

**Minutes of Trust Board meeting held on 26 November 2019
Boardroom, Conference Centre, Kendray Hospital, Barnsley**

Present:	Angela Monaghan (AM) Chris Jones (CJ) Erfana Mahmood (EM) Kate Quail (KQ) Sam Young (SYo) Rob Webster (RW) Tim Breedon (TB) Mark Brooks (MB) Alan Davis (AGD)	Chair Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Director of Nursing and Quality / Deputy Chief Executive Director of Finance and Resources Director of Human Resources, Organisational Development and Estates Medical Director
	Dr. Subha Thiyagesh (SThi)	
Apologies:	<u>Members</u> Laurence Campbell (LC) Charlotte Dyson (CD)	Non-Executive Director Deputy Chair / Senior Independent Director
	<u>Attendees</u> Emma Jones (EJ)	Company Secretary
In attendance:	Laura Arnold Aimee Gray Carol Harris (CH) Kevin Lunn Susan Lunn Sean Rayner (SR) Maria Steeples Salma Yasmeen (SY)	Admin Assistant (observer) Corporate Governance Manager (author) Director of Operations In attendance up to item 4 In attendance up to item 4 Director of Provider Development PA (observer) Director of Strategy

TB/19/106 Welcome, introduction and apologies (agenda item 1)

The Chair, Angela Monaghan (AM) welcomed everyone to the meeting. Apologies as above were noted. At the beginning of the meeting there were two members of the public in attendance, an additional member of the public joined during agenda item 4. AM reminded the members of the public that there would be an opportunity at the end of the meeting for questions and comments from members of the public. Questions asked and responses would be included in the meeting minutes going forward, and a form was available for completion if members of the public preferred to raise their questions in that way and to enable a response to be provided outside of the meeting.

TB/19/107 Declarations of interest (agenda item 2)

There were no further declarations over and above those made in the annual return in March 2019 or subsequently.

TB/19/108 Minutes of and matters arising from previous Trust Board meeting held 29 October 2019 (agenda item 3)

It was **RESOLVED** to **APPROVE** the minutes of the public session of Trust Board held 29 October 2019 as a true and accurate record. The following matters arising were discussed.

- TB/19/97b Board Assurance Framework (BAF) – performance against creativity and innovation discussion, change to December 2019, rather than January 2020.
- TB/19/99a Integrated performance report (IPR) – targets for Comms and Engagement team linked to item 8.1 on the agenda.
- TB/19/99a Integrated performance report (IPR) – update on flu vaccination figures. Alan Davis (AGD) provided an update. This year, there was a different start to the roll out of vaccines and use of a phased rollout. Initially, the vaccines were restricted to front line staff as this is the priority in protecting people and is reflected in the target definition. They have now been opened up to all staff. Current uptake is at 55.6% which is not far off last year's position. Extended EMT on 28 November will take this as an item on the agenda to push uptake. New target of 80% for this year. Good feedback on Comms and link with UNICEF programme. On target, but the next few weeks are crucial. Support from Board needed, embedding the message about vaccines across the Trust.
- TB/19/83a Integrated performance report (IPR) – no further update, possibility of new indicators in Q4.
- TB/19/85d Care Quality Commission (CQC) inspection update – reporting on action plan considered by the Clinical Governance and Clinical Safety Committee (CG&CS) and recommendation made to include in the IPR. Action closed.

TB/19/109 Service User Story (agenda item 4)

The Trust Board heard a service user story from Mr Kevin Lunn, who has a diagnosis of dementia, and his wife Mrs Susan Lunn, who is also her husband's carer.

Carol Harris (CH) asked Mr & Mrs Lunn questions about Mr Lunn's diagnosis, and the impact that this has had on their lives.

Mr Lunn is 65, but was diagnosed with dementia aged 57. Mr & Mrs Lunn have two grown up children and one grandchild.

Mr Lunn explained that he first realised he was experiencing problems with his memory when at work. Mr Lunn was previously employed as an electrician in the mining industry. He received a job at work but was unable to remember where he was or what he was doing on the way to the job, and the memory problems escalated from this point. Mr Lunn had not worked for over a year before receiving his diagnosis. Initially, his GP thought the memory problems were being caused by anxiety and work stress. Mrs Lunn advised that he can often become cross because he is unable to find things or work things out. She explained that this can be difficult because he is unaware that there is a problem and can blame others when he is having difficulties. After 18 months, Mr Lunn was diagnosed with dementia. Mr & Mrs Lunn shared that the process of reaching the diagnosis was daunting and the diagnosis unexpected.

CH asked Mr & Mrs Lunn to explain what day to day life is like for them. Mrs Lunn advised that Mr Lunn would say that "everything is fine", however this is not the case. He requires supervision with daily tasks, and is unable to drive or make a meal. Sometimes, Mr Lunn will forget that he has had something to eat or drink and Mrs Lunn has to monitor his intake. She stated that sometimes it is like living with someone who is getting younger and becoming more dependent.

CH asked Mr Lunn if there is anything that helps and supports him. Mr Lunn stated that he attends Alzheimer's groups and meetings and when he is there, he feels safe and comfortable. Mrs Lunn noted that admiral nurses had helped to set up the groups. He said

that often it is difficult to keep track of his thoughts, and he is unable to recall thoughts straight away.

Mrs Lunn stated that she thinks the number of follow up appointments and level of support that people with dementia receive has reduced since Mr Lunn received his diagnosis. She also said that there are medications that are not always made readily available following changes to NICE guidelines and sometimes they have to request them. Mrs Lunn felt this was a common experience amongst other affected families. Mrs Lunn compared the care received by someone with cancer where everything possible was attempted, with the care offered for someone with dementia where people were given very little unless they demanded it.

AM asked for any questions or comments from the Board.

Erfana Mahmood (EM) asked what support Mrs Lunn receives as a carer. Mrs Lunn advised that she attends a group where other carers support one another, but receives no additional support. Kate Quail (KQ) queried if anything was done to try and support Mrs Lunn to be able to stay at work. Mrs Lunn explained that she was told by her employer that other arrangements to cover the out of hours on-call service that she did could not be made, so she had to leave work.

Subha Thiyagesh (STh) offered to follow up the medication issue as the processes should mean that GPs are aware of the need

Rob Webster (RW) and Sean Rayner (SR) discussed if a team of specialists could carry out dementia reviews as part of the primary care networks in Wakefield, rather than reviews taking place at the GP surgery. RW also noted that there is a campaign to support carers that is supported by the Trust through the joint work across West Yorkshire & Harrogate. This includes working carers and Mrs Lunn's experiences underlined why this is so important.

It was AGREED that SR would follow up on the link to Primary Care Networks and STh would follow up issues around medication and GP insight. It was RESOLVED to NOTE the Service User Story.

TB/19/110 Chair and Chief Executive's remarks (agenda item 5)

Chair's remarks

AM highlighted the following:

- AM explained that items for Board are tested against our policy to see if they are suitable for discussion in the private session, which is usually linked to being commercial in confidence. Today the Board will discuss the following items in private:
 - Those aspects of the Trust's financial position considered to be commercial in confidence.
 - Commercially confidential business developments in West Yorkshire and South Yorkshire including the Integrated Care Systems (ICSs).
 - Early stage development of the estates strategy and sustainability strategy.

Chief Executive's report

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

- Since the latest version of the Brief was written a number of things have changed. As we are now in the pre-election period it would be wrong to discuss any commitments made by political parties.
- Trusts have received a letter from national bodies asking to make sure there are good winter delivery systems in place. The System Oversight and Assurance Group has considered what winter delivery needs to look like and have taken on board feedback from A&E boards. The plan for West Yorkshire and Harrogate will be signed off on 18 December.
- West Yorkshire & Harrogate and South Yorkshire & Bassetlaw ICS long term plans will be discussed as part of the private board session. Plans will not now be signed off until after general election.
- Learners and long service and excellence awards were held on 19 November with a strong representation from across the Trust. Kim Leadbeater, Jo Cox's sister, well-pitched and inspiring talk regarding engagement and building community connections.
- Sarah Armer, Specialist Dietician, won a national award for engaging with the public and patients.

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

TB/19/111 Performance reports (agenda item 6)

TB/19/111a Integrated performance report month 7 2019/20 (agenda item 6.1)

Tim Breedon (TB) highlighted the following from the quality section of the report:

- There has been one under 18 admission – proper safeguards are place to ensure safety. There is no increasing trend around this.
- Family & friends test (mental health) – there has been a decline relating to experience of care. TB noted there were a high number of responses from Forensic services and further work is required to look at this in more detail. No identifiable themes in relation to information provided in the free text fields.
- Out of area position is positive moving into winter, however there is no complacency; acuity and pressures continue to exist.
- CG&CS Committee are reviewing the numbers of staff receiving supervision.
- Complaints – quality of responses is good and the recovery plan is working. Consideration is being given to changing the target to be more reflective of the time taken for complex complaints, however it is felt that this not appropriate at the moment and not until we are sure new processes are embedded.
- New safer staffing reporting starts later this month.
- Level of falls is reducing, but further work required to have a better understanding.
- Operational Management Group (OMG), Executive Management Team (EMT) and risk panel continue to remain vigilant regarding warning signs and pressures in the system.

EM queried the performance against the targets for dealing with referrals into learning disability services in a timely way. It was noted that this is improving, however further improvement is still required. CH explained that there have been issues with recruitment to learning disability services. This issue is monitored through the CG&CS Committee, with the aim of reaching 85% by year end.

Chris Jones (CJ) asked if information that was included in a previous version of the report relating to Black, Asian and Minority Ethnic (BAME) trends on detentions can be included in future reports as the information made statistics more meaningful. TB explained that the BAME trends are currently to monitor for early signs of any increases and that targets will be set for 2020/21. AM noted that a presentation was given at the last Mental Health Act (MHA) Committee regarding the experience of BAME service users under the MHA, including the

relatively high level of detentions and community treatment orders compared with non-BAME service users, and this will continue to be a focus.

RW queried the use of statistical process control (SPC) charts and if the way they are presented was helpful. It was felt that they are generally well received across the organisation and CH confirmed there has been a high level of ownership. Subha Thiyagesh (SThi) also noted that teams like to be able to see and understand the data.

KQ noted the high turnover and agency spend, especially in Forensic services. RW outlined that to reduce sickness and turnover levels, a different approach is required. EM suggested reviewing sickness rates over a different timescale, rather than monthly, to allow interventions to take place and see what the impact is. AGD noted that there has been a change to the levels of sickness this year in comparison to previous years, and that a focussed piece of work will be done with Forensics. KQ queried if there is a pattern to sickness in relation to staff groups, roles, grades and how long they have been in post. AGD noted that the numbers staying in post for over a year [the stability rate] is fairly constant. He noted that there has been an increase in peer to peer bullying and fewer exit interviews taking place. Managing aggression and violence is also an issue. AM noted that the safer staffing group will have a focus on hotspot areas and requested a focus on sickness and turnover in Forensic services come back to Board.

Action: Alan Davis / Carol Harris

RW queried what commitment had been made to reaching the target for risk assessments in the community. TB confirmed that the aim is to be at 80% by the end of this quarter and to 95% by May 2020. CH added that there could also be issues with recording data, which may increase the figures. Trios are working with teams on this. TB noted that the CQC are aware of plans and expectations in relation to this, and that this is reviewed routinely.

CJ noted the child and adolescent mental health service (CAMHS) referral to treatment waiting time is increasing and queried if there are data quality concerns and how this would impact the numbers. CH confirmed that areas of concern are Barnsley and Wakefield. Additional support to address the waiting list and data quality issues is in place.

Mark Brooks (MB) commented that most of the metrics in the national metrics section of the report are green, and this is a positive position.

CH highlighted the following from the locality section of the report:

- Increased demand on service in Barnsley general community services – work is ongoing with commissioners to build a business case to address this.
- The Secretary of State for Scotland is visiting Barnsley equipment services to look at replicating their good practice across the whole country.
- Consultation with staff is underway in relation to the stroke pathway and early supported discharge service.
- Barnsley mental health services shortlisted for an award for supporting service users with mental health diagnoses to get into employment.
- Increase in delayed transfers of care, work ongoing with commissioners to address this.
- Forensic services – work underway to address workforce issues.
- Occupancy levels increased in low and medium secure services, risk of acuity in both areas.
- Bid for community services resubmitted.
- Forensic outreach learning disability service – some progress with recruitment and the service is now being provided to approximately 70 service users.
- Barnsley Clinical Commissioning Group (CCG) procurement of CAMHS closed 14 November.

- Inpatient services previously experienced challenges, however staff now reporting a more positive experience.

Sam Young (SYo) queried what the impact of reconfiguration in Barnsley community services has been. CH advised that there has been no direct impact on performance but this does impact on staff who continue to work hard whilst trying to work out new services. RW noted the extra resource on communications that has been provided by all partners through the Barnsley integrated care partnership group (ICPG) hosted by Barnsley Council. RW also noted that Urban House is in Wakefield but Barnsley teams provide support, and that this is a good service for Board members to visit to get a better understanding of some of the risks and issues staff deal with.

RW reinforced acuity issues and that there had been a number of serious assaults on staff. The Trust is liaising with police around the level of support provided. The Board recognised this and the consequence of working with high risk individuals. AM asked if staff feel they get the right level of support and care following a violent incident. CH advised that she discussed this with staff and they felt they had been supported. Feedback also noted that agency staff managed recent situations really well as part of a bigger team. CH added that there is a need to look at incidents and staff assaults when we review sickness. AGD added there is a focus regarding prevention of assaults.

Salma Yasmeen (SYa) highlighted the following from the priority programmes section of the report:

- SystmOne – care plans went live 25 November, so far only two calls to the support desk. No system issues. Work ongoing over the next six weeks in relation to priorities and system optimisation. Clarified what we expect to deliver over next year. Way of working embedded and people are engaging.
- Communications and engagement now reported on separately in IPR to get the right focus and balance on all areas.

CJ fed back headlines from the Finance, Investment and Performance (FIP) Committee review of the Finance Report.

MB highlighted the following from the finance section of the report:

- Third consecutive surplus month.
- Significant improvement with out of area beds usage and expenditure compared to last year.
- Income being managed with commissioners as new business is implemented.
- Agency use increasing.
- Challenge to maintain performance to achieve target of £200k deficit.
- The next couple of months could show fluctuations in reporting surplus / deficit due to one off expenditure and income, for example the number of PCs and laptops that the Trust needs to be compliant with the upgrade to Windows 10 as well as expected non-recurrent income.

AM noted the positive progress and also that there is no complacency. MB noted that, based on current performance and information, he is confident the Trust will be close to delivering the control total.

AGD highlighted the following from the workforce section of the report:

- Sickness levels – link to safer staffing, which is not just about achieving numbers, has to be about delivering quality.
- Appraisals – figures are improving. There is a focus on meeting the target and the new appraisal process means more than one review over 12 months to monitor progress.
- Turnover – continued to be monitored through the recruitment and retention group.

SYo queried the number of appraisals not completed within the target timescale. AGD confirmed that this is the local target and that the Trust always performs well by the end of the year and against the national survey target. CH added that there has been some misunderstanding regarding e-appraisals and some staff thought the date for completion was December rather than September.

RW queried if turnover had changed through the year in Forensic services following a planned series of staff moves. AGD to review outside of Board and confirm.

Action: Alan Davis

CJ queried if there were any key themes that the Board wanted the FIP committee to delve into. AM noted that there are ongoing questions regarding availability of data and data quality that the committee could look into. RW added that learning disability indicators would be useful. CJ noted that agency and financial risk are a continual area of review for the committee.

It was RESOLVED to NOTE the integrated performance report and the areas for further focus by the FIP Committee.

TB/19/111b Serious incident report quarter 2 2019/20 (agenda item 6.2)

TB noted that this is a quarterly report and that the risk panel considers reports weekly. The number of serious incidents is slightly lower than the previous quarter. TB highlighted the following:

- The highest categories continue to be suicide and apparent suicide. It was noted that there are also a high number of reports relating to assault.
- The Trust continues to learn from incidents and share learning and urgent messages across the organisation using the blue light notices.
- There has been a reduction in the number of investigators available due to sickness. This has had an impact on serious incident reviews.
- More detailed work ongoing in relation to mortality that will be reported to CG&CS committee.

CJ noted the figures for apparent suicide, that this is a long term trend and queried if the Trust has learned anything from incidents. TB noted that the Trust's data has changed slightly and these figures are included in the annual report.

CJ raised the incidents recently reported in the press in Shrewsbury and Telford – where that Trust stated it had assurance that it had learned from previous incidents but this was not the case. CJ stated that our Trust needs to make sure there is assurance lessons are being learnt and asked how Non-Executive Directors (NEDs) could be assured. TB confirmed that the external regulator looks at approach to learning and that there is a positive message about this. The Trust patient safety strategy identifies where and how learning takes place. TB added that all incidents are recorded on Datix and each incident has to be reviewed and have a report on each record.

RW added that quality visits regularly take place with NEDs and lessons learned are tested as part of those visits. TB noted that clinical audit key lines of enquiry are also linked.

SYo asked if there is somewhere that we bring together all lessons learnt from across the organisation. AM noted that there is an annual lessons learned report for Board. RW added that this information is reported in the quality account and quality priorities for the year and that Board members should ensure that the priorities reflect lessons learned.

It was RESOLVED to NOTE the serious incident report and the ways in which NEDs can engage with the quality assurance processes of the Trust.

TB/19/111c Safer staffing report (agenda item 6.3)

TB advised that the report has been broadened to include some additional workforce information rather than the original prescribed requirement for Directors of Nursing in relation to safer staffing. TB outlined the following from the report:

- The Trust is currently meeting the requirements, however there is a shortfall in registered nurses in some places and this level is difficult to maintain.
- Planning for quarter 3 & 4 – ongoing work regarding establishment numbers, skill mix changes and better reporting to show real time data.

CJ expressed a concern in relation to diluting the skill mix and queried if there is a 'red line' that the Trust would not go below. TB confirmed that this is in place and is included in the safer staffing guidance.

RW highlighted registered nursing fill rates reported in appendix two and the struggle in most wards in the secure estate and a number in the acute service. TB reinforced that the Trust ensures services are safe and is working to break the cycle regarding lower levels of registered staff. Work is ongoing to deliver. AM noted that this was also a point that Laurence Campbell requested to be raised.

CH highlighted that on some days, some wards may show more staff than another and that this decision will have been made as to the the safest way to manage the wards on that day.

RW noted that the report considers safer staffing on inpatient wards but does not cover community services for mental or physical health. Turnover and vacancies in the community are high, and the Trust is currently delivering more care than is commissioned. RW queried how to get to a point where we report safer staffing for the whole organisation. TB advised that there is a pilot project with community teams, but it is too early to make recommendations. Timescales for introduction and the development of appropriate proxies will be reported into the next CG&CS committee.

Action: Tim Breedon

It was RESOLVED to NOTE the safer staffing report.

TB/19/112 Business developments (agenda item 7)

TB/19/112a South Yorkshire update including the South Yorkshire & Bassetlaw Integrated Care System (SYBICS) (agenda item 7.1)

AGD noted that sections two and three were from a previous report and had been included in error. SYa provided an update:

- ICS performance overall seems to be good. However for the first time across the ICS patch Improving Access to Psychological Therapies (IAPT) is red. Work is ongoing with the CCG to resolve this.
- It is expected that by 2021 every NHS organisation will be part of an ICS.
- Mental health executive group is working on a specification for a mental health and learning disabilities plan. Funding for the Quality, Innovation, Productivity and Prevention (QIPP) programme is being mobilised.

RW noted that the Trust is playing a full role and is a well engaged partner in arrangements. RW also noted that the Trust's control total is wholly within West Yorkshire & Harrogate finances.

It was RESOLVED to NOTE the updates on South Yorkshire and the South Yorkshire & Bassetlaw Integrated Care System.

TB/19/112b West Yorkshire update including the West Yorkshire & Harrogate Health & Care Partnership (WYHHCP) (agenda item 7.2)

SYa provided an update:

- Discussions taking place regarding capacity and support for all partnership arrangements in place.
- Aging well programme established, commitments to ensure living well and aging well.
- Dementia pilot – initiatives reviewed across the system and how to mainstream developments and linking with aging well.
- Light touch review of Memorandum of Understanding (MOU) underway, a more detailed review will take place in 12 months.
- The carers programme has won a HSJ award.
- The neighbourhoods programme has also been shortlisted for awards. The next phase is due to go live but is currently on hold during the pre-election period.

AM advised that a dashboard for mental health, learning disabilities and autism is being developed to show progress on all programmes and will be reviewed by the West Yorkshire Mental Health Collaborative's Committee in Common (CiC).

It was RESOLVED to NOTE the updates on West Yorkshire and the West Yorkshire & Harrogate Health & Care Partnership.

The Board agreed to take item 9 following this item as the matters were directly related.

TB/19/113 Receipt of public minutes of partnership boards (agenda item 9)

In addition to what was listed in the report, the following updates were noted:

- Barnsley – TB updated that an interface between localities and primary care networks is being considered. The Trust is fully involved.
- Wakefield – the meeting on 14 November focused on children's health and wellbeing. There is a lot of work to do on this and it is a key priority in Wakefield.
- The SYBICS Partnership Board meeting was cancelled.
- The next WYHHCP Partnership Board meeting will take place next week and will discuss the revised MOU and draft 5 year plan.

It was RESOLVED to NOTE the update on partnership boards.

TB/19/114 Strategy updates (agenda item 8)

TB/19/114a Communications, Engagement and Inclusion strategy (agenda item 8.1)

SYa updated on the process for the strategy refresh which will also include a strong focus on inclusion and stronger relationship with equality. The team formed in mid-October and has commenced on the work. SYa proposed to bring back the strategy for approval in March 2020.

Action: Salma Yasmeen

AGD noted that a dedicated staff engagement plan is required and needs to be linked to the 'making SWYPFT a great place to work' strategic objective and workforce strategy. TB added that this should also align with the equality strategy.

EM queried if work can be done with linked charities and what they can do. SYa agreed and confirmed that this will also link with volunteering. AM added that the Equality and Inclusion committee should also feed into the strategy.

RW suggested that the Trust should consider some strategic choices. For example, he suggested we should disproportionately increase representation of groups that may find it difficult to access services and whose needs are not being met. RW noted that seldom heard voices become easier to hear when there is more representation.

RW also suggested we have a choice on how the Trust is governed and the importance of how the Trust uses its membership and what it means to be a Foundation Trust. EM noted that in her experience, it can be difficult to engage with members. A discussion took place regarding looking at governor structure as part of the Constitution review.

Both of these issues will be considered in the development of the strategy.

It was RESOLVED to SUPPORT the proposed timeline for the development of the strategy and to APPROVE extension of the existing strategy to the end of March 2020.

TB/19/115 Assurance from Trust Board Committees (agenda item 10)

Clinical Governance and Clinical Safety Committee 5 November 2019

TB highlighted the following:

- Revised quality improvement approach to CQC action plan being tested and monitored through quality monitoring visits.
- Following a query from RW, TB confirmed that there was nothing in ligature report that caused concerns, that the revised arrangement was positive and the new scoring system was proving helpful.

Finance, Investment and Performance Committee 19 November 2019

CJ highlighted the following:

- Commissioning for Quality and Innovation (CQUINs) – impressed by range of process, planning and liaison with commissioners involved in delivering these.
- AM queried if more data is available through the “model hospital” programme. MB confirmed that the data is available but it is old and work is ongoing to improve.

Mental Health Act Committee 12 November 2019

KQ highlighted the following:

- BAME focus not just on figures but on experience of people. Proposal to go to EMT to have someone working one day per week on this.
- Partnership working is good. Feedback form is used if unable to attend.
- CQC recent visits, fewer actions which shows improvement.
- Community treatment orders – more work needed to look at how often used with BAME service users.
- Hospital manager payments, resolved.
- Risk register – risks need to be added around use of documentation and care planning.

West Yorkshire Mental Health, Learning Disabilities & Autism Collaborative Committees in Common

AM highlighted the following:

- Fed back verbally at the last Board meeting. Minutes now attached.

Workforce and Remuneration Committee 7 November 2019

SYo highlighted the following:

- Right things being done, clearer outcomes being developed to match to performance indicators.
- More innovation needed regarding workforce if we are to meet the digital agenda and supply issues.
- Forensics absence management – we have never met 4.5% target in some services so questioned if that is an appropriate target in all areas. The Board discussed and suggested involving, for example, forensic staff in their own action plans.
- Risk ratings regarding workforce – committee to review the development of a composite risk, similar in approach to that for patient safety.
- Discussion regarding pensions and tax implication for doctors. Since the committee met, Simon Stevens, Chief Executive Officer (CEO) of the NHS, has written to all Trust CEOs / Chairs setting out new arrangements that will be in place for doctors and senior clinicians affected by pensions arrangements. It was noted that this is a 2019/20 solution short term, with an aim to resolve in 2020/21 by government.

It was RESOLVED to NOTE the update from Trust Board Committees and RECEIVE the minutes.

TB/19/115 Use of Trust Seal (agenda item 11)

It was RESOLVED to NOTE the use of the Trust Seal since the last report in September 2019.

TB/19/116 Trust Board work programme (agenda item 12)

Trust Board RESOLVED to NOTE the changes to the work programme.

TB/19/117 Date of next meeting (agenda item 13)

The next Trust Board meeting held in public will be held on Tuesday 28 January 2020, small conference room, Wellbeing & Learning Centre, Fieldhead Hospital, Ouchthorpe Lane, Wakefield WF1 3SP.

TB/19/118 Questions from the public (agenda item 14)

No questions were received.

Signed:



Date: 28 January 2020