

**Minutes of the Public Meeting of the Council of Governors  
held on Tuesday 2 February 2021 at 1pm  
via Zoom**

**PRESENT:**

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

**Public Governors**

Les France  
Steve Howarth  
Ivan Nip  
David O'Brien  
Niccola Swan  
Peter Webster

**Appointed Governors**

Helen Kemp  
Cllr Anna Perrett

**Executive Directors**

Joanna Forster Adams  
Christian Hosker  
Sara Munro  
Cathy Woffendin

**Staff Governors**

Ruth Grant  
Andrew Johnson  
Sally Rawcliffe-Foo

**Carer Governors**

Caroline Bentham  
Mark Clayton

**Service User Governors**

Rita Dawson  
Peter Holmes

**Non-Executive Directors**

Prof John Baker  
Helen Grantham  
Andrew Marran  
Sue White  
Martin Wright

**IN ATTENDANCE:**

Rose Cooper – Corporate Governance Officer  
Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary  
Hannah Davies – Chief Executive of Healthwatch Leeds  
Dr Eli Joubert – Clinical Director  
Bea King – Corporate Governance Assistant  
Kerry McMann – Corporate Governance Team Leader  
Saeideh Saeidi – Head of Clinical Effectiveness

**Action**

**21/001 Welcome and introductions (agenda item 1)**

Professor Sue Proctor opened the meeting at 1.00pm and welcomed everyone.

**21/002 Sharing Stories: Hannah Davies from Healthwatch - people's experiences and feedback during Covid-19 (agenda item 2.1)**

Hannah Davies, Chief Executive Officer of Healthwatch Leeds, introduced herself to the Council and explained the role of Healthwatch in the community of Leeds and what it had learnt so far about people's experiences of healthcare during Covid-19. She highlighted that the mental wellbeing of both the public and staff had emerged consistently as an issue under Covid-19.

Hannah discussed the work of the People's Voices Group (PVG) which brought together involvement leads from health and care organisations and the third sector to come together as one team. Hannah referred to two recent reports from the PVG which had highlighted how digital exclusion affected people with the greatest health inequalities as services moved to remote delivery. She also discussed Inclusion For All which was a citywide initiative putting inclusion and accessibility at the heart of health and care.

Hannah then outlined Healthwatch's plans for 2021, and invited the Council to suggest any further areas for focus in the next year. Hannah also noted that Healthwatch would be revisiting the findings from its report into crisis services which looked at statutory and voluntary sector crisis provision and the Council said they would welcome an update on this when the time came.

Peter Webster asked whether people with worsening mental health during Covid-19 had pre-existing mental health conditions or whether it was people who were otherwise well. Hannah responded that they had heard from a high percentage of people who did not previously have mental health conditions. Helen Kemp also referred to a Mind survey from summer 2020 which indicated that people who had previously maintained their mental health in the community suffered the most during the first lockdown because their protective factors had been removed, but the surveys now showed that it was the general public whose mental health was deteriorating more. Helen also felt that partnership working over this period of time had really benefited the people in Leeds and hoped that this would continue.

Nicola Swan asked what progress was being made with digital inclusion and Hannah described a pilot in Beeston and Middleton to develop a digitally enabled health and care community in that area. Hannah and her team had reflected that there was urgency to this work but they were struggling to find a strategic place for it to land. Nicola also asked about Leeds Involving People (LIP) and their relationship to Healthwatch. Hannah explained that LIP's role was primarily to connect with people in Leeds and hear their opinions and concerns and that Healthwatch worked closely with them. Nicola also discussed the proposed removal of the £20 uplift in Universal Credit and Hannah agreed that the impact of poverty on people's health and wellbeing was something that could be looked at in the future.

Sue White asked if there was a systematic way of reporting Healthwatch findings into the Trust. Hannah explained the current methods of communication which included her regular meetings with members of the Executive Team and LYPFT representation on the People's Voices Group, but added that she was happy to present future reports to the Board and Council which was welcomed.

**Cathy Woffendin and Ruth Grant left the meeting.**

**21/003 Apologies** (agenda item 3)

Apologies were received from the following governors: Adam Seymour (Clinical Staff Governor), Sophia Bellas (Service User Governor), Ann Shuter (Service User Governor) and Sarah Layton (Non-clinical Staff Governor).

The following Executive Directors had also given their apologies for the meeting: Dawn Hanwell, Chief Financial Officer and Claire Holmes, Director of Organisational Development and Workforce. Cleveland Henry, Non-executive Director, also sent his apologies for this meeting.

**21/004 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 4)

Sue Proctor noted that she had taken on additional role as chair of Day One Major Trauma Support which was a new charity supporting patients and their families who were victims of major trauma in Leeds. Regarding agenda item 16, Peter Webster noted that although he was not conflicted in the item, he felt he should not be involved in the decision as to who would become the next lead governor.

No governor indicated a change to their declared interests or declared any conflicts of interest in respect of agenda items.

**21/005 Minutes of the public Council of Governors' meeting held on the 5 November 2020** (agenda item 5.1)

The minutes of the public Council of Governors' meeting that was held on the 5 November were **approved** as a true record.

**21/006 Minutes of the Annual Members' Meeting held on the 5 November 2020** (agenda item 5.2)

The minutes of the Annual Members' Meeting held on the 5 November 2020 were **approved** as a true record.

**21/007 Matters arising** (agenda item 6)

There were no matters arising.

**21/008 Cumulative action log – actions outstanding from previous public meetings**  
(agenda item 7)

Sue Proctor presented the cumulative action log. The Council noted and agreed the actions reported as completed. With regard to action 20/037, Andrew Marran advised that he had a meeting with the voluntary service scheduled in the diary.

The Council **received** the updates on the cumulative action log and was **assured** that progress was being made.

**21/009 Chair's Report** (agenda item 8)

Sue Proctor presented the Chair's Report. She noted that due to personal reasons Councillor Rebecca Charlwood was stepping down from her role as an appointed governor but that conversations were happening with Leeds City Council to identify another representative. The Council wished Councillor Charlwood the best and thanked her for her support over the last year.

Sue Proctor also noted that this was Ann Shuter's last meeting after completing three terms of office. Unfortunately Ann was unable to attend this meeting but it was agreed that Sue would write to her on behalf of the Council to thank her for her commitment and contribution to the role. Sue also noted that Ivan Nip and Sarah Layton were due to come to the end of their first terms of office but they were eligible to stand again. Sue thanked them for their support and hoped that they would consider standing for re-election.

Finally, the Council noted that planned virtual service visits were being taken on a case by case basis as to whether they would go ahead or be cancelled due to Covid-19 pressures.

The Council **received** and **noted** the contents of the report.

**21/010 Chief Executive Report** (agenda item 9)

The Council received the Chief Executive's Report. Sara Munro shared some national, regional and local Covid-19 news with the Council which included an update the Trust's vaccination hub at the Mount. After two weeks over 70% of staff had been vaccinated and the vaccine was now being rolled out across inpatient sites and work was being done to ensure service users and carers would be able to access it in the community.

Sara discussed the launch of the new 'Have Your Say' feedback approach for people to provide feedback about their experience of care from the Trust. Sara explained that the questions had been jointly produced by service users, carers and staff, and incorporated the previous 'Friends and Family' test questions.

The Council noted that good progress was being made with the new West Yorkshire Child and Adolescent Mental Health Service (CAMHS) inpatient unit at St Mary's Hospital and that following discussions with service users it had been named Red Kite View. Sara explained that the Trust's Board had agreed to the safe transfer of the CAMHS inpatient service from Leeds Community Healthcare on 1 April 2021. The Trust would have responsibility for managing the current eight bed service at Little Woodhouse Hall until the transfer to the new 22 bed unit which was expected to open in November 2021. Sara assured the Council of the processes in place to manage the quality, safety and governance of the service operating at Little Woodhouse Hall.

Sara also discussed the consultation on the future role Integrated Care Systems (ICS) should play in local systems to enable the delivery of health and care services. New legislation had been suggested that would put the ICS on a legal footing and allow it to take on functions and roles that currently sat in Clinical Commissioning Groups (CCGs). Sara explained that they were awaiting the outcome of the consultation and next steps from NHS England / Improvement.

The Council discussed the West Yorkshire and Harrogate Mental Health and Wellbeing Hub for staff. Andrew Johnson felt that staff health and wellbeing was not just about access to services but also about the culture that exists in an organisation. Sara Munro agreed that this was a challenge and discussed the importance of creating a culture in teams where people can talk openly about their mental health. Mark Clayton reiterated the importance of overcoming this stigma.

David O'Brien asked about the prioritisation of staff in the Trust's vaccination programme. Sara explained that staff who could not work from home all or some of the time were prioritised in the first wave, with the aim to have offered a vaccine to all staff by mid-February. Sara added that this was a consistent approach across mental health trusts in West Yorkshire. David also asked about the impact on staff absence due to side effects from the vaccine. Joanna Forster Adams assured the Council that this data had been captured and assessed as not having a significant impact on service delivery.

Finally, Helen Kemp asked about the approach to staff that refused the vaccine. Sara explained that the vaccine was not mandatory but that a supportive and informative approach was being taken for those staff that were hesitant. She added that there was no change to Personal Protective Equipment (PPE) guidance regardless of having the vaccine.

**Sara Munro left the meeting.**

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

**21/011 Lead Governor Report** (agenda item 10)

Peter Webster presented the Lead Governor report. On behalf of the Council he thanked Sara Munro for keeping the governors regularly informed throughout the

pandemic and for taking the time to talk to the Council today. Peter also thanked the staff involved in the Trust's vaccination programme. Peter asked for any feedback on the accessibility of the virtual West Yorkshire Mental Health Services Collaborative event in November and encouraged governors to attend the next one in June.

The Council **received** the verbal update.

#### **21/012 Update on the outcome measures work** (agenda item 14)

Dr Eli Joubert, Clinical Director, presented an update on progress with the outcome measures work. He explained that some work had been done in the past to address low compliance with outcome measures but with new clinical management roles now in place, responsibility for this had shifted allowing for a fresh approach. He described some of the challenges which included a lack of agreement as to what was included in outcome measures, and difficulties in collecting and recording outcome measures in a productive manner.

The Council heard that the Quality Improvement Team had produced a paper and proposed interventions involving the Institute for Healthcare Improvement (IHI) to try to change the culture of using such measures in the Trust. Eli also shared the recommendations he wanted to take forward which were to agree which types of surveys, measures and checklists were included in outcome measures, to complete an audit of the current measures used in services, and to ensure that current reporting systems were appropriate.

Eli also discussed using technology to make it easier for people to respond to patient satisfaction surveys such as via email or text message. Peter Holmes asked about reaching those people who were digitally excluded. Eli acknowledged that it was important to be flexible and accommodating by also having a paper option available that could be processed separately.

The Council welcomed the update from Eli and was pleased to hear about the recent developments and the clear and pragmatic approach that was being taken. It was agreed that Eli Joubert would deliver a progress update on the outcome measures work at the Board to Board in September. It was suggested that mHabitat was also invited to the Board to Board to join a discussion on digital inclusion. Cath Hill would add this to the forward plan.

**CHI**

The Council **noted** the update for information.

#### **21/013 Report from the Chair of the Quality Committee** (agenda item 11)

The Council **received** the annual report from the Chair of the Quality Committee which covered the public meetings from 10 December 2019 to 8 December 2020.

## 21/014 How LYPFT has responded to the operational changes brought about by Covid-19 (agenda item 12)

Saeideh Saeidi introduced her report on lessons learnt and innovations in clinical practice during Covid-19. She discussed the findings of the programme of evaluation which had assessed the impact of Covid-19 on the organisation, services, staff, service users and partners. Saeideh also highlighted the impact of Covid-19 on the mental health of the general population. She predicted that in the next three to six months the prevalence of anxiety and depression was likely to be higher than it is now as a result of the pandemic and our services would need to be mindful of that and prepare to support these people in future.

Andrew Johnson asked for some assurance around how the voices of carers had been captured in the evaluation. Saeideh responded that they had designed a separate questionnaire for carers but unfortunately this had only had a minimal response. However, they were linking with Healthwatch and other partners in the city who had done extensive work with carers. The Council then discussed the pros and cons delivering services virtually, acknowledging that video conferencing offered more choice for those service users that preferred digital.

The Council understood that the learning from this report, particularly around effective means of communication, would inform how the Trust moved forward and would be considered when revisiting the work that was paused at the start of the pandemic.

The Council **received** the evaluation report for information and **noted** the breadth of innovation that had taken place across the Trust in response to the pandemic

## 21/015 Quarterly Quality and Performance Update Report (agenda item 13)

The Council received the report which outlined the Trust's performance over the last three months and provided the governors with some insight from recent Board discussions around performance.

Andrew Johnson noted that sickness absence rates were at 5% and asked whether this included Covid-19 absence. Helen Grantham confirmed that it did include Covid-19 related absence and advised that at the next Workforce Committee on the 18 February the Committee would be receiving detailed analysis on sickness absence and wellbeing initiatives from Claire Holmes and her team.

Ivan Nip asked about the ongoing development of the dataset. Joanna explained that the reporting capability was currently being rebuilt using Care Director, with additional measures being brought in to help understand the impact on service users' wellbeing and lifestyle. She noted that the rebuild was slightly behind schedule due to resource constraints caused by Covid-19.

The Council also received information on out of area placements (OAPs). Joanna

explained that the report reflected a period of relative stability in terms of the impact of the pandemic. However, October 2020 had seen a second surge of Covid-19 in Leeds and that had resulted in increased levels of occupancy and acuity which were reflected in the OAPs spike at that time. Joanna assured the Council that they were working with partners across West Yorkshire to try to place people as close to home as possible when it came to inpatient admissions.

The Council **received** and **noted** the contents of the report.

#### **21/016 The Trust's Key Strategic Risks** (agenda item 15)

Cath Hill introduced the paper which set out the key strategic risks as reported through the Board Assurance Framework (BAF). The Council was assured that whilst there was not a specific strategic risk for the Covid-19 pandemic, the Board had agreed that the risks listed in the document would show the impact of Covid-19 on their scores and controls. The Council also noted that the day to day operational risks of the pandemic were being monitored and managed through the Gold, Silver and Bronze command and control structure and that these were reviewed by Gold Command every two weeks.

The Council was **assured** that the Board had agreed the strategic risks and that those risks were monitored by the Board of Directors and its sub-committees to ensure that these were being effectively controlled and mitigated.

#### **21/017 Process for the Nomination and Election of a Lead Governor** (agenda item 16)

Kerry McMann informed the Council that Peter Webster's term as Lead Governor would to an end on the 9 May 2021; however, it was proposed that Peter's term was extended by six months, so that it came to an end on the 9 November 2021. Kerry explained that the proposed new timeline for the election allowed new governors the chance to meet with the rest of the Council in person and also aligned more appropriately with the duties of the Lead Governor, in particular the Lead Governor presentation at the Trust's Annual Members' Meeting.

Kerry also noted that the Lead Governor role description had been reviewed and one amendment to the duties was recommended. This was for the Lead Governor to present an assurance report on the annual appraisals process for non-executive directors at the next available private meeting of the Council of Governors.

The Council **supported** the extension of Peter Webster's term as Lead Governor to the 9 November 2021, and **noted** and **supported** the proposed timeline and process for the nomination and election of the Lead Governor. The Council also **approved** the suggested amendment to the Lead Governor role description.



**21/018 Changes to the Constitution: Partner Governor seat (agenda item 17)**

Cath Hill reminded the Council that at the November meeting it approved a number of changes to the Constitution and was also asked for suggestions as to who might be invited to take up the partner governor seat left vacant by Equitix. She advised that a proposal had been made that this was offered to the Director for Children and Families Programme within the West Yorkshire and Harrogate Integrated Care System (ICS).

Cath noted that by making this addition to the Council it would further enhance the partnership working arrangements between the Trust and the West Yorkshire and Harrogate ICS and would also bring to the Council knowledge and expertise in the area of children at a point when the Trust was about to take over the Tier 4 inpatient CAMHS services in Leeds.

The Council **approved** a change to the Partner Governors set out in Annex 4 of the Constitution to remove Equitix and add the Director for Children and Families Programme within the West Yorkshire and Harrogate ICS.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust 3.30pm. She thanked governors and members of the public for their attendance.

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

Date .....