

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors  
held on Thursday 25 January 2018 at 9:30 am  
in the Denham Room, York CVS, Priory Street Centre, York, YO1 6ET**

**Board Members**

		Apologies	Voting Members
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		✓
Dr C Kenwood	Medical Director		✓
Mr P Lumsdon	Interim Director of Nursing		✓
Dr S Munro	Chief Executive		✓
Mrs M Sentamu	Non-executive Director		✓
Mrs S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mr M Wright	Non-executive Director		✓
Mr S Wrigley-Howe	Non-executive Director (Senior Independent Director)	✓	✓

**In attendance**

Mrs C Hill	Head of Corporate Governance / Trust Board Secretary
Mrs J Wilkes	Inspector, Care Quality Commission (CQC)
Mrs K Gorse-Brightmore	Inspector, Care Quality Commission (CQC)
Mr H Azlam	Inspector, Care Quality Commission (CQC)
Ten members of the public (three of whom was a member of the Council of Governors)	

**Action**

The Chair opened the public meeting at 9.30 am. She welcomed members of the Board and those observing the meeting noting that Mrs Wilkes, Mrs Gorse-Brightmore and Mr Azlam were observing as part of the CQC inspection. Prof Proctor also noted that this was the first meeting that Mr Wright had attended since being appointed as a non-executive director and welcomed him to the Board.

**18/001**

**Sharing Stories** (agenda item 1)

Prof Proctor welcomed Maureen Cushley, Inpatient Services Manager; Gail Galvin, Matron; and Daniel Norton, Health Support Worker noting that they had been invited to the Board to share stories of service users which illustrate the human cost of delayed transfers of care to both service users and their carers and also to staff.

The team shared the stories of three service users illustrating how delayed transfers of care had affected their well-being and the well-being of those who care for them. They also talked about the effect delays have on the staff and on their emotional resilience. Daniel Norton in particular shared

with the Board the posters and communication boards that he had designed for use by the staff on the ward to support their morale and well-being and to help support them when they are dealing with difficult situations.

Prof Proctor thanked the team for their powerful presentation. She noted the importance of remembering the human and emotional effect of delayed transfers of care and not focus on just financial or contractual issues. She also thanked Mr Norton for his inspiring leadership acknowledging the importance of the work he had done.

The Board asked questions of the team. Mrs Forster Adams asked if there was any likelihood that delayed transfers of care would reduce given the amount of work being done with partners. Mrs Cushley indicated that commissioners were doing what they could to reduce the numbers which were slowly decreasing. Mrs Tyler asked if the staff initiatives were having a positive impact on retention. Mr Norton indicated that it was, and that people want to work on the ward. He also indicated that staff in the Trust are using the posters and communication boards in other wards.

Dr Munro thanked the team for attending the Board and sharing their stories and those of their service users. She commended the work of the team and the good practice they have developed and put in place.

Dawn Hanwell joined the meeting.

**18/002 Apologies for absence** (agenda item 2)

Apologies were received from Mr Wrigley-Howe; Non-executive Director.

**18/003 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items** (agenda item 3)

Prof Proctor noted that Mr Wright had submitted his Declaration of Interest form to Mrs Hill; that he had no interests to declare and that this had been reflected in the schedule presented to the Board.

No other director advised of any change in their declared interests, and no director at the meeting advised of any conflict of interest in any agenda item.

**18/004 Minutes of the previous meeting held on 30 November 2017** (agenda item 4)

With regard to minute 17/217, Mrs White asked for it to be clarified that the 10% check of files which would take place would be 10% of each mental health officers' caseload not a 10% check of all files. She also advised that an assurance report of the findings would be made to the Mental Health Legislation Committee. This point of clarification was noted by the Board.

The minutes of the meeting held on 30 November 2017 were **accepted** as a true record with the inclusion of the above point of clarification and they were signed by the Chair.

**18/005 Matters arising** (agenda item 5)

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

**18/006 Actions outstanding from the public meetings of the Board of Directors** (agenda item 6)

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

With regard to the action in relation to accommodation for the liaison psychiatry service situated on Leeds Teaching Hospitals NHS Trust site, Mr Lumsdon confirmed that he had raised this matter at his meeting with other Directors' of Nursing. Mrs Forster Adams advised that an expansion for the liaison service had been confirmed and that this would result in the need to secure suitable accommodation. She added that discussions in relation to this were ongoing. Prof Proctor indicated that this matter would remain an interest for the Board.

Mr Lumsdon updated the Board on the work being carried out in relation to staffing levels and skill-mix in the absence of there being national profiles. He noted that the national benchmarking information for mental health staffing levels was also still not available. He added that there was a further piece of work to be done in relation to community staffing which he noted was a more complex issue. He advised that the Trust would look at what these staffing levels should be and would validate this with teams through the safer staffing visits. Mrs Forster Adams indicated that the Finance and Performance Committee had also discussed the methodologies that could be used to determine the establishment. She indicated that this would be done for both inpatient and community teams in early 2018/19. It was agreed that there would be an update be brought to the April Board on the internal skill-mix work and the application of the acuity tool. She added that this would also include a review of the contractual arrangements to ensure there was adequate investment to provide the right level of staffing in the services.

**JFA**

Dr Munro assured the Board of the discussions that had taken place at the Scrutiny Board's Health Service Development Working Group around Out of Area Placements, noting that this had offered the opportunity for all partners to understand the pressures in the system. Dr Munro added that the full Scrutiny Board had then convened and discussed delayed transfers of care and patient flow across the whole system. It was agreed that patient flow would be looked at in more detail in the May Board development session.

**JFA**

With regard to the smoking cessation post Mr Lumsdon reported that an appointment had been made to the vacant post to oversee the application of the policy within the Trust's inpatient and community services. He added that the work of this individual would be informed by a service user with experience whose role would be to talk to service users about the benefits of the policy.

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

18/007

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

Dr Munro presented the Chief Executive's report and outlined the key highlights.

She firstly drew attention to the service visits undertaken during the festive period and paid tribute to the staff that had worked in the services during this time. She added that during the visits staff had raised estates issues related to the PFI premises, noting that whilst many of these had been resolved, the Chief Financial Officer was developing a longer term estates strategy that would give greater flexibility and control in relation to the estate.

She also drew attention to reports in the press about the recent collapse of Carillion, noting that whilst this had not affected the Trust the Board would receive assurances in the private part of the meeting in relation to the facilities management contractors who do provide services to the Trust.

With regard to the Trust's strategy and supporting strategic plans, Dr Munro indicated that work was ongoing to complete the suite of plans for sign-off by the Board. She noted that to ensure there was alignment with the planning guidance, contractual requirements with commissioners and any actions that arise out of the CQC inspection a report would be brought to the April Board which would set out the priorities and objectives for 2018/19 and the lines of accountability for delivery across the care groups and corporate services.

Mrs White asked about the Leeds Health and Care Academy and suggested that more information comes back to the Board on this. Dr Munro agreed that this could be made available at the February Board meeting.

With regard to the meetings and initiatives outside of the Trust that Dr Munro would be leading on, Mrs White asked if she had sufficient capacity to do this. Dr Munro assured that Board that she did have capacity to lead on these as there were others who would be responsible for the detailed work.

Prof Proctor drew attention to the Leeds Plan and the proposal to progress frailty as the first focus of cross partnership working. She supported this initiative but identified the need to monitor the potential implications for the Trust particularly in relation to pressures in the system around older service users.

**ST**

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

18/008

**Chief Operating Officer report** (agenda item 8)

Mrs Forster Adams noted that the report focused on two key areas: the Winter Plan update report; and progress against the Operational Plan as at quarter three.

With regard to the Winter Plan, she reported that there was still pressure in the system, in particular in the inpatient and acute services where there was high bed occupancy and also a number of Out of Area Placements. However, she noted that whilst there was pressure in the system activity had remained stable and there had not been significant numbers of staff affected by flu.

She added that work had been undertaken with partners to look at patient flow issues within the system. She also advised the Board that in January there had been a potential critical incident within the Leeds system; that meetings had taken place with the Leeds Assurance Board and the Trust had supported this and ensured there was sufficient liaison psychiatry provision to respond to this situation.

Prof Baker noted that the flu pandemic had not yet peaked and asked what provision there was to deal with that potential situation. Mrs Forster Adams advised that there was a vaccination programme still ongoing and plans were in place to contain and manage any outbreak.

Prof Baker also asked about service users with dementia being treated on inappropriate wards. Mrs Forster Adams advised that an in-depth piece of work was being undertaken to look at the impact of this and that the outcome would be reported through the Quality Committee.

Prof Proctor asked if Leeds had sufficient bed numbers for frail and elderly people. Mrs Forster Adams reported that the commissioners were keen to understand this and that a piece of work was to be commenced to look at this. She added that this now needed to be accelerated. However, she indicated that she was unaware of when this would be completed. Miss Grantham acknowledged this as being an important issue for Adult Social Care. The Board discussed this and acknowledged it as an important issue for the health system in Leeds noting that the executive directors should press for an urgent review through the forums in which they were involved.

With regard to mental health clustering and what assurance there was that staff were able to capture data effectively and easily, Mrs Forster Adams acknowledged the importance of this data but indicated that the system was not easy to use. She indicated that there needed to be more work done to understand the issues and identifying what action needed to be taken. It was agreed that there would be a report on this brought back to the March Board meeting.

**JFA**

Mrs Forster Adams then outlined the information relating to performance against the Operational Plan at quarter 3. She reported that the scheme for Acute Liaison Psychiatry had been suspended awaiting further agreement with the commissioners. She advised that this had been agreed and the scheme was being re-activated.

Mrs Sentamu welcomed the narrative provided, but noted that the delivery of the CIPs was rated as 'red'. Mrs Forster Adams assured the Board that the planned CIPs for 2017/18 would be 90% achieved by the end of the year, but that there was still more work in relation to the plans for 2018/19.

Miss Grantham asked about the 'amber' rated projects and whether these would be achieved by the end of the year and whether there were any that the Board should be concerned about. Mrs Forster Adams reported that the evaluation of the crisis assessment unit was unlikely to be completed; that this was not something that the Board should be concerned about and that a further update would be provided in the quarter 4 report. She added that she was confident that there were plans in place to achieve the other projects.

The Board **received** the Chief Operating Officer report and **noted** the content.

18/009

#### **Clinical Services Strategic Plan refresh** (agenda item 8.1)

Mrs Forster Adams presented the Clinical Services Strategic Plan and advised that this was a refresh of a document that the Board had seen at a workshop several months ago. She added that the final version would be aligned to the other Strategic Plans as they emerge.

Prof Baker commended the document; however, he noted that with change comes possible unintended consequences and highlighted the need to have meaningful evaluation of the impact on services. Mrs Forster Adams noted that the Quality Plan would set out the evaluation and improvement methodology and that she would ensure this link was made in the Clinical Services Strategic Plan.

Mrs Sentamu welcomed the Plan and asked about the capacity of those who would sit on the Service Development Group. Mrs Forster Adams assured the Board that the meeting would be chaired by her, with a number of executive directors and senior leaders attending and that there would be other staff identified to actually deliver the projects. She also noted that there was a piece of work to identify the resources needed to deliver the strategic plans which the executive directors would be looking at in the coming weeks.

Miss Grantham asked if the document was sufficiently outward facing. Mrs Forster Adams noted that whilst there had been some good work in the past

there needed to more work done to sustain relationships with the third sector and would ensure this was added to the plan.

Mr Wright noted that the Plan seemed to assume there would be a reduction in the estate prior to these discussions having taken place. He and asked if this had been identified as a strategic intent. Mrs Forster Adams noted that this was the aim and that there was an opportunity to look across the city and work with partners in this use of estate. She also noted that the Clinical Plan linked to the Estates Strategic Plan in this regard. Mrs Hanwell indicated that there had already been some work carried out to look at the best use of the estate including the PFI estate. Mrs Hanwell also highlighted the need to ensure that the Plan was aligned to commissioner intent. Mrs Forster Adams noted this.

Mrs White suggested that the work with partners in relation to physical health would be a helpful addition. She also noted that there were a disproportionate number of Black Asian and Minority Ethnic service users accessing the crisis service and suggested that an explicit reference should be made in the Plan. Mrs Forster Adams agreed to draw attention to this.

Prof Proctor asked if Section 5 could detail how the Trust would sustain staff, service user and partnership engagement and for there to be three statements of intent that could be monitored and measured against.

Mrs Forster Adams thanked the Board for its helpful comments and observations noting that these would be taken forward into the final iteration.

**JFA**

The Board **received** and **discussed** the Clinical Services Strategic Plan. It outlined areas to be strengthened and **agreed in principle** the content noting that there needs to be further alignment with the four other Strategic Plans.

**18/010**

### **Combined Quality and Performance Report (agenda item 9)**

Mrs Forster Adams presented the refreshed Combined Quality and Performance Report. She noted that the report was currently very detailed and set out in four sections. She indicated that it would be this level of detail that would be scrutinised in detail at the Finance and Performance Committee and the Quality Committee for their respective sections, with a consolidated version of the report coming to the Board for a more high-level discussion.

Mrs Sentamu asked what information would go to the Council of Governors. Mrs Forster Adams indicated that in the first instance the detailed report would go to the Council and that over time a more summarised report would likely be presented. She noted that there would be a further discussion with the Chair as to the format of the future reports to the Council of Governors.

Mrs Tyler noted that the statistics in the report in relation to staff turnover

suggested that the position was worsening; however, she assured the Board that this was not the case and that the position currently remained largely the same.

Mr Wright asked about the data for delayed transfers of care, the additional funding and the changes in the position by quarter 2 of 2018/19. Mrs Forster Adams explained the impact of the additional funding expected for winter pressures and the effect on the trajectory. Mr Wright noted that there didn't appear to be milestones against which to measure progress. Mrs Forster Adams indicated that milestones had been identified and could be included in the report.

Miss Grantham asked about the progress against the appraisal target and when the training might be completed. Mrs Tyler noted that the training was ongoing and would be offered whilst ever there was a need. With regard to staff sickness due to stress, Miss Grantham asked whether there was anything that could be done to help staff avoid reaching that point and what help could be offered to managers to manage sickness prevention strategies. Mrs Tyler agreed to build this information into a future workforce report to the Board.

**ST**

Mrs White asked about the waiting time for the Gender Identity service. She noted that at a previous Board it had been reported that there was a new service model due to be implemented by NHS England and asked about the timing of this. Mrs Forster Adams noted that the outcome of this was still awaited. Prof Proctor asked for an update on this to come to the February Board meeting.

**JFA**

Prof Baker asked about progress against the Cost Improvement Programme (CIPs). Mrs Hanwell reported that in 2017/18 there had been a higher than normal overall CIP plan due to the inclusion of a number of non-recurrent CIPs which had been included to meet the control total target. She advised the Board that the non-current CIPs had not been fully achieved in year, but that the recurrent CIPs were on track and expected to be broadly achieved by the end of the year. She assured the Board that overall the Trust would achieve its control total for 2017/18.

Dr Munro asked about the incident data, in particular those at Mill Lodge in relation to ligatures. Mr Lumsdon assured the Board that these were not fixed ligature points, but were incidents involving items including clothing and head phones. He assured the Board that the service users' care plans had been reviewed following these incidents. Dr Munro also sought assurance that the Quality Committee would be looking at the themes and learning from complaints. Mr Lumsdon confirmed that the service user experience report was being further developed which would pick this up and be reported into the Quality Committee.

The Board **received** and **discussed** the Combined Quality and Performance Report.



**Director of Nursing report and Safer Staffing 1 November to 31 December 2017** (agenda items 10 and 10.1)

Mr Lumsdon presented the Director of Nursing report. He noted that the CQC inspection was coming to an end and thanked all staff involved for their response and participation. He noted that the letters received from the inspection team had all been responded to which had provided an opportunity to set out any points of clarification.

He outlined the work in relation to the Triangle of Care, noting that the work of the Triangle of Care Steering Group would feed through to the Service User Forum which in turn would report to the Trustwide Clinical Governance Group with assurances being made to the Quality Committee.

In relation to safe staffing Mr Lumsdon reported that the number of visits had been reduced temporarily so staff could focus on the CQC inspection.

Mrs White noted the work that had been undertaken to look at the provision of a senior nurse during the night. Mr Lumsdon assured the Board that whilst there no major issue had been identified by staff, Mr Weir (Associate Director for Specialist and Learning Disabilities) would continue to review the situation.

Miss Grantham asked about the flu vaccination programme and what the reasons were for some staff not wanting to be vaccinated. Mr Lumsdon noted that this year there had been an increase in the uptake in vaccination; that it was the right of staff to choose not to be vaccinated and that the nursing team were gathering intelligence on some of the barriers which would help to inform next year's programme.

In relation to the safe staffing report Prof Proctor noted the comments from the Matron on Ward 2 at the Mount in relation to the bed base, which stated that: the ward was operating with a bed base of 15 when the current staffing was for 12; and that the rationale for the increase in beds was due to having to absorb some of the pressures of dementia patients admitted to functional wards. She asked how sustainable this was and whether it was safe. She also asked how successful the recruitment of Health Support Workers had been. Mr Lumsdon assured the Board that the staffing levels were safe, but that if the ward was to continue to be used in this way staffing levels might need to be looked at again. He added that the recruitment of Health Support Workers had been reasonably successful but that there was an ongoing issue with recruitment overall.

Dr Munro welcomed the information on not only substantive staff but also bank and agency workers allowing a better understanding of how the wards were staffed and the impact on the continuity of care. She then asked for there to be a focus on the training, development and ongoing supervision for bank staff. Mrs Tyler agreed to add this to a future workforce report.

Prof Baker asked about vacancies, noting that a number of student nurses

**ST**

had been appointed who would only start work in October 2018. He asked how these people were being supported to ensure they did not find work elsewhere in the meantime. Mrs Tyler explained the process of recruiting into vacant posts. Dr Munro noted that the Workforce and Organisational Development Strategic Plan had within it a measure of the time from recruitment to appointment with an undertaking to reduce the gap, and that progress against this would go to the Quality Committee. Mr Lumsdon advised that once an offer had been made the student was linked to a named person who would support them until they start work to ensure they feel part of the organisation. The Board supported the pro-active relationship management for students. Prof Proctor asked for a report on this to be included in a future workforce report.

ST

The Board **received** the Director of Nursing Report and the Safe Staffing Report and **noted** the content.

18/012

**Older People's Service medical staffing review** (agenda item 11)

Dr Kenwood noted that in the last Medical Directors' report it had been noted that the data for inpatient consultant staff in the Trust's Older People's Service had shown a 50% shortfall against the benchmark. She added that whilst the data suggested that the number of consultants was around 50% lower the analysis of staff in the Older Peoples Service had shown that the numbers of other grades of doctors and other qualified staff was higher than the national data. Dr Kenwood indicated that this situation would be kept under review.

Mrs White asked if staff in the service were happy with this skill-mix arrangements and whether there was a difficulty in recruiting to the consultant posts. Dr Kenwood indicated that there was no difficulty in attracting old age psychiatrists, noting the high quality of training in the Leeds service. She added that the review would continue to look at the balance of the make-up of professional staff and the model of service delivery.

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

18/013

**Report from the Chief Financial Officer – December 2017** (agenda item 12)

Mrs Hanwell noted that the report had been scrutinised by the Finance and Performance Committee prior to the Board meeting and that there had been a Board workshop which had looked at the drivers in relation to the financial position.

She then outlined the income and expenditure position and the pressure brought about by the number of Out of Area Placements. She added that

notwithstanding the pressures the Trust was on track to deliver the Control Total for 2017/18. With regard to the capital position she noted that this was not on plan and was due in part to a pause in the upgrade programme on the wards within PFI properties. She explained the reasons for the pause and that discussion were ongoing to look at how the upgrade work could be provided in a safe way, without undue disruption to service users. Dr Munro added that there had been a lot of work done to look at the best way in which to make the changes in order to minimise the disruption for service users and ensure that a safe environment could be maintained. The Board supported this approach.

Dr Munro asked about the NHS contract negotiations for 2018/19 and what progress had been made in regard to this with commissioners. Mrs Hanwell advised that the planning guidance had not yet been issued. She indicated that there had been initial discussions with the Leeds Clinical Commissioning Group which had been very positive and that there was a commitment to make some of the non-recurrent funding streams recurrent. However, she indicated that there would still be some challenges around Out of Area Placements which would need further discussion. In relation to the contract with NHS England, she reported that there were still some issues to be worked through in regard to the forensic services contract and that she would update the Board when the position was better known.

Mrs Forster Adams noted that the Finance and Performance Committee had looked at the position relating to vacancies and that a detailed plan around recruitment would be looked at in more detail at the February meeting.

Prof Proctor asked about the cyber security software detailed on the capital plan and why this money had not yet been utilised. Mrs Hanwell advised that this had been included in the plan as assumed spend but that in light of the penetration and other testing carried out it had been found to be unnecessary to use this bulk of this money at this point.

The Board **received** the Chief Financial Officer report and **discussed** the content.

18/014

#### **Workforce Performance report** (agenda item 13)

Mrs Tyler presented the workforce performance report. In particular she highlighted the new recruitment system (TRAC) which went live in November, noting that this had been well received and had simplified the process of appointing staff. She added that there had been a recruitment review which had highlighted a number of changes required to ensure these remain effective and responsive to specific needs around recruiting staff. With regard to recruitment fairs she outlined the work that had been undertaken with NHS partners in West Yorkshire.

Mrs Tyler advised of the intention to implement the Disclosure and Baring Service (DBS) update service with effect from April 2018 which would

facilitate a more streamlined approach to carrying out DBS checks for staff. She added that there was to be a process of consultation with a view to making this a contractual requirement.

With regard to exit interviews, Mrs Tyler noted that there needed to be more work to support managers to carry out the interviews and understand the reasons staff want to leave the organisation, including exploring the possible options for encouraging staff to stay if this was an appropriate course of action for them.

She noted that there had been an increase of 3% on last year in the completion of the staff survey and acknowledged that Staffside had played an important role in encouraging staff to complete this.

Prof Baker asked about the recruitment and retention of Allied Health Professionals (AHP), registered nurses and medical staff noting that a greater number had left the Trust than had been recruited. He asked what was being done to address this. Mrs Tyler indicated that the position reflected the national position in particular in relation to nurses. She outlined the pro-active recruitment work being undertaken including working with managers to develop new roles to help attract staff into the Trust. She also indicated that HR staff were working closely with service managers to look at improving the working environment and exploring flexible way of working in order to not only attract staff, but to retain those already in the organisation. Mrs Sentamu suggested that someone other than the manager could be identified to carry out the exit interview which might provide a more candid discussion. Mrs Tyler provided assurance that these issues were set out as priorities in the Workforce and Organisational Development Plan.

Mrs White noted that the report indicated that there were a lot of staff retiring from the organisation and asked what flexibilities could be offered to help retain experienced staff. Mrs Tyler reported that the NHS Pension Scheme allows a number of flexible retirement options including a 'retire and return' option. She indicated that there could be more work to do to ensure staff were aware of these options.

Mrs Forster Adams noted the high number of admin staff listed in the starters and leavers table and asked whether this had been impacted by the Admin Review. Mrs Tyler indicated that this was linked to the review and that there was learning to be taken from this.

Miss Grantham asked about workforce planning and whether there needed to be a broader conversation about the methodologies to be used and how this would be implemented across the organisation. It was agreed that this would be picked up through the Workforce and Organisational Development Group. Mrs Tyler also noted that this was being picked up through the West Yorkshire and Harrogate Health and Care Partnership and that she was leading on this work.

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

18/015

**Report from the Chair of the Audit Committee for the meeting held 19 January 2018** (agenda item 14)

Mr Wright gave a verbal report of the Audit Committee meeting that had taken place on 19 January 2018. He outlined the key areas of discussion which included:

- An internal audit review of the fire safety audit, noting that this had resulted in a 'limited assurance' rating being issued. He outlined some of the findings from the audit including the fire issues relating to the estate not in the ownership of the Trust. Mrs Hanwell assured the Board that matters with Equitix had now been clarified, but that arrangements were less clear with NHS Property Services and that this was being followed up. Mrs Hanwell also noted the need for the Board to receive annual training in relation to its legal obligations which it was noted was on the Board development programme
  - The outstanding management actions from past audit reports, noting that there were still a number of old actions outstanding. Prof Proctor asked for a copy of this report to be provided to her so assurances around completion could be factored into the audit plan. Dr Munro assured the Board that the list of actions was reviewed at each meeting of the Executive Risk Management Group, which had management oversight of the progress against these actions
- The Board Assurance Framework, noting that the risk appetite was described as 'open' / 'high', acknowledging that it was not the intention of the Board to have a high risk appetite and that there needed to be some context provided in relation to this. Prof Proctor assured the Board that at the workshop in November the risk appetite had been discussed and that it had been acknowledged that a risk level of 3 meant the Board had a 'high' risk appetite and was 'open' to consider all potential options and solutions, but that the Board would not take risks that either compromised its duty of care to staff or patients or compromised compliance with the core regulatory and legislative frameworks within which the Trust had a license to operate.

CH

Prof Proctor advised that Mrs Tankard had formally stepped down from the Board on the 19 January and had been succeeded by Mr Wright as non-executive director with responsibility for chair of the Audit Committee. She sincerely thanked Mrs Tankard for her dedication and the valuable contribution she had made to the work of the Board during her time as a NED.

Mrs White asked how members of the Board could feed into the overall audit plan. Prof Proctor noted that she was meeting with the auditors about the 2018/19 audit plan at the end of February and would welcome any

suggestions to feed into the discussion. Mrs Hill agreed to circulate the date of the meeting to the NEDs.

The Board **received** a verbal report from the Chair of the Audit Committee and **noted** the matters discussed.

18/016

**Report from the Chair of the Quality Committee for the meetings held 13 December 2017 and 9 January 2018** (agenda item 15)

Prof Baker gave a verbal report of the Quality Committee that had taken place in December and January 2018. He outlined the key areas of discussions which included:

- Assurance on the flow of information through the governance system including from the Care Groups, to Trustwide Clinical Governance Group and then to Quality Committee
- The complaints reporting system, gaining assurance on the data, although he noted that there was still work to do in relation to learning from complaints
- Restrictive interventions including mechanical restraint, which had also been discussed at Trustwide Clinical Governance Group, noting that information on this would be coming back to the committee at a future date
- The number of beds in the Older People's Service
- The closure of Rose Ward and the impact this had on the quality of care for service users during their wait for transition
- The Quality Strategic Plan, providing the opportunity to provide feedback
- A presentation on ReQoL with a view to looking at how embedded this is in the services.

Prof Baker also noted that he and Mr Wrigley-Howe had undertaken to attend at least one meeting of the Trustwide Incident Review Group (TIRG) to gain assurance as to the processes it follows.

In relation to the executive director representation on the Audit Committee, Mrs Sentamu noted that there had been a discussion about which executive directors should attend the meetings on a regular basis. Prof Proctor indicated that other than the Chief Financial Officer who attends all meetings, attendance by the other executive directors should be driven by the audit plan and the outcome of the audit reports.

The Board **received** the verbal report from the Chair of the Quality Committee and **noted** the issues discussed.

18/017

**Ratification of the Terms of Reference for the Quality Committee**  
(agenda item 15.1)

The Board received the Terms of Reference for the Quality Committee. It was noted that Mrs Hanwell had been added to the list of members. It was recognised that the Chief Financial Officer would make an important contribution to the work of the Quality Committee; however, given the overlap of the work of the Quality Committee, the Finance and Performance Committee and the Audit committee it was agreed that there would be consideration as to how Mrs Hanwell could provide assurance to the committee other than by permanent membership. Mrs Hanwell agreed to speak to the Director of Nursing about this.

DH

Mrs White asked if the committee should receive annual reports from Healthwatch. Prof Baker noted that this would be referenced as part of the Service User Experience report.

The Board **agreed** to defer ratification of the Terms of Reference until the position regarding financial representation was clarified.

18/018

**Report from the Finance and Performance Committee meetings 23 January 2018** (agenda item 16)

On behalf of the Chair of the Finance and Performance Committee, Mrs White gave a verbal report of the committee meeting that had taken place in January 2018. She outlined the key areas of discussions which included:

- An update from the North of England Commercial Procurement Collaborative (CPC) in regard to the Limited Liability Partnership (LLP) and the draft business plan for the retained element of the CPC
- The quarter 3 financial performance, noting that whilst the financial plan was on track due to non-recurrent matters, the underlying position was a deficit one due in the main to the number of Out of Area Placements; with a risk around the claw-back from NHS England in relation to the forensic service in York
- The year-end forecast position in relation to the control total
- Contract performance including detailed discussion in relation to the Eating Disorders New Models of Care
- The first draft of the Estates Strategic Plan, noting that the committee had provided comments in relation to the content and its alignment with the other Strategic Plans
- Facilities management in relation to the position with Interserve and Mitie. She noted that the committee had recommended a new risk be added to the risk register in relation to this.

With regard to the Limited Liability Partnership, Mrs Hanwell noted that the committee had discussed the decision made by the LLP not to formally

recognise the trade unions. She noted that Staffside was sighted on this. She also advised that the committee had requested the LLP to have a transparent process around this, particularly given the Trust's good relationship it had with Staffside and the unions it represents.

The Board **received** and **noted** the verbal report provided on behalf of the Chair of the Finance and Performance Committee.

**18/019 Ratification of the Terms of Reference for the Finance and Performance Committee** (agenda item 16.1)

The Terms of Reference for the Finance and Performance Committee were **ratified** by the Board.

**18/020 Membership of Board sub-committees**

Prof Proctor noted that at recent one to one meetings with Mr Wright and Miss Grantham it had been agreed that Mr Wright would become a member of the Finance and Performance Committee and Miss Grantham would become a member of the Audit Committee and the Quality Committee. These changes were noted by the Board.

**18/021 Glossary** (agenda item 17)

The Board received the glossary. It noted that this was an emerging list which Board members were encouraged to contribute suggestions to.

**18/022 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 13:20 and thanked members of the Board and members of the public for attending.

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

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

Date .....