



LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST
**Minutes of the Public Meeting of the Council of Governors
held on Wednesday 18 November 2015, in the Large Function
Room, St George's Centre, Great George Street, Leeds, LS1 3BR**

<u>PRESENT:</u>	
	Frank Griffiths – Chair of the Trust
Public Governors	Staff Governors
Philip Jones	Dominik Klinikowski
Richard Brown	Ruth Grant
Niccola Swan	Andrew Johnson
Jo Sharpe	
Steve Howarth	Appointed Governors
	Colin Clark
Carer Governors	Cllr Josie Jarosz
Andy Bottomley	Carol-Ann Reed
Alan Procter	
Service User Governors	
Claire Woodham (Lead Governor)	
Ann Shuter	
Maria Trainer	
<u>IN ATTENDANCE:</u>	
	Chris Butler, Chief Executive
	Dawn Hanwell, Chief Financial Officer
	Anthony Deery, Director of Nursing
	Susan Tyler, Director of Workforce Development
	Jim Isherwood, Medical Director
	Jill Copeland, Chief Operating Officer and Deputy Chief Executive
	Margaret Sentamu, Non-executive Director
	Julie Tankard, Non-executive Director
	Keith Woodhouse, Non-executive Director
	Julie Wortley-Froggett, Executive Assistant to the Chair and Chief Executive
	Sam Marshall, Serious Incident Administration/Legal Support Manager (minutes)

<p>15/082</p>	<p>Welcome and Introductions (agenda item 1)</p> <p>The Chair opened the public session of the meeting at 14:15, introducing Mrs Sam Marshall to the governors and thanking her for attending to minute the meeting.</p> <p>The Chair noted the apologies of Mrs Cath Hill advising the governors that due to personal reasons she was unable to attend. The group extended their very best wishes to Mrs Hill and her husband.</p> <p>The Chair advised the following preliminary items:</p> <ul style="list-style-type: none"> • Resignation of a governor – Mr Griffiths noted that Mr David Smith had tendered his resignation advising that due to changes in his obligations at work he felt unable to fulfil his role of governor. • Change to agenda item 10 – a replacement to the paper previously circulated was tabled. The tabled version of the report provided a more succinct summary of the original paper. 	
<p>15/083</p>	<p>Apologies (agenda item 2)</p> <p>Apologies were received from the following governors:</p> <ul style="list-style-type: none"> • James Morgan • Becky Oxley • Ant Hanlon • Cllr Helen Douglas. 	
<p>15/084</p>	<p>Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)</p> <p>No governor present at the meeting indicated a change to their declared interests; neither did any governor raise a conflict in respect of any agenda item.</p>	

15/085	<p>Opportunity to Receive Comments or Questions from Members of the Public (agenda item 4)</p> <p>There were no questions from members of the public. The Chair advised he would revisit this question again at the end of the meeting.</p>	
15/086	<p>Minutes of the Public Meeting held on 9 September 2015 (agenda item 5.1)</p> <p>Mr Andrew Johnson noted a material inaccuracy – the minutes have him listed as a Carer Governor when he is a Staff Governor. The Chair advised this would be amended.</p>	
	<p>The minutes of the public Council of Governors’ meeting held on 9 September 2015 were agreed as an accurate record subject to the requested amendment.</p>	
15/087	<p>Matters arising (agenda item 6)</p> <p>The Chair introduced Ms Jill Copeland to present a brief to the governors regarding the prison healthcare contract. Ms Copeland advised that the Council had previously received a presentation, delivered by Mr Andy Weir, on prison healthcare and she would like to provide an update following this.</p> <p>Ms Copeland advised the Council that unfortunately the tender placed in conjunction with Leeds Community Healthcare (LCH) had not been successful. Ms Copeland further commented that the LYPFT/LCH tender had scored better than the preferred provider across all elements of quality, however, we had been beaten on price and the points awarded for the presentation aspect of the tender.</p> <p>Ms Copeland reported that Care UK, an independent sector provider, had been awarded the contract of £370,000 with effect from the 1 April 2016 and that 9 Trust staff will be transferred across to the new service provider. Ms Copeland commented that it was a very disappointing outcome for the Trust as this was an important part of our work.</p> <p>The Council was advised that LCH had challenged the outcome of</p>	

	<p>the tender which has not been successful. Ms Copeland informed that we have been advised that other existing providers had also lost on the same grounds and have therefore suggested that a joint challenge is submitted to Monitor.</p>	
	<p>The Council of Governors noted the update and was assured it would be advised of any developments</p>	
<p>15/088</p>	<p>Difficulty in recruiting medical staff (agenda item 6.1)</p> <p>Dr Jim Isherwood began his presentation by advising the Council that there is a national shortage of doctors and detailing the various reasons for this, namely:</p> <ul style="list-style-type: none"> • A high proportion of doctors are female and either work part-time or retire early • The UK is no longer seen as an attractive place to work – we now export doctors • Psychiatry is seen as an unpopular speciality compared to others • It is difficult to recruit within specialist services • There is competition from private providers. It is no longer the case that the Mental Health Act Officer status allows doctors to retire at 55. <p>Dr Isherwood advised the Council of what the Trust is doing about this issue including:</p> <ul style="list-style-type: none"> • It is heavily involved in education and have links with two universities • Every year the Trust runs a summer school • A mentoring scheme is provided • There are placements for sixth form students • There are two training schemes for junior doctor. <p>The Council was advised that recruitment is high on the agenda; however, more work must be done to market the attributes of the Trust to make it more attractive and appealing to applicants, noting that this is something which is discussed by the Consultants Group.</p> <p>The Council was assured that the Medical Directorate's current priority is to define what we mean by being an ideal employer to help support recruitment in the future.</p>	

	<p>Ms Sharpe advised the Council that she would be sitting on an interview panel over the next two days but that there was only one candidate for each post. She asked whether there is a similar uptake in other trusts. Dr Isherwood confirmed that our Trust is in a no worse position than any other trust but that we need to attract more applicants.</p> <p>Mr Bottomley asked if the Trust should be competing with the private sector and offering similar incentives. Dr Isherwood responded by advising that the NHS is a training organisation and we expect doctors to also have a management role. He noted that there are a lot of disadvantages to working in the private sector such as not been able to obtain an NHS pension, however, he advised the Trust is considering introducing a premium for hard to fill roles.</p> <p>The Chair added that the Board is also looking very closely at the wider recruitment issues for other staff groups within the Trust.</p> <p>Mr Griffiths thanked Dr Isherwood for his presentation.</p>	
	The Council received a verbal report from Dr Isherwood.	
15/089	<p>Cumulative actions outstanding from previous Council of Governors' meetings (agenda item 7)</p> <p>The Chair advised the Council that the report was there for information.</p>	
	The Council of Governors noted the actions outstanding from previous meetings and was assured of progress.	
15/090	<p>Chair's Report (agenda item 8)</p> <p>Mr Griffiths presented the Chair's Report. He advised that there was an inaccuracy within his report noting that on page 3 of the report it showed that he had not been present at the Council of Governors' meeting held on the 9 September 2016. He confirmed he had been there and asked for the document to be amended.</p> <p>The Chair then highlighted the following items of note from the</p>	CH

	<p>report:</p> <ul style="list-style-type: none"> • The extension of the appointment of Dr Gill Taylor as the Senior Independent Director (SID) noting that this will be extended until the end of her appointment as a non-executive director in February 2017. • An update on the Operational plan 2015/16 and the summary provided by Ms Copeland within the report. <p>Mr Griffiths invited questions from the Council of Governors, none were received.</p>	
	<p>The Council received the Chair’s Report and noted the content.</p>	
<p>15/091</p>	<p>Shaping the future of health and social care provision in Leeds (agenda item 9)</p> <p>Mr Butler presented the report to the Council. He drew the Council’s attention to the fact that we are already in year two of the Five-Year Forward View and that here is a great deal of financial pressure in the NHS and social care system. In support of this Mr Butler advised the Council that the gap in funding across the health and social care sector in Leeds is judged to be £800 million, and noted that although the government’s Five-Year Forward View sets out a number of options organisations need to move towards a solution much quicker than outlined in the document.</p> <p>The Council was advised that Section 4 of the paper sets out an option for the integration of services across the health sector alongside a change in the way “back office” and management functions are provided.</p> <p>Mr Butler continued by advising the Council that Section 5 sets out how we will make this happen. He also noted that he and the Chair had recently had some off-line conversations with partners in Leeds Community Healthcare about how we can bring our work together at a clinical level.</p> <p>Mr Butler paused at this juncture for questions.</p> <p>The Chair commented that these important developments come at a time of change within government and the healthcare sector and that</p>	

the Trust needs to explore all possible options. He noted that this initiative had provoked a positive response and assured the Council that any issues will come to them for discussion and agreement as any future plans are defined as this would be classed as a significant transaction.

Ms Jo Sharpe asked whether we had already opened any dialogue with commissioners. Mr Butler indicated that there are three Clinical Commissioning Groups in Leeds each of which has a particular contract portfolio. Mr Butler drew the Councils attention to work already in progress with the CCG, complimentary to that set out within the report which is to examine and set out future Commissioner landscape; and appraise provider settings. Mr Butler advised the Council that it is hoped and expected that the reports for these two pieces of work will be available at the end of calendar year.

Mr Klinikowski asked at what point does it stop being a merger and become an acquisition. He noted that at some stage there would be an overlap of jobs in the two organisations and a decision to make as to who remains in these duplicated posts. Mr Butler commented that the reality if we linked with LCH it would be a merger by acquisition and that there are management of change procedures in place designed to deal with issues such as this.

Mr Howarth asked what will stop Care UK from cherry picking the community services. Mr Butler responded that this would be up to the Leeds Commissioners and that there is nothing stopping them from tendering out the community services. Mr Butler indicated that at the moment the Leeds commissioners are keen to work collaboratively with current providers.

Mr Johnson asked if there are examples of any similar merges. Mr Butler advised that there are none recently. There are some examples including York when community services moved across into the Teaching Hospital and both were managed completely separately. Mr Butler confirmed that our approach is very different; first and foremost we want to improve and develop services rather than move them around.

Mr Butler was thanked for his report and presentation.

	<p>The Council of Governors noted the strategic direction for services in Leeds.</p>	
<p>15/092</p>	<p>Non-executive director presentation about performance (agenda item 10)</p> <p>Mr Keith Woodhouse advised the Council that it was very important for him to come to this meeting and talk to them. He advised he has been with the Trust for five years and has been reflecting on what had changed within these years and if he had delivered what is expected of him.</p> <p>Mr Woodhouse stated that the views he was going to express were his own and not those of the Executive Team, the Chair or his non-executive director colleagues.</p> <p>Mr Woodhouse firstly considered - what has changed, what's got better and what's got worse, he reported that there are still a lot of issues around today that were reported five years ago. Mr Woodhouse informed that when he first started at the Trust he was very impressed and can remember attending meetings about recovery and transformation. Other issues which were reported at that time were low staff morale, disconnect with the Board, IT issues and ongoing problems with training and appraisals etc. Mr Woodhouse reported that although there had been significant improvements in some areas he was sorry to say these all remained issues five years later.</p> <p>Mr Woodhouse advised the Council that he gets his views from the performance report, visits to sites, his involvement with the Mental Health Act meetings and talking with staff. Mr Woodhouse commented that whilst doing the site visits, the energy and commitment from staff was very positive.</p> <p>He further reported that it is clear that staff are close to the maximum they can deliver; there is a big issue with the number of staff vacancies; problems with staffing and in some cases bed availability. Within community services, Mr Woodhouse reported that staff were at breaking point and had recently closed admissions within forensic services. He also noted that service users are reporting less consultation and involvement with own care, Mr Woodhouse commented that this was a major step backwards.</p>	

Regarding the Bootham site, Mr Woodhouse stated that it was interesting that different perspectives can be gained from the same facts and noted the Trust's accountability when we look at things like ligature points.

He reported that the incident when one of our service users took her own life using a curtain hook had bothered him personally. He advised the Council that we had been responsible for the service three years prior to the incident and had been assured that the ligature points had been removed. Reports have been commissioned and produced however Mr Woodhouse stated that the lessons learned are not clear and nobody appears to have been held responsible or accountable. Mr Woodhouse reported that he felt personally responsible and had now decided to make it public as he had given the organisation 12 months to consider what action it should take.

Mr Woodhouse stated that reputation had been discussed a lot lately and the recent CQC visits had sent a shock wave through the organisation. He acknowledged that action had been taken but asked why the Trust has to have external visits to inform us of what we should already be doing.

The Council was informed that the CQC also visit the Trust on a more recent basis to look at issues such as those in relation to the Mental Health Act. Mr Woodhouse noted that these are considered and then discussed in the Mental Health Legislation Committee meetings. Mr Woodhouse commented that the same issues had been coming up time-after-time and therefore someone had been appointed with the specific duty of looking at these across the organisation. He noted that this was a positive step.

Mr Woodhouse spoke about the duty of the Board. He informed the Council that the key role of the Board is to:

- Manage fiscal viability, and asked if we over manage our finances
- Professional and strong engagement with staff, noting that there is still a disconnect
- Identify and manage of key risks
- Putting service users at the centre of everything, noting that there is evidence that this is not happening
- Protecting the reputation of the Trust, noting that this is critical
- Taking responsibility; being open and honest.

Mr Woodhouse stated that the directors are paid to deliver outcomes; the non-Executive Directors are there to receive assurance and hold the executive's to account. Mr Woodhouse advised that he did not think the directors had been able to deliver what he expects. He further commented that the non-executive directors have done a good job overall in identifying the risks but they have not properly held people to account as nothing has changed and this is not satisfactory.

Finally, Mr Woodhouse asked was what next. He commented that the governors have a unique opportunity in the next few months as a number of people will be stepping down and the governors' influence will be key. Mr Woodhouse urged the Council of Governors to take the opportunity to stand back and determine what they need for this organisation and ensure that the recruitment of the next Chair and the next board are done in the way they want.

Mr Woodhouse apologised if he had offended anyone and stated he would resign if the governors requested.

Mr Griffiths invited the Council to discuss the performance report, advising that a number of points raised by Mr Woodhouse would be picked up later in the agenda including the financial aspects by Dawn Hanwell.

Mr Howarth thanked Mr Woodhouse for a very candid expression of his views and advised that the views expressed echoed how he felt and what he had seen over the last couple of years as a governor. Mr Howarth commented that sadly these were not just issues for our Trust, but are endemic in the NHS, he reported that staff feel a disconnect and do not feel heard or listened to and asked what can be done to make changes in this regard.

Ms Woodham thanked Mr Woodhouse for making a candid and brave statement. She asked how the Board can be confident in any assurance received that an area is safe. Ms Woodham commented that whilst Mr Woodhouse had indicated that the Board is responsible for ensuring safety she personally feels morally responsible for holding the non-executive directors to account and ensure the right questions are asked.

Ms Woodham further commented on safer staffing suggesting that the practice of nurses having to act up is not appropriate and needs to be reviewed.

Ms Sharpe commented that part of the role of a governor is to be assured that there is adequate and healthy challenge within the Board team; therefore she thanked Mr Woodhouse for his contributions.

Mr Jones commented on the presentation of the report and noted that the governors receive a lot of papers; however, the reports are not always helpful and more could be done to condense the information rather than it being over simplified. Mr Griffiths commented that all the information received is also available in the information submitted to the Board and that the papers to the Council are condensed into digestible reports, but noted that this time extra information had been included in the agenda pack which is not normally there. He also noted Mr Jones comments about being able to track over time the progress and noted that the trajectory is upwards although some matters had taken a long time to progress.

Mr Bottomley noted that non-executive directors are appointed by the governors to support and challenge. He then posed the question as to whether the Board knows who is responsible for the perennial issues which do not improve or get dealt with and whether they can be held to account. Mr Griffiths advised the Council that they are known but that we are not here to point the finger at individuals we are here to address the problems.

Mrs Swan advised the Council that she was also previously on the Board as a non-executive director and noted that so many people are working hard to address these issues. However she echoed Mr Woodhouse's point about the duration of some of the challenges noting that whilst the trajectory is going in the right direction it is going very slowly. Mrs Swan commented that more importantly we still don't know the impact we are having on the people we are working with and whether we are enabling their recovery. Mrs Swan stated that the level of staff vacancies is extremely worrying and there is also a concern at the number of staff who are on sick leave. Mrs Swan asked what the Board of Directors is doing to address these issues and whether the right steps are being taken to address this.

Mr Howarth echoed the points of Mrs Swan and further commented that language is a very powerful tool and one bit of language that has crept in is "safe staffing levels". Mr Howarth remarked that nobody talks about "therapeutic staffing levels" and that we need to move back to this notion. Mr Griffiths commented that the safer staffing initiative was introduced by the Secretary of State and alone is a

	<p>meaningless statistic and agreed that there must be a distinction between safer and effective.</p> <p>Miss Grant asked if there was an opportunity for a back to the floor programme for senior staff to look at the impact of decisions made and implemented. With regard to vacancies she noted that people are moving out of the Trust to join an agency.</p> <p>Mr Procter noted that he preferred the full report; other members of the Council supported this suggestion. Mr Procter also raised some concerns about the environment at Bootham Park Hospital.</p> <p>Mr Johnson commended Mr Woodhouse for his useful report and commented that it was good to hear the notion of recovery again and outlined his experience in the clinical area where he works.</p> <p>Mr Howarth noted that Mr Woodhouse had said that he would resign if the governors wanted this. He said that on a personal level he would not want to see this. Mr Griffiths noted that this was not a proposal before the Council and as such was not an issue for consideration.</p> <p>The Council thanked Mr Woodhouse for his presentation.</p>	
	The Council of Governors received the report, noted its content.	
15/093	<p>Patient Experience Report (agenda item 10.2)</p> <p>Mr Deery introduced the Patient Experience Report noting that the paper reports information from a number of different sources, namely: complaints, litigation, incidents and PALS activity. He indicated that all this information is brought together, analysed and then taken back out to the clinical teams to effect change and aid improvement.</p>	
	The Council of Governors received the paper and noted its contents.	
15/094	<p>Highlights from the 2015 Mental Health Community Service User Survey (agenda item 10.3)</p>	

Mr Deery presented the paper to the Council of Governors advising that the survey had been conducted by Quality Health. Mr Deery further commented that there are areas highlighted which require improvement including care planning.

Mrs Swan noted that we don't need to do anymore analysis as we know what is needed; namely the right staff working in the right areas. Mr Deery commented that he agreed that the root cause is the number of staff vacancies which in turn puts pressure on the clinical team.

The Chair requested that Mrs Susan Tyler update the governors on the staffing initiatives.

Mrs Tyler advised the Council that at the moment we have 100 vacancies for registered mental health nurses. She noted that this figure had been building up over the last few years and that in some areas there is a higher than average turnover rate.

Mrs Tyler reported that we have had significant success within recruiting from the student cohort; however, quite a few nurses have then moved to the private sector. She indicated that incentive schemes may be something that we look at going forward however it is not the only answer.

Mrs Tyler then outlined the following change in approach to address the vacancy situation:

- A three-stage bulk recruitment approach will begin with the first event being held in January 2016 which will move away from recruiting nurses post by post. She also noted that two more events will be held: one in the summer/one in the winter.
- Higher education providers noting that discussions are taking place with Health Education England to look at what else can we do to improve the situation.

Mrs Tyler reported that we are really focusing our attention on improving the experience of staff.

Miss Grant asked if non-health support workers would be able to be seconded to nurse training. Mrs Tyler replied that nationally this needs to be looked at as there is a huge untapped resource. She noted that this will be on the recruitment agenda moving forward.

ST

	<p>Mrs Tyler advised that she will provide a report to the next meeting informing how successful the event in January 2016 has been and how many staff had been recruited.</p> <p>Mrs Tyler responded to a question from Ms Woodham by advising that the Trust does have training for those wanting to be a band 4 Health Support Worker.</p> <p>The Chair provided the Council with a couple of observations:</p> <ul style="list-style-type: none"> • Regarding the recruitment problem, Mr Griffiths stated that this is a problem in Leeds and a crisis in England. The policy of pay freezes has not helped and is irrational given the need to recruit and fill the job vacancies • Regarding the quality dimension Mr Griffiths advised that when he spoke with colleagues last year to receive the verbal outcome of the CQC visit – the feedback was very positive and full of compliments, however, the written report highlighted that the main issue was Bootham and if not for this building we would have had a report that was not about requiring improvement but detailing a good service. Mr Griffiths commented that comparatively speaking we are doing a whole lot better than elsewhere and we must look at all the positives within the Trust to aid recruitment. 	ST
	<p>The Council of Governors noted the contents of the paper and received assurance regarding the progress of the actions.</p>	
<p>15/095</p>	<p>Trust Incident Review Group, Lessons Learnt Report (agenda item 10.4)</p> <p>Dr Isherwood presented the Trust Incident Review Group, Lessons Learnt Report noting that the report was in respect of the meetings held in August and September. Dr Isherwood advised that we have slipped behind slightly in being up to date in the timeliness of report completion and that this is due to various reasons however the process is extremely thorough. Dr Isherwood noted that one of the things TIRG has discovered is that we can shortcut any delays where there is a disagreement by bringing the report to the group for discussion and approval.</p> <p>Dr Isherwood the drew attention to the main points in the reported</p>	

	<p>including the NCISH Review; the new environmental assessments have been introduced by Mr Deery; and the Clinical Risk Management training being delivered across the Trust.</p> <p>Mr Howarth commented that on the report an incident identified as a serious near miss doesn't tell us what this incident type is. Mrs Marshall confirmed that this incident was the near miss of a fatality.</p> <p>Mr Griffiths highlighted that the use of words is hugely important when for instance talking about somebody taking their own life. Dr Isherwood confirmed that we can only refer to a death as a suicide when the Coroners conclusion has been recorded as such – this of course is very important especially to the family.</p>	
	<p>The Council of Governors received and noted content of the report.</p>	
<p>15/096</p>	<p>Financial Performance – forecast surplus, what the causes of this are and what the plans are to use it (agenda item 10.5)</p> <p>Mrs Hanwell made the following observations to inform the Council:</p> <ul style="list-style-type: none"> • That services are encouraged to spend all of their budget, but that some of the reason for the surplus is that there is a difficulty in recruitment • There is money held back in the contingency reserve each year to manage risk and deal with things that require financing • We are in a diminishing number of organisations, as we have cash in the bank, but that we are highly indebted to PFI estate. <p>Mr Bottomley asked what the Trust spends the surplus on. Mrs Hanwell outlined some of the things that the Trust spends its surplus on.</p> <p>Mrs Hanwell advised that with regard to the PFI debt we have no right to buy out, but that there is work in hand to look at a number of options and be creative and reduce this amount.</p> <p>Ms Woodham commented that as we are in a surplus what can we do to put our Trust in the best position? Mrs Swan further commented that it would be very interesting to know what the contingency gets used for. Mrs Hanwell advised she would be more than happy to share what the contingency is spent on.</p>	

	The Council of Governors noted the contents of the report.	
15/097	<p>Draft minutes from the Appointments and Remuneration Committee meeting held 22 October 2015 (agenda item 11)</p> <p>Ms Woodham requested that the Council note the following from the minutes:</p>	
	<ul style="list-style-type: none"> • Appointment of the Deputy Chair – Margaret Sentamu is not able to take up this position at the moment therefore Steven Wrigley-Howe will continue as the deputy until the end of his term of office Feb 2016. At that point Mrs Sentamu will be invited take up the position • Two NED’s will be reaching the end of their term: Julie Tankard and Steven Wrigley-Howe. The skill-set for the forthcoming NED vacancies as identified by the Nominations Committee were supported. 	
	The Council received the minutes and assurance that the committee is working within its Terms of Reference.	
15/098	<p>Extension of the appointment of Steven Wrigley-Howe (agenda item 11.1)</p> <p>Ms Woodham advised that Steven Wrigley-Howe will come to the end of his term of office on 5 February 2016. Due to a mismatch of the end of office date and the date of the Council of Governors meeting, at which the appointment to the vacancy will be considered, the Council was requested to ratify an 11 day extension.</p> <p>All Council members agreed.</p>	
	The Council agreed to the recommendation set out in the paper.	

15/099	<p>Appointment of the Deputy Chair of the Trust (agenda item 11.2)</p> <ol style="list-style-type: none"> 1. The Council agreed that Mr Wrigley-Howe remain as Deputy Chair until the end of Feb 2016. 2. The Council agreed that Margaret Sentamu will be requested to take on the Deputy Chair role when Mr Wrigley-Howe steps down. 	
	The Council agreed to the recommendation set out in the paper.	
15/100	<p>Proposal to dissolve the Membership and Development Committee and agree how the work will be dealt with in the future (agenda item 12)</p> <p>The Council of Governors reviewed the paper with the following action:</p> <ol style="list-style-type: none"> 1. Agreed to dissolve the Membership and Development Committee as a formal committee of the Council of Governors. 2. Agreed with how the work will be dealt with in the future (as table 1) 3. Agreed to the “in my shoes” events. 	
	The Council agreed to the recommendation set out in the paper.	
15/101	<p>Change in the name of the Trust (agenda item 13)</p> <p>The Council reviewed the paper and were requested to note and support the change.</p> <p>Mr Klinikowski commented that he had an issue with the renaming as it could be construed as distancing ourselves from York and also commented that it would be a very expensive exercise to make the change.</p> <p>Mr Griffiths noted that with regards to York, it is very important to note that were it not for the work carried out by the Trust there would be no place of safety, no street triage, no new premise for the inpatient CAMHS service. Mr Griffiths felt we should remember that we were a success in York and achieved a lot and should be proud of that.</p>	

	Mr Klinikowski's comments were noted by Mr Griffiths who agreed to ensure these were taken account of.	FG
15/102	Minutes of the meeting of the Board of Directors held 30 July and 17 September 2015 (agenda item 14)	
	The Council noted and received the minutes of the public meetings of the Board of Directors for information.	
15/103	Draft minutes from the Annual Members' Meeting held 22 September 2015 (agenda item 15)	
	The Council noted and received the minutes of the Annual Members meeting for information.	
15/104	Membership Report (agenda item 16)	
	The Council noted and received the Membership Report.	
15/105	<p>Any other business (agenda item 17)</p> <ul style="list-style-type: none"> • The governors were reminded of the forthcoming Strategy Committee meeting which will take place on 10 December 2015. The meeting will be held in Training Room 3 at The Becklin Centre between 10am and 12pm. This is an open invitation. • Appraisal packs were circulated to the Council members. Mr Griffiths advised that all will be contacted via email regarding dates. • Mr Johnson voiced his concern regarding the internal systems in relation to the criminal trial in progress against a former employee. Mr Griffiths confirmed that a full internal audit will take place once the trial has finished and that this would be received by the Audit Committee. Mrs Tyler updated the Council that we expect an outcome by 27 November 2015. Mr 	

	<p>Griffiths advised that we will be aware of the financial situation upon the Judges' ruling regarding the recovery of costs.</p> <ul style="list-style-type: none"> Mr Klinikowski thanked the Executive Team for recognising the hard work of staff as detailed in the staff briefing circulated in November 2015. Mr Klinikowski further commented that staff will be happy to receive a little extra at Christmas, however, the briefing also detailed the increment pay progression and unfreezing for Band 8c and upward. He asked if this would have an impact on cost improvement plans for pay and recruitment and asked this money have been used in a different way. Mrs Tyler responded by advising that as we are in a better position financially this year we can afford to do this and that it doesn't detract from cost improvement, Mrs Tyler further commented that the full details of how much it cost was in a public board meeting paper. Mr Klinikowski advised he had raised it due to the dissatisfaction expressed by lower band staff. Mr Griffiths noted Mr Klinikowski's comments. 	
<p>15/106</p>	<p>Question / comments from Members of the Public (agenda item 18)</p> <p>There were no questions from the public.</p>	
<p>The chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16:35 and thanked governors and members of the public for their attendance.</p>		

**COUNCIL OF GOVERNORS' ACTION SUMMARY
(PUBLIC MEETING)
Meeting held 18 November 2015**

MINUTE	ACTION SUMMARY (PUBLIC MEETING)	LEAD
15/090	<p>Chair's Report</p> <p>Mr Griffiths presented the Chair's Report. He advised that he had found a material inaccuracy within his report – on page 3 of the report it suggests that he was not present at the Council of Governors' meeting held on the 9 September; he confirmed he was there and will ensure this document is amended.</p>	CH
15/094	<p>Highlights from the 2015 Mental Health Community Service User Survey</p> <p>Mrs Tyler advised that she will provide a report to the next meeting informing how successful the event in January 2016 has been and how many staff have been recruited.</p>	ST
15/101	<p>Change in the name of the Trust (agenda item 13)</p> <p>Mr Klinikowski commented that he had an issue with the renaming as it could be construed as distancing ourselves from York and also commented that it would be a very expensive exercise to make the change. Mr Klinikowski's comments were noted by Mr Griffiths who agreed to ensure these were taken account of.</p>	FG