

16/003	<p>Opportunity to receive comments / questions from members of the public (agenda item 3)</p> <p>Mr Mason a member of the public noted his dissatisfaction as to the outcome of the tender process in respect of the services in York. He then suggested that the Trust might like to look at the possibility of becoming an organisation that could “turn-around” failing organisations. Mr Griffiths noted Mr Mason’s comments and asked for this to be responded to under agenda item 20.</p>
16/004	<p>Minutes of the meeting held on 29 October 2015 (agenda item 4.1)</p> <p>The minutes of the meeting held on 29 October 2015 were received and agreed as a true record.</p>
16/005	<p>Matters arising (agenda item 5)</p> <p>There were no matters arising.</p>
16/006	<p>Actions outstanding from the public meetings of the Board of Directors (agenda item 6)</p> <p>Mrs Hill presented the action log which showed those actions previously agreed by the Board at its public meetings, those that had been recently completed and those that were still outstanding. Mrs Hill provided the Board with an update on those items where the position had changed since the agenda papers were circulated and invited the Board to note the actions outstanding and to be assured of progress.</p> <p>With regard to log number 195 Mrs Hill noted that a paper had been presented to the Finance and Business Committee which had covered this item and asked that this now be removed as a separate Board action as the chair of the committee would escalate to the Board any matter where it was felt necessary. It was agreed to remove this item.</p> <p>The Board received and noted the agreed actions from previous public meetings that were still outstanding and noted progress.</p>
16/007	<p>Operational Plan Priorities for 2016/17 (agenda item 7)</p> <p>Ms Copeland presented a paper which set out the requirements of the NHS planning guidance for 2016/17 and proposed the priorities that will form the basis of the Operational Plan for 2016/17. Ms Copeland advised the Board that the NHS planning guidance requires NHS organisations to produce a one-year organisation-based Operational Plan for 2016/17, and local health systems to produce a five-year ‘place-based’ Sustainability and Transformation Plan (STP).</p> <p>With regard to the operational plan Ms Copeland noted that the Executive</p>

Team had done some initial work to identify four priorities for delivery in 2016/17. Ms Copeland then drew the Board's attention to the draft high level action plan which set out what needs to be achieved both by March 2016 and during 2016/17 to deliver the proposed priorities. Ms Copeland noted that this would form the basis of the draft Operational Plan for 2016/17.

Ms Copeland indicated that once the priorities and high level action plan had been agreed by the Board this would be used to engage with staff in the organisation to ensure they are clear as to the focus of the work during 2016/17. Ms Copeland also noted that by agreeing these priorities it would allow the Board to be clear as to the things that staff in the Trust will be working towards and to recognise that if there are other things that individuals would like to do the priorities set out in the Operational Plan must take precedence.

Ms Copeland advised the Board about the Sustainability and Transformation Plan (STP) noting that this is a West Yorkshire plan, of which the 'place-based' plan for Leeds would be a sub-set. Ms Copeland then briefly outlined the governance arrangements for developing the 'place-based' plan.

With regard to the financial aspects of the STP Mrs Hanwell firstly advised the Board of the recent additional correspondence received from Monitor setting out clear expectations with regard to the financial planning framework. Mrs Hanwell explained that there is an expectation that individual trusts will contribute to achieving a balanced aggregate financial position in the sector and that all providers had been given an income and expenditure control total. Mrs Hanwell reported that for this Trust this was £3.2m.

Mr Wrigley-Howe asked if the mandating of a control total had been challenged from a legal perspective. Mrs Hanwell noted that whilst foundation trusts have a range of freedoms they are still part of the NHS and subject to department directives such as this. Mr Griffiths noted that NHS Providers were taking forward the issue of mandating a control total on foundation trusts.

Prof Thompson suggested that the Board recognises the potential for a major policy shift after 2016/17 in respect of the imposition of the control total. Prof Thompson also noted the importance in linking quality improvement to the financial plan, indicating that this is something that the Quality Committee would be looking at. Mrs Hanwell noted that the current view is that this change in policy was a one-off request to bring the NHS back to balance.

Mrs Tankard asked about the calculation of the control total and whether there is an intention for the Department to claw back the surplus cash in the future. Mrs Hanwell noted that Directors of Finance had been briefed on how the control total had been calculated and she explained what the prevailing view was as to any possible changes in the future, however, she noted that it was not clear at this point in time.

Mr Woodhouse noted that the paper setting out the Operational Plan priorities was very informative and contained a number of initiatives that had been discussed many times in the past. Mr Woodhouse noted that in his view there were a lot of actions and suggested that consideration be given to focussing on a few important things to ensure these are delivered.

With regard to staff engagement Prof Thompson noted the references to ensuring that staff are more engaged and asked how this would be measured. Mrs Tyler outlined the measures in place, including staff surveys, which would allow the Board to understand how engaged staff are.

Dr Taylor noted her disappointment that there had been a policy shift and that it had been found necessary to mandate a control total on NHS organisations and also that this had been brought into play at such a late point in developing the financial plan. Dr Taylor also noted that at the Finance and Business Committee meeting it had reviewed the forecast financial plan and had also considered the Cost Improvement Plans (CIPs) within that. She supported the importance of considering the impact of the CIPs on quality noting that under the current financial constraints could be quite large.

Dr Taylor made a number of suggestions as to how the plan could be strengthened which were noted by Ms Copeland along with the suggestions made by other Board members.

The Board of Directors **noted** the timelines and process for delivery of the Operational Plan and Sustainability and Transformation Plan and **agreed** the proposed priorities and the draft high level action plan that will form the basis of the Operational Plan for 2016/17.

16/008 Operational plan implementation quarter 3 report for 2015/16 (agenda item 8)

Mrs Parkinson presented a report which provided a summary of the Trust's progress with the measures in the five-year strategy; schemes in the Operational Plan for 2015 to 2017; and the strategically significant projects monitored via the Programme Management Office.

Mrs Parkinson noted that this was the third report of 2015/16 which seeks to provide an overall summary of progress against each of the schemes in the 2015/17 two-year Operational Plan and also with strategy milestones, and which highlights any areas of underperformance. Mrs Parkinson noted that individual programmes of work are being closely supported, monitored and reported upon via the Programme Management Office.

Dr Taylor asked about measures pertaining to service users receiving financial advice or benefits advice noting that this was an important matter for service users and was currently showing a 'red' rating. Dr Taylor asked for a report to come back to the Board setting out how this service is provided by the Trust and what is being done to achieve the target measure. Mrs Parkinson set out the actions being taken by the Trust, noting that a targeted piece of work is being led by Caroline Bamford. Ms Copeland also noted that there is a strand of work in the 2016/17 Operational Plan around recovery, and that financial advice is an important part of this. Ms Copeland asked for this to be referenced specifically in the report which would ensure that this strand of work was reported on. Dr Taylor was happy with this response.

Mr Woodhouse asked about the trigger to Board events noting that the report was showing 14 cases. Mr Deery explained the work in progress and that potentially there are more cases to report to the Board in a future report. Mr Deery indicated that there would be a report on the up-to-date position to the next Mental Health Legislation Committee and an update report back to the Board.

The Board **noted** the progress made against the Operational Plan priorities and strategy measures at the end of quarter three 2015/16; and **confirmed** that they are assured of progress being made to address areas for improvement, having questioned any areas of concern.

16/009

Simulation modelling of Mental Health Services (agenda item 9)

Mrs Parkinson presented a paper to the Board which set out the results of a simulation modelling project carried out by Mental Health Strategies for the Trust. She noted that the scope for the project was those services provided by the Trust for adults of all ages registered or resident within the city of Leeds and also services provided to people with dementia and related disorders. Mrs Parkinson advised the Board that the report would assist in assessing the current and future inpatient bed numbers and models of care delivery. She noted that this had been received at the last Board workshop and had also been received by governors at their Strategy Committee meeting.

Mrs Parkinson then outlined some of the main findings from the modelling. The Board received the report. It discussed some of its findings and possible scenarios. It also recognised the importance of its findings in planning services in the future, but noted that there needs to be consideration as to how the different scenarios will affect the quality of services.

The Board **noted** the content of this report and **considered** the action being taken in relation to the findings.

16/010

Code of Conduct for Directors (agenda item 10)

Mrs Hill presented a proposed Code of Conduct for Directors, noting that the document before the Board had been consulted on and then briefly outlined the process undertaken. Mrs Hill asked the Board to ratify the document before it and to agree that each member of the Board would sign a copy by the 5 February 2016.

Mr Woodhouse noted that he had written to the chairman and non-executive directors outside of the meeting on a number of points pertaining to the content of the Code, to which he had received a response. He then referred in particular to strengthening the Code by including a route by which executive and non-executive directors could raise issues or concerns with the Council of Governors. Members of the Board felt that this was not appropriate for a Code

of Conduct and that it was adequately covered in the various governance structures.

Mr Woodhouse also raised the matter of communicating with governors suggesting there is the possibility for members of the Board to provide a truthful, yet not full answer to any question from a governor. He suggested that something should be included to address the possibility of this. Mrs Tankard indicated that in her view this was adequately addressed in the Code in Section 5.1. She also referred to the dialogue which takes place with governors in various forums and the open and honest way in which this takes place. Prof Thompson noted the legal and professional duty to be candid which is placed on staff and members of the Board.

The Board **ratified** the Code of Conduct as presented and **agreed** that each Board member would sign a copy by the 5 February 2016.

16/011

Memorandum of Understanding between the Chair of the Trust and the Interim Chief Executive (agenda item 11)

Mrs Hill presented the memorandum of understanding between the Chair of the Trust and the newly appointed Interim Chief Executive, noting that the requirement to have such a document is set out in the Code of Governance.

She noted that the version before the Board had been updated to take account of some minor changes in the governance structure and also noted that this was due to be signed by Mr Griffiths and Ms Copeland.

The Board **received** the memorandum of understanding and **agreed** that it correctly reflects the roles of the Chair and Interim Chief Executive. The Board also **noted** that this is due to be signed by both parties and a copy of the document held on file by the Head of Corporate Governance.

16/012

Verbal report from the chair of the Audit Committee for the meeting held 19 January 2016 (agenda item 12)

As chair of the Audit Committee Mrs Tankard presented the key points of discussion at the meeting held on 19 January 2016, including:

- The external auditors' plan for the year-end audit of the accounts noting the key points to be audited
- A report from the external auditors in respect of cyber security, noting that a report on how the Trust is addressing this risk would be going to the Finance and Business Committee in due course
- Internal audit reports in respect of:
 - The administration of detainees under the Mental Health Act, and outlined the findings and the actions that will be taken by the organisation to address this particular issue; noting in particular that one finding showed that the case-load for Mental Health

- Officers in this Trust was much higher than in others
- Complaints, noting that whilst there had been significant progress made in regard to the complaints process, there was still some more work to be done
- Safer staffing, which highlighted issues with data collection and calculation, noting that assurances had been received and that this had now been fully addressed. Mr Deery assured the Board that the Safer Staffing report presented to this meeting was now correct
- Compulsory training, noting that the report had provided a favourable view of the compulsory training programme in place and had showed that this Trust is not an outlier in comparison to other Trust's; however Mrs Tankard noted that this Trust had set higher internal targets than many other Trust's.

Mr Griffiths noted that the Audit Committee had touched on the matter of fraud and linked to this the closure of the recent ongoing fraud case. Mr Griffiths referenced the considerable contribution staff had made in supporting the investigation and the time they had spent in court in assisting with the prosecution of those found guilty of the crime. He wished to record the Board's gratitude to those members of staff, and in particular to Mr Dave Gaunt.

The Board **received** and **noted** the verbal report in respect of the Audit Committee meeting held 19 January 2016.

16/013 Minutes of the Audit Committee for the meeting held 19 October 2015
(agenda item 12.1)

The minutes of the Audit Committee were **received** and the content **noted**.

16/014 Verbal report from the chair of the Finance and Business Committee for the meeting held 27 January 2016 (agenda item 13)

As chair of the Finance and Business Committee Dr Taylor presented the key points of discussion at the meeting held on 27 January 2016, including:

- The financial position at the end of quarter 3, noting that this is on plan with a projected surplus of a £2.5m at the end of the year
- Contract income and the risks around some of those contracts, noting that there are processes in place to help mitigate these
- The control total imposed on the Trust, noting that this would be discussed further in the private meeting. Dr Taylor assured the Board as to the rigour around the assumptions made and conclusions drawn
- Reference costing and the clustering of payments, noting that this had shown that the Trust is approximately 12% more expensive than other Trusts. Dr Taylor advised the Board that this had raised a number of issues for consideration
- Clinical contract update noting that this report had looked at not only

current but likely income streams for the future. Dr Taylor noted that this was a very useful report as it had highlighted areas of volatility

- The Commercial Procurement Collaborative noting that this is now providing added value and a good income stream
- The business case for mHabitat noting that this would be coming back to the Finance and Business Committee with more detail about the governance arrangements and impact for the Trust's Board.

The Board **received** and **noted** the verbal report in respect of the Finance and Business Committee meeting held 27 January 2016.

16/015 Minutes of the Finance and Business Committee meeting held 19 October 2015 (agenda item 13.1)

The minutes of the Finance and Business Committee were **received** and the content **noted**.

16/016 Verbal report from the chair of the Quality Committee for the meetings held 17 December 2015 and 21 January 2016 (agenda item 14)

As chair of the Quality Committee Prof Thompson presented the key points of discussion at the meeting held on 17 December 2015 and 21 January 2016.

Prof Thompson noted that the December meeting had been used to discuss one main strategic item and that this time it had focussed on the fundamentals of care. Prof Thompson noted that a further report on this would come back to the April meeting and would include what individuals can do within their sphere of accountability to support the priorities identified. Prof Thompson noted that the discussion had highlighted a priority around the capacity of clinicians.

With regard to the meeting held on the 21 January 2016, Prof Thompson noted the main points discussed including:

- Maintenance in the Leeds sites, noting that there needs to be focus on this matter to ensure sites are and continue to be safe for service users. Ms Copeland noted that estates is a high priority as detailed in the Operational Plan for both this year and 2016/17
- Clinical audit and the way in which this can be used to best effect throughout the organisation, noting that the committee had fully supported the work of the department in ensuring meaningful audits are well supported throughout the Trust and that staff are empowered to take part
- How the Board is sighted on strategic workforce issues, noting that this would be something that could be discussed at a Board workshop.

The Board **received** and **noted** the verbal report in respect of the Quality Committee meetings held 17 December 2015 and 21 January 2016

16/017 Minutes of the Quality Committee meeting held 17 December 2015
(agenda item 14.1)

The minutes of the Quality Committee were **received** and the content **noted**.

16/018 Verbal report from the chair of the Mental Health Legislation Committee for the meeting held 14 January 2016 (agenda item 15)

As chair of the Mental Health Legislation Committee Mr Wrigley-Howe presented the key points of discussion at the meeting held on 14 January 2016, including:

- The application of the Mental Health Act, noting that the committee had discussed this matter in detail, and that the issue was not around clinical judgement, but the way in which the paperwork had been completed. In addition to this Mr Wrigley-Howe noted that the committee had looked at the impact on service users and the way in which they had been supported as a result of the incorrect application
- Ethnicity and the application of the Mental Health Act.

The Board **received** and **noted** the verbal report in respect of the Mental Health Legislation Committee meeting held 14 January 2016.

16/019 Integrated quality and performance report and quarter 3 monitoring returns/self-certification (agenda item 16)

Mr Deery presented the quarter 3 report noting in particular performance in respect of those items rated 'red'.

In respect of performance around bed occupancy and delayed transfers of care Mr Deery explained that there was an incongruence in these two measures noting that the Monitor target for delayed transfers of care was reported as 'green' because this target is measured in a very specific way, but that the target for bed occupancy is reported as 'red' because this is a process measurement. The Board understood and accepted his explanation for the difference.

Regarding the 'triggers to Board', Mr Deery informed the Board that a number of un-lawful detentions had been reported to the Board on the advice that these detentions were potentially challengeable. Mr Deery noted that the paperwork surrounding these 14 cases was found to be defective and as such the solicitors had advised that the Trust should discharge these individuals. Mr Deery advised the Board that of the 14 service users discharged 7 were re-

detained 3 remained informally and 2 were placed on a Community Treatment Order. Mr Deery assured the Board that each one had been re-assessed and the right action taken and that the individuals concerned had been advised and informed of the complaints procedure and given information as to how to access an independent advocate.

Mr Deery informed the Board that the checks in respect of the administration of the Mental Health Act were continuing, which would also include Community Treatment Orders and that a report would be brought back to the Board at a later date.

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Prof Thompson asked about the Mental Health Payment System and the number of service users that had been clustered expressing concern at the downward trajectory and the impact this could have on the Trust's financial position. Mrs Hanwell advised the Board that this is an important indicator of how well the Trust is doing in stratifying service users into clusters, but was not a concern in terms of financial risk and that a dialogue was ongoing with the commissioners as to how the mechanistic process could be used in the future. The Board also acknowledged the need to ensure that any process put in place is clinically validated.

Mrs Tankard asked about memory services and why performance was poor in respect of this and whether there was a different way of delivering this service. Mrs Parkinson explained that a new model is being discussed with the commissioners which will be fundamental to how the memory service will be taken forward in the future.

Mr Wrigley-Howe asked about the trend for appraisals in corporate services and also noted that the turnover rate in this area had increased significantly and asked if there was any correlation. Mrs Tyler explained that the turnover rate was high as this included the recently transferred York services and that the next report will show a more up-to-date, normalised position for the Trust.

With regard to financial performance Mrs Hanwell advised the Board that the Trust is on track with the plan and has a risk rating of 4 and that the Board should be assured in confirming the position to Monitor.

The Board **considered** the position against both non-financial and financial targets and was **assured** regarding both current performance and future trajectories. It **confirmed** that it anticipates maintaining a continuity of service risk rating of at least 3 over the next 12 months, and that the declarations should be signed by the Chair and Chief Executive. The Board **confirmed** that it is satisfied that the plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework and there is a commitment to comply with all known targets going forward and agreed to sign the declaration. Finally the Board **confirmed** that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported and that the appropriate declaration should be signed.

16/020

Safe staffing report (agenda item 17)

Mr Deery presented the Safe Staffing report and indicated that all the matters in the Internal Audit Report had now been addressed. Mr Deery also noted that the report in its current format included only the information which is required by NHS England and that the next report will reflect the work being carried out in the Trust to look at the key variables that affect safe care which will give the Board a better understanding of whether the wards are safe.

With regard to community services Mr Deery indicated that there was work currently ongoing which is seeking to provide assurance as to safe levels in this area, and that this information would be added to the report at a later date.

Dr Taylor asked if the new style report would pick up subtleties around bed occupancy levels. Mr Deery indicated that this was being looked at in relation to this report.

The Board **received** the Safe Staffing report and **noted** the content. It was also noted that a new-style report would be produced for the next meeting.

16/021

Complaints summary report (agenda item 18)

Mr Deery presented the complaints summary report and drew attention to the progress being made with complaints management. He also noted that the recent internal audit report had given 'significant assurance' in respect of the process. However, Mr Deery indicated that there were still a few issues with response times but that the issues had been identified and were being addressed. Mr Deery reported that a lot of work had been done in respect of taking the findings and lessons learnt back into care services in order to ensure these are embedded.

With regard to the Parliamentary and Health Services Ombudsman (PHSO) publication 'Breaking Down the Barriers' which reported on issues that older people often experience when making a complaint about a public service, Mr Deery reported that the findings from this report had found that the number of complaints from older people were low in the Trust and that a piece of work had been started to look at better engagement with this group of service users.

With regard to staff attitude, which is cited as one of the main reasons for a complaint, Mr Deery advised the Board that a number of workshops would be held for staff to address matters of 'customer care'.

The Board **received** the complaints summary report and **noted** the content.

16/022

Serious untoward incidents update and lessons learnt following the Trust Incident Review Group (TIRG) meeting held: 9 September and 12 October 2015 (agenda item 19)

Dr Isherwood presented the report and drew attention to the data which shows the progress with the back-log of cases, noting that an additional meeting of TIRG had been convened to help with receiving reports in a timely manner.

Dr Isherwood drew attention to the work being carried out to look at the findings from the NCISH report. Dr Isherwood noted that Alice Cole-King had attended a training day in the Trust and had commended the clinical risk management training being provided. Dr Isherwood also advised the Board that he would be re-writing the Clinical Risk Management policy to make it more relevant and easier to use.

The Board **noted** the content of the report and was **assured** that the actions in respect of the lessons learnt are being progressed appropriately.

16/023

Vale of York post-transaction outcome report (agenda item 20)

Mrs Hanwell presented the report noting that the decommissioning of services had not been the choice of the Trust and that it had had to react to the process imposed by the loss of the tender. Mrs Hanwell assured the Board that everything possible had been done to ensure services were transferred in a safe and appropriate way.

With regard to the residual issues outlined in the paper Mrs Hanwell noted that there were now only a few matters outstanding and that there is a good operational working relationship with TEVV where there is a need to work together.

With regard to the Judicial Review Mrs Hanwell noted that there is a potential for reputational risk. Mrs Hanwell provided a brief update on the timescales for this review and also noted that there is the possibility that the Trust will be struck out of the process.

Mrs Hanwell noted Mr Mason's comments about taking on other services and advised that this could only be done in the context of the commissioning framework and was therefore outside of the control of the Trust. Ms Copeland supported Mrs Hanwell's comments noting that it was not possible to aggressively look for other services.

The Board **received** the outcome report and **noted** the contents.

16/024 Re-appointment of Mental Health Act managers (agenda item 21)

The Board received a paper setting out those Mental Health Act Managers who had been recommended for re-appointment. Having considered this the Board agreed that Nasar Ali Ahmed, Judith Devine, Lorna James, Peter Jones, James Morgan, Claire Morris, Niccola Swan and Thomas White would be re-appointed as Mental Health Act Managers.

The Board **considered** and **approved** the re appointment of the Mental Health Act Managers as set out in the paper.

16/025 Mental Health Act Managers' remuneration (agenda item 21.1)

Mr Griffiths advised the Board that he had taken 'chair's action' and decided that the payment of £60 and £80 rates would not be made to non-executive directors carrying out Mental Health Act Manager's duties on the basis that carrying out these duties is set out within the role description for a non-executive director and as such falls within their normal duties.

The Board **noted** and **endorsed** the Chair's action.

16/026 Update on the Well-led Governance Review (agenda item 22)

Mr Deery advised the Board that this is work in progress and it was expected that the review will be carried out during April with the draft report being presented at a Board workshop for consideration.

The Board **received** and **noted** the update in respect of the well-led review.

16/027 Chair's report (agenda item 23)

Mr Griffiths confirmed that Mr Butler had now resigned as the Chief Executive and had taken up the position as the Interim Chief Executive at North Essex Partnership NHS Foundation Trust. The Board thanked Mr Butler for his time at the Trust.

The Board **received** and **noted** the Chair's report.

16/028 Chief Executive's report (agenda item 24)

Ms Copeland presented her report and advised the Board that a meeting had taken place with Thea Stein, the Chief Executive of Leeds Community Healthcare noting that this had provided an open exchange of views and that it had been agreed a small meeting of the Chairs, Chief Executives and a number of NEDs would take place to discuss the matter further. Ms Copeland felt that this would be helpful in moving the matter forward.

The Board **received** and **noted** the Chief Executive's report.

16/029 Use of the Trust's seal (agenda item 25)

The Board **noted** that the Trust seal had not been used since the last meeting.

16/030 Minutes from the Council of Governors' meeting held 9 September and 18 November 2015 (agenda item 26)

The Board **received** and **noted** the minutes from the Council of Governors' meetings.

16/031 Any Other Business (agenda item 27)

There were no items of other business.

16/032 Further Questions or Comments from the Public (agenda item 28)

There were no further questions from members of the public.

At the conclusion of business the Chair closed the public meeting of the Board of Directors of Leeds and York Partnership NHS Foundation Trust at 12:15 and thanked members of the Board and members of the public for attending.

**BOARD OF DIRECTORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held Thursday 28 January 2016**

**FOR INFORMATION ONLY
SEE CUMULATIVE ACTION LOG FOR DETAILED INFORMATION**

MINUTE	ACTION SUMMARY (PUBLIC MEETING – PART A)	LEAD DIRECTOR
16/008	<p>Operational plan implementation quarter 3 report for 2015/16 (agenda item 8)</p> <p>Mr Woodhouse asked about the trigger to Board events noting that the report was showing 14 cases. Mr Deery explained the work in progress and that potentially there are more cases to report in a future report. Mr Deery indicated that there would be a report on the up-to-date position to the next Mental Health Legislation Committee with an update report back to the Board.</p>	AD
16/019	<p>Integrated quality and performance report and quarter 3 monitoring returns/self-certification (agenda item 16)</p> <p>Mr Deery informed the Board that the checks in respect of the administration of the Mental Health Act were continuing, which would also include Community Treatment Orders and that a report would be brought back to the Board at a later date.</p>	AD