

# **Board Development Plan**

September 2013

# Training & Development Programme

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## Purpose

The purpose of this plan is to provide a clear framework for the Board to build on its strengths and address areas for development so that it may discharge its responsibilities effectively. The plan encompasses elements focusing on the five domains described in the Healthy NHS Board 2013.

## Our role and responsibilities

The role and responsibilities of the Board may be summarised as:

- **Formulating strategy** - We must articulate our ambition for the organisation by formulating a strategy which puts quality and safety at its heart.
- **Ensuring accountability** – We must hold the organisation to account for the delivery of the strategy and seek assurance that the systems of internal control are robust and reliable.
- **Shaping culture** – We must shape a positive culture and take a lead in promoting strong values, good behaviours and robust standards of conduct.

## Our commitment to patients and staff

- The organisational development programme will design, coordinate and implement interventions to structures, systems, processes and people to enable the organisation to achieve our strategic objectives and vision. Our strategy has been reviewed and we have defined our purpose, values, vision and strategic priorities. We have captured the strategy in the phrase 'You Matter, We Care', sending a clear signal about the core purpose of the organisation and every member of staff working in AWP.
- Our purpose is to provide the highest quality care that promotes recovery and hope. To achieve this we have defined five strategic priorities. Our strategic priorities describe what we care about and will focus our effort and resources on.
- Our strategic priorities are as follows:
  - We will deliver the best care
  - We will support our staff
  - We will continually improve what we do
  - We will use our resources wisely
  - We will be future focused

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These five strategic priorities will drive our business through objective setting, business planning, appraisal and personal development plans, and recruitment of staff. The framework facilitates alignment from ward to Board creating a clear shared purpose throughout the organisation.

As a Board we have signed up to a concordat which describes the Directors' commitment to one another as well as the Board.

## Building Board Capacity and Capability

The report 'The Healthy NHS Board 2013: principles of Good Governance' describes approaches to improving board effectiveness. Development activities are clustered into five areas.

1. Building board capacity and capability
2. Enabling corporate accountability and good social practice
3. Prioritising a People Strategy
4. Exercising judgement
5. Embedded board disciplines and appropriate delegations

We have adopted these domains for our Board Development Plan. However, we have also cross referenced these with the four domains of good governance identified by Monitor through the Board Governance Assurance Framework as follows:

1. Building board capacity and capability (board composition and commitment)
2. Enabling corporate accountability and good social practice (board engagement and involvement)
3. Prioritising a people strategy (board engagement and involvement)
4. Exercising judgement (insight and foresight)
5. Embedded board disciplines and appropriate delegations (Board evaluation, development and learning)

The board development action plan identifies the myriad of ways in which the board is focusing work to improve its performance in areas 1-5. The board development and training programme will specifically focus on building board capacity and capability and will complement, and be responsive to, work taking place to improve board effectiveness in the remaining areas.

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## Measuring our improvement

The five strategic priorities described above as part of the Trust's strategy will create the framework for assessing Board effectiveness and designing development activities for individuals and the Board as a whole.

The framework will be used to:

Enable skill mapping of Board members to ensure knowledge, skills and expertise of the Board are well understood and used optimally in Board committees and by the organisation more widely. Skill mapping within this framework will serve to identify gaps and facilitate succession planning with respect to non-executive director appointments.

Build structured induction plans for all Board Directors

Underpin individual appraisals and inform personal development plans

Build a systematic approach to board learning and development to ensure a relevant and stimulating Board Development Programme that promotes continual learning

## How we will make it happen

We have identified a series of key issues and actions which need to be addressed under each of the improvement priorities. This has been informed by third party assessment and the board's own reflection. The priorities are set out in the attached '*Board Development Action Plan*'. We will measure our progress on a monthly basis at Board ,and our assessment will be independently validated by independent assessors (both mandatory and those that the board choose to work with to provide further assurance).

We have also prepared a '*Board Training & Development Programme*' which sets out a forward programme of activities to ensure that we continuously learn and develop.

We will regularly review our progress in delivering this plan and, in the interests of our commitment to openness and transparency, will periodically report our progress in the public session of future Trust Board meetings.

## How will we check?

Assessment of individual progress - Personal development needs will be identified through regular appraisals with the Chair and development activities will include conferences, training, bespoke opportunities to engage with staff and service users.

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The Board will consider a Clinical Buddying programme developed in Bradford District Care Trust. The programme pairs non-executive directors with Consultants over a three month period with identified shadowing opportunities. Each non-executive director is paired with a Consultant for a period of three months and then rotates to another Consultant from different Delivery Unit, allowing for a series of new relationships to be built up over the year.

This approach has proved effective in building mutual understanding of roles and responsibilities, increased the visibility of Board directors within the organisation, increased clinical engagement and improved working relationships. It has complemented and enriched Quality Improvement Visits. The Clinical Buddying Programme will create further opportunities for Board visibility, to engage with frontline staff and build mutual understanding of roles and responsibilities.

Whole Board Development Programme - Whole Board effectiveness will be assessed in a number of ways: regular self-assessment, independent assessment (e.g. with an external provider), 360 degree appraisals for individual Board Committees and the Board as a whole.

Source	Issue	Action	Lead	Timing	Summary Status
<b>DOMAIN 1 – BUILDING BOARD CAPACITY AND COMMITMENT (BGAF – Board composition and commitment)</b>					
<b>BGAF 1.1 and 1.2</b>	<p><b>Succession Planning</b></p> <p>The Board has experienced a high turnover of Board members within the last two years. All voting positions are now filled substantively except for one NED vacancy for which the Trust has started the TDA process to recruit.</p>	<ul style="list-style-type: none"> <li>Progress the TDA recruitment process for NED vacancy.</li> <li>Remuneration committee to consider Succession Planning approach for NEDs.</li> <li>CEO to review talent management and succession planning arrangements for Directors as part of the planned work by the Director Development.</li> </ul>	<p>Chair</p> <p>Chair/CoS</p> <p>CEO/DD</p>	<p>Nov 13</p> <p>Nov 13</p> <p>Dec 13</p>	<p>The recruitment process is planned with TDA.</p> <p>Work is underway.</p> <p>In progress.</p>
<b>BGAF 2.1</b>	<p><b>Effective Board Level Evaluation</b></p> <p>Good practice elements in relation to the Independent Evaluation of the Board relating to considering staff and stakeholder perspectives have not yet been completed, but the Trust has robust plans in place.</p>	<ul style="list-style-type: none"> <li>Complete the Independent Evaluation of the Board.</li> </ul>	<p>CoSec</p>	<p>Nov 13</p>	<p>Planning continues and will be completed within timescale.</p>

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Source	Issue	Action	Lead	Timing	Summary Status
BGAF 2.1	<p><b>Board Committee Evaluation</b></p> <p>Improvements are required to the Board Committee process of self evaluation of their performance. An independent review was completed as part of the Independent Review of the Board, but this good work needs to be applied by each Committee moving on and workplanned for 2014.</p>	<ul style="list-style-type: none"> <li>Introduce a more effective process of Board Committee self-evaluation aligned with the Board Development Plan and Healthy NHS Board 2013 domains.</li> <li>The process will be rolled out for 2014/15 and onwards.</li> </ul>	CoSec	Nov 13	Planning underway and will be assessed as part of the Independent Evaluation of the Board.
BGAF 2.4	<p><b>Board member appraisal and personal development</b></p> <p>The Board has a process of appraisal but recognises that it needs to do more to demonstrate best practice and evidence of how improvement is measured following appraisal.</p>	<ul style="list-style-type: none"> <li>Further refine the appraisal process to ensure that it meets best practice requirements.</li> <li>Introduce an effective system of measuring progress against objectives on a regular basis via supervision and record.</li> </ul>	<p>Chair</p> <p>Chair</p>	Sep 13	<p>Current round of appraisals has been refined to ensure each Director has robust objectives which are measurable.</p> <p>A regular supervision process by telephone will be enacted, and evidence collated by NEDs and supplied to the Chair to demonstrate improvement.</p>

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 3.3	<p><b>Reviewing the Strategy</b></p> <p>The Board has now finalised its strategy and its priorities, and corporate objectives. The Board needs to develop milestones to help it monitor progress against implementing the corporate objectives and report progress to the Board quarterly.</p> <p>The Board plans that the strategic priorities will be aligned with appraisal and business planning processes for 2014/15.</p>	<ul style="list-style-type: none"> <li>Finalise a forward work programme which sets aside time for the Board to specifically consider performance against corporate objectives on quarterly basis.</li> <li>Directors to present their own Directorate strategies, and achievement against strategic priorities to the Board on a regular basis.</li> <li>Develop milestones monitoring progress against corporate objectives and report to Board.</li> <li>Report quarterly to Board.</li> <li>Apply to appraisal and objective setting process.</li> <li>The Trusts enabling strategies are also reported to the board and contain SMART objectives that relate to the delivery of the trusts business plans.</li> <li>Regular updates on the status of our IBP will be available and demonstrated through board reports and the strategic risk register which is based on the IBP.</li> </ul>	<p>CoSec</p> <p>Executive Directors</p> <p>DBD</p>	<p>Oct-13 Jan 14 April 14 Jul 143</p> <p>Oct 13 onwards</p> <p>Nov 13</p>	<p>To be included in an updated Trust Board forward work programme.</p> <p>MD/DN to provide first presentation.</p> <p>On track to deliver.</p>
	<p><b>DOMAIN 2 – Enabling corporate accountability and good social practice (BGAF - Board engagement and involvement)</b></p>				
BGAF 4.1	<p><b>External Stakeholders</b></p> <p>The Board recognises that it needs to establish a mechanism for local involvement/engagement groups across the Trust.</p>	<ul style="list-style-type: none"> <li>Introduce a mechanism for local engagement groups trustwide.</li> </ul>	DN&Q	Oct 13	The proposals will be reported to Quality and Standards Committee once considered by SMT.
	<p>The Board wishes to introduce an engagement dashboard to enable monitoring of engagement activity across the Trust.</p>	<ul style="list-style-type: none"> <li>Introduce an engagement dashboard, which demonstrates the level of engagement taking place across the trust.</li> </ul>	DN&Q	Dec 13	The proposals will be reported to Quality and Standards Committee once considered by SMT

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 4.2	<p><b>Internal Stakeholders</b></p> <ul style="list-style-type: none"> <li>An organisational development programme has recently been commissioned to help improve all staff understanding of the Trust strategy and vision. The programme includes a leadership development programme for local management teams and executives and Will:</li> <li>1. Build Shared Purpose: Engage staff and build positive commitment around our shared purpose of providing the highest quality care that promotes hope and recovery;</li> <li>2. Develop transformational leaders: Leaders capable of communicating, engaging and inspiring staff commitment;</li> <li>3. Embed our revised strategy: Ensure alignment of systems, structures and processes with strategic priorities</li> </ul>	<ul style="list-style-type: none"> <li>Implement the Development Programme.</li> </ul>	CEO/DD	Sept 13	The programme will be introduced in September 2013 and work is planned in the first instance for 12-18 months although the board recognises this is a 3 year programme.

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 4.1	<p><b>External Stakeholders/Internal Stakeholders</b></p> <p>A Communications Strategy was developed in July 2012 that identified key stakeholders, communication channels and messages to be delivered. The Strategy and associated action plan are now out of date. An engagement plan is currently being drafted to further engage stakeholders in the Trust's IBP.</p>	<ul style="list-style-type: none"> <li>■ The trust's internal and external communication methods are being reviewed in line with the new locality structure as more local reporting and involvement is required and supported by the trust.</li> <li>■ Part of this review, and the discussions taking place with locality leadership teams, is the balance we need to achieve between traditional hard copy communication and electronic communication channels, including social media and regular local engagement sessions.</li> <li>■ The overarching communication strategy is being revised to reflect this</li> <li>■ The new strategies will be considered by the Board in December 2013.</li> </ul>	DBD	Dec 13	Planned for Board approval in December 2013.
BGAF 4.4	<p><b>Governor Engagement</b></p> <p>The Board recognises that it has more work to do to prepare for the Council of Governors.</p>	<ul style="list-style-type: none"> <li>■ Develop a session for the October Board Seminar to consider the way in which the Board will work alongside Governors.</li> <li>■ Develop a Governor Communication and Engagement Plan to become part of the Membership Strategy.</li> <li>■ Development of a Trust wide engagement approach for all stakeholders (including Governors and members)</li> </ul>	<p>CoSec</p> <p>CoSec</p> <p>DBD</p>	<p>Oct 13</p> <p>Oct 13</p> <p>Dec 13</p>	<p>To be included in an updated Trust Board forward work programme.</p> <p>To be considered by the Quality and Standards Committee prior to Board approval.</p>

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 4.2	<p><b>Staff Survey</b></p> <p>The Trust is aware of its past performance in relation to the staff survey being very poor. The board has recognised that the change to an open and honest culture will take time to permeate throughout the trust. The Trust undertakes regular internal staff surveys to ensure that it is engaging appropriately.</p>	<ul style="list-style-type: none"> <li>The Development Programme has a significant focus on staff engagement. The Programme will identify an evidence-based approach to staff engagement and develop a staff compact which will enable the Trust to impact upon levels of staff morale and wellbeing and therefore survey results.</li> </ul>	CEO/DD	Sep 13	<p>The programme will be introduced in September 2013 and work is planned in the first instance for 12-18 months although the board recognises this is a 3 year programme.</p>
		<ul style="list-style-type: none"> <li>Determine the arrangements for communicating the key messages within the Integrated Business Plan (IBP) to external stakeholders.</li> </ul>	CEO DoF	Mar-13	
<b>DOMAIN 3 – INSIGHT &amp; FORESIGHT</b>					
BGAF 3.1	<p><b>Performance Reporting</b></p> <p>The Board has debated and agreed the metrics which together make up the Information for Quality (IQ) system.</p> <p>Sufficient training to enable Directors to drill down into the supporting performance information has not been provided to enable Board members to understand how</p>	<ul style="list-style-type: none"> <li>Ensure that the Trust Board is sufficiently involved in the 2013/14 business planning process and actively contributes to the agreement of a set of key financial and quality metrics.</li> </ul>	DoF COO	Mar-13	<p>Initial report presented to the Trust Board in January 2013.</p>
		<ul style="list-style-type: none"> <li>Review the training needs of Directors to ensure they can use IQ via their Ipads.</li> </ul>	DBD	Oct 13	

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
	<p>individual services are performing.</p> <p>Some benchmarking of performance to comparable organisations is included but this could be improved.</p> <p>Forecasting information is not supplied with the Board performance report, and this needs to be added to enable the board to have foresight.</p> <p>The reporting of Chairs of Committees back to the Board is inconsistent.</p>	<ul style="list-style-type: none"> <li>Review the availability of benchmarking information and ensure that this is adequately reflected in the performance report to the Trust Board.</li> <li>Seek a forecast performance position from the Clinical Directors for each LDU and ensure the forecast is included in the performance report.</li> <li>Committee Chairs to consistently and regularly use the new Committee Chair template to ensure that their reports are completed and submitted to the Board.</li> </ul>	<p>DBD</p> <p>DBD/DOPs</p> <p>Chairs</p>	<p>Oct 13</p> <p>Oct 13</p> <p>Oct 13</p>	
<b>Ind Evaluation</b>	<p><b>Risk Management</b></p> <p>The Board needs to make time to ensure that it can focus on key risks to the organisation.</p>	<ul style="list-style-type: none"> <li>Board now reviews a trustwide risk in detail at each meeting.</li> <li>The Board will continue to dedicate appropriate time to the risk register, considering the appropriateness of controls and mitigations rather than the efficacy of the process, which the Audit Committee has already assured.</li> <li>The Board will review its appetite to risk at a further seminar.</li> </ul>	<p>CoSec</p> <p>Chair</p> <p>CoSec</p>	<p>July 13</p> <p>July 13</p> <p>Oct 13</p>	<p>Planned session incorporated within the attached 'Training &amp; Development Programme'.</p>
<b>BGAF 3.2</b>	<p><b>CIPs Quality Impact</b></p> <p>The Board conducted a limited review of major CIPs in 2012/13 and, as such, had limited assurance on the risks to quality. The Board hasn't yet established a process to monitor retrospectively, the impact on quality of an implemented project.</p>	<ul style="list-style-type: none"> <li>Review the Quality Impact Assessment process to ensure that there is a requirement to retrospectively review quality impact on planned initiatives.</li> <li>Ensure Quality and Standards Committee is assured of the efficacy of the process and the outcomes are implemented.</li> </ul>	<p>DN&amp;Q</p> <p>Chair DN&amp;Q</p>	<p>Sept 13</p> <p>Oct 13</p>	<p>Already complete.</p> <p>Added to work plan.</p>

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 3.2	<p><b>CIP Action Plans</b></p> <p>Action plans to meet CIP targets are not clear.</p>	<ul style="list-style-type: none"> <li>■ Through the establishment of the Programme Management Office a robust CIP plan and monitoring of individual schemes will be put in place.</li> <li>■ Each CIP scheme currently has an identified lead who is responsible for the reporting to the PMO of the scheme,</li> <li>■ Finance provide the evidence that the reduction in spend/saving has been achieved in line with the original plan and this is reported to F&amp;P committee.</li> <li>■ A summary of the CIPs progress will also be reported to the board from October as this has currently been missing, in detail, from the Finance Report.</li> <li>■ Each CIP will have SMART objectives and these will be reported to F&amp;P in the form of a summary dashboard with detail of schemes that are at risk.</li> <li>■ There are no shared national benchmarked CIP figures as nationally the tariff reduction is the set % that we have to make but each trust will then have additional cost pressures that will be managed.</li> <li>■ Through the networks we have and traditionally the SHA Directors of Finance we share good practice around types of schemes</li> <li>■ As part of the 14/15 Business Planning Process workshops are planned with localities to help them to think about efficiency schemes for 14/15 and beyond earlier so that by the time we start the next financial year the schemes are in place and the risk of slippage is reduced. We will take a much longer view of CIPs so that they are well planned and truly recurrent.</li> </ul>	DBD	Dec 13	

# Training & Development Programme

Source	Issue	Action	Lead	Timing	Summary Status
BGAF 3.2	<p><b>CIP performance</b></p> <p>Trust has strengthened its CIP process to ensure from September 2013 delivery of post implementation reviews and the monitoring of ongoing risks to care quality for each scheme once implemented.</p> <p>Given the risk to CIP performance highlighted, The Trust Board (either directly or via F&amp;P committee reporting) should receive more granular information regarding key CIP schemes, their progress and full year expected outturn.</p>	<ul style="list-style-type: none"> <li>■ We plan to strengthen its CIP process to ensure from September 2013 delivery of post implementation reviews and the monitoring of ongoing risks to care quality for each scheme once implemented.</li> <li>■ Given the risk to CIP performance highlighted, The Trust Board (either directly or via F&amp;P committee reporting) will receive more granular information regarding key CIP schemes, their progress and full year expected outturn.</li> <li>■ Where gaps are identified, the Board will have clear visibility of the key actions and ownership to close the gap (e.g. 2014/15 schemes that can be accelerated).</li> <li>■ The Trust Board will develop plans for approval for the next two years .i.e. to 31 March 2016.</li> </ul>	DoF	Jan-13	In progress.
<b>DOMAIN 4 – Prioritising People</b>					
BGAF 2.2	<p><b>Development</b></p> <p>The current board development programme is not sufficiently robust.</p>	<ul style="list-style-type: none"> <li>■ Further refine the Board Development Plan, taking in the Board Development actions arising out of the Independent Evaluation, the KPMG assessment and review against latest best practice.</li> <li>■</li> </ul>	CoSec	Sep 13	To be considered by the Board for adoption in September 2013.
<b>DOMAIN 5 – Embedded board disciplines and appropriate delegations (Board evaluation, development and learning)</b>					

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Source	Issue	Action	Lead	Timing	Summary Status
Ind Evaluation	<p><b>Committee membership</b></p> <p>The terms of reference for Committees require further refinement to align memberships and purpose, alongside new strategic priorities.</p>	<ul style="list-style-type: none"> <li>■ Review attendance at Board meetings to ensure that roles and responsibilities are clear and the number attending is conducive to an effective Board.</li> <li>■ Review memberships</li> <li>■ Redraft ToR to align with strategic priorities</li> <li>■ Ensure F&amp;P and Audit overlap in membership (NEDS, Execs and Chair)</li> <li>■ Update for H&amp;SC Act</li> <li>■ Common purpose and common relationship with Board</li> <li>■ Specify Horizontal Links between Committees</li> </ul>	Chair CoSec	Sep 13	
Ind Evaluation	<p><b>Committee governance</b></p> <p>Ensure that the rules relating to Committee mechanics are clear and systems are improved to enable the Committee to operate more effectively.</p>	<ul style="list-style-type: none"> <li>■ Revisit attendance requirements for staff in or at Committee meetings</li> <li>■ Remove the high degree of detail within Committee reports</li> <li>■ Refine reports so they are less formulaic</li> <li>■ Ensure minutes are clear about attendance, membership and participations</li> <li>■ Ensure consistency of use of dashboards, and alignment with strategic priorities.</li> </ul>	Chair CoSec	Sept 13	Work started and many measures implemented with effect from July 2013.

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Source	Issue	Action	Lead	Timing	Summary Status
Ind Evaluation	Board and Committee working practices	<ul style="list-style-type: none"> <li>■ Ensure Agenda/Papers are clear about status (e.g. draft/final)</li> <li>■ Board minutes to accurately record Committee Chair summaries</li> <li>■ Board minutes to be produced within 72 hours of a meeting.</li> <li>■ Chair to approve minutes for circulation within 24 hours after issue.</li> <li>■ Clear Language and Use of Jargon</li> <li>■ Consistency of terminology</li> <li>■ Board to Committee and Committee to Committee co-ordination needs to be improved via the use of work programmes</li> <li>■ Internal comparisons over time (e.g. benchmarking internally) to be adopted as appropriate</li> <li>■ Apply contemporary comparisons with other organisations as appropriate</li> <li>■ Board paper cover sheet/status/style/clarity</li> <li>■ Review other examples of best practice from outside Trust</li> <li>■ Record and track outcomes/actions/results and diary explicitly</li> <li>■ Share, test, canvass views on draft papers</li> <li>■ Check follow up of NED comments</li> <li>■ Allocate specific time to strategy</li> <li>■ Align Board &amp; Committee scheduling far enough in advance for proper discussion</li> <li>■ More NED/ED contact about issues outside of meetings – including buddying</li> </ul>	Co Sec	Sept 13	Many elements in train and others planned for October onwards.

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Date	Forum		Activity Description	Lead
9 Oct 2013	BDS	Development	Understanding FT governance: Members and the Board's relationship with Governors	CoSec
30 Oct 2013	BSS	Training	Understanding Data Quality and the link to IQ Understanding Risk Appetite and its link to our strategic approach	DBD CoSec
tbc			Autumn evening informal board session and meal	Chair
13 Nov 2013	BDS	Development	Preparation for Board to Board Readiness - KPMG.	CoSec
27 Nov 2013	BSS	Training	Engagement Dashboard and Engagement Metrics (inc CQC update)	DNQ
Nov tba			Potential TDA Board to Board	
11 Dec 2013	BDS	Development	Compassionate Care: a 'book club' led by clinicians on the issue of compassionate care. 'Intelligent Kindness' Led by: Andrew Clark, Paul Whitby and Martin Wells	DD
Tbc Dec 2013			Christmas evening informal board session and meal	Chair
04 Jan 2014	BDS	Training	Understanding money: Financial management and interpreting finance reports, LTFM and financial modelling	DoF
29 Jan 2014	BSS	Training	Understanding risk and links to quality: Risk management arrangements, legal compliance, inquests and revisit of quality assurance framework	DoG
12 Feb 2014	BDS	Development	'Duty of Candour: a new approach to serious incidents' Exploring the use of filmed stories describing personal experience of families the Board will explore how to promote candour. Led by: Anthony Harrison	DD
26 Feb 2014	BSS	Development	Francis Review – regular review of the main themes emerging from the Francis Report and subsequent Berwick Report (A promise to learn – a commitment to act: improving the safety of patients in England, 6 August 2013) to provide on-going and regular challenge.	MD
Tbc March			Spring evening information board session and meal	Chair
12 Mar 2014	BDS	Development	Staff Engagement: What can we learn from social movements? Creating shared purpose and building a culture of commitment rather than compliance. The use of personal narratives to communicate Board/ Leadership commitment.	DD
26 Mar 2014	BSS	Training	Understanding the market – refreshing the market analysis	DD/DBD
tbc			KEEP FREE FOR MONITOR PREPARATION	CoSec

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Source	Issue		Action	Lead	Timing	Summary Status
16 Apr 2013	BDS	Training	Understanding commissioning: New commissioning framework			CEO
30 Apr 2013	BSS	Development	Continuous improvement: Embedding innovation and improvement in AWP business – a facilitated discussion			DD
15 May 2013	BDS	Training	Understanding contracting: Contracting arrangements and links with commissioning.			DBD
			Board-Board meeting with Monitor <i>(to be confirmed)</i> .			CEO
25 May 2013	BSS	Training	Understanding quality regulation: Essential standards and the role of the CQC.			DNQ
tbc			Summer evening informal board session and meal			Chair
16 Jun 2013	BDS	Development	Future: Strategic Partnerships: the role of Academic Health Science Networks, CLAHRCs (Collaboration for Leadership in Applied Health Research) and Local Education and Training Boards (LETB) in improving service quality in AWP. The role of AWP as a partner in the health and social care system.			DD
30 Jun 2013	BSS	Training	Understanding information governance: national requirements and the Trust's arrangements			CoSec
16 Jul 2013	BDS	Development	Book Club: 'Beyond Performance' How Great Organizations Build Ultimate Competitive Advantage – Colin Price			DD
30 Jul 2013	BSS	Training	Monitor and the Regulators- refresher on board and quality governance			MD

Board Strategy Session (after Board meeting)=SS

Board Development Seminar = BDS