

**Minutes of the Public Meeting of the Council of Governors
held on Thursday 1 February 2024 at 1pm in the Cheer Room, The Studio,
Riverside West, Whitehall Road, Leeds, LS1 4AW**

PRESENT:

Merran McRae – Chair of the Trust (Chair of the meeting)

Public Governors

Oliver Beckett
Les France
Ivan Nip

Service User Governors

Joseph Riach

Carer Governors

Peter Ongley
Jon Salway

Executive Directors

Joanna Forster Adams
Dawn Hanwell
Dr Chris Hosker
Dr Sara Munro
Nichola Sanderson
Darren Skinner

Staff Governors

Ian Andrews
Nicola Binns
Gail Harrison
Amy Pratt

Appointed Governors

Matthew Knight
Gabriella Obeng Nyarko

Non-Executive Directors

Dr Frances Healey
Cleveland Henry
Kaneez Khan
Martin Wright

IN ATTENDANCE:

Rose Cooper – Deputy Head of Corporate Governance
Clare Edwards – Associate Director for Corporate Governance
Vanessa Johnson – Team administrator
Alison Kenyon – Deputy Director of Service Development
Kerry McMann – Head of Corporate Governance / Deputy Trust Board Secretary
Rachel Pilling – Carer Coordinator
Helen Thompson – Patient Experience Coordinator
Louisa Weeks – Patient and Carer Experience and Involvement Lead

24/001 Welcome and introductions (agenda item 1)

Merran McRae opened the meeting at 1pm and welcomed everyone.

24/002 Sharing Stories: Patient Experience, Involvement, and Co-production (agenda item 2)

The Council received a presentation on the work of the Patient and Carer Experience Team (PCET) and the important work they do to support people with lived experience to engage with and influence the work of the Trust through co-production. The PCET shared some examples of key tasks and activities relating to their areas of work including the co-production of the Bigger Better Labels Health Equity Project and supporting involvement initiatives such as the Crisis Review Project, Patient-Led Assessments of the Care Environment (PLACE), and their involvement with Community Mental Health Transformation. Louisa Weeks informed the Council that the PCET also helped to co-ordinate the 'Have Your Say' feedback process which was a co-produced Trust-wide feedback measure. In addition to this, they had co-produced Interview Skills Training for the Trust and Recovery College and co-facilitated New Starter training.

Helen Thompson then shared a case study of how an involvement project was run and discussed what framework they follow to maximise engagement and support the co-design of services. Vanessa Johnson also talked about her development of the Involvement and Reimbursement of Expenses Policy which was key to ensuring involvement opportunities were accessible for service users and carers.

Next, the Council discussed the ways in which the team promoted co-production and involvement opportunities and suggested ways they could better reach service users and carers in the community. Louisa Weeks informed the Council that the PCET was making arrangements for a QR code to be added to the standard letter template for appointments so that service users and carers could easily access contact details for the PCET as well as information about involvement opportunities. Louisa Weeks also discussed the various sub-groups which governors were welcome to join to have input and suggest ideas for engagement. The governors thanked the Patient Experience Team for their presentation and the information provided.

The Council **thanked** the Patient Experience Team for their presentation.

Louisa Weeks, Rachel Pilling, Helen Thompson and Vanessa Johnson left the meeting.

24/003 Apologies for absence (agenda item 3)

Apologies were noted from the following governors: Ian Cuthbertson (Appointed Governor), Rachel Gibala (Service User Governor), Oliver Hanson (Clinical Staff Governor), Becky Oxley (Service User Governor), and Cllr Fiona Venner (Appointed

Governor). The meeting was quorate.

Apologies were received from the following Board members: Zoe Burns-Shore, Non-executive Director and Katy Wilburn, Non-executive Director.

24/004 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items (agenda item 4)

The Council was **informed** of a change to Les France's declared interests as he had recently been appointed as the Company Secretary of Leeds Music Trust. No governor declared any conflict of interest in respect of agenda items.

24/005 Minutes of the public Council of Governors' meeting held on the 2 November 2023 (agenda item 5.1)

The minutes of the public Council of Governors' meeting held on the 2 November 2023 were **approved** as a true record.

24/006 Matters arising (agenda item 6)

There were no matters arising.

24/007 Cumulative action log – actions outstanding from previous public meetings (agenda item 7)

Joanna Forster Adams referred to action 23/051 on the cumulative log and asked that this was discussed under the Quarterly Quality and Performance Update Report. The Council agreed to review this action later on the agenda as requested.

The Council **received** the cumulative action log, **noted** the updates provided, and **agreed** the actions reported as complete.

24/008 Chair's Report (agenda item 8)

Merran presented her Chair's Report and highlighted two changes to the membership of the Board of Directors since the last Council meeting: Helen Grantham had stepped down as a non-executive director on 14 November 2023 and Zoe Burns-Shore had taken up her post as a non-executive director on 15 November 2023. She thanked Helen for her contribution and dedication to the work of the Trust and welcomed Zoe who had been on a period of handover since September 2023. Merran also referred to the list of recent and upcoming learning visits and thanked governors for their involvement and engagement with these.

The Council **noted** the report from the Chair of the Trust.

24/009 Report from the Chief Executive (agenda item 9)

Sara Munro delivered her report which included updates from across Care Services, and highlights from the Trust's digital and estates schemes. Sara also shared an update on industrial action and thanked colleagues for their ongoing work to mitigate the risks to patients and minimise the disruption to services. She anticipated that further action would be announced in due course.

Next, Sara referenced the development of a refreshed Trust People Plan for 2024-27 which was currently being socialised across the Trust. She also noted that a new Spotlight platform for staff reward and recognition had been launched. Amy Pratt shared some feedback from staff who had queried the legitimacy of the emails relating to the new Spotlight platform. Sara thanked Amy for her feedback and confirmed that follow up communications would be sent to staff.

Gabi Obeng Nyarko noted the ongoing recruitment challenges and asked if the Trust was working in partnership with other organisations in the Health and Care Academy to build resilience and capacity across the sector. Sara confirmed that this was integral to the Trust's approach to recruitment, including apprenticeship routes. She added that there were also plans to reach out to students in further education settings to inform them about careers in the health and care sector. Gail Harrison added that there was a range of groups in the region focused on roles and recruitment including a Psychology Board for Leeds and a West Yorkshire Integrated Care System mental health and learning disability workforce programme. Gabi also asked if there was third sector representation on the Inpatient Flow Oversight Group referenced in the report. Joanna confirmed that it had recently been agreed that this would become a system-led piece of work and she had contacted colleagues in the third sector for representation.

Ivan Nip asked for more information on the training programme in place for managers. Darren Skinner explained that the Trust had developed a 360-Manager Toolkit which was embedded across the organisation and featured as part of the People Plan. He went on to explain how performance data relating to staff training and development across the Trust was reviewed, with action plans in place to address low compliance. He explained that low compliance could be exacerbated by external factors such as industrial action. He also highlighted some positive news in terms of lower levels of staff turnover in the Trust which indicated that retention initiatives were having a positive effect.

Lastly, the Council noted that Sara Munro had joined the Leeds Poverty Truth Commission, and it was agreed that a more detailed update on this would come to a future meeting.

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The Council **received** the report from the Chief Executive.

24/010 Report from the Lead Governor (agenda item 10)

Les France introduced his report and thanked those governors who had signed up for learning visits. He also reminded governors about the invite to the Research Forum on 14 March 2024 led by the Trust's Research and Development Team where information about ongoing research would be shared.

The Council **noted** the updates provided.

24/011 Finance Update – Month 9 (agenda item 11)

Dawn Hanwell provided an overview of the finances from a Trust and system perspective. Firstly, she informed the Council that the Trust was in broad financial balance at month nine and was on track to deliver its financial position as part of the West Yorkshire Integrated Care Board (ICB). However, she emphasised that this position needed to be considered alongside the financial challenge in the wider system, and the potential for further stretch across organisations to support the overall financial balance. She also highlighted the Trust's cost pressures linked to agency spend and out of area placements and informed the Council that enhanced financial governance controls continued to be in place across the system.

Jon Salway asked for an update on whether the Trust would be required to share its surplus with other organisations in the region to support the financial balance of the system. Dawn responded that the Trust had agreed that unspent resources would be foregone non-recurrently. She added that the Trust had agreed to unwind a risk reserve in the form of a redundancy provision for the NHS North of England Commercial Procurement Collaborative which was an arms-length organisation run by the Trust. She explained that both decisions would help to support the system; however, she reassured governors that funds would not be taken from mainstream mental health services.

The Council noted that work to support a balanced financial plan for 2024/25 across the Leeds Place was progressing but the Trust was awaiting the final planning guidance to confirm the scale of requirements. The Council asked how the 2024/25 planning work could affect the Trust and noted that challenging efficiency targets were likely next year, but that the planning work should support the Trust to achieve a sustainable financial position and encourage collaborative working. The Council heard that the Trust was also undergoing a consultation process to agree a refined set of organisational priorities for 2024/25 and noted the reasons for this. Dawn added that a Capital Infrastructure Plan was being developed across the West Yorkshire ICB to identify risks and priorities relating to estates, digital, and medical equipment which would inform a spending review by NHS England.

The Council **noted** the finance update and **requested** that future reports were written in a more accessible format for governors.

24/012 Quarterly Quality and Performance Update Report (agenda item 12)

The Council received the report which outlined the Trust's performance as of October 2023. Joanna Forster Adams outlined some key areas for the Council to note, including the sustained demand across inpatient services and the work at system level to address this and help to facilitate patient discharge.

Firstly, the Council discussed staffing at Red Kite View. Joanna Forster Adams explained that the service was currently managing registered nursing vacancies which had been further impacted by short-term sickness. She informed the Council that in response to this, she had agreed a short-term plan with partnership organisations to cap admissions to the service which was being managed on a patient-by-patient basis according to need and presentation. She added that a recruitment plan was also in place to address the vacancy challenge.

Joseph Riach referred to recent media reports of UK deaths linked to clozapine medication and asked how the use of this drug was monitored in the Trust along with any adverse events associated with it. Chris Hosker and Nichola Sanderson explained that there were strict criteria of who could be prescribed clozapine and in conjunction with this there were robust systems and processes in place in the Trust to monitor its use which were regularly reviewed, and they were confident that the appropriate safeguards were in place.

Amy Pratt referred to the workforce metrics and noted that the vacancy data only related to nursing and medical staff and asked where vacancies within Allied Health Professions and Psychological Professions were reported. Joanna Forster Adams explained that all workforce data was looked at in detail by executive directors and service leads at the Executive Performance Oversight Group and monitored at care services level with strategic professional leads. She added that intelligence on the risks and impact of vacancies was reviewed by the People and Organisational Development Governance Group, chaired by Darren Skinner, which reports to the Workforce Committee.

Next, Peter Ongley noted the development of a national NHS 111 phonenumber for people who require urgent mental health support and asked what the impact of this was and if it could act as a barrier to access for existing service users with the Trust. Alison Kenyon and Sara Munro explained that the NHS 111 crisis line was in addition to and would not replace any of the Trust's direct access crisis lines but would improve access to crisis services for those who contact NHS 111 in the first instance. They added that the Trust was working with the Yorkshire Ambulance Service to implement the scheme and quality assure the processes at a local level. The Council noted that the new phonenumber would help to improve access to crisis support for those living in other localities with fewer resources.

The Council then received an update on the review of the performance report. In reference to open action 23/051 on the cumulative log, Joanna explained that any changes to the performance report had been paused on an interim basis while the Performance Team focused on the development of integrated reporting across the Trust. The Council then discussed what performance information it would like to

receive going forward which included requests for more timely data and information on clinical outcome measures. The Council was also reminded of the contractual reporting requirements that would need to be included in the future iteration of the report. Joanna thanked the governors for the suggestions made and it was agreed that Les France would link with Joanna to inform the review of the report and consider how more timely performance data could be presented to governors going forward.

JFA

The Council **discussed** the Quarterly Quality and Performance Update Report.

24/013 Update from the Multi Agency Discharge Event (agenda item 13)

Alison Kenyon explained that the Multi Agency Discharge Event (MADE) was one aspect of a wider programme of work underway to improve flow and the actions from this, some of which were internal and others for system partners, were focused on reducing delayed transfers of care which in turn would ease the pressure on bed occupancy ultimately reducing the number of people who needed to be admitted out of area. She explained that the MADE actions were linked to the 10 interventions identified by NHS England to tackle the discharge challenge and ranged from changes in governance arrangements to reducing barriers in the housing sector.

Amy Pratt noted the reference to the application of 7-day working and asked what the implications of this were for staff. Alison explained that they would have to reconfigure how some services worked and would follow appropriate HR processes if staff were being asked to change their working pattern. She highlighted the importance of building services around the needs of service users to improve accessibility. Peter Ongley echoed the importance of the availability of 7-day care.

Gabi Obeng Nyarko noted the issues with access to appropriate housing and asked what could be done to improve the pathway. Alison explained that housing colleagues were looking to prioritise placements to improve flow and work was being done with providers of supported living environments to improve their escalation processes for those waiting to vacate properties.

The Council then discussed if the Trust's inpatient capacity was sufficient to meet the current demand. Joanna explained that internal work was ongoing to review this; however, she cautioned that inpatient care was not always the answer and referred to the developments in community care and the work to improve patient flow, all of which should help to alleviate the current inpatient capacity.

The Council noted that some of the charts in the paper had not printed clearly and it was agreed that Alison Kenyon would recirculate the charts in another format.

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The Council **discussed** the report, **noted** the system challenge, and **supported** the actions being taken to strengthen the discharge pathway and improve levels of flow.

24/014 Report from the Chair of the Quality Committee (agenda item 14)

Dr Frances Healey presented her report on the work of the Quality Committee from January 2023 to January 2024. She provided a summary of its key activities and priorities and discussed the continuous development of the Committee.

Peter Ongley noted that the Committee received reports on learning from the deaths of people with a learning disability and autism. He referred to the risks associated with physical disabilities, for example the risk of choking for those with cerebral palsy and asked where this was monitored. Nichola responded that all contributory aspects were considered when learning from any death and where patients had physical health complications alongside mental health needs, assurances were sought that the appropriate support and care was provided to meet all their needs. Gail Harrison added that the clinical research undertaken by a speech and language therapist working with the Trust had been used to inform additional training on the risks associated with choking which was making a positive impact in terms of how staff assess for this.

The Council then discussed the publication of a report into learning from deaths at the Norfolk and Suffolk NHS Foundation Trust (NSFT) by Grant Thornton and noted that the Quality Committee had recently reviewed a paper on the findings of this report. Chris Hosker confirmed that the Trust was not an outlier compared to other trusts. He went on to explain the importance of data quality with this kind of reporting and noted that the Trust was learning from the systems at NSFT to improve its own reporting. It was agreed that members of the Quality Committee would consider if it was appropriate to share the paper with governors.

**CHos /
NS**

The Council noted that there was a statutory inquiry into a trust in Essex on a similar issue which was intending to produce some wider recommendations. Sara added that an investigation was being done by the Health Services Safety Investigation Branch into the way trusts record and learn from instances where people have died in the care of mental health services and that the Trust had volunteered to contribute to this review which was expected next year. It was agreed that an update on the learning from the review would be provided at a future meeting.

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The Council **noted** this report for information and assurance.

24/015 Report from the Chair of the Mental Health Legislation Committee (agenda item 15)

Kaneez Khan presented her report on the work of the Mental Health Legislation (MHL) Committee over the last year. She explained the role of the Committee and provided a summary of its key activities, priorities, and future plans. Kaneez confirmed that the data on restrictive interventions for Black and other Minority Ethnic service users had recently been reviewed by the Committee as part of the Restrictive Interventions Annual Report. She informed the Council that it had been difficult to determine the trends of restrictive intervention usage during the period covered by the report, but that the Committee would continue to monitor this data

and had made suggestions for how the data could be represented in order to better demonstrate trends over time. The Council noted that it was due to receive an update on the Patient and Carer Race Equality Framework at its July meeting which was supporting trusts to improve ethnic minority experiences of care in mental health services.

The Council **noted** this report for information and assurance.

24/016 The Trust's Key Strategic Risks (agenda item 16)

Clare Edwards introduced the paper which advised the Council of the key strategic risks as reported through the Board Assurance Framework (BAF). She explained that the BAF was a document received by the Board and its sub-committees so they could be assured these risks were being effectively controlled. Clare confirmed that the Trust had seven strategic risks now that the risk relating to the Private Finance Initiative (PFI) had been removed and subsumed into the estates risk. She also noted that the Trust's strategic priorities for 2024/25 were being reviewed by executive directors and that a review of the BAF strategic risks would follow this to ensure the two were aligned.

Amy Pratt noted a reference in the paper to work being undertaken to ensure that Datix was being utilised to its full ability and asked for more detail on this, as a user of the system. Clare explained the dual function of Datix and clarified that this related to how the system was being used as a risk management tool as opposed to incident reporting by staff generally.

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

24/017 Reappointment of the Senior Independent Director (agenda item 17)

Merran McRae introduced the paper and reminded the Council that it was the role of the Board of Directors to appoint one of the independent non-executive directors (NEDs) to be the Senior Independent Director (SID). The Council noted that the SID was one route open to governors to raise concerns should they need to.

Merran then informed the Council that following consideration of the current tenure of the NEDs, the Board had agreed at its meeting on the 25 January 2024 that Cleveland Henry would continue in the SID role for a further two years at which point a successor would be identified and put forward to the Board for approval. The Council supported this appointment, noting Cleveland's experience both in the role of SID and NED.

The Council **supported** the appointment of Cleveland Henry as the Senior Independent Director for a second period of two years with effect from 1 May 2024.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 4:17pm. She thanked governors and members of the public for their attendance.