

**PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**  
will be held at 1.30pm on Thursday 8 November 2018,  
at Large Function Room, St George's Centre,  
Great George Street, Leeds, LS1 3DL

## A G E N D A

Members of the public are welcome to attend the Council of Governors meeting, which is a meeting in public not a public meeting. If there are any questions from members of the public could they advise the Chair of the Council or the Associate Director for Corporate Governance in advance of the meeting (contact details are at the end of the agenda).

### LEAD

- |          |   |                  |
|----------|---|------------------|
| <b>1</b> | <b>Welcome and introductions</b> (verbal)   | Prof Sue Proctor |
| <b>2</b> | <b>Apologies</b> (verbal)   | Prof Sue Proctor |
| <b>3</b> | <b>Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items</b> (verbal) | Prof Sue Proctor |
| <b>4</b> | <b>Minutes</b>  | Prof Sue Proctor |
| 4.1      | <b>Minutes of the public Council of Governors meeting held on the 3 July 2018</b> (enclosure)                                   |                  |
| 4.2      | <b>Minutes of the Annual Members' Meeting held on the 31 July 2018</b> (enclosure)  |                  |
| <b>5</b> | <b>Matters arising</b> (verbal)   | Prof Sue Proctor |
| <b>6</b> | <b>Cumulative Action Log – actions outstanding from previous public meetings</b> (paper to read)                                | Prof Sue Proctor |
| <b>7</b> | <b>Chair's Report</b> (paper to read)   | Prof Sue Proctor |
| <b>8</b> | <b>Chief Executive Report</b> (paper to read)   | Dr Sara Munro    |

### PATIENT CENTRED

- |           |   |                               |
|-----------|---|-------------------------------|
| <b>9</b>  | <b>Quality and Performance Outcome Report</b> (paper to read)   | <b><u>Open discussion</u></b> |
| <b>10</b> | <b>Measuring Outcomes Across Trust Services</b> (to follow)   | Tom Mullen                    |
| <b>11</b> | <b>Outcome of the learning from the Gosport Report being presented to the Quality Committee</b> (paper to read) | Steven Wrigley-Howe           |

## GOVERNANCE

- |      |   |               |
|------|---|---------------|
| 13   | <b>Thematic Report following Annual Members' Day 2018</b> (paper to read)                       | Oliver Tipper |
| 14   | <b>Report following the Board to Board event on the 5 September 2018</b> (paper to read)        | Cath Hill     |
| 15   | <b>The Trust's Key Strategic Risks</b> (paper to read)  | Cath Hill     |
| 16   | <b>Council of Governors Governance</b>  | Cath Hill     |
| 16.1 | <b>Annual Cycle of Business</b> (paper to read)   |               |
| 16.2 | <b>Refresh of the Governor Role Description</b> (paper to read)                                 |               |
| 16.3 | <b>Refresh of the Appointment and Remuneration Committee Terms of Reference</b> (paper to read) |               |
| 16.4 | <b>2019 meeting dates</b> (paper to read)   |               |

The next public meeting of the Council of Governors will be held  
on Tuesday 5 February 2019 at 12.30pm  
the venue for this meeting will be confirmed  
the meeting will be advertised on our website  
[www.leedsandyorkpft.nhs.uk](http://www.leedsandyorkpft.nhs.uk)

\* Questions for the Council of Governors can be submitted to:

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**Telephone:** 0113 8555930

**Name:** Prof Sue Proctor (Chair of the Trust)

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**Telephone:** 0113 8555913

**AGENDA  
ITEM**

**4.1**

**Minutes of the Public Meeting of the Council of Governors  
held on Tuesday 3 July 2018 at St George's Centre, Great George Street,  
Leeds, LS1 3DL.**

**PRESENT:**

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

**Public Governors**

Mr Steve Howarth  
Mrs Kirsty Lee  
Dr Ivan Nip  
Mrs Niccola Swan  
Mr Peter Webster

**Staff Governors**

Ms Sarah Chilvers  
Mr Andrew Johnson  
Mrs Joanne Goode  
Mrs Gill Galea  
Ms Sarah Layton

**Appointed Governors**

Mrs Sarah Armstrong  
Mrs Helen Kemp

**Service User Governors**

Ms Ellie Palmer  
Ms Ann Shuter

**IN ATTENDANCE:**

Professor John Baker – Non-executive Director  
Mrs Joanna Forster Adams - Chief Operating Officer  
Ms Helen Grantham – Non-executive Director  
Mrs Dawn Hanwell – Chief Financial Officer (Deputy Chief Executive)  
Mrs Cath Hill – Associate Director for Corporate Governance / Trust Board Secretary  
Mrs Lindsay Jensen - Interim Director of Workforce Development  
Ms Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary (secretariat for the meeting)  
Mrs Sue White - Non-executive Director (Deputy Chair of the Trust)  
Mrs Cathy Woffendin – Director Nursing and Professions  
Mr Martin Wright – Non-executive Director  
Six members of the public

**18/020 Welcome and introductions** (agenda item 1)

Professor (Prof) Proctor opened the meeting at 12.30pm and welcomed everyone.

Mrs Hill informed the Council that there were seats available on the Appointments and Remuneration Committee. The Council noted that that Committee forms part of the panel for the appointment of non-executive directors. They noted that an election to join this committee would take place before the Council of Governors' meeting on the 8 November 2018. The Council noted that Mrs Swan, Mr Howarth, and Mr Webster are currently on the Committee.

**18/021 Apologies** (agenda item 2)

Apologies were received from the following governors: Mr Marc Pierre Anderson, Service User: Leeds Resident; Cllr Jenny Brooks, City of York Council; Mr Les France, Public Leeds; Dr Christopher Hobbs, Carer: Leeds Resident; and Mrs Sally Rawcliffe-Foo, Staff: Clinical.

The Council was quorate.

Prof Proctor informed the Council that: Dr Claire Kenwood, Medical Director; and Dr Sara Munro, Chief Executive of the Trust had given their apologies for the meeting.

**18/022 Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items** (agenda item 3)

Mrs Goode requested a new declaration of interest form.

**CH**

No governor indicated a change to their declared interests in respect of agenda items.

**18/023 Minutes of the public meeting held on 15 May 2018** (agenda item 4)

The minutes of the public meeting that was held on the 15 May 2018 were **approved** as a true record.

**18/024 Matters arising** (agenda item 5)

There were no matters arising.

**18/025 Cumulative action log – actions outstanding from previous public meetings**  
(agenda item 6)

Prof Proctor presented the cumulative action log. The Council agreed that the following actions should be closed: amendment to minutes of the public meeting held on the 14 February 2018; circulation of the report highlighting costs of vacancies and surplus information; sharing the finance report highlighting the cost of vacancies and the contribution to the Trust's surplus; and feedback from the Council presented at the West Yorkshire and Harrogate Mental Health Trust Collaborative.

Mrs Jensen provided an update on the Staff Survey 2017 results and actions. She informed the Council that a Senior Leaders' event had taken place to look at the results, where feedback on what 'good practice' was given from these results. Mrs Jensen informed the Council that there had always been a question around confidentiality as people generally want to fill the survey in anonymously. The responses had been separated into teams for more efficient action plans, but teams with less than 11 responses could not be included in that as individuals might be able to be identified. Ms Chilvers questioned staff members in teams of less than 11, where their voices could be missed. Mrs Jensen responded by saying that the more staff that fill the survey out, the bigger the teams would become, thus being more inclusive. She said that by talking to managers about concerns over 'missed voices', this could enable individuals to feel that they were having their voice heard. Mrs Swan queried what learning had come out of the senior leaders' event. Mrs Jensen informed the Council that discussion over quality of appraisals; bullying and harassment in the workplace; and supporting staff around their happiness in and out of work had been the areas of focussed discussion.

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

**18/026 Chair's report** (agenda item 7)

Prof Proctor presented the Chair's report. The Council noted the only change to the executive team was Mrs Jensen stepping in as interim Director of Workforce Development from the 1 June 2018. Mr Wright pointed out that his name was not on the register of attendance for non-executive director at Council of Governors' meetings. This was agreed to be amended.

**CH**

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

**18/027 Chief Executive report** (agenda item 8)

Mrs Hanwell presented the Chief Executive's report to the Council.

She began by reflecting on the serious incident fire in Ward 5 at the Becklin Centre

in May 2018. She gave thanks to the quick and efficient response from all involved at the time. She also praised staff and their efficiency in working in different environments since the serious incident, ensuring business continuity, and Bradford District Care Trust who had worked with the Trust so that one of their wards, Daisy Hill could be registered as one of the Trust's wards on a temporary basis. Mrs Swan praised the response to the fire at the Becklin Centre, as a Mental Health Act Manager, and commented on the smooth running of the services after the incident (after a service visit).

Mrs Hanwell provided thanks to Tricia Thorpe (Anti-Stigma Coordinator) for creating and organising the 'Looking Back, Looking Forward' learning disability services event, which was organised as part of the Trust's NHS70 celebrations. Prof Proctor informed the Council that there would be an NHS70 celebration event on at York Minster on the birthday (5 July 2018) where she and 15 members of staff would be attending. The Council noted that there would also be a celebratory service at Ripon Cathedral on the 29 July 2018, where the Council would be welcome to attend.

Next, Mrs Hanwell reported that the Integrated Care System (ICS) (previously Strategic Transformation Partnership) for West Yorkshire and Harrogate Partnership would be recognised as a shadow ICS by the NHS England board. The Council noted that this would give more freedom and more access to resources. Mrs Hanwell reported that the figure of non-recurrent transformation money that the system would have access to is between £8-9million(m) nationally. The Council noted that Mrs Hanwell and Dr Munro were actively talking about the mental health contribution to the use of these funds. Mrs Hanwell presented the areas in mental health that the West Yorkshire and Harrogate Partnership were working collaboratively on. One particularly significant example was the Complex Care Model (previously known as locked rehabilitation) where a bid for capital investment had been submitted. She went on to present the Leeds System by highlighting that the workforce work stream and strengthening partnerships is critical to delivering the Trust's ambitions. Mrs Hanwell reported that a Committees in Common would be established to help support collaboration work in Leeds for providers.

Mrs Hanwell went on to provide an update on the Community Services Redesign. The Council noted that there had been significant consultation and wide engagement across staff groups, stakeholder groups, service users and carers. Mrs Hanwell said that the views from the consultations would now be pulled together to start work on the next stage of the redesign. The Council noted that staff that would be affected by the service change were invited to a 'conversation' event on the 30 July 2018 to feedback on the consultations. Mrs Forster Adams provided an update on how the third sector had been involved. She informed the Council that this would result in partners being able to influence what the model will look like in the end. Mrs Forster Adams outlined that there would be another event at the end of July 2018 to discuss feedback, what had changed, and what would be proposed for the future.

The Council noted that 34 student nurses had been newly recruited to the Trust. Mr Nip asked how many vacancies the Trust had in total for nurses. Mrs Woffendin said there were around 100 vacancies. Mrs Jensen outlined the challenges the Trust sometimes faces during the recruitment of specific roles. Ms Grantham talked

about her recent experience after attending a Trust 'Welcome Event' as a new non-executive director. There had been positive feedback provided on the recruitment process by other new staff members. The Council noted the importance of using this feedback, to ensure that it is not only a positive recruitment process, but also positive retention of staff.

Prof Baker reported that a powerful part of the Board of Directors' meeting in June 2018 was the 'Sharing Stories' item, as it captured how serious incidents are dealt with and learned from within the Trust. Prof Proctor said that prior to this, the Gosport Report had been published, and a briefing from Dr Claire Kenwood (Medical Director) had been given to identify themes and risks. The Council was assured that there was work being done through the Quality Committee around the learning from the Gosport Report. The Council requested to have more discussion around the Report in the next Council of Governors' meeting on the 8 November 2018.

CK

Mrs Hill informed the Council that Prof Mark Gamsu (Leeds Beckett University) was carrying out a patient experience review and would like stakeholder and governor involvement. It would be a discussion on how the Trust is doing in this area and potential areas for improvements. Prof Proctor highlighted the importance of governors being involved in this.

Finally, Prof Proctor provided details of the Shadow Board programme, where senior leaders aspire to learn the skills a director requires. The Council noted that there were seven participants in the Shadow Board and the first meeting had taken place on the 29 June 2018. Prof Proctor explained that the Shadow Board observed and discussed some papers that had gone to the public Board of Directors' meeting on the previous day. She reported that she found their feedback fascinating.

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

#### **18/028 Lead Governor report (agenda item 9)**

Mr Howarth presented the Lead Governor report to the Council. He informed the Council that the Annual Members' Meeting would be taking place on the 31 July 2018 at Horizon Leeds. He highlighted the day's main events. The Council noted that there would be a Governor and Membership stall in the marketplace area which would be an opportunity to engage with the members.

The Council **received** the Lead Governor report and **noted** its contents.

#### **18/029 Audit Committee Annual Report 2017/18 (agenda item 10)**

Mr Wright presented the Audit Committee Annual Report. He began by highlighting the Terms of Reference of the Audit Committee. He explained that the Committee is responsible for: risk management within the Trust, ensuring that the risks are

identified properly and the Trust is dealing with risks efficiently; reviewing the reports from KPMG (external auditors); reviewing the accounts at the financial year end; and reviewing the Board Assurance Framework (BAF) which its primary function is to provide assurance to the Board of Directors of the strength (or otherwise) of the systems and processes within the Trust, which would include reviewing the risks and controls within the Trust and updating them.

Mr Nip enquired where he would be able to see the information that the Audit Committee produces and discusses. Mr Wright outlined that some of the information would not be made public, but would be happy to meet with Mr Nip to privately discuss some information, as appropriate. The Council noted that the Annual Report would be published on the Trust's website. Prof Proctor reported that some internal audit reports that look at more specific parts of the Trust would not be in the public domain. Prof Proctor explained that the public information would include the headlines of the these reports only. Mrs Sentamu assured the Council that serious risks from the internal audit reports are reported to the specific directorate, and through the Quality Committee, which governors are encouraged to attend to observe.

Mrs Swan asked Mr Wright, as the new Audit Committee Chair, how assured he felt around the risk management work within the Trust. Mr Wright reported that he felt the control and governance within the Trust was at a high level and was encouraged by the amount of work that goes into the risk register and overall governance. He reported that he felt assured by the meeting that had been done so far and there had been private meetings with the internal and external auditors where they had provided assurance around the work that they had done and what they could do in the future. Mr Wright also assured the Council on the quality of the BAF process.

The Council suggested that they see a BAF style 'list' of risks in a future meeting.

**CH**

Ms Grantham reported that the governance within the Trust means that non-executive directors are members of more than one board sub-committee each. Ms Grantham assured the Council that through these varied memberships, the non-executive directors can bring different areas of knowledge across different sectors.

The Council **noted** the contents of the Audit Committee Annual Report 2017/18.

**18/030 Report on the annual audit of the Trust's accounts and Quality Report (Account) 2017/18** (agenda item 11)

Mr Rashpal Khangura, Director, KPMG, presented the report on the annual audit of the Trust's accounts and Quality Report (Account) 2017/18. Mr Khangura outlined the three key roles of the external auditors in respect of reviewing the: financial statements audit; the overall value for money; and the Quality Accounts. Mr Khangura reported that the audit from this year (2017/18) had been positive so far. Mr Khangura highlighted their findings of the Trust in three areas: clean audit opinion on the Trust's financial statements; a clean value for conclusion on the



Trust's use of resources and value for money; and unqualified limited assurance opinion on the Quality Accounts.

Mrs White asked what challenges the local partnerships and collaborative work around West Yorkshire would bring from an auditing perspective. Mr Khangura said knowing who should be held accountable is something that can be challenging, especially when the partnerships all have a stake in something. He said that having oversight of everything could be a challenge.

Mrs Proctor informed the Council that Mr Khangura would be willing to work with the governors and non-executive directors through a 'finance for non-finance' workshop. The Council noted that they should inform Ms Limbert of their interest in this.

FL

The Council **welcomed** the report on the annual audit of the Trust's accounts and Quality Report (Account) 2017/18 and **noted** its contents.

#### **18/031 Refreshed Terms of Reference** (agenda item 12.1)

Mrs Hill presented the refreshed Terms of Reference. The Council is required to review its Terms of Reference annually to ensure they remain fit for purpose and accurately describe the role of the Council. Mrs Hill informed the Council that the only changes to the Terms of Reference were job titles of some individuals.

The Council **noted** the contents of the refreshed Terms of Reference.

#### **18/032 Updated guidance on how the Council of Governors do business (Council of Governors' meeting etiquette)** (agenda item 12.2)

Mrs Hill presented the updated guidance on how the Council of Governors do business. Mrs Swan queried how the annual cycle of business of the meetings is compiled. Mrs Hill confirmed that the topics came out of the themes that the governors had requested. She agreed to add the suggestion of governors requesting through the chair any substantial items that they would like to come back in future meetings.

CH

Mrs Sentamu asked if the content of the 'sharing stories' items for the Board of Directors meetings could be more influenced by governors. Mrs Hill responded by saying that the cycle of business for the Council of Governors' meeting does involve the governors being more involved in the services. An example is the service visits that governors attend with the non-executive directors are also a way for the governors to gain an insight into trust services.

The Council **noted** the contents of the updated guidance on how the Council of Governors do business (Council of Governors meeting etiquette).

**18/033 Annual Members’ Meeting 2018 and Board to Board 2018** (agenda item 12.3)

Mrs Hill outlined the information on the Annual Members’ Meeting 2018 and the Board to Board meeting 2018. The Council noted that the Annual Members’ Meeting would be an opportunity to communicate with the members of the Trust. Mrs Hill reported that the Board to Board meeting would be a strategic session for governors and directors collectively. The Council noted that in the meeting, the main themes that would be covered are: refinancing arrangements on Private Finance Initiative (PFI) contracts; work around Collective Leadership and culture, and how the Trust is implementing the strategy; how work is progressing with the Trust’s partners in Leeds; and an update on the process of the community services redesign so far. Mrs Hill reminded the Council of the West Yorkshire Mental Health Services Collaborative event (governor and non-executive director) on the 17 July 2018.

The Council **noted** the information on the Annual Members’ Meeting 2018, the Board to Board meeting 2018 and the West Yorkshire Collaborative Mental Health event in July 2018.

**18/034 2019 meeting dates for the Council of Governors** (agenda item 12.4)

The Council **noted** the 2019 meeting dates for the Council of Governors.

**18/035 Any other business** (agenda item 13)

The Council **noted** that there would be a Combined Quality and Performance summary report at the next meeting on the 8 November 2018.

The Chair of the meeting closed the public meeting of the Council of Governors of Leeds and York Partnership NHS Foundation Trust at 2.58pm. She thanked governors and members of the public for their attendance.

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

Date .....

**AGENDA  
ITEM**

**4.2**

**Minutes of the Annual Members' Meeting held on  
31 July 2018 at 1.30pm at Horizon Leeds, 2 Brewery Wharf, Kendell Street, Leeds, LS10  
1JR**

**Board Members**

Professor Sue Proctor	Chair of the Trust
Professor John Baker	Non-executive Director
Mrs Dawn Hanwell	Chief Financial Officer and Deputy Chief Executive
Mrs Lindsay Jensen	Interim Director of Workforce Development
Dr Sara Munro	Chief Executive
Mrs Margaret Sentamu	Non-executive Director
Mrs Sue White	Non-executive Director (Deputy Chair of the Trust)
Mrs Cathy Woffendin	Director of Nursing and Professions
Mr Martin Wright	Non-executive Director
Mr Steven Wrigley-Howe	Non-executive Director (Senior Independent Director)

**Governors**

Mr Steve Howarth	Lead Governor (Public: Leeds)
Mr Marc Pierre Anderson	Service User: Leeds
Mrs Sarah Armstrong	York Council for Voluntary Services
Cllr Jenny Brooks	City of York Council
Ms Sarah Chilvers	Non-clinical Staff: Leeds and York & North Yorkshire
Mr Les France	Public: Leeds
Mrs Gillian Galea	Staff Clinical: Leeds and York and North Yorkshire
Mrs Joanne Goode	Staff Clinical: Leeds and York and North Yorkshire
Mr Andrew Johnson	Staff Clinical: Leeds and York and North Yorkshire
Ms Sarah Layton	Non-Clinical Staff: Leeds and York & North Yorkshire
Mrs Kirsty Lee	Public: Leeds
Mr Ivan Nip	Public: Leeds
Mrs Sally Rawcliffe-Foo	Staff Clinical: Leeds and York and North Yorkshire
Ms Ann Shuter	Service User: Leeds
Mrs Niccola Swan	Public: Rest of England and Wales
Mr Peter Webster	Public: Leeds

**In attendance**

Mrs Cath Hill	Associate Director for Corporate Governance / Trust Board Secretary
Mr Andy Weir	Deputy Chief Operating Officer (in attendance for the Chief Operating Officer)

114 Members of the Trust and members of the general public

**18/001 Welcome** (agenda item 1)

Professor (Prof) Proctor opened the meeting at 1.29pm and welcomed members of: the Board of Directors; the Council of Governors; the Trust; and the wider public.

Prof Proctor informed everyone that this would be her second Annual Members' Meeting as Chair of the Trust. She described the last year as 'momentous', especially as it was the 70<sup>th</sup> birthday of the NHS. Prof Proctor highlighted some of the events that had taken place over the previous few months to celebrate the 70<sup>th</sup> birthday.

She went onto say that since the last Annual Members' Meeting, there had been a number of new Board members join the Trust. They were introduced: Mr Martin Wright, non-executive director and new Chair of the Audit Committee; Ms Helen Grantham, non-executive director; and Mrs Cathy Woffendin, Director of Nursing and Professions. Prof Proctor thanked Mr Paul Lumsdon, who was interim Director of Nursing, Professions and Quality. Prof Proctor gave thanks to Mrs Susan Tyler, Director of Workforce Development, who retired in May 2018, and Mrs Julie Tankard, non-executive director and former Audit Committee Chair, who stepped down in January 2018.

The programme for the Annual Members' Meeting was presented by Prof Proctor. She explained that the event would take place in two parts, the first of which was the statutory Annual General Meeting. This would be followed by 'The Big Conversation' which would be an opportunity to discuss quality within the Trust, and to capture feedback for improvements.

**18/002 Apologies for Absence** (agenda item 2)

Apologies were received from: Mrs Joanna Forster Adams, Chief Operating Officer; Ms Helen Grantham, Non-executive Director; Dr Christopher Hobbs, governor Carer: Leeds Resident; Mrs Helen Kemp, appointed governor, Volition; Dr Claire Kenwood, Medical Director; Ms Ellie Palmer, governor, Service User and Carer: Rest of UK.

The meeting was quorate.

**18/003 Declaration of any conflicts of interest in respect of agenda items** (agenda item 3)

No one present at the meeting declared any conflict of interest in respect of any agenda items.

**18/004 Minutes of the Meeting held 19 September 2017** (agenda item 4)

Prof Proctor presented the minutes of the meeting held on 19 September 2017. They were agreed as a true record.

**18/005 Matters arising** (agenda item 5)

It was noted that there were no matters arising from the previous meeting.

## **18/006 Presentation from Steve Howarth, Lead Governor (agenda item 6)**

Prof Proctor welcomed Mr Howarth, Lead Governor, to present the report from the Council of Governors.

Mr Howarth presented the membership report. He outlined that there were 15,664 members at the end of March 2018. The breakdown of which was: public members 11,948; service user and carer members 1,167; and staff members 2,549. He also outlined that a key element of membership at the Trust is to reflect the diverse nature of the community. He reported that membership representation is closely monitored by the Trust's Membership Team and reported back to the Council of Governors. Mr Howarth acknowledged the importance of members providing a voice for the public to the Trust, and how the role of 'governor' facilitates this.

Mr Howarth explained that the role of the governors is to hold the non-executive directors to account for performance of the Trust. The Council of Governors' meetings give them an opportunity to ask about any areas of poor performance and how they are holding executive directors to account on this. Governors are invited to observe Board of Directors' meetings and the sub-committee meetings to provide further opportunity to see non-executive directors in action and how the executive directors are held to account. He informed the attendees that at a joint Council of Governors/Board of Directors meeting in September 2017, governors had the opportunity to influence the Trust's refreshed strategy and shape the Trust's strategic objectives. Next, Mr Howarth explained how governors have a statutory duty to represent the views of members in shaping the future direction of the Trust. Ways in which governors had been involved with this were: through Council of Governors meetings; Crowdsourcing on the update of the Trust's Strategy; through their Strategy Committee; and by being members of a strategy project group within the Trust.

Mr Howarth went on to outline the four areas that the Council of Governors collectively agreed to focus on in 2017/18. These were: workforce and staffing; improving service user experience and involvement; information about a greater breadth of Trust services; and information about the impact of Trust services. He went on to detail the other things that the governors had been involved with in 2017/18, including appointing two new non-executive directors. He reminded the attendees that it had been the NHS's 70<sup>th</sup> birthday on the 5 July 2018 and that governors had been involved in the preparations for the celebrations and they had also attended many of the celebratory events.

An update was then presented on the outcome of the two governor elections that had taken place in the year. Mr Howarth encouraged members to stand for election as there were vacancies within the Council. He took the opportunity to welcome the governors that had been newly or re-elected or appointed within the 2017/18 financial year. He also offered thanks to those governors who had served and stepped down during the year.

Next, Mr Howarth informed attendees of the Big Conversation that had taken place at the Annual Members' Meeting in 2017. He outlined the themes of feedback that came out of the 'Big Conversation' and some ways that the governors ensured that the members' views were taken into account.

Finally, Mr Howarth thanked to everyone for attending and encouraged individuals to speak with a governor should they wish to find out more information.

Prof Proctor thanked Mr Howarth for his presentation and noted the valuable contribution that governors make in helping to develop services and informing how the Trust can provide high quality care.

#### **18/007 Presentation from Dawn Hanwell, Chief Financial Officer and Deputy Chief Executive (agenda item 7)**

Prof Proctor welcomed Mrs Hanwell, Chief Financial Officer and Deputy Chief Executive, to present the report on the Trust's finances.

Mrs Hanwell presented the key elements of the financial report including the financial performance out-turn for 2017/18; service changes and investments; income and expenditure position; cost improvement plans; capital programme; assurance on financial statements and future sustainability. She noted that the financial performance of the Trust was good and that staff members work to keep the Trust financially strong.

Next, the key headlines were presented. Mrs Hanwell indicated that the Trust had achieved a year-end surplus of £5.6million (m) noting that a £3.8m surplus had been generated. She reported that the Trust had spent £1.7m on capital expenditure. Mrs Hanwell explained that the Trust had generated cost savings of £2.8m and that the Trust was in a strong cash position. She went onto outline the details of the national Sustainability and Transformation fund programme and the requirements set out by NHS Improvement, Trust regulators, on delivering a surplus.

The Board of Directors devised a way to create the required surplus without compromising patient care. In return for generating a surplus, the Trust gets access to central funds for investment.

Mrs Hanwell went onto say that there had been a number of financial risks facing the Trust during the year, in particular spending on Out of Area Placements (OAPs). She explained that these were national cost pressures the Trust has to fund themselves and can vary, dependent on whether an appropriate bed is available, or not, for a service user requiring the use of Trust services. She then reported that the Trust had generated £2.79m through Cost Improvement Programmes (CIPs) in the financial year 2017/18 (£2.08m in 2016/17). She informed the attendees that this equated to a 1.8% saving in the Trust and all CIPs are quality impact assessed to ensure efficient saving without compromising patient care. Next, Mrs Hanwell outlined the Trust's capital programme and reported that the Trust's expenditure for 2017/18 was £1.74m. Mrs Hanwell highlighted the key investments in the year, which were: estates refurbishment; and information technology improvements (virtual desktops, smartphones, agile processes, public WiFi etc.).

In conclusion, Mrs Hanwell reported that the Trust was in a strong financial position. She stated that for the financial year 2018/19, the Trust would be required to generate a surplus again for the Sustainability and Transformation fund programme. She outlined the service developments planned for 2018/19, including: non-recurrent schemes being made recurrent (Memory Support Workers and

Liaison); non-recurrent liaison; perinatal community bid; and ongoing non-recurrent support for OAPs. Mrs Hanwell reported that the Trust planned to spend £9m on improving estates and improving IT systems.

Prof Proctor thanked Mrs Hanwell for her presentation.

#### **18/008 Presentation by Dr Sara Munro, Chief Executive (agenda item 8)**

Prof Proctor welcomed Dr Munro, Chief Executive, to present the report on the Trust's values.

Dr Munro thanked everyone for attending the event. She began by reminding the attendees that in the financial year of 2016/17, the Trust's Strategy had been refreshed, embedding the new Trust values: integrity, simplicity, caring. Dr Munro outlined plans for the future for continuous improvement and to encourage and welcome feedback. In the financial year 2017/18, the Board of Directors and the Council of Governors collaboratively finalised the three strategic objectives. They were now:

1. we deliver great care that is high quality and improves lives
2. we provide a rewarding and supportive place to work
3. we use our resources to deliver effective and sustainable services.

Dr Munro introduced a video which highlighted different specialist teams within the Trust and the health and wellbeing of staff to ensure the best services going forward. Following this Dr Munro thanked all individuals who had been involved with the production of the video.

Next, Dr Munro presented the five strategic plans that underpin the main Trust Strategy. Those plans were: workforce, quality, clinical services, estates, and information technology. She explained that in 2017/18 a new five year funding deal for the NHS in England was agreed, giving the Trust an extra 3.4%, which was an improvement on previous years. Dr Munro explained that the West Yorkshire and Harrogate Health and Care Partnership area was evolving into an integrated care system. This system supports health and care organisations working collaboratively to improve services within a new system. Being an integrated care system gives the Trust access to additional funds of up to £9 million. Dr Munro informed the attendees that the Trust was working with other NHS trusts as part of the West Yorkshire Mental Health Collaborative. The trusts are leading on four priority areas:

1. reducing deaths by suicide
2. improving specialist mental health services – such as eating disorders
3. reducing out-of-area placements
4. improving urgent and emergency care.

Dr Munro went on to highlight clinical service developments. These included the community mental health services redesign in Leeds, the new eating disorders community service for West Yorkshire and Harrogate (CONNECT), the national service for armed services veterans which went live in April 2018 in England and was currently being rolled out in the North of England, and additional investment for liaison psychiatry and perinatal services.

Attendees were then updated on the Care Quality Commission (CQC) inspection that had taken place during the financial year 2017/18. Dr Munro explained that

the CQC rates care organisations by scoring them on five different domains. These are: safe; effective; caring; responsive; and well led. She stated that 85% of the Trust services were rated good or outstanding, with the Trust's overall rating being requires improvement. A new action plan which contains 20 'must do' actions and 32 'should do' actions had been agreed. Dr Munro said that the Trust was also involved in a development scheme called 'Moving to Good' by NHS Improvement to help move towards the longer term ambition of providing 'outstanding' services.

Dr Munro went on to present the three Quality Account highlights for 2017/18, which were clinical effectiveness; patient safety; and patient experience. Dr Munro informed the attendees that the Trust was able to register and benchmark services with several nationally recognised bodies. She also explained that to measure patient safety, the Mental Health Safety Thermometer had been used. This found that 4 out of 30 services were 100% harm free and 17 were more than 80% harm free. Dr Munro stressed that any amount of harm could be highly impactful on any individuals. Dr Munro highlighted that in terms of patient experience, there had been good feedback from community and inpatient mental health surveys last year, and all but one inpatient service scored either in the top 20% or middle 60% when compared to other organisations.

Dr Munro moved onto the Staff Survey 2017 results and reported that 70% of staff believed care of service users is the Trust's top priority, which was an improvement on 2016 results. More staff than in 2016 also would recommend the Trust as a place to work and would be more than happy with the standard of care that is provided, meaning staff experience was a significantly positive area for the Trust and better than the national average in some aspects. The Trust also performed well on workforce race equality, with a 4% reduction in the number of black and minority ethnic (BME) staff experiencing harassment, bullying or abuse from service users, relatives or the public. Results also showed that 81% of BME staff believed the Trust provided equal opportunities for career progression or promotion – an improvement on 2016 results and 4% above the national average. Dr Munro highlighted that there were still areas to improve on. She reported that a way to improve results was to provide individual teams with their results so that they could come up with action plans that were meaningful to them.

Finally, Dr Munro presented seventeen reasons to be proud within the Trust. She outlined that further details of these could be found in the Annual Review and encouraged attendees to read it.

Prof Proctor thanked Dr Munro for her presentation.

#### **18/009 Opportunity to Receive Questions from Members and the Public (agenda item 9)**

Prof Proctor thanked Mr Howarth, Mrs Hanwell, and Dr Munro for their presentations. She explained that the next part of the meeting was an opportunity to receive questions from members of the public and she encouraged them to do so.

A member of the public asked how the Trust could involve service users as part of the recruitment process. Mrs Woffendin outlined the importance of this and provided examples of how this works within the Trust. She outlined the training



required to be part of the service user panel and suggested that Sayed Ahmed (Patient Experience Manager) or Angela Earnshaw (Head of Learning and Organisational Development) provide further information on this.

Leanne, (service user and carer) reported that some of the feedback that she had gathered from the community services redesign project outlined the issues with home based treatments not being the best for all service users. She said that some service users have expressed concern that 'one size fits all' would not work. Dr Munro responded to say that different people prefer support and treatment in different settings. She explained that an aspect of the community services redesign would be to have social hubs where other providers/third sector and local authorities can discuss the offer of a new setting. She introduced Andy Weir, Deputy Chief Operating Officer, and attendees noted that they could discuss this matter with him further.

Alex, member of the public, asked Mrs Hanwell if there was a direct relationship between the surplus and the underspend as they were two different amounts. Mrs Hanwell said that the income and the expenditure meant that there would be more funds to be spent on future investments.

Annie, a carer, referred to the discussion that had taken place as part of the Annual Members' Meeting in 2017. It related to carer engagement and carer feedback. Annie explained about the Triangle of Care, which is an approach specifically for mental health organisations to better engage and involve carers, and to facilitate a forum to capture feedback which can help make service improvements. She requested an update on this work and other developments within the Trust designed to support carers.

Paul, a member of the public, asked about funding for service users and carers who engage in voluntary service user involvement. It was noted that there is a procedure which covers the engagement and involvement of service users within the Patient Experience Team (PE-0003). Finally, Peter, a member of the public, asked about employment opportunities for service users within the Trust. He explained that the involvement was essential in developing the services and those involved felt this was an incentive to get involved. Dr Munro responded by highlighting some service user and carer engagement pieces of work. She explained that Mrs Woffendin and Mr Ahmed (Patient Experience Manager) are reviewing how patient and carer experience can be developed. Dr Munro explained that more creative opportunities for voluntary or employment appointment had been looked into as well. Dr Munro invited further discussion on the matter.

Prof Proctor thanked all attendees for listening and participants in the wide-ranging discussion that had taken place.

At the conclusion of formal business the Chair closed the Annual Members' Meeting of the Leeds and York Partnership NHS Foundation Trust at 2.33pm and thanked everyone for attending.

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**Cumulative Action Report for the Public Council of Governors' Meeting**

**OPEN ACTIONS**

Key to status =

	Still outstanding/awaiting completion
	Completed

LOG NUMBER	ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
017	<b>18/030 – July 2018 – Report on the annual audit of the Trust's accounts and Quality Report (Account) 2017/18</b> (agenda item 11)  Understanding finance and the external audit function workshop to be arranged.	Fran Limbert	September 2018	<b><u>COMPLETED</u></b> The Council is asked to consider this action closed. This workshop took place on the 5 September 2018 and was facilitated by KPMG.	
012	<b>18/031 – May 2018 – Measuring outcomes across Trust services</b> (agenda item 11)  Update on the Trustwide Outcomes Group to be presented to the public meeting of the Council of Governors on the 8 November 2018.	Tom Mullen	November 2018	<b><u>COMPLETED</u></b> The Council is asked to consider this action closed. This is scheduled to be presented as part of the public meeting of the Council of Governors taking place on the 8 November 2018.	

LOG NUMBER	ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
015	<p><b>18/027 – July 2018 – Chief Executive report</b> (agenda item 8)</p> <p>Outcome on the discussion that was taking place in the Quality Committee of the learning from the Gosport Report to be presented to a future Council meeting.</p>	<p><b>Claire Kenwood</b></p> <p><b>Steven Wrigley - Howe</b></p>	November 2018	<p><b><u>COMPLETED</u></b></p> <p>The Council is asked to consider this action closed. This is scheduled to be presented as part of the public meeting of the Council of Governors taking place on the 8 November 2018.</p>	
010	<p><b>18/025 – May 2018 – Chair's report</b> (agenda item 7)</p> <p>Membership Team to work with the Patient Experience Team to identify ways to increase engagement and involvement, and marketing of the current vacancies on the Council of Governors.</p>	<p><b>Sayed Ahmed and Cath Hill</b></p>	Management action	<p>An external review of patient experience within the Trust has been commissioned by Cathy Woffendin the Director of Nursing and Professions. The findings of the review will be presented to the Board of Directors around October 2018.</p> <p>This action will be taken forwards following the completion of this review and the creation of a supporting action plan.</p>	

LOG NUMBER	ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
013	<p><b>18/022 – July 2018 – Changes to any declaration of interests and declaration of any conflicts of interest in respect of agenda items</b> (agenda item 3)</p> <p>Declaration of interest form to be sent to Mrs Goode.</p>	Cath Hill	Management action	<p><b><u>COMPLETED</u></b></p> <p>The Council is asked to consider this action closed. This has been actioned appropriately.</p>	
014	<p><b>18/026 – July 2018 – Chair’s report</b> (agenda item 7)</p> <p>Mr Wright to be recorded on the register of attendance for non-executive director at Council of Governors’ meetings.</p>	Cath Hill	Management action	<p><b><u>COMPLETED</u></b></p> <p>The Council is asked to consider this action closed. This has been actioned appropriately.</p>	
016	<p><b>18/029 – July 2018 – Audit Committee Annual Report</b> (agenda item 10)</p> <p>Board Assurance Framework style list of risks to be presented to a future Council meeting.</p>	Cath Hill	Management action	<p><b><u>COMPLETED</u></b></p> <p>The Council is asked to consider this action closed. This is scheduled to be presented as part of the public meeting of the Council of Governors taking place on the 8 November 2018.</p>	

LOG NUMBER	ACTION (INCLUDING THE TITLE OF THE PAPER THAT GENERATED THE ACTION)	PERSON LEADING	COUNCIL MEETING TO BE BROUGHT BACK TO / DATE TO BE COMPLETED BY	COMMENTS	STATUS
018	<p><b>18/032 – July 2018 – Updated guidance on how the Council of Governors do business (Council of Governors’ meeting etiquette)</b> (agenda item 12.2)</p> <p>The document to be updated to include that governors can request items to be added to meeting agenda’s. They can do this by contacting the Chair of the meeting.</p>	Cath Hill	Management action	<p><b><u>COMPLETED</u></b> The Council is asked to consider this action closed. This has been actioned appropriately.</p>	

## **CHAIR'S REPORT**

**PUBLIC COUNCIL OF GOVERNORS' MEETING  
HELD 8 NOVEMBER 2018**

**Title:** Changes to the membership of the Council of Governors  
**Contributor:** Cath Hill  
**Status of item:** Standing item (for information)

There have been no changes to the membership of the Council of Governors since the last meeting.

**Title:** Changes to the membership of the Board of Directors  
**Contributor:** Cath Hill  
**Status of item:** Standing item (for information)

#### Executive Team

Since the last Council meeting Claire Holmes has been appointed as the Director of Organisational Development and Workforce. Claire took over from Lindsey Jensen who stepped up as acting Director of Workforce Development earlier this year following the retirement of Susan Tyler. She attended her first Board meeting at the end of October where some of the governors got to meet Claire and welcome her to the Trust.

#### Non-executive Director Team

Since the last Council meeting there has been no change to the non-executive director team. However, in October we concluded the process to appoint to an upcoming vacant NED post. A report on the preferred candidate will be taken in the private session of the November meeting.

**Title:** Directors' attendance at Board meetings (rolling 12 months)  
**Contributor:** Cath Hill  
**Status of item:** Standing item (for information)

The Council of Governors is asked to note the attendance of directors at the Board of Directors' meetings, in particular attendance relating to the non-executive directors. This information will also be provided in the Trust's Annual Report. The shaded boxes show the meetings people were not eligible to be at due to either their start or finish date.

#### **Non-executive Directors**

Name	30 November 2017	6 December 2017 (Extra Ordinary)	25 January 2018	22 February 2018	29 March 2018	30 April 2018	24 May 2018	28 June 2019	26 July 2018	27 September 2018	25 October 2018
Sue Proctor (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
John Baker	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Helen Grantham	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	
Margaret Sentamu	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Julie Tankard	-	-									
Sue White	✓	-	✓	✓	✓	✓	✓	✓	✓	✓	
Martin Wright			✓	✓	✓	✓	✓	✓	✓	✓	
Steven Wrigley-Howe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



### Executive Directors

Name	26 October 2017	30 November 2017	6 December 2017 (Extra Ordinary)	25 January 2018	22 February 2018	29 March 2018	30 April 2018	24 May 2018	28 June 2019	26 July 2018	27 September 2018	25 October 2018
Sara Munro	-	✓	✓	✓	✓	-	✓	✓	✓	✓	✓	
Joanna Forster Adams	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	✓	
Dawn Hanwell	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Claire Kenwood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Paul Lumsdon	✓	✓	✓	✓	✓							
Susan Tyler	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Cathy Woffendin						✓	✓	✓	✓	✓	✓	

**Title:** Attendance by non-executive directors at Council of Governors' meetings (rolling 12 months)

**Contributor:** Cath Hill

**Status of item:** Standing item (for information)

The Council of Governors is asked to note the attendance of non-executive directors at the Council of Governors' meetings. This information will also be provided in the Trust's Annual Report. Shaded boxes show those meetings that people were not eligible to be at due to their start or finish date.

Name	14 November 2017	14 February 2018	15 May 2018	3 July 2018
<b>Non-executive directors</b>				
Sue Proctor (Chair)	✓	✓	✓	-
John Baker	-	-	✓	-
Helen Grantham		✓	✓	✓
Margaret Sentamu	✓	✓	✓	-
Julie Tankard	-			
Sue White	✓	✓	✓	-
Steven Wrigley-Howe	-	-	-	-
Martin Wright		-	✓	✓

**Title:** Attendance by governors at Council of Governors' meetings (rolling 12 months)  
**Contributor:** Cath Hill  
**Status of item:** Standing item (for information)

		COUNCIL BUSINESS MEETINGS ATTENDED				
Name	Appointed (A) or elected (E)	14 November 2017	6 December 2017 (private extraordinary meeting)	14 February 2018	15 May 2018	3 July 2018
Marc Pierre Anderson	E	✓	-	-	-	-
Councillor Jenny Brooks	A	✓	-	✓	✓	-
Sarah Chilvers	E	✓	✓	✓	✓	✓
Les France	E	✓	✓	✓	-	-
Gillian Galea	E	✓	-	✓	✓	✓
Jo Goode	E	✓	✓	-	-	✓
Christopher Hobbs	E	-	-	-	-	-
Steve Howarth	E	✓	-	-	✓	✓
Andrew Johnson	E	-	-	-	✓	✓
Helen Kemp	A	-	-	✓	✓	✓
Sarah Layton	E				✓	✓
Kirsty Lee	E	✓	-	✓	-	✓
Ivan Nip	E				✓	✓
Ellie Palmer	E	-	-	✓	-	✓
Sally Rawcliffe-Foo	E	✓	✓	-	✓	-
Ann Shuter	E	-	-	✓	✓	✓
Nicola Swan	E	✓	-	✓	✓	✓
Cllr Keith Wakefield	A					
Peter Webster	E	✓	✓	✓	✓	✓

The table above details the number of Council meetings that governors have attended. Governors are expected to attend Council meetings where ever possible, and it is recognised that there may be legitimate reasons why this is not possible. Attendance by governors is recorded in the minutes by the Corporate Governance Team. Any instance where a governor has missed two or more meetings per *financial year* is discussed by the Chair of the Trust and the Associate Director for Corporate Governance and if needed with the governor concerned. There is an assessment of the reason/s for absence from meetings and any extenuating circumstances. If, having reviewed attendance, there is a need for the Council to consider the matter of non-attendance for any governor a separate report will be made to the Council for consideration.

The meetings in the financial year being reported on are May and July. Of these meetings reasons as to why governors have not attended two or more meetings have been noted by the Chair and there is considered to be no matters that need to be brought to the attention of the Council at this point.

**Title:** Fit and proper person test – non-executive directors  
**Contributor:** Cath Hill  
**Status of item:** For information

All non-executive directors have been found to be fit and proper persons under the Constitution, Provider Licence and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This has been determined through an annual declaration, detailed checks on appointment, appraisals and periodic checks on 'fitness'.

		Sue Proctor	Margaret Sentamu	Helen Grantham	Sue White	John Baker	Steven Wrigley-Howe	Martin Wright
a)	Are they a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) have not been discharged?	No	No	No	No	No	No	No
b)	Are they a person who has made a composition or arrangement with, or granted a trust deed for, any creditors and not been discharged in respect of it?	No	No	No	No	No	No	No
c)	Are they a person who within the preceding five years has been convicted of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) being imposed on you?	No	No	No	No	No	No	No
d)	Are they subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986?	No	No	No	No	No	No	No
e)	Do they meet all the criteria for being a fit and proper person as defined in the Social Care Act 2008 (Regulated Activities) Regulations 2008.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Prof Sue Proctor  
**Chair of the Trust,**  
**NOVEMBER 2018**

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**AGENDA  
ITEM**

**8**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Chief Executive Report
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Dr Sara Munro – Chief Executive
<b>PREPARED BY:</b> (name and title)	Dr Sara Munro – Chief Executive

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)			
SO1	We deliver great care that is high quality and improves lives.		✓
SO2	We provide a rewarding and supportive place to work.		✓
SO3	We use our resources to deliver effective and sustainable services.		✓

**EXECUTIVE SUMMARY**

The purpose of this paper is to inform the Council of Governors on some of the activities of the Chief Executive which are undertaken to support the delivery of the Trusts strategic objectives and other important matters.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

**RECOMMENDATION**

The Council is asked to note the content of the Report.

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**MEETING OF THE COUNCIL OF GOVERNORS**

**8 NOVEMBER 2018**

**Chief Executive's Report**

The purpose of this paper is to inform the Council of Governors of the activities of the chief executive.

**1. Staff Engagement and Service Visits**

**Visit to ALPS service based at St James Hospital**

This is an experienced team that is expanding with new staff joining as part of the investment to achieve Core 24. A good induction and development programme has been put in place for new staff. The biggest challenge is accommodation or lack of both for existing staff but also to adequately support the larger team. There is also a lack of space to see patients at times when A&E is very busy. I have raised this with Julian Hartley, CEO at LTHT, and followed up in writing to reinforce the need for alternative accommodation to be found. There are no easy or obvious solutions at present but we will continue to work with them to seek a resolution.

**ADHD service**

I met with Dr Rob Baskind, Consultant Psychiatrist and service lead, who has been continuing to develop a pathway with the criminal justice system to better support people with ADHD with the aim of reducing reoffending rates. Rob has also more recently met with ADHD teams across West Yorkshire as part of our collaborative work sharing existing service delivery models and clinical pathways to identify areas for learning from each other.

**Ward 5 Becklin**

The new ward is now back up and running and the staff and service users returned in August 2018. I visited the unit just prior to the transfer and met with the Estates Team and ward manager. Interserve and our Estates Team have done an excellent job refurbishing the ward to a tight timescale and making adaptations to support a more therapeutic environment including

autism friendly fixtures and fittings. I want to reiterate our thanks to the Transport Team who have supported staff and patients so well whilst we have been using Daisy Hill in Bradford.

### **Team coordinators development session**

Our admin team coordinators now meet throughout the year for development and support and this is the second time I have joined them. Engagement and enthusiasm for making a difference was incredibly high and the team I met with were very open and honest about the areas for improvement which will benefit them. Sue Sheard is coordinating this work and they now have plans in place to expand the development work to more junior admin staff.

### **Learning Disability Services**

A celebration and development event was held for our learning disability nurses on the 5<sup>th</sup> October and I was delighted to join them in the afternoon where we talked about value and recognition and ambitions for the future workforce. I was able to share with the group the previous board discussions and desire to understand more about these services and as a result we now have some volunteers to come and share their story which Joanna Forster Adams is leading on. I also spent the morning with the community LD team on the 24<sup>th</sup> October during which I meant the staff who have been implementing the new service model over the past 12 months and could share the benefits this is bringing for service users. The council have separately received reports on this from the service.

### **World Mental Health Day and Nursing and Allied Health Professions Strategy Launch**

Cathy Woffendin and the team put on a fantastic event which was very well attended by staff, partners and service users on the 10<sup>th</sup> October 2018. It was a great day with time to reflect on the changes we have seen and the importance now placed on multi-disciplinary team working, having service users and their experiences at the heart of all we do and the role the arts can play in good mental health.

## **WREN Launch Event**

Following ongoing engagement with staff in our organisation that are from BME communities we have now established a workforce race equality network which had its official launch on the 2<sup>nd</sup> October 2018. The network is there for all staff to engage in and is aimed at making a real difference in our organisation for BME staff in particular. The launch event included very powerful and moving stories from staff and guest speakers and had excellent attendance from across the Trust.

## **Mary Seacole Celebration**

On the 19<sup>th</sup> October we held a celebration event which involved many of our successful graduates sharing the impact the programme has had on them personally and professionally. Investing in the leadership capabilities of our staff is key to the future success of our organisation and the quality of care we provide to those who use our services. It was inspiring and at times emotional hearing about people's journeys, the difference they are making and the passion and commitment for the future. A spoke with one of the attendees a couple of days after and they said this is why they have stayed working for the Trust, the commitment to and celebration of staff.

## **2. Regulatory Matters**

### ***HSE Inspection***

A team of four inspectors spent the week in the Trust from the 15<sup>th</sup> October. The inspection was focused on violence and aggression and musculoskeletal injuries. A range of staff were interviewed and the following teams/departments visited each for a full day:

- Becklin Ward 5
- The Mount Ward 2



- Newsam Ward 4
- Parkside Lodge
- Domestic Team at St Marys Hospital
- Forensic Outreach Team
- Community Learning Disability Team

We are meeting with the inspection team on the 15<sup>th</sup> November for the formal feedback. We have not had any matters raised with us so far for action or improvement and the findings will be reported to the next board meeting. They team did give very positive feedback regarding the passion, motivation and happiness of our staff and said they would recommend us to their own family members which is a huge compliment we should be proud of.

### ***CQC System Inspection***

During the same week the CQC completed their system review of Leeds focusing on the care of people over 65 and looking for evidence of integrated multi agency working that ensures the best outcomes for people. Whilst the original brief said mental health was not included we all did not agree with this and our services and staff did take part. Two out of the six cases the inspectors followed had direct input from our services. Feedback was given at the end of the week and a more detailed report will be written and shared hopefully before Christmas. The inspectors recognised the strength of vision, leadership and commitment to partnership working and said our third sector is a real asset making a valued difference. They also acknowledge the challenges we face in the system in terms of flow and delays which are impacting on older people.

Thanks to all our staff involved in the planning and preparation of both of these inspections as well as ensuring the week itself went smoothly.

## **Clinical Waste Arrangements within Leeds and York Partnership NHS FT**

The Trust has been affected by the clinical waste situation that has been extensively covered in the media. The matter is being coordinated centrally by NHS Improvement assisted by NHS England. The Trust put in place robust contingency arrangements to manage the situation which meant there was no impact on our services and we are now back to business as usual with a new contractor.

## **Fire Safety Improvement Collaborative**

This task and finish group has been set up to ensure we maximise the learning from recent fire incidents across our inpatient services. The aim of the group is to improve safety for staff and service users across our inpatient units taking the learning from incidents that have occurred within the Trust within the next 6 months after which there will be more robust oversight and assurance arrangements in place. The key work streams we are taking forward are:

- Training content, delivery method and impact on practice
- Safety of our inpatient environments which includes storage
- Searching policy and practice
- Management of risk from smoking etc.
- Monitoring and assurance

## **3. System Update**

### ***Leeds***

#### **Leeds Providers Integrated Care Collaborative (LPICC) Committee in Common**

The Chair and I attended a shadow meeting with colleagues from Leeds Teaching Hospitals, Leeds Community Trust, Leeds GP Confederation, Adult Social Care and the third sector to formally discuss establishing a committee in common to strengthen the governance of the provider partnerships in the city. The outputs of this and the proposed memorandum of understanding were discussed and approved at the October board meeting.

The **Partnership Executive Group** (PEG) has been focusing on improvement work related to patient flow and winter preparedness; preparation for the system CQC inspection; update on the schemes funded by iBCF (integrated better care found) and decision made to open up the scheme for further bids; decision to put Leeds forward as one of four pilot sites nationally to work up the model of population health management and updates from the newly established provider committees in common. Joanna Forster Adams is leading on submission of bids to the iBCF to support the work we are doing on flow and reducing delayed transfers of care. The PHM pilot will involve approximately 20 staff from across the partnerships receiving additional development and support to work up what this approach would look like and deliver in Leeds. More information will be shared once it is available. I also escalated at PEG the key issues of specialist housing provision and EMI capacity following discussions at the last board meeting. A further meeting is being arranged with the CCG and local authority to agree what further action will be taken.

The Big Leeds Chat Event was held on the 12<sup>th</sup> October at Kirkgate Market in Leeds which many of our staff attended along with health and care partners to have conversations with the public about their experiences of services and what will help them most for their health and wellbeing. The event was organised by Health Watch and the outputs will inform future iterations of the Leeds plan.

The **Health and Wellbeing Board** held a workshop on the 10<sup>th</sup> October which focused on Working with Communities: Improving the health of the poorest fastest. Themes included mental ill health, housing, substance misuse, domestic violence, hate crime, community infrastructure. There were lots of examples of excellent integrated working across health, care and the voluntary and community sector but also a challenge of where more needs to be done.

The JSNA is in the process of being refreshed and the outputs of the day will be taken along with the JSNA to shape a new mental health framework as well as commissioning priorities in the long term.

### ***West Yorkshire and Harrogate Integrated Care Partnership***

**System Leadership Executive Group** – The meeting confirmed that the MoU has now been signed off by all members of the West Yorkshire and Harrogate Partnership. Minor amendments have been made to the final version but there are no material changes to content. The process is now underway to establish the Partnership Board for next year.

### ***Mental Health Collaborative***

**The Committee in Common** also met during October, chaired by Professor Sue Proctor and received an update on the work of the partnership board. There were no matters of decision making for the CiC and an action arising as to set out the future work plan and schedule of meetings so they are aligned to the work of the partnership board and CEO/DoF groups.

An Executive Team Workshop was held on the 18<sup>th</sup> October and the focus was on the future of the collaborative and how we shape longer term priorities which we can deliver collectively. We carried out a stocktake of work to date and from this identified areas to strengthen such as suicide prevention and crisis home treatment. We also identified opportunities to strengthen clinical engagement, build on some key enablers such as workforce and organisational infrastructure and the need to create capacity to deliver within each organisation and within the core team. Given the publication of the long term plan at the end of this year we agreed to reconvene in February to agree a final set of priorities and delivery plan ready for the 1<sup>st</sup> April which will be embedded within each organisations operation plan too.

#### **4. Executive Team Update**

Following a robust recruitment process we have now appointed a substantive Director of Organisational Development and Workforce. Claire Holmes joined us at the end of October 2018 and has already attended her first board meeting. I would like to thank Lindsay Jensen for being an excellent interim Director of Workforce Development.

#### **5. Reasons to be Proud**

##### ***Nursing Times Annual Awards***

Our Learning Disability Community team are shortlisted in the annual Nursing Times Awards for the work by the health facilitation team. The ceremony is on the 31<sup>st</sup> October 2018 and so the results will only be known after this paper has been written.

##### **Royal College Nominee Trainee of the Year**

Dr Ahmed Hankir has been shortlisted in the Royal College of Psychiatrists annual awards category for Core Psychiatric Trainee of the Year award. The ceremony will be held at the Royal College in London on the 7 November 2018 and in the meantime our Communications Team is liaising with Dr Hankir to do a profile piece for the Trust.

##### ***Positive Practice Results***

The specialist Personal Disorder service and the Connect Eating Disorder team were both winners and our Rainbow Alliance was highly commended at the positive practice collaborative awards.

##### ***Hidden Heroes***

I wanted us to give another thank you to our estates and facilities staff for the work they have been doing behind the scenes to ensure adequate waste management arrangements were in place whilst we managed a change in supplier.

### ***Trust Awards 2018***

The shortlist for this year's Trust Awards has been revealed. A record 188 nominations were received and the panel of judges had their work cut out to whittle this down to 32 teams and individuals across all categories.

This year we have two additional award categories:

***NHS70 Award:*** this award recognises those individuals or teams who have made a lasting contribution to service users, their carers or families and/or our staff.

***Chair and Chief Executive's Award:*** this award will be jointly chosen by our Chief Executive Officer and Chair. This shortlist will be selected from all those nominated across all of the 2018 Trust Award categories.

The winners will be announced at the Trust Awards ceremony on Friday 9 November at the Marriott Hotel in Leeds.

Dr Sara Munro  
**Chief Executive**  
November 2018

**AGENDA  
ITEM**

**9**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Quarterly Performance and Quality Update Report
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Open Discussion
<b>PREPARED BY:</b> (name and title)	Nikki Cooper - Head of Performance Management and Informatics

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	✓

<b>EXECUTIVE SUMMARY</b>		
This paper is to highlight and outline the trust's current performance over the last 3 months and provide an insight to the recent Board discussions around performance.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>NO</b>	

<b>RECOMMENDATION</b>
The council are asked to note and discuss the contents.

# Council of Governors: Quarterly Performance and Quality Update Report

- Overview of Key Performance Indicators.
- Performance and Quality metrics summary.
- Trust Board Assurance: Key discussions, issues and actions.



**Leeds and York Partnership**  
NHS Foundation Trust

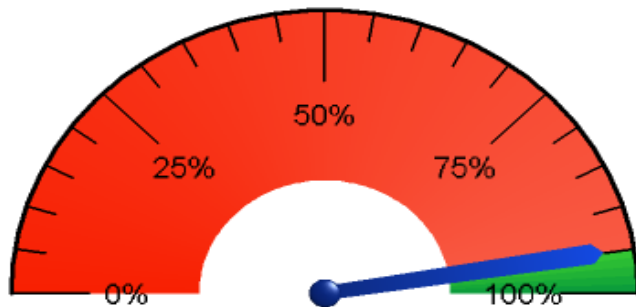


# Overview of Key Performance Indicators

August data unless specified otherwise

## Access and Responsiveness: Our response in a crisis

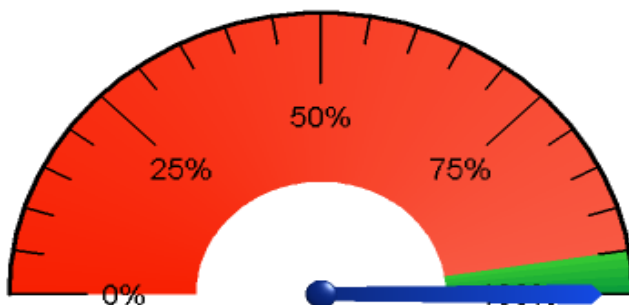
Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral



Percentage with Timely Access to a MH Assessment by the ALPs team in the LTHT Emergency Department



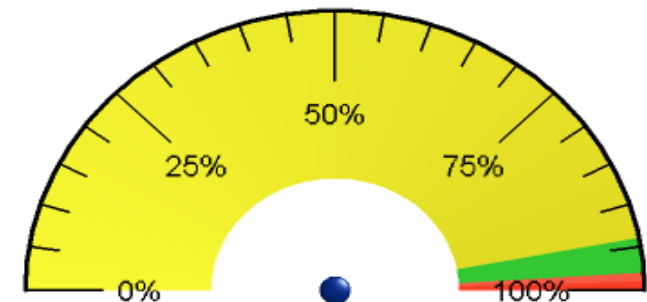
Percentage of admissions to inpatient services that had access to crisis resolution / home treatment teams



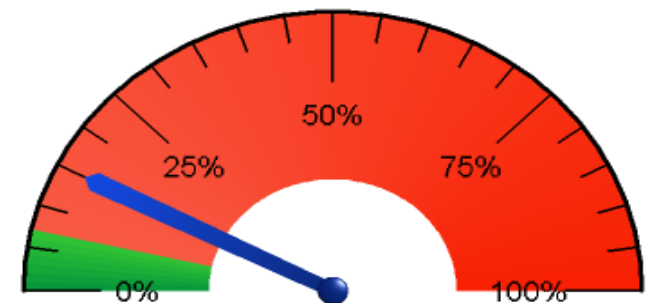
## Our Acute Patient Journey

Bed Occupancy rates for (adult acute) inpatient services

**CURRENTLY OVER 100%**



Percentage of delayed transfers of care



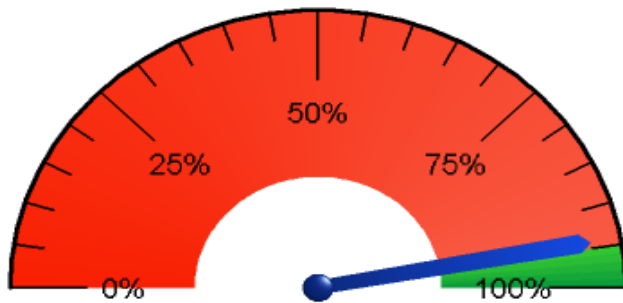
# Overview of Key Performance Indicators continued

August data unless specified otherwise

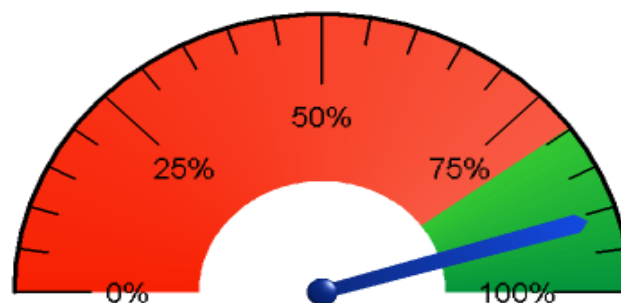
## Our Community Care

Percentage of inpatients followed up within 7 days of discharge

QUARTER TO DATE

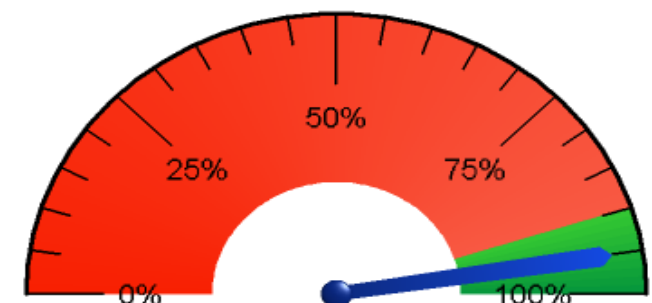


Percentage of referrals seen (face to face) within 15 days of receipt of referral to a community mental health team



Percentage of referrals to memory services seen (face to face) within 8 weeks

QUARTER TO DATE

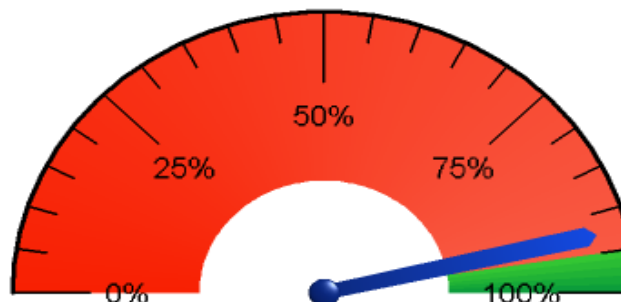


Percentage of referrals to memory services with a diagnosis recorded within 12 weeks

QUARTER TO DATE



Percentage of Care Programme Approach patients receiving a formal review in the last 12 months

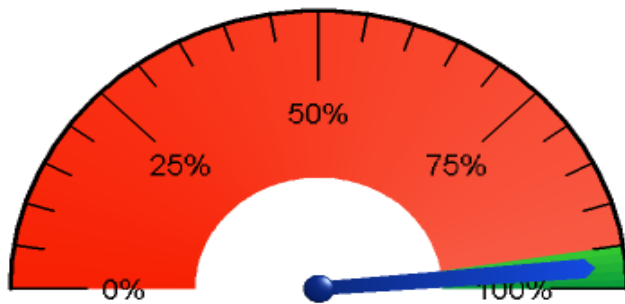


# Overview of Key Performance Indicators continued

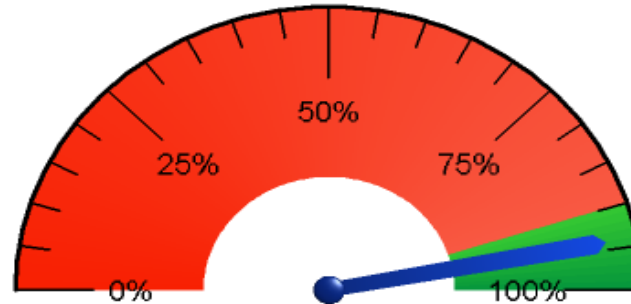
August data unless specified otherwise

## Clinical Record Keeping: Mandated requirements

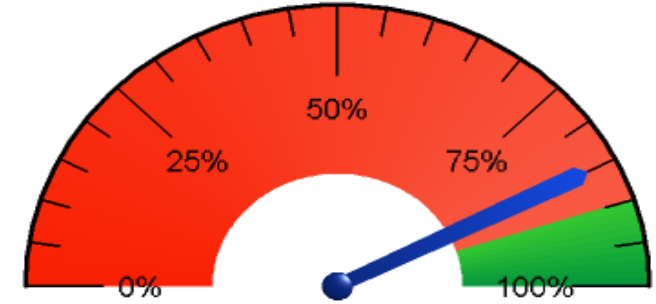
Data Quality Maturity Index (MHSDS)



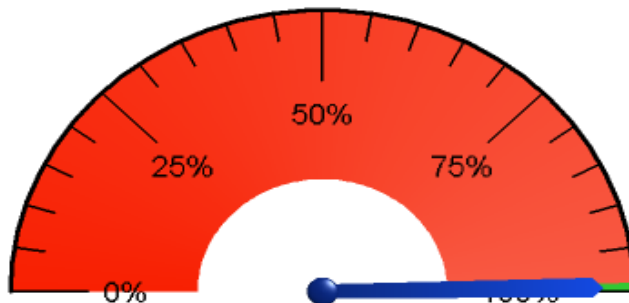
Percentage of service users with ethnicity recorded (service users seen in month)



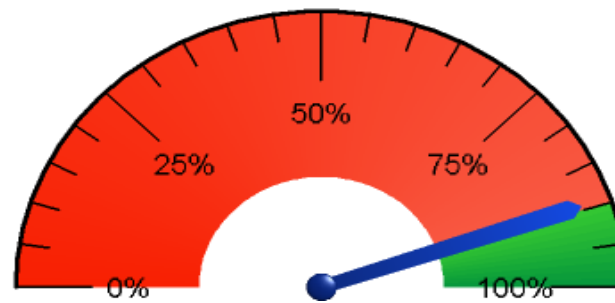
Percentage of service users with ethnicity recorded (NHS Standard Contract)



Percentage of NHS number recorded



Proportion of in scope patients assigned to a cluster



Timely Communication with GPs: Percentage notified in 7 days

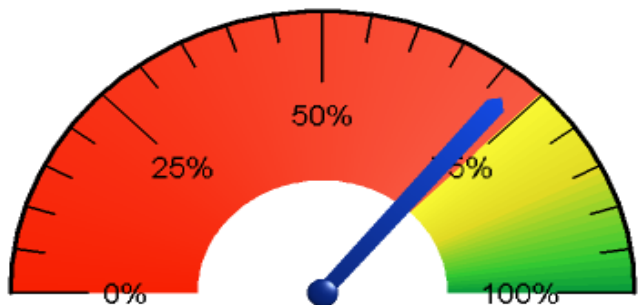
Data not yet available

# Overview of Key Performance Indicators

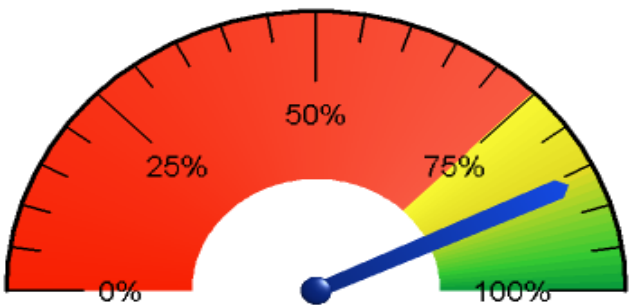
August data unless specified otherwise

## Our workforce

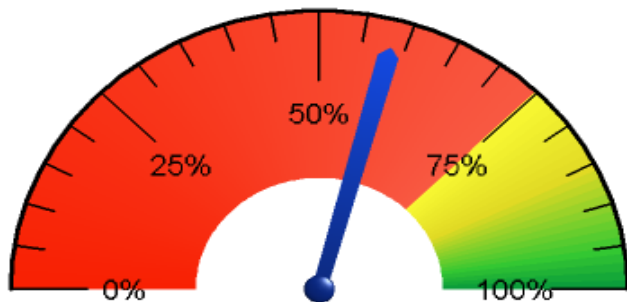
Percentage of appraisals completed



Percentage of mandatory training completed



Percentage of staff receiving clinical supervision



Staff turnover

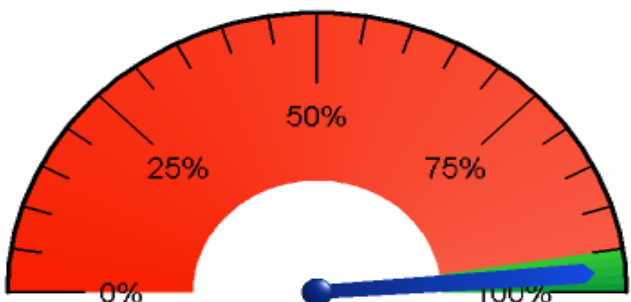
Barometer not yet available

## Quality: Effectiveness

NHS Mental Health Safety Thermometer:  
Percentage of Harm Free Care

Barometer not yet available

NHS Classic Safety Thermometer: Percentage of  
Harm Free Care



## Performance and Quality Metrics Summary

Services: Access & Responsiveness: Our response in a crisis	Target	Jun-18	Jul-18	Aug-18
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	82.4%	80.8%	82.6%
Percentage of referrals to the crisis team with a crisis plan in place within 24 hours of referral	95%	96.6%	97.0%	94.8%
Percentage of admissions gatekept by the crisis teams	95%	100.0%	100.0%	100.0%
Percentage of ALPS referrals assessed within 1 hour ( <i>target replaced from 3 hours to 1 hour</i> )	90%	49.7%	31.5%	47.9%
Services: Access & Responsiveness: Our Specialist Services	Target	Jun-18	Jul-18	Aug-18
Gender Identity Service - Average wait for those currently on the waiting list (weeks)	-	32	32	32
Gender Identity Service: Number on waiting list	-	1,070	1,147	1,176
Leeds Autism Diagnostic Service (LADS): Percentage receiving a diagnosis within 26 weeks of referral (quarterly)	80%	45.0%	-	-
CAMHS inpatients: Honosca & CGAS: % completed at admission (quarterly)	80%	100.0%	-	-
CAMHS inpatients: Honosca & CGAS: % completed at discharge (quarterly)	95%	100.0%	-	-
Deaf CAMHS: wait from referral to first face to face contact in days (monthly)	-	32.1	*54.3	28.1
Forensics: HCR20: Percentage completed within 3 months of admission (quarterly)	95%	85.7%	-	-
Forensics: HCR20 & HoNOS Secure: Percentage completed (LOS greater than 9 months) (quarterly)	95%	100.0%	-	-
Perinatal: Average wait from referral to first face to face contact in days (monthly)	-	43.2	29.5	23.8
Services: Our acute patient journey	Target	Jun-18	Jul-18	Aug-18
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Service (CAS) bed occupancy	-	81.1%	93.6%	93.0%
Crisis Assessment Service (CAS) length of stay at discharge	-	9.6	9.3	10.7
Liaison In-Reach: attempted assessment within 24 hours	-	69.2%	65.9%	66.4%
Bed Occupancy rates for (adult acute) inpatient services	94-98%	99.6%	100.6%	100.4%
• Adult Acute (total)	-	99.6%	100.6%	100.4%
• Becklin – ward 1	-	99.5%	100.7%	99.3%
• Becklin – ward 3	-	100.3%	100.4%	100.0%
• Becklin – ward 4	-	100.5%	100.7%	101.0%
• Becklin – ward 5 (Lynfield Mount June 2018)	-	96.9%	99.7%	96.8%
• Newsam – ward 4	-	99.4%	101.1%	104.3%
• Older adult (total)	-	96.4%	97.0%	97.1%
• The Mount – ward 1	-	92.7%	92.0%	92.4%
• The Mount – ward 2	-	91.8%	96.3%	97.8%
• The Mount – ward 3	-	96.0%	96.5%	94.6%
• The Mount – ward 4	-	102.4%	101.5%	102.4%
Percentage of delayed transfers of care	<7.5%	10.9%	13.0%	15.0%
Number of out of area placement bed days versus trajectory (in days: cumulative per quarter)	-	-429	-481	+176
Acute: Number of out of area placements beginning in month	-	12	21	14
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	345	556	567
PICU: Number of out of area placements beginning in month	-	3	7	8
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	26	62	90
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	5	0
Services: Our community care	Target	Jun-18	Jul-18	Aug-18
Percentage of inpatients followed up within 7 days of discharge	-	93.4%	95.9%	93.3%
Percentage of inpatients followed up within 7 days of discharge (quarterly data)	95%	93.8%	-	-
Number of service users in community mental health team care (caseload)	-	5,206	5,141	5,114
Percentage of referrals seen (face to face) w/in 15 days by a community mental health team (quarter to date) ( <i>target replaced from 14 days to 15 days</i> )	80%	77.5%	78.9%	90.8%
Percentage of referrals to memory services seen (face to face) within 8 weeks (quarter to date)	90%	91.6%	93.8%	94.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50%	73.4%	67.8%	65.2%
Percentage of Care Programme Approach patients receiving a formal review in the last 12 months	95%	93.5%	92.5%	92.6%

\*NB, this figure has been amended to remove an old referral dating back to 2016 that has already been seen numerous times (data quality issue). The data is still being impacted by historical data quality issues.

## Performance and Quality Metrics Summary continued

Services: Clinical Record Keeping	Target	Jun-18	Jul-18	Aug-18
Data Quality Maturity Index for the Mental Health Services Dataset (MHSDS)	95%	97.3%	97.4%	97.3%
Percentage of service users with ethnicity recorded (service users seen in month)	90%	94.1%	94.3%	94.0%
Percentage of service users with ethnicity recorded (NHS Standard Contract)	90%	85.1%	85.4%	85.1%
Percentage of NHS number recorded	99%	99.8%	99.6%	99.5%
Percentage of in scope patients assigned to a mental health cluster	-	90.8%	90.0%	89.4%
Timely Communication with GPs: Percentage notified in 7 days	-	-	-	-
Quality: Our effectiveness	Target	Jun-18	Jul-18	Aug-18
Number of healthcare associated infections: C difficile	<8	0	0	0
Number of healthcare associated infections: MRSA	0	0	0	0
Mental Health Safety Thermometer: Percentage of harm free care (point prevalence survey)	-	84.2%	86.1%	86.3%
Classic Safety Thermometer: Percentage of harm free care (point prevalence survey)	95%	99.0%	98.1%	97.6%
Percentage of service users in Employment	-	12.8%	14.1%	14.8%
Percentage of service users in Settled Accommodation (definition reviewed and changed from August)	-	59.0%	58.0%	77.5%
Quality: Caring / Patient Experience	Target	Jun-18	Jul-18	Aug-18
Friends & Family Test: Percentage recommending services	-	75% (12)	88.9% (36)	90.5% (42)
Mortality:	Qrterly	-	-	-
· Number of deaths reviewed	Qrterly	111	-	-
· Number of deaths reported as serious incidents	Qrterly	8	-	-
· Number of deaths reported to LeDeR	Qrterly	4	-	-
Number of complaints received	-	15	11	19
Percentage of complaints acknowledged within 3 working days	-	100%	100%	100%
Percentage of complaints allocated an investigator within 3 working days	-	80%	54%	73%
Percentage of complaints with a draft report completed within 20 working days	-	25%	26%	11%
Percentage of complaint responses sent to the complainant within 30 working days	-	38%	31%	25%
Number of enquiries to the Patient Advice and Liaison Service (PALS)	-	102	116	144

The Mental Health Safety Thermometer measures the proportion of patients that are harm free on a single day each month. It includes self harm, psychological safety, violence & aggression, omissions of medication and restraints (inpatients only)

The Classic Safety Thermometer measures the proportion of patients that are harm free on a single day each month. It includes pressure ulcers, falls, urinary infection in patients with catheters and treatment for VTE

## Performance and Quality Metrics Summary continued

Quality: Safety	Target	Jun-18	Jul-18	Aug-18
Number of incidents recorded	-	912	1,042	914
Percentage of incidents reported within 48 hours of identification as serious	100%	100% (1)	100% (2)	100% (1)
Number of never events	0	0	0	0
Number of restraints and restrictive interventions	-	164	197	134
No. of patients detained under the Mental Health Act (includes Community Treatment Orders/conditional discharges)	-	446	450	466
Number of medication errors	Qrterly	155	-	-
Percentage of medication errors resulting in no harm	Qrterly	(144) 92.9%	-	-
Safeguarding Adults: Number of advice calls received by the team	-	56	40	63
Safeguarding Adults: Percentage of advice calls to safeguarding that resulted in a referral to social care	-	16.1% (9)	12.5% (5)	3.17% (2)
Safeguarding Children: Number of advice calls received by the team	-	35	26	36
Safeguarding Children: Percentage of advice calls to safeguarding that resulted in a referral to social care	-	-	65.4% (17)	25% (9)
Number of falls	-	53	75	55
Our Workforce	Target	Jun-18	Jul-18	Aug-18
Percentage of staff with an appraisal in the last 12 months	85%	69.0%	70.3%	72.1%
Percentage of mandatory training completed	85%	87.0%	86.7%	86.2%
Safeguarding: Prevent Level 3 training compliance (month end snapshot)	85%	52%	71%	90%
Percentage of staff receiving clinical supervision	85%	44.0%	61.7%	58.3%
Staff Turnover (Rolling 12 months)	8-10%	10.8%	10.5%	11.8%
Sickness absence rate	4.60%	4.6%	4.6%	-
Percentage of sickness due to musculoskeletal issues (MSK)	14.7%	15.0%	14.4%	-
Percentage of sickness due to Stress	27.2%	26.0%	26.6%	-
Percentage of vacant posts	-	13%	13%	12%

Please note that a number of new metrics, particularly under the heading of "quality" have been introduced over the last quarter and are only reported here from the month of introduction onwards.

## Trust Board Assurance: Key discussions, issues and actions

### Points to note:

Over the last 3 months, there have been improvements in the performance against a number of metrics including the 15 day CMHT access target, appraisals and waiting times in memory services. Both the number of respondents and the percentage recommending our services is improving following continued encouragement on wards and in reception areas.

Performance remains strong in areas such as gatekeeping admissions, healthcare associated infections and harm free care.

Areas such as out of area placements and delayed transfers of care are being closely monitored.

Whilst performance dropped against local standards for dealing with complaints, this is a seasonal impact due to availability of staff over the summer holiday period and is expected to improve again. This can be seen in provisional data for September that shows that allocation of complaints to an investigator within 3 days has risen back up to 80%.

### Key issues, risks and actions:

At the end of August, the Trust had already exceeded its trajectory for Q2 for the number of inappropriate out of area bed days in spite of relentless efforts by staff to avoid these.

Sustained achievement of the national 7 day follow up metric remains difficult. Further guidance is being issued to staff to provide clarity on what is required following discussions with NHS England.

Whilst the Trust has successfully launched an automated, electronic transfer of CPA care plans to GPs during August; there is continued pressure from commissioners to extend this to inpatient discharge summaries and outpatient letters in order to meet NHS contractual standards. This remains an ongoing project with achievement expected later this year.

### Trust Board Discussion Summary:

At the September Board, the focus was around ensuring quality under difficult circumstances, particularly in relation to the 1 hour response for the acute liaison psychiatry service (ALPS) in A&E and delayed transfers of care/bed occupancy.

**ALPS 1 hour response:** Firstly, discussion centred around concerns about the impact of "winter pressures" on this service's ability to meet and sustain the 1 hour response target, particularly given the recent spike in referrals to see older people. It was recognised that there might be a need to strengthen the resources for this team further to cover the winter period and that this had been flagged as an issue both with Leeds Teaching Hospital and our commissioners. Secondly, there was recognition that whilst speed of response was a measure of quality in terms of access, it did not measure the quality of the assessment itself. The Board received assurance that sufficient time was being given to completing the assessment fully.

**DTOC and bed occupancy:** The system pressure caused by high (over 100%) bed occupancy, high numbers of delayed discharges and the resulting impact on out of area placements was recognised. Discussion focussed on the pressure this has on staff and how this can affect quality. The issue within older people's services of challenging behaviour being an added pressure for staff and patient flow (a factor in finding suitable care home placements) was highlighted. The whole system review by Newton Europe was also mentioned as part of moving towards a solution.

**Other areas discussed were:** The continued high levels of inappropriate out of area placements due to the demand for male, adult beds; the work in the Autism service with the continuous improvement team to find a sustainable solution to meeting performance targets; progress on the patient experience and involvement review due to come to the Council of Governors meeting in November and the successful achievement of the PREVENT training target rising from 23% in March to over 85% in August.



**AGENDA  
ITEM**

**11**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Outcome of the learning from the Gosport Report being presented to the Quality Committee
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Steven Wrigley-Howe – Deputy Chair of the Quality Committee
<b>PREPARED BY:</b> (name and title)	Dr Claire Kenwood – Medical Director

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The external investigation into the untimely deaths of over 450 patients cared for at Gosport War memorial Hospital was published in June 2018. These were people who died under the care of a community hospital in the 1990s. Despite the differences between the care we deliver and the care of a community Trust we decided to check what learning there might be for us and how we could use this to improve.

A report went to quality committee that showed that there was important learning about:

- The safe use of medications and the importance of making sure that these are used in the right way for the right reasons. The report looked at morphine and other strong pain medication but the lessons apply to medications we use such as antipsychotics and benzodiazepines
- The way that we listen to and understand issues that our service users and carers raise with us
- The way we work to make is safe for staff to tells us when they think something is going wrong
- The structures that we have in place to focus on safety and quality and allow issues us to raise issues in the right place if things are not getting better
- A focus especially on isolated staff to ensure that they are getting the right support and that they are keeping up to date with practice as it changes, and that their practice does not 'drift' into bad practice

Assurance was given that all of these issues where being thought about and continuous review and improvements are in place. No gaps where identified but the report did give us useful food for thought and has helped us to strengthen our focus especially with the issue of isolated staff.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

**RECOMMENDATION**

That governors are assured that this report has been thoughts about and we are acting on the leaning from the report and that this has been discussed at Quality Committee.

**AGENDA  
ITEM**

**13**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Report from Annual Members' Day 2018
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Claire Holmes, Director of Workforce and Organisational Development
<b>PREPARED BY:</b> (name and title)	Oliver Tipper, Head of Communications

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	✓

**EXECUTIVE SUMMARY**

This paper is a report on the outputs and evaluation from our Annual Members' Day (AMD) which took place on Tuesday 31 July 2018.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below  
'Yes' or 'No'**

**No**

If yes please set out what action has been taken to address this in your paper

**RECOMMENDATION**

The Council of Governors is asked to:

- Consider and reflect on the outputs and feedback to this event
- Agree to the Big Conversation action plan outlined in Section 2.4
- Agree to receive an update on these actions at the next AMD.

## **MEETING OF THE COUNCIL OF GOVERNORS**

8 November 2018

### **Report from Annual Members' Day 2018**

#### **1. Executive Summary**

This paper is a report on the outputs and evaluation from our Annual Members' Day (AMD) which took place on Tuesday 31 July 2018.

#### **2. Background**

This year's AMD was held on the afternoon of Tuesday 31 July 2018 at the Horizon Centre in Leeds. The event was managed by the Communications Team with support from the Corporate Governance and Organisational Development teams.

The format of the meeting was:

- Arrival, networking and marketplace exhibitions
- Formal Annual Members' Meeting (AMM)
- A Big Conversation on how we can improve the way we deliver person-centred care including afternoon tea

120 people attended this year's AMD, which included more service users, carers and partners than in previous years. We have attributed this to a direct mail out to members in the run up to the event as well as other event marketing activity via internal and external communication channels.

##### **2.1 Market place**

We were oversubscribed on offers to host stalls from colleagues and partners. In total we had 15 exhibitors which included:

- Arts and Minds
- Chaplaincy
- Continuous Improvement
- Governors
- Healthy Living Service

- Leeds Community Healthcare's Child and Adolescent Mental Health Service
- Mental Health Legislation team
- An NHS 70 exhibition
- Patient Advice and Liaison Service (PALS)
- Rainbow Alliance
- Research and Development
- Service User Network
- Volition/Forum Central (third sector partner)
- Volunteers
- Your Health Matters

## 2.2 Annual Members' Meeting (AMM)

The AMM was hosted by our Chair, Professor Sue Proctor. During the AMM we presented our annual report and accounts, and shared copies of this along with our Annual Review which is a shorter and more accessible version of the Annual Report.

The Annual Review has since been made available on our website at [www.leedsandYorkpft.nhs.uk/about-us/annual-review](http://www.leedsandYorkpft.nhs.uk/about-us/annual-review)

The AMM featured presentations from:

- Our Lead Governor, Steve Howarth
- Our Chief Financial Officer, Dawn Hanwell, and
- Our Chief Executive, Dr Sara Munro

As part of her presentation, Dr Munro played three videos which showcased how we're meeting our three strategic objectives of:

1. We deliver great care that is high quality and improves lives.
2. We provide a rewarding and supportive place to work.
3. We use our resources to deliver effective and sustainable services.

Two of these videos have since been published on You Tube, the Trust's website and promoted via Twitter, Facebook and LinkedIn. See table below.

Strategic Objective	Service area	Link to video on You Tube	Views
We deliver great care that is high quality and improves lives.	Crisis Services	<a href="https://youtu.be/a44gDB7VJwE">https://youtu.be/a44gDB7VJwE</a>	You Tube: 140 Twitter: 511 Facebook: 2,504 Linked In: 379 <b>Total Views: 3,534</b>

Strategic Objective	Service area	Link to video on You Tube	Views
We provide a rewarding and supportive place to work.	Our staff health and wellbeing work	<a href="https://youtu.be/8LaNMFj_Rs4">https://youtu.be/8LaNMFj_Rs4</a>	On You Tube: 42 On Twitter: 247 On Facebook: 350 On Linked In: 395 <b>Total Views: 1,034</b>
We use our resources to deliver effective and sustainable services.	Community Learning Disability Service	Unfortunately this video remains unpublished as the participants from the service have not returned all the necessary signed consent forms.	Not available

Members were invited to take part in a question and answer session with the Board. The outputs from this session are captured in the minutes of the AMD which have been circulated to Governors separately.

## 2.3 The Big Conversation

The second part of the event was dedicated to a Big Conversation - a group discussion session designed to help the Trust to improve the way we deliver person-centred care.

Guests were invited to share their own experiences in group discussions on 14 tables, before considering three questions:

- What does person-centred care look like to you?
- What can we improve on?
- What one thing can we do to make these improvements?

Following discussions in small groups there was a collective feedback session where one guest from each table offered their suggestions on practical actions the Trust could take to improve how we listen and respond to feedback. We have included a summary of the outcome of discussion and the actions that will be taken forward through the year to address the points raised.

## 2.4 Feedback summaries

### Q1: What does person-centred care look like to you?

- Focus on the family as well as the person, and ensure they are involved and supported.
- People felt that conversation needed to be two-way, ongoing, honest and simple. To be 'person-centred', people said they need to feel listened to, and know that what

they were saying was being listened to. Points were made about there being consistent relationships with members of the clinical team as opposed to being seen and treated by a different member of staff each time.

- Most people said that care should be bespoke to each service user. That it should be flexible and that a 'one size fits all' approach isn't appropriate.
- There was a clear acknowledgement that service users and carers should be involved in decisions about care, rather than have decisions made for them. It was agreed that service users and carers are the 'experts' in their own care as they know themselves better than anyone else.
- There was a feeling that staff recruitment needed to ensure that we are appointing the right people for the job, not just those who have the right qualifications to meet the criteria. Feedback was that they need to be compassionate and caring in nature.

## **Q2: What can we improve on?**

- Develop a culture where the professional and service user relationship concept is of equal value (with me, not to me).
- There was a clear need to raise awareness on the additional support available for service users and carers, e.g. community and third sector. Support networks for service users are needed in addition to the care and treatment provided by the Trust.
- People felt that how we capture and respond to feedback, how we share lessons learnt and how we communicate with people about the future of the Trust could be better.
- Improving the environment for service users was mentioned. This included providing services from fit for purpose buildings, creating private areas for service users on wards and units and making areas more welcoming.
- People felt that there was a need to improve recruitment to make sure the people we're recruiting live our values. Ideas around how we could do this included service users being on interview panels and that our workforce reflects the diversity of those we care for.

## **Q3: What can we do to make these improvements?**

The final question asked people to identify what more the Trust could do to ensure that it continues to embrace person centred care. From the discussions above and the ideas that people put forward on the day the following actions have been agreed. Progress against these actions will be reported at the 2019 AMD.

- Ensure we are able to raise awareness of the additional support available for service users and carers, e.g. community and third sector, when they move from our services or out into the community. Support networks for service users are needed in addition to the care and treatment provided by the Trust.  
(Executive sponsor: Joanna Forster Adams – linked to the Clinical Services Strategic Plan)
- Improve the way we listen to service users and carers and respond to feedback; communicating better the lessons learnt so we can improve the services we provide.  
(Executive sponsor: Cathy Woffendin – linked to the Patient Experience Review)
- Ensure we involve service users and carers in their care planning session.  
(Executive sponsors: Claire Kenwood – Linked to the Quality Strategic Plan and Cathy Woffendin – Linked to the CQC action plan)
- Ensure we use our values as a measure for our workforce; staff should demonstrate 'key qualities' such as compassion and empathy. We should also ensure the workforce reflects the diversity of the service users.  
(Executive sponsor Claire Holmes – linked to the Workforce and Organisational Development Strategic Plan)
- Create a safe environment where anyone is able to challenge non person-centred behaviour.  
(Executive sponsor: Claire Kenwood – linked to the Quality Strategic Plan)
- Ensure that our estate is fit for purpose, and provides a therapeutic environment that meets the needs of service users, including improving the outdoor space we have.  
(Executive sponsor Dawn Hanwell – linked to the Estates Strategic Plan)

### **3. Post event evaluation**

A survey was sent to all 120 people who registered as attending the AMD following the event. We received 17 responses giving a response rate of 14%. Below is a summary of the feedback we received.

#### Q1: How did you find this year's Annual Members' Meeting overall?

82% said they found it either extremely or very interesting. There were no narrative comments.

#### Q2: How did you find the Big Conversation on 'person-centred care'?

65% said they found it either extremely or very interesting, with the rest saying somewhat interesting.



Narrative comments were around service users asking to have involvement in setting the agenda for the Big Conversation. We will look at taking the questions to be asked at next year's event through Patient Experience networks to ensure that service users can input to what we talk about.

#### Q3: How did you find the AGM part of the day?

53% said extremely or very interesting, with 35% (6 people) saying somewhat interesting and one person saying not at all.

In relation to this question the narrative comments focused on there not being sufficient time for the Q&A section in the AMM. We agree with this comment and are looking to increase the amount of time that will be allowed in the AMM section of the event.

#### Q4: How did you find timings on the day?

Most people agreed there was enough time to browse the stalls and network. Most people felt there was enough time to answer the Big Conversation questions and enough time to enjoy the afternoon tea break. Views were split 50 / 50 on there being enough time to ask questions to the panel members.

The comments made here linked to the ones for Q3, but also centred around the time available to browse the stalls. Again we are looking at the timings for 2019 and will include more time in the day where possible.

#### Q5: How did you find the stalls?

Most people felt there were enough stalls, that there was a good mix of stalls and they were interesting. Around 30% of respondents thought the stalls were not easy to navigate.

People said that it was difficult to navigate the rooms where the stalls were and not everyone got the opportunity to see them all. We will be looking at the layout of the event next year to try and maximise the use of space.

#### Q6: Did you enjoy the afternoon tea?

88% said yes, with narrative comments around there needing to be more health options.

Q7: How did you find the venue location and parking?

Nearly all respondents agreed the venue was easy to get to and parking was good. There were no narrative comments.

Q8: Would you be interested in attending a future AMD?

94% of respondents said yes.

The results of the survey as well as other feedback received on the day has been considered and will be used in the planning of next year's event.

#### **4. Recommendations**

The Council of Governors is asked to:

- Consider and reflect on the outputs and feedback to this event
- Agree to the Big Conversation action plan outlined in Section 2.4
- Agree to receive an update on these actions at the next AMD.

#### **Authors**

Katie Dodson, Former Communications and Engagement Officer  
Oliver Tipper, Head of Communications

October 2018

**AGENDA  
ITEM**

**14**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Feedback from the Board to Board meeting 5 September 2018
<b>DATE OF MEETING:</b>	8 November 2018
<b>LEAD DIRECTOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PAPER AUTHOR:</b> (name and title)	Cath Hill – associate Director for Corporate Governance

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	<input checked="" type="checkbox"/>
SO2	We provide a rewarding and supportive place to work	<input type="checkbox"/>
SO3	We use our resources to deliver effective and sustainable services	<input type="checkbox"/>

**EXECUTIVE SUMMARY**

On the 5 September 2018 there was a 'Board-to-Board' meeting between the Board of Directors and the Council of Governors. This was a full-day event which was attended by 11 governors and 12 members of the Board.

The 'Board-to-Board' events are designed to allow an informal, open dialogue between governors and directors on strategic issues. On the 5 September the topics discussed were: collective leadership; working with partners; and our finances. For each of these there was a presentation from executive directors followed by a round table discussion with feedback to the wider group.

It was agreed that the key themes from these discussion would be captured and presented to the Council of Governors at the meeting on the 8 November 2018 and that any actions would be agreed by the Executive Team in terms of lead and timescales.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

**RECOMMENDATION**

The Council of Governors is asked to note the key themes discussed and note and agree the actions.

## **Board-to-Board Session 5 September 2018**

### **1. INTRODUCTION**

On the 5 September 2018 there was a 'Board-to-Board' meeting between the Board of Directors and the Council of Governors. This was a full-day event which was attended by 11 governors and 12 members of the Board.

The 'Board-to-Board' events are designed to allow an informal, open dialogue between governors and directors on strategic issues. On the 5 September the topics discussed were: collective leadership; working with partners; and our finances. For each of these there was a presentation from executive directors followed by a round table discussion with feedback to the wider group.

It was agreed that the key themes from these discussion would be captured and presented to the Council of Governors at the meeting on the 8 November 2018 and that any actions would be agreed by the Executive Team in terms of lead and timescales.

### **2. AREAS FOR DISCUSSION**

The sections below outline the three presentations and the main themes from the discussions.

#### **a) How we are developing collective leadership and culture in the organisation: community service redesign**

This session looked at the work that was being undertaken to develop a collective leadership approach to the way in which services are developed, with the Community Redesign Project being used as an example of where this had worked well. The main areas for discussion were themed under the following headings:

##### **Involvement:**

Having a structure and strategic plan that supports opportunities for governor and Board members to get involved; ensuring governors and Board members are involved in consultation events more generally.

It was noted that the stakeholder engagement event for the Community Redesign Project had included governors and directors and that feedback had been provided in relation to the key themes to come out of this. The discussion highlighted the need to ensure that feedback is systematic to ensure people feel engaged in redesign projects.

In relation to feedback to members the group discussed how we can use the Lead Governor report at the Annual Members Meeting and how this provides a useful vehicle for conveying feedback and the changes that have been made.

### **Engagement:**

The issue of increased engagement opportunities for governors and members and the use of the *Imagine* newsletter to achieve this was discussed. Governors were keen to get involved in some of the networking opportunities within the Trust so they could progress their membership engagement work.

External facing engagement was recognised as being important in supporting the partnership approach to the development of services, particularly in the light of the wider West Yorkshire collaborative work.

The type of engagement with stakeholders was explored and it was recognised that there were a lot of governors who had important networks and relationships which could be used to benefit the Trust's engagement opportunities. The stakeholder matrix was looked at during the course of the event and governors agreed to add to this.

### **Development:**

The development of governors was seen as important in assisting them with carrying out their role. It was noted that there was a programme of development and learning that was being put together by the Trust's Organisational Development team, which the Council had been involved in shaping through their one-to-one meetings with the Chair.

There was a discussion about the way in which the governors were kept up to date on 'hot topics'. It was suggested that this would be part of the Chief Executive's report which is a standing agenda item at the Council's meeting.

## **b) How we are working with our partners: update and impact**

Sara talked about how the Trust now works within an ever-changing landscape and the shift in culture of the NHS in recent years, there being a move to working in greater partnership across defined geographical areas. It was clear from the presentation that there were a large number of organisations that we work with.

There was a discussion about the work in hand to look at how we can work with other external organisations to enhance the care we provide for service users. We also talked about how we are optimising our existing relationships on a local, clinical and corporate level. This led us to look at

the recent work done to map who we network with and governors were invited to input to this.

**c) How we are looking at our finances: PFI and the refinancing options**

Dawn's presentation talked about the estate (the buildings that we provide services from). She explained in particular what the plans were for our PFI estate in the short and longer term. In her presentation she outlined some of the things we were looking at doing and indicated that these had been set out in the Estates Strategic Plan, which had been signed off by the Board,

She talked about ensuring that any decisions that we take now are future-proofed and leave a solid legacy which maintains financial stability for the Trust. She set out what the governance arrangements were and where these matters were being considered in the organisation.

It was acknowledged that governors are invited to observe at Board sub-committee meetings where issues such as progress against the Estates Strategic Plan are discussed.

Governors suggested that there should be consideration of there being an appointed governor with responsibility for property which could be wider than just the PFI provider as was previously the case.

**3. ACTIONS**

The table below sets out the actions that have been identified from the discussions. The Council of Governors is asked to note and agree these actions.

Action	Lead	Timescale	Status
Feed back to the Project Management Office (PMO) the need to ensure that governor and Board member involvement is systematic in any major change project and that there are links into any communication plans in relation to feedback.	Cath Hill	End October 2018	Completed
Governors to identify what engagement opportunities they are interested in so the Corporate Governance Team, in conjunction with executive directors , can look at how this might be facilitated.	All governors	End December 2018	
The Organisational Development Team is to complete the design of and launch the governors' training programme.	Dan Fawkes	End January 2019	
The Chief Executive's report is a standing item at each meeting this picks up any 'hot topics' which governors need to be informed of. This item can be taken in either a public or private meeting depending on the nature of the information being relayed.	Sara Munro in conjunction with Corporate Governance Team	November 2018 Council of Governors' meeting and ongoing following that	Completed
Governors are to add to the stakeholder matrix any connections or networks which might be useful routes for engagement.	All governors	End October 2018	

Action	Lead	Timescale	Status
Governors are to think about how they want to feedback to the full Council what they have observed at Board sub-committee meetings they have attended. They are to let Cath Hill know who will look at putting arrangements in place for this during the course of Council meetings.	All governors / Cath Hill	End February 2019	
Cath Hill to look at how we might have someone with responsibility for property as an appointed governor. This will be picked up as part of reviewing the Trust's Constitution.	Cath Hill	End May 2019	



**AGENDA  
ITEM**

**15**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	The Trust's key strategic risks
<b>DATE OF MEETING:</b>	8 November 2018
<b>LEAD DIRECTOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PAPER AUTHOR:</b> (name and title)	Cath Hill – associate Director for Corporate Governance

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	<input checked="" type="checkbox"/>
SO2	We provide a rewarding and supportive place to work	<input type="checkbox"/>
SO3	We use our resources to deliver effective and sustainable services	<input type="checkbox"/>

<b>EXECUTIVE SUMMARY</b>		
<p>In November 2017 the Board considered and agreed what the Trust's key strategic risks are. This paper advised the Council of those risks and sets out where these are received and monitored by the Board and its sub-committees.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>RECOMMENDATION</b>
<p>The Council of Governors is asked to be assured that the Board has agreed the strategic risks and that those risks are monitored by the Board of Directors and its sub-committees to ensure that these are being effectively controlled and mitigated.</p>

## **MEETING OF THE COUNCIL OF GOVERNORS**

**8 November 2018**

### **The Trust's key Strategic Risks**

#### **1 Executive Summary**

In November 2017 the Board considered and agreed what the Trust's key strategic risks are. This paper advised the Council of those risks and sets out where these are received and monitored by the Board and its sub-committees.

#### **2 The ten strategic risks**

In 2017, as part of the well-led governance review, the Board considered what the strategic risks were. At its Board meeting in November 2017 ten risks were formally agreed:

1. Due to an inability to align our workforce capacity to planned models of care, there is a risk that we are unable to deliver high quality, evidence based, person centred care
2. We are unable to maintain compliance with regulatory requirements relating to the quality and safety of our services due to a failure to provide care in line with national standards and best practice
3. Due to inadequate systems to support continuous learning, improvement and innovation, there is a risk that our services deliver poor outcomes for service users
4. We are unable to maintain effective, productive relationships with key external stakeholders, with the result that we are unable to work successfully with partners to support innovative care and exceptional outcomes for service users
5. If we cannot produce and effectively use information about our services to support the operation of our governance structures, there is a risk that there will be a lack of confidence in our management information and that we will be unable to ensure the safety of our services
6. We are unable to deliver an effective and attractive programme of training and development opportunities for our staff due to inadequate capability and capacity, corporately and within care services
7. As a result of a culture of blame which does not foster a psychologically safe environment for our staff we are unable to reduce patient harms or provide a positive experience for our service users

8. A lack of financial sustainability results in us having insufficient funds to sustain and develop our services and invest in high quality outcomes for our service users
9. Due to inadequate, inflexible or poorly maintained estates and facilities we are unable to provide a safe and positive environment for service users and staff
10. As a result of insecure, inadequate or unstable information technology systems and infrastructure, the quality and continuity of our services is compromised.

### 3 The process for monitoring the strategic risks

These risks are logged onto our Datix system (the electronic risk register). This means that the risk owners can provide information about the controls in place to control the risk and update the actions being taken to mitigate the risk.

The strategic risks are also entered onto the Board Assurance Framework; a document which provides the Board with information to assure it that these risks are being controlled and that the controls in place are effective.

The Board Assurance Framework (BAF) is received and monitored both at Board and at Board sub-committee level. It is also received and monitored within our governance structure. The table below shows where the (BAF) strategic risks are received and how often.

Where received	How often	Reason for receiving the Board Assurance Framework
Board of Directors	Quarterly	<p>The Board is accountable for the effectiveness of risk management in the Trust</p> <p>It seeks assurance on the controls in place and the effectiveness of those controls through receipt of the Board Assurance Framework and reports from its sub-committees that risks are being managed effectively.</p>
Audit Committee	Twice a year	<p>Receives assurance that the Board Assurance Framework is in place, fit for purpose, and is being used by the organisation appropriately.</p> <p>The degree to which risks are being controlled may also inform any deep-dives which the committee might decide to undertake itself or that it might delegate to another Board sub-committee.</p>
Board sub-committees (quality Committee, Finance and Performance Committee, Mental Health Legislation Committee)	Quarterly (prior to it going to Board)	<p>Where a Board sub-committee has been named as an assurance receiver, it will receive a report (the BAF) on those strategic risks.</p> <p>The committee seeks assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver are being managed appropriately. It may also inform any deep-dive which it may wish to undertake (or have delegated to it by the Audit Committee).</p>

Where received	How often	Reason for receiving the Board Assurance Framework
Executive Risk Management Group	Each meeting	To allow an assessment of the information on the BAF ensuring it is up to date and that new or emerging risks which may need to be captured on the BAF as a contributory risk – or in relation to determining controls / assurances and gaps etc.
Internal Audit	Annually	To support the Head of Internal Audit Opinion and the Corporate Governance Statement

#### 4 Recommendation

The Council of Governors is asked to be assured that the Board has agreed the strategic risks and that those risks are monitored by the Board of Directors and its sub-committees to ensure that these are being effectively controlled and mitigated.

Cath Hill  
**Associate Director for Corporate Governance**  
4 October 2018

**AGENDA  
ITEM**

**16.1**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Annual Cycle of Business
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The supporting paper is the Annual Cycle of Business for the Council of Governors' formal meetings, the Annual Members Meeting and the Board to Board meeting. It includes: standing items; statutory and non-statutory duties; work involving the non-executive directors; and administrative business for the Council of Governors.

It is made up of items from the previous years' annual cycle of business that are still relevant, the duties as outlined in the Terms of Reference, and specific areas that governors have asked to be kept informed on. In addition to these items, other topics will be captured through the Council of Governors' cumulative action log and a bring forward system operated by the Corporate Governance Team.

The Annual Cycle of Business supports the delivery of agenda items within the Council of Governors meetings. It is owned by the Council of Governors and provides a mechanism that allows the governors to carry out their duties as required.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

## **RECOMMENDATION**

The Council of Governors is asked to:

- be assured that the Annual Cycle of Business includes all the statutory duties which the Council must carry out
- be assured that the areas which governors have asked to be kept informed on have been captured in the Annual Cycle of Business
- note and approve the Annual Cycle of Business for 2019.

### Annual Cycle of Business 2019 – Council of Governors

	Lead	5 February	9 May	16 July	Ann Members' Meeting – 30 July	Board to Board – 5 September	7 November
<b>Welcome, apologies and standing items</b>							
Apologies	-	X	X	X	X	X	X
Governors' Declarations of Interests	-	X	X	X	X	X	X
Questions from the public	-				X		
Minutes of the last meeting	FL	X	X	X	X		X
Minutes of the Annual Members' Meeting	FL						X
Matters arising	-	X	X	X			X
Cumulative Action Log	FL	X	X	X			X
Chair's Report (to include: NED and governor service visits; governor non-attendance)	CH	X	X	X			X
Chief Executive Report	SM	X	X	X			X
Lead Governor report	TBC	X	X	X			X
Quarterly Quality and Performance Update Report	NC (JFA)	X	X	X			X
<b>Council of Governors' Statutory Duties (annual)</b>							
Remuneration of the Chair of the Trust and the other non-executive directors (NED) (to ratify) Link to Appointments and Remuneration Committee (ARC) cycle	CH	As required					
Appointment of the Deputy Chair of the Trust (to ratify) Link to ARC cycle	CH	As required - next due February 2019					
Presentation of the annual report and accounts and any report on them (to receive) (auditors in attendance)	CH			X	X		
Agree the arrangements for the Annual Members' Meeting	OT		X				

	Lead	5 February	9 May	16 July	Ann Members' Meeting – 30 July	Board to Board – 5 September	7 November
<b>Council of Governors' Statutory Duties (as and when)</b>							
Appointment/removal of the Chair of the Trust (to ratify) <b>PRIVATE MEETING</b> (Link to ARC cycle)	CH	As required					
Appointment/removal of the other non-executive directors (to ratify) (PRIVATE) (Link to ARC cycle)	CH	As required					
Approve the appointment of the Chief Executive (to approve – support)	CH	As required					
Appointment of the external auditor (to ratify)	CH	As required - next appointment due July 2020					
Amendments to the Constitution (to ratify)	CH	As required					
Approval of any significant transactions	CH	As required					
Approval of an application for a merger with or acquisition of another foundation trust (FT) or NHS Trust	CH	As required					
Approval of an application for the dissolution of the FT	CH	As required					
Approval of a proposal to increase non-NHS income by 5% or more	CH	As required					
<b>Council of Governors' non-statutory duties (scheduled)</b>							
Agree the process for the performance evaluation of the Chair of the Trust and the other NEDs	CH	As required					
Receive the Auditors reports on the Quality Accounts (both public and private)	KPMG			X			
Receive the Strategic Plan priorities	SM	As required					
Receive the Trust's Draft Strategic Plan	SM	As required					
Staff Survey Results	CHo		X				
Measuring outcomes across Trust services update	TM		X				X
CQC update	CW	X	X	X			X
Annual Members' Meeting – thematic report and analysis	OT						X



	Lead	5 February	9 May	16 July	Ann Members' Meeting – 30 July	Board to Board – 5 September	7 November
Board sub-committee report	NEDs	F&P verbal	QC verbal	AC paper			MHLC verbal
Annual Strategic Risk Analysis	CH						X
Ratify changes to the Terms of Reference of the Appointments and Remuneration Committee	CH	As required					
Agree with the Audit Committee the process for appointment/removal of the external auditor	MW	As required - appointment next due July 2020					
Agree who should be appointed as the lead governor	CH	As required - next due February 2019					
Be consulted on the appointment of the Senior Independent Director	CH	As required					
Agree the process for the appointment of the Chair of the Trust and the other NEDs	CH	As required					
Ratify the removal of a governor from the Council of Governors	CH	As required					
Approve the establishment / disbanding of Council of Governors sub-committees	CH	As required					
Holding the Non-executive Directors to Account (monthly / annual)							
Receive a high-level report on the outcome of the NED and Chair appraisal (Link to ARC cycle) PRIVATE MEETING	CH		X				
Make a report to members on how they have carried out their duties	CH				X		
NEDs Annual Declaration of Interests, Fit and Proper Declarations and Independence (as reported to Board)	CH		X				
Council of Governors' Administrative Business							
Approval of the Council of Governors' Annual Cycle of Business	FL						X
Receive future meeting dates	FL						X

	Lead	5 February	9 May	16 July	Ann Members' Meeting – 30 July	Board to Board – 5 September	7 November
Review the Council of Governors' Terms of Reference	FL	X					
Effectiveness review	FL						X
Review the Declarations of Interest and Register of Interests for governors	CH		X				
<b>Review of Policies and Procedures and governance documents relating to the Council of Governors (as and when)</b>							
Procedure for the Reimbursement of Expenses for Governors (CG-0000)	CH	As required - next due November 2020					
Code of Conduct and Standards of Behaviour for Governors (CG-0001)	CH	As required - next due May 2019					
Local Working Instructions for Council of Governors' Meeting Etiquette (OP-0023)	CH	As required - next due July 2021					
Role Description for the Council of Governors and a Governor	CH	As required - if refreshed					
Role Description for the Lead Governor	CH	As required - if refreshed					

Related documents:

- Reservation of Powers to the Board of Directors and Council of Governors and Schedule of Decisions / Duties Delegated by the Board of Directors (known as “The Scheme of Delegation”)
- Role description of a Governor
- Terms of Reference for the Council of Governors

**AGENDA  
ITEM**

**16.2**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Refresh of the Governor Role Description
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

On behalf of the Council of Governors, the Corporate Governance Team has reviewed and refreshed the role description the Trust has in place for governors. The duties and areas of responsibility for governors remains the same as they are statutory duties and powers that are set out in the NHS Act 2006, as amended by the Health and Social Care Act 2012. There are also a number of other duties set out in the NHS Foundation Trust Code of Governance, and some duties that the Trust can decide on locally that are taken account of.

The review was undertaken to ensure that the document remains up to date. Governors are asked to note that the only amendments that were made to this document are:

- that there will be **four** Council of Governor meetings a year (the document previously stated five)
- that the Annual Members Meeting will take place in **July** each year (the document previously stated September)
- the Trust employee's job titles that have changed
- changes to team names within the Trust
- made reference to the Special Leave Procedure (HR-0039) in relation to staff governors
- change to update the name **NHS Improvement** (the document previously stated Monitor).

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

## **RECOMMENDATION**

The Council of Governors is asked to:

- note the work undertaken by the Corporate Governance Team to review and refresh the Governor Role Description
- note and agree the amendments that have been made to the Governor Role Description on governors behalf by the Corporate Governance Team.

## ROLE DESCRIPTION

TITLE	<b>Governor</b>
REPORTS TO	<b>Chair of the Trust</b>
ACCOUNTABLE TO	<b>Members of the Trust</b>

### 1. ROLE SUMMARY

Foundation trusts are part of the NHS but are also membership organisations. This means that anyone can become a member of our Trust. Members can stand for election to become a governor and vote in governor elections. Membership enables our Trust to be more accountable to the people we serve and to connect with our local organisations.

The role of a governor is to provide a link between the local community and the Board of Directors. They represent the interests of members of the Trust as a whole, the interests of the public and those of our partner organisations. They contribute to the future direction of our Trust and hold the non-executive directors (collectively and individually) to account for the way our Board of Directors performs.

They are a “critical friend” giving their support to the Trust whilst keeping an eye over its performance against targets and standards.

Governors have certain statutory powers which are set out in the NHS Act 2006 as amended by the Health and Social Care Act 2012. The 2012 Act places a greater emphasis on local responsibilities and accountabilities. There are also a number of other duties set out in the NHS Foundation Trust Code of Governance and some duties that the Trust can decide locally.

### 2. KNOWLEDGE, SKILLS AND EXPERIENCE REQUIRED

Governors are not required to have any prior knowledge, skills or experience to stand for and be elected or appointed to the Council of Governors.

However, they will need to be able to devote sufficient time to fulfilling their role. In particular they will need to:

- Be able to make themselves available to undertake any training which the Trust decides is necessary to ensure they are properly supported in carrying out their role (some of this will be mandatory for all governors and other training will be for certain groups of governors)

- Be able to attend four general meetings per year which will be held centrally in either Leeds or York, and may typically last for three hours
- Be available to attend an Annual Members' Meeting, which is usually held in July each year in either the York or Leeds area
- Spend time preparing for meetings to ensure they can participate appropriately and carry out their role effectively
- Spend time engaging with members
- Be willing to volunteer to join sub-committees of the Council or attend other meetings which may be necessary to ensure the work of the Council is progressed in a timely and satisfactory manner.

Staff governors must ensure they have completed a request form for time to be granted out of their normal duties (see Special Leave Procedure: HR-0039) and for this to be agreed with their line manager as to how they will ensure they have sufficient time to carry out their duties

To help governors fulfil their role the Board of Directors has a number of duties (both statutory and non-statutory) that it must carry out. These are set out below:

- In preparing the Trust's forward plans (i.e. its future business plan) the Board of Directors must have regard to the views of the Council of Governors
- Before each Board meeting, the Board of Directors must send a copy of the agenda to the Council of Governors
- When practicable, after the Board of Directors' meeting the Board must send a copy of the minutes to the Council of Governors
- The Board of Directors must take steps to ensure that governors have the skills and knowledge they require to undertake their role
- The Board of Directors must hold an Annual Members' Meeting to ensure that governors can advise members of how they have carried out their role on behalf of members.

### **3. WORKING RELATIONSHIPS**

The main working relationships for governors will be with:

- Members of the Trust
- Members of the public
- The Chair of the Trust
- Other governors

- The partner organisations that appointed governors represent
- The Chief Executive
- The Board of Directors
- The non-executive directors as a collective and as individuals
- The Associate Director for Corporate Governance
- The Corporate Governance Team
- The Membership Office

#### 4. PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY

##### Duties of the Council of Governors as a collective

The Council of Governors will be required to carry out a number of **statutory duties** under the NHS Act 2006 (as amended by the Health and Social Care Act 2012). These are contained in the Constitution and are as follows:

- To appoint and, if appropriate, remove the chair
- To appoint and, if appropriate, remove the other non-executive directors
- To decide the remuneration and allowances, and the other terms and conditions of office, of the Chair of the Trust and the other non-executive directors
- To approve the appointment of the Chief Executive
- Appoint the Deputy Chair of the Trust
- To appoint and, if appropriate, remove the Trust's auditor (i.e. the organisation that will, amongst other things, check the Trust's finances each year)
- To receive the Trust's annual accounts, any report of the auditor on them and the annual report
- To hold the non-executive directors, individually and collectively, to account for the performance of the Board of Directors
- To represent the interests of the members of the Trust as a whole and the interests of the public
- Require one or more of the directors or a representative of the Trust's auditors to attend a meeting to obtain information about the Trust's performance, or information about how the directors have performed their duties in order to determine if there is a need to vote on issues concerning that performance

- Approve (or not) by vote:
  - The implementation of any proposals to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England
  - Entering into a significant transaction (a significant transaction is defined in the Constitution)
  - An application to NHS Improvement (one of our regulators) for a merger with or the acquisition of another foundation trust or NHS trust
  - An application to NHS Improvement for the separation or dissolution of the foundation trust
  - Amendments to the Constitution
  - To decide to refer a governor's question to NHS Improvement's panel so that governors can determine if the Trust has failed or is failing to act in accordance with its Constitution or any provision made by or under Chapter 5 of the NHS Act 2006.
- Determine whether it is satisfied that any proposals to carry out activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes will not, to any significant extent, interfere with the Trust's provision of NHS services and notify the Board of its view
- Where an amendment is made to the Constitution in respect of governors' powers or duties at least one member of the Council shall attend the next Annual Members' Meeting to present the changes to the membership.

The Council of Governors will also be required to carry out a number of **non-statutory duties**. These are set out in the "NHS Foundation Trust Code of Governance" (marked below with a CoG reference number) and are carried out on a 'comply or explain basis'; that is if the Council does not carry out these duties or the Trust chooses to carry these out in a different way there is a need to explain the reason for this in the Annual Report (note: CoG stands for Code of Governance)

- Be consulted on the appointment of the Senior Independent Director (CoG A.3.3)
- Agree a clear process for the appointment of the Chair of the Trust and the other non-executive directors (CoG C.1.4)
- Agree a process for the evaluation or appraisal of the Chair of the Trust



and the other non-executives, including the outcomes of the evaluation of the Chair of the Trust and the non-executive directors (CoG D.2) (CoG A.1.3)

- Receive a report on the outcome of the evaluation or appraisal of the Chair of the Trust or the other non-executive directors, particularly where this is linked to a re-appointment process
- Assess its own collective performance and its impact on the Trust and communicate to members how governors have discharged their duties (CoG D.2.2)
- Take the lead in agreeing with the Audit Committee the criteria for appointing, reappointing and removing external auditors (CoG F.3.4).
- Establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors or other matters related to the general wellbeing of the Trust (CoG B.1.7)
- Agree with the executive directors what information it needs to receive at its meetings (CoG D.1.3)
- Agree who from amongst the governors should be appointed as the Lead Governor.

### **Membership and engagement duties**

Governors will or will support the Trust carrying out the following:

- Recruit new members within their constituency (with support and advice from the Membership Office)
- Engage with and involve their constituents so they understand what people want from our services, and represent their views and ideas at the Council of Governors' meetings
- Canvass the opinion of their members, and for appointed governors the body they represent, on the Trust's forward plan, including its objectives, priorities and strategy, with their views being communicated to the Board of Directors (CoG D.1.5)
- Regularly feedback to members and partner organisations information about the trust its vision and its performance (CoG B.1)

### **General duties of individual governors**

Individually, governors will be required to:

- Sign and abide by the “Code of Conduct and Standards of Behaviour for Governors”
- Attend meetings of the Council of Governors including any committees of which they are a member, and abide by any agreed meeting etiquette
- Agree (on a voluntary basis) to be members of, or be considered for membership of the various sub-committees and working groups of the Council of Governors.
- Abide by the policies and procedures of the Trust, including the Constitution and those annexes applicable to Governors and members
- Undertake whatever training is identified as necessary for governors
- Attend any review meeting or appraisal as requested by the Chair of the Trust
- Agree (on a voluntary basis) to participate in any other duties as may be required by the Board of Directors or its officers.

## 5. LIMITATIONS

Governors and the Council of Governors will not be involved in the day-to-day running of the Trust for example, setting budgets, staff pay, undertaking contractual arrangements or other operational matters. These responsibilities lie with the Board of Directors and individual directors who will manage the Trust day-to-day and exercise the powers granted to it.

The Council of Governors has no role in considering matters such as the appointment or dismissal, appraisal, pay levels, performance or conditions of service of executive directors or any other member of staff or officer of the Trust.

Governors are not there to raise complaints on behalf of themselves or individuals, to act as advocates, nor to act as staff representatives (such as championing causes that would normally be taken up by Staffside).

Governors are also not responsible for making representations on behalf of individuals or groups of members and going back to them in the way a local politician might.

## **6. APPROVAL**

This role description will be subject to approval at the Council of Governors meeting on the 8 November 2018.

Any subsequent changes to the role description will be agreed by the Council of Governors.

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**AGENDA  
ITEM**

**16.3**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	Refresh of the Appointment and Remuneration Committee Terms of Reference
<b>DATE OF MEETING:</b>	8 November 2018
<b>PRESENTED BY:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PREPARED BY:</b> (name and title)	Fran Limbert – Corporate Governance Team Leader / Deputy Trust Board Secretary

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The attached paper is the refreshed terms of reference for the Appointment and Remuneration Committee. The Corporate Governance Team has reviewed and refreshed these on behalf of the Council of Governors. Good governance stipulates that regular revisions of existing practice should take place to ensure that things remains factually up to date and accurate, and any lessons learnt and developments are incorporated as appropriate or required.

As discussed at the public meeting of the Council of Governors that took place on the 3 July 2018, a revision was made on membership of the Committee. It was an:

- amendment to the membership of the Appointments and Remuneration Committee to **five** governors from any constituency (previously it was four governors from the elected constituency, and two from the appointed constituency).

Revisions that have been made on the basis of updating the document include:

- Trust employees job titles that have changed
- changes to team names within the Trust
- to include overview details of the election process for the Appointment and Remuneration Committee
- who the alternate Chair will be if the Chair of the Committee is not able to form part of the meeting due to absence or conflict of interest reasons
- outlining details of how the Appointment and Remuneration Committee will receive assurance on the annual non-executive director appraisal process
- how the Appointment and Remuneration Committee will be notified about performance issues with any non-executive director(s).

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

## RECOMMENDATION

The Council of Governors are asked to:

- note the amendments that have been made as part of the review undertaken by the Corporate Governance Team
- ratify the refreshed terms of reference for the Appointment and Remuneration Committee.

## Appointments and Remuneration Committee

### Terms of Reference

(To be ratified by the Council of Governors 8 November 2018)

#### 1 NAME OF GROUP / COMMITTEE

The name of this committee is the Appointments and Remuneration Committee.

#### 2 COMPOSITION OF THE GROUP / COMMITTEE

The members of the Committee and those who are required to attend are shown below together with their role in the operation of the Committee.

##### Members: full rights

Title	Role in the Committee
Chair of the Trust	Committee chair and responsible for evaluating the assurances given and the processes followed and identifying if further consideration action is needed.
Five governors	Responsible for evaluating the assurance given and identifying if further consideration / action is needed, and being involved in the recruitment panels for non-executive director (NED) appointments. The governors can be from any constituency.

The membership of the Committee should always include the Lead Governor unless there are extenuating circumstances as to why this may not be possible.

An election process will take place when there is a vacancy on this Committee. It will be a self-nomination scheme with a subsequent ballot taking place. The governor(s) elected onto the Committee as a result of the ballot, will immediately form part of the Committee.

### **In attendance: in an advisory capacity**

Title	Role in the Committee	Attendance guide
Associate Director for Corporate Governance (acting as Trust Board Secretary)	Committee support and advice and Council of Governors' governance	Every meeting
Director of Organisational Development and Workforce	Committee support and advice in respect of NED appointments and terms and conditions	Every meeting

## **3 QUORACY**

**Number:** The Committee will be quorate if three or more governors plus the Chair of the Committee are present.

Members of the Committee shall be allowed to contribute to the meeting via conference call or other live two way electronic means. With respect to quoracy, members contributing via a conference call or other live two-way electronic means at the time of the meeting shall be counted as attending.

If a situation arises where it is thought there may not be enough governors to allow a Committee meeting to be quorate, other governors can be invited to that meeting. This will be at the discretion of the Chair of the Committee and in agreement with the Lead Governor. In this situation, those governors invited to the Committee meeting will count towards the quoracy of governor members.

**Non-quorate meeting:** If the meeting is not quorate it shall be for the Chair to decide if the meeting takes place and, in conjunction with the members present, what if any items of business shall be discussed. If the meeting is not quorate no formal decisions can be taken and these matters will be deferred to the next meeting.

**Alternate chair:** When the Chair of the Committee is not able to attend or where they are conflicted in any agenda item, the Lead Governor will chair the meeting or part of the meeting.

## **4 MEETINGS OF THE COMMITTEE**

**Frequency:** The Appointments and Remuneration Committee will meet as often is required to allow the Committee to discharge its duties.

**Urgent meeting:** Any of the Committee members may, through the Chair, request an urgent meeting. The Chair will normally agree to call an urgent meeting to discuss the



specific matter unless the opportunity exists to discuss the matter in a more expedient manner (for example at a Council of Governors meeting).

**Minutes:** The Associate Director for Corporate Governance will arrange for minutes to be taken of the Committee meeting.

Draft minutes will be circulated to the Chair of the Committee no later than one week after the meeting. Actions from the meeting will be circulated to relevant members within ten working days from the day of the meeting taking place.

An assurance report will be made to the next available Council of Governors meeting in relation to the items discussed or agreed.

## 5 AUTHORITY

**Establishment:** In accordance with the Code of Governance for NHS Foundation Trusts and the Trust's Constitution.

**Powers:** The Appointments and Remuneration Committee is constituted as a standing committee of the Council of Governors and has no executive powers, other than those specifically delegated in these terms of reference. Its terms of reference are set out below and can only be amended with the approval of the Council of Governors.

The Committee has delegated responsibility from the Council of Governors for its duties which are set out in the duties section below.

It is authorised to make decisions on behalf of the Council of Governors but it must refer back to the Council, by way of a recommendation, any decision which is reserved to the Council for example the ratification of the appointment of a non-executive director.

The Committee will, for part of its duties, work closely with the Board of Directors' Nominations Committee and will need to have regard to the recommendations this Committee makes in respect of the skills and experience required to fill any vacant chair and non-executive director posts.

**Cessation:** The Appointment and Remuneration Committee is a standing committee in that its responsibilities and purpose are not time limited. While the functions of the Appointments and Remuneration Committee are required by NHS improvement, the exact format may be changed with the approval of the Council of Governors but this will always include the core role as set out in the Code of Governance.

## 6 ROLE OF THE COMMITTEE

### 6.1 Purpose of the Committee

The purpose of the Committee is to review and make recommendations to the Council of Governors regarding appointments to vacant posts within the non-executive director team, and also review and agree set the level of remuneration made to members of the non-executive team.

With regard to Health and Social Care Act 20018 (Regulated Activities) Regulations 2014 Regulation: 5 Fit and Proper Persons Test: Directors the Appointments and Remuneration Committee shall be responsible for receiving and considering any information in relation to any NED preferred candidate, or current NED who is reportedly not a 'fit and proper person' and decide on any action to be taken.

The Committee will also receive a report in respect of the outcome of the appraisals carried out for each non-executive director, including the Chair of the Trust, where there are any matters of concern.

The remit of the Appointments and Remuneration Committee enables it to seek assurance in the areas of the following strategic objectives:

Objective	Committee roles
We provide a rewarding and supportive place to work (SO2)	The Appointments and Remuneration Committee has a key role regarding the recruitment of appropriately qualified, experienced and 'fit and proper' non-executive directors on the Board of Directors.

## **6.2 Guiding principles for members (and attendees) when carrying out the duties of the group / committee**

In carrying out their duties members of the Committee and any attendees of the Committee must ensure that they act in accordance with the values of the Trust, which are:

- We have integrity
- We are caring
- We keep it simple.

## **6.3 Duties of the group / committee**

Notwithstanding any duty which the Council of Governors may from time-to-time agree to retain for itself, the duties of the Committee are:

- Agree and make recommendations to the Council of Governors regarding the appointment process for the Chair of the Trust and other non-executive directors.
- Agree the documentation for any Chair or NED appointment, including the role description, person specification, and advert having regard to the recommendations from the Nominations Committee in respect of the content and the specific and generic skills and knowledge required.
- Where possible make up the recruitment and selection panel that will be involved in the appointment process for vacant non-executive director posts (note unless there are extenuating circumstances the Lead Governor will be the chair of the shortlisting and interview panel when the appointment is in respect of the Chair of the Trust).

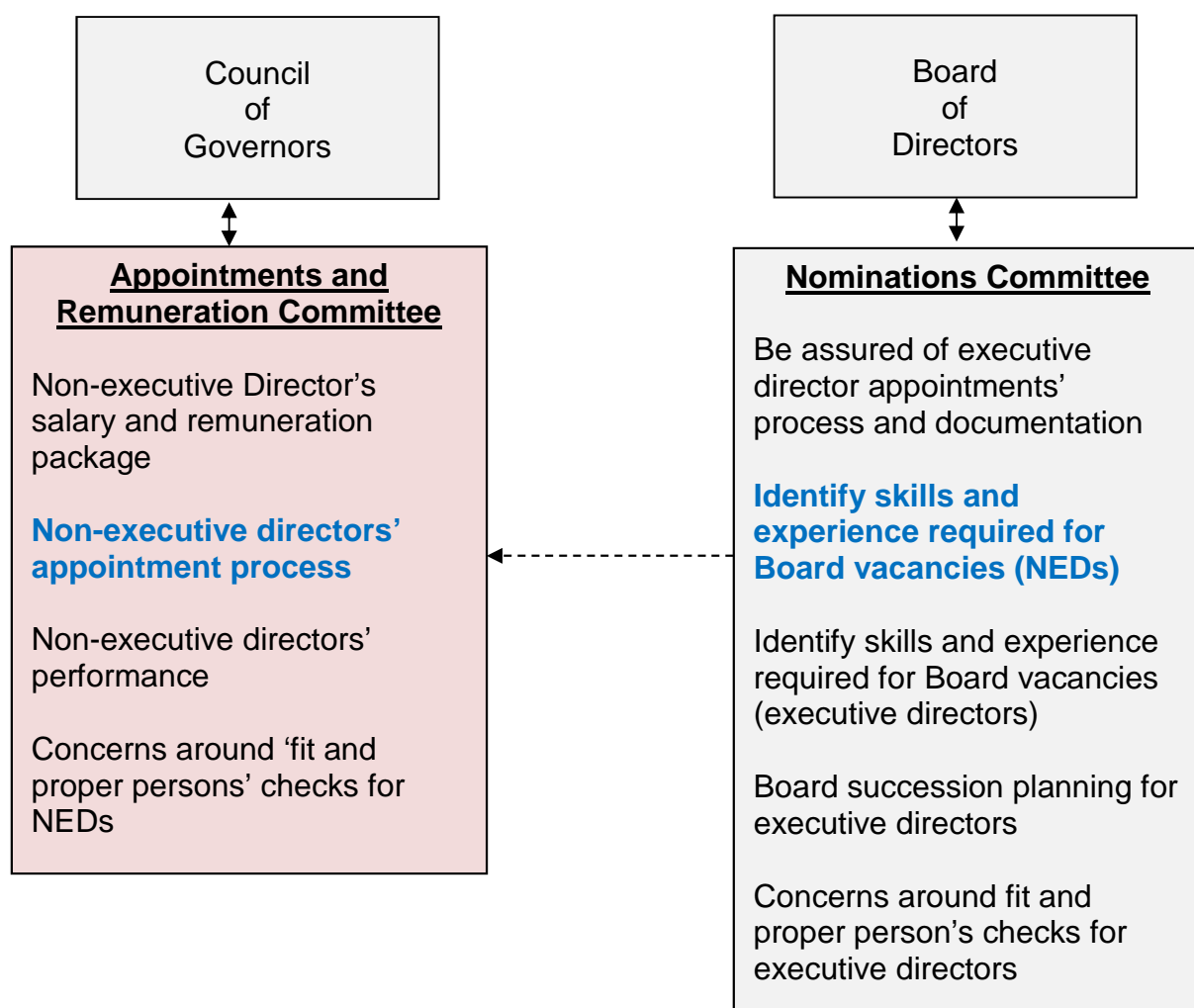
- Where during the pre-appointment checks (under the 'fit and proper person's test) there are any concerns raised about a preferred NED candidate being a 'fit and proper person' the Appointments and Remuneration Committee will consider what course of action to take.
- In consultation with the Chair of the Trust make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Deputy Chair of the Trust in order to inform the ratification of such an appointment by the Council.
- Keep under review the terms and conditions of appointment including the level of remuneration of the Chair and the other non-executive directors and make recommendations to a general meeting of the Council of Governors as appropriate.
- Review information received about any current NED who is reportedly not a 'fit and proper person', consider the matter, instigate any investigation (as necessary), review the outcome of the investigation and agree what course of action to take.
- Make recommendations to a general meeting of the Council of Governors regarding the appointment or re-appointment of the Chair of the Trust and the other NEDs in order to inform the ratification of such an appointment by the Council.
- In relation to the re-appointment of the Chair of the Trust and/or the other non-executive directors, take the lead on agreeing a process for the re-appointment.
- Where concern is raised about performance of a non-executive director, either as part of the appraisal process or any matter separate to this, the Committee will receive an exception report outlining details of the concern. Where appropriate, this will be presented by the Chair of the Trust, or the Senior Independent Director, in the case of the Chair of the Trust.
- Agree the process and documentation for the annual appraisal process for the non-executive directors and the Chair of the Trust before it is ratified by the Council of Governors.

## **7 RELATIONSHIP WITH OTHER GROUPS AND COMMITTEES**

The Appointments and Remuneration Committee shall have a direct relationship with other committees as shown below:

This Committee reports to the Council of Governors. It also has a link to the work of the Nominations Committee where that committee is considering vacancies in the non-executive director team (including the post of Chair of the Trust).

See the organogram below.



## 8 DUTIES OF THE CHAIRPERSON

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Corporate Governance Team
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the minute taker
- ensuring all attendees have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when information or matters presented to the Appointments and Remuneration Committee need escalation to the Board of Directors
- checking the minutes
- ensuring sufficient information is presented to the Board of Directors in respect of the work of the Committee.

It shall be the responsibility of the Chair to provide a conduit for communication between the Board of Directors' Nominations Committee and the Appointments and Remuneration Committee, and for the Chair to report back to the Board of Directors, as appropriate, regarding non-executive director appointments.

It will be the responsibility of the Chair of the Appointments and Remuneration Committee to ensure that the Committee carries out an assessment of the Committee's effectiveness annually, and ensure the outcome is reported to the Board of Directors along with any remedial action to address weaknesses. The Chair will also be responsible for ensuring that the actions to address any areas of weakness are completed.

## **9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS**

The terms of reference shall be reviewed by the Committee and then presented to the Council of Governors for ratification, where there has been a change.

In addition to this the Chair must ensure the Committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Council of Governors including any recommendations for improvement.

## **PROCESS FOR THE APPOINTMENT OF GOVERNORS TO THE APPOINTMENTS AND REMUNERATION COMMITTEE**

As per its Terms of Reference the membership of the Appointments and Remuneration Committee is made up of:

- The Chair of the Trust
- Five governors.

Please note: unless there are extenuating circumstances as to why it may not be possible, the membership of the committee should always include the Lead Governor. They will not be required to undergo an election to the committee.

### **Vacancies on the Committee**

As and when there is a governor vacancy on the Committee an invitation will be made to governors to make an application to join the Committee.

This invitation may be made either at a general meeting of the Council of Governors or for reasons of expediency outside of a meeting via email and post by the Corporate Governance Team.

- a) Expressions of interest should be made to the Chair of the Trust (via the Corporate Governance Team) in writing (letter or email) accompanied by a supporting statement from each applicant as to the skills and experience they have in senior appointments or the reason why they wish to be considered (in no more than 300 words). If help with writing a statement is required this will be provided.
- b) In the event of there being no expressions of interest or, if in the opinion of the Chair of the Trust, no suitable expressions of interest are received the Chair of the Trust will discuss options with the other Committee members. Subsequently the vacancy may either be carried for an agreed period or the Chair will approach a governor from the relevant group directly to encourage interest. The decision to carry the vacancy should not adversely affect the quoracy of the committee, which is three or more governors plus the Chair of the Trust.
- c) Where an expression of interest is made and the Chair of the Trust does not feel the individual to be suitable for consideration this shall be discussed with the individual concerned.
- d) Once the expressions of interest and supporting statements have been received by the Chair of the Trust ballot papers will be prepared by the Corporate Governance Team (which will include the supporting statement) to allow governors to vote as to whom they want to represent them on the Committee.
- e) The ballots will be opened and counted by the Corporate Governance Team and the Chair of the Trust. The way in which individual governors have voted will be kept confidential at all times.

- f) The outcome of the election will be announced by the Chair of the Trust by whatever method is considered most expedient, but ultimately it will be reported at the next scheduled Council of Governors' meeting.

### **Terms of office on the Committee**

- a) A governor may serve two terms up to a maximum of six years.
- b) If a governor is elected to the Committee part way through their term of office, their appointment to the Committee shall be offered for the remainder of their term of office as a governor, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust.
- c) Where a governor is appointed or elected to the Council of Governors for consecutive terms of office their appointment to the Committee shall be considered to continue, subject to their performance on the Committee being considered satisfactory by the Chair of the Trust, and subject to them not already having served six years on the Committee.
- d) Where the appointment or election of a governor to the Council of Governors is not for consecutive terms of office (i.e. they are not re-elected or re-appointed immediately after their previous term came to an end) the above procedure for filling vacancies on the Committee shall be followed.
- e) Where there is cause for concern about the performance or the behaviour of a governor in respect of their duties on the committee this shall be addressed by the Chair of the Trust. The Chair of the Trust has the authority to remove any governor from the committee if they are not deemed to be suitably contributing or performing on the Committee.

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**AGENDA  
ITEM**

**16.4**

**MEETING OF THE COUNCIL OF GOVERNORS**

<b>PAPER TITLE:</b>	2019 meeting dates
<b>DATE OF MEETING:</b>	8 November 2018
<b>LEAD DIRECTOR:</b> (name and title)	Cath Hill – Associate Director for Corporate Governance
<b>PAPER AUTHOR:</b> (name and title)	Fran Limbert – Corporate Governance Team Leader and Deputy Trust Board Secretary

<b>THIS PAPER SUPPORTS THE TRUST'S STRATEGIC OBJECTIVE/S</b> (please tick relevant box/s)		
SO1	We deliver great care that is high quality and improves lives	✓
SO2	We provide a rewarding and supportive place to work	
SO3	We use our resources to deliver effective and sustainable services	

**EXECUTIVE SUMMARY**

The purpose of this paper is to confirm the 2019 dates for the Council of Governors meetings. They are:

DATE	START TIME	VENUE
Tuesday 5 February 2019	12.30pm	To be confirmed
Thursday 9 May 2019	12.30pm	To be confirmed
Tuesday 16 July 2019	12.30pm	To be confirmed
Thursday 7 November 2019	12.30pm	To be confirmed

The Corporate Governance Team will confirm with governors the venues for each of these meetings.

The governors are also asked to note the date that the 2019 Annual Members Meeting; and the Board to Board will take place upon. They are:

- **Annual Members' Meeting: Tuesday 30 July 2019**
- **Board to Board: Thursday 5 September 2019.**

Final details will be confirmed to governors by the Corporate Governance Team closer to the time.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

**State below  
'Yes' or 'No'**

**No**

If yes please set out what action has been taken to address this in your paper

## **RECOMMENDATION**

The Council of Governors is asked to note the meeting dates for the 2019: Council of Governors; Annual Members' Meeting; and Board to Board.