

**Minutes of Trust Board meeting held on 30 January 2018
Conference Centre Boardroom, Kendray Hospital, Barnsley**

Present:	Angela Monaghan	Chair
	Charlotte Dyson	Deputy Chair
	Rachel Court	Non-Executive Director
	Kate Quail	Non-Executive Director
	Dr Adrian Berry	Medical Director
	Tim Breedon	Director of Nursing and Quality
	Alan Davis	Director of Human Resources, Organisational Development and Estates
	Mark Brooks	Director of Finance and Resources
	Rob Webster	Chief Executive
Apologies:	<u>Members</u>	
	Laurence Campbell	Non-Executive Director
	Chris Jones	Non-Executive Director
	<u>Other</u>	
	Karen Taylor	Director of Delivery
In attendance:	Carol Harris	District Director - Forensics and Specialist Services, Calderdale and Kirklees
	Kate Henry	Director of Marketing, Communications and Engagement
	Sean Rayner	District Director - Barnsley and Wakefield
	Salma Yasmeen	Director of Strategy
	Emma Jones	Company Secretary (author)

TB/18/01 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. The apologies above were noted.

AM informed the Board of the sad news of the passing of Bob Mortimer, public governor for Kirklees. Bob was a member of the Members' Council Coordination Group, Members' Council Quality Group, and was a regular attendee at Trust Board meetings held in public. Those in attendance observed a minute's silence in memory of Bob Mortimer. AM advised she would send a condolence letter on behalf of the Members' Council to Bob's family.

TB/18/02 Declaration of interests (agenda item 2)

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

TB/18/03 Minutes and matters arising from previous Trust Board meeting held on 19 December 2017 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 19 December 2017 as a true and accurate record. The matter arising from 19 December 2017 was noted.

TB/18/04 Chair and Chief Executive's remarks (attached) and Service User Story (agenda item 4)

Chair's remarks

AM advised that this year's Members' Council election would commence with nominations open from 2 February 2018. There were five public seats and five staff seats available for election in this year's process. The election will be run by the Electoral Reform Services (ERS) on behalf of the Trust with information available on the Trust's website.

Chief Executive's remarks

Rob Webster (RW) commented after every Trust Board meeting there is an Extended Executive Management Team (EMT) of senior managers across the organisation to cascade information throughout the organisation including The Brief. RW highlighted the following:

- The Brief is one of the main ways that communications are delivered throughout the Trust. It connects us to people in the organisation and the communications team has been reviewing the effectiveness of internal communications. Kate Henry (KH) said the review of effectiveness was first conducted in 2015. In December 2017, there was another increase in the number of staff who felt they were kept up to date (88% compared to 57% in 2015) and improvements in how the Trust communicates with them (76% compared to 45% in 2015). The review provided some areas to focus on. Overall, the results were positive and important when we are going into even more challenging times and periods of change.
- The recent case of a doctor outside of the Trust who was convicted of manslaughter where the doctor's reflections from supervision were considered as part of the case. This had sparked controversy with significant commentary, including from the Secretary of State. For this Trust, conversations with our medical committee around Duty of Candour, openness and medical fitness will consider any issues. Dr Adrian Berry (ABe) commented that this has been raised through the medial appraisers forum and this case would influence how doctors record their reflections. The requirement to record reflections comes from the General Medical Council (GMC). AM commented that if there was an opportunity to go back to the GMC regarding doctors' reflections we should do that. Charlotte Dyson (CD) asked if Duty of Candour was embedded in the organisation. ABe advised that incident reporting on Datix now records how Duty of Candour has been enacted so reports can be produced to confirm that it has been done. CD asked if there was a role for staff Freedom to Speak Up Guardians (FTSUG). Alan Davis (AGD) advised that the FTSUG was a six month pilot and he had met with the FTSUGs last week as part of the review. Most contacts are in relation to harassment and bullying. The next phase of development will be in relation to promoting cultural change. CD commented that she would like to understand the themes and how they may impact the workforce strategy. AGD advised that a paper on FTSUGs would go to the Executive Management Team (EMT) and an update to the Clinical Governance and Clinical Safety Committee as part of the whistleblowing report.
- The Trust is playing a supportive role in relation to winter pressures at acute hospitals with daily calls and four levels of escalation in place. We continue to deliver on majority of targets, however PICU beds remain under pressure. AM and Tim Breedon (TB) commented that they had received positive feedback on the support the Trust is providing to other organisations. Increased awareness of the role the Trust plays within the acute system is also apparent.
- Annual Planning guidance is due imminently and may require a refresh of 2018/19 plans that were submitted in December 2016 as part of a two year plan requirement.
- There was a successful judicial review against the development of Accountable Care Organisation contracts. This was on the basis that a move away from "payment by results" needed consultation and that did not take place.

The Board recognised the hard work that staff are putting in during challenging times and periods of change.

Service User story

The Trust Board heard a service user story. Carol Harris (CH) advised that she had the permission of the service user and their partner to share this story to support learning and she would provide them with feedback following the Trust Board meeting discussions.

The Trust Board heard of a couple that had recently lost a child, the subsequent impact of this traumatic event and the involvement of mental health services due to low mood and suicidal ideation. The story covered referral to the Intensive Home Based Treatment Team and the service users experience and involvement with the team.

The service user felt that they did not have the support they needed and later required admission to inpatient services where they initially made good progress and were discharged early. However, whilst on leave from the inpatient ward, the service users' needs became more complex. The medical team believed that symptoms of emotionally unstable personality disorder were present and following an MDT review, a decision was made to detail the service user under the Mental Health Act and requirement of support and supervision available on a Psychiatric Intensive Care Unit (PICU).

At the time of admission to PICU, there were no beds available locally and the service user was transferred to a unit over 60 miles from her home which made it difficult for family to visit and for the service user to have involvement with her local team. A location closer to home was sought, a like for like placement was found and the decision made to move the service user. The service user was moved, however was only given a short amount of notice regarding the move which caused suffering. The couple fed back to the team that because of this, had they been consulted, it is likely that they would have declined the move.

Further assessments were completed and, 10 months since her initial admission, the service user was assessed and transferred to an appropriate placement to receive psychological care. Throughout this time, the service user's partner felt that there was a lack of support and clarification of the plan and they wrote to their MP to outline their concerns including:

- A placement outside of the local area meant family struggled to visit
- The impact upon the wider family was not considered and support during this difficult 10 month period did not meet the needs of the service user or their family
- A transfer from one PICU to another was made based purely on the assumption that this was a request from the service user / carer
- They were not informed of the planned transfer until 30 minutes before it took place
- They did not know who was responsible for the service user's care and who to contact, they didn't feel that professionals engaged in a meaningful way

CH outlined that the Trust has done to ensure this doesn't happen again:

- Defined the role of the care coordinator, patient flow manager and patient flow clinical lead
- Mapped out clear roles and responsibilities for staff involved
- Mapped out the process for communication (including that with service users, carers and out of area inpatient teams) when a service user is transferred out of area
- Discussion in Partnership Board highlighted that there was more that could have been done much earlier to support the couple. The death of their son was a crucial time for them.
- Ideally the service user would not have been transferred to a PICU out of area.
- We need a clear pathway for people with emotionally unstable personality disorder.

Rachel Court (RC) asked about how the couple feels about it now. CH advised that they are grateful that the Trust has learnt from the episode and that their story was coming to Trust Board. RC asked what action would be taken in response to the service user feeling like she wasn't being listened to. CH advised that this was an area of focus, as well as ensuring the appropriate care pathways are in place.

RW commented that there was also some work to do with commissioners about what role the Trust could play as part of a child death processes. Kate Quail (KQ) added that there was also a role for support of carers of children that have some complex care conditions across the system. CH advised that the Health and Wellbeing Board should be looking at bereavement services.

The Board asked to pass on their thanks to the couple for sharing their story.

It was RESOLVED to NOTE the Chair's remarks, content of the Chief Executive's report, and Service User Story.

TB/18/05 Business developments (agenda item 5)

TB/18/05a West Yorkshire and Harrogate Health and Care Partnership (formally STP) update (agenda item 5.1)

Salma Yasmeen (SY) reported that the West Yorkshire and Harrogate Health and Care Partnership (WYHHCP) continue to play a role in developing sustainable services for the future and highlighted the following:

- Moving towards formalising the partnership arrangements and stabilising work over 12-18 months.
- A draft Memorandum of Understanding (MoU) will be considered in the private session of the Board to formalise the relationship of mutual accountability and responsibility about what happens across West Yorkshire.
- A series of engagement events are taking place including one for Non-Executive Directors and Governors in relation to the West Yorkshire Mental Health Services Collaborative (WYMHSC).
- In relation to Mental Health workstreams, there are several that the Trust was leading on, or partners in, including:
 - the launch of the Suicide Strategy.
 - funding for new Child and Adolescent Mental Health Services (CAMHS) inpatient unit.
 - Out of area beds in each of the places and vision across West Yorkshire with a workshop to be held in Wakefield.
 - Perinatal services
- Calderdale is working towards integrated care with a proposal for discussion in the private session.
- Wakefield have a proposal in relation to end of life care for discussion in the private session.

RW commented that the WYHHCP were developing a document that sets out progress over the last year in relation to cancer, diabetes, working with communities, and next steps which should be published in the next few weeks, including in accessible forms.

CD asked about how areas such as developing workforce strategy could be incorporated into the workstreams. RW advised that there was a workforce plan for the WYHHCP. NHS England had oversight for this but has created partnerships locally called Local Workforce Advisory Boards (LWAB) which sit with provider representatives and some commissioning representatives. AGD commented that where shared services would benefit, some arrangements were already in place and there were links with universities.

AM asked if the voluntary and community sectors were included in decision making. RW advised that the System Leadership Executive Group includes representation from the voluntary sector. Each of the work programmes has a place for voluntary sector and within each of the six places the voluntary sector has a key role to play. SY commented that positive feedback was received from engagement events. Healthwatch have created videos around changing conversation within communities and the carers workstream is also a part of this.

It was RESOLVED to:

- **NOTE the update provided; and**
- **CONFIRM support for the WYHHCP programmes.**

TB/18/05b South Yorkshire and Bassetlaw Accountable Care System update (agenda item 5.2)

AGD reported that the South Yorkshire and Bassetlaw Accountable Care System (SYBACS) was still in developmental phase and highlighted the following:

- SYBACS agenda for 2018/19 was to review governance arrangements and impact of regulation.
- SYBACS recognise that 2017/18 had so many priorities that there was a danger that there was a lack of focus.
- In April 2019, SYBACS would be responsible for control totals.
- Workforce was seen as a barrier to transformation, noting the history of the working together programme.
- Work is taking place on how they engage with patients and public on the ACS and also any service change.
- The acute service review will require a systematic approach that is robust with strong clinical engagement and consultation with the public to identify the key areas of particular pressure in the service.
- The ACS have produced an early report (called 1A) and about to publish a second (called 1B) which sets out the system and key priorities for the hospital services review.

RW commented that the SYBACS were looking to implement a single set of performance indicators. As part of the Health and Care Working Together, the Trust would be held to account by SYBACS rather than regulators so it will be important to keep a focus on what those indicators will be.

CD asked what the Trust's relationship was like with other mental health providers in the SYBACS. Sean Rayner (SR) advised that there was not a formal arrangement, however historically there had always been good working relationships with the mental health providers and there were mental health workstreams within the SYBACS. Recently the South Yorkshire group was unsuccessful with perinatal bid as it was not a joint bid. Kate Quail (KQ) asked if Learning Disabilities was part of the mental health workstreams. SR advised that it was part of SYBACS workstreams, although not specifically noted. RW commented that it was being discussed as part of the WYHHCP workstreams.

CH commented that the Trust was looking at long term placement for learning disabilities and also assessment and treatment within mental health services, with Barnsley still a part of the discussions as they are within the Trust services and footprint.

AM commented that she understood that a commissioning review would be taking place and it would be good for the Board to have an understanding of the process. AGD advised that it had not been part of partnership board discussions to date.

It was RESOLVED to NOTE the update from the SYB STP Collaborative Partnership Board.

TB/18/06 Risk and assurance (agenda item 6)

TB/18/06a Corporate/organisational risk register (agenda item 6.1)

Emma Jones (EJ) reported that the Corporate/Organisational Risk Register (ORR) was reviewed by the Executive Management Team (EMT), aligned to the Trust's priorities for 2017/18. Risks are aligned to Committees to provide further assurance on the risks and controls. The ORR currently contains nine 15+ risks. There were 16 changes to risks in the last quarter, with six closed and seven new entries as corporate/organisational level risks.

The Board discussed the following risks:

- Risk ID 812: Risk that Trust's sustainability will be adversely impacted by the creation of local place based solutions which change clinical pathways and financial flows. For example ACO implementation.
Rationale for change of consequence score from a 5 down to a 3 given ongoing discussions. It was discussed that the risk had been discussed at Audit Committee and the rationale was that we see the creations of the Accountable Care Organisations (ACOs) as a positive move and we need to focus on how the Trust plays an active role.
- Risk ID 1151: Risk of being unable to recruit qualified clinical staff due to national shortages which could impact on the safety and quality of current services and future development.
Whether the likelihood should be scored 5 and further detail is needed in relation to controls and mitigating actions. AGD advised in relation to control measures he was confident that they were in place, however others could be added such as physician associates and that the Trust was currently part of a pilot programme. RW commented that the Trust was able to fill gaps in rotas for senior doctors however it was at a cost which is why the Trust was looking at working with other organisations. ABe commented that it was not consistent with some areas more difficult to recruit to. TB commented that the impact of the early retirement also needed to be understood.
- Risk ID 1212: Risk that the amount of tendering activity taking place has a negative impact on staff morale which leads to sub-optimal performance and increased staff turnover.
Tendering activity, with 15% staff turnover in Barnsley taking account of TUPE transfers there is a concern people are unsettled by uncertainty. The Board need to be assured that there are a reasonable set of mitigations in place.
- Risk 1213: Risk that the sub-optimal transition from Rio to SystemOne will result in significant loss or ineffective use of data resulting in the inability share information and produce reports.
Should be amber not yellow for target. SY commented that there was a specific risk register in relation to the Clinical Records System programme which was moving towards co-design phase and there were currently significant controls in place.

The Board discussed the difference in the Trust's Risk Appetite and the target scores of some risks. MB commented that the Audit Committee had been discussing the current Risk Appetite Statement and it would be an item for discussion at the Trust Board strategic session in February 2018.

The Board discussed the heat map and supported the new proposal. AM suggested that a total/average risk score over time could be incorporated to see if the overall level of risk is increasing or decreasing.

Action: Mark Brooks / Emma Jones

It was RESOLVED to NOTE the key risks for the organisation subject to any changes / additions arising from papers discussed at the Board meeting around performance, compliance and governance.

TB/18/06b Assurance framework (agenda item 6.2)

Mark Brooks (MB) reported that the review of the assurance framework by the Executive Management Team (EMT) followed a similar process to the review of the Corporate/Organisational Risk Register. The key change this quarter was in relation to strategic risk 3.1 - Deterioration in financial performance leading to unsustainable organisation and insufficient cash to deliver capital programme. The RAG rating for this risk has moved from a yellow to amber as there is not currently a plan in place which balances financial performance in 2018/19. With two amber and two yellow RAG rated strategic risks within strategic objective 3 - Improving resources (operational excellence, digital by default), the overall rating has been left as yellow however it could also be considered amber. The identified gaps, controls and actions have been reviewed.

RW commented that through conversations at Trust Board and strategy development it was important to continue to use the assurance framework as a reference, as well as when the Trust Board work programme is set for 2018/19, to ensure reports address the strategic objectives and risks.

It was RESOLVED to NOTE the controls and assurances against the Trust's strategic objectives for Quarter 3 2017/18.

TB/18/07 Performance reports (agenda item 7)

TB/18/07a Integrated performance report month 9 2017/18 including finance (agenda item 7.1)

TB highlighted the following on the summary dashboard:

- Children and young people on adult wards – these are only ever used when no CAMHS beds are available and are considered the “least worst” option for the service user, with appropriate safeguarding in place.
- Out of area beds (OOAB) – there are positive moves in acute, a continued hot spot in PICU, awaiting Care Quality Commission (CQC) response in relation to a temporary measure proposal. RW commented that the OOAB position is reviewed by services daily and by the Operational Management Group (OMG) and Executive Management Group (EMT) weekly. Overall seeing continued management and decrease in number of OOAB in January 2018, which is credit to staff and significant work.
- Safer staffing - rates maintained through the use of the professional guidance tool.
- Mental Health Act/Mental Capacity Act mandatory training - sustained progress made against the completion of training.
- Delayed transfers of care - slight deterioration in delayed transfers of care performance, however still within target.

TB highlighted the following in relation to Quality:

- Compliments and Complaints - Complaints process is under review and compliments received are showing an increase.
- Medicine omissions - performance sustained in Quarter 3 and some areas are scoring well below national levels.
- Incidents - the number of incidents reported shows a positive reporting culture, there was an increase in Quarter 3 around moderate / severe incidents which needs review.
- Prone restraint - levels of prone restraints with duration of 3 minutes or less have worsened.
- Safety first - the learning from deaths dashboard will be included in the quarterly incident report.
- Managing Aggression and Violence (MAV) - joint training has taken place with positive feedback from staff.
- CQC visit to Ward 18 - visit in relation to CQC safe domain, positive verbal feedback has been received to date.

CD asked if transformation of services was having an impact on serious incidents. TB advised that this was a key line of enquiry of incidents and the risk panel looks at these on a weekly basis.

CD asked why the Improving Access to Psychological Therapies (IAPT) year-end forecast was RAG rated as red although current performance is green. TB advised that this would be reviewed.

CD asked for a progress update in relation to Information Governance (IG) mandatory training. MB advised that there was a new online training module to be completed which is different to previous years and took longer to complete. Many staff were due to complete this in Quarter 4 with weekly updates and focus to achieve the target. Currently it is slightly below where we were in previous years, but there is commitment in place to achieve.

KQ asked if there was a link between the increase in falls and use of bank staff. TB commented that this was a potential line of enquiry, but it does look as though the increase may be linked as staff may not have completed assessments in the timeliest manner. RW commented that it was an area for the Trust to aspire to be a leader. TB commented that it is one of the areas within the revised Quality Strategy that could be linked to the overall Trust Strategy.

Sean Rayner (SR) highlighted the following in relation to Locality - Barnsley:

- IAPT – the team has sustained the improvement in its performance and has continued to meet all key performance indicators. Work continues in line with the action plan and the service is working closely with the commissioners to achieve closure of the Contract Performance Notice.
- The Exchange Recovery College – a local bid was successful around first aid mental health training.
- Easicup – will be hosted in Barnsley with a range of teams participating from across Europe.

SR highlighted in relation to Locality - Wakefield that work continues with commissioners to address the needs of a service user who is from out of the area and remains an inpatient in PICU. This has been escalated nationally to seek resolution.

CH highlighted in relation to Locality - Kirklees that the National IAPT support team noted a £1.5m investment shortfall across the two commissioners in Kirklees. Despite the level of funding, a lot of positive feedback was received, including that they were impressed by the level of activity and good practice.

CH highlighted in relation to Locality - Forensics that the national review continues, with the West Yorkshire team looking at care pathways and distribution of resources.

CH highlighted in relation to Locality - Specialist services that they were an outlier in terms of sickness absence and were trying to proactively manage this with Human Resources colleagues.

SY highlighted the following in relation to Priorities/Transformation:

- Clinical Records System - has moved to co-design phase.
- Older Peoples' Transformation - presented the clinical model to the partnership board and community and inpatient workforce workshops have been held.
- ORCHA pilot with young people - continuing and will evaluate the impact.
- Out of Area Beds - the impact of work has been outlined previously

MB highlighted the following in relation to Finance/Contracts:

- £0.6m pre STF and £1.5m surplus year to date, £0.5m from recognition of the CQUIN risk reserve and a similar amount from the final insurance settlement.
- Risk is that the underlying position in recent months has been a net deficit and there are no further planned one-off upsides.
- Out of Area Beds overspend of £1.7m which is slightly improved position in-month. January 2018 has been better in number of days reduced, however it does not always manifest in cost due to transport, complexity of care, and type of bed required.
- Agency spend in December 2017 was lower than previous months at £430k. This exceeds the in-month cap but cumulative agency expenditure remains below the cap.
- Total pay costs lower than previous months, due to Intermediate Care transfer.
- £22m cash due to timing of capital expenditure and disposal proceeds.

RW commented that a consistent message in relation to reducing non-pay spend has been reinforced and the actions staff have taken to reduce this is noteworthy. If it is possible to continue to push upsides around Out of Area Beds and manage any contract risks the Trust may be able to achieve its target. AM noted that the Trust Board have had substantial input and discussion in relation to finance, including monthly sessions with the Executive Management Team (EMT).

AGD highlighted the following in relation to Workforce:

- Appraisals – a new appraisal process will be rolled out across the Trust.
- Turnover - the Trust has taken part in an NHS Improvement support programme. Hotspot areas in relation to retention of staff include CAMHS and Learning Disabilities. These data would be combined with staff survey results to provide some targeted support.
- Flu vaccination - target reached.
- IG mandatory training - continued to be an area of focus.

It was RESOLVED to NOTE the Integrated Performance Report.

TB/18/07b Customer services report quarter 3 2017/18 (agenda item 7.2)

TB highlighted the following:

- Fortnightly report goes to the business development units (BDUs) with a quarterly report to Trust Board.
- 33 fewer formal complaints than in the previous quarter.
- Will be moving away from a Customer Services report and more towards a fuller patient experience report in 2018/19, including lessons learned.
- Customer Services Policy will be updated.

KQ commented that currently if the comments, concerns and complaints were amalgamated, it would outweigh the compliments and the reviews on NHS Choices may be incorrectly aligned to locations rather than localities. TB commented that the way matters are raised needs to be reviewed as part of the update to the Customer Services Policy. To be looked at as part of the policy review.

Action: Tim Breedon

RC asked if complaints in relation to staff attitude were ever reviewed collectively over a longer period of time to see if any themes are identified, rather than on an individual basis. TB advised that they were reviewed and addressed on an individual basis rather than theme based, however could be reviewed as part of the annual planning process.

Action: Tim Breedon

RW asked if the two cases upheld by the Ombudsman would be complete within the timeframe. TB confirmed that they would and there will be lessons learned as a result of the process.

It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 3 of financial year 2017/18.

TB/18/08 Strategies and policies (agenda item 8)

TB/18/08a Trust Strategy refresh (agenda item 8.1)

SY reported that the Trust's overall Strategy document had been co-produced over last 12 months, with the update finalised at the strategic Trust Board session in November 2017. Final small amendments may be needed to formatting and the foreword. The Equality Impact Assessment (EIA) also required formal sign off, with a review to take place annually on each of the programmes within the Strategy.

Action: Salma Yasmeen

Due to the nature of the changing external and internal context the Trust's Strategy would require periodic review.

It was RESOLVED to APPROVE the Trust Strategy refresh.

TB/18/08b Digital Strategy (agenda item 8.2)

KH reported that the updated Digital Strategy included the merger of the Information Management and Technology Strategy. Both were developed with a significant amount of engagement. The update retained the four goals from the original Digital Strategy with the addition of six aims. Many of the aims relate to Information Management and Technology and also cover clinical safety and risk, learning, and development. The Strategy will be delivered through the annual digital delivery plan. An update will be provided to the Executive Management Team bi-monthly and Trust Board twice-yearly, in line with the current reporting of the previous Information Management and Technology Strategy.

CD commented that it would be interesting to understand if the Trust was a digital leader, noting that the Clinical Governance and Clinical Safety Committee would receive updates on delivery of the new Clinical Records System through the transformation/priorities programme and Audit Committee in relation to any risks around implementation. SY commented that the digital components would come through transformation board. KH commented that NHS Digital was developing a digital inclusion guide and the Trust would be involved. The Trust is also taking part in the national NHS Wi-Fi programme, which would be rolled out across the Trust.

MB highlighted that affordability needed to be a consideration with areas to be prioritised across the organisation. The Wi-Fi implementation would be funded through the national NHS programme, however funding of the ongoing costs will be the responsibility of the Trust. RW commented that there was a willingness and commitment from a number of staff to embrace this, building on the work we have already done to date on agile working. It was important to continue to be honest around capacity and finances needed to support this work.

RW asked if the Equality Impact Assessment (EIA) had been reviewed. MB confirmed it had.

Action: Mark Brooks / Kate Henry

It was RESOLVED to APPROVE the updated Digital Strategy.

TB/18/08c Treasury Management Strategy and Policy (agenda item 8.3)

MB reported that the updated strategy and policy included only minor amendments. The update had been reviewed by the Audit Committee who supported its approval by Trust Board in line with the requirements of the Scheme of Delegation. It was recommended that the strategy and policy be reviewed every two years instead of annually going forward.

It was RESOLVED to APPROVE the updated Treasury Management Strategy and that it be updated every two years instead of annually.

TB/18/09 Governance items (agenda item 9)

TB/18/09a Safe Working Hours Doctors in Training report - Quarter 2 2017/18 (agenda item 9.1)

ABe reported that the original purpose of the reporting requirement was to assure Board that the new contract was implemented, compliant, and that people were not working in excess of the contract. It also notes the impact of the ability to recruit nationally, leaving significant gaps and use of agency staff.

CD asked if the independent guardian needed to raise an issue, who they would raise it with? ABe advised that if it was an education matter it would be raised with the Associate Medical Director for training, and if it was an employment issue it would be raised with the Medical Director.

It was RESOLVED to NOTE the report and feedback from the independent guardian.

TB/18/09b Internal meetings' governance framework update (agenda item 9.2)

EJ reported that the internal meetings' governance framework document had been updated to reflect changes that have taken place in the last year, including reflecting the disbanding of the time-limited IM&T Forum. It was also recommended that the Trust Board now formally disband the time-limited Estates Forum. The Estates Forum was established by the Board to provide assurance on the implementation of the Estates Strategy, however it had not needed to meet within the last year.

It was therefore recommended that it be disbanded with formal reporting to be put in place through the Executive Management Team (EMT) monthly and Trust Board six-monthly.

TB commented that in light of work around the annual review of committees and reports to the Audit Committee there may be some changes to how some of the committees operate and a further review may be needed.

It was RESOLVED to:

- **RECEIVE the update to the internal meetings' governance framework; and**
- **AGREE that the Estates Forum be formally disbanded, with reporting put in place through EMT (monthly) and Trust Board (six monthly).**

TB/18/09c Guidance for reserving matters to private session of the Trust Board (agenda item 9.3)

EJ reported within NHS Providers' and NHS Leadership Academy's guidance in relation to good governance it recommends that when determining which matters should be reserved for private consideration, the Trust should consider whether the information to be discussed would be exempt from disclosure under the Freedom of Information (FOI) Act 2000. A guidance document had been created to support the Chair when determining what matters should be reserved for discussion in a private session on Trust Board, outlining the FOI Act exemptions most likely to apply to information considered by the Trust Board as a point of reference.

AM added that it was always the Trust Board's intent to discuss as much in public as possible, unless there were specific reasons prohibiting this. In relation to section 36 of the FOI Act, this is a requirement which applies to FOI requests received and may not specifically apply to Trust Board discussions. In relation to section 38, matters of health and safety would be discussed in public, however there may be personal data and confidentiality considerations.

It was RESOLVED to APPROVE the guidelines for reserving matters to a private session of Trust Board and evaluate after 12 months through Audit Committee.

TB/18/09d Board development programme (agenda item 9.4)

AM advised that part of leadership and management development also included Board development to ensure the Board was operating effectively. The last formal session on Board development took place in January 2016. Future options include the use of an external facilitator to help identify the Board's further development needs. It was suggested that Board development could take place at a future strategic session of the Board. AM to take forward.

Action: Angela Monaghan

TB/18/10 Receipt of minutes of partnership boards (agenda item 10)

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

- Wakefield Health and Wellbeing Board 25 January 2018.

TB/18/11 Assurance from Trust Board committees (agenda item 11)

Audit Committee 9 January 2018

RC provided an update on behalf of Laurence Campbell (LC), Chair of the Audit Committee who highlighted the following:

- Risks from the corporate/organisational risk register aligned to the Audit Committee were discussed today.
- SystemOne continued oversight needed to understand any associated risks.
- Treasury Management Strategy and Policy update supported for approval by Trust Board was approved today.

In addition to the above, MB highlighted the following:

- A General Data Protection Regulation (GDPR) session took place prior to the Audit Committee meeting for Directors and Non-Executive Directors and he will ensure those that could not be in attendance were fully briefed.
- A joint internal audit with Barnsley CCG relating to a procurement tender has taken place with the results provided to the Audit Committee.

Action: Mark Brooks

TB/18/12 Trust Board work programme 2017/18 (agenda item 12)

AM advised that the draft work programme for 2018/19 would come to the next Trust Board meeting.

TB/18/13 Date of next meeting (agenda item 13)

The next meeting of Trust Board in public will be held on Tuesday 27 March 2018, Rooms 3 & 4, Laura Mitchell, Halifax.

TB/18/14 Review of meeting (agenda item 14)

The Board agreed to discuss this during the private session of Trust Board.

Signed:



Date: 27 March 2018