

BOARD OF DIRECTORS MEETING (Open)

Date: 11 April 2018

Item Ref:

7

TITLE OF PAPER	Corporate Calendar
TO BE PRESENTED BY	Margaret Saunders, Director of Corporate Governance (Board Secretary)
ACTION REQUIRED	For approval

OUTCOME	To approve the Corporate Calendar 2017-2018
TIMETABLE FOR DECISION	11 April 2018
BAF OBJECTIVE No AND TITLE	Strategic Aim: A4 Value for Money Strategic Objective: A4 01 Effective quality assurance and improvement will underpin all we do BAF Risk Number: A401 ii BAF Risk Description: Trust governance systems are not sufficiently embedded.
LINKS TO OTHER KEY REPORTS / DECISIONS	Corporate Risk Register Board Assurance Framework
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	SHSC Constitution SHSC Provider Licence Trust Strategic Framework Single Oversight Framework Regulatory requirements of Care Quality Commission (CQC) Regulatory requirements of NHS Improvement NHS Constitution
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Ensure conditions of the Trust's registration with the CQC are met.
CONSIDERATION OF LEGAL ISSUES	Compliance with Governance requirements of NHS Improvement including Trust Provider Licence.

Author of Report	Margaret Saunders
Designation	Director of Corporate Governance (Board Secretary)
Date of Report	11 April 2018

SUMMARY REPORT

Report to: Board of Directors
Date: 11 April 2018
Subject: Corporate Calendar
From: Margaret Saunders, Director of Corporate Governance (Board Secretary)
Prepared by: Margaret Saunders, Director of Corporate Governance (Board Secretary)

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
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Following a review of the structure and frequency of Board meetings and Development Sessions in 2017 an Open Board paper was submitted to Board in December 2017 (item 9), [BoD Open Minutes December 2017](#) This revised paper reflects those discussions and sets out proposed new arrangements for Board meetings.

2. Summary

It was confirmed at the December 2017 Board meeting the Scheme of Delegation and decision making processes of the Board would remain unchanged. Debate also focussed upon the imperative of ensuring quarterly reporting from Committees and internal reporting requirements were meet in conjunction with external reporting deadlines to maintain Board accountability and transparency. The next stage is to present an enhanced rationale for the case for change and demonstrate alignment of the business to the volume of activity.

3. Next Steps

The Trust has historically invested a significant proportion of time on Board and Committee meetings and has not reviewed the frequency for many years. It also acknowledges the imperative of allowing time for dedicated strategic/development sessions for the Board. Time spent in Board and Committee meetings is costly in terms of attendees and those that support the production of papers and therefore should be proportionately judged against the outcomes achieved.

This proposal is not intended to reduce the level of information available to the Board members necessary for the effective performance of their duties. The Trust has a culture of open engagement between Executives and Non-Executives Directors (NEDs) including:

- regular engagement between the Chair and the Chief Executive
- regular engagement between lead Executives and relevant committee Chairs
- information sharing with all NEDs e.g. Hot Topics Summary and Communications Briefing
- Executive members invited to attend NED meetings or hold separate development workshops for NEDs for specific issues
- 1-to-1 meetings for NEDs to meet with any member of the Executive team.

The Trust intends to continue this culture of open engagement which enables all Board members to discharge their statutory obligations effectively.

The recommendations in this paper are based on the following:

- Board of Directors Meeting Routine Reporting Schedule (RRS), Appendix 1
- consideration of how to enhance the effectiveness of Board strategic and development sessions
- the process for updating of NEDs of any urgent issues.

The proposed reduction to nine Open and Confidential Board meetings would ensure business continuity with Board Committees continuing to provide timely assurance to Board and maintain accountability and transparency. The RRS is designed to ensure critical Board business would not be compromised with the caveat of additional open and/or confidential meetings being held if deemed necessary.

The three strategic/development sessions would facilitate dedicated time, in January, June and August for strategic development/planning. This would increase contact between NED's and Executives, enabling early engagement of strategic development/planning to facilitate discussion leading to improved decision making and overall running of the Trust. Board meetings would be held following each strategy/development session limiting any delays in progressing agenda items.

4. Required Actions

Board is asked to support the following recommendations:

- the dates for the Board days will remain for 2018/19, i.e. second Wednesday of each month
- open and Confidential Boards meetings will move to nine per year with immediate effect
- all Committees continue to be held as scheduled.
- three strategic/development sessions can be half or full days, depending on agenda
- process for updating NEDs of any urgent issues will continue, i.e. via telephone and/or email.

5. Monitoring Arrangements

Meeting frequency will be monitored throughout the calendar year and reviewed annually.

6. Contact Details

For further information, please contact:

Margaret Saunders

Director of Corporate Governance (Board Secretary)

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Board of Directors Meeting Routine Reporting Schedule (RRS)

Appendix 1

Report	Exec	Frequency	May	July	Sept (Q1)	Oct	Nov (Q2)	Dec	Feb (Q3)	Mar	April	May (Q4)
Annual Accounts	PE	e) Annually	Y								Y	
Annual Equality & Human Rights	DW	e) Annually			Y							
Annual Governance Statement	MS	e) Annually	Y									Y
Annual Governance Statement	MS	e) Annually	Y									Y
Annual Members Meeting notification	MS	e) Annually									Y	
Annual Report	MS	e) Annually	Y								Y	Y
Associate Mental Health Act Managers	LL	c) Quarterly	Y		Y		Y		Y			Y
Audit Committee (Mins/Sig)	PE	f) As Required	Y	Y	Y			Y	Y			Y
Board Assurance Framework	MS	c) Quarterly	Y		Y		Y		Y			Y
Controlled Drugs Accountable Officer	MH	e) Annually	Y									Y
Corporate Risk Register (Board Risk Profile) [OPEN/CONF]	MS	b) Bi Monthly	Y	Y	Y		Y		Y		Y	
Cost Improvement Plan (CIP) Quality Impact Assessment (QIA)	LL	c) Quarterly	Y		Y		Y		Y			Y
Declaration of Interests	MS	e) Annually		Y								
Eliminating Mixed Sex Accommodation (EMSA) Compliance	CC	e) Annually	Y									Y
Emergency Preparedness, Resilience and Response (EPRR)	CC	e) Annually			Y							

Report	Exec	Frequency	May	July	Sept (Q1)	Oct	Nov (Q2)	Dec	Feb (Q3)	Mar	April	May (Q4)
Safeguarding Children	LL	e) Annually	Y									Y
Safer Staffing	LL/MH	a) All	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Service Performance Dashboard	PE	a) All	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Staff Survey Results	DW	e) Annually		Y								
Whistleblowing	CC	e) Annually		Y								
Workforce and Org Dev Committee (Mins/Sig)	DW	f) As Required	Y		Y			Y	Y			Y
Workforce Race Equality Standard	DW	e) Annually				Y						

* Frequency (reference for admin purpose only)