

Part I Minutes of the Dorset HealthCare University NHS Foundation Trust  
Board of Directors Meeting held on Wednesday 28 August 2013  
at Kingston Maurward College, Dorchester, DT2 8PY

<b>Present:</b>	Mr J Walsh	Chairman
	Mr M Beesley	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)
	Ms F Haughey	Interim Nurse Director
	Ms J Owens	Non-Executive Director
	Ms H Robinson	Non-Executive Director
	Mr P Sly	Chief Executive
<b>In Attendance:</b>	Mr J Barton	Director of Mental Health Services
	Ms L Boland	Director of Children & Young People's Services
	Ms J Chai	Associate Finance Director
	Dr D Cope	Associate Medical Director
	Ms V Graves	Director of Community Health Services
	Mr C Harvey	Trust Board Secretary (CH)
	Ms C Jeans	PA to Chair and Chief Executive
	Karen Sutton	Clinical Psychologist
<b>Governors &amp; Members of the Public:</b>	Ms B Aldridge	Trust Governor (Service User Group)
	Ms P Cooper	Trust Governor (Staff)
	Ms S Evans-Thomas	Trust Governor (Poole)
	Mr P Kelsall	Trust Governor (Staff)
	Ms L Morris	Trust Governor (Dorset)
	Ms P Scott	Lead Governor
<b>Apologies:</b>	Mr N Chapman	Non-Executive Director
	Mr R Jackson	Finance Director
	Dr L Mynors-Wallis	Medical Director

**Action**

093/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman welcomed members to the meeting, and those Governors and members of the public present.

The Chairman brought forward agenda item 5 and welcomed Karen Sutton, Clinical Psychologist, to the meeting

094/13 **PATIENT STORY**

Karen Sutton, Clinical Psychologist and Lead for Asperger's Service, explained the background of the specialist Community Adult Asperger Service (CAAS) which offers a wide range of services in providing a person-centred approach to adults who have a diagnosis of Asperger's Syndrome (AS).

She was pleased to present a story of one service user who was referred by a child psychologist caring for his daughter, and which illustrated the

different levels of input of someone engaging with the CAAS.

Ms Liz Morris, Trust Governor, commented on her experience as a mother of two autistic sons. She felt the general perception was that people think Asperger's is an easier diagnosis than autism but in reality it presents all sorts of issues and adults who have an AS diagnosis are normally aware how different they are. She mentioned the value of sensory integration service which has played a big part in helping her sons to live happily.

Ms Sutton recognised that Occupational Therapists can make a huge difference to people with AS, and she made sure to include them in the team of professionals when developing the CAAS four years ago.

Mr French questioned the role of a sensory integration specialist, and Ms Sutton clarified that they assess the type of sensory problems someone has and looks at which modalities are affected and then they prescribe certain activities to bring that person back to a central balance that we all generally have.

The Chairman thanked Ms Sutton for coming to talk to the Board today and presenting the patient story demonstrating how engagement with CAAS has made a real difference to someone's life.

095/13 **CHAIRMAN'S OPENING REMARKS**

The Chairman advised this was a meeting held in public, not a public meeting. He updated on the challenges of the last month, working to ensure that we address all the issues highlighted by the Care Quality Commission, the Deloitte's report and Monitor. Monitor is still considering if the actions we are undertaking are sufficient to address the issues highlighted.

Externally Sir Bruce Keogh, Medical Director, NHS England has produced his report around consistent, safe care in the NHS which Mr Walsh highlighted contained a great deal of useful information and recommendations.

Food in the NHS has been in the media recently and is clearly something we are always aware of. Mr Walsh was very proud to report that Swanage Hospitals Senior Cook, Claire Thompson, had recently won a 'Salon Culinaire' Award recognising high standards of food at the hospital.

Mr Walsh was also pleased to report that locally courses in Bournemouth and Poole over the past year for people with chronic lung conditions have been rated outstanding, and the success of the 'NHS Big Ask of Dementia' with training being rolled out across Dorset. These were some positive things to balance out the challenges which we currently are facing.

096/13 **APOLOGIES FOR ABSENCE**

The Chairman noted apologies from Dr Mynors-Wallis, Medical Director; Mr Jackson, Director of Finance and Mr Nick Chapman, Non Executive

Director.

097/13 **DECLARATIONS OF DIRECTOR'S INTEREST**

Board members noted the Declarations of Directors' Interests. Mr Sly updated that he is now a member of Dorset County Council which enables him to sit on the Health and Wellbeing Board, and he was also a Board member of the Shadow Academic Health Science Network and the schedule of Director's Interests should be amended to reflect this position.

CH

098/13 **MINUTES OF PREVIOUS MEETING**

The minutes of the meeting held on 31 July 013 were approved without alteration or amendment.

099/13 **MATTERS ARISING REPORT**

Mr Harvey reported on the status of the action log and progress against each item was noted. It was agreed that items 077/13, 078/13, 079/13, 082/13 were complete and could be closed.

In respect of 062/13 and 081/13 and the review of staffing levels being submitted to the September Board, Mr Walsh emphasised that this would need to be presented in a meaningful way so that Board members can take appropriate action and challenge to address the underlying issues.

PS

In respect of 069/13 Staff Induction, Mr Hague updated that a review of the induction arrangements was being done in consultation with stakeholders, including service users and carers, to make sure that we deliver our Vision and that staff receive core mandatory training as part of the arrangements. He hoped to present this for Board consideration in December.

CH

In respect of 082/13 Liverpool Care Pathway, Ms Graves advised that the End of Life Care Pathway Group met recently and the lead nurse and clinician have drafted guidelines for end of life care which will now go through the internal approval process. This has been developed along the same lines of LCP taking into consideration points raised nationally. She agreed to provide Ms Fozard with a copy of the guidelines which will be signed off internally and rolled out by mid-September.

In respect of 082/13 Agency Nurses in charge of shifts, Mr Barton advised that subsequent to last month's Board meeting he had used the flexibility in Agenda for Change to pay a temporary premium to staff. Apart from one exception, there were no agency nurses in charge of a shift.

**There were no further comments and the report was accepted.**

The following matters arising from the 28 August meeting were noted:

083/13 – Mrs Fozard referred to the discussion on complaints and questioned what was happening in terms of a management focus to address the increased number of complaints and deterioration in the quality of the responses. Ms Elson confirmed that an internal appointment has

been made for additional support. The individual was required to give two months notice so until they are in post temporary cover has been put in place. Also, Serious Adverse Incidents was now a separate process. She added that the Quality & Patient Safety Group meeting on 27 August discussed the delays in meeting response times and Mr Barton was making sure that all staff who receive a complaint understand their primary duty around acknowledging the letter and he was ensuring there were sufficient resources locally to investigate and to provide a timely response.

Ms Graves said she was looking at what can be done to support staff to improve the response rate for Friends and Family Test scores. Mr Walsh questioned when we would receive the result of this, and Ms Elson confirmed progress could be checked on the tracker document.

100/13 **BOARD QUALITY VISITS**

Mr Walsh explained that the recent CQC inspections have challenged us to consider the role of these visits and how we can improve them.

Ms Elson added that the proposal was to rename them 'Quality Visits' and ensuring that the strategic objectives are being delivered at team level. Mr Walsh appreciated that this was quite a departure from what we have had before and would be providing focus.

Ms Boland commented that in terms of the process and planning, we would need to give staff in individual areas sufficient notice of any visit. Ms Elson agreed, and the recently agreed Quality Strategy identified that we need make sure all staff know what the strategic priorities are.

Mr Walsh said that in arranging visits, we would need to be mindful of the alleged impact that too many visits had on Waterston and thus making sure to limit the number of visits to any one site.

Mr Barton added that we need to think about Mental Health Act visits and how they would fit in, and how best to use those visits. Mr Beesley agreed, and said talking to staff and the ability for them to share some of their concerns was important and he hoped that these visits were not be totally exclusive. Mr Walsh advised that these visits would be the minimum.

Mr Sly said the focus around visits was really important, and he was minded to minimise visits and focus on this as our main mechanism. One other thought he had was around Governor attendance on these visits and the Governor responsibility to assure themselves Non Executive Directors are carrying out their role. Mr Walsh asked Mr Harvey to add this on to a forthcoming Council of Governor agenda.

CH

101/13 **PCT ESTATES TRANSFER**

Ms Chai advised that in November and December 2012, the Trust Board and Council of Governors approved the transfer of estate subject to 4 caveats. All the caveats were met except for the final risk assessment from Monitor. She was therefore seeking Board approval to the request to

Monitor for a final risk assessment on the transaction noting one material change in the Trust's governance risk rating from Amber-green to Red.

Mr French did not think we could guarantee that we would get any profit if the properties were sold. Mr Beesley felt this was at best indicative, and agreed that we should not hold any store by getting a 50% share of profit in any future sale.

Mr Walsh questioned whether the £333k recurrent annual charge would be funded by the Clinical Commissioning Group (CCG). Ms Chai said at the moment they are indicating they want us to fund this as a cost pressure; however, this had not yet been escalated to Chief Executive level for final decision.

Ms Chai added that when contacting other NHS organisations, she learnt that their experiences to date had largely been unhappy, feeling that the process was ineffective. Mr Walsh questioned whether there were other organisations in the South West going down a similar route to us. Ms Chai said this was largely the case mainly because as at 1 April 2013, the Department of Health legal department was not entirely ready for the demise of the Primary Care Trusts so organisations are finding themselves taking on properties.

**The Board approved the request to Monitor for a final risk assessment on this transaction.**

#### 102/13 **PROPOSED QUALITY METRICS**

The Chairman explained that this builds on the work done as a result of our own internal findings recognising the changes in the Care Quality Commission's (CQC's) methodology of assessment of safe, effective, caring, responsive and well led services.

A lot of good work has gone into developing the quality metrics, and he was pleased that we were moving to these measures to see whether we are effective and it would be a useful way of tracking ourselves. Mr Beesley added that it was an evolving process and more metrics will be developed in the future.

Ms Boland felt that it might have been useful to capture Did Not Attend (DNA) rates as a key indicator of quality, as a high DNA rate in an area means people are not engaging with services and was an indicator we are getting something wrong. Ms Elson explained that the measure is around our responsiveness and we have added in waiting times for assessment and treatment.

#### 103/13 **CHIEF EXECUTIVE'S REPORT**

Mr Sly presented his report on internal activity as well as national issues relating to services provided by the Trust, and led discussion on the following key issues.

### Deloitte Report

A detailed action plan has been developed and a high level summary of key issues was attached as an Appendix to the report. He welcomed people's views on the proposals to change the sequencing of Board meetings, and whether it was felt these were acceptable.

Mr French said it was excellent idea, although he questioned why the meetings were all scheduled to take place at Trust HQ as he would prefer these were held elsewhere in the county to keep good visibility of the Trust. For Monitor quarterly reviews, he felt we may need to consider extra meetings to discuss these. Mr Beesley had an opposing view and would prefer that we were shortening the timescale between action and accountability. He felt that this was very much about the management discipline and having the right processes in place so felt we need to be slimming down the process and tightening disciplines. In moving to an electronic based system, he said he would be very happy to receive the Board papers on the Thursday before a Board meeting on the following Wednesday. Mr Sly said he would take the challenge away and look at how we can improve and streamline the processes and map the flow of information. He agreed to circulate the assessment to Board members for their review and comment before the next Board meeting.

**PS**

Ms Robinson shared Mr Beesley's concern, and said it was important that the Committees have the opportunity for detailed scrutiny and review of issues outside of the Board and she felt the timing proposed would allow that. Mr Walsh requested that this was fed back into the assessment.

### Executive Director of Nursing & Quality

Mr Sly was delighted to report that Paul Lumsdon had been able to secure an early release from his present post and would be joining the Trust on 30 September. Ms Robinson was pleased that he was able to start earlier than planned with the Trust and asked that he meets with all Non Executive Directors as part of his induction process. Mr Sly said he would make sure that this happened.

**PS**

### CQC Registration

The Board approved the notification to the CQC of the change in the Trust's registered address.

### Annual Plan Tracker

Mr Sly explained this was the first time this was being presented to the Board and was a starting point recognising that there were a number of areas to be confirmed. Mr Walsh said it would be helpful to receive the updated areas and asked that this was circulated to the Board.

Ms Elson highlighted that Priority 3 on the tracker relating to the Quality Strategy (ref 3.1 and 3.2) refers to initial discussions having been commenced between COO and Consultant Psychiatrist. Mr Sly confirmed that this was an error and has since been amended. He said that this illustrated his point where the senior management team have not had time to properly scrutinise.

Mr Walsh was concerned to see so many HR issues rated amber which stood out as an area of concern and asked that this was given close attention to address any issues.

Ms Owens said there was an issue with the Human Resources (HR) Workforce and Development Committee only meeting quarterly and she felt this needed to be reviewed. Mr Walsh said it would be up to the Chair of that Committee to change the frequency of meetings. Ms Elson advised that as HR issues were raised as a significant risk of quality, she has invited Mr Hague to attend the Quality Assurance Committee to address these problems.

#### Trust's Development Plan

Mr Walsh emphasised that this was an issue that we are extremely concerned about as a Board. He was disappointed to see some quality areas, e.g. numbers 30, 31 and 32 were clearly out of date referring to the June Board. Mr Sly said this was largely due to being caught between three processes and assured the Chairman that these areas have now been picked up. He added that this report is being combined with the Deloitte's Action Plan into one integrated report for the September Board meeting. Also, from 2 September, we would have in place dedicated project support to help us achieve this. Mr Walsh said that where we have actions these needed to be Specific, Measurable, Attainable, Realistic, Time Limited (SMART) actions and he specifically drew attention to ref 45 which would be better to say "to roll out effectively the staff Vision test".

Ms Robinson added that how we evidence that they been actioned was crucial and the actions would stay until the Board were happy they had been addressed.

Mr Beesley said he was looking for assurance that the executive team were confident that these actions would be completed in the time stated and he said he would expect any doubt to be shared with the Board. Mrs Fozard completely agreed with this comment. Mr Sly said he was very clear that if any indicators were slipping he would proactively brief the Board. He confirmed that this was being discussed in detail at weekly executive meetings, and shared monthly with the Board and Monitor.

Mr Sly updated following the visit to Monitor at the beginning of the month. Monitor has since written to us saying they are still concerned about the Trust and are considering escalating an enforcement notice against us. We have sent representations to Monitor asking them to rethink their position and are awaiting their response.

Mr Walsh reiterated Mr Beesley's point that where there are any concerns about any issues or services or threats to the Trust this needs to come to the Board so we are aware of it. Mr Sly said as per the Board Escalation Framework which was signed off, he was very happy to do that and when we have an integrated Trust Development Plan he would bring to the front of his Chief Executive report any issues he was concerned about.

Mr Walsh said he was pleased to note the significant changes made to the report this month and said it was excellent that the Board were now receiving a lot more clarity and an overview of the quality of service and performance at Directorate level reporting by exceptions. He extended his gratitude to Ms Elson and her team for the work done to develop the report.

## Quality

Ms Fozard referred to the Patient Experience Measures and said she was really concerned about the slippage in complaints in terms of increased numbers specifically that 71% of the ongoing complaints were outside of the timescales for responding. She felt this was unacceptable and the very least we can do is to respond to a written complaint in a timely fashion. She asked when we could expect to see these showing as green indicators.

Ms Elson explained that the Directorates were responsible for investigating and drafting responses. Ms Fozard was aware of this and had noted the variances between Directorates. Mr Walsh emphasised that this has been raised nationally as a key issue and as an organisation we need to make sure we take complaints seriously and learn from them.

Ms Elson recognised that we have been seeing a high number of complaints within the Mental Health Directorate over past few months predominantly relating to Prison Services. Mr Barton advised that his Directorate have revisited and recentralised the process to make sure timescales are being met. Mr Walsh said it was important the Board understand the changing nature of complaints and asked that Mr Barton produce a note highlighting the change of complaints, the keys messages and trends. Ms Elson agreed that she would do this.

JE

Ms Haughey added that in terms of responding to complaints within Children and Families Services, they have recently instigated a new system so that as soon as any complaint is received, a meeting is convened within a week to carry out a 'lessons learnt' session directly with staff and already this has resulted in a positive change which she would be happy to share with other Directorates. Ms Fozard questioned if the lessons learnt session had resulted in a drop of complaints and Ms Haughey responded that it was too soon to evaluate, but they were seeing a more rapid response rate. Ms Boland added that linked to this she was working to improve the quality of response as well as reducing number of complaints and trying to get staff more engaged with investigating complaints. Ms Fozard said the sampling group have noted there is no uniformity of quality and felt there was a lot of work that needed to be done in this area.

Ms Graves recognised there had been a decrease in acknowledgements, and she had also revisited the process so that immediately a complaint is received it is responded to. Mr French reminded that every complaint is a chance to get better and improve what we do. Mr Sly fully appreciated that the position needs to improve, and asked for the Board's forbearance for a further two months to allow time for all the changes to go through. In the meantime reporting at Directorate levels would be added for future reports.

## **Human Resources**

Ms Owens referred to the Human Resources Exceptions Report and in particular concerns about the vacancy rate of 10.23%. She was unsure whether this re-calculation would help and preferred that we hold onto the overall vacancy factor until a person was in post. Mr French agreed that the old system was able to tell us the total vacancy. Mr Hague proposed that the HR Workforce and Development Committee undertake a piece of work to analyse what we actually have vacant. Mr Walsh felt in addressing the issue of vacancies this should also include the availability on the website. He was aware there were about 40 vacancies currently showing but believed there were a number of positions that are constantly required in the Trust and these should be visible on the website as people looking for jobs will look on our website. Ms Boland added that we were often advertising for multiple vacancies within a particular grade. Mr Walsh said if that were the case we need to make sure that was absolutely clear on the website. Mr Hague explained there were always a large number of jobs in the pipeline and a number of applications being processed highlighting that in the last quarter there were 480 jobs advertised. He added that advertising was one element of a much longer recruitment process and whilst we seek to recruit permanent appointments we will be making other cover arrangements.

Mr Beesley said that how quickly we can get a person into a job was critical and believed we should be looking at innovative methods of reducing 'Time to Hire'. Mr Hague agreed, and advised that we are working to increase the size of the bank to provide additional capacity and HR Workforce and Development Committee are looking at reducing Time to Hire'.

Mr French said it was disappointing to see the appraisals red-rated threshold, and improvements in sickness levels tapering off. Mr Hague recognised that there was particular pressure at the moment and postholders have been engaged to specifically support high level absence.

Ms Owens noted that there were four significant internal events of an agency nurse in charge of shift on Springbourne ward. Mr Barton had explained what actions have been taken but she felt it was important to record that it had been raised in the Board and a note of what actions are being taken. Mr Barton advised that this related to July data; staff have been flexible in covering extra shifts and we have clarified the position with the ward manager that it was reported as soon as it happened.

Mr Walsh raised the issue of Provider Compliance Assessments (PCAs) and our progress towards meeting 100% compliance within six months. He felt this was a significant challenge and we would need to have clear targets and an action plan for those not PCA compliant. The Board would need to know plans are in place to move us towards 100% as quickly as possible. Mr Beesley agreed, and said the Board would need to be assured the self assessments are being done properly with rigorous targets. Ms Elson replied that in terms of what has been agreed in the Quality Strategy, trajectories can be put into this format. Mr Barton added that the rigour comes from being stringent with realistic expectations and

we need to be working through with professional leads how best we manage those processes. Mr Walsh asked whether we could correlate PCAs with the question “would you recommend your service to friends and family” on a quarterly basis.

Ms Boland suggested that some of the better quality PCAs are shared amongst Directorates. Ms Haughey felt linked to this was a systematic piece of work around quality assurance across teams enabling Directorates to understand what a good PCA looks like with evidence supporting it. Mr Walsh said he was very mindful of huge amount of work that goes into PCAs and wished to records his thanks for Service Directors being committed to openness and transparency.

105/13 **BRIEFING PAPERS FROM BOARD COMMITTEE MEETINGS**

Audit Committee Meeting – no meeting.

Quality Assurance Committee – Mr French updated following the meeting held on 6 August 2013. The Committee received a number of reports and were concerned that there was a recurring and consistent theme around a range of quality metrics pointing to issues within the Mental Health Directorate. These were subsequently raised with the Chairman and Chief Executive regarding the risks to quality posed by these reports.

Mr Barton advised that since that date robust plans have been put in place around staffing issues and falls and pressure ulcer risk assessments and he would expect to see a significant improvement in both indicators next month. In view of the serious concerns raised, Mr Beesley said it was important we do not lose sight of this as a Board. Mr Barton assured Board members that he expected this to be resolved this month and that was the target and challenge set for staff. He expected to be able to verbally report at the next meeting that the September results were significantly improved.

Mr Walsh referred to the Quality, Effectiveness and Safety Trigger Tool (QuESTT) which showed Chalbury scoring ‘red’ and questioned how quickly we could drive improvement. Mr Barton said Chalbury was improving but there are particular challenges relating to vacancies which were detailed in the Quality report. He added that refurbishment work will help to improve the ward and we are looking to improve some of the environmental changes together with the new ward manager. Mr Walsh said it was important to have the same rigour and urgency as Waterston to address Chalbury issues.

Ms Owens recognised that she had previously shared her concerns around Chalbury, but she was anxious to know what was being planned for this group of patients and staff. Mr Barton explained we have a clear plan with commissioners to see a reduction in dementia beds and our medium to long term plan is to increase the intermediate care team. However, any changes to beds will require public consultation. In terms of Betty Highwood, and following a reassessment of the position, we were going to have to stay within one ward for a while longer. Dr Cope added that we have much safer staffing levels on the unit with improved medical cover

and leadership compared to what had existed in the past with two separate units.

Ms Owens said she was also uncertain about direction of travel for mental health services and has arranged a meeting with Mr Barton to better understand the strategic direction and rationale particularly around the separation of patients with mental health problems from patients with physical problems

Mr Walsh said it was a valid challenge to question whether this was the right thing to do with the speed of travel and at the same time maintaining safety. Dr Cope fully agreed but highlighted that the part of dementia that becomes a mental health problem is a small subset of someone's journey. The majority of patients can be managed within community hospital wards but those who warrant specialist care have very severe challenging behaviour. As the population of dementia increases we have to look at creative ways of integrating whole services in the community. Mr Sly agreed that the type of people coming through to our dementia services are very unwell and need dedicated skills and are very different from patients with dementia in community hospitals. The Board chose dementia as one of our strategies and we want to be the provider of choice. He would be working with Mr Barton on a detailed review of Chalbury and suggested that the Board would benefit from a workshop session around our vision of integrated care and direction of travel.

In concluding the discussion, Mr Walsh urged the executive team to take away the Board's concerns about Chalbury and real desire to talk through the issue and speed of integration and how we manage where we are now with the reputation of the Trust.

HR & Workforce Development Committee - no update.

Mental Health Act Managers Meeting – Mrs Fozard presented the brief overview and highlighted that the actual data from the quarterly report is dealt with at Appendix J, not Appendix O.

106/13 **APPROVED MINUTES FROM BOARD COMMITTEE MEETING**

The Board received and noted the approved minutes of the Quality Assurance Committee held on 12 June 2013, and the Mental Health Act Managers Committee held on 29 April 2013.

107/13 **INFECTION PREVENTION & CONTROL ANNUAL REPORT 2013/2013**

Ms Haughey presented the Annual Report which documents Trust performance against key performance indicators and quality markets for Infection Control standards. She was pleased to report that we have achieved our targets for the last year.

Mr Walsh said this was a very comprehensive report and particularly wanted to thank Gill Payne, Lead Nurse for Infection Prevention and Control as it gives assurance to the Board that best practice was being

followed. Ms Owens agreed, and wanted to congratulate the team who have worked really hard to achieve such good outcomes for patients.

108/13 **INFECTION PREVENTION AND CONTROL ASSURANCE FRAMEWORK 2013/14**

Ms Haughey explained this was a continuation of the work being progressed to date. We are on track to achieve the Framework for the current year and any exceptions would be reported. The expectation was that the Board would receive the Annual Report so they can be assured by evidence. Mr Beesley questioned how we make sure we keep up to date with best practice. Ms Haughey said there was an excellent team in this area linking with leads in other areas. She added that the Decontamination Lead would be Paul Lumsdon.

107/13 **TO RECEIVE THE PART 1 FORWARD AGENDA PLANNER**

Mr Harvey presented the rolling forward planned which will be received by the Board each month for a forward looking view. Mr French advised that the Quality Assurance Committee meets monthly so more approved minutes would be received than those flagged at the moment.

108/13 **SIGNIFICANT ISSUES FROM DIRECTORS**

Ms Boland updated on the Southampton Steps to Wellbeing contract which was due to expire on 31 March 2014. A tender process was underway, and the Trust has been shortlisted following Pre-Qualifying Questionnaire and a detailed Invitation to Tender was being submitted on Tuesday, 3 September. She alerted the Board to the risks for the Trust in light of our current Monitor rating and said she would doing her best to secure the contract.

Mr Sly updated on two extra groups that have been set up as a result of the Deloitte's Review. A weekly Executive Taskforce meeting and a Non Executive led Oversight Group which would meet fortnightly.

109/13 **OBSERVATIONS FROM GOVERNORS**

The Chairman thanked the Governors for attending the meeting and invited questions to Board members.

Ms Aldridge questioned whether the Non Executives had had the opportunity to get involved in the development of the Deloitte's action plan. Mr Walsh advised that an Away Day had already been held and the Non Executive Directors were able to give a great deal of input into the Deloitte's Action. He added that this would now be merged with the Trust Development Plan.

Ms Evans-Thomas asked for assurance that the staff on Betty Highwood and Chalbury wards were being kept fully informed about what is happening, and Mr Barton advised that he had personally visited the units and attended staff meetings and would be revisiting in September to

provide an update for staff.

Ms Cooper questioned whether there was any merit for the organisation in having a nutrition target tied into the Infection Prevention & Control Framework. Ms Haughey said a meeting was planned with the CCG around a nutritional strategy so at that time they could consider which area this best sits in. Mr Walsh confirmed the intention in principal was to do this.

Ms Scott questioned whether Governors would receive further detail about the weekly taskforce meetings, and Mr Sly explained that these meetings were for Directors only and said that the four specific recommendations in the plan aligned to the Governors would of course be signed off by the Council.

Mr Kelsall suggested that the weekly 'Jobs Bulletin' email was reinstated and sent to all staff so they are aware of all jobs currently available. Ms Evans-Thomas supported this proposal, and Mr Hague agreed to make sure this was put in place with immediate effect.

CLH

108/13 **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.

109/13 **DATE OF NEXT MEETING**

The next Formal Board Meeting will be held on Wednesday 25 September 2013, 1:00pm at Sentinel House, Poole, Dorset BH17 0RB.

Signed: ..... Date: .....  
Mr J Walsh, Chair