

**Minutes of the Public Meeting of the Council of Governors
held on Tuesday 14 November 2017 in the Large Function Room, St George's
Centre, Great George Street, Leeds, LS1 3BR**

PRESENT:

Professor Sue Proctor – Chair of the Trust (Chair of the meeting)

Public Governors

Les France
Anita Garvey
Steve Howarth (Lead Governor)
Kirsty Lee
Niccola Swan
Peter Webster

Staff Governors

Sarah Chilvers
Joanne Goode
Gillian Galea
Ruth Grant
Sally Rawcliffe-Foo

Appointed Governors

Cllr Jenny Brooks

Service User Governors

Marc Pierre-Anderson

Carer Governors

Julia Raven

IN ATTENDANCE:

Dr Sara Munro – Chief Executive
Joanna Forster Adams - Chief Operating Officer
Dr Claire Kenwood – Medical Director
Paul Lumsdon – Interim Director Quality and Professions
Margaret Sentamu - Non-executive Director
Sue White - Non-executive Director
Caroline Bamford – Head of Diversity and Inclusion
Cath Hill - Head of Corporate Governance
Tom Mullen – Interim Clinical Director Leeds Mental Health Care Group (for agenda item
David Rowley - Learning Disability Service Manager
Fran Limbert - Governance Assistant (Secretariat)
Nine members of the public

17/066 Welcome and introductions (agenda item 1)

Professor (Prof) Proctor opened the meeting at 12.44pm and welcomed everyone.

Prior to the start of the Public Meeting of the Council of Governors an election to the Trust's Appointments and Remuneration Committee had taken place. There was one vacancy for an elected governor and two vacancies for appointed governors. One candidate, Mr Webster, had submitted a nomination to join the Committee and as such a ballot had taken place. The results of the ballot were 12 votes in support of Mr Webster and one abstention. The Council congratulated Mr Webster on him successfully being elected to join the Appointments and Remuneration Committee.

17/067 Apologies (agenda item 2)

Apologies were received from the following governors: Ann Shuter, Service User Leeds Governor; Councillor Neil Dawson, Appointed Governor; Andrew Bright, Carer Leeds Governor; Ellie Palmer, Service User and Carer Rest of UK.

The Council was quorate.

Prof Proctor informed the Council that: Steven Wrigley-Howe, Non-executive Director and Senior Independent Director; John Baker, Non-executive Director; Julie Tankard, Non-executive Director; Susan Tyler, Director Workforce Development; and Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive, had sent apologies for the meeting.

17/068 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Mr Howarth declared a conflict of interest in respect to agenda item 16 Proposal for the extension of the Lead Governor role. The Council noted that he would leave the room whilst this item was being discussed.

No governor indicated a change to their declared interests.

17/069 Minutes of the public meeting held on 18 July 2017 (agenda item 4)

The minutes of the public meeting that was held on the 18 July 2017 were **approved** as a true record.

17/070 Minutes of the Annual Members' Meeting held on 19 September 2017 (agenda item 4.1)

The minutes of the Annual Members' Meeting that was held on the 19 September 2017 were **approved** as a true record subject to one amendment being made to show Mrs Goode's apology to attending that meeting.

17/071 Matters arising (agenda item 5)

There were no matters arising.

17/072 Cumulative actions outstanding from previous Council of Governors' meetings (agenda item 6)

Prof Proctor presented the cumulative action log. The Council agreed that the following actions be closed: 17/060 (July 2017) – Assurance report on the meeting of the Appointments and Remuneration Committee meeting held on the 27 June 2017; 17/054 (July 2017) – Lead Governor report; 16/114 (November 2017) - Increasing employment opportunities for people with learning disabilities; 17/038 (May 2017) - National guidance on learning from deaths; 17/040 (May 2017) - Staff Survey results; 16/093 (September 2016) - Report on the outcome of the governors' reviews; 17/052 (July 2017) – Chief Executive Report; 17/053 (July 2017) – Chair's report; 17/059 (July 2017) – Non-executive director and governor service visits.

Dr Kenwood presented an update on log 17/038 (May 2017) - National guidance on learning from deaths. She informed the Council that the Trusts' Patient Safety Plan had not been finalised. Once it had been it would be seen at a future Council of Governors meeting to allow governors to comment on it.

The Council **received** the update on the cumulative action log and were **assured** of progress made.

17/073 Chair's report (agenda item 7)

Prof Proctor presented the Chair's report. An election to the Council of Governors had taken place within the Trust during Autumn 2017. Five new governors had been elected. Prof Proctor welcomed these individuals along with the two newly appointed governors to the Council of Governors. The Council noted that a Governor Induction session would take place on the 20 November 2017 for all of the seven new governors that could attend.

The Council noted that Andrew Johnson had stepped back from fulfilling the role of Staff Clinical: Leeds and York and North Yorkshire Governor. Prof Proctor explained that this was a 12-month pause initiated by Mr Johnson due to increasing pressures from other areas of his life. The Council looked forward to welcoming Mr Johnson back in due course. Prof Proctor regrettably informed the Council that Claire Woodham had resigned from the role of Service User Leeds Governor. The Council offered thanks to Ms Woodham for the contribution that she had made, in particular with the anti-stigma work that she had been involved in.

Also, Prof Proctor informed the Governors that following a successful tender process, KPMG had been identified as the preferred provider of external audit service for the Trust. She thanked all governors who had been involved in the tender process.

Finally, Prof Proctor outlined changes to the Board of Directors. She explained that Anthony Deery had left the Trust on the 30 September 2017. Mr Deery would be the lead for Mental Health within the Five Year Forward View for NHS England. The position for Director of Nursing within the Trust was being advertised externally. The Council welcomed Mr Lumsdon who was the Interim Director of Quality and Professions. Prof Proctor also explained that Jacki Simpson had resigned from the Non-executive Director (NED) position within the Trust. This was due to Mrs Simpson starting a new job role in another organisation where they do not permit their employees to work in NHS positions. The Council noted that interviews for this vacant position had taken place and a recommendation from the Appointments and Remuneration Committee would be discussed during the Private meeting of the Council of Governors. Prof Proctor also informed the Council that Julie Tankard had resigned from the NED position within the Trust. This was due to Mrs Tankard starting a new job role in another organisation based in London. Unfortunately the pressures of this role would not allow for her to continue as a NED within the Trust. A proposal for the process for the appointment to the forthcoming vacant post would be discussed in the Public meeting of the Council of Governors. The Council thanked Mr Deery, Mrs Simpson, and Mrs Tankard for their work.

The Council **received** the Chair's report and **noted** its contents.

17/074 Chief Executive report (agenda item 8)

Dr Munro presented the Chief Executive report. She first talked about staff engagement within the Trust. She updated the Council on the results that had been obtained to date on that year's Staff Survey. They noted that the results obtained so far were an increased return rate and suggested work be done to maintain momentum with this. The Council noted the importance of obtaining this data from staff and how it could be used to make meaningful improvements. Dr Munro then informed the Council that John Verity had been appointed as the Trust's Freedom to Speak Up Guardian. She explained that Mr Verity would be spending his first few weeks visiting staff and services to ensure he is visible and accessible. Dr Munro also updated the Council on an engagement workshop that was run in preparation for the Care Quality Commission (CQC) Well Led Inspection. Over 150 members of staff attended this workshop where discussion took place on the Trusts' self-assessment on the Key Lines of Enquiry, which was part of the Provider Information Request.

Dr Munro then went on to talk about regulatory matters. She informed the Council that the Trusts' quarter two meeting with NHS Improvement took place on the 11 October 2017. Following this, the Single Oversight Framework score remains at level two. She then went on to inform the Council of a new sub-group of the Leeds Health Scrutiny Board; Health Services Development Working Group. This Group will meet quarterly to discuss key issues the Leeds health organisations are facing. Dr Munro outlined that at the next meeting a detailed focus will be presented on the provision of services for people with a learning disability.

Next Dr Munro provided assurance to the Council on work that had been done on the Trusts' Strategy. This work was following suggestions made following the Trust's annual Boards of Directors and Council of Governors meeting that took place on the 5 September 2017. Work had been done to streamline the Strategy document. It will be presented to the Board of Directors for approval at their public meeting on the 30 November 2017.

Dr Munro shared with the Council examples from services of innovative work that members of staff were leading on. This included work within the Black Minority Ethnic, and Lesbian Gay, Bisexual and Transgender communities. She outlined that frontline staff are learning from other organisations and driving forward improvements within the Trust to allow it to be a leader locally. Dr Munro provided details of two Trust services that were Highly Commended at the National Positive Practice Awards. She also outlined that the Trust has been involved in a project to establish health coaching as a key skill for health and care staff working in services in Leeds and has been successful in being shortlisted for this year's Health Service Journal Award.

Finally, Dr Munro provided further details on subjects that had been raised by the Governors. She first talked about the closure of the female low secure ward in Forensic Services at Clifton House, York: Rose Ward. The Council acknowledged recruitment challenges that the Trust had faced during the previous 12-months. Dr Munro assured the Council of work that was underway with NHS England, the commissioners of the Trust's Forensic Services, to look at the service model to redesign the pathway. Dr Munro also updated the Council on the temporary change that the Trust had made to its Intensive Community Services (ICS). She outlined that due to recruitment challenges the Trust had decided to temporarily halt the ICS east north east service. She provided assurance to the Council on work that Mr Mullen is undertaking to analyse the ICS service and to understand improvements that could be made. The Council requested that further information on the breadth of services that the Trust provides and the work on the community services reconfiguration be presented at their meeting on the 14 February 2018. Mrs Forster Adams went onto say that staff were responding very well to the change and continuing to put service users first.

JFA

The Council **received** the Chief Executive report and **noted** its contents.

17/075 Lead Governor report (agenda item 9)

Mr Howarth thanked all individuals that had been involved with the Annual Members' Meeting. The Council agreed that it had been a successful engagement event.

Mr Howarth encouraged governors to contact him if there was something that they wished to raise as a Council of Governors formally.

17/076 Learning Disability Service Review (agenda item 10)

Mr Rowley introduced the presentation and his colleagues. He outlined that following the Review the revised service model went live on the 25 September 2017. Lyndsey-

Jane Charles, Clinical Lead, outlined that the Service had not been reviewed for ten years and that the review was initiated from both internal and national driving forces such as the Transforming Care Agenda. She outlined that the purpose of the Review was to ensure that the Service is meeting needs of service users appropriately both in social and unsociable times. The Learning Disability Service had conducted a self-assessment to identify gaps. The assessment included looking at data; referrals; process mapping; and feedback from service users, staff, and partners. Following this, the Service set up a number of working groups to openly discuss what the Service did well and not so well. Mrs Charles provided assurance to the Council that a Learning Disability Service Review Project Board was overseeing this Review. She outlined that the Board was multi-disciplinary and verified that the self-assessment and working groups findings showed that the old service model did not have a clear purpose and that each team within the Learning Disability Service was working in a silo. Membership of the Board included a commissioner from health and a commissioner from social care. This was to ensure that partnership work across the whole health and social care economy took place.

Mr Rowley went on to present the work that had been done to: define a clear role and purpose for the Service; set a clear remit; and prioritise workload. He outlined that an Assessment and Referral Team had been initiated and that initial findings are showing that teams are working efficiently together. The Council noted the importance of this to ensure that service users do not receive delays within their care. He then talked about the creation of the Health Facilitation Team and the important role it undertakes in improving interface between the Trust and other external agencies. Julie Royle-Evatt, Health Facilitation Team Manager, outlined the initial success that had been seen, it included: improved efficiency in processing referrals; receiving clear performance data; improved care programme approach coordination; skill mixing across the teams; improved service user experience; and teams working more cohesively together. Mr Rowley provided details of work that had been initiated to provide out of hours support from Parkside Lodge. This support also included inter-team working to support the Crisis Team and the Acute Liaison Psychiatry Team to provide support to service users in crisis. Mr Rowley confirmed that the Service has enough resource to cope with the initial demand that is associated with this but that this will be closely monitored.

Finally Mr Rowley talked about the analysis work that would be undertaken on this Review. He explained that reviews would take place every three months' to track progress made, the first of which was scheduled for January 2018. He also outlined work that would be undertaken to evaluate the review process to look at lessons learnt to improve the transition between multi agencies. This evaluation would be undertaken in January 2018.

Mrs White welcomed the initiation of the Health Facilitation Team. She asked whether the Trust worked with Care Homes. Mrs Royal-Evatt provided assurance to the Council of the partnership work and training that the Service provides to various other agencies, including Care Homes. She outlined that the main challenge was the turnover of staff in the other agencies making it hard for any longevity of training investment. Mrs Charles informed the Council of various recruitment initiatives that they are planning. Mr Rowley outlined an example of where analysis as part of the review had resulted in health support workers undertaking some of the work that historically nurses had done. This had allowed for nurses to be realigned elsewhere within the Service and health support workers to be given personal development opportunities. The Council noted the challenges of recruitment the NHS faces. The

Service currently had five vacant whole time equivalent posts.

Mrs Swan sought assurance on the work undertaken by the Assessment and Referral Team. Mrs Royal-Evatt informed the Council of data that the Team monitor service users and their pathways. She outlined that of the 32 referrals that the Team had received, five of those individuals did not have a learning disability. The Council acknowledged that streamlining within this area allowed for increased efficiencies and minimisation of anxiety for the service users involved.

The Council **welcomed** the Learning Disability Service Review and thanked those involved in the Review for the work that had been undertaken to develop the Service.

17/077 Measuring outcomes across Trust services (agenda item 11)

Mr Mullen presented a paper measuring outcomes across Trust services. He explained that gathering and assessing outcomes in mental health and learning disability services is a crucial task that presents a significant challenge for both the Trust and its clinical teams. The Trust wants to put in place a way to find out how and whether it is making a difference in a way that is measurable and universally recognised. Mr Mullen outlined that research had been undertaken to look at what outcome measures are currently being used throughout the Trust looking at those that are successful and not so much. The findings of this research had been presented to the Trustwide Clinical Governance Group and the Quality Committee. The Council noted that the Quality Committee is leading on this work within the Trust and will provide a route of assurance and escalation to the Board of Directors. They also recognised that because of the breadth of service that the Trust provides there will not be a uniformed set way to measure outcomes. Mr Mullen assured the Council that the focus for the Trust would be to centralise the principles for measuring outcomes that individual services can then measure them diversely. He assured the Council that many services within the Trust routinely measure outcomes really well. He outlined that the next step with this would be to share the learning both with other services and service users so that a model could be refined and co-designed.

Mr Mullen went on to say that it had been estimated that this work would take two to three years to be completed. He expected that successful staff engagement would be integral to this to allow it to be made into a routine part of clinician's job role. The expectation would then be that following successful integration the Trust could look to set up benchmarking data that could be shared with other similar NHS providers, commissioners, and the wider public. Mrs White suggested that this project be shared with the other NHS organisations in the West Yorkshire and Harrogate Sustainability and Transformation Partnership. Mrs Goode noted the importance of benchmarking data being publically available so that anyone who was considering employment with the Trust could understand the Trust's performance. She also expressed how important this work could be for retention of current clinicians within the Trust so that they could validate the outcomes for those service users that they work with.

Finally Mr Mullen outlined plans within the Trust to initiate a new project group to manage this workstream. He confirmed that the Trustwide Outcomes Group would meet from January 2018.

The Council **welcomed** the developing work within the Trust on measuring Outcomes. They acknowledged that this work is complex and requested that progress updates be presented every six months' at Council of Governor meetings.

TM

17/078 Care Quality Commission inspection update (agenda item 12)

Mr Lumsdon presented the Care Quality Commission (CQC) inspection update to the Council. He explained that the CQC will be carrying out a well led inspection on the Trust in early 2018. The inspection would be to ensure that the Trust is meeting the fundamental standards of care: safe; effective; caring; responsive; and well led. The forthcoming inspection would involve small teams of CQC inspectors looking at the Trust's work over a 28-day period. Mr Lumsdon talked about the engagement workshop that had taken place within the Trust. Following the workshop, the Trust's CQC Project Team had received feedback from members of staff to say how engaged they feel with the CQC preparations. The workshop looked at Trust services self-assessments and production of evidence. A further workshop was planned for the 29 November 2017 where teams could share with each other areas of good practice and learning.

Prof Proctor asked whether the CQC would like to speak with the governors. Mrs Hill verified that they did and that a workshop would take place on the 12 December 2017 to do this.

Mrs Sentamu asked Mr Lumsdon if he felt assured on progress the Trust had made. He confirmed that he did. Areas of work within the Trust had been reviewed with some highlighted as developing and others that required further improvement. Dr Munro assured the Council that the Trust is embracing an open and transparent approach and will use the inspection as a way of showcasing progress made. She outlined that following the last CQC inspection that took place in July 2016, Deloitte had been commissioned by the Trust to specifically look at best practice nationally and where the Trust benchmarked against this. This had identified areas for development. Mrs Hill agreed to share the findings from the Deloitte governance review with the governors.

CH

The Council **welcomed** the CQC inspection preparation report and **noted** the progress made within the Trust.

17/079 Increasing employment opportunities for people with learning disabilities (agenda item 13)

Mrs Bamford provided an update on the Trust's work to increase employment opportunities for people with learning disabilities. She explained that the Trust is working in partnership with Lighthouse Futures to create an intern education work programme for individuals with a learning disability. This 12 month programme is still being developed and three placements had been identified at Trust HQ with an expected commencement date of April 2018. This programme will be run in collaboration with two other organisations on the business park where Trust headquarters is based. This would allow for the students to gain experience of three different organisations whilst allowing for shared learning to be gathered from each of

the organisations.

The Council welcomed the progress made and requested further updates at their future meetings.

ST

17/080 Performance discussion (agenda item 14)

Mrs Forster Adams provided an update to the Council on work that was underway to develop a performance system within the Trust. This system will include a dashboard to be used individually by services to track and measure performance metrics, and agreeing a set of measures focused around: safety; quality; workforce; service delivery; and proficiency. She explained that a Board Workshop would take place on the 16 November 2017 to discuss the performance system further to ensure the Trust is supporting staff to deliver the best quality care whilst learning. The Council noted that this system was still being developed with completion expected around February 2018.

Mrs White provided assurance to the Council on discussion that had taken place at the Board of Directors public meeting on the 26 October 2017. This discussion had included the pressures the Trust faces on out of area placements, high bed occupancy rates, and delayed transfers of care. The Council noted that the Trust is committed to ensuring the best quality of care is delivered to service users and that a detailed discussion on this including an analysis of data had taken place at the Board of Directors meeting.

Mrs Swan asked how many vacancies were in the Trust. Dr Munro outlined that there was approximately 250 vacancies. She reminded the Council that the details of this could be found in the Safe Staffing Report that is presented to each public meeting of the Board of Directors. Prof Proctor informed the Council that at the public meeting of the Board of Directors on the 30 November 2017, the Workforce Plan would be presented.

Dr Munro informed the Council the Trust was meeting its financial plans by working innovatively. She explained that the work the Trust has commissioned PriceWaterhouseCoopers to do in relation to the Private Finance Initiative contract would take longer than originally expected due to the complexity of the contract.

The Council **supported** the development of a performance system that provided meaningful performance information.

17/081 Proposed process for the appointment to the forthcoming vacant non-executive director post (agenda item 15)

Mrs Hill reminded the Council that they are responsible for the appointment of non-executive directors (NEDs) within the Trust. As previously discussed at the meeting Mrs Tankard had stepped down from the post of NED. Therefore the Council is required to appoint a NED, this post requires someone who has financial qualifications and experience to ensure there is robust challenge in regard to the Trust's financial performance and that there is an appropriately qualified NED to chair

the Audit Committee.

The Council **approved** the appointment process for the NED position and **noted** that an Extraordinary Private meeting of the Council of Governors would be convened on the 6 December 2017 to review the recommendation made from the Appointments and Remuneration Committee following the interviews for this post taking place on the 27 November 2017.

17/082 Proposal for the extension of the Lead Governor role (agenda item 16)

Mr Howarth left the room. He is the current Lead Governor; because of this he had a conflict of interest in respect of this agenda item.

Mrs Hill reminded governors of the role of lead governor, the appointment election process, and how it is different to the governor role as prescribed by NHS Improvement. The Council noted that currently this role was for a period of one year. The first recommendation was to this period being changed to a two-year appointment to allow individuals to be able to develop into this role and to provide greater continuity. Subject to the approval of this first recommendation, the governors had a second recommendation to consider Mr Howarth continuing as Lead Governor until February 2019. Finally, subject to the outcome of the first recommendation the Council were asked if the Head of Corporate Governance could make changes to the document to include: changing reference to Monitor to read NHS Improvement; remove references to governors' panel which was disbanded by NHS Improvement; the potential change to the term of this role from one year to two years.

The Council **approved** the change in the appointment period of the Lead Governor from one year to two years. They unanimously **supported** Mr Howarth continuing as Lead Governor for a further one year so that his appointment ended in February 2019. Finally, they gave the Head of Corporate Governance **authorisation** to make the recommended changes to the role description.

17/083 Membership report (agenda item 17)

Mrs Hill presented the Membership report. She outlined that changes within the organisation had taken place during summer 2017 which had allowed for work formally carried out by the Patient Experience Team had been realigned within the organisation. This had seen the membership management move to the Corporate Governance Team, Patient Experience remains within the Nursing Directorate, and Events and Engagement move to the Communications Team. Mrs Hill outlined the work that had been undertaken since this time within the Corporate Governance Team. This included an audit being undertaken of the membership database which had resulted in many anomalies being found. Because of this it had been agreed that a cleanse needed to be undertaken of the information on the database.

Following completion of this exercise, the next step will be to devise a schedule of meaningful engagement. This will primarily focus on the existing circa 16,500 current members as well as public events throughout the year. Mrs Hill outlined the initial

challenge associated with this would be initiating partnerships both internally and externally with others to work in collaboration to proactively raise awareness.

Finally, Ms Limbert outlined details of work that was underway in partnership with the database providers, Membra, to identify areas within the constituencies that could be developed to increase representation. This work will entail analysing the Intelligent Membership Strategy that Membra produce that shows demographics across the Leeds and York & North Yorkshire area. This will allow the Corporate Governance Team to analyse the data so that benchmarking could take place.

The Council **received** the Membership report for information and were **assured** that the membership remains representative.

17/084 Thematic report following The Big Conversation (agenda item 17.1)

Prof Proctor presented the Thematic report following the Big Conversation that took place at the Annual Members' Meeting on the 19 September 2017. The Council noted the intention of the Conversation was to engage with the public, to seek feedback that the Trust could learn from. Prof Proctor drew the Council's attention to the actions within the report. She suggested that these be incorporated into the Trust's new Quality Plan. The Council noted that Dr Kenwood and Mr Lumsdon are co-producing the Trust's new Quality Plan. It would be approved by the Board of Directors at their meeting on the 22 February 2018.

The Council **approved** the recommendation for the actions contained within the Thematic report following the Big Conversation to be incorporated within the Trust's new Quality Plan. An update on the development of this would be presented at the Council of Governors meeting on the 14 February 2018.

CK/PL

17/085 Any other business (agenda item 18)

The Council did not discuss any other business.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16.36 and thanked governors and members of the public for their attendance.

Signed (Chair of the Trust)

Date