

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust
Board of Directors Meeting held on Wednesday 29 May 2013
at Kingston Maurward College, Dorchester, Dorset DT2 8PY

Present:	Mr T Archer	Nurse Executive Director
	Mr M Beesley	Non-Executive Director
	Mr N Chapman	Non-Executive Director
	Ms J Elson	Director of Quality
	Mrs G Fozard	Non-Executive Director
	Mr W French	Non-Executive Director
	Mr C Hague	Director of Human Resources (CLH)
	Mr R Jackson	Director of Finance and Performance
	Dr L Mynors-Wallis	Medical Director
	Ms J Owens	Non-Executive Director
	Ms H Robinson	Non-Executive Director
	Mr P Sly	Chief Executive
	Mr J Walsh	Chairman
In Attendance:	Mr J Barton	Director of Mental Health Services
	Ms L Boland	Director of Children & Young People's Services
	Ms V Graves	Director of Community Health Services
	Mr C Harvey	Trust Board Secretary (CH)
	Ms C Jeans	PA to Chief Executive (Minutes)
	Mr J Murray	Deloitte (Observing)
Governors & Member of the Public:	Ms B Aldridge	Trust Governor/Chief Executive of Dorset Mental Health Forum
	Mr B Batty-Smith	Trust Governor (District Councils representative)
	Mr M Byatt	Trust Governor (Dorset)
	Mr D Corbin	Staff Governor
	Ms S Evans-Thomas	Trust Governor (Poole)
	Mr B Meredith	Trust Governor (Dorset)
	Mr N Plumbridge	Trust Governor (Poole)
	Mrs A Reed	Trust Governor (Dorset)
	Ms J Sheppard	Trust Governor (Dorset)
	Mr A Hutchins	Member of the Public
	Mr J Melio	Member of the Public
	Mr Ian Turner	Member of the Public

030/13 **CHAIRMAN'S OPENING REMARKS**

Mr Walsh welcomed members to the Meeting, and extended a warm welcome to those members of the public and Governors who were present. He was pleased to see so many people attending from outside of the Trust. Mr Walsh introduced John Murray, who was attending from Deloitte, the firm that we have commissioned to undertake the Governance review

He advised this Board was a meeting held in public, not a public meeting, and for members of the public in attendance there would be an opportunity to ask questions at the end of the meeting.

Externally the NHS continues to be in the spotlight with the emergency health care system under severe strain and struggling to cope with rising demand. Although this does not directly impact on our Trust services, the introduction of the non emergency helpline NHS 111 and the changes to out of hour's services has meant the NHS nationally continues to have a high profile.

Internally the Trust's main focus has been on implementing the Development Plan. This is an extremely serious and important issue and will be a standing item on the Board meeting. It was considered at the May meeting of the Council of Governors with very useful input.

Mr Walsh recognised that the focus lately has been on areas not doing as well but he felt it was worth remembering there have been some extremely positive reports recently from the Care Quality Commission covering Pebble Lodge, Nightingale House and Court and Florence Unit which he found uplifting to read and which highlight positive practice and user engagement across services. He said he cannot help but be impressed by the new initiatives and activities in the Trust. He was cautiously encouraged and heartened by how the Executives had been tackling issues identified by external assessments, and believed internally we were making good progress.

031/13 **APOLOGIES FOR ABSENCE**

The Chairman noted there were no apologies for absence from Board Members.

032/13 **DECLARATIONS OF INTEREST**

There were no declarations of interest relating to items on the agenda or any other matters other than Ms Robinson working with an NHS Trust in Kettering as a management consultant.

033/13 **MINUTES OF PREVIOUS MEETING**

Ms Owen highlighted she had been shown as being absent from the meeting held on 27 March 2013 when in fact she did attend. Subject to recording her attendance, the minutes of the meeting held on 27

March 2013 were agreed as an accurate record of the meeting and would be signed.

034/13 **MATTERS ARISING AND ACTION PLAN**

Mr Harvey submitted the schedule of matters arising from the last meeting. It was agreed that items 021/13 and 022/13 were complete and could be closed. In respect of CM/004/13, he advised that representatives from Dorset CCG will be attending the June Board meeting to present the CCG's Vision.

There were no further comments and the report was accepted.

The following matters arising from the 27 March meeting were noted:

019/13 Mr Beesley referred to the discussions on the Annual Plan where Mr Chapman said it would be important to build in a small number of clearly identified objectives. He felt this emphasised that we need a succinct document produced which can be circulated to all staff detailing headline feedback with SMART (Specific, Measurable, Attainable, Realistic and Timely) objectives and milestones. Mr Sly agreed, and would develop a paper using the Trust's four corporate priorities and Vision for this year.

PS

021/13 Mr Walsh referred to the question raised by Mr French about how we can be assured that patients admitted would not need seclusion and sought confirmation of whether we are actually recording this in patient notes? Mr Barton assured that staff are mindful of this and he will seek clarification of the teams today to confirm this point. Mr Sly asked when the seclusion suite is due to be operational at Forston and Mr Barton confirmed it was from 31 May 2013.

JB

021/13 Mr Beesley referred to the discussions on Sentinel House which will be the new Trust HQ and sought clarification about it being a 'first stepping stone'. Mr Sly said the process was already in train with some detail included in the Estates Strategy and a fuller report will be included on the agenda for the July Board meeting.

022/13 Ms Elson referred to the discussions about the CQC report on Blandford Hospital, to amend the fourth paragraph to read "*Ms Elson replied that this was unknown as there appeared to be little consistency about the time delay period between the visit and the issue of the draft report*"

023/13 Mr Chapman asked that the seventh paragraph is reworded to reflect he asked a question, rather than made a statement "*Whilst the Private Sector was considered brutal in removing people who underperformed, we were were we permissive about staff who where never going to be good enough*".

024/13 Mrs Fozard asked to qualify the statement she made in the penultimate paragraph and to record "*this had not been mirrored for*

this Trust for the same period”.

027/13 – Mr Beesley referred to Mr Plumbridge’s view that staff are fearful of whistle blowing. Mr Walsh asked that Mr Hague cover this issue when the integrated Quality, Finance and Performance report is discussed later in the agenda.

035/13 **PATIENT STORY**

Mr Walsh introduced this item and confirmed that the Board was committed to hear and listen to the voice of service users and carers.

Board members watched a video detailing the patients’ journey which has been produced by Time to Change (TTC) to breakdown stigma.

Ms Elson recognised that the Chairman had championed driving forward this campaign, and also acknowledged Mr Plumbridge’s involvement in the video.

The video has been on the Times Education website and promoted by Sue Baker, Chief Executive of TTC as an example of exemplary practice in Dorset. Mr Walsh said it conveyed a powerful message which is grounding for us all and emphasised the importance of family and early intervention in helping people develop coping skills to support them on their journey. Mr Archer endorsed the TTC programme which highlights the uniqueness of every individual we touch and the importance of continuing to have a dialogue about mental health wellbeing. Mr Walsh said if any Governor wanted to be involved in the TTC programme to make themselves known to Mr Corbin, Staff Governor, and our lead for TTC.

036/13 **TO APPROVE THE TRUST’S STRATEGY**

Mr Sly introduced the Trust’s Strategy document and updated on two minor changes:

Page 13 – we are going to take out reference to asthma and to amend 1 in 6 to 1 in 4.

Page 77 - amend to read “. . .has an overarching Quality Strategy for 2013-2015 which is currently being refreshed and will come back for formal sign off in July”.

Mr Walsh said the eight supporting strategies have much more information behind them and this is the first time we have undertaken this as a Trust in such a structured manner so commended the Directors involved for this. Mr Chapman agreed, and recognised the value of this Strategy but felt that as a Board we need to keep the strategic process under review. He commented that the next step in our strategic process is how we deliver improved services and patient experience and at the same time confront financial challenge. Mr Sly agreed with this, and said there are tools in place for the Board to

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clearly track this - Strategic Plan to our Annual Plan and monitor progress. This will be a rolling 3-year process with the Annual Plan to make sure we are adapting to ever changing environment.

Dr Mynors-Wallis believed what will help us achieve this is the team based outcome measures of delivering good care across the whole organisation, and a programme of making sure people get consistent evidence based care to deliver outcomes. He has been asked to chair the Trust's QIPP Transformation Group to develop and track delivery of the QIPP process ensuring we are continuing to deliver high quality care when costs are under such pressure, with robust clinical input.

Mr Beesley questioned how the Board would judge success of the Plan. Mr Sly said the Plan is being converted into an outcome focussed tracker which will be reviewed and monitored by both the Directors and Board members, with the first one coming to the July Board.

PS/CH

Mr Archer said it would be important how we now communicate this document to creatively get the message across to staff. Mr French felt we should use just an executive summary of the salient points and headlines. Mr Sly and Mr Walsh agreed, and will work to develop this with the intention to make sure it is accessible in every part of the Trust (ward/unit).

PS

Ms Robinson emphasised that managers and leaders should be using this document as the tool to communicate with staff, and Ms Owens said this should also extend externally to our commissioners and Local Authorities. Mr Sly confirmed the Local Authorities and Clinical Commissioning Group participated in the stakeholder events and he agreed we need to think succinctly how we communicate this to them.

Mr Chapman referred to the Sustainability Strategy. In his remit as Lead for Sustainability, he asked whether we need to establish a metric to measure how we deliver sustainability and incorporate that in our planning. Mr Sly agreed that we needed to design a simple metric.

Mr Walsh felt the priority area in relation to Community Health Services to develop an integrated locality model over three years in four localities was not bold enough and asked if we could we accelerate this. Ms Graves advised she is hoping to have a template working with our commissioners which will be useful in speeding up the role out.

The Board approved the Trust's Strategy.

037/13 **TO APPROVE THE TRUST'S ANNUAL PLAN**

Mr Sly presented this item and said following good discussion at the Directors' meeting changes were proposed to enhance the document.

These included:

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- Introduction - add more context of how we engaged with staff in the light of the Francis Report and learning from what has happened.
- Quality Leading Strategy 4.1 (page 4) - consistent with the Trust's Strategy, to say we have an overarching Quality Strategy which is being refreshed.
- Mental Health Services 4.3 (page 5) – amend consistent with the Trust's Strategy i.e. remove reference to asthma and change 1 in 6 to 1 in 4.

Mental Health 2013/14 Actions - Mr Barton had reworked this section, and Mr Sly talked the Board through these clear measureable targets which the Board can track.

- Care Pathway Development
 - a) To launch and implement the Acute Care Pathway by December 2013.
 - b) To launch the Community Care Pathway by December 2013
 - c) To ensure all service users on CPA with a diagnosis of Psychosis have an Annual Physical Health Screen undertaken by 31 March 2014
- Supporting Carers
 - a) To launch a Carers Strategy including young Carers by 31 March 2014
- Co-Location of Services
 - a) To develop a strategy and implementation plan for the co-location of mental health services by 31 March 2014

Mr Barton drew two points to the Board's attention; one that we hope Local Authority partners embrace this move to holistic care being provided by health and social services, and secondly, linked to the Carer's Strategy, we need to make sure we have a joined up Strategy around carers for the wider population of Dorset. Ms Boland said we will need to consider siblings as well as young carers and Mr Barton agreed this was a good point.

Offender HealthCare 2013/14 Actions - Mr Sly advised for we are going to develop three pathways.

- 1) To launch the Primary Care Pathway for Offender Health Care by 31 March 2014
- 2) To launch the Mental Health Care Pathway for Offender Health Care by 31 March 2014
- 3) To launch the Substance Misuse Care Pathway for Offender Health Care by 31 March 2014

Developing Medicines Management - to carry out a review of prescribing across seven prisons and implement the recommendations by 31 March 2014.

Children and Young People Services - one of the key areas has slipped into IAPT Pan Dorset and Southampton and this would be moved back into the correct section.

Mr Chapman questioned how the first objective to deliver improved services to the 0-5 age group would be measured. Ms Boland said she would like to agree a metric separately with Bournemouth, Dorset and Poole of how we work in conjunction with Local Authority partners. She will be firming this up but said it needs to be localised to Bournemouth, Poole and Dorset.

Mr Chapman asked if Children and Young People's IAPT Services was really an objective. Ms Boland said the objective is to introduce self referral within CAMHS through the national IAPT programme.

Public Health Services – Mr Sly recognised that Fiona Haughey, Associate Director Children and Families, has done some good work to develop SMART targets and these will be enhanced in the Annual Plan going forward. Comments from Governors will also be fed into the Annual Plan.

Dementia Services - Mr Chapman said the key areas of delivery identified were very good examples of goal based objectives.

Ms Robinson asked in terms of the governance agenda, where does Governance sit within the Annual Plan? Mr Sly advised he will be taking the lead on Corporate Governance. She asked if his thinking was now for an additional Corporate Strategy, and Mr Sly responded that he did not see this as standalone but inherent to everything we do.

Mr Walsh said it was good to see so many measurable objectives, and said the ability to achieve these was dependent on the Supporting Strategies and to make sure these are rolled out quickly.

Mr Walsh asked Mr Jackson for confirmation of when we will have a live visible estates maintenance schedule for every maintenance request as this is an area he regularly hears there are issues with. Mr Jackson said the Estates Department are looking at a new package that will deliver this, and we are close to making a procurement decision.

Mr Walsh also said that '*on the road working*' is a key part of delivering the Annual Plan and wanted to see '*roaming*' facilities available to all who need it. Mr Jackson advised he is currently looking into this issue and he will take advice from service Directors of how they wish to prioritise this.

Mr Harvey advised the views received from Governors' related specifically to the increased use of the lived experience of people and evaluation of services. The focus on sustainability was welcomed, appearing both in the Strategy and Annual Plan.

Mr Walsh said these were helpful comments and aligned with what we are aspiring to do. Ms Elson agreed, and said the refreshed Quality Strategy will pick up these themes.

Ms Owens wanted to make sure physical care is addressed as well as mental health care within induction of new staff.

Mr Harvey said there was a comment from Governors around the context of our organisation which has trebled in size very rapidly with an increasingly older population, and for greater emphasis of this within the Annual Plan. Also Governors wanted to see greater provision of dental services. Mr Walsh said the issue of dental services would need to be raised with commissioners. In respect of older people, Ms Boland said within the IAPT key delivery targets there is access to IAPT for older people and carers of people with dementia and a key deliverable is promoting improved access.

The Board approved the Annual Plan.

038/13 **TO APPROVE THE TRUST'S GOVERNANCE STRUCTURE**

Mr Sly highlighted that we have formalised two additional Governor Groups – the Significant Issues Overview Group which is still in draft form, and the Strategic Direction Group.

The Board discussed the main changes to the Governance Structure:

- Mr Sly advised most of the review dates are reset to May 2014.
- The new Quality and Patient Safety Group which will meet monthly, and the bi-monthly NED-led Quality Assurance Committee.
- Terms of Reference Health & Safety Group – Membership still refers to Director of Quality and this should be amended to reflect change in reporting line from Ms Elson to Mr Hague, Director of HR.
- Terms of Reference Significant Issues Overview Group – first bullet under duties to be amended as follows *“contribute to providing a vehicle to ~~assure~~ inform the Governors of significant issues occurring within the Trust”*
- Terms of Reference Mental Health Act Hospital Managers Committee – Ms Elson advised that following previous discussions it had been agreed that a representative from the Quality Directorate would join this Committee, and this is not currently reflected in the Membership
- Terms of Reference Directors Meeting – 2.4 needs to be amended as the Quality Report no longer comes to this meeting

Mr Walsh said in relation to the Quality Assurance Committee it was worth reminding ourselves this change came out of our internal reviews following the CQC's inspections. Mr Beesley agreed that this was more a response to our internal review. Mr French said when the Operational and Assurance Quality Groups were combined we did say

we had concerns and would review the position after a year. Over the year it became very clear that operational matters were taking precedence which is the reason why we have reverted back to a separate Quality Assurance Committee.

Dr Mynors-Wallis said there have now been two meetings of the Quality & Patient Safety Group, and one meeting of the Assurance Group and already it is working significantly better than before.

Ms Robinson was pleased with the increased NED representation on the HR & Workforce Development Committee. She had arranged a meeting with the three Non Executives on 10 June to look at the Annual Work Plan and Mr Hague has been invited to join the meeting.

Mr Archer advised the Board that the Allied Health Professional Group and the Nursing Advisory Group do come together and meet on a quarterly basis. Ms Robinson asked if this was a stand-alone group and Mr Archer confirmed they report through the Quality and Patient Safety Group.

Mr Walsh concluded discussions by advising that the Terms of Reference will be refreshed annually.

The Board approved the Governance Structure.

039/13 **TO APPROVE THE BOARD ESCALATION FRAMEWORK**

Ms Elson presented the Escalation Framework which had been developed in the light of Monitor's Quality Governance Framework, to set out the agreed rules determining issues which should be escalated, and the process for escalating these issues to the Board.

She focussed discussion on section 4 which identifies the mechanism through which concerns can be identified.

Mr Beesley said it was good to see this document in place and that we have tried to be prescriptive; however, Chief Executive judgement in deciding when issues need to be escalated to the Board was still vital.

Mrs Fozard felt Serious Incidents and NMC Fitness to Practice Hearings should come to the Board and be considered in terms of reputational damage. Mr Walsh proposed that is fed into the HR & Workforce Development Committee, and Mrs Fozard accepted this.

Ms Robinson queried the review frequency of the Board Assurance Framework, and whether coming to the Board annually was sufficient. It was agreed to amend this to "*annually as a minimum, and as required*". Mr Sly felt this was a fair comment and it would be down to the Board and bi-annual review of the Audit Committee to decide on appropriate frequency. Mr Beesley asked that Internal Audit is also involved in the review process, and Mr Walsh supported this proposal

CH

to consider best practice elsewhere.

Dr Mynors-Wallis welcomed this document and said all of the executive team have a personal responsibility to make sure they are kept up to date and this is a helpful framework to assist us in making those judgements.

Mr Walsh felt it would be useful to include at section 4.3 concerns by Governors and to have a process for managing that. Mr Harvey agreed, and felt the best forum for concerns to be fed in is through the Governors Significant Issues Overview Group which is currently being developed.

The Board approved the Escalation Framework, and agreed it is implemented with immediate effect and reviewed annually.

040/13 **CHIEF EXECUTIVE'S REPORT**

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

Mental Health Urgent Care Services in West Dorset - we will commission a review of how well the new service is operating and make sure each element is working and delivering in West Dorset. This will come back to a future Board meeting.

CH

Transformation Fund Bid - the three Local Authorities in Dorset are submitting a joint bid to gain a share of a £9m Transformation Challenge Fund to look at innovative ways of working and sharing services. They will be looking at adult social care and health services which is closely aligned to our Strategy and Annual Plan. Mr Sly advised he has given his strong personal endorsement, and Ms Grave will be representing the Trust on the group developing the bid.

Ms Owens requested an update regarding the position at Chalbury and Betty Highwood. Mr Barton clarified that we amalgamated beds within two units because of our concerns there was insufficient numbers of substantive staff. We needed to recruit significant numbers of staff and the process is taking place through the forthcoming Job Fairs. Hopefully there will be a positive outcome from the Job Fairs, and the expectation is for staff to be in place by October so the two units can re-open at that time. However, if we do not recruit we will need another discussion at Board.

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Ms Owens was not reassured, and continued to have concerns about this decision as she strongly felt Chalbury was not a suitable environment for patients being on the top floor of the hospital plus it was a longer time frame than we were originally led to believe. Mr Barton advised the reason we chose Chalbury rather than Betty Highwood was because it is bigger in terms of bed numbers. Dr

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Mynors-Wallis felt the decision to amalgamate the units was absolutely essential based on patient safety. He has personally been to Chalbury on three occasions and there is a new consultant so increased medical time. By amalgamating the units we have sufficient nursing numbers to deliver a safe model of care for those very vulnerable patients in the west. Mr Beesley said he recognised the negative aspects of Chalbury, but he also has personally visited the ward and having the right numbers of staff allows for much better therapeutic intervention so he was pleased this was working well.

Mr Walsh proposed that a visit is arranged for Ms Owens to visit the unit and see for herself and she can report back to the Board in June.

CH

Crisis Response and Home Treatment Team (para 2.2) – Mr Chapman questioned whether there is consistency on staffing in all teams. Mr Barton clarified there are two teams, east and west locations, operating under the same model with dedicated consultant time. Mr Walsh queried whether carers can self refer and Dr Mynors-Wallis responded they can self refer if they have been involved with Trust services in the past, but not for completely new cases.

Serious Case Review (para 3.1) – Mr Chapman recognised this was a complex case but he wanted to ask were there any indicators that we could see this team was in some way underperforming and becoming dysfunctional, and what were the lessons learnt. Ms Graves said she believed the team based outcomes will help us to identify and pinpoint more securely where there are issues and show up early on if there are any problems. Ms Elson said we have also rolled out the Patient Safety Thermometer as a further new measure in place.

Mr Chapman felt the Board need to be more aware of performance issues and alerted to any ward/department beginning to underperform. Mr Walsh agreed, and said this will come through the Dashboard.

Mr Archer said there was difficult media coverage regarding this particular case and this was circulated to Members and Governors. Concern had been raised about how this got into the media and there will be a multiagency review of the media process.

Ms Robinson said that whilst we were discussing this in an open and transparent way to learn lessons and take forward actions, she questioned where the overall actions were being monitored, and would welcome Board reporting. Ms Graves advised it is monitored through her Directorate Management Group, and Mr Archer added that the overall action plan was owned by the Dorset Local Safeguarding Board. It would come to the Quality and Patient Safety Group with any exception reporting going to the Quality Assurance Committee.

A&E performance - Mr Beesley updated that both he and Mr Sly are Directors of New Wave Integrated Care which provides GP services and is located in Bournemouth A&E Department. New Wave

Integrated Care is doing an excellent job but the service is not being commissioned by the CCG from July 2014 onwards.

AGM and Oscars - Mr Archer encouraged Board members to put people forward for awards, and highlighted there is a new unique award run to be run through i-matter recognising individual staff contribution.

The Board accepted the Report

041/13 **INTEGRATED QUALITY, FINANCE AND PERFORMANCE REPORT**

Ms Elson presented the main highlights from the Trust's integrated Quality, Finance and Performance Report including the Corporate Dashboard.

Mr Walsh was pleased that we are now getting a great deal more information in a user friendly way.

Quality

Mrs Fozard questioned whether 'complaints upheld' is a new indicator and should it be something that she and Mr Plumbridge examined as part of the complaints sampling they undertake for the Board. Ms Elson advised this was a Trust measure. Mr Sly agreed it should be built into the sampling. Ms Boland commented that 'complaints upheld' should not always be seen as negative, and more that a thorough investigation of a complaint can identify real lessons. Ms Elson said our first duty is to learn and be open.

Mr Beesley felt the score of 80.7% for Staff Friends and Family Test, and total respondents 57, equates to 1 in 5 not happy with the standard of care provided by this organisation. Mr Walsh agreed, and felt we want to be up to 90%. Where we have a low take up that is also a trigger to investigate.

Mr Walsh was pleased that we are making good progress, and the Dashboard is an effective and useful tool. He acknowledged the considerable amount of work undertaken by Ms Elson and her team and expressed his thanks.

Human Resources

Mr Walsh was pleased to note that sickness rates have reduced down to 4.39% which is a big fall very quickly and he wished to record his thanks to all involved in efforts to bring the rate down. Mr Chapman said that sickness absence rates have seen a cultural shift and the mechanisms that the HR Department have put in place to engage managers is a positive trend.

Ms Robinson said the rate of 4.39% compares relatively favourably

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with national levels and 4.5% LD Trusts and 5.6% Community Trusts, and clearly we will continue to invest in this area.

Mr Hague said it is important we create the right culture. We publicise and promote Whistle Blowing Policy and encourage an ethos of reporting. The introduction of a national help line where issues can be raised outside of the Trust is an additional mechanism for individuals to raise concerns.

Finance

Mr Jackson reported we have had to positively direct non recurrent income this year and taken a number of spending decisions as a consequence of CQC that impact on financial planning. He highlighted that the surplus was less than half this time last year.

The Board accepted the report and approved the Clinical Audit Programme for 2013/14.

042/13 LEADERSHIP DEVELOPMENT

Mr Hague presented this item and highlighted that an important area of the Trust Development Plan is investing in leadership development. He drew the Board's attention to the seven main strands of the Leadership Strategy.

Ms Robinson felt the Board should consider an eighth strand and look at Non Executive Development, and questioned what plans there are for this. Mr Hague advised that we had planned to invest in both whole Board and Director development and it is important we sustain that. It was agreed that Ms Robinson would take forward proposals to develop a programme for NED development through the HR and Workforce Committee.

HR/CLH

Mr Walsh questioned if some of the training programmes are mandatory. Mr Hague said the expectation is that managers will participate in the People Management events.

Mr Chapman said hopefully 'better and brighter people' will elect to take courses and the key thing is the generation of effective leaders going forward. Dr Mynors-Wallis said he welcomed the programme and recognised the importance of leadership and clinical leadership in terms of the Francis Report. However, he had two concerns; one he felt there was very little involvement in considering the needs of clinical staff, and this was not set out clearly. He saw consultants as key clinical leaders within teams. Secondly, although he understood that we need to deliver leadership, he felt we also needed to review how successful it had been and in further development there had to be a process that makes the consultant staff feel engaged. It was agreed that Dr Mynors-Wallis would take this forward with Mr Hague and Ms Jo Phillips, Head of Learning and Development.

LMW/CLH

The Board endorsed the Programme of Leadership Development.

043/13 **PROGRAMME OF PATIENT STORIES**

Ms Elson explained that the Trust was planning to introduce patient stories as a permanent feature at Board of Director meetings, which is a specific area mentioned in the Quality Governance Framework.

Mr Archer said it will be important to make sure the whole range of Trust services is represented.

The Board endorsed this approach and welcomed patient stories coming to meetings.

044/13 **TRUST DEVELOPMENT PLAN**

To note that Ms Robinson left the meeting at this stage.

Mr Sly presented the Development Plan which has been developed as a result of our internal assessment. This will be a standing item on the Board agenda. Following good discussion at Directors meeting yesterday, Mr Sly updated on the following areas:

Line 10 Development of Care Pathways - the first milestone is in place so the correct date should be May 2013, no Dec 2013. The proposal is for team by team pathways to be rolled out.

Line 14 Staffing – the outcome should read “*to provide nursing levels*”.
.. “.

Line 19 Provider Compliance Assessments (PCAs) – we have met the 50% target, and will meet 100% by the end of June. Mr Beesley questioned what the 50% completed PCAs are telling us. Ms Elson explained she had not had time to go through these in detail at this stage.

Mr Walsh said staffing issues comes through consistently and asked how the plans are progressing with the review of staffing. Mr Sly said this is underway and he is committed to bringing a report back to the July Board meeting.

PS

In concluding the discussion, Mr Walsh emphasised it would be important that the Board made sure we met these milestones.

045/13 **ANNUAL REORT ENGAGEMENT BETWEEN THE TRUST AND BOURNEMOUTH UNIVERSITY**

Mr Archer presented some of the highlights. He said there was a desire to formally extend our relationship with the University and Directors will shortly receive proposals to develop a Research Team.

Mr Walsh was pleased to see our continuing positive relationship with the University and he welcomed the concept of widening it to other areas, recognising this is an enormously valuable resource.

046/13 **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

Mr French updated that the first meeting of the Quality Assurance Committee in its new format was held on 30 April 2013. He felt it was a more focussed meeting and hopes it will go from strength to strength.

Mental Health Act Managers Quarterly Summary – Mr Jackson asked if three lapsed sections during the quarter was typical and was concerned this had not come to Board's attention. Mrs Fozard recognised it was quite high and will keep this closely under review.

Mr Archer queried the use of Section 136 suite at St Ann's Hospital and increased activity and do we find it easier to use. Mr Barton confirmed this, and said we have data to support this. He said a major issue for the police has been the amount of time waiting for assessments to take place, but this has been reduced significantly and we have an ongoing training programme with police to help them appropriately place individuals.

047/13 **CHARITABLE FUNDS COMMITTEE MINUTES 10 DECEMBER 2012**

Mr Jackson presented the minutes of the Charitable Funds Committee Minutes held on 10 December 2012.

There were no questions.

048/13 **BOARD OF DIRECTORS MEETING DATES 2013-2014**

Mr Walsh asked Board members to note the schedule of meeting dates and proposed locations, noting that we have reverted back to formal monthly meetings to make sure all issues are being addressed in a public way.

049/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

Mr Sly advised that the CQC had re-inspected Blandford Community Hospital, Tarrant Ward. Their impact judgement has decreased from Major to Moderate; however, they believe there is continued non compliance with regulations and further improvements are needed. Mr Sly said this was disappointing. A follow up meeting has been arranged with them on 4 June to understand what their process is and to develop a strategic action plan. He will bring this to the July Board meeting.

PS

In answer to a query, Mr Sly confirmed the same lead inspector was involved in the re-inspection visit.

050/13 **OBSERVATIONS FROM GOVERNORS**

There were no issues raised.

051/13 **ANY OTHER BUSINESS**

There was no other business reported.

The Chairman thanked Board members, and those Governors and members of the public for their attendance, and closed the meeting.

052/13 **DATE OF NEXT MEETING**

The next meeting will take place on Wednesday, 26 June 2013 commencing at 1:00pm at Merley House, Merley House Lane, Wimborne, Dorset BH21 3AA

Signed: Date:
Mr J Walsh, Chair