Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
Subject of Report	**Dorset HealthCare University NHS Foundation Trust: "The Blueprint: Year End Review"**
Executive Summary	This is a review after one year of progress made by Dorset HealthCare University NHS Foundation Trust in implementing its Blueprint. The Blueprint was a document published in May 2014 by Dorset HealthCare to record its response to failings identified in 2013 in governance and in the quality of patient care, and its plans and ambition for the future to become an exemplar in the delivery of personalised, integrated care in localities. It was presented to the Health Scrutiny Committee in September 2014.

Progress has been monitored by the Dorset HealthCare Board throughout the year, and a formal review was published after the first six months. This review updates this after twelve months. It demonstrates the progress made during the past year. Of the 36 deliverables described within the Blueprint, 32 having been delivered completely, leaving four ongoing.

In January 2015 the Trust Board approved its refreshed Strategy 2015-2020. The six key themes in The Blueprint and outstanding deliverables are areas that will continue to be taken forward and monitored within this framework. |
| Impact Assessment: | Equalities Impact Assessment:
n/a |

Please refer to the [protocol](#) *for writing reports.*	Use of Evidence: Evidence held by Dorset HealthCare PMO.
	Budget: n/a
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: ~~HIGH~~/~~MEDIUM~~/LOW (Delete as appropriate) Residual Risk ~~HIGH~~/~~MEDIUM~~/LOW (Delete as appropriate)
	Other Implications: n/a
Recommendation	Members are asked to note and comment on this Report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of Dorset's citizens.
Appendices	Appendix A: The blueprint – Our journey to becoming an exemplary organisation. Year end review: as at 30 April 2015 Appendix B: Progress against The Blueprint key deliverables
Background Papers	Report presented to Dorset Health Scrutiny Committee: The Blueprint, Dorset HealthCare University NHS Foundation Trust, 10 September 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/MIN/AAE7961D6A99DFBC80257D4700395AF1?OpenDocument
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer, Dorset County Council Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

Dorset HealthCare **NHS**
University NHS Foundation Trust

THE BLUEPRINT

OUR JOURNEY TO BECOMING AN EXEMPLARY ORGANISATION

YEAR END REVIEW: AS AT 30 APRIL 2015

30 April 2015

Contents

Introduction

The purpose of The Blueprint was to record how Dorset HealthCare responded to significant failings in both governance and in the quality of patient care in its plans and ambition for the future, to become an exemplar in the delivery of personalised, integrated care in localities.

The Blueprint explained how during 2014/15 we would undertake a programme of Governor, staff and wider stakeholder engagement to refresh our vision, articulate our organisation's purpose, reaffirm our values and renew our strategic objectives.

It identified the six key themes where we continued to develop towards organisational excellence and signposted the more detailed strategies and plans that will follow:

- Board and leadership development
- organisational development and our people
- governance, quality and risk management
- staffing
- performance and information reporting
- partnership working and participation

The purpose of this report is to provide a review after one year of where we are against these six key themes.

The Blueprint set out 36 deliverables; 32 were completed by 30 April 2015 leaving four ongoing. The deliverables are summarised in Appendix A and evidence is reviewed by the Programme Management Office (PMO) and held locally.

The top ten risks identified associated with The Blueprint have been being evaluated, and within the wider piece of work on risk management undertaken last year have been incorporated into those systems where still relevant.

In January 2015 the Trust Board approved its refreshed Strategy 2015-2020. The six key themes in The Blueprint are areas that will continue to be taken forward and monitored within this framework.

1 Board and Leadership Development

1.1 Board Development Programme

To continue our Board development we worked with Frontline to support delivery of a programme of work throughout 2014/15.

Following a diagnostic process, a facilitated Board workshop in August 2014 considered the current position of the Board and key insights to explore what 'great' Boards look like and what this meant for Dorset HealthCare. This helped shape the Board development programme for the next 18 months. There was a strong focus in the initial phases on risk, governance and quality at Board level. The Board also discussed broad themes relating to how it would undertake experiential development that links to actual work priorities e.g. risk assurance and corporate governance, strategy development, organisational development.

The Board continues to use real time strategic themes and experience as the basis for development, providing for the capture, reflection and enhancement of the Board's learning. Individual Board members are required to integrate their individual development and outcomes as part of the personal development review process.

The Trust has commissioned an external governance review for the summer of 2015. This will use Monitor's Well-Led Framework to assess the position within the Trust.

1.2   New Executive and Non-Executive Appointments

We continued to strengthen our senior leadership team and now have a permanent fully resourced team in place to deliver our future. Executive and Non-Executive Director appointments made since May 2014 are:

Executive Directors	**Non-Executive Directors**
Jackie Chai, Director of Finance	John McBride
Fiona Haughey, Director of Nursing & Quality	Sarah Murray
Steve Hubbard, Director of Strategy & Business Development	Peter Rawlinson
Linda Boland, Locality Director, Poole & East Dorset	Nick Yeo
Sally O'Donnell, Locality Director, Dorset	
Eugine Yafele, Locality Director, Bournemouth & Christchurch	

Further non-executive recruitment is anticipated early in 2015/16 with the aim being to submit a recommendation to the Council of Governors on 20 May when Gill Fozzard stands down.

1.3   Director Service Area Visits

The knowledge and insight gained by Directors when engaging with patients and staff by hearing patient stories, and visiting services areas / departments is used to cross check or 'triangulate' what they learn from documents and other sources. This provides Directors with greater understanding and growing capabilities to satisfy themselves as to the quality of service provided by the Trust.

At the July 2014 Board meeting the Board approved the conventions on the use of patient stories and visits to service areas and departments by Directors to foster learning and development. Each Non-Executive Director has a personalised programme to reflect their particular interests and availability.

1.4   Leadership Development

Alongside the work to strengthen our Board and provide a greater Board to Team understanding, we have also been developing and investing in our leaders across the Trust in the following ways:

•   a new quarterly Leadership Forum bringing together senior staff to reflect and make decisions on cross-Trust operational and strategic issues and to support their development without being restricted by professional or functional roles;

•   the Leadership Development Pathway – 119 Band 7 team leaders and consultants have completed the Trust's *Empowering Leaders: Empowering Teams Leadership* development pathway. Evaluated by Bournemouth University, outcomes show a positive impact, including enhancing the leadership awareness and abilities of participants; a further eight cohorts are arranged for 2015/16 to meet demand;

•   Line Leader Development Programmes – a comprehensive menu for leaders, irrespective of banding, to undertake to enhance their leadership knowledge, skills, and confidence. The Trust also supports its leaders to participate in the national professional development leadership programmes through the NHS Leadership Academy;

•   the establishment of the Coaching Network, enabling staff to focus on development goals specific to them, and to gain greater personal insight to enhance their strengths and capabilities now and in the future: fifty staff accessed coaching as a development activity during 2014/15;

•   Team Development - opportunities are available to leaders to support teams in developing a better understanding of themselves, in order to continue to improve team-based practice and the achievement of their objectives.   Team development will continue to be invested in as an important element of the Trust's development offering during 2015/16.

2   Organisational Development and Our People

Blueprint May 2014 – Organisational development and our people
"We have been in a position where three legacy organisations did not merge or share a single common purpose, in which too many staff do not relate to Dorset HealthCare, feel undervalued and not listened to. *There have been incremental improvements, but there is much more to be done to break down functional silos, embrace matrix working and multi-disciplinary team working and ultimately unite the organisation in common purpose. In the short-term, organisation-wide engagement events have allowed staff to share views and ideas.* *We have already: introduced Chief Executive and non-Executive services visits; increased direct communication between the Chief Executive and all staff; spent more time with staff representative organisations and improved engagement with our clinical staff. There has been a positive response from staff and a clear commitment to change, with a desire for one organisation with strong, visible leadership. We have Implemented the national e-learning management system for mandatory training.* *A broader organisational development strategy will nurture a strong, positive culture that supports and enables all staff to deliver consistently excellent standards of care. A focus on our cultural development is particularly important after a period of concentration on ensuring rigorous systems and processes are introduced and embedded across the organisation."*

The Organisational Development Strategy, Participation Strategy and Communication Strategy were approved at the August 2014 Board meeting. These three strategies interlock, bringing together systems, process, culture and values that help the Trust celebrate success and empower staff as part of its organisational development. Improving participation and its role and function will be reviewed with input from third sector partners; and reviewing and implementing communication channels and structures will continue to develop brand integrity whilst supporting the thirteen integrated localities.

2.1   Organisational Development Strategy

The Organisational Development Strategy sets out our ambition to improve as an organisation, focusing particularly on culture, leadership and staff experience. Our strategy for cultural and experiential improvement is to go back to basics on values, behaviours and humanity. We will focus on relationships, promote kindness and recognise and empower staff to innovate and improve services for those we serve. We will nurture a culture that will be an enabler and support us to achieve our business objectives:

- to promote connectivity and trusting relationships amongst our people and with patients, to welcome 'authentic patient partnerships' and enable collective leadership;

- to nurture a single, strong organisational culture that puts quality of care above all else, hallmarked by openness, transparency and candour;

- to give our staff the best possible experience at Dorset HealthCare, so they will be at their very best for our patients and service users;

- to make quality everyone's responsibility.

The strategy included a detailed set of actions that form an overarching framework for improvement. Work undertaken in the last year included the launch of a dedicated programme of staff workshops to develop our vision and purpose and inform our strategic objectives.

Trust vision and purpose

The Trust has now signed off revised vison and purpose statements after a significant development process that eventually included contributions from around 500 staff.

Their development took place through a series of facilitated workshop engagement sessions that refined and distilled the statements and stimulus materials, to reflect the feedback of as many people as possible. Feedback came through an online survey, workshops, one to one interviews, Council of Governors and board workshops, and formal and informal discussion with staff side representatives.

At the heart of the Trust we describe the organising principle of being **Better Every Day.** This guides us in all that we do and provides a single common thought that applies not only to the experience and outcomes of our patients, but also to our staff. It connects to the journey described in The Blueprint and our ambition for the future.

Our Trust **vision** is:

'To lead and inspire through excellence, compassion and expertise in all that we do'

And our **purpose** is:

'To deliver integrated healthcare services that empower people to make the most of their lives. We look after people when they are unwell, support their recovery and give them the knowledge and confidence to stay as health as possible.'

These statements form the basis for the Trust's ongoing organisational development and refreshed focus on improving staff engagement, which are designed to help everyone recognise and describe their role in enabling Dorset HealthCare to be the best it can be for patients and staff alike.

A staff engagement steering group of senior leaders has been established to meet on a monthly basis and act as a barometer for the effectiveness of staff engagement activities; set the direction for future activities; take back feedback and ideas to teams; and develop as peer leaders in this area of activity.

Staff recognition

The Trust has also now launched its staff recognition programme, which is a monthly awards scheme called Dorset HealthCare Heroes. Developed with the ideas and contributions of staff, the awards say thankyou to those unsung staff who go above and beyond for colleagues, patients, families or carers. A monthly certificate and tea party celebration is accompanied by an annual awards ceremony to celebrate the achievements of our staff and teams. The 2015 awards ceremony will be on 16 September.

2.2   The Communications Strategy

The Communications Strategy sets out how a coordinated and consistent approach to our communications will support us to constantly improve the services we deliver to the people of Dorset and beyond.

The Trust has continued to seek regular opportunities to raise its profile and celebrate staff success. A review of internal communications has been launched to identify the information staff want to share and how they want to share and receive it. Alongside this a digital review has invited views about improvements needed to the Trust websites and intranet so that everyone can feel informed and connected about the Trust and its services. Refreshed internal communications bulletins have demonstrated the Trust's commitment to improving its internal communications and have laid the foundations for further improvement work internally and externally.

2.3   Staff involvement in the Cost Improvement Programme

The development of the Cost Improvement Programme (CIP) 2015/16 included staff engagement in the process of developing CIP schemes. We involved teams through creative workshops and through an online interaction to gather ideas to improve quality and save money.   We provided feedback to the originators for any ideas declined, whether not appropriate, already planned or not achievable right now. Successful ideas included an initiative to reduce agency staff procurements costs, and use of tele- and videoconferencing which has been be picked up within the Trust's IM&T Programme.   Longer term plans for increased revenue generation are being progressed.

3   Governance, Quality and Risk Management

Blueprint May 2014 – Governance, quality and risk management
"We have set out the early improvements that have been made to take the Trust from a position of being unable to assure itself of the quality of its services to one where it is much closer to functioning and monitoring its quality and performance. *We will continue to work with PM Governance to respond to the findings of their independent review of the Trust risk management and quality governance arrangements."*

3.1   An improved Risk, Assurance and Quality Framework

From the beginning of June 2014, PM Governance worked with us to develop risk management, assurance processes and governance arrangements across the Trust. This work was summarised at the September 2014 Board workshop and a number of key decisions about future governance arrangements were agreed. The Implementation Steering Group oversaw delivery of key decision points through to the Board with a 'go live' date planned for by 1 April 2015. The work with PM Governance has now been completed and the Trust is implementing and embedding the revised risk and quality assurance processes. Chief Risk Officer responsibilities are split between the Director of Nursing & Quality (clinical risk) and the Trust Board Secretary (non-clinical risk).

Embedding of assurance processes via Board Committees is underway and it is acknowledged that this is not a quick fix. Milestones have included:

- a Trust Board Workshop on risk horizon scanning with the output set out in a strategic risk plot, to more readily identify the strategic risks for new financial year. This facilitated the population of the Board Assurance Framework (BAF) for 2015/16, and the acquisition of assurances throughout the year from internal and clinical audit teams. This process and full Board involvement and engagement has given confidence about the design and operation of controls which mitigate these significant risks;

- between January and March 2015, agreement by the Audit Committee of the internal audit programme for 2015/16 and by the Quality Assurance Committee of the Clinical Audit Plan. The Audit Committee reviewed both plans in March 2015;

- a revised Risk Management Policy approved by the Executive Quality and Clinical Risk Group and Executive Performance and Corporate Risk Group in February 2015, noted by the Audit Committee in March;

- the senior groups of the Executive as from 1st April 2015 are the Executive Quality and Clinical Risk Group and an Executive Performance and Non-Clinical Risk Group. These Groups have been forming over the past two months and are now established and operational working to their Terms of Reference;

- as from 1st April 2015 two Assurance Committees reporting to Board; the terms of reference of these and the Executive's senior groups were reviewed by the steering group on 19 November 2015;

- the introduction of letters of assurance from Assurance Committee Chairs to the Trust Chair at the end of each financial year, setting out their review of assurances of control systems during the year. Letters of management representation by Executives and their direct reports to the Chief Executive about disclosure of quality failings and unmitigated risks has been discussed but will not be introduced yet.

3.2   Provider Compliance Assessments and Peer reviews

We continue to improve our use of provider compliance assessment (PCA) tools and roll out of peer reviews. The peer review tools have been refreshed to reflect the CQC Key Lines of Enquiry (KLoE). The essential standards have been mapped to the KLoE's enabling staff to transition to the new standards.

Training has been provided and a programme of standards to be peer reviewed is in place within a quality assured process. As action plans are developed the Regulation and Compliance Team are involved to provide an objective view of the actions proposed. A time-limited peer support team has been established to work alongside teams in the community to ensure standards are being met and can be evidenced.

Quality Strategy and Priorities

Quality priorities for 2014/15 were disseminated through our Quality Matters newsletter with an update provided on our performance against them each quarter. We set up a visual display at Trust headquarters for all staff and staff accessing the site for training, displaying the quality priorities and our performance against them. Posters and flyers were printed and sent to every clinical area outlining the priorities and these are evident on internal quality visits on the wards and clinic areas.

A series of staff workshops were also held throughout September 2014 to engage staff in reviewing the quality strategy. At the Trust Annual General Meeting held in September 2014, we included five questions for staff, patients, public and stakeholders that included consideration of quality priorities for the Trust.

We have now agreed our new Quality Strategy for 2015-2018. This sets our Strategic Quality Objectives and Annual Quality Priorities, and our refreshed approach to ensuring high quality care for all our patients, to measuring quality and data quality assurance, to quality governance, and to identifying and managing key risks to quality.

The Quality Objectives will be reviewed regularly to ensure that they remain relevant and continue to support our Trust vision and strategic goals.

Annual quality priorities for 2015/16

Flowing from the Quality Strategy are the three Annual Quality Priorities areas and indicators to be taken forward in 2015/16:

- patient experience - lessons learned from the findings from local investigations and reviews will be shared beyond the team involved to improve the experience of our patients;

- safety - to promote safe and therapeutic staffing levels within community mental health teams (including home treatment) and district nursing teams;

- clinical effectiveness - support staff to implement the National Institute for Health and Care Excellence (NICE) quality standards with accessible, user friendly guidelines and policies to enable the provision of high quality evidence based care to our patients.

4   Staffing

Blueprint May 2014 – Staffing

"Staffing – having the right levels and mix of skills, experience and knowledge, in the right place - is fundamental to delivering consistently high quality care. We are committed to recruiting and retaining a workforce that can flex the skills and capacity to where they are needed.

A review of staffing levels was undertaken as part of Trust recovery and an escalation tool introduced to highlight areas where wards are not appropriately staffed. In response, further action and assurance came from the Director of Nursing and Quality and the Medical Director and additional funding was committed. We will review staffing levels on an ongoing basis and further refine the escalation tool to ensure it incorporates professional and clinical judgement alongside staffing levels.

We also commissioned a review of Crisis and Home Treatment service and in-patient mental health acute wards, which gave assurance that staffing levels were appropriate numbers, but that we must do more to ensure the appropriate skills mix.

A clear escalation process for in and out-of-hours has been introduced and Directors regularly review this information. A recruitment and retention group was established to improve the efficiency of recruitment processes and to reduce the vacancies within the Trust."

4.1   Setting Staffing Levels

Implementation of the February 2014 nurse staffing levels plan was achieved in community hospital wards (13 older people's physical health / rehabilitation wards). Of the 17 adult / older people's mental health wards the February 2014 plan has been implemented in 12 of the wards. In this plan there were four wards that were assessed as being able to safely reduce the staffing levels but on further review this was not found to be possible due to the acuity / dependency of the patients. The other ward (older people's mental health) was also reassessed and professional judgement considered an increase in ratio of registered to non-registered nurse was required. Of the specialist mental health wards (two) the February 2014 plan has been implemented.

In August 2014 our Board agreed revisions to the staffing plan including additional funding for the three acute mental health wards (Haven, Dudsbury and Seaview) and additional investment for Harbour Ward and Alumhurst Ward.

This addressed the wards where the February 2014 Plan was not implemented as the report initially recommended. All wards now have clearly defined and funded levels of staffing.

4.2   Achieving Staffing Levels

Staffing however remains the biggest risk to the organisation. We are not succeeding in achieving the levels of recruitment and retention we want. We have been experiencing high numbers of qualified nursing vacancies, which is consistent with the national picture, and have been competing with local NHS organisations to attract applicants from the same limited pool of suitable people. Mental Health and Prison Health Care Services are the most difficult areas to recruit nursing staff, particularly in Older Persons Mental Health Services. The achievement of our agreed staffing levels thus continued to be one of our main areas of concern and a key area of the Board's focus.

Action taken in the last year included:

- a Recruitment and Retention Project Group chaired by the Chief Executive led on a full review of the Trust's position and implementation of a robust plan to fast track recruitment and retention initiatives, and then continued focus on improvement by the Recruitment and Retention Project Group;

- a Board Workshop devoted to improving retention and recruitment. Areas of activity identified included ensuring recruitment operates effectively and efficiently; a focus on retention; and using lateral approaches to re-define the recruitment;

- a number of initiatives to support attraction and retention such as "refer a friend" scheme, secondment to undertake pre-registration training, return to practice placements, national advertising through radio campaigns, overseas recruitment, skill mix reviews and service reconfigurations, health professionals recruitment/careers fairs, relocation allowance, co-ordinated approach to generic rolling adverts, early job offers for RMN graduate nurses from Bournemouth University and developing a flexible professional central nursing support team;

- ongoing actions to improve the end-to-end recruitment process: time to hire has reduced from an average of over 10 weeks in March 2014 to about 8 weeks in March 2015.

We continue to provide information to NHS England about the registered and non-registered nursing on day and night shifts. There is a monthly report to the Board on inpatient staffing levels highlighting wards that have a higher ratio of red shifts (where actual staff on duty fell short from what was planned, either in numbers or in skill mix). Shifts are displayed daily on the ward notice boards.

The Blueprint included a target reducing the use of agency staff. Whilst we were committed to a reduction in the use of agency staff this has had to be balanced against the risk of not having adequate staff on each shift due to vacancies and difficulties experienced in recruitment. No specific target has therefore been set.

The new HR Strategy was approved by the Board in March 2015.

4.3 Training

We remain committed to achieving our target in mandatory training (95%) and have taken action in supporting our staff to access these courses:

- monitoring mandatory training at our Performance Review Meetings, identifying percentage compliance by directorate and team together with Board reporting;

- mandatory training exception reports were introduced in February 2014 with a web based reporting system for managers to use;

- incremental pay progression linked to completion of mandatory training completion has been agreed with the unions;

- a new e-appraisal system enabling individual staff to access and view their complete training record including mandatory training due, outstanding and completed;

- new more flexible methods of delivering training were well received, with a new Information Governance video, e-assessments and new workbooks.

Progress has been made but at 91.19% in March 2015 we have not yet reached our target level of 95% for this training, and this will remain a focus for improvement in 2015/16.

5   Performance and Information Reporting

Blueprint May 2014 – Performance and information reporting
"We have done much to improve the monitoring and reporting of performance at team, Directorate, Committee and Board level, taking best practice into consideration as highlighted in the Monitor Quality Governance guidance.   *The integrated corporate dashboard has been significantly updated to include directorate performance set against updated quality metrics, as well as overall Trust performance that is now tracked with trend analysis over a 13 month period.*   *Further improvements to the way we track team and directorate performance have been introduced, with team outcome reports that drill down to ward level now available across a range of metrics and the introduction of directorate performance review meetings. These meetings review and challenge quality metrics with a focus on ensuring swift action is taken where changes in performance are identified."*

5.1   Reporting

The Trust has a clear vision of being an organisation that is truly enhanced by the use of Information Management and Technology (IM&T) and utilises technology in the best possible way to support patient care. A two year plan to introduce a comprehensive electronic management information system was included firstly in the interim IM&T strategy approved in January 2014 and then again in an updated IM&T strategy approved in January 2015.   We appointed a Head of Information who has brought the strands of performance and information reporting together to provide a holistic approach, ensuring this activity drives quality improvements.

As a result of our recent locality management restructure, our internal reporting has been updated, and Business and Performance Teams have been reshaped to support this.

5.2   Review of quality metrics and integrated corporate dashboard

The integrated corporate dashboard and report continued to evolve over the year to meet users' needs. A report to the August 2014 Board included a revised executive summary with enhanced narrative and reporting on The Blueprint deliverables. Deteriorating performance was clearly visible with 13 month rolling trend lines and continues to be reported as part of the improved reporting.

The review of quality metrics was completed and a revised set of metrics agreed to improve Board to Team sight of performance, and standardisation of team level reporting.

Work has been completed to implement dashboards for use at team, locality, directorate and Trust levels, incorporating the quality metrics. They have internal benchmarking functionality, allowing teams and services to compare their own performance against peer groups. This is a significant milestone for the Trust in our journey to introduce a more robust performance-led culture, providing meaningful information to clinicians and services and enabling pro-active decision making and improvement action.

These form the basis of the new Integrated Corporate Dashboard agreed after consultation with staff, clinicians and Board members, and implemented in April 2015. This provides the clear line of sight from Board to Team, and has been subject to a rigorous data quality assurance process, which has included Internal Audit involvement.

6 Partnership Working and Participation

Blueprint May 2014 – Partnership working and participation

"Partnership working and building a local coalition for quality and service improvement are critical for us to successfully move to delivering patient-centred, integrated services. A summary of our partners and stakeholders can be found in Appendix 3 [of the original Blueprint].

We know that in the past there were many fractured, dysfunctional relationships, both internally and externally and we have been working hard to repair and rebuild these. Confidence has been restored in some cases, but those relationships are still fragile and we recognise there is much more to be done.

We intend to develop formal and informal mechanisms to improve our partnership working and build strong working relationships, including seeking opportunities to work more closely with local partners such as the Health and Wellbeing Boards, and Healthwatch Dorset.
We will strengthen our partnership with Bournemouth University, which brings benefits including supporting innovation, attracting and retaining high quality staff, professional development and research opportunities. We will work with the university to ensure our new models of service delivery are based on best evidence, supported by training and robustly evaluated. We also recognise that our services will be most effective and of the highest quality where we have involved local people and patients in their design and delivery and have listened to and acted on what people tell us they want from our services.

Our ambition for participation is to empower individuals and their carers in their interactions with our services. We will work much more closely with our local population, to determine the future direction and design of our services. We will welcome 360 degree feedback and introduce rigorous mechanisms to understand local experiences of our services, local perceptions and people's ambitions for our services.

We will build on the work done to date to strengthen the Council of Governors and continue to develop and support them in their role in the organisation and seek to expand the membership of the Trust, so that we may genuinely hear from every part of our local population."

The Organisational Development Strategy, Participation Strategy and Communication Strategy were approved at the August 2014 Board meeting.

6.1 The Participation Strategy

The Participation Strategy is the next step on from the Patient And Public Engagement Strategy 2011–2014, which set a strong vision and direction of travel for the Trust to fully involve patients and the public in its work and their care.

The Participation Strategy stretches our ambition even further, so that beyond engaging and involving people, they are actively empowered in their relationship with Dorset Healthcare, whether locally resident or someone accessing our services. The objectives of the strategy are:

- to make sure the voices of patients, service users, carers and local people are present throughout Dorset HealthCare, in its services and in setting the strategic direction;

- to give patients and service users, carers and our staff the confidence, knowledge and skills to make individual participation and patient-centred services a reality;

- to strengthen collective participation, so that we may be held to account and may hear patient and public voice, ensuring we involve all in the constant improvement of our services;

- to strengthen our insight and feedback mechanisms to ensure we are listening to and acting on what patients and local people tell us they want from our services.

The Participation Strategy set out an ambitious timescale for delivery and the Trust must remain ambitious whilst ensuring it allows adequate time to co-produce the appropriate mechanisms and behaviours to make participation a reality at Dorset HealthCare.

Reflecting this, a participation and public engagement workshop in December 2014 continued the developmental conversation about how the Trust should build strong relationships with local communities. The feedback was that the public want the NHS to engage within existing forums rather than constantly creating something new, so we have begun to work more closely with the Clinical Commissioning Group to identify opportunities for joint engagement initiatives built around the thirteen Dorset localities. We established some local participation pilots, to test out ideas for improving engagement and involvement of patients and the public. We were also pleased to be selected to be a national pilot site for Information Standard implementation: we received funds to improve the way we identify and use patients' communications needs and preferences to provide more personalised care.

6.2   The Council of Governors

Strengthening the Council of Governors has been and remains a priority, given the vital role of Governors at the heart of our Foundation Trust. The Council is a dynamic and constant connection to local communities and the people we serve and we have worked hard to improve its effectiveness and to enable it to influence all areas of Trust activity where appropriate.

In January 2014 an external trainer, Claire Lea was appointed to work with the Council on its development and priorities.

A further step to strengthen and facilitate the effectiveness of the Council was to reduce the number of members in April 2014. This reshaping led to new Governor appointments and the opportunity to collectively determine future development and training needs. During the period of change for the Trust, Lead Governor Patricia Scott kindly remained in-post for a longer period and a new Lead Governor, Chris Balfe, was appointed at the Annual Members' Meeting on 18 September 2014.

The Council has had training days in May, June and October 2014, and an Awayday in February 2015.   The content has been developed in conjunction with the Chair and the Lead Governor. At each of these sessions the discussion and activity has focused on elements of the Council's role and functions; relationships with the Board; Membership and Governor engagement; and public participation. Much of the focus has been on supporting the Council to be proactive in its relationships and to identify how it connects to local people and brings back insight and feedback to the Board.

The Council was invited to have an integral role at this year's Annual Members' Meeting in September 2014. Governors identified what they consider to be five of the most important issues for the Trust, and led discussion groups throughout the afternoon of the Members' Meeting, inviting feedback on the themes of local, personal and integrated care; older people's health and wellbeing; mental health; trust promotion; and engagement and participation. The feedback from the Council was positive about the principle of connecting to Trust Members in such a direct way and being able to openly discuss important topics with people from a range of backgrounds.

6.3   Bournemouth University

A proposal for renewing the Memorandum of Understanding between Bournemouth University and Dorset HealthCare University NHS Foundation Trust was first drafted in April 2014. A joint paper from the Trust and Bournemouth University was presented to the October 2014 Trust Board, and was approved by the Bournemouth University Senate on 29 October 2014, confirming the Memorandum of Understanding.

A joint official signing event is being arranged between the Trust Board and the University Senate for early summer 2015 and a programme of joint work is being developed for 2015/16

As a foundation Trust with University status Bournemouth University is one of the Trust key partners. Over the next year the Trust is committed to deepening the partnership with the University by not only working with the school of Health and Social Care, but the University as a whole.

The aim of this work will be to support innovation and research with the Trust and help the Trust achieve its Strategic Goals of becoming a national leader in the delivery of integrated care and support its goal of being a learning organisation.

As well as working with the Trust on professional and organisation development again helping the Trust achieve its Strategic Goals around having a skilled, diverse and caring workforce, who are proud to work for Dorset HealthCare, to provide high quality care; first time, every time, and to be a valued partner and expert in partnership working with Patients, Communities and Organisations

We will review how we are working together is reviewed during quarter four with any revised proposals being developed for the new financial year 2016/17.

Conclusion

The original Blueprint document in May 2014 set out an ambitious but vital programme of activity to continue the Trust's journey of improvement. The six key themes identified provided the framework for that improvement and this document demonstrates progress made during the past year.

Of the 36 deliverables described within the Blueprint at this year review 32 had been delivered completely, leaving only four ongoing which will be monitored and delivered through the work programmes of the Trust's new Five Year Strategy, and HR strategy.

It has been an incredibly busy and changing year for the Trust, including the removal by Monitor of the additional licence condition and the issue of a compliance certificate to the Trust in June 2014, recruitment to outstanding Board posts, and the implementation of the Trust's new locality management structure.

The Trust believes that we now have the leadership in place to continue our development and maintain a close focus on those areas where we must keep improving. The Trust is totally committed ensuring momentum is maintained in improving further on the improvements we have made.

As we move forward we will continue to be ambitious and to build on the work undertaken this year to allow us to deliver more personalised, better integrated care in our localities. Our vision is to lead and inspire through excellence, compassion and expertise in all that we do. We know there is much more to be done to make that vision a reality, but we are determined that this will achieve the best outcomes for our patients and local people, ensuring that we truly are **Better Every Day.**

Steve Hubbard
Director of Strategy and Business Development
Dorset HealthCare University NHS Foundation Trust

30 April 2015

Theme	Deliverable	RAG
General	New strategic plan and objectives, outcomes and performance measures	Outcomes planned for May Board
General	Estates strategy to the Board	To be presented to May Board
General	IM&T paper to the Board	
Board & leadership development	Deliver a development programme for the Board	
Board & leadership development	Strengthen the board by appointing a Director of Strategy and Business Development, having been unsuccessful in efforts to date to recruit to this new post	
Board & leadership development	Make permanent appointments to the posts of Director of Nursing and Quality, and the Director of Finance and Performance	
Board & leadership development	Appoint a further two non-Executive directors	
Board and leadership development	Agree a programme for ward and team visits, to include the purpose, frequency and content of the visits	
Organisational development and our people	Develop and deliver an organisational development framework that will enable us to: develop and articulate our vision and purpose; drive cultural improvement; build trust; support a single patient focus and empower all of our staff to deliver the very best for our patients	
Organisational development and our people	Develop a communications and content strategy to ensure we have the appropriate formal and informal channels and feedback mechanisms in place to enable the timely and transparent flow of information across and around the organisation	
Organisational development and our people	Review staff involvement in the development of QIPP and CIP projects across the Trust	
Governance, quality and risk management	Work with PM Governance to develop our risk management and to support the implementation of systems and processes to embed a culture of risk management	
Governance, quality and risk management	Review the training and proposed rollout of peer review processes to assess compliance with CQC standards and consider further, alternative ways to ensure that timely actions are taken to address any areas of non-compliance	
Governance, quality and risk management	Refresh the Trust Quality Strategy to ensure its objectives are SMART and that quality goals are aligned to business objectives. We will involve staff and stakeholders in the refresh	
Governance, quality and risk management	We will clearly communicate our quality priorities through a range of channels, including information displays in clinical and non-clinical areas, so that we may be held to account	
Staffing	Carry out a root and branch analysis of recruitment and retention issues	Analysis undertaken, but recruitment remains a risk area
Staffing	Continue Implementation of the staffing plan agreed by the Board in February 2014	
Staffing	*Ensure systems are in place to monitor the key metrics agreed by the Board including staffing levels and a reduction in the use of agency staff to within agreed tolerance limits:*	
Staffing	To agree a plan to implement a range of quality metrics to monitor performance at team, locality and Board level.	
Staffing	To monitor the achievement of the agreed staffing levels in terms of absolute numbers, proportion of qualified and unqualified staff and the use of agency, locum and bank staff.	

Theme	Deliverable	RAG
Staffing	To set a target for a reduction in the use of agency staff in inpatient wards.	Levels monitored but agency levels left flexible to ensure safety
Staffing	Ensure an internal audit is undertaken on the appropriate staffing ward RAG tool, specifically examining the quality assurance of the tool and how regular checks are undertaken	
Staffing	Be open and transparent about staffing levels on a daily basis through displays on notice boards on wards and by publishing information on our website for all inpatient wards	
Staffing	Review mandatory training compliance and develop an action plan to address non-compliance by directorate	Further improvement required to meet target levels in all areas
Staffing	Roll out e-rostering for inpatient services in Children and Young People's services1, to improve production of off-duties and give this facility increased senior oversight	
Staffing	Roll out e-rostering for inpatient services in Mental Health2 to improve production of off-duties and give this facility increased senior oversight	
Staffing	Roll out e-rostering for inpatient services in Community Health Services3 to improve production of off-duties and give this facility increased senior oversight	
Staffing	Review the community hospitals' staffing levels using the safer nursing care tool as part of ongoing monitoring	
Performance and information reporting	Develop an information and performance plan for the Trust, which will include a comprehensive electronic management information system that will give access to key metrics at team level across all domains of quality, workforce, performance and finance	
Performance and information reporting	Implement changes from the review of quality metrics to improve Board to ward sight of performance	
Performance and information reporting	Ensure internal audit is conducted on the reporting of quality metrics	
Performance and information reporting	Implement standardised team level reporting across all domains	
Performance and information reporting	Continue to improve the integrated corporate dashboard and report, including enhancing the quality of the narrative about interdependences across metrics, providing further insight and context and clearly identifying deteriorating performance	
Partnership working and participation	Develop a strategy and work programme to maximise individual and collective participation at Dorset HealthCare, recognising patients and local people as equal partners and valuable assets in all of our work. Elements will include an insight dashboard and the introduction of 360 degree feedback	
Partnership working and participation	Introduce training and development opportunities for the newly-formed Council of Governors, to focus on their role, the role of the Lead Governor, the effectiveness of the Council overall and the way that information flows between the Council and the Trust	
Partnership working and participation	Agree a new Memorandum of Understanding with Bournemouth University	