

Minutes of Trust Board meeting held on 31 January 2017

Present:	Ian Black Julie Fox Laurence Campbell Charlotte Dyson Rachel Court Chris Jones Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks Alan Davis	Chair Deputy Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Medical Director / Deputy Chief Executive Director of Nursing and Quality Director of Finance and Resources Director of HR, OD and Estates
Apologies:	Nil	
In attendance:	Dawn Stephenson Salma Yasmeen Kate Henry Carol Harris Sean Rayner Karen Taylor Emma Jones James Drury	Director of Corporate Development (Company Secretary) Director of Strategy Director of Marketing, Communications and Engagement District Director – Forensic and Specialist Services District Director – Barnsley and Wakefield District Director – Calderdale and Kirklees Integrated Governance Manager (author) Deputy Director Strategic Planning (agenda item 5)

TB/17/01 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting, including the new Director of Strategy, Salma Yasmeen. There were no apologies.

TB/17/02 Declaration of interests (agenda item 2)

There were no declarations over and above those made annually in March 2016 or subsequently.

TB/17/03 Minutes and matters arising from previous Trust Board meeting held on 20 December 2016 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 20 December 2016 as a true and accurate record of the meeting. There were no matters arising.

TB/17/04 Chair and Chief Executive's remarks (agenda item 4)

Rob Webster (RW) provided an update to his written report:

- The NHS continues to be a significant political issue with Brexit, winter pressures, service pressures, and financial issues all widely reported.
- In this changing environment the focus is on collaboration and Sustainability and Transformation Plans (STPs) continue to be a strong driver for collaboration across places. Governance vehicles and service models are starting to emerge which are in line with the Trust's strategy.

- The Trust's women's forensic pathway team was chosen as the winner in the 'Improving care through innovation or improvement' category of Yorkshire and Humber Academic Health Science Network's Innovation, Improvement and Impact awards. Carol Harris (CH) commented that the work on the women's pathway has made a huge difference to the women in our care. Breaking away from traditional services and seeing these results in a short space of time is something that the team should be very proud of. It is testament to their commitment and expertise in this specialist field. It is also an excellent example of the culture of innovation to improve care that we want to run right through our forensic service.
- The Care Quality Commission (CQC) are currently inspecting services and as part of their well-led review. As an organisation we test ourselves against three areas when we have such reviews: do we give a fair account of ourselves, do we get some insight, and do we come together out of an action plan that will lead to improvements.
- The Brief monthly communication to staff has helped staff keep up to date with what is happening across the Trust. When staff were asked in 2015 57% of staff felt they were well communicated with and the latest survey shows this has increased to 83%.

Charlotte Dyson (CD) asked in relation to the gap in investment that commissioners are making towards the Mental Health Five Year Forward View (FYFV), if there were areas that were more supportive. RW commented that each of the contracts with commissioners has a clause around working with the Trust to demonstrate how they are investing in the Mental Health FYFV (and some elements of the GP FYFV) recognising that we would not receive all of the investment as there are other providers. It is a variable position, sometimes to do with the finances of the individual commissioners. However it was important to have timescales for resolving the position on Mental Health FYFV funding and use influence we have through the national system to ensure there is the right level of pressure to encourage commissioners to put the funds into the right areas.

Julie Fox (JF) asked if the issues around workforce and impact of Brexit were being discussed at an STP level. Alan Davis (AGD) commented that the Trust was not as reliant on overseas workers from the EU as other organisations. Discussion is taking place with universities to work with them to get the future supply of staff right. RW commented that NHS Employers had a working group looking at Brexit and there was a Local Workforce Advisory Board working across each of our STP footprints. Workforce strategy will be discussed further at the Remuneration and Terms of Service Committee.

Action: Alan Davis

Chris Jones (CJ) asked what service user engagement there had been in relation to the STPs. RW commented that the arrangements for engagement with the public and service users varied between each STP. Each has involvement by Heathwatch, with input to the Leadership Groups. For example, when the West Yorkshire and Harrogate STP was published there was a compendium published alongside it of the huge amount of engagement that had taken place since 2012 on the issues that the public want to see. In South Yorkshire there was a similar approach, though the STP has been more acute driven as they have an acute sector vanguard and they are looking at enhancing community engagement.

It was RESOLVED to NOTE the context within which the Trust operates and remain focused on the things the Trust can control and influence, remaining true to our mission and our new strategy.

TB/17/05 Strategic overview of business and associated risks (agenda item 5)

James Drury (JD) reported that the business and associated risks have been reviewed in the context of the Trust's strategy and highlighted the following:

- The Political, Economic, Social, Technological, Legal and Environmental (PESTLE) analysis has been revised to reflect changes to the regulatory and policy context in which the Trust operates, and the local context with regard to place based plans and sustainability and transformation plans.
- There is a gap in the Mental Health Five Year Forward View (FYFV) funding in the 2017–2019 contracts, and conversations with commissioners are continuing.
- Changes in Public Health spending has an impact on contracts and jobs with the pace of change increased significantly, linked to continued austerity in local authorities
- Increased impact of market forces on vulnerabilities in NHS markets for staff and flexible bed capacity. Experienced through agency usage and costs (mitigated by agency cap), and independent sector bed-day prices.
- Increased pace of movement towards new organisational forms and partnership vehicles suitable for place based solutions, such as Accountable Care Organisations and specific collaboration. This aligns with the Trust's Strategy.
- The strengths, weaknesses, opportunities, and threats (SWOT) analysis has been revised to reflect the Trust's positioning in relation to the changed external environment. Overall this reflects improved clarity and capability in several of the areas prioritised in our 2016/17 objectives.
- It also reflects the learning from our recent stakeholder engagement processes. This has enabled the SWOT to reflect a greater degree of clarity about the Trust's strengths in the context of the development of Accountable Care Systems

Rachel Court (RC) asked how the information that the report highlighted could be used as a management tool as we look at our strategy. JD commented that it was used to see that areas of risk were consistent with the risk register and that actions were being put practice to mitigate against these with further work on opportunities needed so that they can be realised. RW commented that when opportunities were being assessed they are put through the decision tree and considered by EMT for recommendation to the appropriate sub Committee or Board.

CD asked how the outcome of the recent stakeholder research would apply to opportunities identified. Kate Henry (KH) advised that the final report included seven recommendations and conversations would take place with JD and Salma Yasmeen (SY) on how that could be included within the strategy development. An executive summary would be provided to the Trust Board. SY commented that communication with external stakeholders would be mapped and opportunities identified included as part of communication going forward.

Action: Kate Henry

JF commented that it was fundamentally important that how service users perceived the care they were receiving was considered. She asked how the Trust could work to shift the perception that cuts were not being made to services and changes were being made to improve the quality of what is being delivered. JD commented that the Trust could build on its work in communities. We host Altogether Better, Creative Minds and the Recovery Colleges, which support engagement and social prescribing, which helps service users to be co-producers of their health and the Trust was seen as a leader in this area of work. CD asked how these areas could be brought together in synergy to work together.

Tim Breedon (TB) commented that it was difficult to have the conversation locally when it was not happening nationally. RW commented that through a review of Directors portfolios the need was highlighted to ensure areas such as Creative Minds, Recovery Colleges and the museum were brought together. We are a Foundation Trust with members and our strategy needs include how we communicate our staff and members as part of our ethos. This is part of the membership strategy going through the Members' Council.

Discussions are also taking place internally and with partners on what we are doing to supporting the use of personal budgets throughout integrated teams to give service users choice and control in a way which is safe and appropriate.

CJ commented that it was good to see changes clearly highlighted in the report and requested the inclusion of weaknesses including actions to mitigate and manage them in future reports, linking into other areas such as the risk register.

Action: James Drury

IB commented that one of the risks is decommissioning. With some of the Trust's award winning services having been decommissioned, it was important to see the detail of degree of risk to services being presented in future. RW commented that this was included as part of the Trust Board strategic session in November 2016 and it would be good to review over time including the cycle of contract renewal.

Action: James Drury

It was RESOLVED to NOTE the content of the report.

TB/17/06 Strategies for approval (agenda item 6)

TB/17/06a Update to the risk management strategy (agenda item 6.1)

Dawn Stephenson (DS) reported that the Risk Management Strategy set out our approach to ensure there were risk management processes in place that were adequate and dynamic; as well as to provide a framework for the continuous development of these processes. Changes included the addition of the Board Assurance and Escalation Framework and Risk Appetite Statement as previously agreed by the Board.

The Trust is committed to ensure the safety of staff and service users and has an integrated approach to look across all areas to ensure we have safe arrangements in place. It was important to anticipate risk, make sound decisions on the right information and intelligence, and minimise the likelihood of the risk. Our Members' Council plays a key role in governance arrangements and through development sessions will focus further on areas of performance and risk. The Trust has recently appointed a number of staff governors as Freedom to Speak Up Guardians as another way for staff to raise concerns where they feel unable to do so through the usual mechanisms. Further work will be done in the next quarter by the Executive Management Team (EMT) in accordance with the Risk Appetite to review the procedures that accompany the Strategy and consider issues below the organisational risk register. The update to the Strategy has been reviewed by EMT and the Audit Committee who support it approval.

RW commented that there has been further focus on risk by the EMT including a clinical risk scan every week and a review of the risk register every month. The Risk Appetite Statement was an important development as it says clearly what risk the Trust will and won't tolerate. The processes then link to how risks outside the Risk Appetite would be managed by Board Committees then escalated to the Board if required.

Laurence Campbell (LC) commented that a detailed review had taken place of the Strategy including looking at changes in line with the Risk Appetite. The Trust Board had a session with Deloitte around Risk Appetite that led to stimulating conversation about how risks are managed. Further work on a process around how risks are anticipated and where challenges emerged how these processes would be enabled then to be identified in a timely manner. It was also important to encourage staff to raise risks if they have areas of concern.

Dr Adrian Berry (ABe) commented that differential thresholds for risks as part of the Risk Appetite was important as it leads to informed discussion as some risk may not be solely clinical. Some issues of low level clinical risk had been previously held and managed at team and service level and there had not previously had an escalation process that would identify them easily as an organisational level risk.

TB commented that the Datix reporting system was easily accessible for staff and also included incident reporting. There are good risk scanning systems in place and improvements were being made in terms of triangulating discussions at BDU Governance Groups and inclusion in the Integrated Performance Report. CH commented that areas of concern raised at ward and team level were discussed by BDU Governance Groups then escalated through the Operational Management Group to EMT then included in the IPR linking from ward to Board. Karen Taylor (KT) commented that there was an increased awareness by staff that are raising concerns and was important to look at how that information can be translated to make it user friendly for staff.

RW commented that it was important to ensure that plans under the Organisation Development Strategy reinforce the cultural points around risk.

Action: Alan Davis

The Board discussed the need to define processes around emerging risks and the Risk Appetite and the potential for a threshold to be identified for formal reporting at Trust Board through the Integrated Performance Report and Risk Register.

Action: Dawn Stephenson

It was RESOLVED to APPROVE the update to the Risk Management Strategy.

It was RESOLVED to DELEGATE AUTHORITY to the Chief Executive and Director of Corporate Development to update the supporting Risk Management Procedure and the incorporation of the relevant appendices from the Risk Management Strategy as deemed appropriate.

TB/17/07 Performance reports (agenda item 7)

TB/17/07a Integrated performance report month 9 2016/17 including finance (agenda item 7.1)

Mark Brooks (MB) commented that the revised format of the Integrated Performance Report now included information around agency and out of area bed expenditure. Despite the pressures, the Trust was still meeting most of its performance metrics and targets and credit should be given to staff for maintaining a high level of service despite the financial and demand pressures.

TB reported in relation to Quality:

- Mental Health safety thermometer for medicines admissions data for the quarter had not yet been received. The issue was around follow up of refusals and work was taking place with colleagues in Kirklees and Calderdale. The rest of the areas were reducing in line with plans.

- Safety first new style of reporting was being trialled by the Risk Panel with good feedback received in term of supporting triangulation of information and spotting areas of risk before they occur. A risk scan takes place weekly with an enhanced report to the Operational Management Group and Executive Management Team meeting monthly.
- Incident reporting and lessons learned are received by the Clinical Governance and Clinical Safety Committee.
- Patient experience through the Friends and Family Test shows for Community Services that 99% would recommend community services and 71% would recommend Mental Health services. All service lines achieved 50% or above for patients/carers stating they were likely to recommend the Trust's services.
- Safer staffing fill rate was maintained over Christmas at Trust and service level. Escalation processes were in place for exception reporting. Three wards fell below the threshold for registered staff on day wards used professional processes and guidance to ensure the wards were managed safely.
- RW commented that it was important to highlight that changes in reporting to Board made it clear that all wards overnight had the right levels of registered nurses and during the day time three wards trigger escalation processes and were managed safely. TB commented that it was important to recognise that these are not set at the minimum safety levels they are set at the appropriate level for our services.

JF asked for details on the processes around Duty of Candour incidents. TB commented that we are compliant with the Duty of Candour arrangements. The Patient Safety Team is included in the scan of incidents and processes have been altered to ensure that verbal and written statements are made as appropriate to those affected. For reporting on stage one and stage two breaches, work is underway on establishing a baseline working with others to benchmark our performance. If an issue is raised as a consequence the Operational Management Group is responsible for approving the closure of cases.

JF asked for details in relation to non-adult placements in adult beds. CH commented that system wide access to Children and Adolescent Mental Health Services (CAMHS) tier 4 beds was an issue and where there was none available individual cases are assessed. In some instances, placing people in an adult bed was seen as a "least worst option" and a safer option than returning them home. In these instances, reports are provided to the CQC and work is done closely with adult colleagues to ensure safe package of care are placed around them. RW commented that we need to work with commissioners on the availability of the Tier 4 beds and services to ensure there are is the capacity including specific specialised beds for people that have a multiple need. ABe commented that these individuals have presented particular challenges but the Trust has provided the best care possible under the circumstances. NHS England has a service review process in place which has not yet moved forward for West Yorkshire.

CJ asked for an update on Information Governance breaches and any potential impact on the Trust or service users. MB reported that over eight weeks there were four breaches reported to the Information Commissioner's Office (ICO) with three relating to incorrect addresses which are being investigated. Prior to this there was a gap of eight months where no breaches were identified which needed reporting to the ICO. The ICO conducted a review in November 2016 in agreement with the Trust which provided reasonable assurance on the Trust's processes and recommendations for further improvement. An important area to address is staff culture and there is a communication plan in place which focuses on the potential impact to service users. The communications also focuses on mandatory training required by end March 2017. One of the issues identified is that RiO and national spine do not always update correctly and work is in progress to ensure the synchronising of addresses for the current caseload. Reports on Information Governance are received by the

Executive Management Team, Audit Committee and also Clinical Governance Clinical Safety Committee as part of incident reporting and lessons learned.

MB reported in relation to finances, in month deficit of £27k excluding STF funding. The main issues continue to be out of area bed expenditure which were offset in the month by a range of other savings and income issues, including not needing to recognise a CQUIN loss as the flu vaccination target was achieved. The NHS Improvement risk rating is at 3, relating in large part to agency spend, which in month it increased by roughly £100k. Out of area bed expenditure showed a £50k slowdown in forecast overspend compared to the previous month. More positively there has been a recent reduction in the usage of out of area beds and constructive dialogue with loss adjusters on a potential insurance claim due to business interruption from a fire which impacted out of area bed usage. While the finances are showing an improved position, they are not where they need to be and the Board and Executive continue to focus on managing the financial position.

MB reported in relation to NHS Improvement metrics, the majority were green, falling short within one of the IAPT indicators. However, this had seen an improvement in December 2016. There was a risk to achievement due to data completeness around employment and accommodation for which the Trust only started measuring data in December 2016. It was currently at 42% and the target for end March 2017 was 85%. An action plan was in place to improve the current performance, but whilst performance is improving it is unclear at this point whether the target for March 2017 will be achieved.

Sean Rayner (SR) reported in relation to out of area beds that work was being undertaken to look at flow and capacity and actions were in place to support clinical decision making. Out of area bed placements started to increase in August 2016 and peaked at 22 in December 2016. The actions to date had seen some success with the number of beds at week commencing 27 January 2017 down to 11. Action was focusing on bringing down the number of placements and also sustainability within the system. As a contingency the Trust has an arrangement with Pennine Care to purchase beds at a lower rate than is available from the private sector.

RC asked in relation to agency spend whether improvement was not yet seen because actions were not delivering or because they are longer term plans. ABe commented that some of the plans were long term and agency use reflected a workforce capacity deficit. Work has been undertaken to look at agency use information in detail to ensure there were robust control systems in place, including the high quality of data and centralised authorisation of agency use. The Operational Management Group has weekly oversight of agency spend. There is a forecast for an improvement to be seen in Quarter 4 and the improvement needed to be balanced with managing safety and quality for service users.

RW commented in relation to agency spend it was roughly split into thirds between doctors, nurses, and allied, administration & support. In relation to doctors, there is a plan in place to convert the use of the relatively small number of posts that are locums to alternative solutions. In relation to nursing, it was part of a longer term plan of how a sustainable workforce could be created. In relation to support staff they are only used if a definite need is identified. Those mechanisms should see a reduction but they are moving at different speeds.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/07b Customer services report Q3 2016/17 (agenda item 7.2)

DS reported that feedback received is used to improve patient experience. The risk scan process and the risk management process both look at complaints and assess whether they need escalation in parallel with complaints process. In relation to the Friends and Family Test a key area of feedback is around CAMHS and the Trust is working with CCGs on an action plan. There is a decrease from Quarter 2 to Quarter 3 in complaints in comparison to last year and an increase in compliments.

CD asked if there was a plan for improving the response time to complaints. DS commented that complaints are acknowledged within three days and an assigned to a member of staff. Agreement is made with the complainant how often they want to be updated, which is generally weekly. Sometimes delays can be caused by the process of gaining consent or the ability of investigators and work is taking place with services on the investigation process. The Chief Executive signs all complaints and will not do so until they are right. Recently there has been a change to the process where BDU Directors now sign off on responses before they receive final approval.

It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 3 2016/17.

TB/17/08 Governance items (agenda item 8)

TB/17/08a Update to Trust Constitution (including Standing Orders) and Scheme of Delegation (agenda item 8.1)

DS reported that the Trust was required to have a Constitution in place that sets out how it is accountable to local people, who can become a member and what this means, the role of the Members' Council, how Trust Board and the Members' Council are structured and how Trust Board works with the Members' Council. The Constitution also contains a set of model rules that provide the basis for elections to the Members' Council. A review of the Constitution has taken place to check the cross references with other documents and making it easier to read. The proposed amendments have been considered by a subgroup of the Members' Council, the Executive Management Team and the Audit Committee who support its approval by Trust Board and the Members' Council.

RW commented that the Executive Management Team had requested a further review of the Scheme of Delegation that would conclude and bring recommendations for improvements back to the Board in the new financial year.

It was RESOLVED to APPROVE the updated Constitution (including the Standing Orders) and Scheme of Delegation and SUPPORT their approval by the Members' Council in February 2017. It was NOTED that further work on the Scheme of Delegation would follow in the next financial year.

TB/17/08b Update to the Treasury Management Policy (agenda item 8.2)

MB reported that the significant focus on cash management within the NHS and access to borrowings was becoming increasingly restricted and difficult. As such the Trust needs to maintain strong focus on working capital and cash management and this Treasury Management Policy is a key component of clarifying how the Trust will maintain strong control over how it safely makes best use of its cash resources. Minor revisions to the policy were reviewed by the Executive Management Team and the Audit Committee who support the approval by Trust Board.

It was RESOLVED to APPROVE the updated policy to support the overall financial strategy.

TB/17/08c Update to the Policy for the development, approval and dissemination of policy and procedural documents (Policy on Policies) (agenda item 8.3)

DS reported that the policy supports staff in ensuring consistency and minimising risks within policies and procedures documents. The amendments have been reviewed by clinical leads, Human Resources, Trade Union and the Executive Management Team who support the approval by Trust Board.

RW requested that the required approval of policies for the Board be outlined in the Scheme of Delegation and not in the main body of the Policy. This would provide greater flexibility and reduce confusion and overlap between documents.

It was RESOLVED to APPROVE the updated policy with the amendment.

TB/17/08d Update to the Customer Services Policy: management of complaints, concerns, comments and compliments (agenda item 8.4)

DS reported that the Customer Services Policy provides the framework to respond to enquiries and ensure we learn lessons from the feedback received as well as provide an opportunity for compliments. The Policy makes it easy for people to provide feedback and recognise that every compliment, concern and complaint is an opportunity to improve. The amendments have been reviewed by the Executive Management Team who support the approval by Trust Board.

It was RESOLVED to APPROVE the updated policy.

TB/17/08e Internal meeting governance framework (agenda item 8.5)

DS reported that the Executive Management Team (EMT) had looked at the internal meeting structures to ensure they meet the Trust's needs and the Board's statutory duties. To improve and support the efficiency and effectiveness, ensuring alignment to delivery, risk mitigation and provision of assurance, EMT supported the adoption of the 7Ps meeting framework.

IB commented that external areas of assurance such as auditors and regulators should be incorporated. DS commented that further work would take place around external meeting structures and external assurance processes including the receipt of minutes of partnership boards (agenda item 8.7).

RW commented that it was important that the terms of reference for meetings recognises their role in managing risk and where assurance is provided.

It was RESOLVED to SUPPORT and APPROVE the Internal Meetings Governance Framework, adopting the "7Ps", the rationalisation of meetings and formalisation of 1st and 2nd line assurance reporting.

It was RESOLVED to SUPPORT the further work required to review committee terms of reference and alignment with the proposed internal meetings Governance Framework.

TB/17/08f Guidance for the use of off-pay payroll (agenda item 8.6)

DS reported that the latest guidance for the use of off-pay payroll has been received and the Trust currently had no off-pay payroll office holders as defined in the guidance.

IB asked if there was an approval process in place if required. DS confirmed there was a process which would ensure compliance with best practice.

CJ asked where items wider than off-payroll were discussed. DS commented that the Trust still complies with the original guidance and this was an extra layer. Reports are received by the Remuneration and Terms of Service Committee.

It was RESOLVED to NOTE the Trust currently has no off-payroll office holders in post and to SUPPORT the adoption and implementation of the guidance, including bringing the guidance to the attention of the next meeting of the Members Council and to provide an update on off-payroll arrangements, to the next meeting of the Remuneration and Terms of Service Committee.

TB/17/08g Receipt of minutes of partnership boards (agenda item 8.7)

RW commented that minutes of partnership boards where the Trust is a voting member would be received at Trust Board including Health and Wellbeing Boards and Accountable Care Organisations particularly where there is a Committee in Common.

SR reported that the Barnsley Health and Wellbeing Board received the Health and Wellbeing Strategy and considered the Place Based Plan that will come to a future meeting of the Trust Board.

It was RESOLVED to NOTE the minutes of partnership boards.

TB/17/09 Assurance framework and risk register (agenda item 9)

DS reported that the assurance framework included key areas where the Board can seek its assurance through reports received by Committees and any gaps identified, with links through to Risk Register. The framework is RAG rated risk against principal strategic objectives and the rationale included for the ratings. The Organisation/Corporate Risk Register has been reviewed by the Executive Management Team (EMT) and further work will take place through EMT to review the directorate risk registers and where risk are not being managed within the risk appetite.

RC asked about the pharmacy risk. ABe advised that an extension was now in place until June 2017 with a plan in place to achieve a long term solution prior to that date. JF commented that the risk had been discussed by the Clinical Governance and Clinical Safety Committee.

LC asked which committee would manage IT risks such as RiO. MB commented that it was decided that the IM&T Forum was no longer fulfilling the original intention and any updates from groups and TAGS would come to Board as needed and an item would be included on the Trust Board Work Programme.

Action: Mark Brooks

MB commented that a key element of risk around the clinical records system was that the contract for RiO was due to expire on 31 March 2018. An engagement process has been undertaken in terms of defining the service specification for a clinical record system including ePrescribing and a recommendation would come to Trust Board.

It was RESOLVED to NOTE the controls and assurances against corporate objectives for Quarter 3 2016/17 and NOTE the key risks for the organisation.

TB/17/10 Board self-certification and assessment of operational, clinical and quality risks (agenda item 10)

DS reported that prior to the introduction of the Single Oversight Framework in October 2016, Trust Board was required to sign a quarterly certification along with a quite detailed report for submission to NHS Improvement (NHSI). The paper requested delegated of authority for the approval of an exception report should it be requested by NHSI.

The Board discussed whether a report was required to Trust Board to provide assurance. RW commented that the reports and discussion at Trust Board the assurance is already there such as the Integrated Performance Report and Assurance Framework and Risk Register. NHSI would now also be attending Executive Management Team meetings on a quarterly basis. DS commented that previous indicators that were reported on around Board composition could be included in the Integrated Performance Report.

Action: Dawn Stephenson

It was RESOLVED to include areas from the previously required self-certification within the Integrated Performance Report.

TB/17/11 Assurance from Trust Board committees (agenda item 11)

TB/17/11a Audit Committee 24 January 2017

LC reported that the Audit Committee discussed the assurance framework and risk register which was similar to the discussion under agenda item 9. In relation to the overall head of audit opinion, it was looking that it would be positive. An internal audit report was received on sickness absence with partial assurance and improvements required. AGD commented that the internal audit was part of a review that the Trust Commissioned. An action plan would go into the next Remuneration and Terms of Service Committee meeting and he would attend the next Audit Committee meeting.

Action: Alan Davis

LC reported that most audit recommendations were on track for implementation. However there was a delay on a couple of areas around medicine management. ABe commented that a risk based approach was taken to implementation which was being monitored through the Drug & Therapeutic Committee. Significant risks had been actioned and others have plans in place.

TB/17/11b Equality and Inclusion Forum 30 January 2017

IB reported that attendance was low at the Forum due to exceptional circumstances. However the meeting was still quorate and was able to take place. In relation to equality panels there was a joint approach in Calderdale, Kirklees and Wakefield, with Barnsley being done separately. The Forum felt it should be done jointly as an example of an organisations working together. The BAME staff network were involved in recruitment process of the Director of Strategy and would continue to be involved in Board recruitment in the future. In relation to the Equality Impact Assessments (EIA) the plan set by the Forum was 100% compliance by 31 March 2017, and while the Trust is unlikely to meet this target there were processes in place and the focus is on embedded those across the organisation. DS commented that less than 5% were RAG rated as red, and 15% as amber for completion. It was important to note that it is not just about the EIA process but the follow up actions that are needed as an organisation to ensure all our services are accessible.

TB/17/12 Trust Board work programme 2017 (agenda item 12)

IB highlighted that the work programme is used for agenda setting and focus on difference areas during the year.

RC requested the inclusion of key strategy documents and their review dates.

Action: Dawn Stephenson

It was RESOLVED to NOTE the work programme.

TB/17/13 Date of next meeting (agenda item 13)

The next meeting of Trust Board will be held on Tuesday 28 March 2017 Boardroom, Kendray, Barnsley.

A handwritten signature in black ink, appearing to be 'D. Stephenson', written over a horizontal line.

Signed

Date 28 March 2017