### Executive Summary:

This Paper Provides an update from the Chair about his key meetings and activities since the last Trust Board meeting. The content is structured, where appropriate, around the Chair’s 2017/18 objectives and will serve as a useful source of evidence as to how the objectives have been fulfilled.

### Recommendations:

That the Board:

- Notes the content of the paper; and
- Seek any further clarification as appropriate

### This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):

<table>
<thead>
<tr>
<th>Strategic Aim</th>
<th>Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Workforce</td>
<td>to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce</td>
</tr>
<tr>
<td>Integration and Partnerships</td>
<td>to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP</td>
</tr>
<tr>
<td>Sustainability and Growth</td>
<td>to maintain our financial viability whilst actively seeking appropriate new business opportunities</td>
</tr>
</tbody>
</table>
This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>People who use our services are protected from abuse and avoidable harm</td>
<td></td>
</tr>
<tr>
<td>Caring</td>
<td>Staff involve people who use our services and treat them with compassion, kindness, dignity and respect</td>
<td></td>
</tr>
<tr>
<td>Responsive</td>
<td>Services are organised to meet the needs of people who use our services</td>
<td></td>
</tr>
<tr>
<td>Effective</td>
<td>Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.</td>
<td></td>
</tr>
<tr>
<td>Well Led</td>
<td>The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.</td>
<td>X</td>
</tr>
</tbody>
</table>

**NHSI Single Oversight Framework**

**Equality Impact Assessment:**

N/A

**Freedom of Information:**

**Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act
Chair’ Report

1. Introduction

The following table highlights the work of the Chair since the last Board meeting in September.

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Activities Undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery and evolution of the Trust’s business plans</td>
<td>I met with Professor Bill McCarthy, Chair of Bradford Teaching Hospitals FT and Deputy Vice Chancellor of Bradford University to progress mutual interests in health/social care and with the university. I was delighted to open the Carers Hub at Lynfield Mount, on National Mental Health Awareness Day, building on the success of our first Hub at Horton Park. I was also delighted to introduce the afternoon session and participate in the second, very successful ‘Young Persons’ Conference, ‘Your Future, Your Health’ hosted by local health partners at Bradford City AFC.</td>
</tr>
<tr>
<td>Robust and effective governance</td>
<td>Planning has commenced for Public Governor elections with awareness sessions scheduled for January 2018 The Board agreed to review the ‘Protocol for items reserved for the Private Board’ after six months of operation (October 2017). The outcome of the review and recommendations are attached for approval.</td>
</tr>
<tr>
<td>Working with diverse communities to deliver outstanding care</td>
<td>I chaired an NHS Leadership Academy Board Simulation for aspiring Black and Minority Ethnic (BAME) managers and clinicians who aspire to more senior leadership roles in the NHS.</td>
</tr>
<tr>
<td>Continued engagement of the Council of Governors</td>
<td>Alongside our Governors I introduced and participated in the first joint membership event with Airedale Hospital FT on ‘living well with dementia’.</td>
</tr>
<tr>
<td>Development of the Trust’s national profile</td>
<td>I attended the NHS Confederation Mental Health Network Board. Of particular note is the agreement to invest in developing a Mental Health Economics Collaborative and a new forum for Medical Directors within the Mental Health Network. The Board received a briefing on Mental Health housing - innovation, care and support</td>
</tr>
<tr>
<td>Leadership effectiveness and succession plans</td>
<td>On 23rd October, The Council of Governors Nominations Committee is scheduled to discuss a paper on Non-Executive Succession planning.</td>
</tr>
</tbody>
</table>
Review of Protocol for matters reserved for private Board meetings

At the April 2017 Board it was agreed to adopt a protocol for matters reserved for Private Board meetings and that the protocol should be reviewed in 6 months (October 2017). In October, the Trust Chair asked Individual Board Members for feedback about the protocol and its practical operation.

Board members were asked the following:

1. As a general principle we should aim to conduct business in public where-ever feasible. With reference to the protocol (attached below), are we achieving the right balance between public and private business?
2. We also agreed to adopt a ‘Star’ process to identify Board items that could be received and accepted by Board without further discussion, on the proviso that any Board member could request the item to be ‘un-starred’ for further discussion.

Summary of feedback.

3. There were no issues regarding the formulation of the protocol and its intent.
4. The process and accountability for deciding what matters should be reserved for private Board Meetings needs clarification.
   - The current Board paper template does not align with the protocol as there are only two options for paper authors to describe why a paper is private.
   - The accountability for deciding who ultimately decides whether a paper should be private is not explicit.
5. For starred items, the Board considered that the process was working satisfactorily.

Recommendations

- The Board paper template to be modified to align with the ‘Private Paper Protocol’ (for November 2017 Board onwards).
- The accountability for deciding whether or not a Board paper should be private rests with the Trust Chair, advised by the Chief Executive and Trust Secretary.
- For starred items, the accountability also rests with the Trust Chair, advised by the Chief Executive, but on the existing provision that any Board member can request the Chair to ‘unstar’ the item for discussion by the Board with a supporting rationale and 24HRS notice.
- The Board has previously noted that assurance and escalation reports from Board Committees should never be starred.

M C Smith Chair
26 10 17
Protocol for matters reserved for private Board meetings

- *Investigations into conduct of employees or Trust systems that aim at identifying any improper conduct on behalf of staff and/or protecting patients (e.g. disciplinary or legal investigations into members of staff, SUI reports);
- * Drafts of documents, not in final form – which will be published in the future (e.g. Annual Reports);
- * Issues, the discussion of which in public would be likely to inhibit the free and frank provision of advice. E.g. Matters in the initial stages of enquiry; early stages of strategic thinking; sensitive ‘live’ issues or blue ‘blue sky thinking’ addressed or discussed in recommendations/advice from external organisations (e.g. Royal Colleges, recommendations made by more junior staff to more senior staff, professional advice tendered by professionally qualified government employees, advice from external sources, or advice supplied to external sources, options papers drafted internally);
- * Issues, the discussion of which in public would be likely to inhibit the free and frank exchange of views for the purpose of deliberation. E.g. Matters in the initial stages of enquiry; early stages of strategic thinking; sensitive ‘live’ issues or ‘blue sky thinking’ discussed in emails, minutes of sub-committees (e.g. Audit Committee Minutes – discussion on Fraud issues), options papers drafted internally;
- * Issues, the discussion of which in public would be likely to prejudice the effective conduct of public affairs e.g. Issues the Trust is ‘working through’, where discussion in public may cause concern/panic, discussions about future public consultations where the Trust wants to manage the timing and manner in which disclosures are made;
- Information containing the personal data of any living patient, staff member or any other person if disclosure would not be fair to that person;
- Information provided in confidence from another person or organisation, if releasing that information would lead to a successful claim for breach of confidence;
- *Legal professional privilege, Communications with solicitors and barristers and information created in order to seek legal advice or to help prepare for a legal claim
- * Disclosure of the information would be likely to damage an organisation’s commercial interests. Those interests may be those of the Trust, one of its suppliers or one of its customers; and
- Information, disclosure of which is prohibited by law (e.g. information prohibited from disclosure by Court Order).

Those exemptions marked with an * are subject to the public interest test. This means that they will only apply if the public interest in withholding the information is stronger than the public interest in releasing it. In some cases, this may mean that the information will be considered in the public session of the Trust Board meeting.