

## Minutes of Trust Board meeting held on 31 October 2017

<b>Present:</b>	Ian Black	Chair
	Charlotte Dyson	Deputy Chair
	Laurence Campbell	Non-Executive Director
	Rachel Court	Non-Executive Director
	Chris Jones	Non-Executive Director
	Angela Monaghan	Non-Executive Director
	Kate Quail	Non-Executive Director
	Tim Breedon	Director of Nursing and Quality
	Alan Davis	Director of HR, OD and Estates (Accounting officer)
	Mark Brooks	Director of Finance and Resources
	Rob Webster	Chief Executive
<b>Apologies:</b>	Dr Adrian Berry	Medical Director / Deputy Chief Executive
<b>In attendance:</b>	Carol Harris	District Director - Forensics and Specialist Services, Calderdale and Kirklees
	Sean Rayner	District Director - Barnsley and Wakefield
	Salma Yasmeen	Director of Strategy
	Emma Jones	Company Secretary (author)

### **TB/17/82 Welcome, introduction and apologies (agenda item 1)**

The Chair Ian Black (IB) welcomed everyone to the meeting. Apologies were received as above.

### **TB/17/83 Declaration of interests (agenda item 2)**

There were no declarations over and above those made in the annual return in March 2017 or subsequently.

### **TB/17/84 Minutes and matters arising from previous Trust Board meeting held on 3 October 2017 (agenda item 3)**

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 3 October 2017 as a true and accurate record. The following matters arising were discussed:

#### TB/17/74b Safer staffing (community)

Tim Breedon (TB) was awaiting details on the trajectory on reporting timescales in relation to the review safer staffing in the community. It was hoped information would be available for the first Clinical Governance & Clinical Safety Committee in 2018.

#### TB/17/75a Information Management & Technology Strategy update (impact of General Data Protection Regulation (GDPR))

Mark Brooks (MB) advised that an implementation plan has been developed to meet the requirements of GDPR. These would need to reflect guidance nationally which was still awaited. Prior to the Trust Audit Committee meeting in January 2018 the Trust Board has been invited to attend a briefing session with Deloitte LLP

TB/17/78 Assurance from Trust Board Committees (Mental Health Act Committee 1 August 2017) (monitoring the impact of training)

Alan Davis (AGD) advised that a report would go to the first Remuneration and Terms of Service Committee meeting in 2018.

**TB/17/85 Chair and Chief Executive's remarks and Service User Story (agenda item 4)**

Chair's remarks

IB highlighted the following

- Flu jabs are slightly ahead of last year, and the Chair had his the previous day. AGD advised that the current rate is 37%. Kate Henry (KH) commented that feedback from staff last year was that local engagement, having peer vaccinators, and the availability of clinics assisted them in getting vaccinated, therefore the campaign this year was broadly the same. Last year, three out of four people had the vaccinations.
- The recommendation for the appointment of a new Chair would go to the Members' Council on 3 November 2017 for decision. The Chair thanked everyone who was involved in the process.
- Staff Excellence Awards will be held the following week, recognising the work staff and teams are doing. Feedback from staff was that being nominated was positive. The Chair thanked those involved in organising and judging. RW noted that Sean Rayner (SR) and Carol Harris (CH) were writing thank you cards to all staff who were nominated and not shortlisted to ensure that their efforts were recognised.

Service user story

CH read a story in the service user's own words:

"Mark", medium secure, how my hospital ward staff took me on a long journey and we enjoyed ourselves and to say how organised my Doctor was in preparing the big day.

*Brief description of your story* - Through Recovery College I met a friend from my last hospital who had an opportunity for me to display my artwork at a Church in London. I counted down the days from when my Doctor told me I would go. The morning came and we had a nice train journey, arrived at Kings Cross and took the tube train to a place called Borough. We found our destination and were invited into a Church called St George the Martyr where I saw my artwork on display, we had a bite to eat and drink all the time looking after each other, I even took my medication with me. It was a great day, very memorable.

*What was good about the care and/or support received?* My Doctor, Psychologist Ward Manager and staff from our ward all kept me posted with the arrangements for the big day, helped me order my medication for Teatime as I wouldn't be back at the Hospital in time for them. I owe credit too for the help I had in the time keeping too. The day was a big success.

*What is planned in the future?* To carry on displaying my artwork, I have even sought info on how to display my paintings at a gallery and have had a Charitable Funds bid granted for materials for Recovery College.

*Who were the Staff that helped me?* Escort (Healthcare), Psychologist (Recovery College), Doctor who encouraged me to go on the visit,

*Is there anything else you would like to tell about this service user story? To say you never know what you might get unless you ask.*

CH advised that she rang “Mark” and thanked him. Her reflections on this story were:

- Going on a day trip is something that we might take for granted – or it might be something that we have to do some planning for.
- We would have to organise ourselves around transport and timings and think about what we need to take with us.
- When you have been in a medium secure unit for a long time, you can get out of practice with making choices and decisions and a day trip like this although he looked forward to it can seem really daunting.
- “Mark” wanted me to tell you how important it was that the staff supported him to be able to go to London and to see his art work. In his story he referred to the importance of getting support with organising this – he used the example of having his tea time tablets for example.
- “Mark” talks about him and the staff looking after each other and when I spoke with him he was keen to thank the staff for trusting him to go on such a long journey. Working together with him to achieve his goals was really important to him.
- “Mark’s” story is a positive example of the Recovery College’s excellent work – he is proud to have his art work on display and this has improved his self-esteem and confidence.
- It is clear that “Mark” was right in the centre of the support our staff gave. This provides an everyday example of the way our staff work with people to achieve their potential and live well in their community.

RW commented that at Board when we discuss “safer staffing” levels we should note an important point that these are set at an optimal level to allow service users to take leave. Simply focusing on the “safe” level does not. When the Board receives reports that services are under pressure it means we can’t do trips like this or even those which are every day and local. This service user story demonstrates what a positive difference we can make to someone’s life. The work we do in Creative Minds and the recovery colleges overlaps with other services and is a unique selling point for our Trust.

The Board discussed the positive impact the Trust’s services had on someone’s life and that it would be equally as important to hear when things did not go as well and lessons learned. The Board supported having more stories in future, with clear links to agenda items where possible.

#### Chief Executive’s report

RW highlighted the following from his report:

- The political environment remains important – there is a focus on Brexit, but the latest opinion polls show the biggest issue for people is the NHS.
- The Autumn Budget - the NHS Confederation has led a coalition of representative bodies lobbying for more funding for the NHS. They collectively wrote to the Government to say that we are failing to meet statutory duties set out in the NHS constitution and they must support the NHS. There has been a suggestion that there may be some money in relation to capital. Across the Sustainability and Transformation Plans (STPs) there have been coordinated bids for these resources. These are examples of how aligned we are and understanding the pressures in the system.

- The Care Quality Commission (CQC) State of Care report – this outlined that quality of care had been maintained due to the exceptional work of managers and frontline staff. The CQC also stated that the future quality of care looked precarious.
- Accountable Care arrangements - are continuing to develop, seeing some local mergers around Clinical Commissioning Groups (CCGs) and closer working with Local Authorities. We continue to work with local MPs who are interested in mental health and the NHS. As a Trust we are yet to see investment levels flowing as a consequence of accountable care or the Mental Health Investment Standard.
- Sickness absence and rostering - The Trust's decision to appoint Karen Taylor as Director of Delivery is paying dividends around operational excellence, such as reductions in temporary staff and we have just been commended in our use of rostering in national awards. We do have higher sickness levels than we want, albeit better than other local Trust averages, and we need to keep a focus on this area. We will continue to reinforce the importance of our staff completing the NHS Staff Survey.

CD asked if the required investment from CCGs in relation to the Mental Health Five Year Forward View (MHFYFV) has been received. MB advised as part of the arrangements around national contract assurance, we know that CCG investments have been agreed at different levels. Meetings have taken place recently to agree the progress of the MHFYFV investments with each CCG. Not all of the required investment was necessarily invested with our Trust as there are other mental health providers. There are a small number of investments that were earmarked for our Trust still being confirmed. RW commented that other providers of mental health services are not necessarily seeing significant growth, and it was likely that investment was either going elsewhere or into pressures on areas like continuing healthcare.

CJ asked what the role is of the STP in assisting with the allocation of resources. RW commented that within the West Yorkshire & Harrogate STP there was a mental health work stream and a financial strategy. STP plans were being refreshed and investment levels need to be applied to the work stream to ensure they match requirements. The allocation and assurance of resources still sits with NHS England. The South Yorkshire & Bassetlaw STP also has a workstream and a financial strategy that has been applied differently. As an Accountable Care System (ACS) however, they will be required to performance manage the delivery of Mental Health Five Year Forward View and oversee investments. Both local STPs will be asked by national bodies for delivery plans on four clinical priorities including mental health. The timing for this has yet to be agreed.

## **TB/17/86 Risk and assurance (agenda item 5)**

### TB/17/86a Organisational risk register (agenda item 5.1)

MB reported the process undertaken by the Executive Management Team (EMT) over the course of the last quarter and thanked Emma Jones (EJ) and Aimee Gray, Corporate Governance Manager for their time spent improving the process. It was agreed that to best manage the process we should have a cyclical process of reviewing risks by linking them with strategic objectives. The Executive Management Team (EMT) reviewed the risk process to ensure:

- the language used is more concise;
- all the controls were identified and effective;
- the actions would reduce the risk score where possible; and
- to be clear where this had now changed the risk score.

The risks have also been allocated to the four main committees of the Board for review and challenge. The next quarter would continue this work focusing on risks with a score of less than 15. As part of the process and area identified for review was the Trust's risk appetite which was agreed last year. Some risks after mitigation are still above the Trust's risk appetite and the Board, supported by sub committees, would need to consider if that is acceptable or whether the risk appetite was still appropriate. There were strong reasons why this should be the case for some areas – where a risk score of 4 or 5 was the minimum, given the consequences, that could be achieved but the requirement was to manage the risk to a score of 3 or less.

EJ added that the Trust received 'significant insurance' following completion of an internal audit of risk management with the audit report received by the Audit Committee on 10 October 2017. A survey had also been sent by the internal auditors to all Trust Board members that would form part of the Head of Internal audit opinion for 2017/18.

LC, as Chair of Audit Committee, commented that he felt the Organisational Risk Register had been reviewed and challenged throughout the last quarter and agreed that the risk appetite would be an area for further discussion. He commented that he felt it was a live document and it was important to continue to maintain the focus and identify emerging risks.

CD, as Chair of Clinical Governance & Clinical Safety Committee, commented that having the discussion at committees in advance of Board allows the committees to have an in-depth discussion and extra focus. She agreed it felt like a live document.

CJ, as Chair of the Mental Health Act Committee, commented that while there were currently no specific risks aligned to the committee there was a potential risk identified for further review in relation to safer staffing and an ability to give service users leave, as well as compliance around legal requirements.

RC, as Chair of the Remuneration & Terms of Service Committee, commented that it was good to have structure around the review of risks. The committee was able to look at risk and gain assurance from agenda items. The committee identified a potential risk for further review in relation to the removal of the pay cap in the NHS.

The Board discussed that they felt the changes were the right approach including the review and discussion in committees to provide the Board with assurance. In relation to risk appetite, it was felt that the concept of longer term target being higher than the appetite did not feel right unless it was an interim target and further discussion was needed.

**Action: Mark Brooks / Emma Jones**

**It was RESOLVED to NOTE the key risks for the organisation and the actions being taken to mitigate them.**

#### TB/17/86b Assurance framework (agenda item 5.2)

MB reported that a lot of the discussion on the risk register also related to the assurance framework. The review followed the same process by the EMT aligned to the strategic priorities for 2017/18 to provide assurance to the Board that the Trust was covering all its key risks and, where any gaps were identified, the actions that were in place.

AM commented, as a new member of the Board, she had seen a significant improvement in the risk register and assurance framework in a short space of time. She felt that it was important to recognise these improvements, which were a real credit to the work taking place.

**It was RESOLVED to NOTE the controls and assurances against the Trust's strategic objectives for Quarter 2 2017/18.**

TB/17/86c Strategic overview of business and associated risks (agenda item 5.3)

SY highlighted the following:

- STPs continued to develop with an alignment of local plans with local elected members and Health and Wellbeing Boards
- Government's plans to lift the NHS pay cap.
- Awarded 'Best Organisation' category by Kate Granger Awards for compassionate care which affirms CQC findings, which is really positive.
- Commissioning risks becoming more real.
- Trust has adopted new Integrated Change Framework.
- Development of ACOs provide opportunities to strengthen joined up care.

AM asked while the weaknesses and threats of the priority programmes were matched against risks, could the risks be matched against the opportunities to ensure we are capitalising on them and have enough resources in place? SY advised that whether there was a relationship between existing risks and opportunities would be included in the next report to Trust Board. RW commented that it was important to identify commissioning and other opportunities and whether we have the right capacity to realise them. A paper for discussion in the private session further identifies opportunities and this was a helpful approach taken by the Trust.

**Action: Salma Yasmeen**

**It was RESOLVED to NOTE the content of the report.**

### **TB/17/87 Performance reports (agenda item 6)**

TB/17/87a Integrated performance report month 6 2017/18 including finance agenda item 6.1)

TB highlighted the following in relation to headlines:

- Concern around the number of under-18 admissions to adult wards. This is only ever used as a "least worst" option when there is no bed available in a children's unit. As it is not the best option, this needs continued focus to resolve that issue, which is felt locally and nationally. CH commented that the day-to-day impact is that a young person in an adult bed could also displace an adult to out of area. They are only admitted when it is no longer safe to keep the young person at home. These admissions can also impact staff, with the CAMHS team providing an in-reach service to the adult wards. The Board noted that the children in question tended to be closer to their 18<sup>th</sup> birthday.
- Out of area beds (OOA) - numbers are still not decreasing as hoped. SR commented that it was anticipated at the start of the year that capacity would increase at Fieldhead when the Unity Centre opened and OOA bed use would come down. This has not materialised. The project group is focusing on areas both inside and outside of the Trust's control. CH commented that there was also a focus on moving patients through inpatient care faster, learning from processes in Acute Trusts. CD commented that she felt assured through the actions taking place that we are doing what we can to reduce OOA usage.
- Improving Access to Psychological Therapies (IAPT) - the national team has offered to visit Kirklees to provide challenge around access targets and recovery levels. Actions are being monitored through the Operational Management Group (OMG).

- Safer staffing levels - have been maintained. Where there are pressures we have used the professional guidance tool to manage the skill mix and staffing to safe levels. This means pressures remain in some areas with skill mix dilution to maintain safety and ratios.
- Mental Health Act/Mental Capacity Act mandatory training – the thresholds have been reached, and it's now important that we maintain that position.
- The improvement against current target relating to people dying in place of their choosing. At the end of quarter three we will be able to determine the future target we would like to set.

The Board noted the continued and maintained improvement in agency costs as a real credit to the whole Trust.

TB highlighted the following in relation to Quality:

- Medicines management - data has now been received in relation to medicines management.
- Working age adults - work to take place to understand the deterioration in this indicator.
- Complaints - there is an improvement plan in place to address the quality and the response time. This involves greater ownership from clinical leads and services, with support from the Customer Services Team.
- Duty of Candour – continues to be delivered. There has been a breach relating to a situation where we were unable to make contact with the person and the Board discussed whether this was a breach or not.
- Prone restraint - all incidents are reviewed and had oversight by the Managing Aggression and Violence (MAV) team and are reported to the Clinical Governance and Clinical Safety Committee. The increase in numbers shown previously was in relation to an individual and has since decreased.
- Supervision - now recorded as a result of a CQC inspection. Work is taking place to strengthen the capturing of data and a baseline for improvement will be set once established.
- Safety first - incident reporting levels are within expected ranges but have slightly deteriorated and will be subject to review. Findings will be included in the next quarterly report.
- Mortality report - included on the agenda.

MB highlighted in relation to NHS Improvement (NHSI) Indicators that performance had dropped against the IAPT moving to recovery indicator. The final August 2017 position was lower than provisionally reported last month and as such was below the 50% threshold. Similarly the September position, whilst also estimated, was below target. CH commented that Kirklees services had fallen below target on recovery. Data was being checked to ensure it was being captured correctly and work had taken place around improvements on the access targets. SR advised that Barnsley was showing improvement and was just under trajectory on the access within six weeks targets. TB commented that re-admission may be an area to review through the Clinical Governance & Clinical Safety Committee.

SY highlighted the following in relation to Priority Programmes:

- All projects now have defined scope.
- Specific actions undertaken this month relate to:
  - Older Peoples Services: workforce modelling workshops have been held and draft standard operating procedures have been produced. Ongoing engagement with commissioners in relation to the new model of care.

- Flow and Out of area beds: Two wards at Fieldhead now open with subsequent increase in capacity.
  - Clinical record system: 12 out of 15 positions have been filled in the implementation team. Engagement with individuals, management teams and groups continues. The second set of system demos had been held with a good attendance by staff
  - Digital Health: A pilot with Orcha was being planned with CAMHS services. We have 50 licenses available as part of the pilot which will enable people to have apps 'prescribed' to support their mental health.
- A new integrated performance report framework for reporting progress on the Trust priorities has commenced this month.
  - The new reporting framework reports progress monthly for the priorities considered to be major transformation or significant improvements.
  - Priorities that fall into other categories are reported bi-monthly on the integrated performance report.
  - A schedule for reporting of the bi-monthly priorities is in place.

IB asked for clarification in relation to the clinical records system, which has an overall risk rating of green, however the overview of risks shows implementation as red. MB commented that the current programme of implementation was on track and therefore Green. The consequence of failure may be red however the overall risk would not be and plans were in place to mitigate the risk.

MB highlighted the following in relation to Finance:

- There had been a pre Sustainability and Transformation Funding (STF) deficit of £232k in September 2017. The cumulative position is now a deficit of £6k, which is in line with plan, but a significant deterioration compared to the first five months of the year.
- Out of area beds are £904k overspent year-to-date. Reduction in overspend given additional bed capacity has not yet materialised.
- Barnsley intermediate care funding is subject to agreement with the CCG on a monthly basis based on actual costs incurred
- Agency staffing costs improved to £435k in-month. Agency spend in the first half of this year is 46% below the same period last year. This is a real achievement and focus will be required to maintain it.
- CIP delivery is £3.5m, which is £357k below plan.
- The cash balance improved to £21m in month.
- Achievement of the year-end control total is at risk, due to pressures associated with Out Of Area beds, reduced income and CIP delivery

LC asked if a saving was anticipated in relation to drug spending. MB commented that a new system had been put in place, but initially this was focused on delivering the existing service provision. RW commented that it was important to not underestimate the amount of work that took place to maintain the drug supply whilst changing systems and that this had rightly been the focus. Any CIP to reduce the spend which would need leadership capacity and a focused programme. MB acknowledged that focused resource and attention will be required to fully understand the scale of financial opportunity in respect of drugs costs

AGD highlighted the following in relation to Workforce:

- Staff Friends and Family Test continues to show improvement.
- Sickness absence decreased to 4.9% in September (4.9% year to date). Performing well compared to our peers. A lot of good work is taking place and we need to continue traction within the organisation. The area for most focus is around long term absence. Calderdale and Kirklees have seen a significant reduction in long term. Forensic although above target has good trends in long term sickness.



There are hot spots in Specialist Services and Wakefield BDU. AD reinforced the need to ensure support is in place.

- Mental Health Act and Mental Capacity training continue to remain above the 80% threshold.
- Turnover rates in the Trust are affected by decommissioning and tender issues. The Trust is now part of an NHS Improvement programme around improving retention rates.
- On mandatory training, work is taking place around a risk-based approach to the appropriate levels.

**It was RESOLVED to NOTE the Integrated Performance Report.**

TB/17/b Customer services report quarter 2 2017/18 (agenda item 6.2)

TB highlighted the following:

- 19 fewer formal complaints and none received in relation to the Mental Health Act.
- Work taking place with the Operational Management Group to improve timeliness of responses.
- There are an increasing number of Freedom of Information (FOI) requests and work would take place to look at the management of responses. MB commented that it was important to not underestimate the amount of time it takes staff to respond to requests.
- Future reports would look at the incorporation of patient experience and the move to a more rounded experience report.

CD asked if there was a theme identified in CAMHS in Calderdale and Kirklees where number of complaints were going down, however in the Friends and Family Test the number of people who would recommend the service was lower than other areas. TB commented that this was being discussed by the Clinical Governance and Clinical Safety Committee.

RC asked whether given the Trust's focus on being a value-led organisation, are there themes from complaints in relation to staff attitude that can be applied for all staff. TB commented that this does take place however he felt it was not currently systematic enough above BDU level.

LC commented that he felt surprised that there were a lot of complaints in relation to community services. TB commented that work was taking place to understand these and he felt it may be linked to national pressures. RW commented that it would be a good area to triangulate complaints with sickness absence rates and commissioning changes, given the level of change and uncertainty in Barnsley particularly.

IB commented that it would be useful to include in future reports trend information in relation to FOI requests in comparison to information that is publically available.

**Action: Tim Breedon**

**It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 2 2017/18.**

TB/17/87c Workforce race quality standard (WRES) summary report (agenda item 6.3)

AGD reported that the paper had been reviewed the by the Equality and Inclusion Forum and EMT and highlighted that there had been an improvement in the indicators. A number of initiatives had been introduced. This was reflected in the BAME staff network celebrating its 1st anniversary and engagement with schools in Kirklees. A programme around leadership and management development would start in December 2017.

IB as Chair of the Equality and Inclusion Forum supported the report.

AM commented that the Remuneration and Terms of Service Committee discussed the risk around achievement of WRES and whether it should be monitored by the Equality and Inclusion Forum. AGD commented that it was important to get the right level of scrutiny and he would discuss with TB as the lead Director for the Forum.

**Action: Alan Davis / Tim Breedon**

**It was RESOLVED to APPROVE the WRES action plan and its ongoing monitoring through the Equality and Inclusion Forum.**

### **TB/17/88 Governance items (agenda item 7)**

#### **TB/17/88a Safe Working Hours Doctors in Training report - quarter 1 2017/18 (agenda item 7.1)**

AGD highlighted the following on behalf of the Deputy Medical Director:

- An area of focus has been ensuring junior doctors felt safe in reporting any problems and a lot of work had taken place around building confidence in this area.
- In Calderdale the rota was not compliant and work has taken place to address this with staff.
- Implementation of the new contract has gone generally well and the Medical Director and Deputy Medical Director have worked to ensure it has been implemented in the right way.

LC asked if the risk in relation to the Calderdale rota was within the Trust's risk appetite. AGD commented that in terms of safety, the risk was being managed, however it may have impacted the medical agency spend figures.

AM asked where the Trust would sit within benchmarking on implementation. AGD would see if benchmarking information was available.

**Action: Alan Davis**

**It was RESOLVED to NOTE the report.**

#### **TB/17/88b Learning from healthcare deaths report - quarter 1 2017/18 (agenda item 7.2)**

TB highlighted the following:

- This quarterly report follows on from the policy approved by Board last month. It is the practical application of the policy showing the data and learning.
- 960 deaths were reported onto the system (RiO and SystemOne) plus those on the Barnsley Death Registry who were linked to our services. This included anyone who had at least one contact in the last 118 days.
- 26 of these were in the scope that requires the Trust to review. Of these, 10 were already covered by a Serious Incident (SI) investigation process, 1 was subject to another investigation process, 11 were subject to death certifications, and 4 would have judgment case reviews, which is a new part of the process.
- This interim approach will be reviewed in April 2018.

RW asked whether the numbers relating to Learning Disability were expected, given the genesis of this work. TB confirmed that the numbers for our Trust were expected, given that the main care for many people with a learning disability would not be within specialist services.

RW asked who the responsible body was for finding who was within scope for which organisation. TB commented that the Trust's role was to be clear about those that we believe are in scope and communicate this to our commissioners and also raise challenge if there are areas we feel are not being pursued with systems in place to address this. RW suggested that Quality Surveillance Groups should have a role. TB to confirm who the responsible body was for system-wide oversight.

**Action: Tim Breedon**

**It was RESOLVED to RECEIVE the report and APPROVE publication.**

**TB/17/88c Standards of Conduct in Public Service policy (agenda item 7.3)**

EJ reported that, as previously advised to Trust Board, NHS England had issued new guidance for NHS organisations on managing staff conflicts of interests. This policy was an update to the Trust's previous policy (Standards of Business Conduct) which forms part of all staff contracts of employment to further align with the guidance. The Trust's Standards of Conduct in Public Service Policy sets out clear expectations and responsibilities of staff whilst at work. The update was reviewed by the Executive Management Team on 19 September 2017 and Audit Committee on 10 October 2017 who support its approval. EJ highlighted that there were separate conflict of interest policies for the Trust Board (*Trust Board declaration and register of fit and proper persons, independence, interests, gifts and hospitality and Members' Council*) and Members' Council (*Members' Council declaration and register of interests, gifts and hospitality*) which support the specific requirements of Directors and Governors within the Trust's Constitution, the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and Monitor's Code of Governance for Foundation Trust. These policies were next due for review in 2018.

LC as Chair of the Audit Committee supported the approval of the policy and advised that the Audit Committee had suggested in relation to sponsorships that consideration be given if a sponsor has a contract with the Trust that was due to expire within 12 months.

**It was RESOLVED to APPROVE the updated policy which is aligned with the guidance issued by NHS England on managing conflicts of interest.**

**TB/17/89 Receipt of minutes of partnership boards (agenda item 8)**

A list of agenda items discussed and Minutes where available were provided for the following meetings:

- Barnsley Health and Wellbeing Board 3 October 2017.
- Calderdale Health and Wellbeing Board 19 October 2017.
- West Yorkshire & Harrogate Joint Committee of CCGs 5 September 2017 - RW reported that the meeting was held in public with a mental health work programme update provided which was included in the papers. By 1 April 2018 next year, it was agreed that a single commissioner would coordinate beds for acute care, which aligned with the mental health work programme and was a good example of using STP arrangements.

**TB/17/90 Assurance from Trust Board committees (agenda item 9)**

**Audit Committee 10 October 2017**

LC highlighted the following discussed by the Committee:

- The effect of STPs on our strategic risks and whether they should be specifically identified. MB commented that this is currently on the Assurance Framework but could be looked at further.

**Action: Mark Brooks**

- General Data Protection Regulation (GDPR) implementation and associated issues including explicit vs implied consent and right to erasure.
- Data quality assurance, how are we as a Trust Board gaining assurance on data quality and how do we use data to help inform us of hotspots.
- Standard of conduct in public service policy.

#### Equality & Inclusion Forum 2 October 2017

IB highlighted the following discussed by the Forum:

- Robertson Cooper survey and staff feedback and how it has informed the WRES action plan.
- The equality strategy action plan
- BAME staff network 1st anniversary. AGD commented on the “self-managed” leadership of the group and the progress seen at the anniversary demonstrates the significance of that.
- Disability staff network. AGD commented that this was taking the same approach as the BAME network. A set up meeting was held on 7 October 2017 with a lot of enthusiasm generated.

#### Nominations Committee 9 October 2017 and 24 October 2017

CD highlighted the following discussed by the Committee:

- The process undertaken for recruitment of the Chair. A Chair recruitment recommendation will go to Members’ Council 3 November 2017.

#### Remuneration & Terms of Service Committee 30 October 2017

RC highlighted the following discussed by the Committee:

- Risk as discussed previously.
- Update on the Workforce Strategy work plan which was on track. The Committee has asked for feedback around effectiveness.
- An update on confidential items has been emailed to the Board.

**TB/17/91 Trust Board work programme 2017/18 (agenda item 10)**  
It was **RESOLVED** to **NOTE** the work programme.

#### **TB/17/92 Date of next meeting (agenda item 11)**

The next public meeting of Trust Board will be held on Tuesday 19 December 2017, Small Conference Room, Wellbeing & Learning Centre, Fieldhead, Wakefield.

**Signed**



**Date** 19 December 2017