

PUBLIC MEETING OF THE BOARD OF DIRECTORS
will be held at 9.30 am on Thursday 28 February 2019
in Jimi's Community Room, The Old Fire Station, Gipton Approach,
Gipton, Leeds, LS9 6NL

A G E N D A

Members of the public are welcome to attend the Board meeting, which is a meeting in public not a public meeting. If there are any questions from governors, service users, members of staff or the public please could they advise the Chair or the Associate Director for Corporate Governance in advance of the meeting (contact details are at the end of the agenda). *

Please help the Trust in our initiative to be more paper light. At our Board meetings we will provide copies of the public agenda but we will not have full printed packs of the Board papers available. If you intend to come to the meeting but are unable to access the papers electronically the please contact us at corporategovernance.lypft@nhs.net to request a printed copy of the pack and we will bring this for you to the meeting.

The public Board meeting today will be a focused meeting which will discuss only key issues.

LEAD

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|----------|-----------------------------------------------------------------------------------------------------------------------------|-----------|
| 1 | Sharing Stories – Nataalka Mateszko (verbal) | |
| 2 | Apologies for absence (verbal) | SP |
| 3 | Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (enclosure) | SP |
| 4 | Minutes of the previous meeting held on 31 January 2019 (enclosure) | SP |
| 5 | Matters arising | |
| 6 | Actions outstanding from the public meetings of the Board of Directors (enclosure) | SP |

PATIENT CENTRED CARE

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| 7 | Report from the Chair of the Quality Committee for the meetings held on 12 February 2019 (enclosure) | JB |
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GOVERNANCE

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| 8 | Use of the Trust's seal (verbal) | SP |
| 9 | Glossary (enclosure) | SP |
| 10 | <i>Chair to resolve that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest</i> | SP |

The next public meeting will be held on **Thursday 28 March 2019** at 9.30 am
Think@ Room, Horizon Leeds (3rd Floor), 2 Brewery Wharf, Kendell Street, Leeds, LS10 1JR

* Questions for the Board of Directors can be submitted to:

Name: Cath Hill (Associate Director for Corporate Governance / Trust
Board Secretary)

Email: chill29@nhs.net

Telephone: 0113 8555930

Name: Prof Sue Proctor (Chair of the Trust)

Email: sue.proctor1@nhs.net

Telephone: 0113 8555913

Declaration of Interests for members of the Board of Directors

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this is information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
EXECUTIVE DIRECTORS								
Sara Munro Chief Executive	None.	None.	None.	None.	None.	None.	None.	None.
Dawn Hanwell Chief Financial Officer and Deputy Interim Chief Executive	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Whinmoor Marketing Ltd.
Claire Holmes Director of Organisational Development and Workforce	None.	None.	None.	None.	None.	None.	None.	Partner: Acting Area Director, British Red Cross (substantively Emergency Response and Resilience Manager)
Clare Kenwood Medical Director	None.	None.	None.	None.	None.	None.	None.	Partner: Director of Malcolm A Cooper Consulting
Cathy Woffendin Director of Nursing, Quality and Professions	None.	None.	None.	None.	None.	None.	None.	None.
Joanna Forster Adams Chief Operating Office	None.	None.	None.	None.	None.	None.	None.	Partner: Treasurer of The Junction Charity

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
NON-EXECUTIVE DIRECTORS								
Susan Proctor Non-executive Director	Owner / director SR Proctor Consulting Ltd Independent company offering consultancy on specific projects relating to complex and strategic matters working with Boards and senior teams in health and faith sectors. Investigations into current and historical safeguarding matters.	None.	None.	None.	Associate Capsticks Law firm. Independent Chair Safeguarding Adults Board North Yorkshire Count Council	None.	Member Lord Chancellor's Advisory Committee for North and West Yorkshire Chair Safeguarding Group, Diocese of York Member Royal College Veterinary Surgeons' Veterinary Nurse Council Chair Adult Safeguarding Board, North Yorkshire	Partner: Employee of Link
John Baker Non-executive Director	None.	None.	None.	None.	None.	Professor University of Leeds	None.	Partner: CBT Therapist Pennine Care NHS Trust
Helen Grantham Non-executive Director	Director and Co-owner, Entwyne Ltd	Director and Co-owner, Entwyne Ltd	Director and Co-owner, Entwyne Ltd	None	None	None	None	None

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Andrew Marran Non-executive Director	<p>Chairman Leeds Students Residences Ltd Delivering housing and accommodation services across Leeds</p> <p>Non-executive Director MoreLife (UK) Ltd Delivers tailor-made, health improvement programmes to individuals, families, local communities; within workplaces and schools</p> <p>Non-executive Director My Peak Potential Ltd An organisational development company that specialises in leadership and management development using the outdoors as a vehicle for learning</p> <p>Non-executive Director Rhodes Beckett Ltd A University associated company which developed a Wellbeing app and website to provide access to staff.</p>	None.	None.	None.	None.	None.	None.	None.

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Margaret Sentamu Non-executive Director	None.	None.	None.	President Mildmay International Pioneering HIV charity delivering quality care and treatment, prevention work, rehabilitation, training and education, and health strengthening in the UK and East Africa.	None.	None.	None.	None.
Susan White Non-executive Director	None.	None.	None.	None.	None.	None.	None.	None.

Name	Directorships, including Non-executive Directorships, held in private companies or PLCs (with the exception of those of dormant companies).	Ownership, or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services.	Any substantial or influential connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.	Any other commercial or other interests you wish to declare. This should include political or ministerial appointments (where this information is already in the public domain – this does not include personal or private information such as membership of political parties or voting preferences)	Declarations made in respect of spouse or co-habiting partner
Martin Wright Non-executive Director	None.	None.	None.	Trustee of Harrogate Hub A charity offering a space for community, safety and belonging to support those who are finding life difficult. Trustee of Roger's Almshouses (Harrogate) A charity providing sheltered housing, retirement housing, supported housing for older people,	None.	None.	None.	None.

Declarations pertaining to directors being a Fit and Proper Person under the CQC Regulation 5 and meeting all the criteria in the Provider Licence and the Trust's Constitution to be and continue to be a director

Each director has been checked in accordance with the criteria for fit and proper persons and have completed the necessary self-declaration forms to show that they do not fit within any definition of an "unfit person" as set out in the provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 or the Trust's constitution; that they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008; and that there are no other grounds under which I would be ineligible to continue in post.

		Executive Directors						Non-executive Directors						
		SM	CW	DH	CK	JFA	CH	SP	MS	HG	SW	JB	AM	MW
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 31 January 2019 at 9:30 am
in Room 4, St George's Centre, Great George Street, Leeds LS1 3DL**

Board Members

Apologies

Prof S Proctor	Chair of the Trust
Prof J Baker	Non-executive Director
Mrs J Forster Adams	Chief Operating Officer
Miss H Grantham	Non-executive Director
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive
Mrs C Holmes	Director of Organisational Development and Workforce
Dr C Kenwood	Medical Director
Dr S Munro	Chief Executive
Mrs M Sentamu	Non-executive Director
Mrs S White	Non-executive Director (Deputy Chair of the Trust)
Mrs C Woffendin	Director of Nursing, Quality and Professions
Mr M Wright	Non-executive Director
Mr S Wrigley-Howe	Non-executive Director (Senior Independent Director)

All members of the Board have full voting rights

In attendance

Mrs C Hill	Associate Director for Corporate Governance / Trust Board Secretary
Mr A Marran	Incoming Non-executive Director
Three members of the public (one of whom was a member of the Council of Governors)	

Action

19/001

The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting.

Sharing Stories (agenda item 1)

Prof Proctor welcomed Ms Alikhanizadeh who shared her story about the care her daughter had experienced. She also described her experience of being a carer for someone using the Trust's services and the difficulties and barriers there had been to being involved in her daughter's care.

Her story detailed a number of negative experiences both from her daughter's perspective, as a service user, and from a mother's perspective as a carer. During the course of her story Ms Alikhanizadeh offered suggestions as to how both their experiences might have been improved and what more the Trust could have done, which the Board noted.

Prof Proctor thanked Ms Alikhanizadeh for presenting her story. Dr Munro acknowledged that the experience for both Ms Alikhanizadeh and her daughter should have been better. She noted that the community redesign project was on the Board's agenda and that this would be discussed

acknowledging the experiences that Ms Alikhanizadeh had shared and that these would be fed back into the project. Mrs Forster Adams noted that the experience of Ms Alikhanizadeh was valuable in looking at how services can be made better. Mrs Woffendin noted that the offer to carers was currently being looked at as part of the review of Patient Experience and Involvement to ensure this is strengthened.

With regard to the wait to receive treatment experienced by Ms Alikhanizadeh's daughter, Mrs Forster Adams agreed to ask the Personality Disorder service to look into this specific matter and to liaise with her personally.

JFA

Members of the Board noted that this story had highlighted a theme of the issue of service user confidentiality potentially creating a barrier to a carer being involved in a service users' care. It was agreed that the Board needed to understand the boundaries of confidentiality and how this can impact on a carer's involvement. Dr Kenwood agreed to facilitate this session and Mrs Hill agreed to add this to the Board's forward plan.

CK / CHill

Prof Proctor thanked Ms Alikhanizadeh for sharing her difficult story and noted that her experience would be used to inform the design and review of services in the future.

The Board **thanked** Ms Alikhanizadeh for attending the Board and sharing her story. Directors **acknowledged** the points raised by Ms Alikhanizadeh, noting that these were important in informing the design and improvement of the Trust's services and that it helped to inform the discussion at the Board meeting.

19/002 Apologies for absence (agenda item 2)

There were no apologies for the meeting.

19/003 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

The Board noted that there were no changes to directors' declarations of interests. Mr Wright declared an interest in agenda item 18, the approval of the appointment of the Senior Independent Director and it was agreed that he would leave the meeting for that item. No other director at the meeting advised of any conflict of interest in relation to any agenda item.

19/004 Minutes of the previous meeting held on 29 November 2018 (agenda item 4)

The minutes of the meeting held on 29 November 2018 were **received** and **agreed** as an accurate record and were signed by the Chair.

19/005 Matters arising – update on the matters raised by the chair of the Mental Health Legislation Committee (agenda item 5.1)

Mrs Woffendin provided an update on the number of staff who had undertaken Mental Health Legislation Training noting that since the report made to the November Board there had been 105 staff trained in the Mental Health Act and 166 staff trained in the Deprivation of Liberty Safeguards. She noted that there had been significant improvement in the uptake in training, with some areas recording 100% compliance. However, she noted that for those staff still to be trained, managers were aware had a trajectory that set out how they would achieve compliance. She expressed confidence that the 85% compliance rate would be achieved and then sustained due to the targeted work being carried out.

With regard to the recording of capacity assessments by some clinicians. Mrs Woffendin noted that work was ongoing to understand the challenges being experienced in relation to recording and that support was being put in place to increase the level of recording. Dr Kenwood indicated that the assessments were being done, but were often not being recorded on the electronic system. She added that a member of the Continuous Improvement team was supporting the work to look at how the system could be improved.

The Board **received** and **noted** the update provided.

19/006 Actions outstanding from the public meetings of the Board of Directors (agenda item 6)

Prof Proctor presented the action log which showed those actions previously agreed by the Board in relation to the public meetings, those that had been completed and those that were still outstanding.

The Board **received** a log of the actions and **noted** the details, the timescales and progress.

19/007 Chief Executive's report (agenda item 7)

Dr Munro presented the Chief Executive's report. In particular she highlighted the visit undertaken to the Gender Identity Service and assured the Board of the discussions that had taken place with staff in relation to demand and referrals exceeding the size of the service that had been commissioned by NHS England.

Mrs White acknowledged and supported the work that had been done with the staff in the Gender Identity Service. She added that the Finance and Performance Committee had discussed the issues being experienced by the service in relation to capacity and demand, noting that this was being impacted by the delay in publishing the national tender specification. Mrs

White reported that the committee had expressed concern at the impact this delay was having and that there had been a discussion as to whether there should be some interim investment to ensure the continued quality of care. Dr Munro noted that the executive team had discussed this and had agreed that if there was added investment this should be invested in additional staff. Dr Munro added that additional funding was being discussed with NHS England and that an update would be brought to the March Board meeting.

SM

Mrs White then asked about winter pressures and how the Leeds system was managing this. Dr Munro advised that to date this was being managed better than in previous years and outlined the current position.

With regard to the ACAS report on bullying and harassment and the work being taken forward by the operational group 'The Culture Club', which was to be chaired by the Chief Executive, Prof Proctor asked what the deliverables would be. Dr Munro noted that the outputs would be agreed by the group at its initial meeting but that there was an expectation that this would not generate added work streams but would look at how we integrate and embed a positive culture of support for staff led by the leadership community. Dr Munro agreed to bring an update back to the March Board in relation to the work of this group.

SM

The Board **received** and **noted** the report from the Chief Executive.

19/008

Report from the Chair of the Quality Committee for the meetings held on 11 December 2018 and 15 January 2019 (agenda item 8)

Prof Baker presented a report on the work of the Quality Committee for the meetings held on 11 December 2018 and 15 January 2019. In particular, he drew particular attention to:

- Falsified medicines and the risk that the Trust would breach the Falsified Medicines Directive, due to be introduced in 2019. He noted there was a potential for the Trust and other NHS organisations more widely to breach the directive and that this was mainly due to technological reasons outside the control of the Trust. Dr Kenwood noted that the process that was being put in place to bar code and check medicines was in addition to all the other checks undertaken in relation to the provenance of the medicines used by the NHS. She added that the type of drugs used by the Trust were at low risk of being falsified; that the Trust was not an outlier in terms of the potential breach in compliance with the full requirements of the directive; that it was doing all it could to manage any potential risk; and that the risk of a breach had been logged on the Trust's risk register. She added that an update would be provided to the February Quality Committee meeting. The Board noted that there was a potential for there to be a breach of the Falsified Medicines Directive and was assured that the situation was being monitored and addressed appropriately
- The community redesign project and the assurances provided to the committee in relation to the engagement and involvement that had

taken place; the project's ongoing approach to service users' recovery; and ensuring there was a system to measure how the Trust was making a difference to service users and carers' lives

- A presentation from the acute inpatient services which had offered the committee an opportunity to understand the improvement work being undertaken
- The report from the external review in respect of service user and carer engagement and involvement, noting that the committee had highlighted the need for the Triangle of Care to be used more effectively to better support carers.

Prof Proctor sought assurance that the planned improvement work being undertaken in the acute inpatient services was on track and that further reports would be brought back to the committee. Dr Munro reported that external peer-support from East London NHS Foundation Trust was being provided to support Trust staff with the quality improvement work. Mrs Forster Adams also noted that the Board would be receiving a report on this at the March Board.

JFA

Mrs Woffendin reported that on behalf of the Board the Quality Committee had received and reviewed the Annual Safeguarding Report as this was required by national guidance. Prof Baker reported that the committee had been assured by the report and also acknowledged that this year's report had been much improved in terms of content in comparison to those presented in previous years.

The Board **received** the report from the chair of the Quality Committee and **noted** the matters raised.

19/009

Report from the chair of the Audit Committee for the meeting held on 22 January 2019 (agenda item 9)

Mr Wright presented a report on the work of the Audit Committee for the meeting held on 22 January 2019. In particular, he drew particular attention to:

- An update on progress in relation to the review of the health and safety management arrangements in the Trust and also an update on how the recommendations from the recent Health and Safety inspection would be taken forward, noting that the committee had been assured of the arrangements in place
- The internal auditors' report, noting that since the last meeting, two audits had been concluded: *Programme Set Up, Care Director*, which had received significant assurance and the *Appraisal Process*. Mr Wright noted that whilst the appraisal process had received limited assurance the committee had been assured of the actions being taken to address the recommendations.

The Board **received** the report from the chair of the Audit Committee and **noted** the matters raised.

19/010

Report from the chair of the Finance and Performance Committee for the meetings held 18 December 2018 and 29 January 2019 (agenda item 10)

Mrs White presented a report on the work of the Finance and Performance Committee for the meeting held on 18 December 2018 and 29 January 2019. In particular, she drew particular attention to:

- A detailed review of the business case for the National Centre for Psychological Medicine, noting that this had also been received by the Board at its Extraordinary meeting on the 18 December 2018
- The improvement in the access targets reported in the performance report
- Out of Area Placements and the trajectory for 2019/20, noting that the committee had observed that the trajectory for 2018/19 had not been achieved and that it had questioned the Trust's ability to achieve next year's trajectory. However, Mrs White noted that in relation to the 2019/20 trajectory the committee had received assurance in regard to there being a costed action plan to meet the trajectory and had also been made aware of the risks to achieving the plan. Mrs White reported that the committee was assured there was a plan in place for 2019/20 trajectory and noted that it would continue to receive reports on progress
- Financial position and the overall rating of '1', noting that whilst the Trust would slightly exceed the control total this had been due to one off fortuitous items received in year and that the underlying position was one of the Trust being in deficit
- The breach of the agency cap, noting that the committee had discussed some of the actions required to bring the Trust back under the cap by the end of 2019/20
- Capacity, both at an executive level and more generally, in relation to the work that would be required to respond to the 10-year plan, the operational plan and also the wider system responsibilities. Mrs White noted that the committee had agreed to bring the issue of capacity to the attention of the Board and to suggest the need for there to be consideration as to how the commitments will be prioritised. Dr Munro noted that the executive team was in the process of looking at the resource requirements to achieve the priorities for the coming year.

In relation to the breach of the agency cap and the plan to reduce the reliance on locum medics, Dr Kenwood outlined some of the difficulties being experienced in regard to retaining and recruiting medical staff. However, she noted that a recent appointment panel had appointed four medical staff which had been a very positive outcome. Dr Kenwood noted that as part of the operational plan, actions had been identified to address medical staffing issues.

The Board **received** the update report from the Chair of the Finance Performance Committee for the meetings that took place on 18 December 2018 and 29 January 2019.

19/011

Combined Quality and Performance Report (CQPR) (agenda item 11)

Mrs Forster Adams presented the CQPR noting that the Finance and Performance Committee and the Quality Committee had looked in detail at the information in the report. Mrs Forster Adams drew particular attention to the access targets, the gender identity service, and out of area placements noting that these areas had already been discussed in some detail by the Board.

However, with regard to out of area placements and inpatient services, Mrs Forster Adams noted that there were three material things that would impact positively on both the metrics and the quality of care and that there were the redesign of the community services, the development of the out of hospital and crisis services, and the acute care excellence programme.

Mr Wrigley-Howe asked about the autism service noting that the KPI measured was not access to the service but was the time to reach a diagnosis. He asked if this was an accurate measure given the variability of achieving a diagnosis for individual service users. The Board noted that whilst it was necessary to measure the time to reach a diagnosis it was then more important to get the right pathway of care in place for service users once the diagnosis had been made, particularly as each service users' needs would vary following that diagnosis.

Prof Baker then noted that there had been a reduction in the use of restrictive practices which he added was very positive. He also reported that this had been discussed at the Quality Committee. Dr Munro advised that it was important to fully understand why this was and that it was likely due to a number of different factors including a change in practice in some services, for example the use of Trauma Informed Approach to care which was being used in the Forensic Services.

Prof Baker also noted that there would be a report presented to the Quality Committee in February in respect of supervision, performance against the target and also the quality of the supervision provided.

Miss Grantham noted the importance of working in partnership across the system in Leeds. She added that it was important to understand and understanding the impact on the Trust's own performance and quality measures which can be caused as a result of the way in which other organisations provide their services. Dr Munro suggested that it would be helpful for the Board to look again at the Joint Strategic Needs Analysis and the pilot work in relation to Population Health Management, both of which will feed into the refreshed Leeds Plan, and to invite key people from within the city to come and talk to the Board about these areas of work. She agreed to work with Mrs Hill to look for a date when this can be programmed into the Board's schedule.

SM

Mr Wright drew attention to the 'probability for violence assessment' which it was reported were undertaken within three months of admission. He asked whether it was appropriate to wait three months to carry out this assessment. Dr Kenwood assured the Board that service users would come into the service with an assessment already having been undertaken and that the assessment within three months would be a refresh of the initial one carried out. She also noted that the assessment was complex and could take up to three months; therefore, the timeframe for it to be undertaken was not a delay in this being refreshed, but a reflection of its complexity.

Mr Wright also noted that in relation to the Friends and Family Test there had been a drop in the percentage of people recommending the Trust's services and asked why this might be. Mrs Woffendin explained that it was important to understand the context in which the responses had been given. Also that the questions were set nationally for the NHS and therefore the answers given may not be easy to apply to mental health settings. She added it was important to look at other ways in which the Trust receives feedback to fully understand the views of service users and their experience and that this was part of the service user and carer engagement work which was currently being undertaken.

The Board **received** the Combined Quality and Performance Report and **noted** the content.

19/012

Safer staffing summary report (agenda item 12)

Mrs Woffendin presented the safer staffing summary report which covered two months and highlighted a number of key points. She advised that there had been five breaches during these two months which had occurred on wards at the Mount and Asket Croft. Mrs Woffendin expressed some concern in relation to the breaches adding that she had looked into this matter further. She advised that having spoken with executive colleagues it had been agreed that there would be a workshop with the staff on the wards concerned to explore solutions including the effective use of e-Rostering to ensure the right mix of staff are on the wards at various times of the day.

In relation to the pressures in recruiting nursing staff and how this then impacted on ward staffing levels, Mrs Woffendin outlined the actions being taken to promote the recruitment of nursing staff to address the pressures in the system at the current time.

Prof Baker asked about the Keith Hurst benchmarking tool. He noted that whilst he personally did not support the tool, he wanted to understand why this had not yet been distributed for use by the Trust. Mrs Woffendin explained the reasons for this, adding that there had been consideration of starting to use the tool ahead of NHS Improvement publishing it. However, she noted that the drawback with this would be that this would result in the Trust having to analyse the data rather than this being done through the full package. She noted that the executive team was considering the options in relation to a way forward in the short-term.

The Board supported the Safer Staffing report, noting that it was providing it with the information it required; however, Mrs Woffendin agreed to share benchmarking data in regard to nursing vacancies once a year through this report.

CW

The Board **received** the Safer Staffing summary report and **noted** the content.

19/013

Community redesign update (agenda item 13)

Mrs Forster Adams presented the community redesign update report, noting that this had been discussed in detail at the January Quality Committee, particularly how the redesign of services would improve the quality of care for service users. Mrs Forster Adams outlined the engagement work which had taken place as part of the project and explained how this had informed the work.

Mrs Forster Adams advised that the Local Authority Scrutiny Committee had received a report on the project in November 2018 and had supported the work being undertaken. She added that it had asked for an evaluation report at some point in late 2019.

Mrs White asked about the use of digital technology going forward particularly in light of this being detailed in the NHS Long-term Plan. The Board discussed some of the initiatives currently in place to support staff in delivering care in different ways. It agreed to have a strategic session to understand how the Trust was embracing the digital agenda. Mrs Hanwell agreed to facilitate this session. Mrs Hill agreed to schedule this in for later in the year.

DH / Chill

The Board **received** the report and **noted** the detail provided in the paper.

19/014

Update on the smoke-free policy and its application (agenda item 14)

Mrs Woffendin presented the update report and highlighted the key points detailed in the paper. The Board discussed the paper. Prof Baker asked about the use of e-cigarettes. It was noted that this matter was still under review and Dr Munro outlined the work and considerations that were ongoing in relation to this matter through both the Fire Safety Task and Finish Group and the Smoke-Free Steering Group.

Mrs White asked when the Smoke-free Policy review would be completed. Mrs Woffendin reported that the revised policy was expected to be in place for 1 April 2019. The Board then discussed the issue of service users who need to be accompanied when taking a cigarette break outside of the ward environment, noting that this needed further consideration both from the perspective of the impact on staffing levels and the potential estates solutions.

The Board **received** the update report in relation to the application of the smoke-free policy.

19/015

Workforce and organisational development report (agenda item 15)

The Board received the workforce and organisational development report, noting that the focus of the report was the benchmarking of the Trust's performance on Workforce Race Equality Standard (WRES) metrics in relation to other Mental Health Trusts.

Mrs Holmes highlighted the main points in the report. She noted that the report demonstrated the Trust compared favourably in most areas but that more work was required in relation to improving issues such as: the relative likelihood of appointment from shortlisting; accessing development opportunities; and reducing bullying, harassment or abuse from service users, relatives or the public.

Mrs Holmes noted that the Workforce Disability Equality metrics had now been released and agreed to bring a report back to the Board in September.

CH

With regard to the apprenticeship levy, Mrs Holmes agreed to bring a more detailed report back to the Finance and Performance Committee on progress relating to apprenticeship spend against the financial metrics and that a report on the impact of apprenticeships on the quality of care would go to the Quality Committee in July.

CH

With regard to clinical supervision and appraisals, Mrs Holmes noted that this had been discussed in a number of fora. She reported that there was work ongoing to look at the current policy to ensure this reflects the needs of the different professions and that the policy would be reviewed in the light of the outcome of the discussions.

The Board discussed the report in some detail. A question was asked about the unions and how they were ensuring their stewards were sufficiently diverse and therefore meet the needs of their membership. Mrs Holmes agreed to speak with Staffside in relation to diversity and inclusion and whether the trade unions were promoting this within the recruitment of their cohort of stewards.

CH

With regard to bank staff being more likely to be involved in a disciplinary issue, Mrs Sentamu asked how this was being managed to ensure there was equity in the way bank staff and substantive members of staff were being treated. Mrs Holmes outlined the feedback received in relation to the disciplinary process and the work to ensure that this was being applied equitably.

With regard to equity in access to CPD, it was agreed that the executive team would consider whether it had assurance that CPD is being resourced and accessed in an equitable manner across the different professions and how this would be fed back to the Board either directly or through its committee structure.

Exec

The Board **received** the report, **noted** the content and was **assured** of the work being undertaken.

19/016

Report from the Chief Financial Officer (agenda item 16)

Mrs Hanwell highlighted the key messages in the report. She indicated that it provided an overview of the financial position at the end of December 2018 and also included the forecast outturn position for 2018/19 with a general update on operational planning cycle for 2019/20.

Mrs Hanwell advised that the position at month nine remained ahead of plan but only as a result of completing the PFI refinance deal in December 2018. She added that the financial score was '1' but again that this was due to a high surplus ratio as a consequence of the Provider Sustainability Funding and also the PFI refinance. With regard to risks, Mrs Hanwell reported that the most significant risks continued to be expenditure on out of area placements and inpatient staffing.

With regard to the control total for 2019/20, Mrs Hanwell referred to the discussion at the January Board development session and reminded the Board that it had agreed that the control total issued to the Trust was reasonable and as such would be confirmed as accepted within the draft Operational Plan that would be submitted to NHS Improvement on 12 February 2019.

Prof Baker asked about the estates plan to change bath taps only at this point given that these had been a known ligature anchor point for some time. Mrs Hanwell explained that the replacement of taps referred to in the plan had been rolled out in a managed and prioritised way; that this had been done over a period of time; and that taps in those areas assessed as high risk had already been replaced and those specifically referred to in the report were in areas assessed as being of low risk.

The Board **received** the report from the Chief Financial Officer and **noted** the content. It also **confirmed** acceptance of the Control Total for 2019/20 in the draft Operational Plan submission on 12 February and **approved** delegated authority to both the Chief Executive and Chief Financial Officer to sign the draft version.

19/017

Sustainable Development Management (SDM) Plan for approval (agenda item 17)

Mrs Hanwell presented the SDM plan, noting that this had been discussed in detail at the Finance and Performance Committee. Mrs White noted that there was to be a Sustainability Steering Group which would monitor the action plan and ensure progress. Mrs White also noted that sustainability was not just an estates issue but had a number of cross-cutting themes and therefore needed wider organisational and system support.

It was noted that there was to be a session with the Council of Governors in May. With regard to the governance arrangements, there was to be a steering group that would provide assurance to the Finance and Performance Committee in terms of progress against the action plan. It was noted that in addition to the assurance provided to the committee there would be an annual report to the Board.

The Board **received** and **endorsed** the Sustainability Development Management plan.

19/018 Approval of the appointment of the Senior Independent Director (SID)
(agenda item 18)

Mr Wright left the meeting

The Board noted that Mr Wrigley-Howe would be coming to the end of his term of office on 16 February 2019 and as such it would need to appoint another non-executive director as the Senior Independent Director. It considered and agreed that Mr Wright be appointed as the SID.

The Board **agreed** to appoint Mr Wright as the Senior Independent Director.

Mr Wright re-joined the meeting.

19/019 Use of the Trust's seal (agenda item 19)

The Board noted that since the November Board meeting the seal had been used on four occasions all in relation to the PFI refinancing deal. It noted that the documents sealed were:

- Log 111 - Deed of variation and supplemental agreement in relation to the 29 February 2000 project agreement
- Log 112 – Deed of variation to the leases at Parkside Lodge, Asket Croft, Asket House, Newsam Centre, The Mount, Little Woodhouse Hall and the Becklin Centre
- Log 113 – the funder's direct agreement
- Log 114 – the deed of confirmation.

The Board **noted** the occasions on which the seal had been used.

19/020 Any other business

Prof Proctor noted that this was the last meeting for Mr Wrigley-Howe as he would be stepping down as a non-executive director on 16 February 2019. She thanked Mr Wrigley-Howe for the very valuable contribution he had made to the work of the Board and for his personal commitment to the work of the Trust more widely. She then wished him all the very best in his new endeavours and the Board thanked him in the usual way.

19/021 Glossary (agenda item 20)

The Board received the glossary.

19/022 Resolution to move to a private meeting of the Board of Directors (agenda item 21)

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12.50 and thanked members of the Board and members of the public for attending.

The Chair then resolved that members of the public be excluded from the meeting having regard to the confidential nature of the business transacted, publicity on which would be prejudicial to the public interest.

Signed (Chair of the Trust)

Date

Cumulative Action Report for the Public Board of Directors' Meeting

OPEN ACTIONS

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Sharing Stories (minute 19/001 – January 2019 - agenda item 1)</p> <p>NEW - With regard to the wait to receive treatment experienced by Ms Alikhanizadeh's daughter in the last few months, Mrs Forster Adams agreed to as the Personality Disorder service look into this specific matter and to liaise with her personally.</p>	<p>Joanna Forster Adams</p>	<p>Management Action</p>	
<p>Sharing Stories (minute 19/001 – January 2019 - agenda item 1)</p> <p>NEW - It was agreed that the Board needed to understand the boundaries of confidentiality and how this can impact on a carer's involvement. Dr Kenwood agreed to facilitate this session and Mrs Hill agreed to add this to the Board's forward plan.</p>	<p>Claire Kenwood / Cath Hill</p>	<p>Management Action</p>	<p style="text-align: center;">ONGOING</p> <p style="text-align: center;">The scheduling of this is being considered</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Community Redesign update (minute 19/013 – January 2019 - agenda item 13)</p> <p>NEW - The Board agreed to have a strategic session to understand how the Trust is embracing the digital agenda. Dawn Hanwell agreed to facilitate this session. Mrs Hill agreed to schedule this in for later in the year.</p>	<p>Dawn Hanwell / Cath Hill</p>	<p>Management action</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS A BOARD ACTION</p> <p>This has been factored into the Board to Board meeting in September between the Board of Directors and the Council of Governors</p>
<p>Workforce and organisational development report (minute 19/015 – January 2019 – agenda item 15)</p> <p>NEW - Mrs Holmes agreed to speak with Staffside in relation to diversity and inclusion and whether the trade unions were promoting this within their own recruitment of the cohort of stewards.</p>	<p>Claire Holmes</p>	<p>Management action</p>	<p>ONGOING</p> <p>This matter will be raised at the next JNCC meeting on 28 March 2019</p>
<p>Workforce and organisational development report (minute 19/015 – January 2019 – agenda item 15)</p> <p>NEW - With regard to equity in access to CPD, it was agreed that the executive team would consider whether it had assurance that CPD is being resourced and accessed in an equitable manner across the different professions and how this would be fed back to the Board either directly or through its committee structure.</p>	<p>Executive Team</p>	<p>Management action</p>	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Combined Quality and Performance Report (CQPR) (minute 19/011 – January 2019 - agenda item 11)</p> <p>NEW - Dr Munro suggested that it would be helpful for the Board to look again at the Joint Strategic Needs Analysis and the pilot work in relation to Population Health Management, both of which will feed into the refreshed Leeds Plan, and to invite key people to come and talk to the Board about these areas of work. She agreed to work with Mrs Hill to look for a date when this can be programmed into the Board's schedule.</p>	<p>Sara Munro / Cath Hill</p>	<p>Management action</p>	<p>ONGOING</p> <p>Consideration is ongoing as to when this should be factored into the Board's strategic meeting schedule</p>
<p>Combined Quality and Performance Report (CQPR) (Minute 18/218 – November 2018 – agenda item 11)</p> <p>With regard to Statistical Process Control (SPC) Charts, Mrs Forster Adams advised that the Executive Team had discussed the potential for the use of these. It was suggested that it might be helpful to have a Board workshop on this matter. Prof Proctor asked the Executive Team to look at how this could be brought forward into a future Board discussion session. Mrs Hill agreed to add this to the forward programme.</p>	<p>Executive Team</p> <p>and</p> <p>Cath Hill</p>	<p>Management Action</p>	<p>ONGOING</p> <p>As part of the work with the Institute of Healthcare Improvement, Nikki Copper has shared her vision of the operational team level dashboards and operational delivery group dashboards that could be SPC or run charts depending on the metric, that allows the high performing / hotspots to be identified more easily.</p> <p>Following discussions between Richard Wylde, Nikki Cooper and Samantha Riley (NHS Analytics), LYPFT are now on the waiting list for the 90 minuet interactive 'Making data count for Trust Boards' session. The next steps are for LYPFT to agree a date with NHS Analytics for the session to take place on.</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the chair of the Quality Committee (Minute 18/170 - Agenda item 8– September 2018)</p> <p>So the Board is better sighted on Learning Disability services, Mrs Forster Adams and Mrs Nikki Cooper are to review how Learning Disability performance data can be incorporated into the CQPR.</p>	<p>Joanna Forster Adams and Nikki Cooper</p>	<p>Management action</p>	<p>ONGOING</p> <p>The metrics to be included are in the process of being identified and will be incorporated into the report</p>
<p>Mortality Review – Learning from Deaths Quarter 2 Report (Minute 18/221 – November 2018 - agenda item 17)</p> <p>Mr Wrigley-Howe asked if there was any way of analysing what had contributed to the deaths where the Trust was not the primary care provider, and whether the Trust being the primary provider of care was a direct contribution to the death. Mrs Sanderson noted that this had been discussed at the Learning from Incidents and Mortality (LIM) Group. She noted that a high percentage of people in this category have dementia and the Trust has seen them once or twice in the nursing home setting. Prof Baker noted that it would be useful to provide greater clarity in the report in relation to these types of deaths.</p>	<p>Claire Kenwood</p>	<p>Management Action for March report</p>	<p>ONGOING</p> <p>Further information will be incorporated into the report to the March Board</p>
<p>Chief Executive’s report (minute 19/007 – January 2019 - agenda item 7)</p> <p>NEW - Dr Munro noted that the executive team had discussed this and that any investment should result in additional staff to support those already experiencing the pressure within the system. Dr Munro noted additional funding was being discussed with NHS England and that an update would be brought to the March Board meeting.</p>	<p>Sara Munro</p>	<p>March 2019 Board meeting</p>	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Chief Executive's report (minute 19/007 – January 2019 - agenda item 7)</p> <p>NEW - Dr Munro agreed to bring an update back to the March Board in relation to the work of the 'Culture Club'.</p>	<p>Sara Munro</p>	<p>March 2019 Board meeting</p>	
<p>Workforce and organisational development report (Minute 18/223 – November 2018 – agenda item 18)</p> <p>With regard to the proposals for the governance and reporting of workforce to the Board, Mrs Holmes advised that since the report had been written there had been discussions with the Chair and Chief Executive where it had been agreed that a task and finish group be established to look at workforce reporting, key performance indicators and the measures required to be reported on and where. Mrs Holmes indicated that a report on the outcome of the considerations would be brought back to the Board in early 2019.</p>	<p>Claire Holmes</p>	<p>March 2019 Board meeting</p>	

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Combined Quality and Performance Report (CQPR) (Minute 18/198 - agenda item 10 – October 2018)</p> <p>There was a request to look at the graphs in relation to the crisis service in the performance report and whether these could show the data broken down by male and female service users; whether this could also show if a person was calling on behalf of themselves or someone else; and whether there was some way of capturing if the person calling received the advice they required. Mrs Forster Adams reminded the Board that the information system in relation to calls was currently under review that these issues were timely and agreed to feed these suggestions into the review.</p>	<p>Joanna Forster Adams</p>	<p>March 2019 Board meeting</p>	<p>ONGOING</p> <p>These comments have been provided to the Head of Performance who will be undertaking changes in relation to the crisis telephone access line.</p> <p>An update on the evaluation and progress in relation to the implementation of a new telephony system will be provided to the March Board of Directors meeting.</p>
<p>Safe Staffing report (Minute 18/174 - Agenda item 12– September 2018)</p> <p>It was noted that when staff move around the ward and work in different places there is often a difficulty in orientating themselves to the different processes and procedures in different in patient areas due to processes and procedures not being systematised on the wards. Mrs Forster Adams agreed to pick this up through the acute care excellence collaborative.</p>	<p>Joanna Forster Adams</p>	<p>March 2019 Board meeting</p>	<p>ONGOING</p> <p>This will be included in the detailed Acute Care Excellence update in March 2019.</p>
<p>Safer Staffing Six-monthly Report (Minute 18/220 – November 2018 – agenda item 13)</p> <p>Prof Proctor asked for an update on the outcome of the multiplier tool be brought back to the Board in March.</p>	<p>Cathy Woffendin</p>	<p>March 2019 Board meeting</p>	<p>ONGOING</p> <p>To be included in the Director of Nursing and Professions March report</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Workforce and organisational development report (minute 19/050 – January 2019 - agenda item 15)</p> <p>NEW - Mrs Holmes agreed to bring a more detailed report back to the Quality Committee in July in relation to progress against the apprenticeship levy.</p>	<p>Claire Holmes</p>	<p>July 2019 Quality Committee meeting</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS A BOARD ACTION</p> <p>This has been factored into the Quality Committee schedule of work</p>
<p>Workforce and organisational development report (minute 19/050 – January 2019 - agenda item 15)</p> <p>NEW - Mrs Holmes agreed to bring a report back to the Board in September in relation to the Workforce Disability Equality metrics.</p>	<p>Claire Holmes</p>	<p>September Board of Directors' meeting</p>	
<p>Safer Staffing Summary Report (minute 19/012 – January 2019 - agenda item 12)</p> <p>NEW - Mrs Woffendin agreed to share benchmarking data in regard to nursing vacancies once a year through the Safer Staffing report.</p>	<p>Cath Woffendin</p>	<p>November 2019 Board of Directors' meeting</p>	

CLOSED ACTIONS

(3 MONTHS PREVIOUS)

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the chair of the Mental Health Legislation Committee for the meeting held 30 October 2018 (Minute 18/215 – November 2018 – agenda item 8)</p> <p>Prof Proctor also asked that at the January Board workshop there is a discussion on the implications for mental health and learning disability in relation to the Long-Term Plan and that this is supplemented by an update on the review of the Mental Health Act so the Board can consider the potential change in role for the Mental Health Legislation Committee and the impact on the Hospital Managers’ role. Mrs Hill agreed to add this to the schedule.</p>	<p align="center">Cath Hill</p>	<p align="center">Management Action</p>	<p align="center">COMPLETED</p> <p align="center">A review of the 10 year plan has been scheduled for the January Board workshop and a review of the Mental Health Act has been schedule for the February Strategic Board meeting</p>
<p>Combined Quality and Performance Report (CQPR) (Minute 18/218 – November 2018 – agenda item 11)</p> <p>Miss Grantham asked about detaining people beyond 24 hours on Section 136, noting that this was not reported on in the CQPR. Mrs Woffendin suggested that this be considered outside of the meeting to look at what might be added to the CQPR.</p>	<p align="center">Cathy Woffendin</p>	<p align="center">Management Action</p>	<p align="center">THIS IS CLOSED AS A BOARD ACTION</p> <p align="center">A draft proposal is to be considered at February’s Quality Committee</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Workforce and organisational development report (Minute 18/223 – November 2018 – agenda item 18)</p> <p>Prof Proctor also noted that it appeared that the proposed interventions to promote mental wellbeing were lay-focused and asked for there to be consideration as to the inclusion of some professional support for staff. Mrs Holmes agreed to consider this point.</p>	<p>Claire Holmes</p>	<p>Management Action</p>	<p>COMPLETED</p> <p>This suggestion has been incorporated into the work of the Health and Wellbeing Group where the support for staff is being considered.</p> <p>The option to incorporate professional support into an individual's needs is also considered in each case as it arises.</p>
<p>Amendments to the Scheme of Delegation (agenda item 22)</p> <p>The Board considered the changes. It was noted that the Mental Health Legislation Committee had not been included in the committee's section nor in the section outlining this duties under the Mental Health Act. Mrs Hill agreed to clarify this with the Mental Health Legislation team and agree where this should go.</p>	<p>Cath Hill</p>	<p>Management Action</p>	<p>COMPLETED</p> <p>The Scheme of Delegation has now been updated with details of the committee</p>
<p>Report from the Freedom to Speak up Guardian (FTSUG) (November 2018 – minute 18/213)</p> <p>Mr Verity outlined the work that he is connected into in relation to bullying and harassment, the application of the policy and how this might be simplified. Mrs Holmes noted that she was aware of comments that the policy is often difficult to follow and does not necessarily provide the detail that staff need and had undertaken to look at this.</p>	<p>Claire Holmes</p>	<p>Management Action</p>	<p>CLOSED AS A BOARD ACTION</p> <p>This work is being picked up as part of the Workforce and OD Committee agenda</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Sharing Stories (Minute 18/206 – November 2018 - agenda item 1)</p> <p>Members noted the effect it had on a service user when care is provided in a disjointed way and the benefit of treating the cause rather than treating the symptoms of mental ill health. Mrs Forster Adams agreed to consider this further.</p>	<p>Joanna Forster Adams</p>	<p>Management Action</p>	<p>THE BOARD IS ASKED TO CLOSE THIS ACTION</p> <p>This matter will be routed through the Trustwide Clinical Governance Group so that clinicians can consider how best to ensure that care pathways work in a more seamless way</p>
<p>Sharing Stories (Minute 18/206 – November 2018 – agenda item 1)</p> <p>Mrs Woffendin also agreed to maintain contact with Ms Riley and to meet with her outside of the meeting.</p>	<p>Cathy Woffendin</p>	<p>Management Action</p>	<p>COMPLETED</p> <p>Alison Kenyon (Associate Director for Operational Development) has arranged to meet with Ms Riley to discuss the various options open to her</p>
<p>Chief Executive’s report (Minute 18/212 – November 2018 – agenda item 7)</p> <p>Mrs Woffendin agreed to look at the specific issue of staff having to spend time accompanying service users in relation to smoking breaks and to provide an update to the Board.</p>	<p>Cathy Woffendin</p>	<p>Board of Directors’ meeting January 2019</p>	<p>COMPLETED</p> <p>Included as part of smoking update paper</p>
<p>Chief Executive’s report (Minute 18/212 – November 2018 – agenda item 7)</p> <p>Mrs Sentamu also asked what the timeframe was for doing things differently in relation to the smoking policy. Dr Munro agreed to provide an update to the January Board</p>	<p>Sara Munro / Cathy Woffendin</p>	<p>Board of Directors’ meeting January 2019</p>	<p>COMPLETED</p> <p>Included as part of smoking update paper</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Report from the chair of the Mental Health Legislation Committee for the meeting held 30 October 2018 (Minute 18/215 – November 2018 – agenda item 8)</p> <p>Mrs Woffendin agreed to provide a verbal update to the Board in January in relation to progress made against the issues raised by the Chair of the Mental Health Legislation Committee in the Chair’s report to the Board.</p>	<p>Cathy Woffendin</p>	<p>Board of Directors’ meeting January 2019</p>	<p>COMPLETED</p> <p>This has been added to the January Board agenda</p>
<p>Report from the Chair of the Quality Committee for the meeting held 13 November 2018 (Minute 18/216 – November 2018 – agenda item 9)</p> <p>In relation to understanding service user experience of the application of medication, Mrs Woffendin agreed to think about this in the context of the recommendations to come from the Prof Mark Gamsu report into service user experience and for there to be a verbal update to the January Board meeting.</p>	<p>Cathy Woffendin</p>	<p>Board of Directors’ meeting January 2019</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS A BOARD ACTION</p> <p>A separate meeting has been organised with Graham Prestwich , who has led on the Me and my medicine campaign, on the 22 January to explore possibilities of obtaining service user experience and feedback in this area</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Action log (Minute 18/168 - Agenda item 6– September 2018)</p> <p>Mrs Forster Adams agreed to bring an update on the community redesign to the October Board meeting and where possible link this to the impact of the development of Local Care Partnerships.</p>	<p>Joanna Forster Adams</p>	<p>December Quality Committee</p> <p>January Board of Directors' meeting</p>	<p>THE BOARD IS ASKED TO CLOSE THIS AS AN ACTION</p> <ul style="list-style-type: none"> • A paper on the Community Redesign Project will be presented at the December Quality Committee with any concerns escalated to Board by the Chair of the committee. The Quality Committee will specifically focus on the outputs of the EQIA and the QIA and the resultant model • Substantive paper coming to the January Board
<p>Workforce and organisational development report (Minute 18/223 – November 2018 – agenda item 18)</p> <p>Prof Proctor suggested that through the Health and Wellbeing Group there is consideration of there being a mechanism to capture information about the things that would have helped support staff in order to avoid them becoming sufficiently unwell as to need to take time off. This was noted by Mrs Holmes.</p>	<p>Claire Holmes</p>	<p>Health and Being Group January</p>	<p>COMPLETED</p> <p>This was considered at the January Health and Wellbeing Group meeting</p>
<p>Chief Executive's report (Minute 18/212 – November 2018 – agenda item 7)</p> <p>It was agreed that the Quality Committee would look at the position in relation to Out of Area Placements (OAPs) for people with Learning Disabilities. Mrs Forster Adams agreed to bring something to the committee in February 2019.</p>	<p>Joanna Forster Adams</p>	<p>Quality Committee meeting February 2019</p>	<p>THIS IS CLOSED AS A BOARD ACTION</p> <p>This item has been added to the forward plan for the Quality Committee</p>

ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	BOARD MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS
<p>Workforce and organisational development report (Minute 18/223 – November 2018 – agenda item 18)</p> <p>Mrs Hanwell spoke about the two-year rolling levy and the need to expedite work to ensure the Trust obtains maximum benefit of this. It was agreed that a paper would come to the Finance and Performance Committee for further consideration. It was agreed that a date for this coming to the committee would be agreed outside of the Board meeting.</p>	<p>Dawn Hanwell / Claire Holmes</p>	<p>Finance and Performance Committee March 2019</p>	<p>CLOSED AS A BOARD ACTION</p> <p>This has been added to the forward plan for the Finance and Performance Committee</p>

Chair's Report

Name of the meeting being reported on:	Quality Committee
Date your meeting took place:	12 February 2019
Name of meeting reporting to:	Board of Directors – 28 February 2019
Key discussion points and matters to be escalated:	
<p>At the Quality Committee meeting that took place on the 12 February 2019, the following items was discussed:</p> <ul style="list-style-type: none"> • Mrs Riley, Chief Pharmacist, presented an update on the Trust's current non-compliant position with the European Union directive on falsified medicines. The Committee noted that the directive came into force the 1 February 2019, and the work that was underway with Leeds Teaching Hospital Trust, as the provider of the Trust's medicines, to work towards becoming compliant. The Committee received assurance that non-compliance was a current position faced nationally by many other NHS, pharmaceutical, and manufacturing organisations. The Committee were assured that other medicine management processes and systems within the Trust are robust. • Lyndsey Charles, Clinical Lead, presented the Annual Quality and Safety Report for the Learning Disability Service. The Committee commended the high-quality report which gave them an insight into the complex and varied service that is provided. They were assured on developmental work that was underway. • As part of the discussion on the Learning Disability Service Annual Quality and Safety Report, the Committee noted the current 'out of hours' service provision that is provided. They heard more from Mrs Charles on the aspirations for this service provision and the justification for this. The Committee noted that a business case had been submitted to the commissioners and they welcomed further work to understand what a revised service provision could be. 	
Report completed by:	Name of Chair and date: Prof John Baker 18 February 2019

Glossary of Terms

In the table below are some of the acronyms used in the course of a Board meeting

Acronym / Term	Full title	Meaning
AHP	Allied Health Professionals	Allied Health is a term used to describe the broad range of health professionals who are not doctors, dentists or nurses.
ASC	Adult Social Care	Providing Social Care and support for adults.
BAF	Board Assurance Framework	A document which is to assure the Board that the risks to achieving our strategic objectives are being effectively controlled and that any gaps in either controls or assurances are being addressed.
CAMHS	Child and Adolescent Mental Health Services	The services we provide to our service users who are under the age of 18.
CGAS	Child Global Assessment Scale	A numeric scale used by mental health clinicians to rate the general functioning of youths under the age of 18
CCG	Clinical Commissioning Group	An NHS statutory body which purchases services for a specific geographical area. (CCGs purchase services from providers and this Trust is a provider of mental health and learning disability services)
CIP	Cost Improvement Programme	Cost reduction schemes designed to increase efficiency/ or reduce expenditure thereby achieving value for money and the best quality for patients

Acronym / Term	Full title	Meaning
CMHT	Community Mental Health Team	Teams of our staff who care for our service users in the community and in their own homes.
Control Total		Set by NHS Improvement with individual trusts. These represent the minimum level of financial performance required for the year, against which the boards, governing bodies and chief executives of organisations will be held directly accountable.
CPA	Care Programme Approach	The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. You might be offered CPA support if you: are diagnosed as having a severe mental disorder.
CQC	Care Quality Commission	The Trust's regulator in relation to the quality of services.
CAS	Crisis Assessment Unit	The Leeds Crisis Assessment Service (CAS) is a city-wide acute mental health service. It offers assessment to people 18 years and over who are experiencing acute mental health problems that may pose a risk to themselves and/or others, who require an assessment that day or within the next 72 hours.
CTM	Clinical Team Manager	The Clinical Team Manager is responsible for the daily administrative and overall operations of the assigned clinical teams.
DBS	Disclosure and Baring Service	A service which will check if anyone has any convictions and provide a report on this
DToCs	Delayed Transfers of Care	Service users who are delayed in being discharged from our service because there isn't an appropriate place for them to go to.

Acronym / Term	Full title	Meaning
EMI	Elderly Mentally Ill	Those patients over working age who are mentally unwell
EPR	Electronic Patient Records	Clinical information system which brings together clinical and administrative data in one place.
First Care		An electronic system for reporting and monitoring sickness. The system is used by both staff and managers
GIRFT	Get it right first time	This is a programme designed to improve clinical quality and efficiency within the NHS by reducing unwarranted variations.
ICS	Integrated Care System	NHS organisations working together to meet the needs of their local population, bringing together NHS providers, commissioners and local authorities to work in partnership in improving health and care for the local population.
I&E	Income and Expenditure	A record showing the amounts of money coming into and going out of an organization, during a particular period of time
iLearn		An electronic system where staff and managers monitor and record training and supervision.
KLoEs	Key Lines of Enquiry	The individual standards that the Care Quality Commission will measure the Trust against during an inspection.
LADS	Leeds Autism Diagnosis Service	The Leeds Autism Diagnostic Service (LADS) provides assessment and diagnosis of people of all intellectual ability who may have autism who live in Leeds.
LCG	Leeds Care Group	The care services directorate within the Trust which manages the mental health services in Leeds

Acronym / Term	Full title	Meaning
LTHT	Leeds Teaching Hospitals NHS Trust	An NHS organisation providing acute care for people in Leeds
LCH	Leeds Community Healthcare NHS Trust	An NHS organisation providing community-based healthcare services to people in Leeds (this does not include community mental health care which Leeds and York Partnership NHS Foundation Trust provides)
MDT	Multi-disciplinary Team	A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient
MSK	Musculoskeletal	Conditions relating to muscles, ligaments and tendons, and bones
Never event	Never Events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NHSI	NHS Improvement	The Trust's regulator in relation to finances and governance.
OD	Organisational Development	A systematic approach to improving organisational effectiveness
OPEL	Operational Pressures Escalation Level	National framework set by NHS England that includes a single national system to improve management of system-wide escalation, encourage wider cooperation, and make regional and national oversight more effective.
OAPs	Out of Area Placements	Our service users who have to be placed in care beds which are in another geographical area and not in one of our units.

Acronym / Term	Full title	Meaning
PFI	Private Finance Initiatives	A method of providing funds for major capital investments where private firms are contracted to complete and manage public projects
PICU	Psychiatric Intensive Care Unit	
Prevent	The Prevent Programme	Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. It aims to reduce the number of people becoming or supporting violent extremists.
Q1, Q2, Q3, Q4	Quarter 1, Quarter 2, Quarter 3 Quarter 4	Divisions of a financial year normally Quarter 1 – 1 April to 30 June Quarter 2 – 1 July to 30 September Quarter 3 – 1 October to 31 December Quarter 4 – 1 January to 31 March
S136	Section 136	Section 136 is an emergency power which allows you to be taken to a place of safety from a public place, if a police officer considers that you are suffering from mental illness and in need of immediate care.
SI	Serious Incident	Serious Incident Requiring Investigation.
SOF	Single Oversight Framework	The targets that NHS Improvement says we have to report against to show how well we are meeting them.
SS&LD	Specialist Services and Learning Disability	The care services directorate within the Trust which manages the specialist mental health and learning disability services
STF	Sustainability and Transformation Fund	Money which is given to the Trust is it achieves its control total.

Acronym / Term	Full title	Meaning
Tier 4 CAMHS	Tier 4 Child Adolescent Mental Health Service	Child and Adolescent Mental Health Tier 4 Children's Services deliver specialist in-patient and day-patient care to children who are suffering from severe and/or complex mental health conditions who cannot be adequately treated by community CAMH Services.
TRAC		The electronic system for managing the process for recruiting staff. A tool to be used by applicants, managers and HR
Triangle of care	-	The 'Triangle of Care' is a working collaboration, or 'therapeutic alliance' between the service user, professional and carer that promotes safety, supports recovery and sustains well-being.
WRAP	Workshop to Raise Awareness of Prevent	This is an introductory workshop to Prevent and is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism.
WRES	Workforce Race Equality Standards	Ensuring employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Below is a link to the NHS Confederation Acronym Buster which might also provide help

<http://www.nhsconfed.org/acronym-buster?l=A>