

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

Held on 30th May 2012 at 10:00 at Fromeside, Blackberry Hill Hospital, Conference Meeting Room

These Minutes are presented for Information in the Part 1 session of the Board

Board Members Present

Anthony Gallagher – Interim Chair Susan Thompson – Non-Executive Director Alison Paine – Non-Executive Director Peter Greensmith – Non-Executive Director Tony McNiff – Non-Executive Director Lee O’Bryan – Non-Executive Director	Paul Miller – Acting Chief Executive Hazel Watson – Executive Director of Nursing, Compliance, Assurance & Standards, Acting Deputy Chief Executive Arden Tomison – Executive Medical Director and Director of Strategy and Business Development Andy Sylvester – Director of Operations Julie Thomas – Executive Director for People Pippa Ross-Smith – Acting Director of Finance & Commerce
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In Attendance

Emma Roberts – Company Secretary Jane Britton – FT Programme Director Mike Relph – Assistant Chief Executive Ray Chalmers – Head of Communications Howard Lawes – Deputy Director of Policy and Business Planning Jayne Hayes – Clinical Director Specialised and Secure SBU Justine Faulkner – Interim Clinical Director Acute Adult Community Services Phil Cooper – Quality Improvement Manager Sarah Frizzle – Community Redesign Manager Ann Tweedale – Corporate Planning and Delivery Manager Kelly Higson – Equality and Diversity Advisor Louise Hussey – PA to Director of Finance & Commerce	Chris Phillips – NS LINK Tim Dunton – SG LINK Andy Cork - JUC
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Item	Action
Tony Gallagher welcomed all to Fromeside. It was noted that this relocation of the Board is the first in a series and a new initiative for Directors to get out and	

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about across the whole patch and engage with both staff and service users at its meetings.	
1. Pre-Board Presentation	
1.1. The Board received a presentation on Care Programme Approach from Phil Cooper and Sarah Frizzle.	
2. Apologies	
2.1. Apologies were received and accepted from Jane Britton.	
3. Declaration of Members' Interests	
3.1. In accordance with AWP Standing Orders (s7.1) all members present are required to declare any conflicts of interest with items on the Board Meeting Agenda.	
3.2. There were no conflicts of interest declared for the agendas for both parts of the Board Meeting.	
4. Minutes of the meeting on 27th April	
4.1. The Board considered the minutes of the meeting on 27th April and the following amendments were recorded.	
4.1.1. Under section 6.1, this should read ' <i>[T]he Acting Chair stated that Felicity Longshaw had resigned with effect 25 April 2012, that he had been appointed Interim Chair and acknowledged the recent significant changes within the organisation</i>	
4.1.2. Under section 16. 1, the first bullet point should read ' <i>[T]he importance of starting work to make contact with NHS South around the FT timeline.</i>	
4.2. With these amendments, the Board resolved to approve them as an accurate record of the business transacted at the meeting.	
5. Matters arising from the 27th April Meeting	
5.1. The Board resolved that all matters arising be recorded as complete or carried forward in the Board Schedule of Matters Arising.	
6. Chair and Chief Executive's Actions	
6.1. There were no Chair and Chief executive's actions to note for April 2012.	
7. Chair's Report	
7.1. The Interim Chair noted that a great deal of work in the past month had been undertaken in parallel with the Acting Chief Executive and that this would be reflected in Paul Miller's report.	
8. Chief Executive's Report	

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8.1.	The Board received report 12.0207 which highlighted key strategic issues associated with quality, safety, financial sustainability and modernisation relevant to the Trust.	
8.2.	Paul outlined that a number of internal and external conversations had taken place over the last month regarding key issues and actions from AWP. Amongst these was the intention of AWP to have a more local focus, with stronger local management arrangements, and to engage better with staff in an open and frank fashion.	
8.3.	A plan of the Trust's intentions over the next 12 months has been shared with the Strategic Health Authority and Trust senior managers.	
8.4.	It is acknowledged that the Trust, in main, does a sound job but that the aspiration over the next 12 months is for it to become an excellent organisation. Recent progress, in some areas, has been recognised by some external stakeholders	
8.5.	Tony Gallagher noted that the intention is to meet as many people as possible in the understanding that the Trust needs to reconnect at various levels. Meetings have taken place with Robert Buckland, MP (Swindon), the Chair and Chief Executive of the Bristol Social Enterprise and NHS Wiltshire.	
8.6.	Work is ongoing to strengthen the Professional Council to look at the constituencies within it and better understand its role.	
8.7.	The intention to more fully involve service users in the work of the Trust is being pursued by both Executive and Non Executive Directors.	
8.8.	It is acknowledged that internal and external relationship management is important in moving forward.	
8.9.	The Board resolved to note this report.	
9.	Performance Dashboard	
9.1.	The Board received report 12.0208 which provided a high level overview of key performance changes for the period.	
9.2.	Arden Tomison presented the report and noted that the Trust had maintained its position since the previous month.	
9.3.	CQC Registration issues remain unchanged with an overall risk rating of 2.0, and it was noted that it was felt by the Board to be unacceptable to be holding a risk score of 2.0 any longer than absolutely necessary to put necessary remedial plans in place.	
9.4.	AT highlighted that Delayed Transfer of Care (DTC) performance remains compliant but marginally so and that this position is being tracked and monitored through operational and inpatient services.	
9.5.	Susan Thompson noted that the DTC issue had been discussed a number of months ago and that it had been requested that this be	

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	followed up.	
9.6.	Andy Sylvester assured the Board that action had taken place and that the Service Directors have been looking into this important issues. Whilst improvement in this area is to some extent in the Trust's gift it does also require conversations with commissioners in order to get different arrangements in place. Andy reported that he had spoken personally to Local Authority leads to discuss delayed transfers of care and social care intervention.	
9.7.	Susan underlined that we cannot simply look at other parties to take action but must also think carefully about what we can do as an organisation. The Board agreed to remain particularly sighted on this issue.	Chair
9.8.	Hazel Watson responded on the issues around CQC registration and the moderate and minor concerns regarding the Lansdowne Unit. The Trust is meeting with the CQC tomorrow regarding this. We are in active dialogue with a view to reducing the level of concern and have made significant changes to the environment. Paul acknowledged that it would not be a quick fix to improve the physical environment of this unit and that the capital spend envelope available may not be sufficient.	PM
9.9.	Susan stated that it was not acceptable to have this moderate concern on the Compliance Dashboard as the Trust has a duty to its Service Users and action was required to mitigate the concerns.	
9.10.	It was agree that a report would come back to the next Board Meeting which would outline how and if the Trust could move at speed to make the improvements required, given that there is £800k in this years capital programme to do this. It was also requested that any feedback from the CQC should be circulated to Board members as well as progress made against the Delayed Transfers of Care issue.	HW/AS
9.11.	The Board resolved to note this report.	
10. Integrated Patient Experience Report		
10.1.	The Board received report 12.0209 which provided it with information and evidence relating to the patient experience across the Trust.	
10.2.	It was noted that this is likely to be the last report in this format as the intention in future will be to reflect more closely the Trust aspirations around placing the service user and carer experience at the heart of what we do, and the format of the report would be aligned with this.	
10.3.	In discussion, it was noted that it is hoped that the new approach to handover in the Adult Inpatient SBU, based on the productive ward model, will be replicated across the organisation.	
10.4.	The positive feedback from service users and carers on the Recovery Star pilot in the Adult Community SBU was noted. This is now being	

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	rolled out across all of its teams.	
10.5.	The Board were updated on incidents and near misses. It was highlighted that reporting of incidents is imprecise both locally and nationally and that the Trust aims to report all incidents comprehensively. It was identified that without a web based system the organisations has struggled to remain up to date on timely reporting of anything other than serious incidents. The web based process will improve this situation.	
10.6.	Paul noted the increase of the Trust reporting 'severe' incidents and that 1.3% is nearly 3 times higher than the average for other mental health trusts. He questioned whether this was a matter of the Trust over reporting. Hazel Watson indicated that she is content with the Trust's position on this in that we commend an approach which sees us reporting over and above national requirements, she is happy with the definitions we are using for this reporting. It was noted that AWP has a significant amount of services that other mental health trusts do not provide and that this is not recognised in the NPSA report. Hazel indicated that the SHA and the Lead Commissioner are content with our position in this context.	HW
10.7.	Susan Thompson questioned whether it would be useful for the Trust to benchmark its position against other comparable mental health Trusts in order to demonstrate that we are not an outlier e.g. Trusts offering similar spread of services across a large geographical area. Hazel Watson agreed to follow this up.	
10.8.	A question from the floor raised whether the organisation should also benchmark itself in geographic and funding terms. Understanding the needs of rural areas was highlighted. Hazel responded that this would be a complex process and that it would probably be more beneficial to gauge AWP against organisations with similar services.	HW
10.9.	Julie Thomas queried the reporting of the data against questions 3 on the table relating to the Carer Survey Q1 and Q3. This is reported as 'not met target' yet the target is exceeded. Hazel clarified that this is about meeting the target in Q3 but by less than in Q1. It was agreed that this should be more clearly expressed.	
10.10.	Peter Greensmith questioned how service user and carer issues are captured and who attends their meetings from the organisation. He identified that a potential process had been drawn up by service users about care pathways and that this had not been progressed.	
10.11.	Hazel acknowledged that none of this feedback is reflected in the Integrated Patient Experience Report and that a proper infrastructure should ensure that feedback is channelled appropriately. Peter asked that there should be a process whereby responses are properly made to service user and care groups.	HW

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10.12.	Susan noted that although this may be the last report in this format she felt that a report to the Board on patient experience is crucial. She noted that this report describes a great deal of activity but it is not clear what this means. Clarity on Trust priorities and how these are monitored would be helpful. Susan also noted that she had expected that the Quality Risk Profile would be considered by the Board.	
10.13.	Hazel responded that her understanding was that this was going to go to a Board Seminar for in depth discussion and better understanding. Hazel also noted that there will be continuing Patient Experience reports coming to the Board but it is hoped that in future these reports will be more meaningful and capture the diversity of the organisation and the way in which parts of the Trust work differently to others.	
10.14.	Susan noted that there are themes common to the Trust as a whole. Lee O'Bryan asked if it would be possible to synthesise some of these themes and also if there is a standard process to learn from incidents and near misses. It was confirmed that this is in place.	HW
10.15.	Alison Paine questioned the effectiveness of the chart on Patient Safety visits and noted that this tells you nothing about how safe patients are feeling. Susan noted that this had been picked up in the Quality and Healthcare Governance Committee (QHCG) and that this committee had looked at the priorities thrown up by this with a challenge to the Executive team to look at prioritising these themes.	
10.16.	Tony Gallagher requested that in future reports reflect discussions in committees and that one or two themes be identified to close out and for action.	
10.17.	A question from the floor requested the sample size of patient experience over and above NSUNS.	HW
10.18.	Hazel agreed that this report does not reflect the views of service user groups in the way that it should and that there should be a bigger sample size. The report reflects the views of those we have asked the question of. The questioner was asked to contact HW/PG in the lunchbreak to discuss this further.	
10.19.	Arden Tomison noted that the report identifies that more service users were offered talking therapies than wanted them and that this was very striking.	PG/HW
10.20.	Tony Gallagher noted that in many instances in the report the wording could be seen as misleading and that this must be rectified. He also acknowledged the highest praise level for over a year but queried whether the lowest level of references to the PALs service was a good or bad thing.	
10.21.	The Board resolved to note this report.	

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	HW
11. Redesign Assurance Process: Quality & Safety Assurance Report	
<p>11.1. The Board received report 12.02010 which briefed it on measures being taken by the Operations Directorate during the implementation of the new redesigned teams across the Trust to ensure patient safety and service quality is maintained.</p> <p>11.2. It was noted that these measures are being modified as the Trust goes through the redesign process with targeted work where caseloads are high.</p> <p>11.3. Lee O'Bryan questioned the proportion of service users who will have a change in care co-ordinator and consultant as a result of this. Andy Sylvester responded that this will be dependant on which staff stay within existing teams and that this information will be available only when we get to the end of the process.</p> <p>11.4. Lee felt that it would be useful to have this information in real time and this was about how we understand the experience of service users.</p> <p>11.5. Paul acknowledged that this is a large scale significant change and noted that the Trust has assured itself that it is appropriate to go ahead. Changes are reported to the Board, the Improvement and Modernisation Programme Board (IMP) and QHCG where implementation issues may be best discussed.</p> <p>11.6. Susan Thompson agreed that QHCG do receive quality impact assessments related to redesign but that these tend to be numerical. Andy Sylvester suggested an option of a real time survey with a randomly selected sample of clients being asked to share their lived experience.</p> <p>11.7. Tony Gallagher endorsed this proposal and stated that QHCG should pick up this issue and report back to the Board.</p> <p>11.8. Alison Paine noted that the worst time for a carer is before a change is made and that at this time service users can become anxious and frightened. It is therefore important that managing change should start well before the change takes place.</p> <p>11.9. The Board resolved to note this report.</p>	ST/AS
12. Annual Quality Account	
<p>12.1. The Board received the Trust's Quality Account 2011/12 as report 12.0211 for approval for publication and to approve delegated authority to the Trust Chair and Chief Executive to sign the statements on behalf of the Board.</p> <p>12.2. Thanks were given to Ann Tweedale, Corporate Planning and Delivery Manager, who has co-ordinated this year long process.</p>	

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12.3.	The Quality Account will be published on Trust and NHS websites after 30 th June. It is not proposed to do an extensive print run in the interest of efficiency and cost savings. A Summary of the Quality Account will be printed as a pamphlet.	
12.4.	It was noted that the content has been developed from a wide range of discussion across the year and feedback from the last two years has been incorporated in the 2011/12 Quality Account.	
12.5.	Presentations have been made to Bristol, North Somerset and South Gloucestershire OSC meetings and feedback from these is presented as an appendix to the main document.	
12.6.	From this year the Quality Account will be subject to external audit from the Audit Commission and the audit team are in at the moment.	
12.7.	Hazel Watson noted that there will be fewer priorities for 2012/13 and that these reflect to a large extent the priorities of the organisation. She underlined that it will be about ensuring that Quality Account priorities are translated to patient experience priorities and that these are better aligned and are clinically owned.	
12.8.	Susan Thompson welcomed this as a good report in summarising where we are and identifying priorities. However she felt it to be weak in identifying actions in Part 2a of the document and these actions appear insubstantial. Lee O'Bryan agreed that the actions weaken an otherwise powerful report.	
12.9.	Julie Thomas noted that feedback from stakeholders should be responded to and actions requested closed off. Paul undertook that the Executive Team would close these loops and will reflect on all comments.	PM
12.10.	There was a question from the floor on the financial implication of not achieving some targets. Hazel stressed that the Trust wants to ensure that it gets processes right regardless of penalties and that this is not about cash.	
12.11.	Alison Paine indicated that the section on CQC Registration did not appear to be totally consistent with a red indicator and a score of 2 on the Compliance Dashboard. Hazel noted that this could be updated but that the statements in the document remain correct.	
12.12.	Tony McNiff welcomed the amendments made but regretted there was nothing on the triad of principles which guide the organisation. Arden noted this.	AT
12.13.	Paul recommended that the Quality Account be approved subject to presentational issues, as there are no issues of materiality. It was agreed that the Interim Chair and Acting Chief Executive would exercise their delegated authority to sign the statements at the end of June 2012.	

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13. Statement of Internal Control and Head of Internal Audit Opinion		
13.1.	The Board received report 12.02012 which provided a brief on the final draft of the 2011-12 Annual Governance Statement and Head of Internal Audit Opinion and was asked to approve the recommendations in Section 4 on the proposed actions. The report was accompanied by Appendix A – Draft Annual Governance Statement 2011-12 and Appendix B – Head of Internal Audit Opinion 2011-12.	
13.2.	The Trust has received a Head of Internal Audit Opinion giving significant assurance on a sound system of internal control. There was reference to some weakness in the application of controls around medicines management but this was not felt to be significant.	
13.3.	The Board resolved to approve the recommendations in Section 4 on the proposed actions.	
14. Chair's report on Board Evaluation		
14.1.	The Board received report 12.02013, which provided an overview on Board evaluation for 2012-13.	
14.2.	The Board Assurance Governance Framework was circulated in the last week for Board members as background reading for Directors.	
14.3.	The report drew the attention of the Board to the existing measures in place in relation to evaluation of the Board, and to the approach adopted by the Board in February 2011, which required external validation of its Board evaluation approach bi-annually.	
14.4.	With the Board Assurance Governance Framework as the guiding principles for aspirant Foundation Trust Boards, the Board was asked to approve consideration, at its July Seminar, of the approach to Board Evaluation in the context of the Assurance Framework.	
14.5.	It was acknowledged that this is a critical process for the Board moving forward. The Board noted that a crucial part of the assessment process would be an opportunity to self assess against the framework, and that there would be a need to prioritise working towards making these Green.	
14.6.	It was noted that some actions are in hand including the reviewing of committee structures, the management of appraisals and developing an induction process.	
14.7.	The Board resolved to note the requirements in relation to the Board Assurance Governance Framework and agreed to further discussion at its July Board Seminar.	ER/AT
15. Finance Report		
15.1.	The Board received report 12.0214, which provided a further update on the Trust's financial position as at 30 th April 2012 and detail of any key risks and issues impacting on the Month 1 financial position.	

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	Trust issues.	
16.2.	It was noted that discussions are taking place tomorrow on the Trust re-entering the FT pipeline and it was agreed that the organisation should continue to work together to get into the best possible position to do this.	
16.3.	Jane advised that Trust membership numbers have dropped slightly as a result of an annual data cleansing exercise.	
16.4.	Jane reported that a successful members meeting had taken place recently which was very well attended.	
17. Communications Report		
17.1.	The Board received report 12.0215 which briefed it on communications activity.	
17.2.	It was noted that the Finance & Commerce committee had recently requested a more focussed communications strategy linked the Trust's short term objectives.	
17.3.	The Board had recognised that relationship management and how we communicate with our customers is absolutely crucial, and for that to happen in a streamlined and effective way, a strategic approach was required.	
17.4.	Following on from this it is expected that this report will be presented in an alternative format in future.	
17.5.	It was agreed that discussions on the messages to be cascaded across the organisation would be deferred to the Part 2 session of the Board to allow consideration of any issues which were to be considered in confidential session.	
17.6.	The Board resolved to note this report.	
18. Committee Minutes		
18.1.	The Board received the minutes of the Finance and Commerce Committee dated 26 th March 2012 meeting. The Board noted these.	
18.2.	The Board also received the Audit Committee minutes of 20 th February 2012. The Board noted these.	
19. Committee Chairs Annual Reports and Workplans		
19.1.	Alison Paine, in presenting the Chairs report of the Finance and Commerce Committee noted that a major challenge for the Finance & Commerce committee has been progressing the Business Development Strategy and Plan.	
19.2.	The Committee had also looked at the relationship between CRES and redesign, focussed on tendering and business opportunities examined in some detail the IM&T Strategy and reviewed SBU Business cases.	

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19.3.	Alison noted that work on the reviewing of Board committees will be beneficial to this committee in clarifying its remit.	
19.4.	Julie Thomas noted an inaccuracy in this report. It was agreed that the report would be withdrawn pending amendment and reissued.	JT/AP
19.5.	Tony Gallagher noted that the Audit Committee workplan for 2012-13 is listed at item 5 of the report. He emphasised the different approach that is being taken to risk management in that corporate and directorate risk registers and subsidiary registers will be examined in detail.	
19.6.	Tony noted that he expects that the Assurance Framework process will be reinvigorated.	
19.7.	The intention is that there will be a focus on the significant issues outlined at item 4 as identified by an Internal Audit exercise in pulling together themes from work conducted through 2011/12. These themes are around performance management, appraisal rates, communication and medicines management. It was noted that Internal Audit will be doing follow up reports to ensure improvements take place and lessons are learned.	
19.8.	Consideration of annual reports from other committees will be on the agenda of the next formal meeting of the Board.	ER
20. Chairs Report on Governance Structures		
20.1.	The Board received report 12.0219 which presented a revised governance structure for Board committees and invited the Board to approve revised terms of reference and purposes of those committees.	
20.2.	It was noted that the governance structures of the Trust have been updated to reflect legislation, the future transition of the Trust to a Foundation Trust, and new provisions. The focus of the review has been to ensure that the Board receives the right information and assurance, and that the Board committees work effectively on behalf of the Board to monitor and scrutinise the key issues affecting the Trust. The changes proposed will enable service user, carer, and employee feedback being featured as a key component of the governance structure.	
20.3.	The report also sets out significant changes in relation to the way the Board operates and meets, to ensure effective transparency of decision making and engagement opportunities for service users, carers and members.	
20.4.	Tony Gallagher stressed that it is his intention that more of the work of the Trust is done at Board committees with priorities and actions only coming to the Board in line with the areas of delegated authority of the Board.	
20.5.	Tony stated that his expectation would be that the committees will be better supported through the Executive leads and that Executive	All Execs

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	Directors will ally themselves to relevant Committee Chairs offering technical expertise and advice to enable the Committee to scrutinise and monitor issues, offering appropriate assurance to the Board.	
20.6.	It was noted that Susan Thompson will be Vice Chair of the Trust will immediate effect. Susan will also act as the Senior Independent Director, as described in section 6, in the short term.	
20.7.	It is proposed that the frequency of Board meeting will change to six times a year. Other Board committees will also meet six times a year except for the Audit and Risk Committee which will meet more often.	
20.8.	It has been suggested that there should be some Non Executive Director (NED) responsibility for localities. Initially this will be for Swindon, Wiltshire and Bristol and the expectation this will involve engaging with NEDs and Chairs in these areas. Susan Thompson was to take on the role in Bristol, and Tony Gallagher for Swindon and Wiltshire.	
20.9.	It was confirmed that there will be a communication brief that is shared with all to inform these external engagements and to ensure Non Executives are appropriately briefed.	
20.10.	Lee O'Bryan suggested that it may be helpful for performance targets to be allocated to sub committees for scrutiny. It was agreed that this would be a good idea and would be an issue for the Board Committee Executive leads to consider with their Chairs.	All Execs
20.11.	It was agreed to consider which Committees the Director of Operations would join.	ER
20.12.	Julie Thomas queried that the Appointments Committee is not included in this structure. It was confirmed that the Remuneration Committee would fulfil this role once the Trust was a Foundation Trust and in the meantime, the current terms of reference were robust.	
20.13.	Hazel Watson requested that the committees review the ToR in depth when they first meet in order to ensure that everything is covered. It was agreed that this was the intention, and Tony encouraged Committees to do so, and to recommend amendments as necessary to the Board for Approval.	Committee Chairs
20.14.	Alison Paine welcomed this substantial piece of work which clarified roles and accountabilities. She noted that work programmes look disparate and that there will need to be a period when they are reviewed in terms of time and commitment demanded. She queried whether the Remuneration Committee ToR are overlapping with Workforce Strategy and could be considered to be a little operational.	
20.15.	Emma Roberts noted that the Remuneration Committee ToR include succession planning which could duplicate the work of the Workforce Strategy Committee, but that the Remuneration Committee's focus	

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	<p>would be about ensuring an appropriate pool of talent from which Board capability requirements can be drawn. She acknowledged that we will need to be careful how the work programmes align for all Committees and this would be centrally co-ordinated.</p> <p>20.16. It was recognised that the involvement of service users is not incorporated into this structure, although it was recognised that each Committee's terms of reference included provision for the Committee to invite service user members or invitees. Susan Thompson suggested a sub committee of the Quality and Safety committee to look at service user issues as an option.</p> <p><i>[post meeting note, it was subsequently agreed that the service user steering group would become a sub committee of the Quality and Safety Committee]</i></p> <p>20.17. Susan also suggested that these committees should focus on assurance rather than operational issues.</p> <p>20.18. Tony Gallagher confirmed that the matrix of membership and chairs of the committees will be available in the next two days for discussion and approval.</p> <p>20.19. It was agreed that this structure would be approved in principle and a final version would come back to the Board at its next formal meeting.</p> <p>20.20. The Board resolved to note this report.</p> <p>20.21. The Board resolved to approve in principle the Committee terms of reference and memberships with a view to consideration of final amendments at the June Board.</p> <p>20.22. The Board resolved to approve amended terms of reference from the Mental Health Legislation committee.</p> <p>20.23. The Board resolved to approve the appointment of Vice Chair of the Board and Chair of the Remuneration Committee.</p> <p>20.24. The Board resolved to approve the memberships and Chairs of the Committees at its July Board meeting.</p> <p>20.25. The Board resolved to note the changes in relation to Board meeting structure and approach.</p> <p>20.26. The Board resolved to note that the Board work plan will be presented for approval at the July Board meeting.</p> <p>20.27. The Board resolved to approve the appointment of Senior Independent Director</p>	
21. AOB		
21.1.	Tony McNiff commended the new website as a vast improvement.	
21.2.	The Board welcomed the appointment of Susan Thompson as Vice	

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Key to Abbreviations Used	
Abbreviation	For
Chief Exec	Chief Executive
DoF	Executive Director of Finance & Commerce, and Deputy Chief Executive
Exec Dir People	Executive Director for People
Exec Dir M&S	Executive Medical Director and Director of Strategy and Business
Exec Dir NCAS	Executive Director of Nursing, Compliance, Assurance & Standards
Exec Dir Ops	Executive Director of Operations
Dir FTP	Foundation Trust Programme Director
CoSec	Company Secretary
ACoSec	Assistant to the Company Secretary
EMT	Executive Management Team
SBU	Strategic Business Unit
NED	Non-executive Director

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