

**Minutes of the Public Meeting of the Council of Governors
held on Wednesday 14 February 2018 in the Cypress Room, Bridge
Community Church, Rider Street, Leeds, LS9 7BQ**

PRESENT:

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

Public Governors

Les France
Kirsty Lee
Niccola Swan
Peter Webster

Staff Governors

Sarah Chilvers
Gillian Galea

Appointed Governors

Cllr Jenny Brooks
Helen Kemp
Sarah Armstrong

Service User Governors

Ann Shuter
Ellie Palmer

Carer Governors

Julia Raven

IN ATTENDANCE:

Dr Sara Munro – Chief Executive
Joanna Forster Adams - Chief Operating Officer
Helen Grantham – Non-executive Director
Cath Hill - Head of Corporate Governance
Dr Claire Kenwood – Medical Director
Nichola Sanderson – Deputy Director of Nursing
Margaret Sentamu - Non-executive Director
Susan Tyler – Director Workforce Development
Sue White - Non-executive Director
Fran Limbert - Governance Assistant (Secretariat)
One member of the public

Action

18/001 Welcome and introductions (agenda item 1)

Professor (Prof) Proctor opened the meeting at 12.40pm and welcomed everyone. She introduced Ms Grantham as one of the newly appointed Non-executive Directors.

18/002 Apologies (agenda item 2)

Apologies were received from the following governors: Anita Garvey, Public Leeds; Steve Howarth, Public Leeds; Joanne Goode, Staff Clinical; Sally Rawcliffe-Foo, Staff Clinical; Mark Pierre Anderson, Service User Leeds; Christopher Hobbs, Carer Leeds; Andrew Johnson, Staff Non-clinical; Councillor Neil Dawson, Appointed Governor.

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; Martin Wright, Non-executive Director; Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive; Paul Lumsdon, Interim Director of Nursing and Professions, had sent apologies for the meeting.

18/003 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 3)

Mrs White declared an interest in the proposal relating to the Process for the appointment of the Deputy Chair of the Trust which was item 15 on the agenda. It was agreed that Mrs White would leave the meeting for this item.

No governor indicated a change to their declared interests.

18/004 Minutes of the public meeting held on 14 November 2017 (agenda item 4)

Following on from the Learning Disability service review presentation that took place at the Council of Governors meeting on the 14 November 2017, the governors requested that an update be presented on this at the meeting on the 15 May 2018.

David Rowley

The minutes of the public meeting that was held on the 14 November 2017 were **approved** as a true record.

18/005 Matters arising: Integration of The Big Conversation actions into the Quality Plan (agenda item 5.1)

The Council noted that The Big Conversation provided an opportunity for the Trust to engage and learn from the feedback of people's experiences. Dr Kenwood informed the Council that the Quality Plan would be presented to the Board of Directors meeting in public on the 22 February 2018. She explained that the Plan is evidence based and focuses on: good quality; collective leadership; and a learning culture. The Council noted that at the Plan places service user and carers engagement at its centre. Dr Kenwood informed the Council of the Trust's plans to hold a Patient Experience Workshop on the 28 February 2018 where a strategy would be devised to integrate and incorporate patient experience throughout the Trust.

Dr Kenwood provided an example to the Council of how the Trust engages with service users and carers. This included one of the Rehab Units where a service user is working with the clinicians to gather feedback from the other service users on this unit.

The Council **welcomed** the update on the integration of The Big Conversation actions into the Quality Plan and noted that the Trust would be adopting a central theme and working on listening to feedback from service users and carers.

18/006 Cumulative actions outstanding from previous Council of Governors' meetings (agenda item 6)

Prof Proctor presented the cumulative action log. The Council agreed that the followings action should be closed: update on the reconfiguration of community services; measuring outcomes across Trust services added to the annual cycle of business; circulation of the findings from the Deloittes governance review; increasing employment opportunities for people with learning disabilities added to the annual cycle of business; and the integration of The Big Conversation actions into the Quality Plan.

Dr Kenwood provided an update on the action that related to the Trust creating a Patient Safety Plan and supporting guidance. She explained that Tom Mullen, Interim Associate Director Leeds Care Group, leads on this area of work and that it is in the early stages of development. The Council requested an update on this area at the meeting on the 15 May 2018.

**Tom
Mullen**

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

18/007 Chair's report (agenda item 7)

Prof Proctor presented the Chair's report. She informed the Council that three governors had stepped down from the Trust. They were: Jo Sharpe, who would be maintaining her links with the Trust for future endeavours; Ruth Grant, and Andrew Bright, who had both had a change to their personal circumstances and other commitments. The Council thanked Ms Sharpe, Mr Bright and Mrs Grant for the work that they had done and their commitment to the Council.

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

18/008 Chief Executive report (agenda item 8)

Dr Munro presented the Chief Executive report to the Council. Firstly she outlined the visits to Trust services that she had undertaken. She explained that on this occasion she had focused on visiting clinical services but all Trust services are visited by directors and governors, and that the Corporate Governance Team

project managed these arrangements. Dr Munro then went on to inform the Council that the final two strategic plans would be presented to the Board of Directors on the 22 February 2018; the Quality Plan, and the Strategic Estates Plan. NHS Improvement had released the Planning Guidance and the Trust was aware of its Control Total for the 2018/19 financial year. Discussions were taking place to look at what the Trust could invest in during this financial year. Next Dr Munro outlined that the CQC Well Led inspection concluded on the 31 January 2018, with the Supported Living Service inspection completing on the 2 February 2018. The results of the inspection were March 2018.

Dr Munro outlined the Trust's involvement and engagement with the West Yorkshire and Harrogate Sustainability Transformation Partnership. This included a non-executive director and governor joint engagement event that took place on the 5 February 2018. Dr Munro is chairing the Mental Health Workstream meetings; and Prof Proctor is chairing the Committee in Common for West Yorkshire and Harrogate mental health providers. The Council welcomed the opportunity to have been involved in the engagement event that had taken place on the 5 February 2018. They noted that it had been suggested that joint work between the Council of Governors at each of the three foundation trusts could work together as one representation of governors in this region. Mrs Swan suggested marketing work could be done on the Trust leading the Mental Health Workstream in this region. Mrs Kemp asked what future plans were in place to involve the third sector in this Workstream. Dr Munro confirmed that two third sector representatives are members of the local meetings, plus the focus is currently on the existing relationships that trusts have locally with these partners. The Council noted the importance of involvement and understood that this could be further integrated once the Workstream had been developed.

Finally, Dr Munro finished with two positive areas of recognition for the Trust, they were: the Trust has been listed as 34 in the inclusive employer awards; the Trust is hosting the first Positive Practice Collaboration Conference on the 10 May 2018 in Leeds. Governors will be invited to attend.

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

18/009 CQC update (agenda item 9)

Ms Sanderson presented the CQC update to the Council. She outlined some of the high-level feedback that the Trust had received. This included: members of staff being welcoming and being observed to live Trust values; and delivery of engaging care to service users. She explained that work was underway to work with each of the services who had received an unannounced inspection to work together to capture feedback. The first draft of the inspection reports was due mid-March 2018 and the Trust had a further two weeks to respond to the CQC for any factual inaccuracies. Following this, a dissemination plan would be enacted.

The Council **noted** the contents of the CQC updated and **welcomed** receiving further updates on the results of the inspection in due course.

18/010 Update on the reconfiguration of Community Services (agenda item 10)

Mrs Forster Adams presented an update on the reconfiguration of community services. She explained that Tom Mullen, Interim Clinical Director Leeds Care Group, leads on this work within the Trust. The paper provided an update on the proposed community service model for Leeds. This project would see the delivery of:

- a dedicated Older Peoples' service and pathway which will include Community Mental Health Teams (CMHTs), a citywide Intensive Home Treatment Team and Memory Assessment Services
- a dedicated Working Age Adult service and pathway, consisting of CMHTs and a Crisis Resolution and Intensive Support Service (CRISS) which will gate-keep all potential admissions and provide intensive support, including home based treatment.

Mrs Forster Adams explained that the aim of this work is to make services more accessible to strengthen the working age adult and community services. The Council noted the importance of this work being defined appropriately to ensure that individual's who transition between services have a strong pathway.

The Council noted that internal analysis and engagement work had taken place but there was further work to be done to widen this. They discussed the importance of working collaboratively with partners to use the different expertise to achieve the best outcome for the people who use the services. Mrs Forster Adams invited governors to form part of this wider engagement to provide strong links with communities. The Council discussed the importance of the partner organisations and in particular the Third Sector. Mrs Kemp and Mrs Armstrong welcomed the opportunity to be involved with this project. The Council noted the importance of those involved being included from the early stages of the project.

The Council then went on to discuss the importance on evaluation, again using partners to receive a rounded report on progress that would be made. Mrs Forster Adams welcomed this and said that this project would adapt as it developed to ensure that any lessons learnt are being incorporated for its development. Prof Proctor suggested that the project sets out goals and objectives so that progress made could be tracked against this as part of the evaluation.

Mrs Forster Adams assured the Council that this work would be managed through the Trust's Senior Leadership Team, with a review scheduled at their meeting in June 2018.

The Council **noted** the contents of the Update on the reconfiguration of Community Services and **requested** an update on progress made at the meeting on the 15 May 2018.

**Tom
Mullen**

18/011 Combined Quality and Performance report (agenda item 11)

Mrs Forster Adams presented the Combined Quality and Performance report. She outlined that this individual report showed December 2017 data and that it had already been scrutinised by the Finance and Performance Committee and the

Board of Directors in January 2018. In the future, the Finance and Performance Committee and the Quality Committee will receive detailed data at each of their meetings with the Board of Directors receiving a high-level overview of the data that had already been scrutinised by the Board sub-committees. The Trust had appointed a Head of Performance and Informatics and she will lead on analysis, production and detail of the report to develop it further. This will include working with local leads for the reported areas to co-develop measures that will be used within this report. The Council welcomed the report and they noted the importance of data being triangulated. Mrs Forster Adams explained that the areas within the report are made up of items that the Trust is contractually required to report on alongside areas that members of the Board of Directors had asked to be reported.

The non-executive directors provided assurance to the Council on the discussions that had taken place in previous Board of Directors meetings and its sub-committees. Key risk areas for the Trust: out of area placements; delayed transfers of care; and bed occupancy, had been analysed and scrutinised. They explained that the Trust remains focused on these areas and outlined new processes the Trust had in place to manage and review risks. These included the revised Board Assurance Framework, and the Governance, Accountability, Assurance Performance framework. They also assured the Council that the Board of Directors is sighted on the human impact of these risks and that they review this alongside the data.

Finally, the Council acknowledged the importance of performance data being in one report so that a read across the data could take place to assist with trend analysis. Prof Proctor informed the Council that the Combined Quality and Performance report would be presented to every meeting of the Board of Directors in public so they would be able to access the paperwork for these meetings. She suggested that for future Council of Governor meetings the Council receive a report following the discussion at the Board of Directors and its sub-committees that outlines the key issues of risk or concern for the Trust with a summary of what actions the Trust will take.

JFA

The Council **welcomed** the Combined Quality and Performance report and were assured of the processes the Trust has in place to manage and review risk. They acknowledged that this report would continue to be developed.

18/012 Finance report (agenda item 12)

Dr Munro presented the Finance report. She explained to the Council that NHS Improvement set a Control Total for each trust which they must accept or decline achievement of within that financial year. The Trust's was £3million for the 2017/18 financial year. For the Trust recurrent savings of £2million were delivered through Cost Improvement Programmes, with a further £2million of surplus. £1million of the surplus was generated by the Clinical Commissioning Group, with the other £1million being a refinance of the Trust's Private Finance Initiative (PFI) contract. Following approval by the Council of Governors in November 2017, the Trust looked to appoint new external auditors so that PriceWaterhouseCoopers (PwC), who had previously been commissioned to undertake this work. Following this, an analysis has been undertaken by PwC on the PFI contract and a decision was made to postpone the PFI ward upgrades whilst the Trust considered the longer term impact,

and logistics of how to deliver this safely whilst achieving the long-term goals of the Strategic Estates Plan. The Council requested that further information on the PFI contract and the future of Trust estates to be presented to the meeting on the 15 May 2018. The Council noted that should the Trust wish to enter into a significant transaction it would have to be approved by the Council. Mrs White assured the Council of discussion that had taken place at the Finance and Performance Committee on the 23 January 2018, where the Strategic Estates Plan had been scrutinised. She went on to say that the report on the Trust's facilities management arrangements had been discussed. The Trust's facilities management provider is Interserve and the Board had sought assurance on their financial position.

DH

The financial position reported at month nine delivered the overall planned surplus. However the position was achieved by reliance on non-recurrent measures. Dr Munro explained that the single biggest financial pressure is the high number of out of area placements. She went on to say that the increasing pressure on a number of in-patient ward areas is also adversely impacting the financial position and is also only mitigated by the scale of vacancies in other areas (mainly corporate including junior doctors). She went on to inform the Council of a Board Development Day that took place on the 11 January 2018 where the Trust's financial position was discussed and analysed. Following this it was agreed that the Trust would continue to forecast to achieve the Control Total.

Mr Webster asked what the cost of current vacancies was contributing to the delivery of surplus. It was agreed that Mrs Hanwell would provide an explanation on this which would be circulated to the Council.

DH

Mrs Armstrong suggested that the Trust contact PwC to see if there was any learning that could be sought from other NHS trusts who had a similar PFI contract. It was suggested that the Trust's PFI position and contract could be an item for the Board to Board meeting on the 5 September 2018. It was agreed to add this to the schedule for that session.

FL

The Council **welcomed** the Finance report and **noted** its contents.

18/013 Workforce report (agenda item 13)

Mrs Tyler presented the Workforce report. It was noted that this report had previously been presented to the Board of Directors on the 25 January 2018. She explained that since then the Trust had made a decision to change the dates of the next recruitment events for student nurses. These would now take place during April and May 2018. She went on to say that the Trust's Workforce and Organisational Development Group is developing a plan of how the Workforce Team could work with the services to offer bespoke recruitment initiatives for existing vacancies. This was following the Workforce directorate reviewing their approach to recruitment to ensure that the Trust plans innovative and effective ideas to recruitment. Mrs Tyler also explained that a decision had been made to temporarily suspend the clinical testing review within the recruitment process. This was because of limited experience resource currently available.

Mrs Swan noted the importance of the Trust receiving exit data from individuals who leave employment. Prof Proctor assured the Council that the non-executive

directors are scrutinising the processes and systems that the Trust has in place. The Workforce directorate are looking at other ways of successfully capturing this data.

The Council went on to talk about the importance of pathways for apprentices and nurses into the Trust. Dr Munro explained work that was ongoing through the Leeds Academic Health Partnership, which she is a member of, where commissioners providers and academic providers are working in collaboration to explore this challenge strategically. The Council noted the importance of this area and understood that it would be a long term project. Ms Grantham explained that she was part of the Leeds Enterprise Partnership and they also were looking at ways of collaboratively exploring pathways for apprentices across Leeds.

Finally, the Council discussed the concerning figures that had been presented. The Council noted that these figures were produced at the end of the 2016/17 financial year through the national staff survey. The Trust had organised several events during 2017 to provide support within this area. Mrs Tyler explained that the Trust had used the Crowdsource platform to capture further staff feedback within this area and following the results of the 2017/18 staff survey the Learning and Organisational Development Team would be offering bespoke feedback through their staff engagement plan to specific areas within the Trust.

The Council **welcomed** the Workforce report and **noted** its contents.

18/014 Increasing employment opportunities for people with learning disabilities: update (agenda item 13.1)

The Council noted the contents of the Increasing employment opportunities for people with learning disabilities: update and that this work would commence within the Trust in April 2018 with three students from Lighthouse Futures Trust commencing placements at Trust Headquarters.

18/015 Governance, Accountability, Assurance Performance Framework (agenda item 14)

Mrs Forster Adams presented the Governance, Accountability, Assurance and Performance Framework (GAAP). She explained that it was one of the recommendations made by Deloitte in their recent 'well led' review of the Trust. The framework had been developed based on the underpinning principles of the Trusts values and behaviours, the CQC Key Lines of Enquiry and the Single Oversight Framework. It includes clear definitions, clarity on roles and responsibilities and sets out the process operational services will follow in order to demonstrate that robust governance arrangement are in place. It also sets out the role corporate services and the Board of Directors will play in order to ensure there is clear sight of the framework from front line services to the Board. This will be achieved through Board sub-committees and the eight executive led operational groups.

Mrs Forster Adams explained that the framework set out the risk management and escalation arrangements which will be followed, along with clarifying at which level

risks are to be managed based on the risk scored. She explained that it is an enabling tool for members of staff to undertake their job role in a safe and supported environment whilst understanding the structures that are available to support them and their needs.

Mrs Hill assured the Council on the engagement and implementation plan that was underway. She said that the GAAP has been launched at various professional, Clinical and Operational forums during December 2017, January and February 2018, with its implementation being audited as part of the 2018/19 audit cycle. It was agreed that details of the implementation plan would be shared with the staff governors.

Ian
Bennett

The Council **recognised** the Governance, Accountability, Assurance and Performance Framework as a governance enabler that would support staff. It was acknowledged that it would take time to embed this culture and system within the Trust.

18/016 Process for the appointment of the Deputy Chair of the Trust (agenda item 15)

Mrs White left the meeting for this discussion.

Mrs Hill presented the process for the appointment of the Deputy Chair of the Trust. She reminded the Council that they are responsible for appointing one of the non-executive directors to the role of Deputy Chair of the Trust. She outlined that Julie Tankard was appointed to this position and left the organisation and this position on the 19 January 2018.

To assist the Council in making this appointment the Chair of the Trust had considered which non-executive director should be invited to take up this role and Prof Proctor approached Mrs White to discuss this matter. Following this, Prof Proctor proposed that Mrs White be appointed as Deputy Chair with effect from the 15 February 2018.

Mrs Hill outlined that in addition to this, the Council was asked to consider making the period of this and all subsequent appointments as Deputy Chair two years rather than one year. This was on the basis that this would allow non-executive directors a greater opportunity to experience the role of Deputy Chair and also allow better continuity when deputising for the Chair of the Trust.

The Council unanimously **agreed** the appointment of Mrs Sue White as the Deputy Chair with effect from 15 February 2018 for a period of two years to end 14 February 2020.

18/017 Process for upcoming elections to the Council of Governors (agenda item 16)

Mrs Hill presented the process for upcoming elections to the Council of Governors. She explained the process for election and the composition of the nine seats that would form part of this election. This comprised of two groups, one of which are

currently vacant seats, with the other being three seats for currently elected governors in office, but these governors will come to the end of their term of office in April 2018. These three individuals are eligible to stand for another term of office should they wish to do so. These two groups together make a total of 9 seats in all that will be included in the next round of elections.

The Council **approved** the process for upcoming elections to the Council of Governors and the timeframe surrounding this. They **noted** that the election would be overseen by the Electoral Reform Services who would be the returning officer.

18/018 Annual cycle of business for 2018; 2018 and 2019 meeting dates for the Council of Governors (agenda item 17)

The Council **noted** the Annual cycle of business for 2018; 2018 and 2019 meeting dates for the Council of Governors.

18/019 Any other business (agenda item 18)

Ms Limbert presented one item of any other business. She outlined that as part of the production of the 2017/18 Annual Report and Accounts, which the Trust is required to submit to NHS Improvement, the Trust is also required to submit a Quality Account. Within the Quality Account would be three indicators that the Trust would be audited on, by the External Auditors, one of which would be a locally chosen indicator. The Council was invited to vote for one of the three suggested local indicators they would like to form part of the three within the Quality Account. Governors were asked to return voting slips to Ms Limbert by the end of the meeting.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 16.29 and thanked governors and members of the public for their attendance.

Signed (Chair of the Trust)

Date