two further annual reports had been considered by the Quality Governance Committee on behalf of the Board-the Infection Prevention and Control Annual Report 2014/15 and the Safeguarding Children Annual Report 2014/15. The latter two reports had been distributed to all Board Directors.

The Medical Director submitted the Serious Incidents Requiring Investigation Annual Report 2014/15.

The Medical Director advised that there had been 139 incidents which met the reporting criteria in 2014/15. The three most frequent types of incidents were Grade 3 pressure ulcers and above acquired in care, falls resulting in fractures and unexpected deaths.

The Medical Director advised that the number of suicides had increased from the 2013/14 figure. To address this, benchmarking data was being obtained from other organisations, a service prevention group had been established and reducing the number of suicides was a quality priority for the year.

The Board noted the Serious Incidents Requiring Investigation Annual Report 2014/15.

373/15 Annual Report on Reducing the Need for Restrictive Interventions 2014/15

The Locality Director-Bournemouth and Christchurch submitted the first annual report outlining the progress made in reducing the use of restrictive interventions and practices in the Trust, in line with best practice.

The Locality Director-Bournemouth and Christchurch gave an overview of the number of incidents of prone restraint, seclusion and rapid tranquilisation and progress in implementing the agreed action plan. A target of zero avoidable restraints had been set for 2015/16. A root cause analysis would be undertaken for incidents involving prone restraint and rapid tranquilisation during 2015/16.

Information on incidents would continue to be reported to the Quality Governance Committee on a quarterly basis.

The Board noted the Annual Report.

374/15 Medical Staff Revalidation Update

The Medical Director submitted a report setting out details of the arrangements in place to support medical revalidation in the Trust.

The Medical Director explained that the purpose of the report was to provide assurance that there was a robust assurance in place that met GMC guidelines for the appraisal and revalidation of medical staff.

The Medical Director gave an overview of the revalidation and appraisal process in the Trust, including the governance arrangements, the appraisal process and arrangements for quality assurance.

Clarification was sought that clinicians received individual feedback as part of the process. The Medical Director confirmed that this was the case.

The Board noted the report.

375/15 Governance Manual

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

- Standing Orders for the Board
- Scheme of Delegation and Reservation of Powers

The Trust Secretary advised that Standing Orders for the Board had been updated to reflect the Constitution. Significant changes had been made to the Scheme of Delegation and Reservation of Powers primarily to remove areas of duplication with other elements of the Governance Manual.

The Trust Secretary undertook, in response to a question, to review the content of Standing Orders for the Board to make provision for public attendance at Board meetings.

The Board agreed the Standing Orders for the Board, subject to the addition of a section in respect of public attendance at Board meetings, and the Scheme of Delegation and Reservation of Powers.

376/15 Annual Cycle of Board Business

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

The importance of having a comprehensive cycle of business in place was emphasised. Directors were asked to advise the Trust Secretary of additions or amendments to the draft cycle.

The updated cycle of business was noted.

377/15 Governor Questions and Observations

Governors present at the meeting made a number of observations and comments

- Clarification was sought with regard to repayment terms for the £5,000 incentive paid to nursing staff. The Director of Human Resources that a tapering arrangement was in place for the first two years after joining the Trust during which part of the payment would have to be repaid
- Information was sought with regard to the reasons for the closure of the Flaghead Unit and whether this indicated worsening relationships with Commissioners. The Locality Director-Dorset explained the changes in the commissioning for the service which had resulted in referrals being made predominantly to lower cost providers. Relationships between the Trust and Public Health Dorset were considered to be good
- Clarification was sought with regard to support to families of patients who had committed suicide. The Director of Nursing and Quality explained that families and next of kin were invited to participate in the investigation. Alternatively she would meet with families with the Head of Patient Safety. Carers and relatives were also invited to share their story with staff
- Clarification was sought as to whether it was planned to make available to care homes the GERT suit designed to support those living with Dementia. The Director of Human Resources advised that he would investigate with partners the potential for making the suit more widely available
- Clarification was sought as to whether the availability of more inpatient beds would reduce the number of out of area placements. The Medical Director advised that the plans for a refurbished psychiatric intensive care unit would make a significant contribution to reducing the number of out of area placements. However, it was not clear whether the absence of beds was a more significant issue than insufficient facilities for providing care outside of hospitals
- An assurance was sought that action would be taken in advance of the winter to promote the availability of the flu vaccine to encourage uptake amongst staff. The Director of Human Resources advised that a group had been meeting to develop a plan to encourage a wider uptake of the vaccine.

378/15 Vote of Thanks

The Board recorded its thanks to Laurence Mynors-Wallis who was attending his last Board meeting before stepping down as Medical Director after 15 years. The Chair

thanked him, on behalf of the Board, for the professionalism, integrity, maturity and judgement he had shown and for his overall outstanding contribution to the Board and the Trust in general.

379/15 Next Meeting

The next meeting of the Board will be held at 1pm on Wednesday, 29 July 2015 at Sentinel House, 4-6 Nuffield Road, Poole, Dorset, BH17 0RB.

380/15 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