

**Council of Governors meeting in Public
Thursday 1 July 2021 at 4.30pm
Meeting Held virtually on Microsoft Teams**

Present:	Cathy Elliott	Chair of the Trust (Chair of the Council of Governors)
	Aneela Ahmed	Appointed Governor – Bradford Council
	Helen Barker	Public Governor: Craven
	Prof John Bridgeman	Appointed Governor: Bradford University
	Dr Sid Brown	Public Governor: Shipley (via telecon)
	Tina Butler	Appointed Governor: Bradford Assembly
	Surji Cair	Public Governor: Shipley
	Stan Clay	Public Governor: Bradford South
	Michael Frazer	Public Governor: Bradford East
	Roberto Giedrojt	Staff Governor: Non-clinical
	Anne Graham	Public: Bradford West
	Nicky Green	Public Governor: Keighley (Lead Governor)
	Belinda Marks	Staff Governor: Clinical
	Linzi Maybin	Staff Governor: Clinical
	Sughra Nazir	Public: Bradford West
	Safeen Rehman	Public Governor: Rest of England
	Pamela Shaw	Staff Governor: Clinical
	Anne Scarborough	Public Governor: Keighley
	Joyce Thackwray	Public Governor: Bradford South
In Attendance:	Therese Patten	Chief Executive
	Maz Ahmed	Non-Executive Director
	Professor Gerry Armitage	Non-Executive Director and Deputy Chair
	Andrew Chang	Non-Executive Director
	Phil Hubbard	Director of Nursing, Professions and Care Standards
	Susan Ince	Deputy Director of Performance and Planning
	Aisha Karim	Corporate Governance Facilitator (Secretariat)
	Sandra Knight	Director of Human Resources and Organisational Development
	Simon Lewis	Non-Executive Director
	Carole Panteli	Non-Executive Director, Senior independent Director
	Tim Rycroft	Chief Information Officer
	Helen Robinson	Corporate Governance Manager and Deputy Trust Secretary
	David Sims	Medical Director
	Patrick Scott	Chief Operating Officer and Deputy Chief Executive

Item Discussion
136 Welcome and Apologies for Absence (agenda item 1)

The Chair, Cathy Elliott, opened the meeting at 4.30pm and welcomed all attendees. She thanked everyone for their attendance to the virtual meeting. In line with governance best practice, the meeting was being recorded and would be retained for a limited time until the Council of Governors had formally approved the minutes at its next meeting.

Apologies for absence had been received from: Councillor Matthew Bibby, Appointed Governor – Bradford Council Councillor Richard Foster, Appointed Governor – Craven Council; Abdul Khalifa: Staff Governor: (Non-Clinical); Katie Massey Public: Bradford West, Michaela Worthington-Gill Public Governor: Bradford East, Ishtiaq Ahmed - Appointed Governor: Sharing Voices, Mufeed Ansari - Public Governor: Bradford East, Darren Beever - Public: Bradford South.

The Council was quorate.

137 Declarations of any Conflicts of Interest (agenda item 3)

No declarations of interest were made.

138 Minutes of the previous public meeting held on 4 March 2021 (agenda item 4)

The minutes of the public meeting held on 4 March 2021 were accepted as a true and accurate record.

A question was asked around the growing demand for services and the reduction of waiting times for the Child and Adolescent Mental Health (CAHMS) service, and whether there was any improvement on demand of pathways. The Chief Operating Officer and Deputy Chief Executive Mr Scott informed the Council that waiting times had improved due to improvement work that was undertaken in the past year, despite an increased demand. However, the demand and complexity of patients' treatments and needs were increasing so there was a growing demand for psychological treatments. Mr Scott also mentioned that the Voluntary Care Sector (VSC) involvement had improved the waiting times and there had been a positive collective response.

139 Matters Arising (agenda item 5)

Ms Elliott mentioned the NHS Big Tea event on the 5 July 2021 for which information would be provided in the Teams chat box for the Council of Governors. She also explained that in light of Colin Perry's retirement as Deputy Lead Governor, the Trust would be seeking a new Deputy Lead Governor and the Council would be informed of the nomination process later in the meeting.

140 Action Log (agenda item 6)

Ms Elliott presented the cumulative action log which showed those actions previously agreed by the Council of Governors, those that had been completed and those that remained outstanding.

The Council welcomed the updates provided and agreed to close the actions listed as completed.

141 COVID-19 Update (agenda item 8)

Mr Scott, in the role of Incident Commander and Ms Hubbard, Director of Nursing, Professions and Care Standards, introduced themselves to new Governors and provided the Council with a COVID-19 update. Mr Scott highlighted that nationally the final easing of lockdown measures had been deferred to 19 July 2021.

Mr Scott explained that there was a link between areas where there had been spikes and non-adherence to Infection Prevention and Control Guidance, including not wearing Personal Protective Equipment and not socially distancing. Although hospital admissions had increased, these admissions were less serious and more in the younger demographic following the rollout of the vaccination programme. There had also been anecdotal evidence of an increase in outbreaks within some other mental health providers as community infection rates increased. There were currently no outbreaks or live cases at any of the Trust's inpatient services.

Mr Scott highlighted that inpatient services had continued to experience significant pressure. Work was ongoing by the Trust on mental health Out of Area Placements, working in partnership in Bradford District & Craven place-based work and Integrated Care System (ICS) forums for collective ownership. There was a continued pressure across many services in terms of increased service demand and a growing number of staff having to self-isolate.

The Director of Nursing, Professions and Care Standards provided the Committee with an update on the COVID community vaccination centres (CVCs). She highlighted that the Lynfield Mount Hospital workforce COVID vaccination hub had closed following second doses of the vaccine for Health and Social Care staff, but would be reopened for staff during the winter flu season. The Bradford College Old Building CVC site would deliver the Moderna vaccine from 5 July and the Jacobs Well CVC site would provide the Pfizer Vaccine from 9 August 2021.

A question was asked regarding booster jabs and general take up of the vaccine. Mrs Hubbard mentioned that booster jabs had not yet been authorised, but the plans were being considered. She mentioned that the vaccine uptake rate of staff was very good, despite not being mandatory apart from for those staff working in care homes. The Joint Committee on Vaccination and Immunisation (JCVI) had provided guidance on who could be vaccinated, namely those aged 17+ and clinically vulnerable, assessed on a case-by-case basis. Within the community there was slight vaccine hesitancy initially, but currently there was a good uptake. There was still a slight hesitancy within the

Eastern European Communities which the Council and the Trust were working together to mitigate. Ms Hubbard mentioned that a mobile vaccination bus was in operation delivering vaccines to the community where COVID-19 rates were high to increase accessibility in the community.

A question was asked regarding how the Trust was working with those with Long COVID in the community. The Medical Director mentioned that the local response had led by the partnership working umbrella as Act as One in Bradford District & Craven.

A question was asked regarding how prevalent the Delta variant was in the district and if there was a resulting increase in hospital admissions. Mr Sims explained that 95% of the new cases in Bradford were the Delta variant and mentioned that COVID-19 cases were rising in Yorkshire and the North East of England. This was nationally considered to be due to students mixing and school cases. He mentioned that in Bradford the rise in COVID-19 was mainly due to schools which would affect the families and therefore contribute to the increase of hospital admissions.

The Council noted the COVID-19 update and Trust’s response during COVID-19.

142 Chair’s Report (agenda item 9)

Ms Elliott highlighted a number of items within her report. including;

- The Board 2020/21 annual appraisal process and 2021/22 objective setting, including for Non Executive Directors (NEDs), reported in full at the Private Council meeting prior to this meeting;
- The Trust’s continued work to meet the regulator’s Well-Led framework;
- Trust strategic development work, including aligning with the integrated care agenda and partnership working with the Trust’s existing Better Lives, Together strategy;
- Opportunities for Governor training & development;
- A number of governance related matters, including plans for the Annual Members’ Meeting on 16 September, the Board’s recent self-certification governance process with NHS Improvement, Governor induction delivery, and a request for expressions of interest in joining Governor-led Committees.

The Council noted the Trust’s continued work to meet the regulator’s Well-led Framework, including continued Board visibility, and noted the Board’s strategic development work in line with integrated care policy and related partnership working.

The Council also noted the arrangements for the Annual Members’ Meeting on 16 September and the compliance with the NHS Improvement governance self-certification statements, and would consider expressions of interest for Governor-led Committees.

143 Assurance Reporting: Audit Committee (agenda item 9.1)

Non-Executive Director, Andrew Chang presented the Audit Committee Assurance Report.

Mr Chang stated that positive assurance had been received from the Information and Data Assurance Annual Report recognising the significant work that had been undertaken on the robustness of systems and processes across the Trust. One outstanding assurance template related to workforce issues (ESR) and consideration would be given to whether the report would be presented to the Board's Workforce & Equality Committee or the Quality & Safety Committee for additional scrutiny.

He stated that there were strong and effective relationships between management, internal and external auditors, which were evident from the Committee papers and discussion which focused on the close-down of the 2020/21 Annual Report and Accounts prior to approval by Trust Board and submission to NHS Improvement nationally on 10 June this year. He stated that the papers provided a high level of assurance, including the Annual Accounts and Letter of Representation, Head of Internal Audit Annual Opinion, Annual Report, Quality Report which were recommended for approval by the Trust Board at its meeting on 10 June this year and the Annual Counter Fraud Report.

All corporate risks in the Board Assurance Framework and Corporate Risk Register had been reviewed and discussed as part of the discussion on the Annual Governance Statement.

The Council welcomed the update provided and the leadership and scrutiny that had been undertaken by the Committee.

144 Assurance Reporting: Mental Health Legislation Committee (agenda item 9.2)

Ms Panteli presented the Mental Health Legislation Committee (MHLC) assurance report. She mentioned that under the alert section she had been briefed privately by the Medical Director regarding the detention of a young person on PICU and the complex care required from the Multi-Disciplinary Teams. The regulator, the Care Quality Commission, and NHS England/Improvement had been informed, and discussions were ongoing to secure an appropriate bed for the person close to their home where possible. The Committee had also been monitoring performance of the timeliness of reports to hospital manager hearings and tribunals, as performance had dipped significantly over the past three months. As a result of this the MHLC had commissioned an Rapid Improvement Week (RPIW) which would report back to the July 2021 MHLC committee.

She advised that the Committee had received a detailed presentation regarding an audit of Section 136 (S136) suite provision undertaken to evaluate the impact of Mental Health teams working as part of the local Police teams. The outcomes for service users had been positive, however more analysis was required to understand the outcomes. The performance monitoring of the S136 would continue and further updates on the initiative would be provided to MHLC.

She highlighted that the positive and proactive group was a key enabler for the work of the MHLC as it monitored compliance with the Mental Health Act and restrictive practices, providing detailed reports to MHLC for scrutiny. It had been proposed that NEDs attend in rota to observe their work over the coming six months which should provide both greater understanding and additional assurance.

In order to provide assurance, it had been agreed by the Committee members to review the work of the MHLC. This would include exploring and agreeing how to improve focus on the experience of Service users when detained under the Mental Health Act. A development was being planned to take this work forward. The Committee had received a comprehensive action plan update on SI 2020.6409 and had been satisfied that the additional information, coupled with detailed feedback from the Service Manager of Adult Community Mental Health, provided strong assurance that actions were on track and regularly reviewed by managers and team leaders.

Mr Sims provided some background for the detention of the young person and mentioned that the Trust had been working with the regulators to prevent similar occurrences happening again.

The Council welcomed the update provided, and the leadership and scrutiny that had been undertaken by the Committee.

145 Assurance Reporting: Quality and Safety Committee (QSC) (agenda item 9.3)

Professor Gerry Armitage presented the Quality and Safety Committee (QSC) Assurance Report noting in the 'Advise' section that following an exceptional escalation to Board, an action plan for psychological therapies to attend to long waiting lists and staffing challenges had been presented. However, while the vision was strong, the Committee had asked for concrete information on definitive processes, with timelines and proposed outcomes at the next meeting.

The Mental Health Care Group update had addressed the continuing pressures that were experienced through acuity of service user presentation, and the associated challenge of staff fatigue. The Council noted that incidents of violence and aggression remained a challenge and the related data required continuous and careful monitoring.

Professor Armitage explained that advancing the Trust's research activity was a key element in achieving high quality care. The Research and Development Bi-Annual Report had raised a particular concern about the ability of the department to manage NIHR funding streams. The process was currently managed through a contractual arrangement with the University of York, as York researchers were co-applicants in the only large-scale NIHR funding obtained by the Trust. The Trust now had further NIHR funding with other external partners and the funding needed effective financial management. This challenge was in the context of NIHR core funding being reduced. Finally, he advised that the clinical audit had revealed that only 42% of service users diagnosed with depression had care/crisis plans. Although work had since taken place

on care and crisis plans through the Care Trust Way, the Committee had asked for further detail at the next MH Care Group update

Professor Armitage assured the Council that there had been a significant recruitment to the School Nursing Team after a period of concern over staffing ratios. The new Board Assurance Framework had been judged to be clear, logical, responsive, and informative, and Executive accountability was clearly demonstrated. He also assured the Council that the Covid vaccination programme continued to be highly successful, and the Committee had been most impressed by the progress achieved. There were plans to offer rest periods for those Trust staff involved through expanded allocation of volunteers.

The Council welcomed the update provided, and the leadership and scrutiny that had been undertaken by the Committee.

146 Assurance Reporting: Finance, Business and Investment Committee (FBIC)
(agenda item 9.4) (taken earlier in the meeting)

Mr Ahmed presented the Finance, Business and Investment Committee (FBIC) Assurance Report. He mentioned under the 'Advise' section that the Committee had received an update on the 2021/22 financial planning timelines. It had been noted that block arrangements would continue until 30 September, with a Half 1 (H1) 2021/22 financial year expected breakeven position. The Committee had also noted the 2021/22 financial year expected cost pressures, noting inpatient acuity and out of area placements as significant pressures. The Committee had noted work taking place to align financial plans to the Trust Operational plan and strategic programmes, including work taking place with external support from Deloitte. The Committee had requested an update on these actions and the development of robust plans to close any efficiency gaps. At the July 2021 meeting, the Committee would review the outputs of the Deloitte work, workforce planning assumptions/actions and the outputs from the Innovation for Growth work.

He highlighted that an update on the Innovation for Growth work taking place had been provided to the Committee. Whilst noting the progress made on training colleagues and increasing awareness of Innovation for Growth across the organisation, the Committee had requested a stronger linkage between this work and the financial plan for 2021/22. In addition, clearer outcomes and deliverables had been requested by the FBIC to provide tangibility to the work taking place. An update had also been provided on the West Yorkshire Provider Collaborative contracts for ICS service transformational programmes, involving the Trust. The Committee had reviewed the financial aspects and changes to the approved business case, including next steps and timescales to conclude the financial arrangements. The Committee had requested a clear sign off criteria, including risks as part of the final review of these ICS level business cases.

Mr Ahmed assured the Council that the Committee had reviewed the final financial position for 2020/21, subject to audit, and noted the increase in the surplus position before impairment largely driven by additional funding. The Committee had also noted the capital overspend which had been agreed at ICS level. The Committee had reviewed

the month 12 performance dashboard and noted the ongoing pressure on dental treatment waiting times and increased number of Out of Area Placements. A verbal update had been provided on lone working arrangements with improving usage of devices noted. The Committee had been provided with an update on the renewal of Microsoft Licencing and supported the approach taken to the procurement process. The Committee had requested specific updates on usage and asset management as part of a broader assessment of licencing 'value'. The current status of the Trust's main contracts and service level agreements (SLAs) had been provided, focused on the contract pipeline. The Committee had welcomed the additional transparency this provided with further work taking place to improve the reporting. Two actions had been noted on assessing the capability/capacity of the organisations the Trust contracted with, and an assessment to be provided of contract viability based on costs and revenues associated with the contract.

The Council welcomed the update provided, and the leadership and scrutiny that had been undertaken by the Committee.

147 Assurance Reporting: Charitable Funds Committee (agenda item 9.5)

The Committee received the Charitable Funds Committee Assurance Report. The report included some points under the alert section including The Committee having approved the revised *Better Lives* Strategy 2021-24 for ratification by the Board (as Corporate Trustees). Further work would be undertaken on the presentation of the return on investment information and, if ratified, arrangements would be made for wider distribution of the document. The Committee would monitor progress on the delivery of the strategy at each meeting with an additional meeting to be arranged in October 2021. The Committee had approved the charity's Annual Report for submission to the Board of Directors which outlined the work undertaken by the Committee during 2020/21 (see item 25 on the public Board agenda). The Committee had approved the change of the charity name to 'Better Lives' and its registration with the Charity Commission, including the change to the Bank Mandate.

The Council was assured that the Committee had reviewed the charity's expenditure plans since its last meeting, including how monies from NHS Charities Together had benefitted staff, service users and carers. The Committee had received a presentation on progress across 'Better Lives' charitable activities which included 11 fundraising events, three successful grant applications, income of £37,038 received between April and June 2021, and forthcoming fundraising opportunities, including the Yorkshire Three Peaks in September 2021.

The Council welcomed the update provided, and the leadership and scrutiny that had been undertaken by the Committee.

148 Integrated Performance Report (agenda item 10)

The Deputy Director of Performance and Planning presented the Integrated Performance Report. The purpose of the performance report was to assist the Council of Governors

in seeking assurance against the Trust's performance and progress in the delivery of a broad range of key targets and indicators.

Since March 2020, the Board, Board Committees and associate sub-groups have used a consistent data pack containing high level dashboards, supported by individual data charts. In November 2020, the Board approved a revised operational governance structure and reporting arrangements, and subsequent changes to meeting schedules and flows of information. The changes formed part of the continued development of the Trust's performance management framework. In May 2021, the Audit Committee had approved the updated performance management framework for 2021 – 2023.

The Council of Governors Performance Report used selected narrative and slides from the Board Integrated Performance Report. With effect from February 2021, a separate, complementary finance report had been provided monthly to Board. It had been proposed that a Council of Governors sub-group would consider the new Board Integrated Performance Report to select the most appropriate content for a revised Council of Governors Performance Report.

Ms Ince highlighted that staff sickness absence rates were above the Trusts 4% target. She mentioned that much of this was COVID-related absence, for example, through staff needing to self-isolate or care for children who were self-isolating, which had impacted on the ability to reduce working time directive breaches, particularly ensuring the 11 hour rest period between shifts. Breaches had reduced in March, April and May 2021 due to the implementation of automated roster planning processes.

The Board's Workforce and Equality Committee had received an update on current sickness rates, and a review of impact of COVID on absence levels as a whole, including key hotspot areas, an overview of the health and wellbeing programme that was in place for staff, and the new actions that had been put in place to help tackle sickness particularly in hotspot areas. Further work was being undertaken regarding the most appropriate and realistic future sickness absence target.

The Non-Executive Directors (NEDs) and Ms Ince left the meeting.

The Council noted the Integrated Performance Report.

149 Care Quality Commission Update (agenda item 11)

Mrs Hubbard presented an update to the Council on the Trust's preparation for a comprehensive Care Quality Commission (CQC) core and Well Led inspection, and provided assurance about the embeddedness of actions from previous inspections. She also provided an update on the development of an implementation plan for the Quality Assurance Framework which had been proposed to and supported by the Board in April 2021.

In April 2021, the CQC had informed the Trust that they were stepping back up inspection activity in relation to all mental health Trusts currently rated as 'Requires Improvement' or 'Inadequate'.

As the Trust had been rated as 'Requires Improvement', it was clear that the Trust could anticipate being inspected at some point before the autumn this year. Whilst the Trust utilised the Care Trust Way quality improvement approaches to ensure that it continually improved the quality of services, it was recognised that some teams and services had little experience of being inspected and therefore required some support from the Trust to prepare them for inspection activity. Similarly, changes to the Board of Directors and Council of Governors since the Trust last had a full core and Well Led inspection meant that some members of these groups had little or no experience of being inspected, and support will be provided.

As well as putting in place measures to ensure that the Board, Council of Governors and staff were comfortable and understood the process of the CQC inspection, a follow up evaluation of the level of assurance in relation to the embeddedness of the actions from previous CQC visits had been undertaken. This had identified that of those 23 actions not previously assessed as being embedded:

- 10 had improved from having significant levels of assurance to be assessed as embedded;
- 1 had improved from having a moderate level of assurance to be assessed as embedded;
- 9 remained as having significant levels of assurance that the response was being implemented; and
- 3 had improved from having moderate to significant levels of assurance that the response was being implemented.

Finally, Ms Hubbard described the process in place to ensure the Quality Assurance Framework presented to Board in April 2021 had been developed and implemented to support the Trust's ongoing proactive approach to the delivery of safe, high quality services.

Ms Elliott referred to the Governor virtual open house Q&A session on the 27 July 2021 which would provide more information about the upcoming CQC inspection, inviting Governors to attend.

Mr Frazer asked what measures were in place to improve the CQC rating. Ms Hubbard mentioned that the Trust had improved its rating since 2019 for inpatient services, moving from 'Inadequate' to 'Good' by 2020, and the Trust could clearly demonstrate the improvement changes that had been made. The Trust was aware that there was a large impact of COVID on the delivery of its services and waiting times, but this was in line with the rest of the country and peer NHS trusts. The Trust had evidenced that since 2019 the Trust had improved in meeting the CQC's national Well-Led framework. Ms Patten stated that openness and honesty were crucial in CQC assessments, and ensuring that the CQC understood what the Trust had been doing well and accepting those areas that needed improving and working on what it could do to improve them.

The Council noted the Care Quality Commission Update.

150 Quality Report (agenda item 12)

Mrs Hubbard presented the final version of the 2020/21 Quality Report to the Council of Governors for information. The report had been approved by the Audit Committee on 8 June 2021 and signed off by Trust Board on 10 June 2021.

In response to COVID the national guidance had been amended to separate the publication of the Trust's Annual Report and Quality Report, whilst maintaining it was still a statutory requirement to produce both. She mentioned that there had been no requirement for an external audit to be undertaken to provide limited assurance regarding the Quality Report. The report had been produced using the sources, methodologies and governance structure as in previous years and met the requirements of the national guidance. It encompassed the statutory statements from external stakeholders as required and included examples of good practice and innovation.

The report would be published on BDCFT website by 30 June 2021.

The Council noted the Quality Report.

151 Questions from Governors (agenda item 13)

Mr Scott answered a question regarding mental health Out of Area Placements. He explained that the Trust recognised the growing numbers of Out of Area Placements, and had agreed a contract with an independent provider to provide beds, giving capacity. The Trust had also established a quality assurance framework and had been keeping a degree of involvement for patient care with the providers, including daily communication about progress and oversight on quality assurance. The Trust had also been working with partners to strengthen care to people in communities to intervene with health concerns earlier and in a safe way. Mr Scott was also asked how the Trust was attending to each individual's cultural, religious and dietary needs and requirements with the independent sector provider. He mentioned that these factors were being discussed in the twice daily communications with the provider as part of the quality management discussions, and assurance had been received by the provider.

Mr Sims answered a question regarding beds for young people linking to CAHMS. Mr Sims mentioned that Tier 4 CAMHS patients were those who may need inpatient mental health care which the Trust did not have and instead used specialist providers outside of Bradford. Discussions were ongoing around provisions to improve this in West Yorkshire via Leeds and York Partnership with a new young peoples unit in Armley, Leeds which would provide four NHS trusts, including BDCFT, with collective access to 22 beds, increasing from 8 beds currently. He explained that although the Trust would not be the highest user, it agreed that any service users should be as close to home as possible. He also mentioned that the Trust was currently in the pilot stage of a new project for Crisis Care for Looked After Children, working with children's services partners and acute

hospitals, including Bradford Royal Infirmary, to reduce the amount of time these children stayed in paediatric wards.

Ms Patten answered a question regarding whether there would be an increase in beds as part of the proposal for Lynfield Mount Redevelopment. She mentioned that this was part of the strategic outline case for the proposed capital redevelopment that the Trust had been working on.

In response to a question on clinical internal audit, Ms Hubbard explained that patient safety audits were completed regularly based on key lines of enquiry from CQC, or from complaints or serious incidents within the Trust. There were also mandated national audits that the Trust carried out and also the Trust encouraged teams to identify two audits a year to look at areas of concern for learning and quality improvement.

152 Feedback from Governors (agenda item 14)

The Council provided feedback on the meeting.

153 Proposals for Election of Lead Governor, and Deputy Lead Governor (agenda item 15)

Ms Elliott provided the Council with the process for appointing the Trust's new Lead Governor and Deputy Lead Governor on a voluntary basis, who would commence in role after the 2021 Annual Members' Meeting this autumn.

In July 2019, the Council of Governors had appointed Nicky Green as Lead Governor and Colin Perry as Deputy Lead Governor. Mr Perry had retired at the end of April 2021 after completing two terms as a Public Governor, and Mrs Green had indicated that other personal commitments meant she would be standing down as Lead Governor after the Annual Member's Meeting on 16 September 2021, but would continue in her Public Governor role for the remainder of her second term which expires in March 2022.

In the past, the regulator had acknowledged that the term Lead Governor had created some confusion; it did not intend the person holding this role to 'lead' the Council of Governors or assume greater power or responsibility than other Governors. Directors and Governors alike should always remember that the Council of Governors as a whole had the responsibilities and powers in statute, and not individual Governors. It was the Council of Governors who should vote on or otherwise decide who the Lead and Deputy Leads Governors would be, unless the roles are uncontested. Board members, including the Chair, would not be involved in this process, though the Chair will support the Trust's current Lead Governor with the process.

Ms Elliott explained that the expression of interest form would be sent out to Governors shortly and the process would take place during the summer. CE

Any Governor who was interested about these roles could also contact one of the following for further information: the current Lead Governor; Trust Chair; Senior Independent Director; or Director of Corporate Affairs.

The Council noted the Proposals for Election of Lead Governor, and Deputy Lead Governor.

154 Governor-led Committee Membership (agenda item 16)

Ms Elliott explained the process for agreeing new membership for Governor-led Committees. She asked for any expressions of interest in joining Governor-led Committees to be sent by email to the Chair by 30 July 2021. Depending on the number of expressions of interest received, the Chair may wish to suggest a revision to one of more of the Committee memberships, in discussion with the Lead Governor.

The Council noted the Governor-led Committee Membership.

155 Feedback from Governors on West Yorkshire & Harrogate virtual event on 11 June (agenda item 17)

Ms Elliott thanked those Governors who attended the ICS virtual event to receive updates and engage with Governors across West Yorkshire for mental health NHS trusts. She asked the Council to email her with their feedback on the event.

156 Management of Deferred Items (agenda item 18)

The Council received the log of deferred items that outlined those topics that had been deferred due to meetings being revised in response to the pandemic.

157 Any Other Business (agenda item 19)

No other business was discussed.

158 Meeting Evaluation (agenda item 20)

The Chair thanked all Governors for joining and attending the meeting and closed the meeting at 6.30pm.

Signed.....

Date.....