Minutes

Board of Directors
Wednesday 27 May 2015 at 9.30 am
Boardroom, Trust Headquarters

PART I

Present:

John Schofield Chairman
Martin Roe Director of Finance / Deputy Chief Executive
Henry Ticehurst Medical Director
Katy Calvin-Thomas Executive Director of Planning, Performance and Information
Ian Trodden Executive Director of Nursing and Health Care Professionals
Keith Walker Executive Director of Operations
Richard Spearling Director of Service Development and Partnerships (Acting)
Petra Bryan Director of Workforce and OD (Acting)
Robert Ainsworth Non-Executive Director
Joan Beresford Non-Executive Director
Dawn Edge Non-Executive Director
Tony Berry Non-Executive Director
Paula Ormandy Non-Executive Director
Sandra Jowett Non-Executive Director

In attendance:

Louise Bishop Trust Secretary
Gillian Bailey Assistant Trust Secretary
Beth English Digital Communications Officer
David McCluskey Ward Manager, North Ward, Irwell Unit
Kevin Gordon Safewards Project Manager
Marc Miller Member of the public

Governor representation:

June Somekh Appointed Governor (Stockport Council)

1. Apologies for absence

Apologies were received from Michael McCourt (Chief Executive), and Judith Crosby (Director of Finance).
2. **Declarations of interest**

There were no declarations of interest.

3. **Previous meeting of the Board of Directors**

3.1 **Minutes from a meeting of the Board of Directors held on 29 April 2015 (PI)**

The Chairman presented the minutes from a meeting of the Board of Directors (PI) held on 29 April 2015 to the Board for approval.

The minutes were approved as an accurate record subject to amendment under:

Item 6.1 (changes in italics): With regards to the community services dashboard, *Ms Beresford drew attention* to the increase in slips, trips, and falls. Dr Ticehurst advised that these cases were predominantly in Butler Green or Grange View and involved a small number of individuals.

Item 8.1 (changes in italics): *In relation to a query from Ms Beresford regarding* attendance at the Council of Governors by an appointed representative from Stockport CCG, Ms Bishop reported that the CCG had been written to twice and they would be chased up again prior to the Council meeting on 6 May 2015.

Referring to mandatory training, Professor Jowett queried how the worst performing 50 teams were targeted and whether disciplinary action was used. Mr Walker replied that a team would receive a letter providing an update on its performance that included a range of suggestions on actions that would improve compliance. Where there was an ongoing concern, this would be escalated to the Service Director. In terms of disciplinary action, it was currently incumbent on the manager to ascertain the appropriate performance process for an individual not complying with a reasonable management request. Professor Jowett further enquired whether shifts were offered to bank and agency staff if their mandatory training was not up to date. Ms Bryan replied that from May 2015 the new bank system tracked the mandatory training compliance of bank staff and issued a warning to people if they were out of date, advising them that would not be booked again for a subsequent shift until they were fully trained. Agencies workers should be compliant as part of the service level agreement with individual agencies. Mr Roe added that he has requested a meeting on this matter to discuss placing a greater emphasis on the individual to ensure they took responsibility for being adequately trained to do their job.

4. **Matters arising and action plan**

4.1 **Action plan arising from meetings of the Board of Directors**

The Chairman presented the action plan arising from meetings of the Board of Directors, to the Board for approval.

The Board approved the action plan.
4.2 Update on Trust response to Savile recommendations

Petra Bryan presented an update on the organisational response to the Savile report to the Board for assurance.

Ms Bryan explained that the report summarised the Trust’s response to the Savile lessons learned enquiry and progress against the 10 recommendations that NHS organisations were expected to self assess against.

Of the 10 recommendations, the Trust had assessed itself as fully meeting three, partially meeting five where additional work was required, and not meeting one recommendation. The latter related to a policy for managing visits by celebrities, VIPs and other official visitors, however plans were now in place to address this.

Ms Bryan drew attention to the action plan contained within the report, which would be submitted to Monitor by 15 June 2015. The action plan described the recommendations, any issues identified in relation to them, planned action, progress to date, and a due date for completion. Board were asked to approve the submission to Monitor and receive an update on progress in October 2015.

Professor Jowett requested clarification on the specific definition of ‘partially met’. Ms Bryan replied that the partially met areas related to workstreams where actions were already underway but some adjustments were needed because of specific requirements arising from the Savile report. Professor Ormandy questioned why interim measures were in place regarding the policy for VIPs as opposed to having a full permanent policy. Ms Bryan explained that interim guidance was put in place as a result of a potential VIP visit several months ago, and this was currently being used by Communications to co-ordinate any potential visitors whilst the full policy was going through its final stages of consultation and approval. The Chairman asked if there was a deadline date for all trusts to be compliant. Ms Bryan advised that no deadline date had been set – the only submission deadline at the moment was for the action plan to be returned to Monitor by 15 June 2015.

Referring to the planned actions in relation to patient and visitor internet access, Professor Jowett noted reference to Board approving a funding solution and queried the timing of this. Ms Bryan responded that any technological solutions were expected to be picked up outside of Board through the Technology Steering Group in line with the timescales set out in the report.

With regards to DBS checks, the Chairman queried if these would be extended to other groups such as hospital managers and governors. Ms Bryan replied that this was not a factor that was picked up specifically as part of the Savile report, with Ms Bishop adding that this was currently under review as part of the Fit and Proper Test work.

The Board noted the contents of the report and approved the action plan for submission to Monitor.
4.3 Update on Children’s IAPT target

Keith Walker presented an update on the children’s IAPT target to the Board for assurance.

Further to the reports provided at previous meetings, Mr Walker reminded colleagues of the background to the children’s IAPT programme and of the letter from NHS England in February 2015, which was issued to all providers, raising concerns regarding compliance against routine outcome measures. Specifically, the letter referred to under achievement against the national KPI of 90% of new cases having outcome measures at two time points. The letter represented a different emphasis from the centre regarding compliance as previously the KPI had been referred to as an aspirational target. In response to the letter, the Trust had submitted an action plan to NHS England detailing the steps being taken to increase compliance with achievement of the KPI. Since the action plan was put in place, the Trust had received in full the first of three payments for 2015/16, and the next payment was expected to be paid in full in June 2015.

In terms of the extent to which performance had improved, the web-based tool for submission of data did not support local interrogation and so the service was currently waiting for the release of the data report from the centre. The Trust was looking into the feasibility of procuring an IT solution to facilitate internal monitoring and support real time collection of routine outcome measures. The Chairman commented on the fact that a bespoke system would require 12 weeks to put in place. Mr Walker confirmed this would be the case if this was the chosen solution. In the meantime, the Trust would await the aforementioned data report and adjust its action plan on the basis of retrospective performance.

Professor Ormandy queried how much investment there had been into the service before the action plan was put in place. Mr Walker replied that since the programme commenced, approximately £2m investment had been received from NHS England to run the service but clarified that the investment was not for new staff but to train existing staff and support a different way of working. Professor Ormandy questioned why it had taken so long to put an action plan in place if investment was attached to the KPI. Mr Walker explained that the KPI had been subject to ongoing dialogue with NHS England since the start of the programme, with the Trust submitting quarterly reports evidencing progress against the programme’s key principles. The routine outcome measures target was described as aspirational not linked to income, and not previously subject to escalation. There had now been a change from NHS England regarding enforcement, which the Trust had responded to.

The Board noted the report.

5. Strategy

5.1 Chief Executive’s update: May 2015

Martin Roe presented the Chief Executive’s update for May 2015 to the Board for information.
Mr Roe referenced the SDS event that had taken place on 20 / 21 May 2015 that was attended by over 200 staff. The associated workstreams from this event would inform future SDS proposals to Board. Work was also underway on Plan B scenarios.

In terms of other internal activity, the work by Colin McKinless to review the performance management system was progressing to implementation, and a Board development session was planned for 10 June 2015 to provide a detailed overview.

The EDs and SDs had received a presentation from the NHS Benchmarking team. The Trust was currently considering how it might make best use of this information; but in the meantime the information would be circulated to Board.

Mr Roe advised that he had now taken over as chair of the Technology Steering Group, and this group was leading the re-launch of the Paris programme. A session had taken place on 26 May 2015 regarding the development of a template for the delivery of a ‘like for like’ programme and this was to be tested first in Bury Community Services.

The EDs received a presentation during May 2015 from Dr Fernando regarding plans for a ‘Medical Education’ facility. A formal proposal would be presented to Board in June 2015.

Mr Roe highlighted that Ms Calvin-Thomas would commence a one year secondment into the Devolution Greater Manchester (DGM) team from 1 June 2015 for three days per week. Ms Calvin-Thomas would retain responsibility for IT and Information. Responsibility for Performance would transfer to Mr Walker, and Mr Spearing would take over responsibility for Planning. DGM was progressing at pace, with Dr Ticehurst scheduled to attend an evening event on 27 May 2015 regarding the mental health strategy. Further to Professor Jowett’s request to see the terms of reference from Ms Calvin-Thomas’ secondment, Ms Calvin-Thomas advised that these were in the process of being negotiated. The Chairman instructed that these be presented to the next meeting of the Board Appointment and Remuneration Committee.

The Board noted the report.


Katy Calvin-Thomas presented the Technology Steering Group highlight report for May 2015 to the Board for assurance.

Ms Calvin-Thomas reported that the Group had received an update from the Information Technology Programme Group, which was chaired by Mr Walker, on two main challenges. The first was data quality, and Mr Walker had commissioned a review of the data quality workstream and the development of a strategic approach with regard to managing the risks of continuing issues – both day-to-day and back log issues. A paper would be presented to the next Technology Steering Group meeting on 8 June 2015 with options on how to support services with clinical data issues. The second challenge was the roll-out plan. Roll-out of Paris in Oldham had commenced, and the first services were due
to go live by the end of May 2015 with all services completed by the end of June 2015. Bury Community Services would be the next area to go live.

The group chaired by Dr Ticehurst and Mr Trodden was now called the Electronic Patient Record Group (previously known as the Clinical Authorisation Group). Terms of reference were in place and a number of supporting sub groups were being established.

In terms of project resource, the recruitment process for local Project Managers was underway and interviews for those posts were on track.

Professor Jowett requested clarification as to what would be in place when the completion dates for each DBU were reached. Ms Calvin-Thomas explained that completion meant the ‘switching off’ of the legacy system (i.e. iPM / Lorenzo) in the borough with all data from that point collected on Paris.

Referring to data quality, Mr Berry requested assurance that issues in relation to staff errors were being picked up. Ms Calvin-Thomas responded that gaps in data quality were picked up via the system, and there was a data quality team in each division that worked with services to target issues and to help improve data quality. A data management quality tool had also been put in place to help identify individuals where there might be specific problems. As alluded to above, there was now a need to have a strategic plan to pull together options to further support services that were struggling. Mr Walker added that any solution had to be meaningful so it was essential to have the information needed to make the right decision, which was why this work had been commissioned. Mr Walker further noted that the forward schedule within the report was supported by a detailed project plan, part of which was the intention to train 60-80 ‘super users’ at scale – these would be clinically based staff supporting colleagues and services.

Ms Beresford noted that, through talking with staff, there needed to be greater awareness of the ‘simple’ elements of the system that were helpful to users; and added that staff talked about a user group that was no longer operating. Mr Trodden replied that this was an area that had been discussed, and part of the Electronic Patient Record Group’s sub-group structure would look to re-energise this area. Mr Walker added that outside the formal group meetings, there were also bespoke meetings with staff and the technical team to pick up these types of conversations, which would then be feed back up through the Technology Steering Group reporting structure.

The Board noted the report.

6. Quality Governance

6.1 Quality Governance and Assurance Committee report

Henry Ticehurst presented the Quality Governance and Assurance Committee highlight report to the Board for assurance.

The Board noted the report.
6.2 Mental Health and Community Health Governance report: April 2015

Henry Ticehurst presented the mental health and community health governance reports for April 2015, to the Board for assurance.

Referring to the mental health report, Dr Ticehurst referenced two suspected suicide cases in the reporting period; along with a serious incident in Oldham. AWOLs had increased in month; however there was only one case where a patient had left the ward without permission, and there were no particular trends or themes with the other cases this month. Similarly there had been an increase in medication errors but there were no identifiable trends in relation to these. With regards to the community services dashboard, there had been an increase in Grade 1 incidents reported, these related mainly to the information system used by Pennine Acute that was giving rise to issues within community services. There had been four Grade 5 incidents in month, and Dr Ticehurst provided the headlines relating to these.

The Board noted the report.

6.3 Safer Staffing report

Ian Trodden presented a report on safer inpatient staffing to the Board for assurance.

Mr Trodden explained that the report set out to provide assurance the Trust was complying with the requirements of the National Quality Board’s standards on safer staffing. The table within the report detailed the information reported through the UNIFY database, which was then published nationally. Mr Trodden drew Board’s attention to the Horizon Unit, where the registered day fill rate was 77.39%. The Trust had agreed internally that any areas performing at less than 80% would be subject to a ‘deep dive’ visit, and in the case of the Horizon Unit, there had been an increase in the number of patients coming to the end of their care pathway and spending more time on home leave therefore more qualified provision was being used on the Hope Unit to support therapeutic activities. Summers ward was also less than 80% but they had recently recruited to two posts and had a member of staff due to return from long-term sick therefore the fill rate should now improve.

Mr Trodden reported that a programme was underway whereby he and Dr Ticehurst were visiting all wards to obtain assurance that the Trust had safe and effective wards, and in preparation for future CQC visits. The themes and findings from this programme would be reported to EDs in June 2015.

Mr Trodden reminded Board of the work with Dr Keith Hurst to analyse safer staffing data. The first data collection exercise had been completed in late 2014; the second was in the process of being completed; and there would be a third by October 2015. It was anticipated that the latter would coincide with the launch of the NICE recommended tool.

The Chairman noted that in some cases, there were areas significantly greater than 100%. Mr Trodden replied that these areas tended to be related to additional
staff required for increased observations, and would feed into ongoing contracting
discussions. Professor Ormandy asked whether there was a way of obtaining this
information internally before it was reported nationally to help avoid any issues.
Mr Trodden explained that the current national system was not in place when
safer staffing was devised so the Trust established its own system, which was
then able to pick up and escalate any safer staffing issues on a day-to-day basis.
Mr Berry queried the Department of Health and commissioner response to
anomalies arising from staffing levels being reported by trusts. Mr Trodden
responded that the Keith Hurst tool was well researched and had a national profile
therefore the outputs from this tool, from a Pennine Care perspective, were
helping to inform early discussions with commissioners about the implications
arising from the safer staffing work in the absence of the NICE recommended tool.
From a national perspective, Jane Cummings (Chief Nursing Officer, NHS
England) viewed safer staffing as critical; however if gaps were being highlighted
around safer staffing then there was a question about how the centre was going to
support professional leads to address these issues.

The Board noted the report.

6.4 Annual Accounts 2014/15

Martin Roe presented the Annual Accounts 2014/15 to the Board for approval.

Mr Roe advised that the Audit Committee had reviewed the accounts in detail at
its meeting on 22 May 2015 and agreed them in principle. The auditors had
issued an unqualified opinion and were satisfied the accounts could be submitted
to Monitor by the required deadline of 29 May 2015. The accounts formed part of
the Annual Report 2014/15, which would be presented at this year’s AGM.
Mr Roe added that there had been a technical query at Audit Committee regarding
the PFI, and a response had been circulated outside the meeting on 22 May 2015.

The Board of Directors approved the Annual Accounts 2014/15.

6.5 Performance dashboard: April 2015

Katy Calvin-Thomas tabled the Performance dashboard for April 2015 to the
Board for assurance.

Ms Calvin-Thomas confirmed that, at month one, all Monitor compliance targets
were being met. Performance against the Early Intervention (EI) target was
highlighted, which for April 2015 was 255%. This was due to changes agreed with
commissioners that meant more users were now accessing the services; thereby
the Trust was currently significantly ahead of target. Mr Walker stressed that
performance in this area had not necessarily improved but the methodology had
changed in line with other GM providers – commissioners were therefore being
provided with performance data against the revised and previous methodologies
so they could see the difference.

The Chairman questioned whether the Trust should consider if the systems it had
in place to achieve these targets were also achieving the right results for patients.
Mr Walker cautioned against taking these targets in isolation because there were
a range of KPIs and quality measures that were monitored throughout the year
and these formed the narrative referred to when discussing quality and performance with commissioners. The premise from the query however could be built into discussions within quality and contracting groups.

The Board noted the report.

6.6 Performance and Information report: Q4 2014/15

Katy Calvin-Thomas presented the Performance and Information report for Q4 2014/15 to the Board for assurance.

Ms Calvin-Thomas reminded colleagues that more detail had previously been requested by Board regarding contract performance; therefore the report set out the main areas of concern that were currently being worked through with commissioners.

The first area was IAPT, and Ms Calvin-Thomas explained that agreement had been reached with commissioners for 2014/15 that work would focus on increasing prevalence targets in all boroughs. These targets had been achieved. The targets that were not currently being achieved were the ‘moving to recovery’ targets, but clear plans were in place to achieve these throughout 2015/16. Referring to the prevalence targets, the Chairman queried why the target for Stockport was 1.95% whereas it was 3.75% for the other boroughs. Dr Ticehurst explained that Pennine Care only provided some of the IAPT pathway in Stockport, with the remainder provided by the third sector. With regards to the recovery targets, Mr Walker noted that it had been agreed through the service development improvement plan with commissioners that the targets would contractually come into force at the end of Q4 2015/16. Commissioners therefore expected the Trust to have a clear trajectory and plan of how it was going to achieve these targets.

The second area was waiting times, specifically in relation to Paediatric Speech and Language Therapy in HMR, for which a formal contracting query had been raised. Mr Walker advised that the 18-week referral to treatment time waiting list for this area had developed over a number of months due to issues with recruitment and retention. There had been a significant recruitment drive in this service with all posts now either filled or recruitment processes being finalised. The remedial action plan to address this situation had been signed off by commissioners, which included a trajectory on how waiting times would be reduced. Mr Walker acknowledged that this situation should not have deteriorated to the extent it did; however emerging issues should be escalated in a more timely manner in future due to a new quarterly assurance process, developed in line with the performance management review by Colin McKinless, that was about to go live.

The third performance area highlighted was ‘Looked After Children’ (LAC), and Ms Calvin-Thomas explained that specific teams had responsibilities for assessing the health and social care needs of LAC – for both children moving into and out of the Trust’s footprint. Where children were moved out of area, teams were experiencing difficulties in ensuring those assessments were undertaken by services in the new area; and where children were moved into an area of the Trust’s footprint, services were not always notified in a timely manner therefore
assessment targets were missed. Ms Calvin-Thomas stressed that Trust was working with commissioners regarding these issues but there also needed to be more work between commissioners to ensure the assessments were prioritised by other services. Dr Edge queried why HMR was exceeding the 90% target. Ms Calvin-Thomas explained that, during Q4 2014/15, a formal contracting query had been received regarding HMR LAC and significant work was undertaken with commissioners to help manage out of area cases. The Chairman queried if Trafford LAC performance should be included in the report. Ms Calvin-Thomas explained that no issues had been flagged in relation to Trafford LAC, but agreed it could be included into future reports if required.

Ms Calvin-Thomas drew attention to 2015/16 KPIs as a range of new standards had been introduced in relation to psychosis, and IAPT. Work continued on the implementation of these measures and reporting a baseline at Q1 2015/16. Mr Walker added that the Trust was working with commissioners on a potential business case in anticipation of funding being made available nationally to help achieve these targets.

Ms Calvin-Thomas highlighted the update within the report on the data quality management tool, which had been rolled out to all teams now live on Paris. Ms Beresford noted that there had been positive feedback about the tool during service visits but there were issues about the time taken to download it. Ms Calvin-Thomas advised that a separate server had now been purchased to run this tool from because of this issue. Professor Ormandy queried whether the data quality management tool was a ‘thinking model’ i.e. whether it pointed out where there were problems and flagged up issues with KPIs. Ms Calvin-Thomas replied that some KPIs were built into the model; however information about the exact detail and parameters of the model would need to be followed up and shared outside the meeting.

Ms Ormandy expressed the view that the financial implications of not achieving KPIs should be included in the report. Mr Roe replied that there were no specific financial issues in relation to these areas at the moment, and should any arise they would be highlighted in the finance report. The main financial focus in relation to targets was achievement of CQUINs. Professor Ormandy maintained that the Board should bear in mind the financial implications of a potential loss of service due to poor performance. Mr Roe responded that the EDs did review the financial impact where services were lost but this was not currently felt to be a significant problem.

The Board noted the report.

6.7 Workforce and OD update: May 2015

Petra Bryan presented the Workforce and OD update for May 2015 to the Board for assurance.

Ms Bryan explained that the report provided an overview of a number of national and organisational developments, along with work underway within the Trust to address any implications arising from these.
In terms of national developments, Ms Bryan drew attention to the Conservative Party’s commitments relating to workforce, specifically highlighting the plan to give public sector workers a workplace entitlement to volunteering leave for three days per year on full pay. The implications of this proposal would be considered further as and when information was released.

A further area of development nationally applied to work, initiated by Monitor, to assist trusts in reducing their bank and agency usage. A series of workshops and a toolkit have been devised by the NHS Commercial Alliance, which Pennine Care would access. Ms Bryan added that work was already underway in the organisation to move individuals from agency to the bank, plus there was a wider piece of work on how the Trust used bank and agency staffing and managed that resource in the context of safer staffing and workforce planning. The Chairman questioned whether the Trust set a target to reduce agency costs. Mr Roe replied that before such a declaration could be made, there would need to be full consideration of the implications for services as the Trust only employed agency staff if permanent staff were not available and/or could not access the bank. There were also considerations in relation to redundancy costs as the Trust had successfully avoided significant redundancy costs in the past through holding vacancies to support organisational change. If the Trust was to have full establishment then redundancy costs would be higher when transformational change plans were enacted. Professor Jowett agreed that part of the work referred to by Ms Bryan above needed to consider what the Trust’s optimal position might be. Ms Bryan added that there was a clear link to the work around safer staffing and why and how bank and agency staff was used.

The Chairman pointed out that bank staff were not the issue, and the Trust had invested resources into a new bank system so by now agency costs should be reducing as a result of that. By not having a clear target for reducing agency costs the Trust avoided tackling the problem and could not address the key factor of having a permanent workforce. Mr Trodden added that there was a quality aspect in relation to agency staffing – services should reduce them to as low a level as possible but retain the flexibility to use them as a ‘Plan B’ in conjunction with a more robust bank system. The Chairman questioned how the Trust would measure its progress to reduce agency; and also expressed a need to know the precise costs associated with agency usage. Ms Bryan advised that this was being picked up as part of the wider review referred to above.

Ms Beresford queried if there was an issue with agency staff being used in a particular specialism. Mr Walker replied that agency usage was spread across most services; but added that there were instances when agency usage was cost effective, for example where a small number of people with specific expertise were needed for a limited amount of time. Ms Beresford enquired whether there were any agreements in place across GM to fix the price of agency workers. Ms Bryan replied that the main focus for this area at the moment was in relation to medical locum rates across GM.

Referring to the workforce strategy, the Chairman commented that the Trust was working towards having 2016/17 SDS plans by September/October 2015 therefore questioned whether the workforce strategy needed to be signed off by then. Mr Roe explained that the SDS was the lead strategy that would be underpinned by a range of supporting strategies thus the lead strategy would need
to be signed off first because of its impact on the supporting strategies. Ms Bryan drew attention to the update on the workforce strategy in the report, which outlined the key elements that were currently being worked on along with the timescales for the strategy’s development. The draft OD and workforce strategies were expected to feature in the Board development programme in September / October 2015. A connected area was health and wellbeing, and the specific focus in relation to sickness absence was currently being progressed through QGAC.

The Chairman made reference to the number of staff in the organisation, particularly in mental health services, that were expected to reach retirement age in the next five years, and suggested that the risk and impact of this should be mapped. Mr Roe replied that this was one of the modelling parameters within the supporting strategies of the SDS; and Ms Bryan added that age profiling was a key element of the wider staffing profile workstream, plus workforce ‘supply’ would look at student and volunteering opportunities.

The Board noted the report.

### 6.8 Annual Report 2014/15

Martin Roe requested Board approval for the Annual Report 2014/15, which had been circulated in draft form on 13 May 2015, and a revised copy with minor amendments had been circulated on 26 June 2015 following comments from the external auditors.

The Board of Directors approved the Annual Report 2014/15.

### 6.9 Monitor corporate governance self-certification

Louise Bishop presented the Monitor corporate governance self-certification templates to the Board for approval.

Ms Bishop reminded colleagues that the Trust was required submit confirmation to Monitor of their compliance with the governance conditions of their provider licence. The detailed evidence to support the Trust’s declaration was reviewed at QGAC on 19 May 2015.

With reference to the section regarding the views of Governors, Ms Bishop advised that a process was in place to capture this as part of the annual reporting cycle.

The Board approved the declarations.

### 6.10 Declarations of Interest report 2014/15

Martin Roe presented the Declarations of Interest report 2014/15 to the Board for assurance. It was noted that developments in relation to the declarations of interest would be linked in with work the Trust was undertaking on the Fit and Proper Persons Test.

The Board noted the report.
6.11 Board self-assessment of collective performance

Louise Bishop presented a report on the Board’s self assessment of collective performance to the Board for assurance.

Ms Bishop explained that the Board was required to undertake a regular assessment of its collective performance, and one method of doing so was via a self-assessment tool developed in line with Monitor’s NHS Foundation Trust Code of Governance. This was completed, presented and discussed at a Board development session on 13 May 2015, where a score of 94% was achieved.

The Board noted the report.

7. Audit Committee

7.1 Feedback from a meeting of the Audit Committee held on 22 May 2015

Tony Berry provided verbal feedback from a meeting of the Audit Committee held on 22 May 2015 to the Board for assurance.

Mr Berry reported that the Committee had examined the Annual Accounts 2014/15, along with the Annual Governance Statement (which was subject to a presentation by the Chief Executive). External audit presented their reports on the Accounts and the Quality Report; and the relevant management representation letter to the external auditor was also reviewed. The Committee received confirmation that the Council of Governors had appointed Grant Thornton as the External Auditor from 1 June 2015. The Committee also received annual reports in relation to internal audit and counter fraud.

The minutes and highlight report would be presented to the next meeting.

The Board noted the report.

8. Council of Governors

8.1 Feedback from a meeting of the Council of Governors held on 6 May 2015

The Chairman provided verbal feedback from a meeting of the Council of Governors held on 6 May 2015, advising that the Council had approved the appointment of a new external auditor from 1 June 2015; plus there had been a general discussion regarding Governor involvement in service redesign and tying them into the DBUs.

The minutes would be presented to the next Board meeting.

The Board noted the report.

8.2 Membership dashboard

The Chairman presented the membership dashboard for the period January to March 2015 to the Board for information.
The Board noted the report.

8.3 Update on Council of Governor elections

Louise Bishop provided a verbal update on the Council of Governor elections for 2015, advising that the deadline for nominations passed on 11 May 2015 and all 13 available seats would be filled, with all but three areas (HMR / Tameside and Glossop / Nursing class) having contested elections. Ballot papers would be issued at the beginning of June 2015; the results would be announced on 29 June 2015; and a welcome event was planned for 1 July 2015.

The Board noted the update.

9. Other reports

9.1 Information circulated to Board since last meeting

The Chairman presented a report on information circulated to the Board since the last meeting.

The Board noted the report.

10. Any other business

10.1 Annual General Meeting (AGM) 2015

The Chairman proposed that this year’s AGM be held on Tuesday 22 September 2015.

The Board approved the proposed date.

11. Patient/Carer Story

Ian Trodden presented the patient story to Board, reminding colleagues that a full briefing had been circulated outside the meeting on 26 May 2015. The story related to a complaint about the care received by the complainant’s late uncle; the briefing summarised the complainant’s concerns along with the Trust’s response, which included a table top review session to identify learning and make recommendations for improvement. The complainant had granted permission for the case to be used for future training purposes and for it to be shared with the Board. Assurance in relation to the action plan would be reported back through QGAC.

The Board thanked Mr Trodden for this patient story.

12. Questions

No further business was discussed.
13. Date and time of next meeting

The next meeting of the Board of Directors will take place on Wednesday 24 June 2015 in the Boardroom, Ground Floor, Trust HQ, commencing at 9.30 am.

JS/MMc/LB/GLB