

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

Held on **28<sup>th</sup> August 2013** at 10.00am in the Conference Room, Jenner House

These Minutes are presented for **Approval**

### Members Present

Anthony Gallagher – Chair	Iain Tulley – Chief Executive
Alison Paine – Non-Executive Director	Paul Miller – Director of Finance and Deputy Chief Executive
Susan Thompson – Non-Executive Director	Hayley Richards – Medical Director
Lee O’Bryan – Non Executive Director	Kristin Dominy – Director of Operations
Peaches Golding – Non-Executive Director	Hazel Watson – Director of Nursing
Ruth Brunt – Associate Non-Executive Director	Carol Lenz – Head of HR

### Associate Members Present

Rachel Clark – Programme Director - Development	Carol Lenz – Head of HR
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### Staff In attendance

Emma Roberts – Company Secretary	Louise Hussey – Assistant Company Secretary
Ray Chalmers – Head of Communications	Jo Davis – PALS Manager
Hannah Dennis – Corporate Governance, Risk and Legal Manager	

### Members of the Public in attendance in the gallery

David Wildman	W Nelson
J Nelson	M Ody

### BD/13/133 - Apologies

Apologies were received and accepted from Tony McNiff – NED, Sue Hall – Executive Director of Business Development

### BD/13/134 - 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.
2. Lee O’Bryan declared a potential conflict of interest that he is a Non Executive Director of Selwood Housing Association and that this is relevant to a capital

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decision requested in the Finance Report on this agenda.

### BD/13/135 - Questions From Members Of The Public

1. Mr Ody made a request for a further of copy of Mrs England's medical notes following damage in the post to the original set sent by the Trust.
2. It was agreed that he would meet with Jo Davis (PALS Manager) outside the meeting to follow this up.

### BD/13/136 – Minutes Of The Previous Meeting

1. It was requested that *BD/13/107*, paragraph 4 be re-worded to say '*..... the Trust is not currently concerned by specific issues of inpatient safety but .....*'
2. The action associated with paragraph 6 of this agenda item should be for Hayley Richards and not Hazel Watson as noted in the minutes.
3. With these amendments the minutes were **AGREED** as an accurate record

### Summary notes of the Part 2 Board Meeting – July 2013

1. The summary notes were **AGREED** as an accurate record.

### BD/13/137 – 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/13/ 138– Chair And Chief Executive's Actions

1. There were none to report.

### BD/13/13 – Chair's Report

1. The Board received an oral update from the Chair.
2. The Chair drew the Board's attention to the forthcoming **AGM** on 11<sup>th</sup> September which will be in a new format. In addition to the AGM there are meetings planned in the various Localities with the focus on issues local to them. Dates for these are to be confirmed shortly.
3. **Governor meetings** across the Trust in October were highlighted with the aspiration that these will inform and encourage members to come forward as governors. Board members were encouraged to attend these.
4. Tony Gallagher formally thanked Peter Greensmith, on his retirement from the Trust at the end of this month, for his tireless work as an advocate and champion of service users and carers. Tony welcomed the progress made in this area but acknowledged that there is further work to be done.

### BD/13/140 – 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 Tulley underlined that the new format of his report reflects his intention that it provide greater insight into the issues that the Trust faces over the month on a day

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to day basis.

3. The progress made by locality management teams in working with **CCG** colleagues to ensure that services meet local needs was highlighted. Work to consolidate this progress and further improve relationships with local health communities is ongoing.
4. The **internal consultation** taking place with operational staff comes to an end at the end of August. It was noted that this has been a challenging process with the aim of producing a streamlined management structure across the organisation.
5. Iain updated the Board that the Trust has successfully moved forward to the next stage of the **Bristol tender process** and has been invited to submit a tender response. The Bristol leadership team have been asked to report to the Board in September on what success would look like for the Trust in terms of this process.

Tony Gallagher outlined the governance arrangements that have been put in place to assure the Board on decision required at the various stages of the tender process. The Chair of the Finance and Planning committee will work with the Chair and Chief Executive to facilitate this and defer decisions to specially convened extraordinary meetings of Board where necessary.

Susan Thompson noted potential risks to the organisation related to infrastructure and IT and the development of strategic partnerships. She asked how the Board will be appraised of these and other issues in relation to the tender.

Paul Miller confirmed that the Finance and Planning Committee is sighted on and considering these issues in depth as part of its work programme.

In response to a question from Peaches Golding on the reporting of discussions related to commercial risks to the Trust, it was confirmed that this will be handled with discretion.

6. Iain drew the Board's attention to the **financial position of the Trust at Month 4**. Key challenges including agency spend, sickness absence and out of area pressures and the actions in hand were outlined. It was confirmed that the Finance and Planning Committee and Senior Management Team (SMT) are sighted on the current position and that work is ongoing throughout September to ensure all budgets are validated. It was noted that the Trust is confident that the year end target surplus of £600k will be achieved.
7. **Bed pressures** in the Trust, as reflected across the wider NHS, were identified. The recent debates at SMT and the Medical Advisory Group and the paper on today's agenda confirm the Trust's current focus on this concern.
8. The implications for aspirant Foundation Trusts within the acute sector following changes to the way in which the CQC inspects hospitals were noted. It was confirmed that this Trust is continuing to work to its current timeline to resubmit its application to NTDA at the beginning of October.
9. Iain reported a recent regrettable **Information Governance breach** in the Trust. This has been reported to the Information Commissioner and apologies sent to the individual concerned. It was confirmed that this is the first incidence of a level 2 reportable event within the Trust under the new reporting requirements.

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Lee O'Bryan stressed that it is important to understand why this breach occurred. Emma Roberts underlined that this was a mistake. The individual responsible has since been performance managed and there has been a thorough root cause analysis of Trust practice.

In answer to a question on the reporting of this to the Board, it was confirmed that the Audit and Risk Committee receives reports as they relate to systems and processes. It was agreed that the reporting of incidents such as this should be included in the ongoing review of incident reporting to the Board.

10. Iain commended the **Berwick Report** to the Board. This calls for a new culture of transparency, openness and candour within the NHS. Iain welcomed this as added incentive for the Trust to continue on this path.
11. The positive developments in the Trust's **LIFT psychology service in Swindon**, where national figures show that their results are ten times better than the national average, were welcomed. Iain noted that his recent visit to this service with the Mental Health Lead for NHS England had highlighted it as employing an exceptionally good model and identified that the Trust should work to replicate this across the organisation.

Susan Thompson welcomed the accolades for the Swindon LIFT service and emphasised the imperative that the Trust should work to replicate this model across the organisation. She asked about the role of the **Quality Academy** in rolling out this and other good practice. Hazel Watson confirmed that the Quality Academy would be focussing on ensuring that the Trust learns from good practice and the setting of consistent standards.

In response to a question from Peaches Golding on communicating with commissioners on good practice, Tony Gallagher confirmed that he would continue to work with the Chief Executive and Clinical Directors to promote good practice. It was also noted that there may be a role for Client Account Managers, as relationship managers, to communicate this.

12. Iain identified the commitment and outstanding work of Trust staff as highlighted through the **back to the floor initiative** and his personal experience working shifts on the front line. He will be bringing a report on this initiative to the September Board.
13. It was noted that South Western Ambulance Service NHS Foundation Trust (SWAST) have asked the Trust's Chief Executive to become one of their governors as the Mental Health Lead.
14. It was confirmed that the **Quality 'Huddle'** will start on 2<sup>nd</sup> October and this will enable the Trust to understand the quality of its services in real time by looking at the data from the IQ system in conjunction with other Trust measures and promote a better understanding of the issues that are preventing the delivery of improved quality. Real time information will be displayed on televisions across the Trust.
15. Ruth Brunt noted the issues highlighted by the Health Select Committee in relation to mental health safeguards, as identified in the Chief Executive's report. She questioned that the section on this implies that the patterns of behaviour highlighted by the committee occur already in the Trust. Hazel Watson confirmed that, whilst the Trust is assessing its practice against the Select Committee report,

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there is no evidence or understanding that the issues identified have occurred in AWP and the paragraph should read '*Board members should be reassured that within our Trust considerable efforts are made to ensure that the pattern of behaviour highlighted by the select committee does not occur....*'.

16. The Board resolved to **NOTE** this report.

**ACTIONS:**

- **The Bristol Leadership Team to report to the September Board on what success looks like in terms of the tender.**
- **The reporting of incidents such as the IG breach to be part of review of incident reporting to the Board.**

SH

ER/HW

**BD/13/141 Monthly Incident and Complaint Report**

1. The Board received its regular report on **serious untoward incidents** in month, from the Nursing Director.
2. The Board noted that there were **16 externally reportable incidents** in July 2013 and that there were two grade 2 incidents.
3. It was acknowledged that, whilst the number of externally reportable incidents remain low given the number of contacts with service users in a year, the last three months has seen a doubling of these incidents. Much of the increase has been centred on inpatient units and it was reported that anecdotally ward managers are associating the increase with recent pressures on beds and a subsequent rise in activity on the wards.

Ruth Brunt emphasised that she was not content to accept that an increase in bed pressures and activity has compromised patient safety and asked for assurance that processes are in place to ensure that this is not the case.

Hayley Richards confirmed that the Trust does not believe this is an acceptable position and that a piece of work is ongoing to look at appropriate staffing levels in addition to an analysis of any triangulation between staff vacancies, sickness and throughput. Work is also being prioritised in inpatient units to look at support to staff and issues around supervision.

Iain Tulley confirmed that it is intended that, in future, this report will include a full analysis of such issues and a synthesis of any emergent themes with clear actions to address and a review mechanism to ensure improvements occur.

Alison Paine noted the overlap of committee responsibility as issues such as sickness and supervision relate to safety and quality and underlined that it is important that committee chairs are fully aware of work being done across committees. This will be covered by Committee Chairs Reports as appropriate.

4. Tony Gallagher identified the incidents related to falls and noted that the Audit and Risk Committee (A & R) has received a report on falls which is a cause for concern. He questioned whether this demands some follow up work by one of the Board Committees. As Chair of Quality and Standards, Susan Thompson confirmed that this action had already been identified by Q & S and that the committee are awaiting receipt of the A & R report in order to follow this up at its

next meeting.

5. Ruth Brunt asked when the Incident and Complaints report would include information on complaints. It was confirmed that the piece of work on how this report is expanded to include this and other risks is ongoing and will be formalised for the next meeting.
6. The Board resolved to **NOTE** this report.

**ACTIONS:**

- **Q & S to follow up regarding incidents of falls following receipt to Audit and Risk Report.** HW/ST
- **Work to expand Incidents and Complaints report to be completed for September meeting.** HW/ER

**BD/13/142 Management of Beds**

1. The Board received a report which informed it of action being taken to establish effective **inpatient bed management** across the Trust.
2. The Board was updated on the work being undertaken across the Trust, by the Operations Directorate together with the Quality Academy, to address the significant challenges to the organisation in managing the demand for inpatient beds. This was set against the national context where similar challenges exist.
3. The key problems identified were noted in conjunction with the outcomes of initial analysis.
4. Lee O'Bryan welcomed this a good report but asked for details on the changes that this will produce and the numbers involved.
5. Kristin Dominy noted that the engagement of medical colleagues in addressing this issue was important and that ultimately getting the process right will give the Trust an indication of whether there is an underlying problem.
6. Both Susan Thompson and Alison Paine also welcomed this report and the demonstration of the willingness of the Executive Team and Senior Management Team in getting to grips with the problem. It was noted that this is a systems as well as an organisational issue and it was asked whether there is Trust engagement with local commissioning colleagues to better manage this.
7. Ruth Brunt agreed that it was important to have a systematic approach to managing capacity but suggested that it would have been helpful to have seen more metrics and less narrative in the report and that benchmarking information would also have been useful.
8. The patient perspective and the ability of the Trust to manage crisis in the service user journey was observed to be missing from the report by Peaches Golding.
9. It was acknowledged by Kristin Dominy that the Trust is not yet as good as it could be at managing crisis relapse and contingency planning and that this is not helped by a lack of consistency across the Trust in the definition of urgent and emergency interventions.
10. Iain Tulley noted that this report records the beginning of a process to improve

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inpatient bed management and is about getting the Trust's house in order. Integral to this he believes that it is important that local management are in a position to choose not to admit service users and to treat them locally and that clinicians are supported in making sensible decisions in the interest of their patients.

11. Tony Gallagher welcomed the report and asked that next steps are identified including deliverables, following this initial analysis.
12. The Board resolved to **NOTE** this report.

### ACTIONS:

- **Next steps, including deliverables to be identified.**

HW/KD

### BD/13/143 Board Assurance Framework and Trustwide Risk Register

1. The Board received a report which summarised recent work on the Trust's Quality Assurance Framework (QAF), Board Assurance Framework (BAF) and Risk Registers for 2013/14, following approval of this integrated approach by the Audit and Risk Committee (A & R ) on 15<sup>th</sup> August.
2. The next steps for the Trust as outlined in the report were noted.
3. The Board was asked to consider the frequency of its review of this information, noting that SMT will be looking at the Risk Register at each of its meetings and that the Audit and Risk Committee will have the Risk Register and BAF on its agenda at every meeting.
4. In his absence Tony McNiff, as Chair of A & R, had noted that he welcomed this development of the Risk management process and that his main assurance of the new integrated approach is derived from the triangulation of information from the Quality Assurance Framework, Board Assurance Framework and Trustwide Risk Register.
5. Ruth Brunt welcomed this approach as a significant improvement but noted that actions are light on timescales. She also identified that, in terms of the Risk Registers, where resources are input into the 'Planned Controls' control, this should have an impact on the 'Target Risk' columns which currently is not shown.
6. Alison Paine noted that she had some comments on the attached appendices which she would forward to Emma Roberts outside the meeting.
7. It was confirmed that there is work in hand on the operability of Locality Risk Registers including making these available for update electronically. The escalation of risks was described from consideration at the Operations Senior Management Team (SMT), through the Operations Director, to the Trust SMT meeting and then to the Board.
8. It was agreed that whilst this process is in development it should come to the Board on a monthly basis.
9. With the amendments requested, the Board resolved to **ADOPT** the Quality Assurance Framework, Board Assurance Framework and Risk Registers.

### ACTIONS:

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- **Actions to include timescales.** ER
- **Resources in Planned Controls column to have impact on Target Risk column.** ER
- **Board Assurance Framework and Risk Register to come to Board on monthly basis until established.** ER

**BD/13/144 Detailed Risk Review**

1. The Board received a report on Risk IBP02, '**General mental health services being tendered by Clinical Commissioning Groups (CCGs)** ' as part of its undertaking to consider one or two strategic risks in depth at each of its meetings.
2. Kristin Dominy outlined the steps taken to review this risk and the outcomes of this review.
3. It is suggested that this risk be better described as '*Failure to establish effective and responsive working relationships with CCGs as they develop their local understanding*'.
4. Paul Miller underlined the long term imperative to demonstrate value for money in the tendering process whilst also evidencing good outcomes and quality of services.
5. Tony Gallagher emphasised the need to ensure that the Trust can identify key differentiating factors.
6. Whilst welcoming this report, Peaches Golding underlined that it is critical that the responsibility for initiating and implementing creative changes within services is devolved to locality management and that this is better articulated.
7. The implications of a decision to tender which is not successful was explored by Alison Paine as an underlying risk which is not addressed. Kristin confirmed that the outcomes of a tender decision have been discussed extensively but that it has been difficult to define a risk around the consequence of being unsuccessful. It was suggested that this is about the Trust limiting the risk of this happening and that this will be enhanced if the organisation focuses on providing good quality services..
8. Susan Thompson that the quality of services could be better reflected if the quality programme is reflected within the section on *Current Controls*.
9. It was noted that the involvement of service user and carers in this process, as potential advocates of the service, is not reflected and that this is an omission. Emma Roberts acknowledged that this template could be refined to better measure the effectiveness of controls and the measurement of improvement.
10. It was agreed that this risk review be brought back to the next meeting of the Board, following incorporation of the above comments.

**ACTIONS;**

- **Following incorporation of comments – this risk review to come back to September meeting.** ER

**BD/13/145 Quality Governance Assurance Framework**

1. The Board received a report on the Trust’s August 2013 self-assessment against the Monitor Quality Governance Framework.
2. The Board noted the current risk score of 2.5 based on evidence that the Trust has recently submitted.
3. It was confirmed that an independent review by KPMG will provide the baseline on which to identify any improvement actions going forward.
4. The Board resolved to **NOTE** this report and the actions from the independent review.

**BD/13/146 Quality and Performance Report**

1. The Board received a report on the Trust’s Month 4 performance against each **quality domain** and the Month 4 Monitor Compliance risk scores.
2. The Trust continues to see feedback from service users in relation to the care the Trust has provided utilising the **Friends and Family** question. Whilst the response rate of 3.9% remains stable, work is ongoing to better understand the implications of this.

Hazel Watson confirmed that a paper will come to the September Board to unpick concerns related the to Friends and Family Test. It was reiterated that this is a national programme which the Trust has applied ahead of others and that there is little available to benchmark against.

Susan Thompson noted that the Quality and Standards committee had raised concerns about this and agreed that it would be more helpful for Locality Delivery Units to consider all available data together to get a complete picture.

3. The Board noted the **Key Quality Indicators** currently below target at M4 and the actions taken to address these.

Lee O’Bryan asked about the clustering of breaches in Swindon in relation to the **Four hour wait for crisis assessment** and asked if detail in relation to other indicators is triangulated. Iain Tulley confirmed that this detail is in the system but that there is not yet a sense of rounded performance in each of the Localities. He identified that this is something that the ‘Huddle’ will be able to look at.

Tony Gallagher noted that he would look to committee chairs to examine this detail and to identify any deviations.

4. The **supervision** rate at Month 4 was noted. The actions to support improvement, in conjunction with clarification on what constitutes supervision to ensure that all types of supervision are recorded, were outlined.

Alison Paine confirmed that the supervision and appraisal indicators are under review by ESEC and that the disparity of that which is reported on the ground and through the IQ system is noted,

5. **Sickness/Absence** rates were noted as having risen to 4.8%, however unconfirmed sight of the July data suggests a drop to 4.1%.

6. The Board noted the **revised position against the M3 Finance indicator**

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following adjustments to incorrect RAG ratings at both Trust and LDU level. The Month 3 position has therefore been revised from GREEN to RED. This represents the unadjusted position as at June 2013.

7. Peaches Golding asked where analysis regarding **disaggregation** is made. Whilst it was noted that information is available through the data warehouse it was requested that the Board make it clear that the Employee, Strategy and Engagement Committee should examine **diversity** issues and ensure that lessons are learned. It was reiterated that this should include an examination of whether this Trust replicates national issues regarding problems managing minority ethnic staff and also issues of service users of minority ethnicity accessing the level of care they require.

Iain Tulley agreed that there is a piece of work to be done to assess where the Trust is in relation to its approach to diversity issues in order to be clear on what its approach should then be.

Susan Thompson noted that she had raised concerns on where the consideration of equality and diversity issues best sits within the organisation, having received a report to Quality and Standards recently. She requested that the Executive take this forward.

8. Iain Tulley reiterated that the output in this report is not an absolute but an indicator of where the best performing and highest risk teams sit and where the Trust should intervene. He underlined that this is about the Trust being clear on where it is in order that it understands what it should then do.
9. Tony Gallagher noted his concern at the levels of completion of the data and asked that a message go out to the organisation that completion rates should improve.
10. In light of questions around the ability to see and understand deviations in performance it was suggested that the Board should have a further development session on the IQ system.
11. The Board resolved to **NOTE** this report and the changes suggested.

### ACTIONS:

- **Executive Team to take forward where the responsibility for Equality and Diversity issues best sit within the organisation.**
- **Further development session for the Board on the IQ system.**

IT  
SH/ER

### BD/13/147 Finance Report M4

1. The Board received a report on the **Trust's financial position for July 2013 – Month 4.**
2. The Board noted the position at M4 which is shortfall against plan of £119k.
3. The Trust has achieved a FRR of 4.
4. The Board also noted the cash position at M4 and that it is forecast to be on plan at the end of the financial year.
5. Paul Miller identified the key issues contributing to the Trust's position at M4 including the under achievement of the 2013/14 Cost Improvement Plans (CIPs)

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and the net cost of Out of Area (OOA) placements. He underlined that any further deterioration to the position will result in the Trust slipping from a FRR of 4 to 3 in the month 6.

6. Paul identified further actions to address the shortfall in terms of reduction in agency spend, addressing Cost Improvement Plan risks, addressing sickness/absence issues and looking at restructuring costs.
7. It was confirmed that there were extensive discussions at the August Finance and Planning committee on proposed actions to ensure a satisfactory year end position.
8. As Chair of this committee, Lee O'Bryan, noted that there had been a robust challenge of the current financial position, and that the significant changes within the Trust in recent months were acknowledged as a contributory factor. It was acknowledged that the Trust is approximately 3 months behind where it would like to be in the planning cycle. Lee expressed his confidence in the Trust's ability to deliver its control total, noting that it has successfully achieved this over the last 4 years, together with its Cost Improvement Programmes.
9. Actions to further validate locality budgets during September were noted.
10. Kristin Dominy confirmed that workshops are planned to ensure a better understanding of the ownership of budgets at team level. She welcomed the successful partnership working of the Operations and Finance Directorates in the budget setting process this year.
11. The Board confirmed its assurance that it has proper scrutiny of the Trust's financial position through the F & P committee, that there is the right commitment to address this at the appropriate levels of the organisation and that the Trust will meet its bottom line at year end.
12. The Board resolved to **APPROVE** the capital decisions identified at section 5.8 of the report:
  - The revised changes to the authorised capital schemes
  - The revised changes to the not yet authorised capital schemes
  - The Secure Services AOWA recommendation (£500k 2013/14)
  - To proceed with marketing and management agents for the disposal of Windswept.
  - To proceed with negotiation with Selwood Housing Association for the disposal of Fairview.
  - To engage the District Valuer to evaluate the offer for the Fountain Way site.

### BD/13/148 – Finance and Planning Committee

1. Lee O'Bryan confirmed that he had nothing further to add to his comments made in relation to the Finance Report at BD/13/147.

### Charitable Funds Committee

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2. Alison Paine noted that this committee is looking at opportunities to actively **fund raise** with the aim of improving patient and staff experiences.

### ESEC

3. This committee are looking to review Bank provision and expand this with a focus on Locality requirements.

### BD/13/149 Minutes of Board Committees

1. The Board **noted** the minutes of the following committees:
  - Audit and Risk – 3<sup>rd</sup> June 2013
  - Quality and Standards – 2 July 2013
  - Finance & Planning – 17 June and 18 July 2013

### BD/13/150 Foundation Trust Steering Group

1. The Board received a verbal update from Tony Gallagher.
2. Tony confirmed that the Trust is working to the timeline described in the Chief Executive's report.

### BD/13/151 Month 5 NTDA Oversight Return

1. The Board received the Month 5 TDA Oversight Return.
2. It was confirmed that the Executive Team has reviewed the declarations in detail and have recommended that the Trust make a fully compliant declaration for August.
3. Paul Miller confirmed that the Trust will remain a going concern as defined at Section 4 of the Monitor Self Certification.
4. The Board resolved to make a fully compliant declaration for August.

### BD/13/152 AOB

1. Iain Tulley welcomed that, on the back of the most recent Sue Sutherland Report, the Board has been shortlisted for the HSJ Leadership Award to be announced on 19<sup>th</sup> November. He noted that this is important in that it expresses confidence in the direction of travel that the Trust is taking and recognises the extent to which people have followed the leadership the Board has given.
2. Lee O'Bryan highlighted the forthcoming Staff Awards and urged colleagues to attend.

### Key to Abbreviations Used

Abbreviation	For
Chief Exec	Chief Executive

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DoF	Director of Finance
HR Director	HR Director
Med Dir	Medical Director
Nur Dir	Director of Nursing
Ops Dir	Director of Operations
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
ET	Executive Team
LDU	Local Delivery Unit
NED	Non-executive Director

DRAFT

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