

Minutes of Trust Board meeting held on 24 April 2018
Conference centre Boardroom, Kendray, Barnsley

Present:	Angela Monaghan	Chair
	Charlotte Dyson	Deputy Chair
	Laurence Campbell	Non-Executive Director
	Kate Quail	Non-Executive Director
	Rob Webster	Chief Executive
	Mark Brooks	Director of Finance and Resources
	Dr Subha Thiyagesh	Medical Director
	Tim Breedon	Director of Nursing and Quality
	Alan Davis	Director of Human Resources, Organisational Development and Estates
Apologies:	<u>Members</u>	
	Rachel Court	Non-Executive Director
	Chris Jones	Non-Executive Director
	<u>Other</u>	
	Nil	
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
	Karen Taylor	Director of Delivery
	Salma Yasmeen	Director of Strategy
	Emma Jones	Company Secretary (author)
	Dr Richard Marriott	Consultant Psychiatrist, Guardian for Safe Working (for agenda item 10.1)

TB/18/30 Welcome, introductions and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. The apologies above were noted. AM welcomed to Dr Subha Thiyagesh to her first meeting as Medical Director. Dr Adrian Berry had now retired as Medical Director and the Board noted his long and distinguished service to the Board and Trust, originally joining as a Forensic Psychiatrist. Dr Berry would be returning to the Trust as Responsible Officer for medical staff revalidation. The Board expressed their appreciation and thanks to Dr Berry for his service, wished him well in his semi-retirement, and looked forward to his return as Responsible Officer.

TB/18/31 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return in March 2018 or subsequently.

TB/18/32 Minutes and matters arising from previous Trust Board meeting held 27 March 2018 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 27 March 2018 as a true and accurate record. The following matters arising were discussed:

- TB/18/20a Integrated Performance Report (regarding complaints) - TB advised that it has been discussed by the Clinical Governance and Clinical Safety Committee and work is taking place on a performance plan. The trajectory will be circulated to the Board.
- TB/18/20a Integrated Performance Report (regarding the analysis of outcomes by ethnicity) - TB advised this would be discussed by the Equality and Inclusion Forum.
- TB/18/20b Serious incident report quarter 3 2017/18 - TB advised that Non-Executive Director involvement in the incident process was being considered as well as possible attendance at panel and post investigation meetings.

TB/18/33 Service User Story (agenda item 4)

The Trust Board heard a service user story. Sean Rayner (SR) advised that the Intermediate Care service was designed to optimise recovery and enable service users to take control of their lives and maintain independence. Intermediate Care was subject to major system change in Barnsley. Specifically the Trust supports the crisis response pathway and in addition to this there are independent service beds in Barnsley Hospital. The following stories illustrate the patient pathway as it is now and system we have tried to create to meet our mission.

“Jane” was admitted to Accident and Emergency department following a fall while shopping. She was found to have a fracture to her femur resulting in an arthroplasty. Jane lived in a 2 bedroom terrace house alone and was independent and enjoyed going into town shopping and doing her own cleaning etc. Following her operation Jane struggled to get in and out of bed independently in hospital. She would be unable to navigate stairs safely in her home setting and there was no room in her home to have a bed downstairs. Jane agreed to a period of rehabilitation in an independent sector care home where she could continue to practice bed transfers and stair practice in a safe environment.

Jane was transferred to Buckingham Care home Penistone where she spent 9 days regaining her confidence and practiced her transfer in and out of bed and stair practice. Jane was anxious about returning home. A care plan was put in place for the Neighbourhood Rehabilitation and Crisis Response Service (NRS) team to continue to support her in her own home and return to her activities of daily living.

The NRS team (MDT of nursing and physiotherapists) assessed Jane’s home on her discharge from Buckingham. A plan of visits was discussed and joint goals were agreed with Jane about what she wanted to achieve. Jane had morning and evening visits from our NRS Support Workers to support her on the stairs and a mid-morning visit to practice shopping and outdoor mobility. Jane regained full independence and the confidence to go back to shopping after 3 weeks on the pathway.

“Anne” was referred to Crisis Response service after recently being discharged from hospital. She has a 5 week history of loose stools with diagnosed C-diff which is being treated with antibiotic. Anne fell overnight and now has reduced mobility and has become doubly incontinent. Anne has a known dementia diagnosis. She lives with husband and has 4 visits per day care package.

A full MDT assessment commenced. Initially placement within a care home (place of safety) was refused by Anne/her family. Extra support was arranged by the Crisis Response Nurse with appropriate equipment supplied. Care plans were agreed and in place. Placement in Independent Sector care home bed agreed and arranged due to Anne's husband's admission to hospital. Anne was unsafe to stay at home without 24-hour supervision. MDT support ongoing in the care home.

MDT meeting with Anne and family. Anne had returned to her previous ability and a discharge home with care package and initial support by Crisis Response team was discussed. After consideration the family agreed that a week of respite care, to allow her husband to recover from his admission, was required. A care package was arranged to commence after this with respite built in for when Anne's husband felt this was required. Anne discharged to respite care.

The Board asked to pass on their thanks to service users and carers for sharing their stories which demonstrated the person focus and support for carers through multi-disciplinary teams and the importance of communication and options available.

It was RESOLVED to NOTE the Service User Stories.

TB/18/34 Chair's and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- Members' Council elections - voting closed on 20 April 2018. The results are available on the Trust's website and will be formally reported to the Members' Council on 27 April 2018. The newly elected governors have been invited to attend the meeting and will commence a three year term from 1 May 2018.
- Non-Executive Director recruitment - a fourth and final information session will be held this evening for potential candidates. Information is available on the Trust's website and applications close on 7 May 2018.

Chief Executive's report

RW commented that The Brief communication to staff, that was included in the paper, provided an update on the local and national context as well as what was happening across the organisation. RW highlighted the following in addition to the report included in the papers:

- Currently within the pre-election period for Local Government which curtails some activity and decisions.
- The Prime Minister has committed to finding a long-term funding solution for the NHS and Jeremy Hunt MP has written to all conservative MPs to ask for their views.
- Welcome nominations for the NHS70 Windrush Awards which recognise the contribution of diverse communities to the NHS.

TB/18/35 Governance items (agenda item 10)

TB/18/35a Safe Working Hours Doctors in Training annual report (agenda item 10.1)

AM welcomed Dr Richard Marriott (RM) who is the Guardian of Safe Working.

RM reported that the requirement was put into place to ensure that trainees were not forced to work excessive hours, ensure the day job was not getting in the way of their training, and provides trainees with the opportunity to raise concerns. RM highlighted the following:

- Changes to the services to support trainees.
- Changes to the rota and the ability to staff the rota in Calderdale which has been the cause of concerns raised.
- Low number of exception reports which provides assurance.
- Survey of all trainees to ensure concerns were being raised, with some areas highlighted relating to the process, what would constitute an exception, and reporting culture.

LC asked if trainees were using incident reporting on Datix as an alternative. RM advised that sometimes exception reports would also require a Datix report if appropriate, dependent on the issue raised. RW asked if a triangulation of incident reports in relation to staff had been done. TB advised that it had not been done specifically in relation to Calderdale and the trainees. Any incidents raised in Datix are looked at by the Risk Panel. CD asked if it was possible to determine how many had been raised by trainees. SThi commented that trainees would be less likely to be doing independent practice so Datix reports may be input by others.

Action: Tim Breedon

LC asked what was in place to assist with the recruitment of trainees in Calderdale. RM advised that the Trust would like to offer places through the Royal College Medical Training Initiative to enable internationally qualified people to come for a two-year placement.

AM commented that it was important to have the right reporting culture in place to ensure they feel able to raise any concerns and a supportive environment to enable access to training. RM commented that part of the induction was to encourage reporting. RW commented that it was important that it was reinforced through consultants and medical management so that trainees understand the importance of raising concerns. SThi advised that it has been reinforcing with staff that the Medical Staff Committee is a forum for trainees to come and enable them to raise concerns, as well as the Junior Doctors' Forum.

AM noted that that quarterly reports in future would be received through the Integrated Performance Report (IPR).

It was RESOLVED to RECEIVE, REVIEW and CONFIRM their assurance that the Trust has met its statutory duties.

TB/18/36 Risk and assurance (agenda item 6)

TB/18/36a Strategic overview of business and associated risks (agenda item 6.1)

SY reported that the paper provides an update since October 2017, reflected through the PESTLE (Political, Economic, Social, Technological, Legal/Regulatory and Environmental) and SWOT (Strengths, Weaknesses, Opportunities and Threats) analyses aligned with the Trust risk register and priority programmes. Key updates are highlighted on the front cover of the paper.

LC asked if the information in the report was utilised and triangulated with the risk register. EJ commented that the quarterly report to Audit Committee on the triangulation of risk, performance and governance brings together information from this report, the Integrated Performance Report (IPR), Board Assurance Framework (BAF), and Corporate Organisational Risk Register (ORR) to highlight if there are any gaps in risks and assurance.

CD asked how it was utilised in informing the Trust's overall strategy. RW commented that from reviewing this information it was important for the Board to consider if the Trust's current strategy was still relevant in our context given the increase in issues such as co-production, social prescribing, working more closely with services for joined up care, changes to the Mental Health Act, and General Data Protection Regulations (GDPR).

CD asked if partners were clear about what the Trust's strategy was and our role. RW commented that there was a large number of external meetings that the Trust was involved and engaged in, including Health and Wellbeing Boards and through the Sustainability and Transformation Partnerships (STPs). Kate Henry (KH) commented that our external marketing needed more focus and work was currently taking place around our Commercial Strategy, which would come back to Trust Board. It was an area that was planned for focus in the last financial year, however there had been more of a focus on internal communications.

LC commented that it was important to focus on external communications as some of the biggest risks on the risk register related to loss of business. MB commented that it was important that anything included in potential marketing does not result in demand exceeding capacity. RW commented that part of the external communications was for all Board members to be able to describe our strategy, the priorities and provide examples of what makes us unique. In the recent CQC inspection they noted our clear strategy. The "Our Year" booklet demonstrates some of the great work the Trust has done. Some external stakeholder management information would be helpful. AM commented that being able to reflect performance against the Communications, Engagement and Involvement Strategy in the Integrated Performance Report may also assist.

Action: Salma Yasmeen / Kate Henry

It was RESOLVED to NOTE the content of the report.

TB/18/36b Assurance framework (agenda item 6.2)

MB highlighted the change in RAG rating for the use of resources strategic objective. EMT had discussed it in detail and felt that due to setting a financial deficit target for next year and risk identified in terms of gaining commissioner buy-in for income and growth, the overall RAG rating should be amber.

RW commented that strategic risks would not change a lot over time and that cost improvement and finances were the key areas of concern. An area that could be reflected more clearly is the environment the Trust operates in and how that drives additional demand in the system.

MB advised that during the recent Care Quality Commission (CQC) inspection they had advised that they found the Board Assurance Framework (BAF) difficult to follow in places, therefore the format of the report may be updated for 2018/19. TB commented that in discussion with the CQC it was clear that the BAF is fit for purpose, however may be difficult to understand. He has asked the CQC for any examples of best practice. MB asked Board members if they had seen good examples of a BAF used by other organisations to provide them. AM commented that the internal audit on current risk management processes and BAF had received significant assurance.

It was RESOLVED to NOTE the controls and assurances against the Trust's strategic objectives for Quarter 4 2017/18.

TB/18/36c Corporate / organisational risk register (agenda item 6.3)

MB highlighted the following:

- Each risk was aligned to a sub-committee of the Board for additional oversight and assurance around actions.
- Cyclical approach to reviewing risks by the Executive Management Team (EMT) each quarter.
- Over the last quarter, EMT challenged themselves quite hard around the consequence scores of risks and whether they are really “major” and “catastrophic” in light of the mitigations in place. For example, the risk in relation to organisational sustainability around workforce was reduced to “moderate” as there are a lot of mitigations in place and reflecting that if the worst case was to happen we would work with regulators to ensure the right actions were in place.
- The highest scoring risks were not necessarily the ones that we worry about the most e.g. out of area beds is a risk of significant focus

LC commented that the Audit Committee had questioned the lowering of the risk score in relation to tendering and sustainability issues. RW commented that it was important that there was a clear description of what the risks are. If we the Trust no longer existed, the regulators would come in to ensure there were services, which supported the reducing of the impact from “catastrophic”.

KQ asked for further detail in relation to the out of area bed risk. MB commented that as part of the quarterly report to Audit Committee on the triangulation of risk, performance and governance, it was identified as an area from the Integrated Performance Report that was not currently a risk on the corporate/organisational (Trust Board) level risk register (ORR). As part of the recent Care Quality Commission (CQC) inspection, it was also identified and we outlined our processes around the management and control of out of area beds, including weekly reporting through the Operational Management Group (OMG) and EMT. CH commented that the risk is on the BDU level risk register and would have been escalated through the normal processes if the increased level continued. MB commented that in 2017 OMG and EMT had been fairly confident that when the Unity ward came into use it would reduce out of area bed use however there had been an un-forecasted increase in demand. The question is more whether the current processes are quick enough to identify a risk for escalation to the ORR. EJ commented that while the current processes were subject to an internal audit which received significant assurance, they had improved over the last year supported by the review and oversight of risks by committees. Improvements would continue to take place over the next year to incorporate changes to the risk appetite under agenda item 6.4 and feedback from the CQC.

CD asked if the detailed report received by the Clinical Governance and Clinical Safety Committee and priority programme would change the scoring of the risk in relation to waiting lists. CH commented that the scoring had been changed to “possible” rather than “likely” due to the number of mitigations in place, however the impact remains the same and it remains a concern. The priority programme reflects the collaborative and partnership working taking place across the patch.

AM commented that the dates of completion for actions was sometimes vague and requested if individual dates for actions could be added to assist the Board in tracking progress.

Action: Mark Brooks

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/18/36d Review of Risk Appetite Statement (agenda item 6.4)

MB reported that the Trust Board first introduced risk appetite in late 2016. A review had taken place, particularly in relation to the use of risk appetite 1-3. The update had been discussed at the last strategic meeting of Trust Board, briefly at last public meeting of Trust Board, and by the Executive Management Team (EMT) and Audit Committee. Changes to the risk appetite statement would impact the current risk management procedures with further development to take place over the next twelve months.

LC, as Audit Committee Chair, confirmed that the update had been discussed by the Committee. He felt the risk appetite score of 1-6 for financial risks was quite cautious and that the Audit Committee had requested that commercial risks be separated with a risk appetite score of 8-12.

AM commented that within the statement it referred to an annual review. Work programme to be updated.

Action: Emma Jones

It was RESOLVED to APPROVE the update to the Trust's Risk Appetite Statement.

TB/18/37 Business developments (agenda item 7)

TB/18/37a South Yorkshire and Bassetlaw Shadow Integrated Care System update (agenda item 7.1)

Alan Davis (AGD) highlighted the following from the South Yorkshire and Bassetlaw Shadow Integrated Care System (SYBSICS):

- System is in transition, reviewing governance arrangements and focusing on key priorities.
- Review of planning guidance arrangements.
- Hospital services review report delayed due to the local government election period.
- Refinement of draft capital bids which is currently £1b against a national allocation of £1.6b.

SY added that the stroke review would be taking place in Barnsley and the Trust would be a partner to those discussions.

RW commented, in relation to control total arrangements as part of an Integrated Care System (ICS), that the Trust's control total was not included under South Yorkshire and Bassetlaw. It would be included as part of West Yorkshire and Harrogate in the future should it become an ICS. The conversation regarding the Trust's current status as "partner to" the SYBSICS was going to be reviewed as part of the review of governance processes.

KH asked if Sustainability and Transformation Partnerships (STPs) had an impact on multiagency workforce planning. AGD commented that workforce planning was being discussed by both the SYBSICS and West Yorkshire and Harrogate Health and Care Partnership (WYHHCP).

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

TB/18/37b West Yorkshire and Harrogate Health and Care Partnership update (agenda item 7.2)

SY highlighted the following in relation to the WYHHCP:

- Some capital bids were successful particularly around digital health, technology, tele-health, and scans. While none of the bids were specific to mental health it was a good outcome for the system.
- The partnership has been invited to be part of the second wave of STPs to become formal ICSs.
- Work commencing around establishing a citizen panel.

RW added that there was a partnership leadership day next week. The agenda includes reviewing the process for the approval of the final Memorandum of Understanding (MoU), which had been to all boards for comment, discussion around a Workforce Advisory Board and reporting, and capital prioritisation.

It was RESOLVED to NOTE the update.

TB/18/38 Performance reports (agenda item 8)

TB/18/38a Integrated performance report month 12 2017/18 (agenda item 8.1)

TB highlighted the following in relation to the summary dashboard:

- Under 18 admissions - three people for a total of 30 days and is an important area to continue to keep in focus.
- Out of area beds - our Trust is in a similar position to others in terms of acuity and demand. KT commented that there was a significant spike at the end of the financial year with the biggest in relation to acute admissions, which has now reduced. PICU remains a challenge. RW commented that it was important to have a conversation with commissioners that, if the demand remains consistent, to ensure their commissioning reflects that. MB commented that historically the Trust has held much of the budget for out of area beds and there were ongoing conversations around working collaboratively with commissioners to ensure we understand the root causes and consistency of approach.
- Internal audit of our mortality review process received significant assurance.
- Overall quality performance has held up during period of significant acuity and financial pressures due to the hard work of staff. Challenges will remain in 2018/19.

Typographical errors were noted within the report in relation to staffing in Wakefield BDU, which should read 138% relating to intensive support for an individual, and prone restraint year end should be RAG rated as red.

AM commented that delayed transfers of care (DTOC), whilst RAG rated green, appeared to be worsening. TB advised that performance was still within the threshold, however it would be closely monitored. CH advised that a spike in Calderdale and Kirklees had been noted and operational teams had a focus on DTOC. SR advised that the spike in Barnsley had been reduced. KT added that there had been some challenges around reductions in social care systems.

CD asked when the performance targets would be reviewed for 2018/19. TB advised that this was taking places and any recommended changes would come back to Trust Board.

CH highlighted, in relation to Locality Calderdale and Kirklees, that Adult Acute activity on Ward 18 had seen increased acuity, which led to an increase in bank and agency expenditure in order to keep wards safely staffed.

SY highlighted the following in relation to Priority Programmes:

- Out of Area Beds (OOAB) - has remained at the top level and learning received through a Calderdale system flow event.
- Clinical Records System (CRS) - co-design is in progress.

CD commented that the Clinical Governance and Clinical Safety Committee has asked for greater assurance around clinical processes in relation to the CRS. LC commented that Audit Committee received a risk profile and have requested assurance around key milestones, particularly in relation to the implementation and cross over time between the old and new systems. SY advised that the process of data migration was detailed and would include three periods of testing. There are three gateways which would require formal signoff before moving to the next stage. RW asked for assurance from the Audit Committee after their next meeting in relation to the milestone plans, mitigation of risk around data migration, and overview of gateway signoff including Non-Executive Director oversight.

Action: Salma Yasmeen / Tim Breedon

MB highlighted the following in relation to Finance:

- Achieved year-end control total, which would not have happened without a number of one-off control measures.
- True run rate for March 2018 was a deficit of several hundred thousand pounds.
- This achievement guaranteed additional STF of £100k. The indicative STF "bonus" that we will receive is just short of £1.5m.
- Agency was £4m better than last year, however last two months were above the cap.
- Known increase in non-pay in relation to community equipment, laptops, training costs, estates.
- Cash has increased, which is not a true reflection of our underlying cash position.

The Board recognised the year end position and the huge effort of staff also noting the underlying position and run rate to start 2018/19.

AGD highlighted the following in relation to Workforce:

- Sickness absence is slightly higher than last year, with major initiatives taking place around health and wellbeing agenda in 2018/19.
- Middleground programme will focus on healthy teams.
- New appraisal system has a strong focus on health and wellbeing.
- Local wellbeing group piloted and will be rolled out across the BDUs.
- Recruitment and retention plan signed off by the Remuneration and Terms of Service Committee.
- Fire mandatory training levels will monitored in inpatient areas at a 95% target in 2018/19, although the attendance rate target for the organisation as a whole is 80%.

CD commented that, in relation to sickness absence, it was discussed at the Remuneration and Terms of Service Committee that, although there were a lot of actions in place, these were not always showing an impact. AGD commented that the target was a self-set stretch target and a number of factors could impact performance, such as good management and early referrals, and some are due to service issues, which can cause pressure on individuals. It was important to understand areas of hot spot for focus and a tailored approach.

KT commented that a lot of focus and effort had been placed on managing sickness absence, and, while higher than expected, without that work it could have been even higher. Deep dives are taking place in relation to the management of sickness absence which was a high priority for focus. RW commented that all but one BDU had reduced sickness absence in the last month. Two thirds of sickness absence was long term and if trends were identified it may have greater impact.

MB commented that it was important to recognise the tremendous amount of work of staff had done to provide the IPR to the Board early this month as last year the data was not available at this point in time.

It was RESOLVED to NOTE the Integrated Performance Report

TB/18/38b Customer services report Quarter 4 2017/18 (agenda item 8.2)

TB reported that a review of customer services processes was taking place. The Quality Improvement and Assurance team were conducting roadshows across the Trust's services to talk to people about their experience of using Customer Services, which will be used as part of the revision of our approach. From quarter 1 2018/19, the report to Trust Board would move towards a patient experience report.

CD commented that equality data slide indicated that more white British people raised complaints at 69% and asked if the processes supported people from other backgrounds to raise concerns. TB commented that this could be an area reviewed further by the Equality and Inclusion Forum.

Action: Tim Breedon

It was RESOLVED to NOTE the feedback received through Customer Services in Quarter 4 of financial year 2017/18.

TB/18/38c Safer staffing report (agenda item 8.3)

TB reported that the paper had been scrutinised by Clinical Governance and Clinical Safety Committee with areas discussed highlighted on the front sheet. A significant review was taking place in relation to the routine safer staffing approach which ties into acuity and demand and workforce plans.

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

TB/18/39 Strategies (agenda item 9)

TB/18/39a Digital Strategy - progress update (agenda item 9.1)

MB reported that, following the disbanding of the previous Information Management and Technology (IM&T) Forum, progress against the strategy was now reported twice yearly. The paper provided an update on key achievements which included:

- Commencement of the clinical records system implementation.
- Agreeing the updated Digital Strategy to incorporate the previous IM&T Strategy.
- IT infrastructure modernisation.
- Implementation of wifi programme.
- Delivery of the capital programme.
- Introduction of a clinical portal.
- Clinical records scanning.
- Achievement of the Information Governance (IG) toolkit.

KH commented that the implementation of wifi was a key example of digital inclusion within the Strategy, which had been piloted in Forensic services. This programme has put the Trust in a good position in relation to future national digital programmes with strong relationships with NHS Digital.

It was RESOLVED to NOTE the update of progress made against the Digital Strategy.

TB/18/40 Governance items (agenda item 10 continued)

TB/18/40a Equality and Inclusion Forum annual report (agenda item 10.2)

TB reported as lead Director for the Forum, that the annual report provides assurance that the Forum was meeting its Terms of Reference. The Terms of Reference had been updated to recommend that it now becomes a standing Forum of the Trust Board rather than time limited and that the governor in attendance now becomes a formal member. AM recommended that as a standing Forum the annual report should go to the Audit Committee in future prior to Trust Board as part of the committee annual report process.

Action: Tim Breedon / Mark Brooks

RW requested that Workforce Race Equality Standard indicators be included as part of the Integrated Performance Report.

Action: Tim Breedon

It was RESOLVED to:

- **RECEIVE the annual report from the Equality and Inclusion Forum as assurance that it is meeting the requirements of their Terms of Reference;**
- **APPROVE the update to the Equality and Inclusion Forum Terms of Reference, including that the Forum now be standing Forum of the Trust Board; and**
- **REQUEST future annual reports be received by the Audit Committee prior to Trust Board as part of the annual reporting process.**

TB/18/40b Audit Committee annual report including updated Terms of Reference for committees (agenda item 10.3)

LC reported as Audit Committee Chair that each committee chair and lead director was invited to the Audit Committee meeting on 10 April 2018 to present their annual reports, which provided assurance that they had met the requirements of their Terms of Reference. LC confirmed that the Audit Committee were assured from these reports that they were meeting their requirements, that the work programmes were aligned to the risks and objectives of the organisation, and that they demonstrated added value to the organisation.

The Board noted the renaming of the Remuneration and Terms of Service Committee to be the Workforce and Remuneration Committee to reflect the remit of their work in relation to workforce performance matters.

It was RESOLVED to:

- **RECEIVE the annual report from the Audit Committee as assurance of the effectiveness and integration of risk committees, and that risk is effectively managed and mitigated through:**
 - **committees meeting the requirements of their Terms of Reference;**
 - **committee work programmes are aligned to the risks and objectives of the organisation within the scope of their remit; and**
 - **committees can demonstrate added value to the organisation; and**

- **APPROVE the update to the:**
 - **Audit Committee Terms of Reference;**
 - **Mental Health Act Committee Terms of Reference;**
 - **Workforce and Remuneration Committee (previously Remuneration and Terms of Service Committee) Terms of Reference; and**
 - **Clinical Governance and Clinical Safety Committee Terms of Reference.**

TB/18/40c Draft Annual Governance Statement (agenda item 10.4)

RW commented that a large amount of work took place last year to ensure the Annual Governance Statement reflected changes within the organisation. Areas highlighted in grey within the statement were mandatory and there were still some areas which were subject to external audit. The final version would be approved by the Trust Board in private session in May 2018 as part of the approval of the Annual Report and accounts 2017/18.

It was RESOLVED to APPROVE the first draft of the Annual Governance Statement for 2017/18.

TB/18/40d Trust Board self-certification (G6CoS7) compliance with NHS provider licence (agenda item 10.5)

EJ reported that as part of the annual planning arrangements, NHS Improvement requires foundation trusts to make a number of governance declarations. The Board was required to make the following self-certifications by 31 May 2018:

- That the Trust provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (as required by condition G6(3) of the NHS Provider Licence); and
- If providing commissioner requested services (CRS), the Trust has a reasonable expectation that required resources will be available to deliver the designated service (as required by condition CoS7(3) of the NHS Provider Licence).

The paper provided assurance to Board that the Trust meets the conditions of its licence and identifies potential areas of risk as well as sets out the way the Trust complies with the continuity of services conditions in the NHS provider licence.

It was RESOLVED to:

- **NOTE the outcome of the self-assessments against the Trust's compliance with the terms of its Licence and with Monitor's Code of Governance; and**
- **CONFIRM that it is able to make the required self-certifications in relation to compliance with the conditions of its Licence.**

TB/18/41 Receipt of public minutes of partnership boards (agenda item 11)

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

- Calderdale Health and Wellbeing Board 12 April 2018
- Barnsley Health and Wellbeing Board 3 April 2018 - SR commented that winter deaths was significant compared to other districts.
- Wakefield Health and Wellbeing Board 29 March 2018 - RW commented that the pharmaceutical needs assessment did not include assessment of needs of people with mental health conditions.

- Kirklees Health and Wellbeing Board - CH commented that the meeting reviewed the winter plan and supported integrated ways of working.

It was **RESOLVED** to **RECEIVE** the updates provided.

TB/18/42 Assurance and receipt of minutes from Trust Board Committees (agenda item 12)

Clinical Governance and Clinical Safety Committee 17 April 2018

- Risks, as discussed under agenda item 6.3
- Quality Strategy.
- Freedom to Speak up Guardian role.
- Internal audit on learning from deaths received significant assurance.
- Post evaluation Specialist Adult Learning Disabilities report which included a number of performance indicators and a further review will take place in six months.
- Approved Minutes of the Committee meeting held on 6 February 2018 (to be provided with the next Trust Board papers).

Action: Tim Breedon

Audit Committee 10 April 2018

- Delivering Service Change - Need to review some projects at points before business as usual (BAU).
 - SystemOne implementation - Committee currently not assured: risk levels, clarification of milestones and assurance at each point, design, conversion and full load risks.
 - Risk Register - Growing/emergent risks as discussed previously.
 - Agency internal audit - Limited assurance. We have more opportunity to tighten the process up.
 - Out of area bed risk as discussed today.
 - Risk appetite as discussed today.
 - General Data Protection Regulations (GDPR) progress.
 - Internal Audit plan 2018/19. To be circulated to the Trust Board for information.
- Action: Mark Brooks**
- Draft Head of Internal Audit Opinion 2017/18 'significant assurance'.
 - Approved Minutes of the Committee meeting held on 9 January 2018 (attached with the papers).

Nominations Committee 10 April 2018

- Non-Executive Director recruitment update
- Deputy Chair / Senior Independent Director re-appointment recommendation to Members' Council.
- Approved Minutes of the Committee meeting held on 22 February 2018 (attached with the papers).

It was **RESOLVED** to **RECEIVE** the updates provided.

TB/18/43 Trust Board work programme (agenda item 13)

It was **RESOLVED** to **NOTE** the Work Programme.

TB/18/44 Date of next meeting (agenda item 14)

The next Trust Board meeting held in public will be held on Tuesday 26 June 2018 in room 49 / 50, Folly Hall, Huddersfield.

Signed:

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

Date: 26 June 2018