

TOGETHER NHS FOUNDATION TRUST

BOARD MEETING FOREST HILLS GOLF CLUB, COLEFORD 19 MAY 2008

PRESENT

Rennie Fritchie, Chair
Lizzie Abderrahim, Non-Executive Director
Tracey Barber, Non-Executive Director
Sandra Betney, Director of Finance and Commerce
Roger Brimblecombe, Non-Executive Director
Shaun Clee, Chief Executive
Carolyn Elwes, Non-Executive Director
David McGrath, Director of Corporate Affairs/Trust Secretary
Dermot McMeekin, Non-Executive Director
Frank Powell, Non-Executive Director
Simon Thompson, Director of Operations
Hazel Watson, Director of Nursing Social Care and Therapies
Paul Winterbottom, Medical Director

IN ATTENDANCE

Anna Hilditch, Trust Administrator
Martin Ansell, Clinical Director, Older People's Services (Item 6)
Bren McInerney, Barton and Tredworth Community Trust
Ted Quinn, Service Director, Older People's Services (Item 6)
Deborah Richards, Communications Manager

1. APOLOGIES

Apologies were received from Mike Evans and Kay Harrison.

2. DECLARATION OF BOARD MEMBERS INTERESTS

No amendments to the Declaration of Interests were received. There were no conflicts arising from the business to be conducted.

3. NOTES OF THE MEETING HELD ON 25 APRIL 2008

- 3.1 6.6 – The Medical Director asked that the minute be reworded to read “it was fortunate that the Trust had recognised and argued for investment in learning disability services”. It was also noted that the Royal College of Psychiatrists had recognised the Trust's working on value mapping as good practice, not the Royal College of Psychologists.

4. MATTERS ARISING AND ACTION POINTS

- 4.1 The Director of Nursing, Social Care and Therapies informed the Board that a letter of thanks to those people who had been involved in the consultation process around the development of the Charlton Lane Centre had been drafted and would be sent out later in the week.
- 4.2 The items regarding the profiling of the Trust's estate and looking into ways for the Trust to be effective at predicting performance had been added to the agenda for future Executive Team meetings.
- 4.3 Rennie Fritchie told Board members that she had attended a preliminary meeting with the Director of Corporate Affairs and the Complaints Manager to start the review of the

complaints process. She advised that this had been helpful and was a good opportunity to meet Philip Southam, the Complaints Manager.

- 4.4 The Director of Operations advised that an item had been scheduled for the next Operational Managers meeting to discuss Governor engagement with the Strategic Service Units (SSUs).

5. QUESTIONS FROM THE PUBLIC

- 5.1 Two questions had been received under the public questions protocol from Mr. Anthony Burton. The first question related to the efforts made by the Trust to ensure that patients were given the opportunity to vote during the recent local elections. The Chief Executive offered a verbal response to this question. The second question related to the Trust's engagement with the recent "moving people" initiative. The question and answer given were as follows:

Question: "Moving People" is a 3 year multi-million national campaign being started to reduce stigma and discrimination linked to mental health, and improve the physical and mental well-being of people who have experienced mental health problems, and those who have not. I don't think any of the portfolio of 35 selected projects is in Gloucestershire, but it is hoped that 2gether as a leading organisation will play a significant role, working with other local mental health groups. What may we expect?

Answer: The Trust is working with partner agencies on a strategy for social inclusion. This will address stigma and discrimination. As part of this programme, it is intended to commission a series of attitude surveys of the local population to track opinions over time. In terms of the community projects listed on the Moving People site, most are provided by local MIND and Rethink groups and are concerned to promote physical activity, gardening and healthy lifestyles. The Trust is running a Health and Wellbeing Group (with partners from University of Gloucestershire and Gloucestershire PCT) which is gathering together local contacts and initiatives and planning for an afternoon in September to which invites will be extended to contacts in Districts with a view to strengthening links and building initiatives with/in local communities.

- 5.2 A written response would be provided to Mr. Burton after the meeting.

ACTION: Response to questions received under the Public Questions Protocol to be collated and sent.

- 5.3 No further questions were received from members of the public.

6. PRESENTATION FROM THE STRATEGIC SERVICE UNITS – OLDER PEOPLE

- 6.1 Ted Quinn, Service Director, and Martin Ansell, Clinical Director, Older People's services, were in attendance to present the Board with an overview of the progress and developments within the SSU over the past year and looking towards the future.
- 6.2 The Medical Director reflected that the demographic figures were awe inspiring and asked where the Trust's current provision sat. Ted Quinn noted that the County Council had carried out work to present detailed demographics from the current time through to 2025.

The Board were informed that the Trust's current resource was already aligned to the population need and this would be reviewed regularly to ensure it remained correct.

- 6.3 Lizzie Abderrahim asked about the staff within Older People's services as there had been a long period of upheaval within the service and the Trust was now entering into a period of stability. She asked how the staff were and whether morale had recovered. Ted Quinn was pleased to report to the Board that staff morale had risen significantly within the SSU despite managing what had been a difficult process. He advised that a value mapping exercise was being carried out at Holly House, a staff based exercise which looked at things such as lengths of stay and other potential inefficiencies within the system. By doing this, length of stay had reduced by nearly 50% as an assessment carried out determined that stays should ideally be no longer than 36 days. The Board were informed that carrying out this exercise had brought real ownership to the staff as well as being meaningful. Lizzie Abderrahim was keen that the huge efforts by the Older People's service staff be recognised and asked Ted Quinn to relay this message back to them.
- 6.4 Tracey Barber noted the Dementia Strategy and asked how the Trust was engaging with this. Martin Ansell agreed that links into the strategy were important and advised that Older Age Psychiatric Nurses would be placed within the primary care arena, at GP surgeries to assist in linking together. The Director of Operations noted that the good work being carried out was validation of the hard work being put in by the senior Older People's team.
- 6.5 The Chief Executive informed the Board that he had carried out an unannounced visit to Holly House and he echoed the reports received about increased morale within the service.
- 6.6 The Director of Finance queried whether the Trust was becoming dependent on its commissioners to take forward the plans and proposals. Ted Quinn noted that a lot of work had been done within the Trust's own resources; however, the Dementia Strategy would pipe funding into the PCTs for the implementation. The Trust would need to ensure that it could feed into this and help guide the implementation in terms of where the money was used and how.
- 6.7 Rennie Fritchie suggested that the Dementia Strategy should be added as an item to a future Board Development session once it had been published for the Board to review in more detail. She also suggested that it would be timely and appropriate to include in the next Members' newsletter.

ACTION: Dementia Strategy to be added to future Board Development Session agenda

ACTION: Dementia Strategy to be added to future edition of membership newsletter

- 6.8 The Board thanked Ted Quinn and Martin Ansell for attending the meeting and giving a positive update on Older People's services within the Trust. They were asked to feed the Board's recognition back to their teams for their hard work and dedication over the past year.

ACTION: Ted Quinn to relay the Board's recognition of their excellent work back to SSU staff

7. CHAIR'S REPORT

- 7.1 Rennie Fritchie presented the Board with her verbal report. She commented on the fact that this was the second Board meeting to be held away from Trust headquarters and restated the importance of the Board and its workings being more available and accessible to local people.
- 7.2 She had attended a Sounding Board meeting on 7 May which had explored health in the working age population. She advised that this had been a very useful meeting and she had brought back some resources which it was agreed would be shared with the Board via the Chief Executive.

ACTION: Chief Executive to receive information from Sounding Board meeting about Health in the Working Age population

- 7.3 Rennie Fritchie and the Chief Executive had met with the local MPs along with the other local NHS Trusts. The Board were advised that there were varied interests amongst the MPs ranging from dentistry to infection control. Rennie Fritchie noted that one MP had felt that the number of complaints raised within his constituency seemed to be rising and it was agreed that the Trust would look into this further. Generally, however, other MPs felt that overall level of complaints received by constituents had fallen.

ACTION: Review, in liaison with MPs office, complaints received relating to the Trust to assess whether a trend can be seen.

- 7.4 On Friday 16 May, Rennie Fritchie had chaired an interview panel for a working age Consultant Psychiatrist for Gloucester and the Forest of Dean. There had been some excellent candidates and the Trust successfully appointed Dr Teador Lerescu.

8. CHIEF EXECUTIVE'S REPORT

- 8.1 The purpose of this item was for the Chief Executive to bring to the attention of the Board significant items of business in progress. The Board were presented with a verbal update.
- 8.2 The Chief Executive noted that one issue he had picked up from the meeting with local MPs was around the level of substance misuse within the county. The Director of Operations had been asked to prepare a report on this in time for the next meeting, mapping incident rates alongside crime figures.

ACTION: Director of Operations to pull together report on levels of incidences of substance misuse within the county for next MPs meeting

- 8.3 The NHS would be celebrating its 60th birthday on 5th July and plans were in place to organise a collaborative funday for all Gloucestershire NHS staff at the Cheltenham Racecourse alongside the PCT and the Hospitals Trust. Deborah Richards, Communications Manager informed the Board that other plans to mark the occasion included some media stories focussing on the Trust, staff engagement exercises to include pod casts, interviews with staff and cards wishing staff and members born on 5th July a happy birthday. Carolyn Elwes suggested that this could be expanded to include a piece in

- the newspaper inviting people born on 5th July to a special event or for them to write a piece on their experiences on the NHS over the years and their expectations for the future.
- 8.4 The Chief Executive informed the Board that the Trust planned to use Carers Week to start to compile a photo library, by asking carers to take pictures of their daily experience, but mindful of the privacy of those they cared for.
- 8.5 The Trust would be restarting its community road shows for staff in June and July. The Chief Executive noted that the content of the road shows had yet to be confirmed, however, it was a good way to continue to engage with staff, to listen to them and to keep them up to date with developments.
- 8.6 The Chief Executive advised that the Local Authority had gone out to tender for Supporting People services. The Trust had responded to this and the Board would be updated on progress in due course.
- 8.7 The Board were asked to note that the Trust had been approached to see whether it would host a ministerial visit. It was thought that this could add more emphasis on the Trust's plans for its 60th anniversary celebrations. The Chief Executive agreed to inform the Board once a decision had been made by the Ministers office.
- 8.8 The Chief Executive had attended a follow up meeting with the Healthcare Commission to progress discussions around mental health targets. It was noted that discussions were at a delicate stage.
- 8.9 Lizzie Abderrahim advised that she was keen for the Board visiting programme to be restarted. The Director of Nursing, Social Care and Therapies informed the Board that information about these visits would be sent to Board members later in week.

9. FINANCE UPDATE

- 9.1 The Director of Finance provided a verbal update on the financial position for the period ending 31 March 2008 and a summary for the period ending 30 April. It was noted that the final position for 2007/08 was a surplus of £2,513k. The 2008/09 budgets had been approved by the Board in March and the month 1 position showed that the Trust was on track, reporting a small surplus at the end of April. The Trust continued to report a strong financial risk ratio.
- 9.2 The Board were asked to consider those areas of the Finance Report that it wished to be picked up in more detail at the next Performance Management Committee. Some of the suggested subjects included income projections, borrowing and the potential impact on the financial ratios.

10. PERFORMANCE DASHBOARD REPORT

- 10.1 The purpose of this report was for the Board to examine the progress with performance against key performance measures and targets for April 2008. The Director of Operations presented the report to the Board.
- 10.2 The Board noted that the report covered the period of April only. All key targets for 2007/08 had been met. During the first month there had been no breaches in the 7 day follow up

after discharge target and the Board were informed that 67% had been followed up within 48 hours of discharge.

- 10.3 Due to the early timing of the Board meeting and a number of changes in the calculation methods, the first month national treatment agency figures for drug misuse retention had yet to be received. The Director of Operations agreed to share these figures, along with any key changes made, with the Board as soon as they were released. There was a brief discussion about arranging the timing of Board meetings in the coming year in such a way as to ensure that all the necessary information for the Board to fulfil its role would be more readily available.

ACTION: Board to receive Drug Misuse retention rate figures against target as soon as they are made available.

- 10.4 Crisis and Home Treatment and Early Intervention services were delivered to target during April and there was continued improvement in the indicators relating to sickness absence and staff appraisals.

- 10.5 The Director of Operations informed the Board that a discussion had taken place at the May Performance Management Committee to review the existing indicator set. Two new indicators were agreed – admissions to inpatient units not seen by crisis teams and the duration of untreated psychosis within early intervention services. Four indicators were removed as targets had been achieved and were no longer required for monthly monitoring. These were the employment of community development workers, assertive outreach service fidelity to national model, crisis and home treatment service fidelity to national model and early intervention service fidelity to the national model. The Workforce Committee would be reviewing its 2008/09 KPIs at its June meeting.

- 10.6 The Director of Operations assured the Board that there were a number of fail safe systems in place to identify if there was a need to reinstate certain indicators. Trends, new national guidance or increased levels would all be picked up and brought to the Board for review.

- 10.7 Rennie Fritchie suggested that it would be helpful to have an additional column in the dashboard showing how long an indicator had been red, or amber. This would ensure that the correct focus was placed on rectifying the situation and monitoring whether the necessary progress was being made.

ACTION: Additional column to be added to dashboard showing length of time that indicators have been red or amber to enable effective monitoring and action.

- 10.8 Rennie Fritchie noted the Data Quality Health Warning present on the dashboard and queried which indicators this might relate to. The Director of Operations advised that this was displayed as a safeguard as some of the indicators had reporting constraints against them in terms of timescales for reporting to the Board. Others could be affected due to data quality issues such as poor collection or inputting and some of the indicators such as delayed transfers of care were outside of the Trust's control and were a commissioner responsibility. The Chief Executive noted that there were only three indicators within the dashboard showing a 4 or 5 data quality rating.

- 10.9 The Director of Finance queried the data that had been used to assess the Finance KPIs as the Finance report was not ready in time. Rennie Fritchie reaffirmed the need to

consider moving the Trust Board meetings to a week later in the month next year which it was hoped would rectify these problems.

- 10.10 Frank Powell expressed concern around the CPA performance. He acknowledged the work that was being done to implement the new CPA, however, this would not be in place until October. The Director of Nursing, Social Care and Therapies informed the Board that two streams would be in place until the new CPA implementation, however, performance was improving in the old system. Frank Powell noted that there was an end target that had to be achieved but as there was no trajectory mapped out, it was difficult to see how the Trust was actually performing against the target month on month. The Director of Corporate Affairs noted that this did pose a significant risk to the Trust as there were instances where Serious Untoward Incidents had taken place where no care plans could be found. The Medical Director advised that his recent experience of this was that care plans were readily accessible but agreed that previously, reviews had taken place up to two years after the incident and the care plans had therefore been difficult to find. The Director of Operations stated that paper care plans, instead of electronic, did not automatically constitute poor performance. The Medical Director suggested that it would be useful to separate out those CPA targets that the Trust had to achieve and those that it endeavoured to carry out. The Board were advised that further discussions would be taking place at the Executive Team regarding this matter and a report would be brought back to the Board of the outcome.

ACTION: Discussion regarding CPA to take place at Executive Team and outcome to be reported back to Board.

11. BUSINESS PLAN

- 11.1 The purpose of this report was to present the summarised Business Plan for the Trust for the Board's consideration.
- 11.2 The Trust agreed to use a balanced scorecard approach in business planning, with the quadrants representing different perspectives of the organisation: business, services, learning and stakeholders. The plan was prepared in conjunction with budgets set by individual SSUs and directorates in order to achieve the objectives set out. The Board received the first draft of the business plan and approved the key objectives at its March meeting.
- 11.3 Tracey Barber congratulated the Director of Finance on what was a very succinct summary plan, which had been condensed further following a request by the Board in March.
- 11.4 The Director of Finance advised that work had taken place alongside the SSUs to complete their individual business plans to ensure that they were consistent in their format and presentation.
- 11.5 The Board approved the Business Plan. It was agreed that this version would be circulated throughout the Trust via Service Directors and work would take place to ensure effective dissemination to teams. Rennie Fritchie suggested that notes should be made throughout each stage of the business planning process to enable learning to be shared for next time.

ACTION: Business Plan summary to be disseminated to Trust staff via Service Directors

- 11.6 Lizzie Abderrahim asked for people to be conscious of the colours used in producing reports for public viewing as they should be made as easy and clear to understand as possible.

12. MONITOR ANNUAL PLAN – BOARD STATEMENTS

- 12.1 As part of the annual plan submission to Monitor, the Board of Directors must confirm that a number of “board statements” are correct. This report provided the Board with an opportunity to review the statements and to agree a response. There were 16 Board statements set out in the report and the Board were asked to consider each statement and assess if it could be truthfully applied to the Trust.
- 12.2 After full discussion, the Board agreed with the statements made regarding board roles, structure and capacity. The Board had identified the potential need for increased capacity but it was agreed that the plans in place to consider this further could be used as evidence for any future queries from Monitor.
- 12.3 Lizzie Abderrahim informed the Board that she had found the use of the footnotes very helpful throughout the document as it acted as a form of evidence which helped the Board assure itself that the statements it was signing up to were correct. She queried whether these would be included in the return being made to Monitor. The Director of Corporate Affairs advised that there was a specific template for the return.
- 12.4 The Board were asked to note that the statements had also been shared with the Governors for them to have the opportunity to comment. Three Governors had responded agreeing that they felt that the statements were correct.
- 12.5 The Director of Finance agreed with the earlier point about the usefulness of the footnotes and agreed that it would be worth thinking about how footnotes are used within future reports of this nature. The Director of Corporate Affairs suggested that longer lists of evidence as used for Standards for Better Health could be used.
- 12.6 The Board approved the Board statements and agreed that a statement of full compliance be given to Monitor.

13. WORKING AGE ADULT STOCKTAKE

- 13.1 The purpose of this report was to present the Board with the continuing work following a commissioned stock take report following the Service Redesign of Working Age Adult Services that took place over 2006/07. The stock take report was carried out by CSIP (Community Service Improvement Partnership) in liaison with 2gether.
- 13.2 The Director of Operations expressed his thanks to Les Trewin, Service Director and Chris Fear, Clinical Director for Working Age Adults for their work in pulling together the report. The Board were informed that the recommendations highlighted in the CSIP Report had been operationalised into revised service objectives. A robust mechanism of service monitoring now needs to be put in place for the Strategic Service Unit (SSU) to ensure delivery of identified objectives. It was hoped that the newly developed objectives would be embedded into the Business Plan for the SSU, as well as being cascaded to all members of staff within the SSU to promote local ownership.

- 13.3 The Chief Executive agreed that this was a good piece of work and had been well summarised. If the document and its objectives were approved work would move quickly on patient pathways, looking at key things to change. Frank Powell informed the Board that he co-Chaired the Acute Care Forum and this was a significant piece of work for working age adults. Rennie Fritchie suggested that the high level leadership objectives indicated the importance of anticipating thinking and prediction skills.
- 13.4 The Board agreed the proposed objectives highlighted in the report and the associated actions.

14. PUBLIC GOVERNOR ELECTIONS

- 14.1 The purpose of this report was to update the Board on progress with the elections to vacant Governor posts.
- 14.2 The Trust has five vacant Governor posts, four within the public constituencies and one staff Governor vacancy. The nomination process for candidates to stand has now been completed and it was reported that all of the public Governor constituencies would be holding an election as all posts were contested. The closing date for the election was 13 June, with the results being made known to the Trust on 16 June.
- 14.3 The Board were informed that it had been unfortunate that the vacant Nursing Staff Governor post had received no nominations, despite some good interest being expressed. The Director of Corporate Affairs advised that the Council of Governors would be briefed on the situation at their next meeting in July and a decision could then be considered about how and when to re-run the staff Governor election.

ACTION: Council of Governors to receive update of elections at July meeting and to make a decision around timeframe for holding the staff Governor election

15. BOARD COMMITTEE REPORTS

- 15.1 The purpose of this report was to provide the Board with a regular update on the key areas of discussion taking place within the Board Committee structure.
- 15.2 The Board were presented with the reports from the Practice Standards Committee held on 26 March, Performance Management Committee held on 8 April, the Infrastructure Committee held on 9 April and the Workforce Committee held on 28 April.
- 15.3 Frank Powell presented the Board with the key points from the Practice Standards Committee. He advised that the Chair of the Service User and Carer Best Practice Committee had left the Trust and work was being done to ensure that the Trust keeps up with service user involvement. The Director of Corporate Affairs was acting as Chair in the interim. The Director of Finance queried the progress in holding a Clinical Development sub-committee meeting. The Medical Director advised that a date was being sought for this meeting to take place, which would also have Governor representation, however, it was proving quite difficult to get key players together. The Board agreed that a discussion to progress this further should take place at the Board Development session taking place on Friday 23 May.

ACTION: Further discussion around the holding of a Clinical Development Sub-Committee to take place at Board Development session on Friday 23 May.

- 15.4 Roger Brimblecombe presented the Board with the key highlights from the Performance Management Committee meeting. He informed the Board that the notes were now a month out of date, however, the meeting was an 'end of year' meeting and the Trust had achieved all of its targets. At the next meeting, the Committee would receive a presentation from Alan Metherall on Delayed Transfers of Care. The Intelligent Board Report gap analysis, as received by the Committee at its last meeting had now been received by the Executive Team and it was agreed that they would pick up the key issues from within the report. Roger Brimblecombe informed the Board that at the May meeting of the Committee, discussions had taken place around the dashboard indicators, and, as noted earlier in the meeting, two new indicators had been identified and four had been removed from the dashboard.
- 15.5 The Director of Corporate Affairs presented the Infrastructure minutes to the Board. It was noted that the Trust had been approached by the Gloucestershire Hospitals Trust about joining a consortium to sell the Delancey Hospital site. The Trust had declined this offer. Notice has been served on Heathfield, 30 Denmark Road. Patient transport savings are being followed up. Concerns about the Estates shared service have now been formally raised with the Hospitals Trust in writing. It was agreed that the establishment of a Corporate Citizenship Group would form part of the discussion on Board Committees at the coming awayday later in the week. The IM&T Strategy would be presented back to the Board in June.

ACTION: Discussion to take place at Board awayday around the establishment of a Corporate Citizenship group

- 15.6 Tracey Barber presented the Board with the key points from the Workforce Committee minutes. It was noted that the Committee had received a review of its work for the year 2007/08. This had been very helpful and the Director of HR had been asked to pull together her methodology for sharing with the other Committees to enable them to do the same thing. It was noted that the Committee had approved 16 new policies during the year. The Board received the full Staff Attitude Survey assessment report for information. Tracey Barber advised that the survey results demonstrated a 'where we were' situation, rather than 'where we are now' and had taken place before the push on appraisals and recognition schemes such as the Recognising Outstanding Service Contribution Awards (ROSCAs). Recent performance showed that the Trust was moving in the right direction which was good news however work still remained to be done. The Chief Executive agreed to pursue information regarding work being carried out to compare the data within the Staff Attitude Survey and the Patient Survey. The Board agreed that it might be able to identify some useful correlations. The Director of Corporate Affairs noted that the timescales for the publication of the Staff Survey results meant that the data received was very out of date and no longer as relevant. A query was raised as to whether the Healthcare Commission could be contacted and persuaded to look into changing their timescales. Rennie Fritchie was keen that 6.21 of the staff survey report be changed to state that the actions identified should impact favourably on the working lives of staff, rather than simply impacting favourably on the responses given to the 2008 survey. Rennie Fritchie also asked that the Trust look again at its communication channels for staff to raise problems or concerns at work as getting the processes right early would be a more productive way to improve our services.

ACTION: Information to be pursued around work being done to compare results of Staff Survey and Patient Survey and to see whether this could prove useful for the Trust.

16. ANY OTHER BUSINESS

- 16.1 The Director of Finance informed the Board that the Business Development Committee due to take place on 20 May had been cancelled. A problem had arisen with the quorum for the meeting with regard the expected attendance of either the Medical Director or the Director of Nursing, Social Care and Therapies. The Board agreed that the decision had been made that one or either should be in attendance at the Committee so held its decision. The Director of Finance would establish whether any of the remaining dates for 2008 would prove to be difficult to attend and rearrange as necessary.

ACTION: Availability of Medical Director and Director of Nursing, Social Care and Therapies in relation to the Business Development Committee be established

- 16.2 The Trust had received a call in the morning regarding the release of RIO. The Chief Executive agreed to brief the Board about progress at Friday's Board Development session.

ACTION: Board to receive update on position with release of RIO at Board development session on 23 May

17. DATE OF NEXT MEETING

The next meeting would take place on Monday 22 June 2008 at 12.30pm at a venue to be confirmed in the Cirencester locality.

**BOARD MEETING
ACTION POINTS**

Date of Meeting	Item ref	Action	Lead	Status/Progress
19 May 2008	5	Response to questions received under the Public Questions Protocol to be collated and sent.	David McGrath	Complete
	6.7	Dementia Strategy to be added to future Board Development Session agenda	Kay Harrison	Scheduled
		Dementia Strategy to be added to future edition of membership newsletter	Anna Hilditch	
	6.8	Ted Quinn to relay the Board's recognition of their excellent work back to SSU staff	Ted Quinn	
	7.2	Chief Executive to receive information from Sounding Board meeting about Health in the Working Age population	Shaun Clee (Via Rennie Fritchie)	
	7.3	Review, in liaison with MPs office, complaints received relating to the Trust to assess whether a trend can be seen.	Shaun Clee	
	8.2	Director of Operations to pull together report on levels of incidences of substance misuse within the county for next MPs meeting	Simon Thompson	
	10.3	Board to receive Drug Misuse retention rate figures against target as soon as they are made available.	Simon Thompson	
	10.7	Additional column to be added to dashboard showing length of time that indicators have been red or amber to enable effective monitoring and action.	Ryan Lewis	
	10.10	Discussion regarding CPA to take place at Executive Team and outcome to be reported back to Board.	Shaun Clee for Execs	
	11.5	Business Plan summary to be disseminated to Trust staff via Service Directors	S Thompson (via SDs)	
	14.3	Council of Governors to receive update of elections at July meeting and to make a decision around timeframe for holding the staff Governor election	David McGrath	On agenda for 16 th July meeting
	15.3	Further discussion around the holding of a Clinical Development Sub-Committee to take place at Board Development session on Friday 23 May.	All	

	15.5	Discussion to take place at Board awayday around the establishment of a Corporate Citizenship group	Rennie Fritchie	
	15.6	Information to be pursued around work being done to compare results of Staff Survey and Patient Survey and to see whether this could prove useful for the Trust.	Shaun Clee	
	16.1	Availability of Medical Director and Director of Nursing, Social Care and Therapies in relation to the Business Development Committee be established	Sandra Betney	
	16.2	Board to receive update on position with release of RIO at Board development session on 23 May	Shaun Clee	