KEY ISSUES AND REQUIREMENTS OF THIS REPORT

At its Board development discussion on 30 March 2017, the Board agreed to adopt a protocol written by the Trust Chair for matters reserved for private Board meetings. This is included in the paper for formal approval.

The Chair has also introduced a process where ‘Starred items’ will be taken (as read) without discussion, unless a Board member notifies the Chair or Secretary in advance that they wish the item to be open for debate.

RISK ISSUES IDENTIFIED FOR DISCUSSION

None.

LINKS TO STRATEGIC OBJECTIVES

None.

RECOMMENDATIONS

That the Board:

- Approve the protocol for matters reserved for private Board meetings.

FINANCIAL IMPLICATIONS

There are no financial implications as a result of this paper.

Revenue [ ] Capital [ ]
LEGAL IMPLICATIONS:

None identified.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

- Audit Committee
- Quality & Safety Committee
- Remuneration Committee
- Finance, Business & Investment Committee
- Executive Management team (through BDD papers)
- Directors’ meeting
- Chair of Committees’ Meeting
- MH Legislation Committee
Proposed protocol for matters reserved for private Board meetings

- *Investigations into conduct of employees or Trust systems that aim at identifying any improper conduct on behalf of staff and/or protecting patients (e.g. disciplinary or legal investigations into members of staff, SUI reports);
- * Drafts of documents, not in final form – which will be published in the future (e.g. Annual Reports);
- * Issues, the discussion of which in public would be likely to inhibit the free and frank provision of advice. E.g. Matters in the initial stages of enquiry; early stages of strategic thinking; sensitive ‘live’ issues or blue ‘blue sky thinking’ addressed or discussed in recommendations/advice from external organisations (e.g. Royal Colleges, recommendations made by more junior staff to more senior staff, professional advice tendered by professionally qualified government employees, advice from external sources, or advice supplied to external sources, options papers drafted internally);
- * Issues, the discussion of which in public would be likely to inhibit the free and frank exchange of views for the purpose of deliberation. E.g. Matters in the initial stages of enquiry; early stages of strategic thinking; sensitive ‘live’ issues or ‘blue sky thinking’ discussed in emails, minutes of sub-committees (e.g. Audit Committee Minutes – discussion on Fraud issues), options papers drafted internally;
- * Issues, the discussion of which in public would be likely to prejudice the effective conduct of public affairs e.g. Issues the Trust is ‘working through’, where discussion in public may cause concern/panic, discussions about future public consultations where the Trust wants to manage the timing and manner in which disclosures are made;
- Information containing the personal data of any living patient, staff member or any other person if disclosure would not be fair to that person;
- Information provided in confidence from another person or organisation, if releasing that information would lead to a successful claim for breach of confidence;
- *Legal professional privilege, Communications with solicitors and barristers and information created in order to seek legal advice or to help prepare for a legal claim
- * Disclosure of the information would be likely to damage an organisation’s commercial interests. Those interests may be those of the Trust, one of its suppliers or one of its customers; and
- Information, disclosure of which is prohibited by law (e.g. information prohibited from disclosure by Court Order).

Those exemptions marked with an * are subject to the public interest test. This means that they will only apply if the public interest in withholding the information is stronger than the public interest in releasing it. In some cases, this may mean that the information will be considered in the public session of the Trust Board meeting.