MINUTES

Pennine Care NHS
NHS Foundation Trust

Board of Directors

Wednesday 26 April 2017 at 9.30 am

Boardroom, Pennine Care Trust Headquarters, 225 Old Street, Ashton-under-Lyne, OL6 7SR

PART I

Present:

John Schofield	Chairman
Martin Roe	Acting Chief Executive
Henry Ticehurst	Medical Director / Acting Deputy Chief Executive
Keith Walker	Executive Director of Operations
Judith Crosby	Executive Director of Service Development and Sustainability
Emma Tilston	Acting Executive Director of Finance
Ian Trodden	Executive Director of Nursing and Healthcare Professionals
Keith Bradley	Non-Executive Director
Sandra Jowett	Non-Executive Director
Michael Livingstone	Non-Executive Director
Ian Bevan	Non-Executive Director

In attendance:

Louise Bishop	Trust Secretary
Gillian Bailey	Assistant Trust Secretary
Jonathan Bowman-Perks	Leadership Advisor, Institute of Inspiring Leadership
Sarah Dunnett	CQC Inspection Manager – Hospitals Directorate (Mental Health)
Beth English	Digital Communications Officer

1. Apologies for absence

Apologies received from Tony Berry (Non-Executive Director), Joan Beresford (Non-Executive Director), and Paula Ormandy (Non-Executive Director).

2. Declarations of interest

No interests were declared.

3. Previous meeting of the Board of Directors

3.1 Minutes from a meeting of the Board of Directors

The Chairman presented the minutes from a meeting of the Board of Directors (PI) held on 29 March 2017 to the Board for approval.

The minutes were approved as an accurate record.

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 Board Strategy sessions: April 2017

The Chairman presented a summary of the Board Strategy sessions that had taken place during April 2017 to the Board for noting.

With regards to future sessions, the Chairman advised that the session with PwC would now take place on 17 May 2017. Ms Tilston added that, as agreed at Finance Strategy Committee on 25 April 2017, the final draft of PwC's report was awaited and upon receipt it would be circulated to Board members.

The Board noted the report.

4.3 CQC assessment / action plan update

IT provided a verbal update on the CQC assessment to the Board for assurance.

IT reported that the Trust had received notification from the CQC that it would be inspected week commencing 3 July 2017. Nicolas Smith would once again be the lead inspector. With this inspection the CQC would be piloting its new approach to the inspection of NHS trusts, which included the facility for unannounced visits to services between now and the inspection week. The inspection would also encompass a well-led review, and during inspection week CQC would invite senior executives to deliver a presentation about the organisation.

The Trust met with the CQC on 18 April 2017 to discuss the forthcoming inspection and it was confirmed that the timing of this review was not the result of the triangulation of any concerns about Pennine Care but more of an opportunity for the organisation to be involved as a pilot site.

A consultation on the new inspection framework was published in December 2016 and closed in February 2017; however the final guidance had not yet been released. Once this was available, a session would be scheduled to inform Board of the details. The Trust understood that the new framework would simplify assessments but the domains (safe, effective, caring, responsive, and well-led) would remain. The well-led assessment would focus on eight key lines of enquiry with the intention of providing a more

integrated and targeted approach that focused on accountability and leadership.

The CQC acknowledged that the Trust has been through a recent inspection and therefore was working to an action plan, and so their view of long-term sustainable improvements would be cognisant of the short lived nature of the Trust's action plan thus far. The latter however did include a number of actions that were in the gift of the organisation, and it hoped to be able to showcase these areas of improvement. Further progress was needed though on the system improvement plan and the understanding of pathways through Trust services, plus the impact on patients coming into care and on the communities it served. The system plan needed further traction, and NHSI was involved in how to develop the Improvement and Transformation Board.

The next steps were to continue to work closely with the CQC and NHSI; to progress the CQC action plan; and to drive forward the formulation of the system plan. The Trust would continue to engage and communicate with staff throughout this process.

Mr Livingstone recognised that the inspection framework had not yet been published, but queried if this 'pilot' inspection would be scored and, if so, the nature of the relationship between these scores and those from the previous inspection. Mr Trodden replied that the Trust understood the inspection would be scored, and that the scoring framework remained unchanged albeit the process was intended to be more targeted and refined.

Mr Livingstone welcomed the inspection in the spirit described; however given its close proximity to the previous inspection, queried if it could be a burden to staff. Mr Trodden acknowledged the potential impact on staff at a time when efforts were being made to improved services. In light of the fact that the Trust had recently experienced the process, it was helpful that a lot of the information the CQC required was already in place. Mr Livingstone sought assurance that any burden would not distract staff from delivering quality care. Mr Trodden responded that this was difficult to answer because the framework was still evolving; however during the first inspection there was no evidence that standards of care reduced as a result of the burden, because of the hard work of staff. One of the main challenges from the first inspection was that the CQC did not fully understand the size of the organisation, but this time it was very much a mental health and community services visit.

With regards to the existing CQC action plan, Mr Bevan queried if it sufficiently clear that progress was being made to move the Trust towards a rating of 'good'. Mr Trodden replied that, initially, the action plan was seen as transactional and solely Pennine Care's responsibility. In working with the CQC and NHSI, the action plan was moving towards being a system-wide plan but it still needed further system ownership, and without this there could not be assurance the Trust was moving from 'requires improvement' to 'good'. Pennine Care was also receiving support from Jon Rouse (Chief Officer, GM Health and Social Care Partnership) in light of the Trust's low reference cost, and the lowest CCG allocations for mental health in the country. Dr Ticehurst

added that the elements of the action plan that required a system response, such as the MH Strategy and Health Informatics Programme, required long-term transformation, and so the CQC inspection was likely to highlight these types of areas that had already been raised in the previous review.

Lord Bradley commented that unless the CQC recognised the barriers to change, and that change depended on decisions outside Pennine Care in terms of investment into GM-wide strategic priorities, then the CQC would be working in a silo from the wider system. There needed to be dialogue between CQC and NHSI so that comments made about Pennine Care informed wider decision-making in GM.

Mr Roe welcomed the prospect that this early reassessment would galvanize the health economy into action. Since the quality summit in January 2017, there had been only one meeting of the Improvement and Transformation Board chaired by the CCGs, and it was clear during this meeting the CCGs simply wanted to monitor progress against the action plan. The intervention of NHSI was now crucial to secure an independent chair for this meeting and to ensure it was linked to the sustainability of the organisation, not just the CQC action plan. In addition, it was understood that Mr Rouse was meeting with commissioners in May 2017 to discuss investment in Pennine Care.

Mr Roe spoke of the fact that, for the first time in the Trust's history, it had submitted a deficit plan because of the concerns about compromising quality and safety around the delivery of CIPs. The question of additional investment was pressing, so it was hoped this new inspection would accelerate the pace of activity.

Profressor Jowett enquired if the Trust had considered making representations to the CQC about the timing of the inspection. Mr Trodden replied that the timing had been discussed within the EDs; however the view taken was this visit was the opportunity to showcase where improvements had been made but to also highlight the need for the health economy to address longer-term issues.

In terms of next steps, Mr Trodden noted that the Trust would continue to provide information requested to the CQC. Services were aware that unannounced visits could take place. Once the final assessment guidance was available, a session for the Board would be scheduled.

5. Strategy

5.1 Acting Chief Executive's update: April 2017

Martin Roe presented the Acting Chief Executive's report for April 2017 to the Board for information.

Mr Roe highlighted the update on the Strategic Plan and the identification of workstreams reporting into the Programme Management Steering Group. A workshop was held on 24 April 2017 with PwC, commissioned to support

modelling work of the Trust's offer in each locality. This was a helpful session, and it was agreed that the slides from this meeting would be circulated to Board members.

With regards to the year-end position, the Trust had taken the opportunity to attract match funding from NHSI for exceeding its control total. Via an improved surplus position, Pennine Care was able to secure additional cash for every pound it exceeded the control total. Mr Roe stressed however that this was a non-recurrent measure and did nothing to affect the long-term position.

For 2017/18 the organisation had submitted a deficit plan, forecasting a gap of £6.6m. The Trust had produced a high level improvement plan that had been sent to its commissioners, and a response was awaited. It was expected that NHSI would take an interest in the financial position, but currently there was not a financial solution to deliver the control total in 2017/18.

In terms of LCO development, locality plan submissions from Bury and HMR were anticipated, and Oldham was due to re-submit its plan. Mr Livingstone recalled a previous Board session, where work was agreed to define the Trust's common narrative on its unique selling point, and queried progress. Mr Crosby replied that the Programme Management Steering Group was scheduled to discuss this matter on 8 May 2017. In terms of locality plans, the Bury, Oldham and HMR submissions were expected to be reviewed mid-May 2016 then GM intended to review the North East Sector in its entirety. Once this gateway had been satisfied it was anticipated that PIN notices would start to emerge, hence it was imperative for the Trust to push forward the work with PwC as described above.

In light of the reported surplus for 2016/17 and the deficit plan for 2017/18, Mr Bevan recalled discussion at Finance Strategy Committee (FSC) on 25 April 2017 about the need for an external engagement plan to articulate the reasons for this shift in the financial position. Ms Tilston noted that this had been recorded as an action at FSC, and that it would be opportune to communicate with commissioners prior to the annual accounts being released. Ms Crosby highlighted that the complexities of the Trust's position was also a difficult message for staff. Mr Roe added that the shift in financial circumstances was the reason why PwC had been commissioned to undertake an independent sustainability review of the Trust in order to try and pre-empt a serious financial problem. This report would highlight that the organisation was running out of cash and its current position was unsustainable.

The Chairman questioned how long the Trust should give the system to respond and, should additional investment not be forthcoming, whether there was a 'plan B'. Mr Roe replied that this was why system-wide ownership was necessary. If there was no investment, the health economy would have to agree a different service offer. For 2017/18, the expected financial outcome was an overspent position because there was no financial solution to deliver the control total. The Trust had decided that taking actions, such as closing

mental health wards, was unacceptable because of the potential impact of these types of decisions on patients, so now it was for the wider health economy to respond.

Mr Livingstone commented that the Board had decided that, in the service of patients and staff, the Trust was not able to deliver all of its CIPs and that it would submit a deficit plan. In terms of sustainable investment, the Trust needed to work through the implications of the system not responding because submitting deficits year after year was not a sustainable strategy. Mr Roe agreed, adding that this was why an independent review of sustainability was needed. If there was no prospect of additional investment then the system would need to own the fact that the service offer would have to be equalised with the resources available. Mr Crosby emphasised that although a deficit plan had been submitted, the Trust had still found CIP savings and significant redesign schemes were taking place, but these were stretching the capacity of services.

Professor Jowett enquired whether the Trust would preclude identifying other opportunities that might include estates or corporate services that might help with the overall position. Mr Roe responded that, in totality, possible savings achievable through estates and corporate services would be relatively small, compared with the overall budget target. Separately, the Trust has a substantive plan for CIPs incorporating challenging options across the Trust; however, given the challenge, the Trust would carefully monitor all opportunities for cost and cash improvements going forward, irrespective of the size of the financial deficit.

Mr Bevan drew attention to the issue of cash, and the fact that this could potentially run out by July 2018. The Trust needed to understand what opportunities were available to avoid insolvency in Q2 2018/19. Ms Tilston noted that there were options available to the organisation, but further consideration would be needed as to when these were utilised.

Lord Bradley commented that the Trust's situation was a test of what health and social care devolution in GM meant, and that it was for GM to determine its powers and levers across the health economy in these situations.

Mr Walker suggested that instead of using the term 'plan B', the Trust should instead hypothesise about investment scenarios, work up responses to these, but be prepared it iterate.

The Board noted the report.

5.2 Health Informatics Steering Group highlight report: April 2017

Martin Roe presented the Health Informatics Steering Group highlight report for April 2017 to the Board for assurance.

Mr Roe reported that the go live date for the Child Health programme was now confirmed for 26 June 2017. The Chairman noted the presentation

delivered to the Steering Group regarding the Child Health system, which provided an overview of the complexity of problems nationally with child health, and afforded the Trust confidence with how it was dealing with its issues.

Mr Roe advised that the main focus of the Steering Group was Health Informatics programme funding and the case for proceeding at risk whilst continuing to secure digital transformation funds. The Board was reminded of the business critical nature of the Health Informatics programme, and whilst some costs had been underwritten for Q1 and Q2 of 2017/18 this was very much supporting business as usual. There was concern that with continued uncertainty and time delays staff would start to leave, which would undermine the ability to take the programme forward at pace if funding was secured. The Board needed to discuss this matter, and the proposal to progress at risk, in greater detail; hence a Board session was in the process of being scheduled.

Professor Jowett welcomed the establishment of the Clinical Information Governance Group, and queried who would chair this meeting. Dr Ticehurst advised that it would be himself or Mr Trodden.

The Board noted the report.

5.3 Mental Health Strategy

Henry Ticehurst presented the Mental Health Strategy to the Board for approval.

Dr Ticehurst reminded colleagues that the Strategy had been subject to thorough engagement with Board and wider stakeholders. The full Strategy had been circulated to Board members for comment on 11 April 2017.

Whilst this was Pennine Care's strategy, there were a significant number of elements that needed a GM solution. The Chairman enquired as to the next steps for the strategy. Dr Ticehurst advised that it would be socialised within GM; plus discussions would be held with the CEOs of other mental health providers in GM. Internally, the strategy was a programme under the PMO and appointments would be made to take workstreams forward. Progress would be monitored via the PMO Steering Group.

Lord Bradley welcomed and fully supported the document, but queried if other mental health trusts had produced their strategies so there could be a GM response to provider-wide priorities. Without this, it would otherwise reinforce silo working whilst still being dependent on investment from outside the silo. Dr Ticehurst replied that the Trust was seeking a commissioning framework for mental health across GM, but Pennine Care had been on the front foot in developing this strategy and other providers were not known to have produced their strategies.

The Board approved the Mental Health Strategy.

6. Performance and Quality

6.1 Monthly Performance and Quality Assurance highlight report: March 2017

Keith Walker presented the monthly Performance and Quality Assurance highlight report for March 2017 to the Board for assurance.

Referring to IPDRs and Basic Life Support (BLS) training, Mr Walker reported that he had written to service directors and heads of service requesting assurance that compliance with Trust targets would be met by the end of Q1 2017/18. Whilst assurance was forthcoming in relation to IPDRs, there was less assurance regarding BLS so further work was being undertaken that would be reported through the Q4 performance and quality assurance process.

With regards to IAPT and Early Intervention (EI) services, Mr Walker reported that the Trust estimated a shortfall in investment of just under £2.2m against the funding required to achieve nationally mandated targets. The EI targets were the frailest; with issues already being noticed and expected to deteriorate over the coming months should additional investment not be forthcoming. It was Pennine Care's understanding that the meeting between Mr Rouse and CCGs on 11 May 2017 would focus heavily on these areas, and the Trust's reference cost. The Trust felt that it has exhausted contract negotiations, and the next step was to write formally to CCGs setting out the position and the implications of a lack of investment from a patient, finance, and performance perspective.

The Chairman queried if the Trust should consider recruiting staff at risk in order to reach these targets, in anticipation of additional investment.
Mr Walker replied that the EDs did not feel it appropriate to recruit at risk given the existing deficit plan. To do so would also hide the lack of commitment to appropriately invest in these services by commissioners, and this needed to be exposed.

In relation to Internal Performance Improvement Notices (IPINs), the CPA 12-month reviews IPIN was likely to close in the near future – the diagnostic and optimisation work had been completed and performance against target was being maintained; however it was unlikely to improve further until an EPR was in place. This target was no longer part of the regulatory reporting framework.

The IPIN for #thrive related to issues of multiple providers working to one contract and the development of a dataset to comply with contract KPIs. The IPIN had removed a number of barriers internally and between organisations, and the requirements of the CCG were now being met.

The IAPT IPIN would remain open for monitoring purposes in light of the lack of investment, and EI was expected to be added for the same reason.

The LAC IPIN would remain open because although sustained improvement had been seen it was frail due to elements outside the Trust's control, in particular fluctuating performance of stakeholder partners with out of area referrals. This issue was being escalated to the GM Performance and Delivery Board in light of the need for a GM-wide solution.

With regards to the risk register, Mr Trodden noted that EDs were due to undertake a detailed review of the risk register ahead of Q4 reporting.

Mr Walker concluded that finance performance clinics were in the process of being established from May 2017 to provide an additional level of governance in light of the deficit plan. The frequency of these would be based on an assessment of risk within each DBU. It was agreed that the terms of reference of these clinics would be circulated outside the meeting when available.

The Board noted the report.

6.2 Finance dashboard: March 2017

Emma Tilston presented the Finance dashboard for March 2017 to the Board for assurance. There had been a detailed discussion of the financial position at Finance Strategy Committee on 25 April 2017.

Ms Tilton reported that the draft accounts for 2016/17 reported an overall surplus of £4.26m, which was £1.96m above the control total. The position had improved following the release of provisions, enabling the Trust to attract sustainability and transformation funding of just under £1m. In addition, a further bonus of £920k had been secured for exceeding the control total. This would take the overall position to a surplus of £5.2m.

For 2016/17, the CIP target had been found recurrently although shortfalls in-year had been managed non-recurrently. For 2017/18, CIP schemes of £5m had been identified recurrently. The Use of Resource (UoR) metric at year-end was capped at 3 due to the agency metric being just ahead of the 50% NHSI target.

Capital expenditure for 2016/17 was lower than planned expenditure; however schemes were being carried forward into 2017/18. The cash position had increased slightly due to the cash bonus, but the Trust faced a greatly reduced cash position during 2017/18.

Although the Trust had submitted a deficit plan, NHSI had advised that financial performance would be monitored against the first plan submitted in December 2016 (with a £3m surplus control total). It was unclear how this would affect the organisation's segmentation.

Mr Roe noted that trusts had recently received correspondence about a new target for medical locums, and the Trust was currently working through the financial and workforce implications.

Mr Bevan commented that the Board should not lose sight of the positive year-end result for 2016/17, and expressed his congratulations to operations and the finance team. The Board concurred with these sentiments.

In relation to 2017/18, Mr Bevan stated there was a need to continue to deliver on underlying budgets and produce structured signed off quarterly forecasts. This was discussed in detail at FSC and consideration was being given how best FSC could review this information.

With regards to performance against agency targets in 2016/17, Professor Jowett sought comment on deliverability in 2017/18. Mr Walker replied that all DBUs had signed off their agency control totals for 2017/18 and were confident of delivery. In terms of actions to reduce agency expenditure, the next phase was to explore other ideas for reducing agency usage such as e-rostering or outsourcing temporary staffing.

With regards to capital expenditure, Lord Bradley welcome the investment in S136 suites; but queried if there had been any discussions about expanding the role of these suites to crisis care assessment units for non-sectioned patients in order to make better use of staff, and reduce pressure on emergency services. Dr Ticehurst advised that specific discussions along these lines had not taken place but would take the matter under further advisement outside Board.

The Board noted the report.

6.3 Mental Health and Community Health governance report: March 2017

Henry Ticehurst presented the Mental Health and Community Health Governance dashboards and narrative for March 2017 to the Board for assurance.

With regards to mental health services, Dr Ticehurst reported that a working group had been established to examine the privacy and dignity issues raised in the CQC inspection. In community services, a pressure ulcer e-learning programme had been launched, plus the Trust was working with GM regarding a standardised framework for pressure ulcer reporting. The Chairman recalled a presentation on new technology to the NEDs earlier in the year, which included a pressure ulcer wound identification tool, and queried if this was now being used widely. Dr Ticehurst advised that this innovation remained part of ongoing research, with definitive conclusions yet to be reached.

The Board noted the report.

7. Audit Committee

The Chairman recorded that the process to appoint a new chair of Audit Committee, in light of Tony Berry's term of office concluding at the end of May 2017, had now been completed; and the role would be taken on by Michael Livingstone.

The Board noted the appointment and offered its congratulations to Mr Livingstone.

8. Board Governance

8.1 Accounts Preparation: Going Concern basis

Emma Tilston presented a report regarding accounts preparation: going concern basis to the Board for approval.

Ms Tilston reminded colleagues that the Trust was required to prepare the annual accounts on a going concern basis each year, in accordance with international and financial reporting standards. Specifically, when preparing financial statements, management must make an assessment of an entity's ability to continue as going concern unless there was an intention to liquidate the entity or to cease trading, or has no realistic alternative but to do so. Department of Health guidance stated that if a body has concerns about its going concern status, and this would only be the case if there was a prospect of services ceasing altogether, it must raise the issue with its relevant national body (i.e. NHSI) as soon as possible. Going concern status was defined as being 12 months from the date at which financial statements were approved.

When concluding whether or not the accounts for 2016/17 should be prepared on a going concern basis, the Board needed to follow one of three basic scenarios – the body was clearly a going concern and it was appropriate for the accounts to be prepared on that basis; there were uncertainties regarding future issues that should be disclosed in the accounts; and the body was not a going concern therefore accounts needed to be prepared on an alternative basis. The Trust's external auditors were required to review this assessment. The external auditors had been consulted on the contents of this report, and were satisfied with its conclusions.

There were two key factors to be considered when making an assessment of going concern – business model and political factors within the NHS; and liquidity and capital service cover. In terms of the former, the Trust was still considered as a viable entity by NHSI, GM, and its commissioning CCGs etc. The evidence presented in the paper concluded that there were no business or political risks that would prevent the accounts being prepared on the basis of a going concern. In terms of liquidity and service cover, the report described the anticipated deteriorating cash position during 2017/18 and the current forecast that, without further funding, the Trust would have a negative cash balance from July 2018. In response, the finance team was

strengthening cash management processes, and would continue to target areas for improving liquidity throughout the year. The evidence presented showed that there were sufficient mitigations to ensure the organisation has sufficient cash balances to meet its current liabilities over the next 12 months.

Ms Tilston concluded that from the evidence set out in the report, it was recommended the Board assess the Trust to be a going concern for the purposes of preparing financial statements for the year ended 31 March 2017. The Board approved this recommendation.

The Chairman recorded the Board's congratulations in producing the draft accounts in such a short timeframe. Ms Tilston noted that the external auditors were progressing well with their audit, and no issues had been raised thus far.

8.2 Trust Constitution

Louise Bishop provided a verbal update on changes to the Trust Constitution to the Board for information.

Ms Bishop reported that a task and finish group had been established earlier in the year with staff and Governors to talk through proposed changes to the Trust's Constitution. These proposals were presented to the Board and Governors during April 2017. A revised draft would now be forwarded to legal advisors prior to a consultation period with stakeholders. The final draft would be presented to the Board and Council of Governors in August 2017, ahead of the changes being ratified at this year's AGM.

The Board noted the update.

8.3 Statutory Registers report 2016/17

Louise Bishop presented the statutory registers report for 2016/17 to the Board for noting.

Ms Bishop explained that the report comprised the annual submission to Board of statutory registers, namely: declarations of interest; gifts and hospitality; and use of the corporate seal. The registers covered the period 1 April 2016 to 31 March 2017.

The Board noted the contents.

8.4 Charitable Funds Committee

8.4.1 Committee update

Louise Bishop provided a verbal update on the Charitable Funds Committee to the Board for assurance.

Ms Bishop reminded colleagues that, on behalf of the Board of Directors (as corporate trustee), the Charitable Funds Committee was authorised to approve policies and procedures for which it has responsibility, plus consider and approve funding of up to £5,000 from the charitable fund. The Committee also ensured statutory compliance with Charity Commission regulations; ensured systems and processes were in place to receive, account for, deploy and invest charitable funds; receive and approve income and expenditure statements; and ensure the preparation of the charity annual accounts and annual report, including submission to auditors for external audit or independent examination as per the Charities Commission guidelines (prior to submission to the Board of Directors).

The last meeting, held on 18 April 2017, was quorate, and a number of items of business were discussed as noted below.

Training options for Board trustees and Charitable Funds Committee members were considered. It was agreed that John Starkey (Charitable Fund Administrator) would provide a summary of Charity Commission documentation designed to support trustees, along with training to the Board and Committee.

It was agreed to set up a staff lottery and offer the option of regular giving to the Trust charity through payroll. Once this was in operation, staff currently contributing to the "Pennies from Heaven" initiative would be offered the opportunity to move across to contribute to the Trust charity instead.

The Committee discussed the financial position of the charity, and further discussions were being progressed regarding the investment of charitable funds. A complaints procedure was tabled and agreed, which would enable the charity to register with the Fundraising Regulator.

The Committee trialled a checklist for use when considering funding requests and approved this, subject to minor changes. Five funding requests were reviewed: one request was approved, two were declined, and the committee deferred two pending further information regarding finances and proposed activities.

A working draft of the Charitable Foundation Operating Policy was tabled for consideration, and it was agreed that an amended Charitable Fund Committee's Terms of Reference could be referred to the Board for approval.

The next meeting of the Charitable Funds Committee was scheduled for 18 July 2017.

The Board noted the update.

8.4.2 Terms of Reference

The Chairman presented the Charitable Funds Committee Terms of Reference to the Board for approval.

The Board approved the Terms of Reference.

8.5 Proposed date for Trust AGM

The Chairman proposed that this year's AGM should take place on 27 September 2017 at the Village Hotel in Bury.

The Board approved this proposal.

8.6 Information circulated to Board since last meeting

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

The Board noted the report.

9. Council of Governors

9.1 Feedback from Council of Governors Appointment and Remuneration Committee

Louise Bishop provided feedback from the Council of Governors Appointment and Remuneration Committee to the Board for information.

Ms Bishop explained that the meeting was chaired by Joan Beresford in light of declarations of interest submitted by John Schofield in relation to the Chairman's appraisal and the process for appointment of a new Chair.

Professor Jowett was in attendance at the meeting to present the collective responses to the Chairman's appraisal questionnaire from the Council of Governors and Board of Directors. The questionnaire was based on the relevant principles of the Chair role and responsibilities within the Code of Governance. The response rate from the Council of Governors was 48%, with 57% in agreement with the statements, and 15% disagreeing with the statements. The response rate from Board was 100%, with 66% agreeing and 13% disagreeing with the statements. The Committee received the responses and recommended the appraisal was presented to the full Council of Governors for approval including the outcome of the appraisal and objectives for the remainder of the Chairman's term of office.

The Committee received a proposal for the process of appointing a new Chair. A small working group had been established that comprised a majority of Governors, along with the Senior Independent Director, Trust Secretary and a senior HR representative. The working group proposed that a recruitment agency was appointed to work with the Council of Governors to ensure an open and transparent process. The Committee agreed to recommend to the full Council of Governors that the proposed process of the appointment of a new Chair was approved; along with delegated authority to the working group to manage the operational processes on its behalf.

With regards to NED appointments, the Committee was advised that Paula Ormandy would not be seeking to serve a second term of office as NED; hence a recruitment campaign would need to be established. This matter was scheduled for further discussion at a extra-ordinary meeting of the Committee scheduled for 4 May 2017.

The Board noted the update.

10. Any other business

10.1 Update on Chief Executive recruitment

The Chairman provided a verbal update on Chief Executive recruitment to the Board for information.

The Chairman reported that the shortlisting process had concluded, with the assessment and interview process to be held over 9 and 10 May 2017. The Board Appointment and Remuneration Committee would meet on 11 May 2017 to consider the outcome; with the decision going for approval to the Council of Governors on 16 May 2017.

The Board noted the update.

11. Patient story

Ian Trodden presented a narrative to the Board regarding a patient's experience of mental health services in Oldham. The patient had written to the Trust earlier this year to recount the outstanding care received from Pennine Care during a distressing period in her life, which was in contrast to the poor experience received from primary care. The letter named a number of professionals from the Trust involved in providing support to the client. The story highlighted some of the challenging circumstances faced by Trust service users, and the essential and positive impact Trust staff could have on their lives at such times.

The Board thanked Mr Trodden for sharing this patient's story.

12. Date and time of next meeting

The next meeting of the Board of Directors will take place on Wednesday 24 May 2017 in the Boardroom, Trust HQ, commencing at 9.30 am.

JS/MR/LB/GB/260417