

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors**  
**held on Thursday 25 July 2019 at 9:30 am**  
**in The Conservatory Room, St George's Centre, Great George Street, Leeds LS1 3BR**

**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
Mr A Marran	Non-executive 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 (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
Ms J Jones	CQC Inspector
Six members of the public (two of whom were members of the Council of Governors)	

**Action**

19/108

Prof Proctor opened the public meeting at 9.30 am and welcomed everyone.

**Sharing Stories** (agenda item 1)

The Board welcomed Vicky Ray, Clinical Team Manager, and Dr Lawrence Atkins, Consultant Psychiatrist and Clinical Lead, both of whom were from the Veteran's Service. They presented a short video which showed the experience of a veteran and user of the service. They also gave a short presentation which outlined details of the service and some of the achievements over the past year.

The Board discussed the main points of the presentation to understand more about the service the team provided and how it links to other services that support veterans.

The Board **thanked** Ms Ray and Dr Atkins for their presentation and **noted** the positive impact this was having.

**Questions from members of the public**

A service user SB asked the Board about the Gender Identity Service; specifically why she had already waited 18 months to be seen for a referral that should take 18 weeks. She wanted to know if the Trust believed that it could not meet the 18 week target because of a lack of funding or support from NHS England, what attempts had been made to engage with them on this matter.

SB then explained to the Board the negative impact that waiting for treatment was having on her day-to-day life and also her health. She added that because of the delay she had found it necessary to pay for private healthcare, which was costly. She also noted that under the Equality Act 2010, gender (reassignment) was a protected characteristic and that the waiting times and delays experienced by those needing to access the service could be seen as discriminatory. She then explained the difficulty she had in trying to speak to those responsible within NHS England and take forward her complaint about waiting times. In concluding, she asked the Board who was accountable for the unacceptable waiting time and what was the Trust doing to address this matter.

The Board thanked SB for her question and the powerful way in which she put forward her points and explained her experience. Prof Proctor noted that the length of waiting times and the number of those on the waiting list was a matter of concern that had been discussed by the Board on a number of occasions previously and that it had identified this as being an unacceptable position. Mrs Forster Adams noted that she and SB had spoken privately about the issues she raised and that she was following up on a number of points which related to this case specifically. Mrs Forster Adams also noted that a number of extra key staff had been appointed to the service and that this was having a positive impact on the waiting list, but that it was still unacceptably long.

The Board acknowledged the negative impact caused by the delays in the national procurement process for the Gender Identity Service. Mrs Hanwell explained that the Trust was not commissioned or resourced by NHS England to achieve an 18 week target; however, she suggested that the new contract would increase capacity and tackle the waiting list.

Dr Munro thanked SB for bringing these issues to the attention of the Board. She acknowledged that this was an unacceptable position and agreed to formally write to the procurement lead at NHS England to outline the Trust's dissatisfaction with the continuing delay in the tender process; and the scale of the impact this was having on individuals, including the need for them to fund private treatment at their own person cost. She added that once the letter had been sent to NHS England this would be put on the Trust's website to inform people of the action the Trust was taking to address this issue.

The Board thanked SB for attending the Board to ask her question.

Prof Proctor then drew attention to a second question that had been asked by RG, a newly elected staff governor. Prof Proctor outlined the question

**SM**

which was about the use of e-Cigarettes in the buildings we occupy and the restrictions the Trust's landlords were placing on how and where these can be used. She asked how the Trust could ensure that e-cigarettes were used in a way that balanced the needs of both service users and the requirements of the landlords and if it was possible for the Trust to influence the landlord's decision.

Dr Munro advised that the Trust had discussed this matter on a number of occasions with the PFI provider for those buildings; that the restrictions on e-cigarettes were being driven by the provider's insurance arrangements; that the Trust was obliged to adhere to the arrangements to ensure any risk was managed appropriately; and that the Trust had no legal jurisdiction to go against the provider's insurance requirements.

Dr Munro also noted that there was to be a pilot for the use of e-cigarettes, for which there was a paper later in the agenda and that this would look at all aspects of use including any impact on the inpatient environment from both service users and staff perspective. Mrs Hill agreed to communicate the answer to this question to RG.

CHill

**19/110 Apologies for absence** (agenda item 2)

There were no apologies for absence.

**19/111 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

The Board noted there were no changes to directors' declarations of interests as set out in the Board papers. It was also noted that no director at the meeting had advised of any conflict of interest in relation to any agenda item.

**19/112 Minutes of the previous meeting held on 23 May 2019** (agenda item 4)

The minutes of the meeting held on 23 May 2019 were **received** and **agreed** as an accurate record and were signed by the Chair.

**19/113 Matters arising** (agenda item 5)

The Board **noted** that there were no matters arising that were not either on the agenda or on the action log.

**19/114 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 discussed the actions.

With regard to the action in respect of BAME access to specialist services, Prof Proctor asked when the Equality and Inclusion Group would pick this up. Mrs Holmes advised that this had been factored into the November meeting of the group. Dr Munro also noted that the services were also looking at the skill-mix to address access from BAME communities.

With regard to the action concerning learning disability nursing leadership on national forums, Prof Baker expressed some concern that this action may not have been adequately picked up. Mrs Woffendin advised the Board that from the discussions she had been party to that she was assured that mental health and learning disability was being taken seriously by Ruth May. Prof Proctor agreed to write and invite Ruth May, the Chief Nursing Officer, to visit the Trust to meet with nursing and allied health professions staff and that this would present an opportunity to explain some of the challenges that the services and professions were facing.

SP

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

19/115

#### **Chief Executive's report** (agenda item 7)

Dr Munro presented her Chief Executive's report and drew attention to some of the main highlights. The Board noted and discussed the items outlined in the report.

Dr Munro made reference to the regulatory framework for the Long Term Plan noting that guidance had now been published. She noted that the implications of this guidance were being worked through, and that this would include the need to provide a Leeds-based response to how the Long Term plan would be delivered over the next five years. She noted this would inform the refresh of the Leeds Plan; and the need for a West Yorkshire Mental Health, Learning Disability and Autism Collaborative response.

Mrs White asked how the Board would be sighted on the place-based and ICS strategies that were in the process of being developed. Dr Munro advised that the narrative and the data-submission would be brought back to the Board for consideration in the autumn.

With regard to the Leeds-based work and the impact of the diagnostic work completed by Newton Europe, Mrs White noted that it was reported that this had led to initial improvements in patient flow within the acute trust. She asked if there had been any analysis as to whether this had led to there being extra capacity in residential care homes, which would benefit the Trust's position in relation to appropriate placements for our service users. Dr Munro explained that it was now acknowledged that moving people through the acute trust more quickly would not create the capacity needed by the Trust's service users and that there was a working group that had been set up to look at a model in more detail and what was needed to address this.

Prof Baker welcomed the assurances on the work within the West Yorkshire and Harrogate Collaborative and learning from the events at Whorlton Hall. He then asked whether there were any concerns about residential homes in which Leeds residents were placed. Dr Munro noted that work had been done to ensure there were processes in place to respond should the need arise in the future. She added that this would be discussed in more detail in the private Board meeting.

Prof Baker also asked about frailty and questioned whether the pressures in relation to mental health and frailty were being sufficiently raised. Mrs Forster Adams noted that within Leeds there was a Frailty Programme Board which had been set up and that this included staff within the Trust. She agreed to ensure that the current research into this area was factored into the work of the Programme Board.

JFA

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

19/116

**Report from the chair of the Quality Committee for the meetings held on 11 June and 9 July 2019 (agenda item 8)**

Prof Baker, Chair of the Quality Committee, presented a report on the work of the committee for the meetings held on 11 June and 9 July 2019. He drew attention to:

- The Annual Quality and Safety reports from services;
- The community redesign update which allowed consideration of the impact of the changes on the workforce in particular on staff's mental health and well-being; and
- The Infection Prevention and Control Annual. Prof Baker outlined the discussion that had taken place around the potential for a flu-pandemic in the winter months and the preparations the Trust was making ahead of this to build on the successful flu vaccination campaign of 2018.

Ms Grantham noted that in the Greater Manchester area there had been a successful project 'Shining a Light on Suicide' and asked if this was something that the Trust was interested in being linked into. Dr Munro noted that the West Yorkshire and Harrogate ICS was looking to take forward a similar project and had carried out some preliminary enquires around the details of the model used in Manchester.

Prof Proctor suggested that the Board should have a more detailed understanding of the dual diagnosis service and its business plans and that this should be added to the Board's Strategic Discussion programme. Prof Baker noted that there was a risk that skills in this area would be lost over time and that there needed to be consideration of how this service would be sustained going forward. Mrs Hill agreed to add this to the programme.

CHill

It was also suggested that an item be added to the Council of Governors' forward plan regarding Transforming Care and learning disabilities. Mrs Hill agreed to add this to the Council's forward plan.

CHill

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

19/117

**Report from the Chair of the Audit Committee for the meeting held 18 July 2019** (agenda item 9)

Mr Wright presented the Chair's report from the meeting of the Audit Committee held on 18 July 2019. He drew attention to the following items:

- The consideration of strategic risks, noting that the committee had supported further consideration of a risk in relation to the governance around partnership working;
- The Local Counter Fraud Report, including the proactive report and the work plan for the current year;
- The Internal Audit Progress report, noting that for the nine reports presented to the meeting, all had been rated as having significant assurance; and
- The outstanding internal audit action report noting that there were now very few outstanding actions. Mr Wright congratulated staff on this achievement.

With regard to the links the committee had to service quality, Mr Wright noted that he had invited Prof Baker as Chair of the Quality Committee to attend at least one meeting per year and for there to be an opportunity for him to feed into the Annual Internal Audit work plan.

The Board **received** the report from the Chair of the Audit Committee and **noted** the matters reported on.

19/118

**Report from the Chair of the Finance and Performance Committee for the meeting held 23 July 2019** (agenda item 10)

Mrs White presented a report on the work of the Finance and Performance Committee for the meeting held on 23 July 2019. She drew attention to:

- The performance report, in particular noting that the number of out of area placements (OAPs) remained high. Mrs White added that the committee had received an update on the actions being taken and had been assured in relation to this. Notwithstanding this work, she noted that the committee had agreed to receive update reports on a six-monthly basis;
- With regard to finance, Mrs White noted that there was an underlying deficit at Month One which was impacted by OAPs and agency costs relating to medical locums. She noted that the committee continued to monitor the situation;
- The Strategic Estates Plan, noting that the committee had been assured of the work on the St Mary's site and that a business case would be presented to the Board for its consideration in October 2019;

- Electronic Patient Records and the wider IT agenda, noting that the Head of Information Technology had outlined the links to the Estates Plan and the digital agenda;
- The Gender Identity Service procurement process noting that the committee had been advised that there was a delay in this process and it discussed the reasons for this and the impact of this delay; and
- Review of the Model Mental Health Hospital, noting that this was a national tool maintained by NHS Improvement and that in some areas the Trust benchmarked very favourably.

Mr Wright noted that there had been a lot of learning detailed in the report around clinical variations between various services and noted how these variations played into many of the issues that the Trust was looking at.

Mrs White also noted that the committee had received a paper about the Trust's application to be Lead Provider for the Eating Disorder Service which it had looked at in some detail. The Board approved the submission and the development of the governance arrangements in relation to being Lead Provider.

The Board **received** the report from the Chair of the Finance and Performance Committee and **noted** the matters reported.

19/119

### **Combined Quality and Performance Report** (agenda item 11)

Mrs Forster Adams presented the CQPR and drew attention to the main points as set out in the report. In particular, she drew attention to the improvement in performance for the Autism Diagnostic Service and the Acute Liaison Psychiatry Service.

With regard to performance against the access target for community mental health services, Mrs Forster Adams reported a slight deterioration but noted that the standard was an internally-set stretch target and that this was higher than those set by other mental health trusts, and that as such LYPFT benchmarks well against the national target.

Mr Marran asked about the Crisis Service and whether the measures were correct. He noted that it was early in the establishment of the service and asked whether these might need to be amended. Mrs Forster Adams explained that these were not the only measures in place and that there were a range being monitored as part of the evaluation of the community redesign project. She added that there would be further evaluation before there was consideration as to what should be measured.

Ms Grantham noted that she had recently visited the ALPs team and had been assured of the way in which they were working, noting that staff fully understood the targets they were working to, alongside the challenges they face working in sometimes difficult situations. Dr Munro added that at a recent meeting to look at the Newton Europe work on admission avoidance and the A&E service, the ALPs service had been recognised for the high standard of service they provide in an A&E setting. She added that the

Crisis Service would continue to receive investment from the Clinical Commissioning Group and that this would support the development of provision going forward.

Mrs Sentamu asked about performance in regard to meeting the targets around physical health. She also noted the concerns about performance against the target for communication with GPs. Mrs Forster Adams acknowledged that performance was variable and indicated that there was some targeted work being undertaken with teams to understand the challenges. Mrs Forster Adams noted that she and Dr Kenwood would be involved with this work. With regard to CPA communications with GPs, Mrs Forster Adams noted that work was being undertaken by the performance team and that a more detailed report would be presented to the Finance and Performance Committee in September.

Mrs White suggested that the medical staffing vacancy rates be included in the CQPR to provide a more rounded picture. Mrs Holmes agreed to look at this.

Prof Proctor noted that one of the contributory factors in delayed discharges was the availability of suitable housing. She asked where this was being picked up within the system and how staff could feed into the conversation about where people live. Mrs Forster Adams noted that these discussions had started but that they needed to be progressed further in order for there to be any significant improvement in this.

CH

The Board **received** the CQPR and **noted** the progress made and the areas currently under review.

19/120

#### **Director of Nursing Report (agenda item 12)**

Mrs Woffendin presented the Director of Nursing report and drew attention to the main points in the paper. With regard to the possibility of reintroducing the learning disability nursing programme, Mrs Woffendin reported that there had been discussions with neighbouring organisations as to whether it would be possible to gather a sufficient cohort of interested staff to make the programme viable. She then advised that Health Education England had indicated there was £2m funding available nationally for the development and delivery of an LD nursing programme including some financial support for individuals. Further, that there would be a procurement process to go through for institutions interested in delivering the programme.

With regard to the NHS Improvement Retention Plan, Mrs Sentamu asked if the Trust was looking at rates of attrition and the reasons why individuals move jobs. Mrs Woffendin noted that the Trust had a Gold Standard Preceptorship package which had received very positive feedback. She noted that most people leave in years three or four following qualification and that there was a significant amount of work to look at supporting individuals to encourage them to develop internally and stay within the organisation.



Mr Wright noted that the work in relation to patient experience had seen the establishment of three sub-groups. He noted that there was a lot of positive work going on in the groups but that this would be enhanced by there being more service users involved in this work.

Prof Baker asked about Care Opinion and whether the Trust was using the feedback on the website sufficiently. Mrs Woffendin advised that this was looked at on a regular basis by patient experience staff. She noted that that this feedback route had been highlighted by the Prof Mark Gamsu report and that it was not a website that was used to a great degree by the Trust's service users.

With regard to the Independent Review of Services for Victims and Survivors of Sexual Abuse and Sexual Violence, in particular Sexual Assault Referral Centres (SARCs), Prof Proctor asked what the implications would be for the Trust. Mrs Woffendin explained that there was an opportunity for the Trust to be involved in this work and support individuals and work in partnership with other organisations. Prof Baker added that there was an evaluation of SARCs which had been undertaken and that this had looked at the prevalence of pre-existing mental health issues in those people who attended SARCs. Prof Proctor also noted the under-representation of male victims. She noted the need to ensure that the Trust could add value to this work.

Mrs Sentamu asked what the barriers were to bank staff transferring to permanent contracts. Mrs Holmes explained the reasons why this might be and she noted that the Deputy Director of Workforce was looking at this in more detail including what might need to be put in place to support more flexible working conditions.

The Board **received** the Director of Nursing report and **noted** the content.

19/121

#### **Six month review of safe staffing** (agenda item 13)

Mrs Woffendin presented the six-monthly report. She noted that out of the significant number of shifts that staff carry out each day, there had only been five breaches in the last six months. She added that whilst breaches had occurred, services had been kept safe by the use of bank and agency staff.

Mrs Woffendin noted that the issues which had led to the breaches had been looked at in detail by the Safer Staffing Steering Group, and that the information available to them had been supported by the information provided by the Mental Health Optimal Staffing Tool (MHOST). She noted that there was a good understanding of what the staffing requirements were and why any breaches had occurred.

Mrs Forster Adams supported the comments made by Mrs Woffendin in relation to the use of the tool in providing evidence as to what the specific inpatient staffing requirements were and supporting the negotiations with the Clinical Commissioning Group (CCG).

Dr Munro noted the detail contained in the report and the value of this information in providing further evidence for the case for seeking further investment for inpatient staffing levels. She also suggested that this should be shared more widely with staff to demonstrate how staffing levels were being monitored and negotiated with the CCG. The Board supported this report being communicated more widely.

CW

Prof Proctor asked if there was any indication that good practice around case load management in community services would be issued in the near future, noting the need to take account of acuity and complexity of cases in setting the levels. Mrs Woffendin agreed to share this with operational services once received.

CW

The Board **received** the safe staffing report and **noted** the content.

19/122

**Nicotine replacement management at LYPFT; summary of options for adoption of e-cigarette use (agenda item 14)**

Mrs Woffendin presented a paper which provided options and recommendations to achieve a smoke-free status within the Trust. She noted that the recommendations in the paper followed an extensive review of the guidance published by national bodies and drew on the experiences of other mental health trusts and their smoking cessation experts. Mrs Woffendin advised that the paper detailed a review of options to update the smoke free and nicotine management procedure in line with the guidance and the principles of harm reduction for service users. In particular, Mrs Woffendin indicated that the paper specifically considered the use of e-cigarettes and how the Trust could support service users to access these. In summary, Mrs Woffendin asked the Board to support a three month pilot at the Newsam Centre and outlined the reasons for this unit being chosen, in particular there being a mix of types of wards which would allow the pilot to be robustly tested.

The Board considered the proposal. Mrs White asked if service users had been involved in the design of the pilot and deciding on what the product would be. She also asked if the proposed arrangements would negate the need for staff to accompany service users to outside areas.

Mrs Woffendin acknowledged there would still be a need for staff to accompany some service users during their cigarette breaks, but suggested that this could be used as an opportunity for discussions and conversations as part of an individual's therapeutic care. She also noted that there had been involvement of service users at the Newsam Centre to help determine what the arrangements would be whilst still ensuring there was a safe and healthy environment.

Dr Munro noted that the issue of smoking and the use of e-cigarettes had both been part of the work of the Fire Safety Group set up after the Becklin Ward 3 fire. She noted that the procurement of the right product was important for the client group.

Mr Wright asked about the basis of the costs noting that this assumed two e-cigarettes per service user which may some cases not be sufficient. Mrs Woffendin noted that this was an average costing and that the issue of the e-cigarettes would be offered as part of a wider nicotine replacement therapy programme for individuals.

CW

Mrs Woffendin agreed to bring an update on the pilot to the January Board meeting.

The Board **supported** a three month pilot project commencing in September for the introduction of e-cigarettes as part of service user smoking cessation or abstinence programmes.

19/123

### **Medical Director's Report** (agenda item 15)

Dr Kenwood presented her report noting that this focused on the Responsible Officer's (RO) Report as set out in greater detail at agenda item 15.1. She noted that this paper provided context to the RO role and outlined the way these responsibilities were to be discharged.

Dr Kenwood also noted that the benchmarking data that supported the information in the report had been supplied to the Chair of the Trust by way of assurance, noting that the Trust benchmarked well. She added that this information could be made available to any other member of the Board should they wish to see this.

Dr Kenwood also reminded the Board that the process had been audited by Internal Audit around three years ago when it had been given significant assurance, adding that a repeat audit had been commissioned to provide further assurance on this process.

Finally, Dr Kenwood asked the Board to consider and agree that Dr Wendy Neil, Deputy Medical Director, be appointed as the Trust's Responsible Officer and noted that the paper set out details of Dr Neil's credentials in relation to this proposed appointment.

The Board **considered** the information provided. It was assured as to the work both completed and planned. The Board also considered and **approved** the appointment of Dr Wendy Neil, Deputy Medical Director, as the Trust's Responsible Officer with effect from 1 September 2019.

19/124

### **Annual Responsible Officer's Report and Medical Revalidation report** (agenda item 15.1)

The Board **received** and **agreed** that the report provided assurance that there was effective governance to support medical revalidation within the Trust. The Board also **agreed** that the Chair of the Trust could sign the

statement of compliance on behalf of the Board for submission to NHS England.

19/125

**Workforce and organisational development report** (agenda item 16)

Mrs Holmes presented the workforce and organisational development report and provided a high level overview of the main points in the report, these being the NHS People Interim Plan and the Leading a Healthy Workplace Pilot Programme. Mrs Holmes noted that the paper provided assurance on the actions being taken to address these two key areas of work.

Mrs Holmes also drew attention to the final section of the report which set out the learning from a disciplinary case in London. She asked the Board to agree that a detailed report on the learning from this and any resulting actions for this Trust would be brought to the Workforce Board sub-committee, which the Board supported.

The Board welcomed the report and discussed the main points. It recognised the importance of the NHS People Interim Plan and the way this supported the work currently ongoing in respect of developing and maintaining the health and wellbeing of the Trust's staff.

The Board **received** the workforce and organisational development report and **noted** the current projects underway and intended way forward.

19/126

**Equality and inclusion progress update report** (agenda item 17)

Mrs Holmes presented the equality and inclusion progress update report, noting that this gave an overview of the activities that had taken place at Trust, place and system levels. She added that there was still more work to do and gave a high-level outline of some of the actions that were being taken over the next 12 months to facilitate a cultural shift and address the issues detailed in the report.

Mrs Holmes also noted that there was to be a workshop in September to which Board members and key leaders in the Trust had been invited to look at how some of this work would be taken forward.

The Board **received** the report and **noted** the local and system centred approach being taken to equality and inclusion.

19/127

**Report from the Chief Financial Officer** (agenda item 18)

Mrs Hanwell presented the Chief Financial Officer's report which set out the current financial position for the Trust, noting that the Finance and Performance Committee had reviewed this in detail at its meeting in July.

Mrs Hanwell drew specific attention to the requirement for the Trust to

submit data templates in August to support the long term financial planning assumptions. She noted that the intention was to submit a break-even plan for the next five years based on the current planning assumptions. Mrs Hanwell also noted that further detailed would be brought back to the Board in line with the national timetable.

Prof Baker asked about the position relating to the Cost Improvement Programme. He noted that there were still a number of CIPs that had not been identified and asked if this would compromise the break-even position. Mrs Hanwell assured the Board that this would not compromise the plan and outlined how the financial position would be maintained.

The Board supported the proposal to submit a break-even plan and requested that should this position change significantly prior to submission that Mrs Hanwell advises members of the Board.

**DH**

The Board **received** the Chief Financial Officer's report and **noted** the content.

**19/128**

**Approval of the draft Terms of Reference for the Workforce Board sub-committee** (agenda item 19)

Mrs Grantham presented the draft Terms of Reference for the new Workforce sub-committee of the Board. It was noted that this committee would be chaired by Ms Grantham and that the first meeting was planned for October.

Prof Proctor asked for a formal report from the Chair of the committee to be programmed into the work schedule of the Council of Governors. Mrs Hill agreed to add this to the Council's cycle of business.

**CHill**

The Board **considered** and **approved** the Terms of Reference for the new Workforce Board sub-committee.

**19/129**

**Approval of the Terms of Reference for the Board of Directors** (agenda item 20)

Mrs Hill presented the refreshed Terms of Reference for the Board of Directors and outlined the changes that had been made.

With regard to the timing of the Board meetings, it was agreed that reference would be made to the Strategic Discussion sessions and the way in which these interlink to the work programme of the Board. Mrs Hill agreed to make this addition to the Terms of Reference.

**CHill**

The Board approved the Terms of Reference for the Board of Directors.

**19/130 Leeds Providers' Integrated Care Collaborative - Programme Director's Report** (agenda item 21)

The Board **received** the Programme Director's report for information and **noted** the content.

**19/131 Glossary** (agenda item 22)

The Board received the glossary.

**19/132 Resolution to move to a private meeting of the Board of Directors** (agenda item 23)

At the conclusion of business, the Chair closed the public meeting of the Board of Directors 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.

The Chair of the Trust closed the meeting at 12:45 and thanked everyone for attending.

Signed (Chair of the Trust) .....

Date .....