

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 27 April 2017 at 9.00 am  
in Meeting Room 3, Clifton House, Bluebeck Drive, Shipton Road, York YO30 5RA**

**Board Members**

		Apologies	Voting Members
Prof S Proctor	Chair of the Trust		✓
Prof J Baker	Non-executive Director		✓
Mr A Deery	Director of Nursing, Professions and Quality		✓
Mrs D Hanwell	Chief Financial Officer and Deputy Chief Executive	✓	✓
Dr C Kenwood	Medical Director		✓
Dr S Munro	Chief Executive		✓
Mrs L Parkinson	Interim Chief Operating Officer		✓
Mrs M Sentamu	Non-executive Director		✓
Mrs J Simpson	Non-executive Director		✓
Mrs J Tankard	Non-executive Director (Deputy Chair of the Trust)		✓
Mrs S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director (Senior Independent Director)		✓

**In attendance**

Mr D Brewin                      Assistant Director of Finance (attending in Dawn Hanwell's absence)  
Mrs C Hill                        Head of Corporate Governance / Trust Board Secretary  
3 members of the public (one of which was a member of the Council of Governors)

**Action**

The Chair opened the public meeting at 9.00 am. She welcomed members of the Board and those attending. Prof Proctor noted that this was the first Board meeting for Jacki Simpson and also noted that this was her own first Board meeting.

Prof Proctor stated that during her first four weeks in post she had been struck by the dedication, commitment and professionalism of the executive team and the non-executive directors. She also paid tribute to the staff she had met during her visits and noted, in particular, their commitment to do their best for service users and engage with members of the public.

**17/062      Apologies for absence** (agenda item 1)

Apologies were received from Dawn Hanwell, Chief Financial Officer. It was noted that David Brewin, Assistant Director of Finance, was attending in her absence.

**17/063      Annual declaration of interests for directors** (agenda item 2)

Prof Proctor advised the Board that the annual declaration of interest forms for directors had now all been received, including the two noted as outstanding in the paper. She then drew the Board's attention to the document that summarised these declarations, noting that this presented an

up-to-date list of declared interests and that the original forms were held by the Trust Board Secretary.

**17/064 Declaration of any conflicts of interest in respect of agenda items**  
(agenda item 2.1)

No director present at the meeting declared any conflict of interest in respect of any agenda item to be discussed.

**17/065 Minutes of the previous meeting held on 30 March 2017** (agenda item 3)

The minutes of the meeting held on 30 March 2017 were **accepted** as a true record.

**17/066 Matters arising** (agenda item 4)

There were no matters arising that were not already on the agenda.

**17/067 Actions outstanding from the public meetings of the Board of Directors**  
(agenda item 5)

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

The Board **received** a log of the actions agreed at previous public meetings and noted the timescales and actions.

**17/068 Chief Executive's report** (agenda item 6)

Dr Munro presented the Chief Executive's report. She firstly drew attention to the organisational priorities for the next 12 months noting that these would form the basis of business planning for the coming year and would enable the achievement of the Trust's ambition. She also indicated that these would be reflected in the annual appraisal and objectives for all senior staff.

In regard to monitoring progress against the core objectives she assured the Board that a report would be made quarterly to the Senior Management Group.

Prof Proctor referred specifically to the priority of 'collective leadership' and asked what thoughts had been given to how the achievement of this would be monitored. Dr Munro indicated that the metrics for monitoring this were still to be determined and that they would be included in the Workforce and Organisational Development Plan.

Dr Munro then drew attention to the governance review to look at the Trust's assurance, accountability and escalation processes, which was being

carried out by Deloitte. She noted that this work had been commissioned having received feedback that the systems in place for this were not sufficiently clear. Dr Munro noted that Deloitte had concluded the first part of the review. She indicated that directors would have the opportunity to be informed of the findings at the Board workshop in May with a full report being brought to the June Board meeting, which would include the executive team's response to the recommendations.

SM

With regard to the Trust's approach to learning from incidents, Dr Munro noted that she had asked for this to be entered onto the strategic risk register. She also advised that the Quality Committee was to be provided with on-going updates and assurance on the actions being taken in relation to the new processes for learning from incidents.

Margaret Sentamu joined the meeting.

Dr Munro noted that a report had been presented to the Quality Committee in regard to the external review of forensic services and that this had looked at staff morale and staff engagement. She advised the Board that a workshop for all forensic staff in Leeds and York had been held on 26 April and outlined the details that had been shared and discussed. She also outlined the work implement the key recommendations, noting that this would be taken forward by Dr Kenwood through an improvement group. Dr Munro advised the Board that the commissioners had been at the workshop and had assured staff of the future of the service in York and that this had been well received. Prof Baker asked about the recommendations in the report and whether they had all been accepted by the executive team. Dr Munro indicated that there had been a distillation of these as some were repetitive. Prof Baker also asked what the impact on the quality of care for service users had been. Dr Kenwood agreed to look at this as part of her work.

CK

Finally, Dr Munro drew attention to the fundraising undertaken by Joe Faulkner, a mental health nurse and locality manager in the community mental health services, who had run from Leeds to London, arriving in time to run the London Marathon. She noted this was to raise money for Rethink and to support tackling stigma towards mental health. On behalf of the Board Dr Munro congratulated Mr Faulkner on this significant achievement.

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

17/069

**Freedom to Speak up Guardian annual report** (agenda item 13)

Helen Wiseman, Freedom to Speak up Guardian, presented her first annual report to the Board. She advised that the key concerns raised by staff were around attitudes and behaviours. Dr Munro asked how the number of concerns and the themes raised compared to other Trusts. Mrs Wiseman indicated that whilst the Trust is a comparative low reporter of concerns, levels of reporting are within the norm and that the key themes are mostly consistent with other Trusts she has spoken with.

With regard to concerns raised about bullying and harassment, Mrs Tyler asked what was being done in relation to these. Mrs Wiseman noted that the concerns raised around this issue were those already known to managers and that she was assured that work was in hand to address them.

Mrs Tankard noted the importance of having a mechanism for raising concerns and for staff feeling safe to do so and she offered the support of the Board to develop and embed the guardian role. Prof Proctor indicated that she had recently met with Mrs Wiseman and had affirmed the importance of this role, noting the unique position of the guardian who needed to have both credibility with staff and a direct link to the Board.

Mrs Simpson asked how leaders in the organisation feel about the role knowing that concerns could be raised about them. Mrs Wiseman indicated that she always addresses any messages to staff and to managers as her role is there for everyone.

Mrs Sentamu asked about the nature of the work that Mrs Wiseman was undertaking in conjunction with the Head of Diversity. Mrs Wiseman advised the Board that they would be looking at a number of disciplinary cases involving bank and BME staff to better understand any trends.

Dr Kenwood noted the important role the guardian plays in supporting staff raising concerns, some of which could directly impact on the safety of service users.

Prof Proctor highlighted the strong affirmation provided by directors for the role. She also confirmed that contact with the Board would be maintained through herself, the Chief Executive and six-monthly reports to the Board, with exceptional matters being escalated more quickly if needed. In relation to the reports to Board, Prof Proctor asked for these to be qualitative and also to look at the relationship between this role and that of the Guardian of Safe Working.

HW

The Board **received** the annual report from the Freedom to Speak up Guardian and **discussed** the key themes and issues raised.

17/070

**Integrated quality and performance (IQP) for March 2017** (agenda item 7)

Mr Brewin noted that since the paper had been circulated the financial information provided had been updated as the Trust had now received the NHS Improvement Sustainability and Transformation Funding incentive bonus of £894k. Mr Brewin stated that with this money the reported surplus for the year was £5.19m. He noted that the surplus was made up predominantly of non-recurrent items and that as such it does not represent the underlying financial performance for the Trust. He also advised that due to the year-end financial position, the Trust had achieved a 'use of resources' score of 1, this being the highest score.

Mr Brewin further advised that there had been slippage on the cost improvement plans (CIPs) by 17% and that action plans were being developed to recover this shortfall. Prof Proctor asked for assurance as to what will be done to monitor performance and manage the CIP programme. Mr Brewin advised the Board that a new group, currently chaired by the Chief Executive, had been set up to manage CIPs in a more controlled way.

The Board asked for its thanks to be passed on to all those involved in achieving this year-end financial position.

Mr Wrigley-Howe asked about the treatment of job vacancies, noting the contribution this was making to the overall surplus and asked what the plan was for tackling this going forward. Mr Brewin assured the Board that vacancies in clinical posts are generally in lower grade posts and are currently being filled by bank and agency staff. He noted that filling these posts substantively would have no significant effect on expenditure. He also noted savings on vacancies are derived mainly from corporate and junior doctor posts which are generally higher cost posts. Mr Brewin indicated that some of these are not being actively filled partly due to the service re-design work that is being carried out. Prof Proctor noted the important links between financial planning and workforce planning and the need for the Board to understand these links.

Mrs White asked about the £894k bonus and how this could be spent. Mr Brewin advised that this had been awarded because the Trust had achieved its control total for 2016/17 and that the money could only be spent in 2017/18 on non-recurrent capital items.

With regard to the control total agreed for 2017/18, Mrs White asked what was being done to ensure this is met. Dr Munro reminded the Board that it had agreed that a break-even position will be maintained recurrently and that the target surplus of £2.6m will only be achieved through non-recurrent items.

**DH/DB**

With regard to the surplus cash Dr Munro asked for work to look at the flexibilities around how it might be used non-recurrently, noting that it could add real value to the implementation of the Clinical Services Plan. Mr Brewin agreed to look at the flexibilities and the way it can be used. Mrs Tankard supported this approach particularly for clinical services and suggested that non-recurrent money is used to remove blockages in making changes. Prof Proctor asked for Dr Munro, Mr Deery and Dr Kenwood to look at identifying areas where the money could be best used.

**SM/AD/CK**

Mrs White observed that R&D income had exceeded the plan and asked why this was. Mr Brewin explained the difficulties at the planning stage to accurately forecast which bids would be successful, and that this year more bids than anticipated had been successful, which had accounted for the Trust exceeding the plan. It was noted that this was very positive for the Trust and Mrs White suggested looking at the reasons why bids had been successful and apply this to others in the future.

Mrs Parkinson then presented the quality metrics against targets and measures. With regard to the exceptions set out in the paper Mrs Parkinson drew attention to those metrics where there had been underperformance and the actions taken to address these.

Prof Baker expressed concern that there was a disparity in performance against outcome measures as reported in the IQP to the Board and to the April Quality Committee. He noted that in three separate instances the Trust's performance had been reported differently and that in some reports it showed the target had been achieved and in other reports that the target was shown as not being met. Mrs Parkinson explained the different basis on which each target was measured and the reasons for the apparent disparity. This was discussed by the Board and it was agreed that there needed to be greater clarity and consistency around the description of the targets in the reports presented to both the Board and elsewhere in the Trust.

LP

Dr Kenwood also outlined a piece of work which needed to be undertaken to look at the validity and reliability of the different outcome measures and to establish a set of principles setting out what measure is used for what service user group and under what circumstances.

CK

Mr Wrigley-Howe asked why information about the 'timely access to mental health assessment under section 136' had not been included in the report. Mrs Parkinson noted that the information would be provided to the May Board in relation to April data. Prof Proctor asked for the report in May to include a definition of 'timely access' as well as information about performance, and that future reports should highlight assurance as to how performance is being improved.

LP

The Board discussed the clustering target and noted that this is not regarded by some as a tool to assist clinicians in the care of service users, but acknowledged that due to regulatory requirements the Trust must continue to report on this. However, Mrs Parkinson noted that there are discussions with commissioners to look at how clusters can be used in such a way that they add value for our service users. The Board acknowledged the need to report on all the targets included in the report but agreed that it could be improved by including a narrative around priority areas.

LP

The Board **received** the IQP for the month of March 2017 and discussed the actions being taken to meet the targets.

17/071

#### **Safe staffing report** (agenda item 8)

Mr Deery introduced the safe staffing report for the month of February 2017. He noted that 30% of the wards had reported pressures in relation to the level of staffing. He advised the Board that this was predominantly due to the national shortage of qualified nurses, difficulties in recruitment and sickness absence.

Mr Deery also noted that the Board had previously asked for more information about the Psychiatric Intensive Care Unit (PICU) in relation to the acuity of some service users and how this was being managed. Mr Deery advised the Board that work had been done to look specifically at this and reported on the actions that had been agreed.

The Board noted that this and other papers presented to the Board had highlighted recruitment as an issue. Mrs Tyler spoke about the difficulties in recruiting. She advised on the discussions in relation to commissioning additional nurse training places, although she acknowledged that this would not eradicate the immediate problem of a shortage of nurses. Mrs Tyler also spoke about apprenticeships and agreed to bring information about the Trust's approach to the apprenticeship levy in the workforce report to the May Board. Prof Proctor asked for the report to address wider strategic and operational issues relating to the workforce over and above recruitment and retention.

**ST**

The Board discussed issues in relation to recruitment and retention. It sought to understand if it was possible to attract staff from abroad. It acknowledged that there was an issue around placement capacity and support for nurses when in post. The Board also noted the importance of retaining staff once they have been recruited and the effort that needs to be directed towards this. Mrs Tyler acknowledged all of the points raised and also the need to address organisational culture as an important aspect of staff retention. Prof Proctor noted that at the June Board workshop there would be an opportunity to look at the emerging strategic plans and how these address the issues of recruitment, retention, culture and behaviours.

**ST**

Noting the concerns being raised about PICU, and in the light of the recent problems at Clifton House, Mr Wrigley-Howe asked if the Board could be assured that there isn't an up and coming risk on which it wasn't yet sighted. Dr Munro felt unable to provide such assurance with any certainty. She referred to the work being carried out by Deloitte and the need to develop a clear framework for escalating risks and issues. In relation to emerging issues more broadly, Prof Proctor asked for the Chief Executive to include in her future reports any emerging risks or 'hot spot' issues on which the Board should be sighted.

**SM**

Mr Wrigley-Howe then asked specifically about the risks on PICU. Mr Deery assured the Board that staff are managing the risk; that the issues are caused by a difficult case-load; and that discussions are currently underway with NHS England to find a way of managing the risk through the pathway more quickly. Dr Munro asked that the staff are assured that the Board and executive team are sighted on this issue and that they are taking steps to resolve the situation.

**AD**

The Board **received** and **discussed** the safe staffing report.

17/072

**CQC action plan** (agenda item 9)

Mr Deery presented the CQC action plan noting that this was the first time it had been reported to the Board and that it sought to assure on the process of managing the action plan.

Mr Deery noted that there was an undertaking to complete all the compliance, 'must do' and 'should do' actions by July 2017 and assured the Board that work was on track to meet this timescale.

Mr Wrigley-Howe expressed concern about the action in regard to single sex accommodation at the Yorkshire Centre of Psychological Medicine, noting that this seemed to be something that was unlikely to be achieved within the timescale.

Mr Deery outlined the actions taken so far by both NHS England and the CQC in relation to this matter and noted that there was some confidence that progress was being made. He also noted that there was precedence in relation to how mixed sex accommodation was assessed and again expressed some confidence that this could be favourably applied to the Trust and of this compliance action being rescinded. Although he also acknowledged the risk of this not occurring. He noted that there was a further meeting with the CQC on the 2 May and agreed to email members of the Board on the outcome of this.

AD

Mrs White asked how confident the executive team was that if inspected again the Trust would achieve 'good' or 'outstanding'. She also asked if there were any emerging concerns that are different to those identified by the CQC at the last inspection, which could result in a poor rating. Mr Deery noted that these were the areas identified as risks in the paper and assured the Board that there are plans in place to address them.

Prof Proctor asked for a quarterly exception report to come to the Board in relation to the progress against the action plan with the next report being to the July Board meeting.

AD

The Board **received** the report regarding the CQC action plan and was **assured** of progress in relation to these.

17/073

**Operational plan implementation report quarter 4** (agenda item 10)

Mrs Parkinson presented the final report for the year 2016/17 in relation to the implementation of the Operational Plan. She noted that the schemes reported as not being complete would be assessed to look at whether and how these would be taken forward into the 2017 to 2019 two-year Operational Plan.

Mrs Parkinson also indicated that the executive team is looking at what the final priorities will be; the feasibility and deliverability of each; and what

resources are needed to achieve these.

With regard to the priorities Mrs Parkinson outlined the interdependences with the various strategic plans and noted that this would also help to inform the final decision on what is taken forward. Dr Munro noted that each of the priority areas would be executive-led and it was agreed that future quarterly reports would include an update from the relevant executive lead in regard to progress.

**EDs**

The Board **received** the quarterly update report and **noted** progress against the each of the schemes as set out in the paper.

**17/074**

**Medical Director's report** (agenda item 11)

Dr Kenwood presented the new Medical Directors' report which outlined the key areas she has focussed on during her first few weeks in post. She noted that she had met with a number of staff and this had informed her areas of focus and that they included: the development of the new Trust-wide Clinical Governance Group which will be formed out of the existing Effective Care Group; a review of the form and function of the medial directorate management structures and processes to look at how these support the various aspects of her portfolio; and the mortality review.

The Board **received** the Medical Directors' report and **noted** the content.

**17/075**

**Guardian of Safe Working Guardian annual report April 2016 to March 2017** (agenda item 12)

Dr Kenwood presented the first report to the Board from the Guardian of Safe-working. She noted that the guardian was independent and that this report was only being presented to the Board by the Medical Director by way of her being the sponsor of the paper.

Dr Kenwood noted that future reports would be quarterly by exception rather than the full details presented at the meeting. The Board noted that overall the Trust was in a good position and that it had a long track record of supporting junior doctors.

Prof Proctor asked Mr Deery to check whether a report from the Safe-working Guardian needs to be included in the Quality Report.

**AD**

The Board **received** the report and was **assured** of the systems in place to support the working arrangements of junior doctors and that safe working practice is being maintained.

17/076

**Verbal report from the Chair of the Audit Committee for the meeting held 24 April 2017** (agenda item 14)

Mrs Tankard provided the Board with a verbal update on the issues discussed at the meeting held on 24 April, including:

- A review of the Medical Directorate Risk Register, noting that the committee had been concerned to note that a risk had been on the risk register for five years in relation to pharmacy staff operating from two bases that were not fit for purpose. She advised that the committee had requested a report from the Medical Director to go to the Board in May in regard to progress on this matter
- The Internal Audit progress report, which had given significant assurance on eight audit reports. She also noted that Internal Audit had carried out a check of agreed actions to ensure these had been completed. Mr Tankard reported that from the small sample of wards tested there had been an issue highlighted on two wards at the Becklin Centre which showed that clinical staff were unaware of how to escalate issues around safe staffing levels
- The Losses and Special Payments report, noting that this had highlighted two employer's liability claims with significantly large amounts of compensation. Mrs Tankard indicated that the committee had asked for the process of reporting claims be reviewed and for this to include a threshold over which they would be reported to the Board. Mrs Tyler also noted that there would be a new workforce report to the private May Board and that cases such as this would be included in that report.

CK

ST

Mrs Sentamu added that at the committee meeting there had been a discussion around the rationing of junior doctor training places noting that this plays into the recruitment and retention issue. Prof Proctor noted that this will link into the Board discussion in regard to the Workforce and Organisational Development Plan.

ST/CK

The Board **received** the verbal update from the Chair of the Audit Committee and **noted** the issues raised.

17/077

**Verbal report from the Chair of the Finance and Business Committee for the meeting held 24 April 2017** (agenda item 15)

Mr Wrigley-Howe provided the Board with a verbal update on the issues discussed at the meeting held on 24 April, including:

- An update on mHabitat (an organisation which supports digital innovation in the NHS and wider public sector) noting that the committee did not support the proposed devolved business model, but had asked for there to be further consideration of the possible models with a report coming back to the July committee meeting
- The 2016/17 Estates Strategy, noting that the paper presented

focused on operational matters and wasn't sufficiently strategic. He noted that now there was more clarity on the Clinical Services Plan there could be progress made with developing the emerging new estates strategic plan.

On a wider strategic issue Mr Wrigley-Howe noted that the contract income paper presented to the committee had brought to light the need for there to be further strategic thinking in relation to the possible business opportunities for the Trust. This was noted by the Board.

The Board **received** the verbal update from the Chair of the Finance and Business Committee and **noted** the issues raised.

17/078

**Verbal report from the Chair of the Quality Committee for the meeting held 25 April 2017** (agenda item 16)

Prof Baker provided the Board with a verbal update on the issues discussed at the meeting held on 25 April, including:

- A report on choking incidents in the clinical services over the last 5 years. It was noted this had provided assurance on the actions being taken to address the findings; however, there was still a need to have a substantive Speech and Language Therapist appointed in order to address the actions required.

Prof Baker noted that there had been a number of papers presented to the committee that sought authority and approval. He noted that this was not the role of the committee. Prof Proctor reiterated that the role of the committee was to seek assurance on process and noted that the committee had done this during the course of the meeting that she had observed.

The Board **received** the verbal update from the Chair of the Quality Committee and **noted** the issues raised.

17/079

**CQC Learning, candour and accountability and NQB Guidance on Learning from deaths report – a framework** (agenda item 17)

Prof Proctor reminded the Board that this paper was for information and was in relation to the Trust's approach to the new expectations from the CQC around the guidance on learning from deaths of service users.

Mr Deery drew attention to the action plan and the recommendations from the National Quality Board. In particular he drew attention to the need for there to be a nominated executive and non-executive director lead; for there to be a Trust policy published by September 2017; and the requirement for quarterly reporting to the Board.

Dr Munro was asked to look at who would be the executive lead for this area of work and Prof Proctor undertook to identify a non-executive lead.

**SM / SP**

Prof Proctor also asked for a report against the action plan to come to the July Board meeting, including a statement as to the rationale for deaths that would be included and excluded from this process. She also asked for quarterly reports to be received by the Board thereafter.

**Executive lead**

The Board **received** the report and **noted** the actions to be taken to address the recommendations.

**17/080**

**Serious incidents and lessons learnt** (agenda item 18)

Mr Deery noted that this paper provided the Board with an update on the issues that need to be addressed to improve risk management reporting and learning and safety systems within the Trust.

He noted that in the past, the Board had only received a report from the Trust Incident Review Group which detailed the incidents that had been reported and investigated through that group. Mr Deery noted that this had resulted in the Board not being sighted on other incidents or other qualitative information in relation to incidents. He also noted that by receiving this information it would allow the Board to be assured that the Trust was learning from such incidents and that there was evidence of improvements in practice.

Mr Deery agreed to bring back a report to the June Board on the approach to serious incidents and lessons learnt and that this would link into the Trust's approach to clinical governance. Dr Munro highlighted an issue in relation to the processes around the identification of risks, risk management and escalation of risks, including where these are reported. Prof Proctor, therefore, asked for a brief contextual paper setting out the framework for risk management to be presented alongside the learning from incidents paper and to show where incident reporting sits within this.

**AD**

The Board **received** the update report and **noted** progress.

**17/081**

**Division of duties between the Chair and Chief Executive** (agenda item 19)

Mrs Hill reported that in line with the NHS Foundation Trust Code of Governance a new version of the document setting out the division of duties between the new Chair (Prof Proctor) and the Chief Executive (Dr Munro) had been signed by both officers and that a copy of this was held on file.

The Board **noted** that the document had been signed by the new Chair and the Chief Executive.

**17/082 Any other business** (agenda 20)

There were no items of other business.

**17/083 Board evaluation** (agenda item 21)

Prof Proctor invited members of the Board to reflect firstly, on the key themes that had come out of the meeting. These were noted to have been: workforce; safety of services in relation to service users; reporting and learning; and organisational culture. She then noted that these key themes demonstrate that the Board is focussing on the things that are important for services and service users.

Secondly, Prof Proctor asked members of the Board to reflect on how the meeting had gone in order to ensure continuing development of the meeting. In summary members of the Board found it to have been useful and productive with sufficient time allowed for discussion. Directors did, however, note that there hadn't been any items in the strategic section of the agenda.

There was also recognition of the importance of culture in the organisation noting that this had been discussed during the course of the meeting. It was agreed that this was a priority for the Board development plan and would be added to the agenda for the July workshop.

**ST**

**17/084 Resolution to move to a private meeting of the Board of Directors**

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 11:40 and thanked members of the Board and members of staff and 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 .....