

Minutes of Trust Board meeting held on 28 March 2017

Present:	Ian Black Julie Fox Laurence Campbell Charlotte Dyson Rachel Court Rob Webster Dr Adrian Berry Tim Breedon Mark Brooks Alan Davis	Chair Deputy Chair 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:	Chris Jones	Non-Executive Director
In attendance:	Dawn Stephenson Kate Henry Carol Harris Sean Rayner Karen Taylor Salma Yasmeen Emma Jones Dr Subha Thiyagesh	Director of Corporate Development (Company Secretary) Director of Marketing, Communications and Engagement District Director – Forensic and Specialist Services District Director – Barnsley and Wakefield District Director – Calderdale and Kirklees Director of Strategy Integrated Governance Manager (author) Consultant in Psychiatry for Older People / Deputy Medical Director

TB/17/18 Welcome, introduction and apologies (agenda item 1)

The Chair Ian Black (IB) welcomed everyone to the meeting, including Dr Subha Thiyagesh, Consultant in Psychiatry for Older People and Deputy Medical Director. Apologies were received as above.

Prior to the meeting, the Board received an Accountable Care Organisations (ACOs) session from Capsticks.

TB/17/19 Declaration of interests (agenda item 2)

The following declarations were considered by Trust Board:

Name	Declaration
CHAIR	
Ian Black	Independent Non-Executive Director, Benenden Healthcare Society. Chair, Benenden Wellbeing Limited. Chair, Keegan and Pennykid. Non-Executive Director, Seedrs (with shareholding). Trustee and Director, NHS Providers. Chair, Finance and General Purposes Committee, NHS Providers. Chair, Family Fund (UK charity). Driving Member, Whiteknights, a charity delivering blood and samples on behalf of hospitals in Yorkshire. Private shareholding in Lloyds Banking Group PLC (retired member of staff).

Name	Declaration
	Director, Lightcliffe Golf Club.
NON-EXECUTIVE DIRECTORS	
Laurence Campbell	Director, Trustee and Treasurer, Kirklees Citizens' Advice Bureau and Law Centre, includes NHS complaints advocacy for Kirklees Council.
Rachel Court	Director and Chair, Leek United Building Society. Chair, Invesco Perpetual Life Ltd (from 24 March 2017). Director, Leek United Financial Services Ltd. (from 27 April 2016). Chair, PRISM. Governor, Calderdale College. Magistrate. Chair, NHS Pension Board. Director, Invesco UK Ltd (from June 2016).
Charlotte Dyson	Independent marketing consultant, Beyondmc (marketing consultancy work for Royal College of Surgeons, Edinburgh). Lay Chair, Leeds Teaching Hospitals NHS Trust Advisory Appointments Committee for consultants (occasional). Lay member, Leeds Teaching Hospitals NHS Trust Clinical Excellence Awards Committee. Lay member, Bradford Teaching Hospitals NHS Trust. Lay member, Advisory Committee Clinical Excellence Awards, Yorkshire and Humber Sub-Committee. Lay member, Royal College of Surgeons of Edinburgh, MRSC Part B OSCE.
Julie Fox	Chair of Trustees and Advisory Board member, Peer Power (social justice organisation supporting young people). Director, Just Us Associates. Daughter appointed as Independent Hospital Manager.
Chris Jones	Director and part owner, Chris Jones Consultancy Ltd. Trustee, Children's Food Trust.
CHIEF EXECUTIVE	
Rob Webster	Independent Chair of Panel for assessing clinical commissioning group learning disability commissioning (NHS England). Visiting Professor, Leeds Beckett University. Honorary Fellow, Queen's Nursing Institute. Honorary Fellow, Royal College of General Practitioners. Lead Chief Executive, West Yorkshire and Harrogate Sustainability and Transformation Plan.
EXECUTIVE DIRECTORS	
Dr Adrian Berry	No interests declared.
Tim Breedon	No interests declared.
Mark Brooks	No interests declared.
Alan Davis	No interests declared.
COMPANY SECRETARY	
Dawn Stephenson	Voluntary Chair and Trustee, Kirklees Active Leisure. Governor, Membership Council, Calderdale and

Name	Declaration
	Huddersfield NHS Foundation Trust (and member of Remuneration and Terms of Service sub-committee).
OTHER DIRECTORS	
Carol Harris	Spouse's company is engaged with Mid-Yorkshire Hospitals NHS Trust in relation to engineering.
Kate Henry	No interests declared.
Sean Rayner	Trustee, Barnsley Premier Leisure.
Karen Taylor	No interests declared.
Salma Yasmeen	No interests declared.

There were no comments or remarks made on the Declarations, therefore, **it was RESOLVED to formally NOTE the Declarations of Interest by the Chair and Directors of the Trust.** It was noted that the Chair had reviewed the declarations made and concluded that none present a risk to the Trust in terms of conflict of interests. It was also noted that all Non-Executive Directors had signed the declaration of independence and all Directors had made a declaration that they meet the fit and proper person requirement.

TB/17/20 Minutes and matters arising from previous Trust Board meeting held on 31 January 2017 and 28 February 2017 (agenda item 3)

It was **RESOLVED to APPROVE** the minutes of the public session of Trust Board held 31 January 2017 and 28 February 2017 as a true and accurate record of the meeting with the amendment of some typographic errors. There were no matters arising discussed.

TB/17/21 Chair and Chief Executive's remarks (agenda item 4)

Ian Black (IB) highlighted the following:

- The Trust's Communications team was shortlisted for three awards and won the Best Visual Identity Award at the Association for Healthcare Communications and Marketing Awards 2017. Kate Henry (KH) thanked the Board for supporting the work. The Trust was one of the first organisations that made the new brand change to be fully compliant with new guidelines.
- Members' Council elections are taking place with voting underway. IB encouraged all members to vote and the results would be reported at the next Members' Council meeting on 28 April 2017.
- Part of the Members' Council role is holding the Non-Executive Directors to account. An exercise is scheduled to take place at the next Members' Council meeting on 28 April 2017.
- Non-Executive Director recruitment events are taking place as part of the recruitment of two new Non-Executive Directors. Applications close on 5 May 2017.

Rob Webster (RW) highlighted the following from his written report:

- The Department of Health NHS England have published NHS Mandate. The impact of the Mandate on the Trust would be considered by the Executive Management Team.
- The NHS Delivery Plan was due to be published week commencing 27 March 2017. This will set out how Sustainability and Transformation Plans would be strengthened to secure delivery of the Five Year Forward View.
- Clarification has been provided around extra resources in social care for next year, with NHS England, NHS Improvement and the Local Government Association issuing

guidance on how these resources support the NHS and Social Care. Local discussions are beginning on these matters.

- Publication of the annual staff survey for the NHS has shown improvements in communications and engagement.
- Developments in Accountable Care Organisations (ACOs) and alliance contract arrangements in Barnsley and Wakefield, with the papers reflecting the impact on our strategy.
- Publication of three more reports by the Care Quality Commission (CQC) into the Trusts services, with improvements in each. The remaining final reports are expected in April 2017.
- A focus on safety, finance and delivery that means that the Trust will end the year showing sustained performance.
- A continued emphasis on the cost improvements required for next year, with a revised plan developed which will require significant change.

It was RESOLVED to NOTE the Chair's remarks and the Chief Executive's report.

TB/17/22 Strategies (agenda item 5)

TB/17/22a Workforce Strategy (agenda item 5.1)

Alan Davis (AGD) reported that the aim of the Workforce Strategy was to develop a safe and sustainable workforce which also allows flexibility to respond to change. The draft strategy had been discussed previously by the Trust Board at a development session and by the Remuneration and Terms of Service Committee, Executive Management Team (EMT) and Extended EMT. It is important to have a robust structure around workforce plans in order to deliver the Trust's strategic objectives. Plans would look at supply issues such as the shortage of qualified nurses within the system to meet needs of people and some medical roles that are difficult to recruit. The strategy also addresses the importance of having an engaged and healthy workforce with focus on hot spots which include staff absence through stress and anxiety and musculoskeletal injuries. The model for the strategy is built on the foundations of values driven Human Resource management ensuring the Trust's values are embedded in the way staff are managed and developed, and our commitment to equality and valuing diversity.

Rachel Court (RC) commented that there were a lot of actions within the plan and that it was important to have key performance indicators (KPIs) and target dates in place. AGD commented that the strategy would now shape the workforce agenda with areas to be prioritised for action. In April 2017, a dashboard would be agreed with targets informed by benchmarking and self-set standards. Julie Fox (JF) asked if periodic reports would come to the Trust Board as well as oversight by the Remuneration and Terms of Service Committee. RC commented that any risks associated with the delivery of the strategy would be reviewed by the Remuneration and Terms of Service Committee. AGD commented that discussions had commenced with staff about possible risks with a workforce risk register to be put in place linking into the organisational risk register. Reporting against KPIs would be included in the Integrated Performance Report.

IB asked if an impact on recruitment had been seen as a result to changes around university nurse funding. AGD commented that there was a concern that there had been a drop in applications for new nursing degrees. Conversations were taking place with universities across the Sustainability and Transformation Plan footprints about whether universities could increase the places offered which provides a potential opportunity for the Trust to work with universities around what we need.

RW highlighted that the strategy provides the organisation with an opportunity to create a sustainable workforce. He also commented that we needed to recognise areas of good practice. For example, he had recently been asked to speak at a Vodafone conference acknowledging the work the Trust had done around agile working, consolidating staff across thirteen buildings into three through different ways of working. The strategy should help improve the positioning of the Trust, which was average in the NHS staff survey when compared to others. RW commented that it was also important to incorporate and embrace the work of volunteers within the strategy.

IB asked what impact the strategy would have on agency spend. AGD commented that the Strategy reflected a lot of work was already underway in relation to the workforce plan and medical workforce plan to reduce agency spend with more robust management controls in place. There was also a greater understanding of operational pressures such as meeting safer staffing requirements.

It was RESOLVED to APPROVE the Workforce Strategy 2017–2020.

TB/17/22b Information Management and Technology strategy update (agenda item 5.2)

Mark Brooks (MB) reported that previously there was an Information Management and Technology (IM&T) Forum which received updates in relation to the IM&T strategy which was approved in April 2016. The updates would now be provided bi-monthly to the Executive Management Team (EMT) and half yearly to the Board on actions taken place against the strategy. MB highlighted the following:

- Good progress around the robustness of the systems, with fewer instances of system outages.
- RiO upgrade issues have been largely addressed and continue to be monitored.
- Paperlite has commenced a year behind plan.
- The business intelligence project has been hampered by the availability of resources and was an area of risk for delivery.
- Clinical records system procurement has included 25 engagement sessions with users that helped configure the specification. Demonstration sessions were taking place from three likely bidders and visits to reference sites were due to take place. The closing date for bids was 29 March 2017 and the final assessment would take place on 12 April 2017. The recommendation for approval would be considered at the private session of the Trust Board on 25 April 2017. The lead for implementation of the system would be Tim Breedon (TB) with any change management supported by Salma Yasmeen (SY).
- Priorities for 2017/18 were agreed by EMT including some areas for deferral in order to focus on the priorities.

Charlotte Dyson (CD) commented that the clinical records system procurement had been a robust process with a good level of engagement from staff across all areas. She then raised concern around how all the identified IM&T priorities for 2017/18 could be achieved. MB commented that EMT had agreed to defer some projects and the bi-monthly report to EMT would monitor the progress. There would be some challenges to delivery of the priorities around the availability of skilled resources and work was taking place with universities around the potential to establish a career path. A letter has been sent to NHS Improvement to highlight that the implementation of the clinical records system could lead to an increase in agency spend and a temporary increase to the cap may be requested.

RW noted the substantial progress in the strategy on issues like mobile working, WiFi availability and new mobile phone delivery. He requested that once the decision on the clinical records system had been made that communications were in place for staff including

the work that has been undertaken around priorities for 2017/18 to ensure genuine clarity on achievements to date and the focus for the year ahead.

Action: Kate Henry / Salma Yasmeen

It was RESOLVED to NOTE the achievements made in respect of the 2016/17 milestones and AGREE the proposed 2017/18 priorities.

TB/17/22c Operational plan 2017/18 and 2018/19 update (agenda item 5.3)

MB reported that nationally there was an opportunity to update the plans submitted in December 2016 and highlighted the events that had taken place since its submission:

- Trust outturn position for 2016/17 has changed since the plan was submitted with an increase in pre STF surplus to £0.75m. There are also changes in the various components of the plan including a £0.3m reduction in capital charges projected.
- Priorities for 2017/18 will be generated through engagement in March 2017 with a recommendation coming to Trust Board in April 2017.
- Financially a gap of £1.3m needs to be bridged in order to meet the control total in 2017/18. It would also be appropriate to identify circa £1m contingency. A range of actions are taking place to close the gap which were identified in the main report.
- The level of risk and potential upside remains largely the same as December 2016. The main risks relate to out of area beds, CQUIN, and the impact of tenders/re-commissioning.
- Quality Impact Assessment (QIA) process for CIPs is taking place. Majority of schemes rated as green, but process needs to conclude so that all schemes have been assessed. CIPs identified total £6.8m.
- Five year forward view for mental health does offer some opportunity for further service and income growth with the potential for benchmarking exercised to assist in how organisations can work together.

It was RESOLVED:

- **NOTE the update to the operating plan identified in the paper;**
- **REAFFIRM the commitment to achieving the control total and next year's plan, accepting the risks outlined;**
- **NOTE that priorities and metrics are developed in March 2017 with a recommendation coming to Trust Board in April 2017; and**
- **NOTE the options identified for bridging the financial gap continue to be pursued with an update provided to Trust Board in April 2017.**

TB/17/23 Performance reports (agenda item 6)

TB/17/23a Integrated performance report month 11 2016/17 including finance (agenda item 6.1)

TB reported in relation to Quality:

- "Safety first, always" continues to be our guiding message around reporting from the Risk Panel into the Operational Management Group and Executive Management Team.
- Medicines omissions data is not available from the national system due to a change in their provider and software, with some risk associated with achievement of this for Calderdale, Kirklees and Wakefield.
- TB attended an NHS Improvement mortality review event with JF which reiterated the renewed focus on engagement with families and the review process. We are already

working on this agenda with all MH providers in Yorkshire & Humber and the North East.

- Safer staffing fill rates maintained with escalation thresholds and professional guidance tool used to ensure safe levels are maintained.
- We have received our reports for the adult inpatient Mental Health wards and our well led review from the Care Quality Commission. They are subject to factual accuracy check at present.

JF asked if the reduction in service users in long time employment was showing a pattern. Sean Rayner (SR) commented that focus should not be solely on employment as there was also volunteering and other forms of engagement in place and the Trust was continuing to engage with partners. JF suggested that the indicator could be split around employment and volunteering.

RW commented that the prone restraints target had been below the set level of 80% of occasions having less than three minutes in restraint in each of the last three months and asked for assurance that this was not an issue that needed addressing. TB commented that it was a self-set target to reduce the time in prone restraint. All use was monitored closely and care plans put in place by specialised advisors. The instances were reviewed in detail by the Management of Aggression and Violence (MAV) team to see if there is any further support that can be provided to get back to the targeted level. TB will keep the Board informed of progress against the standard.

IB commented that there was an excellent achievement of flu vaccinations for staff and asked if there were any lessons learned which would be used next year. RW commented that the Trust was in the top 5 in terms of most improved in the country, going from 33% to 76% of front line staff vaccinated. AGD described the lessons learned event that has been held with staff with themes to be included in next year's plans.

MB reported in relation to NHS Improvement (NHSI) indicators:

- The Trusts overall NHSI Risk Rating remains at 2, with 3 for finance. Areas that affect this rating are the overall Care Quality Commission (CQC) rating; areas of financial risk such as being over the agency spend cap and variation from the plan, or continual failure to achieve NHSI metrics.
- The majority of indicators are green and on target for delivery.
- IAPT proportion of people completing treatment who move to recovery is only marginally above the threshold and quarter is therefore at risk of not achieving the target for the second consecutive month.
- Data completeness metrics (MH) were introduced in October 2016 and remains under threshold at 60.7%. This remains below the March target of 85%.
- Good improvement in early intervention in psychosis.
- Confirmation of calculation details for a number of new metrics is awaited from NHSI.

CD asked in relation to the Locality report, how the admission of under 18s to acute wards could be managed. Karen Taylor (KT) commented that the Trust was seeing an increasing number of complex cases which have been raised with NHS England as the commissioner. TB commented that while it is not the ideal placement for the service user when there is no other solution the Trust takes on the issue to ensure the service user is provided with a service which is the "least worst" option. Dr Adrian Berry (ABe) commented that it demonstrated the pressure on the availability of Tier 4 Children and Adolescent Mental Health Services (CAMHS) beds. The Board supported this approach as the right thing to do for service users and with the individual decisions of admission formally documented. The Board also supported raising this with NHS England as the commissioner.

MB reported in relation to Finance:

- Pre STF surplus of £0.5m in February including an interim insurance settlement of £0.5m as a result of the fire at Trinity towards the spend on out of area beds.
- Cumulative pre Sustainability and Transformation Funding [STF] surplus of £0.3m.
- Out of area beds (£0.3m) and agency costs (£0.7m), whilst improving, continue to be financial pressures.
- Use of resources risk rating of 3 due to agency spend above the ceiling.
- CIP delivery of £8.2m is £0.9m below plan.
- Cash is currently £28.3m with capital expenditure £2.4m below plan.
- Joint assurance letters with CCGs have been produced to ensure a joint commitment to meeting national expectations set out in the Five Year Forward View.

MB commented that a detailed paper would go to the Audit Committee on 4 April 2017 regarding a change in rules (IR35) which means that organisations would become responsible for paying off-payroll workers tax and National Insurance as if they were an employee. Medical locums fall under that rule unless they are employed through an agency that has a PAYE or an umbrella company. ABe has written to all medical locums with a significant number already moved to the new arrangements. RW highlighted a risk that the medical locums may choose not to stay and press for further reimbursement. The EMT were recommending that there be no increases in reimbursement because of tax changes, in line with national policy. The Board supported the approach that has been put in place, understanding the risks being managed.

ABe highlighted in relation to Workforce, that there was a potential risk around the national recruitment of trainees through to Psychiatry.

LC commented that there was a higher level of sickness this month and asked about the causes. AGD commented that a seasonal increase over that period would be expected however it was higher than anticipated. Work was underway building on the recommendations from an internal audit into sickness absence which included new guidance, an update to the policy, and training. A paper on the progress against actions would be presented to the Audit Committee on 4 April 2017.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/17/24 Exception reports (agenda item 7)

TB/17/24a Serious incidents report quarter 3 2016/17 (agenda item 7.1)

TB commented that the report had been received by the Clinical Governance and Clinical Safety Committee with lessons learned contained within a separate report. The two reports would be integrated going forward. RW commented that it would be helpful to see the themes and actions taken to improve and prevent further incidents with assurance that these actions had been embedded across the organisation.

It was RESOLVED to RECEIVE the report and NOTE the content.

TB/17/24b Safer staffing (agenda item 7.2)

TB highlighted the following:

- The Trust continues to meet planned levels overall, using the professional guidance tool to ensure safe levels maintained.
- The fill rate has increased as a result of recruitment work and focus by operational managers, however it may impact on agency spend.

- In the recent Care Quality Commission (CQC) inspections safer staffing was an area of interest with confirmation of safe levels in place and acknowledgement of the work that has been done around recruitment and reporting of fill rates.
- Safer staffing remains challenging and further work was needed to ensure a sustainability position as part of the Workforce Strategy.
- Safer staffing group was continuing to improve reporting within the Integrated Performance Report.

It was RESOLVED to RECEIVE the report as assurance that the organisation is meeting safer staffing requirements.

TB/17/24c Eliminating mixed sex accommodation declaration (agenda item 7.3)

TB reported that an annual declaration of compliance with the national standard in respect of eliminating mixed sex accommodation (EMSA) was required by 31 March 2017. During 2016, the Trust had an increased single sex wards through reconfiguration and there were no reported breaches. The EMSA review group monitored all reported instances where service users have had to sleep in a single room on a corridor or pod designated for the opposite sex. From January to December 2016, there were 25 such instances reported compared with 21 for the same time period in 2015. These situations are managed through enhanced observations and the EMSA review group would continue to review and implement action against any areas where improvements can be made.

CD asked how the bed configuration within the new Fieldhead development would be used when opened. AGD commented that the design takes on areas of best practice and allows for an increased flexibility in bed configuration, building further resilience on mixed sex accommodation. He also confirmed that substantial communication would take place with staff.

It was RESOLVED to APPROVE the compliance declaration.

TB/17/24d Information Governance position statement (IG toolkit) (agenda item 7.4)

MB reported that the Information Governance (IG) position statement was an annual return to satisfy the requirements of IG toolkit. All 45 requirements had been met including mandatory training. An internal audit was conducted on 10 of the requirements with minor improvements recommended and implemented. The toolkit was due for submission by 31 March 2017.

IB asked how an increase in IG issues was being mitigated. MB commented that there continues to be increase communications around IG with staff with bespoke training provided where required. A technical issue had been identified in relation to updating address records on RiO with the national spine and each BDU was working on addressing this.

The Board thanked the Information Governance team for their work and the Executive for delivery of the training targets for staff undertaking mandatory training. RW commented that the latter had been a substantial piece of work.

It was RESOLVED to NOTE the current position and APPROVE the submission of the IGTK for 2016/17.

TB/17/24e NHS staff survey (agenda item 7.5)

AGD reported that the NHS staff survey was published on 7 March 2017 which identified some key themes for further work. AGD highlighted the following:

- The survey results were limited as they used a sample with only 12% of staff represented. The next survey would move to a census of all staff and could be able to be analysed down to service level.
- The Robertson Cooper staff wellbeing survey has a better reach and more detail and can be adapted to the Trust's needs.
- Results did not currently reflect the Trust's ambitions including being an employer of choice.

RW commented that it was important to recognise that some areas had improved from the previous survey which had been areas of focus for the organisation – including engagement and wellbeing. No areas had got worse. He advised that a change in emphasis was now possible with the revised workforce strategy. Instead of reacting to the staff survey each year, we should now use the results to help track progress against our strategy. This means the information contained within the report should be used to inform the Workforce Strategy and establishment of key performance indicators (KPIs).

It was RESOLVED to NOTE the results of the survey, initial action, and aspiration to exceed an average result in future surveys.

TB/17/25 Governance items (agenda item 8)

TB/17/25a Receipt of public minutes of partnership boards (agenda item 8.1)

IB reported that to reflect a number of partnership boards that the Trust sits on, a standing item would be included on the Board agenda to allow for feedback to the Board. A list of agenda items discussed and Minutes where available were provided for the following meetings:

- Barnsley Health and Wellbeing Board 31 January 2017.
- Calderdale Health and Wellbeing Board 16 March 2017 – ABe reported that there was positive discussion and feedback from the Police around joint working with a clear commitment from all partners. Public Health's Annual Report 2016 was received with a focus on perinatal health.
- Kirklees Health and Wellbeing Board 2 March 2017 – KT reported that the discussions included a focus on Children and Adolescent Mental Health Services (CAMHS) transformation plans and changes in organisational leadership in Kirklees which may have an impact on children's services.
- South Yorkshire and Bassetlaw Sustainability and Transformation Plan Collaborative Partnership Board 13 January 2017 – ABe reported that the South Yorkshire and Bassetlaw Sustainability and Transformation Plan Partnership Board were confident that they would be one of the early implementers of plans.
- Wakefield Health and Wellbeing Board 26 January 2017 – SR commented that the Trust was member of the board and actively contributing to the wider health and wellbeing agenda.

It was RESOLVED to NOTE the updates provided.

TB/17/26 Assurance from Trust Board committees (agenda item 9)

TB/17/26a Clinical Governance and Clinical Safety Committee 14 February 2017

JF reported that the committee thoroughly reviewed the organisational risk register and requested further assurance to be provided at future meetings regarding the mitigations in place. A thorough and detailed report on Child and Adolescent Mental Health Service (CAMHS) was received with items highlighted around contract arrangement changes,

demand for single point of access, and the short term increase in resources to try to reduce waiting list which impacts on agency spend.

TB/17/26b Mental Health Act Committee 14 March 2017

ABe reported that the committee discussed changes in relation to section 136 following changes to legislation within the justice system. Mental Health Act and Mental Capacity Act mandatory training remains challenging to meet the required target by 31 March 2017 and a refocus on Mental Health Act audits was needed to improve the level of response and engagement of staff. A concern was raised by a Local Authority attendee in relation to the length of time to do Mental Health Act assessments due to bed availability.

TB/17/26c Remuneration and Terms of Service Committee 21 February 2017 and 28 February 2017

RC reported that the committee received an action plan in relation to internal audit on sickness absence and details of the plans in place to reduce agency spend. Assurance was given around plans in relation to the next phase of the Directors Portfolio review. The possible use of Mutually Agreed Resignation Scheme (MARS) was agreed, subject to savings plans requiring a scheme to be implemented. The organisational risk register was discussed in relation to workforce.

TB/17/27 Use of Trust seal (agenda item 10)

It was **RESOLVED** to **NOTED** use of the Trust's seal since the last report in December 2016.

TB/17/28 Trust Board work programme 2017 (agenda item 11)

It was **RESOLVED** to **NOTED** the work programme.

TB/17/29 Date of next meeting (agenda item 12)

The next meeting of Trust Board will be held on Tuesday 25 April 2017 at Rooms 5 & 6, Laura Mitchell House, Halifax.

Signed



Date 25 April 2017