

## Minutes of a Meeting of the AWP NHS Trust Board of Directors

Held on 30<sup>th</sup> July at 10.00am in Conference Rooms A & B at Callington Road Hospital.

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Susan Thompson – Non-Executive Director	Kristin Dominy – Executive Director of Operations
Peaches Golding – Non-Executive Director	Sue Hall – Executive Director of Resources
Ruth Brunt – Non-Executive Director	Alan Metherall – Acting Director of Nursing

### Associate Members in attendance

Emma Roberts - Director of Corporate Affairs and Company Secretary

### Staff In attendance

Ray Chalmers – Head of Communications	Louise Hussey – Assistant Company Secretary
Jo Collins – PALS Manager	
Alison Devereux-Pearce – Governance Support Officer	

### Members of the Public representing other organisations

Kathy Headdon – North Somerset Clinical Commissioning Group  
Melanie Watson – KPMG

### CLINICAL PRESENTATION – Crisis Concordat

1. Dr Sarah Oke reported to the Board on the Crisis Concordat and her work as clinical lead in crisis care with the **Strategic Clinical Network (SCN)** South West.
2. She underlined that the principals of the concordat are parity of esteem and a predictable and appropriate response to mental health crises.
3. Specific issues for the Trust in relation to this were noted as lack of Section 136 in a hospital place of safety, access to beds, speedy response to Section 136 needs, access to crisis services 24 hours a day and 7 days a week together with self or carer referral and transport by ambulance rather than a police vehicle.
4. Issues specific to Bristol over and above these are the significant increase in S136 requirements, access to crisis services in drug and alcohol services and speedy access to approved mental health professionals.
5. The Board noted that two collaboration conferences have taken place this year which have looked at themes around police training and triage. A conference in October will have presentations from Dial House Crisis Sanctuary and the British Transport project together with a roundup of progress on crisis concordats across

the region.

6. Guidelines for **commissioners** are being prepared alongside the crisis concordat. Alan Metherall also confirmed that commissioners have received a presentation on the crisis concordat and are considering how to take this forward.
7. Susan Thompson noted that a presentation to the Quality and Standards Committee had underlined that there is clear variability across the organisation regarding the **delivery of crisis services** and asked for a suggestion, from a clinical perspective, on how the Trust should take this forward. Sarah Oke suggested that the Board should lead on this by attending related meetings  
**ACTION – SO to share information on meetings**
8. Ruth Brunt underlined that she is unclear about the **care model** for urgent and crisis care that the Board should promote. It was confirmed that the Home Treatment Accreditation Scheme (HTAS) standards inform the clinical model.
9. The commissioning of good crisis care services was reiterated as critical, particularly in addressing variable demographics. Peaches Golding questioned how the Trust might influence this. Sarah Oke responded that the voices of **users and carers** are critical in this process.
10. It was suggested that a conference involving service users and carers together with clinical commissioning groups and other agencies to launch the Trust's crisis concordat would be helpful. It was agreed that this was a compelling suggestion in bringing people together to better understand how the Trust might provide an improved service. It was also agreed that this should tie in with the Good Practice Network.
11. Iain Tulley thanked Sarah Oke for her presentation and her work in the South West SCN. He suggested that examples of best practice in the country would be helpful as a template for the Trust to work towards.
12. It was **agreed** that a conference should be organised to identify the standards which the Trust should be setting to be enforced through the **Good Practice Network** and that this would be helpful in developing high quality rural and urban services to be established over the next 2 – 3 years.
13. It was agreed that an executive paper should go to the Quality and Standards Committee committing to this conference and that this Committee would monitor progress against actions related to this in future. **ACTION – KD/Q&S.**

#### BD/14/099 - Apologies

1. Apologies were received and accepted from Lee O'Bryan – Non-Executive Director, Anthony McNiff – Non-Executive Director, Graham Coxell – Associate Non-Executive Director, Hayley Richards – Medical Director and Rachel Clark – Programme Director for Development.

#### BD/14/099 - Declaration Of Members' Interests

1. In accordance with AWP Standing Orders (s7.1) members present were asked to declare any conflicts of interest with items on the Board meeting agenda. No interests were declared.

BD/14/100 - Questions From Members Of The Public

1. There were none.

BD/14/101 – Minutes Of The Previous Meeting

1. *Presentation – paragraph 9* - It was questioned whether the Chief Executive's undertaking to take on board the concern expressed that front line staff treat families and complainants with compassion and respect should have a direct action associated with it.
2. Iain Tulley confirmed that some specific actions have been put in place associated with this issue and together with the Medical Director he has been discussing the training of investigators in relation to this together with wider attitudes. The Head of Learning and Development also has this in her sights with regard to the training and development of all staff.
3. *BD/14/067* – the second question should read '*Service users would like to know when they put things in writing ....*'
4. With this amendment and clarification the minutes were **agreed** as an accurate record.

BD/14/102 – Matters Arising

1. The Board considered the Board Schedule of Matters Arising and resolved to note progress and remove those items marked as complete.

BD/14/103 – Chair And Chief Executive's Actions

1. There were none to report.

BD/14/104 Chair's Report

1. The Board received a verbal update from the Chair for the period since the last Board meeting.
2. Tony reported that he has recently attended a **Wiltshire members annual event** which had a good attendance and user friendly interactive workshops. He noted that this event had demonstrated the positive impact of involvement workers.
3. He also recently took part in a **Mental Health Act** training day which had included the involvement of an external legal advisor to provide further insight.
4. Tony sat on three interview panels for **consultant psychiatrists** which have resulted in the appointment of three good candidates. He stressed the excellent quality of the candidates interviewed which he felt had also demonstrated the good cadre of internal AWP-trained people emerging. Tony attributed this to the quality of medical education in the organisation.
5. Conversations with the NHS **Trust Development Authority** have taken place on a variety of issues including the Foundation Trust process. Tony noted that they are positive and confident in their support of this process.
6. A Quality Improvement visit to the Longfox Unit picked up some concerns around staffing in a small team related to the implications of **disciplinary and long term**

**sickness absence.** Susan Thompson noted that she had had similar feedback from a visit to another small team. Tony stated that it had been reported that the change of provider for Occupational Health services was proving to be constructive but that there was a need for a swifter disciplinary process.

7. The Board received an amended protocol for *Public attendance and questions at Board meetings* for its approval. The Board resolved to **APPROVE** this.

#### BD/14/105 Chief Executive's Report

1. The Chief Executive presented his regular report on matters of national and local interest, raising key points in his summary for the Board.
2. Iain reported on the recent meetings that he has attended together with a visit to the new Southmead Hospital with the Chief Executive of the NHS to the Trust's **STEPS Eating Disorder Unit** and the **S136 Place of Safety Suite**.
3. Iain noted the work of the **New Horizon Mother and Baby Centre in Bristol** and the quality of the service it provides particularly as recent research by the Maternal Mental Health Alliance has highlighted the patchy quality of care and lack of access to services across the country for women who suffer mental health problems linked to having a baby.
4. Delays in the production of the report from the CQC Chief Inspector of Hospitals Inspection have resulted in the postponement of the **Quality Summit** to 10<sup>th</sup> September.
5. The significant work being undertaken across the Trust to implement the key recommendations from the **Francis Report** was reported.
6. Iain noted the recent review of the **Information for Quality (IQ) system** which has resulted in a number of improvements to be made in the autumn which will fit better with categorisations used by the CQC.
7. Iain reiterated that the Equality and Diversity annual plan which is due to be considered elsewhere on the agenda represents a baseline position and the Trust must address how it stretches itself.
8. Iain updated the Board on initial findings of the first **staff friends and family survey**. He confirmed that detailed results together with an action plan will follow at a future meeting. It was welcomed that early themes indicate that staff believe that the Trust is heading in the right direction.
9. **Trust cost pressures** related to safer staffing and the Bristol tender implementation were noted with the assurance that additional savings plans are being developed to address these. Susan Thompson asked about the suggested end of block contracts and Trust plans to address this. Sue Hall confirmed that a consultation is out for consideration currently and that the Trust is already working towards the likely direction of travel. Susan noted that it would be helpful for the Board to have sight of these developments in relation to care clustering and issues around competitive advantage. **ACTION - SH**
10. The Trust's first conference for **team leaders and ward managers** produced positive feedback from managers about their experience of working in AWP and leading teams. A conference for Band 8 operational managers is now planned

with the intention of developing managers at every level.

11. Ruth Brunt welcomed the focus on the development of Band 7 and Band 8 leaders as she identified that there have been incidences where principles agreed by the Board do not appear to have translated to this level of the organisation.
12. Two successful **Recovery and Wellbeing** festivals have taken place in both Bath and Bristol with input from AWP Drug and Alcohol Services in these localities. Susan Thompson underlined that the importance of these festivals should not be understated.
13. The team of the month, as voted at the Quality Huddle, was named as the **STEPS** eating disorders team, Bristol. This reflected its national recognition, effectiveness and standards provided by nationally recognised practitioners. Iain particularly identified its strong leadership under **Angie Jakubowska** and thanked her for her work particularly in light of her impending retirement as Team Leader.
14. Iain congratulated the Director of Resources, Sue Hall, who was the 3<sup>rd</sup> placed lady in the recent 5 mile National Lottery Anniversary Games at the Olympic Park in London.
15. The Board resolved to **note** this report.
16. The Board resolved to **note** the NHS England Quality Assurance Framework for Responsible Officer and Revalidation.

#### BD/14/106 Trust-wide Risk Register

1. The Board received the Trust-wide risk register for review and challenge.
2. Executive Risk Registers have been reviewed by Executive Directors and the meeting of the Executive team on 15 July 2014.
3. The Board noted the **risk matrix** which illustrated the distribution of Trust risks.
4. Two new risks, TW3 and TW4 have been identified and captured in July.
5. It was agreed that the **detailed risk review** for the September Board should be on IBP 16 *Failure to create and maintain relationships and partners which leads to poor reputation*. **ACTION – HD/SH**
6. Ruth Brunt expressed some concern at the static nature of the risk register and that there appears to be some delay in actions taken getting risks to the target score. It was suggested that it would be useful for the Board to look more closely at this process at a future meeting. **ACTION - ER**
7. Tony Gallagher reported a further concern at the score of 25 for TW1 both in terms of the accuracy of the score itself or, if this reflects the true situation, the seriousness of the position. He also noted his concern that this risk was not mitigated.
8. Iain Tulley acknowledged that the risk process could be more clear and dynamic. In terms of TW1 and the risk score of 25, he noted that this is a fair reflection of the current situation regarding the environment on Sycamore Ward and that it is possible that in this environment the risk cannot be mitigated.
9. Tony Gallagher requested that the Board debate in more detail any risk of 25 in

future. **ACTION - ER**

10. The Board resolved to **approve** that the September Board receive a detailed risk review of IBP 16.
11. The Board resolved to **note** this report.

#### BD/14/107 Trust response to the Francis Report

1. The Board received an update describing progress against **key recommendations** from the Francis Report.
2. The Board noted the planned actions for the Trust over the next 12 months.
3. Ruth Brunt observed that she was impressed how a number of business units are taking on board the changes prompted by this report. She felt that this is good evidence of the extent to which people on the front line are taking these recommendations seriously.
4. It was questioned whether there are **themes** emerging from other Trusts engaged in a similar exercise and that the collective learning from this would be significant.
5. Susan Thompson noted that she would like to see more efforts around **duty of candour** and that she would have expected to see evidence of some initiatives to implement this within the organisation. She reiterated that as an open and transparent organisation a trust-wide approach to this should be evident.
6. It was suggested that this should be included in work by the Learning and Development Team on staff attitudes and that the Board should model this behaviour in order to demonstrate its openness to receiving feedback.
7. Tony Gallagher confirmed that he would not see this as inhibiting Non-Executive Directors in their role of challenging and seeking assurance from the executive.
8. The Board resolved to **note** this report.

#### BD/14/108 Quality and Performance Report

1. The Board received a report on the Trust's M3 performance against each **quality domain** and the M3 **Monitor Compliance** risk scores.
2. The overall response rate for the **Friends and Family** test were reported as continuing to be positive with improvements in response rates for both inpatient and community services. The Trust has agreed an improvement target as part of the national FFT CQUIN to increase rates of response for community based services. The Trust is currently on track to deliver this.
3. Positive results continue for both **CQC Compliance and Records Management** with on-going work to improve levels of compliance across the Trust.
4. Governance and financial risk scores are at 0. It was noted that two indicators in the governance section are at amber. These are **gate keeping of admissions** and **delayed transfers of care (DTC)**.
5. A high number of admissions in **Wiltshire** are not gate kept by the Intensive service. All cases have been investigated and actions are in place to resolve this.

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There are no significant concern in other areas.

6. Wiltshire is acknowledged as a significant area of concern, although some movement has been seen in June 2014 with the Local Authority agreeing placements for 8 service users. However, as the care provision in Wiltshire is insufficient to meet demand, this is an ongoing issue in a difficult landscape. The Trust continues to meet with all partner organisations to agree placements.
7. Susan Thompson noted that the Quality and Standards Committee had received a report on DTOC where the response to addressing the Wiltshire figures was centred on the requirement for commissioner support. She asked whether there would come a point where the Trust would resort to commissioning beds in order to move people along the care pathway. Iain Tulley confirmed that these conversations have been had with commissioners but there is a question of the level of dependency that can be supported in the enhanced care that has been introduced into some beds.
8. It was underlined that these are interim solutions and that Localities have been asked to speak with Local Authorities to agree escalation processes. It was confirmed that the Trust is confident that it is on target in addressing any delays in its own processes.
9. There are significant waits for referral to assessment for **memory services** in Bristol and Swindon with some challenges in moving this forward. A briefing paper on this issue will be presented to a meeting of the Finance and Planning Committee.
10. A dip in performance for **supervision** will be addressed by appropriate management responses when this fluctuation is better understood. A paper on **Bank staff supervision, appraisal and training** has been requested for the Operations Senior Management Team (Ops SMT) in order to put in place more rigorous controls.
11. It was noted that work is underway to validate planned levels of staff for each ward including analysis of any gap between the funded establishment and that required to deliver staffing levels agreed in the **safer staffing** plan. A report on the findings will be received by the Board.
12. Tony Gallagher questioned the triangulation of the satisfactory submission of data on staffing levels to NHS England against CQC concerns. He also asked about the financial implications for the budget of delivering the safer staffing plan. It was noted that the Trust is working through this process and it was reiterated that the format for reporting to NHS England is not helpful in understanding the actual staff on shift. It has been proposed that the Trust report in a different more useful format.
13. **Areas of greatest focus**, as identified through the quality triangulation process were noted
14. The Board resolved to **NOTE** this report.

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BD/14/109 Audited Trust Annual Report and Accounts

1. The Board received the Trust Audited Annual Report and Accounts for information.
2. It was noted that a summary version is also available. It was suggested that, since this is also quite lengthy, an easy read version in plain English should also be available. It was confirmed that it is planned that this will be case for the Trust AGM and Locality events and that this version will also be accessible on the Trust website. **ACTION - ER**
3. Tony Gallagher reiterated the lessons learned through the recent audited accounts process.
4. The Board resolved to **NOTE** the report and accounts.

BD/14/110 Finance Report

1. The Board received its regular report on the **financial position** in month (Month 3).
2. The financial position is shown as slightly ahead of plan in Month 3. This relates to held vacancies.
3. **Cost pressures** have been identified in some Localities relating to additional staffing. Further savings plans are being developed to address these. All Localities are working to ensure that the Trust has early sight of cost pressures.
4. The Trust is confident it will hit its **surplus** position at year end.
5. The **cash position** is slightly down against plan in month but the forecast outturn remains unchanged.
6. Following the recent Chief Inspectors of Hospital inspection some recommendations have been made which may require capital or revenue expenditure to be found in year. In line with this the Investment Planning Group have reviewed the current proposed **capital programme** and have made a number of changes around the timing and scope of projects.
7. The **Trust Cost Improvement Plans (CIPs)** are slightly ahead of plan as a number of savings schemes are back ended. The Trust is ensuring that quality impact assessments (QIA) are in place to ensure that there is no slippage.
8. The risk associated with the **vacancy position** was highlighted. Sue Hall confirmed that there are weekly meetings with Localities to ensure that actions are on track and also that a number of vacancies are related to **service redesign**. It was confirmed that this has been discussed at the Finance and Planning Committee and that the Chair of this committee is keen that the distinction between staff savings and CIP is clear.
9. Ruth Brunt noted her concern that a large number of CIPs are back ended and that her experience is that there will be some slippage. She asked about assurance to the Board that there is confidence that these will be delivered. It was confirmed that the Finance and Planning Committee is providing this due diligence and that a 6 monthly report to the Board could provide further Board assurance. **ACTION - SH**

10. Susan Thompson asked about the risk associated with unexpected costs related to the outcome of the tender process in Bristol. It was confirmed that the Finance and Planning Committee is also sighted on this.
11. The pie chart at 5.1 on comparative staff numbers was commended as helpful but it was suggested that a further chart to capture the projected position following redesign would be useful. **ACTION - SH**
12. Tony Gallagher asked that the final chart in the report on comparative *FTE by Pay grade* should include an elaboration on 'other'. **ACTION - SH**
13. The Board resolved to **APPROVE**:
  - the capital bids for mattress replacement at Amblescroft and the replacement of an arjo bath at Ward 4.
9. It was queried whether capital bids at this level should be agreed for approval elsewhere. It was agreed that this position would be clarified. **ACTION - SH**
10. The Board resolved to **NOTE** this report.

#### BD/14/111 Review of performance against Annual Objectives

1. The Board received a report which provided it with an update on achievement to date of the Trust's Annual Objectives aligned with the five **Strategic Priorities**.
2. It was confirmed that all objectives are delivering as planned.
3. It was also confirmed that the Board will receive updates on the position from Executive leads on a quarterly basis.
4. It was acknowledged that the establishment of the **Quality Academy** together with Heads of Profession and Practice (HOPP) leadership has not yet progressed as intended. Work is in hand to address this. It was noted that there is a requirement to redefine expectations and that the key intentions associated with this are off track.
5. Tony Gallagher asked if the objective to achieve a 20% reduction in **restrictive practices** is measurable. It was noted that a wider problem is a national definition and a figure for last year to measure against. The Trust is working with NHS England to agree a consistent method of reporting. Iain Tulley suggested that the Trust could establish its own definition and measure and monitor against a target set against this. It was reiterated that it is important that real changes in practice are measured and not merely changes in how these are counted.

#### BD/14/112 Committee Chairs' reports

#### Employee Strategy and Engagement Committee (ESEC)

1. The Board received an update on the business of the Employee Strategy and Engagement Committee meeting on 30<sup>th</sup> June 2014 from the Committee Chair, Ruth Brunt.
2. The meeting was held at Fountain Way in Salisbury and was attended by the Locality Managing Director. Difficulties **recruiting in Wiltshire** were highlighted

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together with CQC concerns about staffing levels. It was agreed that more innovative solutions to ensure agreed staffing levels may be required.

3. **IQ performance indicators** were reviewed and a stretch target of 90% for appraisals was agreed.
4. The future strategy for **Equality and Diversity** was discussed including an undertaking that this will be an element that underpins the Trust's commercial activity going forward. The committee discussed how this could be achieved.
5. The Committee received a report from the new Head of Learning and Development which included an analysis of **Statutory and Mandatory** training and the particular challenge with **bank staff**. This was identified as a significant risk.
6. A revision of a question in the **Staff Friends and Family** test has demonstrated that staff rate the quality of care in their own team more highly than the care provided across the Trust.
7. **Key decisions** included that supervision data be split between community and inpatients, that there be a 6 month review of the new Occupational Health provider and that the committee should focus more on receiving assurance than receiving extremely detailed reports.
8. It was agreed that there should be consistent representation from Staffside at this Committee.

### Quality and Standards Committee

1. The Board received an update on the business of the Quality and Standards Committee meeting of 15 July 2014 from the Committee Chair, Susan Thompson.
2. The Committee received an assurance report from the Wiltshire Locality together with an excellent presentation on **15 Steps** from a carer perspective. The Committee welcomed this as a good piece of collaborative work.
3. Susan expressed some disappointment that the report from the Wiltshire Clinical Director had not been shared with the Committee prior to the meeting in order that this could be effectively interrogated. It was agreed that this would be rectified for future meetings.
4. The recurrent theme of **bed pressures** in delivery unit exception reporting was considered together with actions taken.
5. The annual assurance report for PALs and Complaints was received. The Committee was concerned about a complaints theme on the **attitude and behaviour of staff** and asked that further information be provided on this.
6. It was agreed that the Committee would escalate quality impact issues to the Finance and Planning Committee as they arose and by exception.
7. The Chair underlined that if NEDs are unable to attend committee meetings every effort is made by the Governance team to ensure a replacement is identified.

### Finance and Planning Committee

1. The Board received a verbal update on the business of the Finance and Planning Committee meeting on 25<sup>th</sup> July 2014 from the Chair in the absence of the Committee Chair, Lee O'Bryan.

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2. The Committee received a **Bristol Locality** report which identified an increase in acuity levels in the locality. It was noted that transition plans are progressing well. It was requested in future that opportunities and vulnerabilities be included in future reporting.
3. The Committee received the **Month 3 Finance report** including a detailed update on CIPs.
4. Concern was expressed at the **Improving Access to Psychological Therapies (IAPT)** position where there is a 20% under return on revenue. It was agreed that this should be addressed.
5. The **Electronic Patient Record (EPR) business case** was approved with some caveats around customisation and where the system is hosted.
6. Consideration of the Estates Strategy was postponed.
7. It was agreed that the agendas of all Committees should be properly reviewed as all agendas feel overloaded. It was requested that Committee chairs assess what they would expect to be seeing at their committee and what should not be presented .  
**ACTION - ER**
8. The Board resolved to **NOTE** these reports.

#### BD/14/113 Clinical Strategy

1. The Board received the Clinical Strategy for approval.
2. It was noted that this strategy sets the direction of the clinical and care delivery services of the Trust for 2014 – 19.
3. The strategic aims of the strategy, as aligned with the Trust strategic priorities, are set out on page 7 with key elements identified.
4. This was commended as an excellent piece of work.
5. The Board resolved to **APPROVE** this strategy.

#### BD/14/114 Assurance Framework

1. The Board received the Assurance Framework to note.
2. This is the second cut of the Assurance Framework which was reviewed extensively by the Executive Team at its meeting on 22 July 2014. It is recognised that further work is required and noted that the Audit and Risk Committee are due to review this in some detail at its August meeting.
3. The Board resolved to **NOTE** this report.

#### BD/14/115 Equality and Diversity priorities 2014-15

1. The Board received the action plan for the Trust's equality and diversity priorities 2014/15. This has been developed with feedback from ESEC and also from Peaches Golding (NED).
2. Comments offline were requested on how this is further developed, acknowledging that this represents a baseline position.
3. It is recognised that currently this is an internally focussed document and that there is much work ongoing in the Trust including involvement workers working on reaching hard

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to reach groups and also work in developing the Involvement Strategy. Discussions are also being had with commissioners on how this is linked into the Choice agenda.

4. The Board resolved to **NOTE** the report and **APPROVE** the targets for 2014/15.

### BD/14/116 Trust-wide Membership Strategy

1. The Board received the Membership Strategy which has been further condensed and refined following consideration by the Board at its June meeting. A focussed action plan for the year has been included.
2. It was suggested that a short form of this would be helpful for potential Governors however it was noted that the Governor information handbook distils this information and that this can be made more widely available. **ACTION - ER**
3. The Board resolved to **APPROVE** the revised Membership Strategy.

### BD/14/117 Trust-wide Involvement Group Terms of Reference

1. The Board received the revised terms of reference for the Trust-wide Engagement Group which is to be renamed the 'Trust-wide Involvement Group' (TWIG).
2. It was confirmed that the group is to be repositioned to assume as many of the shadow responsibilities and functions of the Council of Governors as possible.
3. It was also confirmed that the Trust is working to ensure that service users understand that this is the forum that enables involvement activity.
4. Susan Thompson noted that the Quality and Standards Committee is intending to develop a role description for a member of TWIG to attend the Committee.
5. The Board resolved to **APPROVE** these terms of reference.

### BD/14/118 Minutes of Board Committees

1. The Board received and **NOTED** the following Board Committee minutes:
  - Quality and Standards Committee – 17.6.2014
  - Finance & Planning Committee – 20.6.2014

### BD/14/119 TDA Oversight Report

1. The Board received the TDA Oversight return submission for June for its approval.
2. It was requested that, in future, any changes made to this at the Finance & Planning Committee should be colour coded for ease of identification – **ACTION - ER**
3. The Board resolved to **APPROVE** this submission.

### BD/14/120 Any other Business

1. There was none

The business of the Part 1 session of the Board closed at 12.55pm.