

LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST

**Minutes of the Public Meeting of the Board of Directors
held on Thursday 26 April 2018 at 9:30 am
in Training Room 3, Becklin Centre, Alma Street, Leeds LS9 7BE**

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		✓
Dr S Munro	Chief Executive		✓
Mrs M Sentamu	Non-executive Director		✓
Mrs S Tyler	Director of Workforce Development		✓
Mrs S White	Non-executive Director		✓
Mrs C Woffendin	Director of Nursing and Professions		✓
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
Mr B Fawcett	Senior Information Officer (for minute 18/073)
Five members of the public (one of whom was a member of the Council of Governors)	

Action

18/067

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

Sharing Stories (agenda item 1)

Prof Proctor welcomed Dr Ahmed Hankir (Speciality Trainee) and Dr Nuwan Dissanayaka (Consultant Psychiatrist – Assertive Outreach), noting that Dr Hankir had been invited to the Board to present his research into stigma and mental health problems amongst healthcare professionals and students, for which he had won a RCPsych Award.

Dr Ahmed spoke about the prevalence of mental ill-health amongst healthcare professionals and students and the stigma and barriers they experience from others and within themselves when seeking help; and the stigma and bias some healthcare professionals and students present when dealing with people with who are mentally unwell.

Dr Dissanayaka also about talked the stigma experienced by different groups and about cultural adaptation for those people experiencing not only mental health stigma, but also cultural stigma. He spoke about the importance of the service user voice in understanding the impact that this

can have.

The Board was very appreciative of the presentation made and interested in the issues raised. Dr Munro noted that some staff can start out with the right attitude but that they can become socialised into the prevailing culture within which they work. She asked what can be done to sustain the benefits of the programme being rolled out. Dr Hankir advised that work is currently ongoing to explore how this can be sustained.

Prof Proctor asked if enough was being done in staff induction, training and supervision to challenge stigma. Dr Munro acknowledged the need to ensure there was sufficient support for those staff experiencing distressing situations both within work and privately. She noted the need to ensure that staff were supported if they experience burn-out to ensure their health and well-being is being addressed.

Dr Hankir suggested that the effect of stigma on service users from BAME could be added to the Trust induction or the compulsory training package. Mrs Tyler agreed to explore the options for this.

ST

Prof Proctor thanked Dr Hankir and Dr Dissanayaka for sharing this research and their experience with the Board.

18/068 Apologies for absence (agenda item 2)

No apologies were received.

18/069 Declaration of interests for directors and any declared conflicts of interest in respect of agenda items (agenda item 3)

Prof Proctor noted that members of the Board had completed and submitted their annual Declarations of Interest forms and Fit and Proper Person annual declaration forms to the Head of Corporate Governance and that the details of both these checks had been provided to the Board for information.

It was also noted that no director at the meeting advised of any conflict of interest in relation to any agenda item.

18/070 Minutes of the previous meeting held on 29 March 2018 (agenda item 4)

The minutes of the meeting held on 29 March 2018 were **accepted** as a true record and were signed by the Chair of the Trust.

18/071 Matters arising (agenda item 5)

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

18/072

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.

In respect of the action in regard to the new model of care for Gender Identity, Mrs Forster Adams reported that whilst there had been no formal communication, some informal feedback had been received. Mrs Forster Adams noted that this would be discussed further at the April Financial Planning Group with an update to the May Board of Directors' meeting.

JFA

Mrs Hanwell asked for it to be noted that the action in relation to parity of funding for mental health trusts should show that she was to provide a report on the outcome of the discussions with commissioners and the mapping exercise in relation to the level of funding for mental health services. This was noted and it was agreed that the wording of the action would be changed.

CH

Mrs White noted that there were a number of actions remitted to the Workforce and Organisational Development Group and asked how the Board would receive assurance on these. Prof Proctor advised that if there were actions that relate to the quality of services these would be reported to the Board through the Quality Committee. Prof Proctor also noted that if the actions were general workforce, organisational development or HR matters these would be reflected in the workforce report to the Board. Mrs Tyler noted that as she was now a member of the Finance and Performance Committee any matters with a financial impact would be reported to the Board through that committee.

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

18/073

Strategic Health Informatics Plan (agenda item 12)

Prof Proctor welcomed Mr Fawcett to the meeting and asked him to present the Health Informatics Strategic Plan. Mr Fawcett indicated that this had been refreshed and that it now reflected the short to medium term plans for informatics, noting that the plan may need to be revisited within the next 12 months as things develop quickly in the area of health informatics.

He drew attention to the key deliverables as set out in the document, noting that the replacement for PARIS would be the main focus of work over the coming months. He also spoke about the need to ensure that mobile technology and the network technology needs to be fit for purpose to meet the changing needs of the services and the Trust as a whole. He also noted that this version of the plan was now aligned with the other strategic plans to ensure health informatics was able to support the delivery of the Trust's priorities.

The Board discussed the plan. Mrs Forster Adams asked how realistic it was to have a plan across three years given the speed with which technology change, and also asked how responsive the plan was given that the Trust could move to a lead provider model. Mr Fawcett assured the Board firstly of the need to have a plan which covered a three-year period, noting that whilst things move quickly some elements can take time to deliver.

Mr Wrigley-Howe welcomed the fact that the plan was aligned with initiatives such as mHabitat. He also noted that there had been co-production with clinical staff and service users. Mr Fawcett stressed the importance of ensuring that systems were clinically led by staff. He indicated that Dr Venters was leading on this from a clinical aspect. Dr Kenwood also assured the Board on the level of clinical input to the design and procurement of the new patients records system. Mr Fawcett acknowledged the difficulties that can be faced at the implementation stage and the cultural aspect of ensuring any change is effective.

Prof Proctor then asked about the impending change in Microsoft Office and the difficulties that this could present. Mr Fawcett indicated that the Cabinet Office was looking at funding the licence costs across the NHS so that each NHS organisation had access to a version of Microsoft which was fully supported and therefore reduce the impact of any cyber-attack. Mr Fawcett noted that the move to a new patient records system and to a new version of Microsoft would occur simultaneously, but that the functionality of the packages in Microsoft Office would remain the same and that in terms of CareWorks this was Microsoft based and as such would have very similar functionality.

Mr Wright asked about the capacity to deliver the new projects should front-line staff need to divert time from their day jobs. Mr Fawcett assured the Board that front-line staff would only need to be involved at particular points in the project rather than devoting all their time to this, noting that this was a collaborative approach which would take as little time as possible away from the front-line. Mrs Forster Adams acknowledged the work needed to scope the new system and suggested that in mapping out the processes it was also an opportunity to look at and refine how things were done. Mrs Tyler also noted the need to engage with non-clinical staff who use the system to ensure they have ownership of and confidence in the system.

The Board considered and ratified the Health Informatics Strategic Plan.

18/074

Chief Executive's report (agenda item 7)

Dr Munro presented the Chief Executive's Report and drew attention in particular to the Gender Identity Service which she had recently visited. she noted that the team was aware of the interest that the Board was taking in the work they are doing to address waiting times and the frustration around the delays in the release of the revised service specification. She reported that she was impressed with the way the service had looked at different ways of being as efficient as possible.

Dr Munro also noted that there had been a meeting of a small number of chief executives and the Secretary of State for Health and Care. There was also an invitation for a wider group of chief executives to a number of events with one looking at potential plans for funding for the NHS.

She reported that the CQC report in relation to the recent inspection was due to be published on the 27 April. She added that this would be picked up in greater detail in the private part of the meeting. She also noted that there were to be a number of engagement events with staff to talk about the outcome.

In relation to the establishment of the Committees in Common by the West Yorkshire Mental Health Services Collaborative, Dr Munro noted that the Health Service Journal had a feature on the signing of the Memorandum of Understanding. She noted that the next meeting of the Committees in Common was on 30 April and that as part of its work it would look at the objectives and milestones for the work streams and then invite the executives from each of the organisations to come together in the autumn to look at developing a West Yorkshire Mental Health Strategy.

In relation to the non-executive and governor engagement in the work of the Collaborative, Mrs White supported there being further opportunities. It was noted that this would feature in the engagement plan to be discussed by the Committees in Common.

SP

Dr Munro then advised the Board that Dr Alderson had been awarded the Higher Psychiatry Trainee of the Year award and Dr Ball had been awarded the Core Psychiatry Trainee of the Year by the School of Psychiatry in Yorkshire and the Humber. She also noted that staff in the ALPS service had been given an award by Leeds Teaching hospitals NHS Trust for 'Commending Excellence in the Emergency Department' which was awarded for collaborative and patient-centred working in the emergency department.

Finally, Dr Munro advised that Mrs Tyler would be retiring from the Trust at the end of May and that Lindsay Jensen would be acting up as the Interim Director of Workforce Development with effect from 1 June 2018.

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

18/075

Strategic alignment and priorities (agenda item 7.1)

Dr Munro presented the strategic alignment and priorities paper which set out the key priorities for 2018/19. She noted that these had been taken from the five three-year Strategic Plans which had been signed off by the Board and from the Operational Plan that would be submitted to NHS Improvement at the end of April. She added that these priorities would form the basis of the objectives for the executive directors.

Dr Munro explained that there were resource implications to support the

delivery of the priorities and enabling projects, noting that these had been set out in the Operational Plan.

With regard to the document that outlined the arrangements for reporting on the progress and delivery of the priorities, Prof Baker noted that this potentially represented a lot of work for the Quality Committee and the Finance and Performance Committee. He indicated that the work plan for the Quality Committee had only just been agreed and asked how this extra work played into that. Dr Munro indicated that the reports to the committees would be for assurance against the key milestones. She added that the intention was not to overburden the committees but for reports to assure on the work rather than require the committees to review the work in detail.

Mrs Woffendin noted that from the last Quality Committee, a work plan had been formulated which would be agreed by the committee at its next meeting. She suggested that any reports from the key priorities be factored into that work plan and discussed at the next meeting of the committee.

CW

In regard to the work plan for the Finance and Performance Committee, Mr Wrigley-Howe noted that the priorities listed in the paper applicable to the work of the committee were already being picked up through its work plan.

Mrs White drew attention to the cross-cutting enablers and asked whether there should be an emphasis on apprenticeships and how this was developed.

Mrs Grantham asked how the key priorities were being disseminated to the wider workforce and stakeholders. Dr Munro noted that the executive directors and other members of the Senior Leadership Team would be communicating the priorities to staff and that engagement events were being arranged for the next two months.

Mrs Sentamu asked about the capacity of staff to deliver the priorities; what elements of the plan was 'business as usual' and what element would require staff to work differently. Dr Munro reported that many of the initiatives had already started and staff were currently working on these, but that there would be an element of working differently, particularly in relation to the community re-design.

Prof Proctor asked about the ability to be able to respond to new opportunities which may arise during the course of the year. Dr Munro noted that there were new opportunities that had already been identified; that these were commercially sensitive and would be picked up in the private Board meeting.

With regard to capacity, Mrs Forster Adams assured the Board that there was a robust leadership structure in place that would take forward the work as outlined in the paper. She also indicated that staff were feeling more able to negotiate added support when needed and that it was her responsibility to ensure that staff were supported when needed. Mrs Hanwell also reported that if extra capacity was required there would be an assessment made at the time as to whether this would be brought in where needed.

Mr Wright asked about any actions to come out of the CQC inspection and whether the priorities would need to be revisited in the light of the work these might generate. Dr Munro indicated that there were 20 recommendations in relation to the CQC action plan, noting that many of these were building on pieces of work already in progress. As such Dr Munro did not feel there would be a need to revisit the plan.

The Board **received** and **noted** the key priorities and governance arrangements for 2018/19.

18/076

Combined Quality and Performance Report (CQPR) (agenda item 8)

Mrs Forster Adams presented the CQPR noting that the service indicators outlined in the report had been considered at the April Finance and Performance Committee meeting where a detailed discussion on patient flow and the indicators that relate to this had taken place. She also reported that the quality indicators had not yet been reported to the Quality Committee and that discussions were ongoing as to what the quality metrics should be that would be reported here.

Mrs Forster Adams spoke about the way in which the performance report would change over the coming months noting that work was ongoing to look at developing a summary report for the Council of Governors.

Prof Baker firstly sought assurance that any member of the Windrush Generation had not been denied access to, or been charged for mental health services due to their immigration status. Mrs Forster Adams agreed to look at this and report back to members of the Board outside of the meeting.

JFA

Prof Baker also drew attention to the report in relation to the incident and severe incident data, noting the apparent increase in the number of deaths reported for the month of February. He added that there was no narrative in relation to the number of deaths. Mrs Woffendin indicated that the Quality Committee was still looking at the information it wanted to receive and noted that there was more work to do to look at the way information is reported to the Board. Prof Proctor asked for there to be a narrative or verbal update in respect of any incidents classed as severity 4 and 5. Mrs Woffendin agreed to look at including this for future reports.

CW

Mr Wrigley-Howe noted that the Finance and Performance Committee had identified the need to focus not only on the 'red' rated targets but also on those rated 'green' in order to learn from what was working well. With regard to the OAPs trajectory it was acknowledged that work had been undertaken in relation to this and that this had resulted in the number of OAPs reducing. Dr Munro supported the hard work undertaken by staff and the results this had brought to bear the number of OAPs.

Mrs Sentamu asked about the target for clinical letters to GPs noting that the current target of 10 days wasn't being achieved and asked how the Trust would be able to meet the new target of 7 days. Mrs Forster Adams noted

that whilst there were some areas of good and poor performance there was an issue with the information being collected. She added that the performance team was looking at this and that a more detailed report would be presented to the Finance and Performance Committee for the end of quarter 1 information.

Miss Grantham noted that performance for appraisals and clinical supervision had reduced and asked if this was a problem with uptake or with reporting. Mrs Tyler noted that it was likely due to both these factors. She assured the Board that the team responsible for iLearn was working closely with care services to ensure the right information was available on the system. She also reported that there were some areas where clinical supervision was not being carried out as it should be and again assured the Board that there was work to support staff in ensuring these were carried out. In relation to appraisals Mrs Tyler reported that performance had been affected due to this being the point in the year when appraisals have to be re-performed.

Prof Proctor asked about complaints and performance in relation to responding to complaints. Mrs Woffendin explained that there were a number of blockages at a senior management level within care services and that this was the cause of poor performance. Mrs Forster Adams advised the Board that the approval process for complaint letters had been reviewed and that these were now being done by the senior leadership team in care services rather than just one person. With regard to outstanding complaints, particularly those in the specialist services, Mrs Forster Adams assured the Board that these would be addressed in the next month.

The Board **received** and **discussed** the Combined Quality and Performance Report and noted performance against metrics.

18/077

Quarter 4 Operational Plan Implementation Report (agenda items 9)

Mrs Forster Adams presented the final quarter of the 2017/18 Operational Plan implementation report which, she noted, was a cumulative report setting out progress over the year. She indicated that beneath the report was a huge amount of work undertaken by staff to deliver the schemes.

Dr Munro drew attention to the rating of the delivery of CIPs, noting that this was showing as 'red' in the report and yet the auditors had indicated that the Trust was delivering CIPs better than in other organisations. Mrs Hanwell noted that the rating in this report refers to all CIPs; that recurrent CIPs had been delivered, but the stretch CIPs had not, which is what had caused the rating to show as 'red' in this document. She drew attention to the Chief Financial Officer's report in which this distinction was made.

Mrs Sentamu asked about the implementation of gambling services. Dr Munro reported that there was an invitation to bid for a new service, but that the Trust was still waiting for the final details no decision had yet been made about the provision of the service.

Mrs Sentamu also asked if exit interviews were offered to those consultants who were retiring to ascertain if they would wish to return to the Trust. Mrs Tyler indicated that whilst an exit interview may not be offered a questionnaire was provided to all staff. She added that there were often a number of consultants who express a wish to return and that each case was looked at individually.

The Board **received** and **noted** the progress in relation to the 2018/19 Operational Plan.

18/078

Safer Staffing Report March 2018 (agenda item 9.2)

Mrs Woffendin presented the safe staffing report for March 2018. She noted that this report now incorporates information about the bank and agency staff used adding that 23% of bank and agency staff regularly work on the same unit and know the service users they are caring for.

Mrs Woffendin noted that the report also highlighted those areas where there were no problems with recruitment, in particular the crisis assessment service; adding that the perinatal service had now successfully recruited to the five vacancies and as such had no issues with staffing.

With regard to working with the universities, Mrs Woffendin outlined some of the work ongoing to ensure that both she and the Trust maintains a high profile with students and to ensure students understand the benefits of working in the Trust; encouraging them to join the Trust when they qualify.

In relation to agency staff, Mrs White asked if there was an opportunity to attract the staff into substantive posts by offering more flexible ways of working. Mrs Woffendin indicated that she had spoken with the practice place facilitators and clinical leads on the ward who had indicated that one reason people choose not to become a member of the bank staff was the level of training offered, adding that this was something that was being picked up by the new bank staff clinical lead.

Mrs Sentamu asked about the reformatting of the Unify report, noting that this had been done ahead of the requirement to contribute to the national dataset. Mrs Woffendin explained that whilst this was required nationally it was useful at a local level. She indicated that whilst this won't, in the first instance, help with skill-mix benchmarking it will show at a national level any variances across mental health organisations.

Prof Proctor asked how realistic the expectations were of newly qualified nurses were and how much they understood about what was required. She also asked how the Trust works with universities to prepare students for the workplace, and what support was offered to newly qualified nurses. Mrs Woffendin reported that she had spoken with the practice placement facilitators who would work with staff to ensure there is the right support for those newly qualified. She also reported that an additional 38 preceptors had been identified to meet the demand for this type of support.

The Board **received** and **noted** the safe staffing report for march 2018.

18/079

Report from the Chief Financial Officer – March 2018 (agenda item 11)

Mrs Hanwell presented the year-end position indicated that the figures were pre-audit. She noted that the Trust had delivered the financial plan; marginally over delivering on the control total by £213k.

In relation to the Sustainability and Transformation Funding for the Trust, Mrs Hanwell advised that this had been calculated at £1,487k which would show in the Trust's bottom line surplus.

With regard to the CIPs Mrs Hanwell drew attention to the recurrent and stretch targets as outlined in the paper noting that whilst the stretch target had not been met this had been offset by in-year mitigations.

Mr Wright congratulated staff on the delivery of the year-end position and noted the way in which the Board had been kept apprised of the position throughout the year. Mrs Hanwell paid tribute to not only the finance team, but also to the staff in care services who had worked together to ensure the accuracy of the forecasting.

Mr Wright noted that the auditors had indicated at the last Audit Committee meeting that they had not identified any material concerns at that point, but added a note of caution that the small surplus could be eliminated should the auditors find something relatively small. This was acknowledged by the Board.

Prof Proctor drew attention to the capital service cover and asked for an explanation of the rating of 2. Mrs Hanwell reported that this rating was due to the Trust having PFI debt and reflected the level of surplus that would need to be generated to repay that debt.

Mr Wrigley-Howe reported that the Finance and Performance Committee had looked at the report in detail including the factors underlying the year-end position and had been assured of the detail.

Prof Proctor asked for the Communications Team to issue a 'thank you' to the finance team and all those with budgetary responsibility in the Trust for the work in achieving the year-end position.

ST

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

18/080

Workforce and Organisational Development Report (agenda item 13)

Mrs Tyler presented the report and drew attention to the update on the apprenticeship programme and the progress being made by the Trust to develop and implement a new approach to the use of apprentices.

Prof Baker asked about the number of apprentices that would be appointed to nursing posts and how this balances with the other apprentice posts. Mrs Tyler advised that there would be 110 apprentice posts of which 10 would be nurse associates. Prof Baker asked if it was acceptable to have less than 10% of posts as degree-level nurse associate posts given the number of nurse vacancies. Dr Munro indicated that the executive management team would consider this matter and explore other factors which impinge on the number of posts that can be offered and report back to the May Board meeting.

ST

Mrs White asked if the Trust was encouraging in-house applicants to the apprenticeship programme. Mrs Tyler indicated that there were currently four staff on the scheme. Mrs White suggested that it would be good to hear from a member of staff on the programme as part of the sharing stories session.

ST

Mr Wright noted that he had met some of the staff on the apprenticeship programme at his induction, noting that they had indicated that this was not their first career choice, but that it had offered a way into the healthcare sector. He suggested that there was still work to do to promote the apprenticeship programme as a preferred way of securing a career.

Mrs White noted that she had received very positive feedback from staff in relation to the Leadership Forum. Mrs Sentamu indicated that she had attended some of the sessions which she had also found very interesting.

ST

Mrs White also thanked the Communications Team for their support in developing the arrangements for the NHS70 celebrations noting that these would take place later in the year. Mrs Tyler agreed to convey this to the team.

The Board **received** the Workforce and Organisational Development report and **noted** the content.

18/081

Report from the Chair of the Strategic Investment and Development Committee for the meeting held 29 March 2018 (agenda item 14)

The Board **received** the chair's report and **noted** the decision to procure Care Director as the new electronic patient records system.

18/082

Report from the Chair of the Quality Committee for the meeting held 10 April 2018 (agenda item 15)

Prof Baker outlined to the Board the main areas of discussion at the meeting noting that this had focused on the reports that will come to the Quality Committee going forward. He indicated that this had been a productive meeting which resulted in the forward work plan being devised.

With regard to Prevent training Prof Baker noted that the Trust's performance currently stood at 22% noting that by August there would be a requirement to meet a national target of 85%. Mrs Woffendin explained that she had already picked up this issue and the Safeguarding Committee would be overseeing this and that she would be raising this at the Trustwide Clinical Governance Group. She suggested that due to the short period of time in which to achieve 85% that this is also picked up in the Executive Overview and Performance meetings.

It was noted that all board members were required to have prevent training and that this was picked up as part of the safeguarding compulsory training package. Mrs Hill agreed to provide the chair with level of compliance for this by Board members.

CH

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

18/083

Report form the Chair of the Audit Committee for the meeting held 17 April 2018 (agenda item 16)

Mr Wright presented the Chair's report for the Audit Committee noting that the auditors had presented a positive picture at this stage and that the draft Head of Internal Audit Opinion had indicated that the year-end position would likely be a report of 'significant assurance' in relation to the Trust's systems of internal control but was subject to the final pieces of work being completed.

With regard to the outstanding audit actions, Mr Wright advised that these had been reduced. He also reported that for the *Delayed Transfers of Care and Out of Area Patient* internal audit report, which had been rated as 'limited assurance', that the actions were in hand and that this would be re-audited in 2018/19.

The Board **received** the report from the Chair of the Audit Committee and **noted** the content.

18/084

Verbal report from the Chair of the Finance and Performance Committee for the meeting held 24 April 2018 (agenda item 17)

Mr Wrigley-Howe noted that much of the work of the committee had already been covered within previous agenda items. However, he drew attention to the item discussed in respect of the number of older people's consultants and assured the Board that this had been sufficiently discussed and dealt with by the committee with nothing further to report to the Board.

Mrs White also spoke about the annual sustainability report noting that the committee had felt that it lacked ambition in relation to the Trust's environmental policies. She added that she was meeting with the sustainability lead in the coming weeks to better understand work in relation

to sustainability. Prof Proctor asked for an update on this to be provided to the Board with further consideration as to how this might be taken forward.

SW

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

18/085 Board Assurance Framework (agenda item 18)

Dr Munro presented the Board Assurance Framework noting that this had been reviewed by the executive leads and had also been reported through the various Board sub-committees. She also reported that it had been the subject of an internal audit and that the process had been given a rating of 'significant assurance'.

The Board **received** the Board Assurance Framework and **noted** the content.

18/086 Mental Health Act Manager contract extension and recruitment (agenda item 19)

Mrs White presented a report which asked the Board to approve the appointment of recently recruited Mental Health Act Managers. She also asked the Board to consider the re-appointment of a number of current managers who were eligible for a second term of appointment.

Mrs White noted that it was proposed that the Mental Health Legislation Committee would approve any such appointments and re-appointments in the future with updates being provided to the Board via the Chair's report. Mrs White noted that if delegated authority was given to the committee the Terms of Reference would be amended accordingly and brought to the Board for ratification.

The Board **approved** the appointment and re-appointment of the Mental Health Act Managers and it **delegated responsibility** to the mental Health Legislation Committee to make these appointments in the future.

18/087 Annual declarations of interest, non-executive director independence and fit and proper person annual declarations. (agenda item 20)

Mrs Hill advised the Board that all directors had completed the annual declarations of interest forms and their annual fit and proper person declarations which had been reported in agenda item 3.

She added that each of the non-executive directors had declared that they were independent and that the matrix of this information was attached to the paper.

The Board **received** and **noted** the declarations made by Board members.

18/088 Glossary (agenda item 21)

The Board received the glossary.

18/089 Resolution to move to a private meeting of the Board of Directors (agenda item 22)

At the conclusion of business the Chair closed the public meeting of the Board of Directors at 12:40 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